Facilitation Manual: *Psychological First Aid* During Ebola Disease Outbreaks

**PROVISIONAL VERSION**
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https://www.dropbox.com/sh/id8ko472o5k5nr6/AABWrc-vggeE9Z7AlKpdt?dl=0


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Facilitation Manual: *Psychological first aid* during Ebola Disease Outbreaks
This document was written by Leslie Snider (World Health Organization (WHO) consultant) and Carmen Valle (CBM) in consultation with Mark van Ommeren (WHO Department of Mental Health and Substance Abuse).

The document is based on:

» Psychological first aid during Ebola virus disease outbreaks (http://tinyurl.com/PFA-Eb)
» Psychological first aid: Facilitator’s manual for orienting field workers (http://apps.who.int/iris/handle/10665/102380)

This document was reviewed by Alison Schafer (World Vision International), Saji Thomas (UNICEF), Julian Eaton (CBM) and Peter Hughes (Royal College of Psychiatrists).
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OVERVIEW OF THE MANUAL
INTRODUCTION

This manual is designed to orient helpers to offer psychological first aid (PFA) to people affected by an Ebola outbreak. PFA involves humane, supportive and practical assistance for people who are distressed, in ways that respect their dignity, culture and abilities.

This facilitator's manual is to be used together with the guide Psychological first aid during Ebola virus disease outbreaks (World Health Organization, CBM, World Vision International, UNICEF, September 2014). ¹

The manual is structured in three parts:

1) Overview of the manual

This section provides general information about how to use this manual, how to prepare for giving an orientation, and tips for facilitators.

2) Step-by-step orientation

This section provides a full-day orientation agenda and a step-by-step description of each module, including learning objectives, narrative and tips for the facilitator, accompanying slides, and instructions for group exercises and discussion.

3) Supporting materials

This section of annexes provides supporting materials to print as handouts for participants.

HOW TO USE THIS MANUAL

The instructions and materials in this manual are for a full-day orientation (five and a half hours excluding breaks) to prepare helpers to support people recently affected by an Ebola outbreak.

It is important to adapt the orientation and materials to the local culture, language and context, and to the specific context in which your participants will be helping. Remember to build in extra time if you are using a translator. It is helpful if the translator is familiar with Psychological first aid during Ebola virus disease outbreaks and orientation materials beforehand.

This manual serves as a guide for PFA orientation, to which you can bring your own style, experience and ideas as a facilitator.

¹ The latest updated version of Psychological first aid during Ebola virus disease outbreaks is available at this link: http://tinyurl.com/PFA-Eb

Facilitation Manual: Psychological First Aid during Ebola Disease Outbreak 5
What will participants learn?

The orientation aims to build the capacity of helpers in crisis situations:

- To approach a situation safely, for themselves and others;
- To say and do the most supportive things for very distressed people; and
- To NOT cause further harm by their actions.

The orientation provides many opportunities for participants to develop and practise PFA skills.

The orientation will not give participants clinical skills in “counselling”. A key learning objective is for participants to understand the boundaries of the support they can provide and when to refer people for more specialized assistance. In particular, helpers will need to be aware of safety precautions and how to refer people who have Ebola symptoms for medical care.

Who is this manual for?

Facilitators using this manual will often have experience in offering mental health and psychosocial support. It is helpful if they also have:

- Prior experience assisting people affected by crisis events;
- Understanding of Ebola virus disease and safety precautions; and
- Interest and experience in providing orientation and training.

Who should participate in a PFA orientation?

PFA is an approach that can be learned by both professionals and non-professionals who are in a position to help people affected by very distressing events, such as an Ebola disease outbreak. They may include staff or volunteers of disaster relief organizations (in health and non-health sectors), health workers, teachers, community members, local government officials and others.

It is not necessary for helpers to have a psychosocial or mental health background in order to be able to offer PFA. Helpers who provide various kinds of relief and assistance during an Ebola disease outbreak may find PFA skills useful in the course of their usual work. Participants will ideally:

- Have the time and willingness to assist in an Ebola outbreak situation;
- Be accessible and available to help people in distress;
- Be connected with a recognized agency or group if assisting in a large emergency (for their safety and for the coordination of effective response).
PREPARING TO DELIVER THE ORIENTATION

In preparing to deliver a PFA orientation during an Ebola virus disease outbreak, first check with local authorities and obtain permission for the gathering, if needed.

Even if you are working in an acute crisis situation, take time to prepare for the orientation so that it will run smoothly and be a useful experience for your participants. The following checklists will help you to prepare for the orientation, including:

- Preparing yourself: what you need to know
- Preparing materials and handouts
- Preparing the venue.

Preparing yourself: what you need to know

As you prepare to offer the orientation, first become familiar with:

- The publication *Psychological first aid during Ebola virus disease outbreaks*
- This manual, including handouts, slides2 and activities
- Background of participants (culture, language, profession, helping role)
- What is Ebola disease, how it is transmitted and prevented.

The following key document is also useful to review and is freely available in several languages: *Inter-Agency Standing Committee Guidelines on mental health and psychosocial support in emergencies: Checklist for field use*3

Preparing materials and handouts

Give all participants a printed copy of the two-page pocket guide in the annex of *Psychological first aid during Ebola virus disease outbreaks* or the full guide, if possible. It can be helpful to translate the pocket guide into the local language if possible.

Tailor the orientation materials to the cultural and social context of participants. For example, adapt or create new case scenarios depending upon the local context and consequences of the Ebola outbreak, the helping role of your participants and the types of affected persons whom participants may encounter (such as victims of Ebola disease, health workers, community members).

Also adapt the orientation agenda to your specific orientation: i.e. mention specific start and end times.

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2 The slides are available at: http://tinyurl.com/mh2c6gf

Use the following checklist to ensure that you have all printed materials ready for your orientation (see Annexes):

» Psychological first aid during Ebola virus disease outbreaks
» The workshop agenda
» Pre- and post-test (optional)
» Case scenarios and exercises
» Handouts
  » Contact List of Mental Health and Psychosocial Support Resources
  » Contact List of Ebola Outbreak Services
» Written evaluation forms

In addition, find out about services in the local area for Ebola virus disease (e.g. health services, referral sources for mental health and psychosocial services, hotline numbers) so that you can make those contact details available to participants during the orientation. There is space on the back cover of this guide to record contact details for various resources and services in the local area.

**Preparing the venue**

Where you hold the orientation depends in part upon the situation. If you are working in an acute crisis situation, proper meeting rooms and facilities may not be readily available. Alternative meeting spaces such as a tent or even outdoor areas can be used instead. Use the following checklist to be sure the venue is adequate and ready to go:

» Adequate space for the number of participants attending
» Sufficient comfort and safety for participants
» Sufficient privacy and quiet (if relevant, check the venue’s sound system before the orientation)
» Tables and chairs that can be moved or flexibly arranged to allow for role play and group work
» Laptop and LCD projector if electricity is available (otherwise, consider printing handouts of the slides beforehand)
» Flipchart or whiteboard, and markers
» Tape or tacks for hanging overhead paper
» Pens and notebooks for participants
» Sign-in sheet and name tags (if used)
» Refreshments.
FACILITATION TIPS

As a facilitator, you can enhance the learning environment by:

1. Modelling the skills
2. Creating a safe and supportive atmosphere
3. Utilizing participatory learning
4. Managing time well.

Modelling the skills

As you facilitate the orientation, aim to model the skills and helping qualities you would like participants to learn:

» Be friendly, warm, relaxed and calm to engage participants.
» Demonstrate good verbal and non-verbal communication skills, to convey interest and enthusiasm with your words and body language.
» Demonstrate positive regard, respect and non-judgement.

If you are working with a co-facilitator, try to convey good team spirit and mutual support as a model for self and team care in the field.

Creating a safe and supportive atmosphere

Orientation to PFA involves discussing and role playing crisis events and distress. This can touch upon participants’ own experiences and their memories, feelings and reactions to past or current events.

Some participants may also be directly impacted by the Ebola disease outbreak in which they will be helping. As a facilitator, aim to set a safe and supportive atmosphere for the orientation:

» Set ground rules at the start of the orientation to maintain a productive and supportive atmosphere for everyone.
» When starting the orientation, acknowledge the potential for it to touch on distressing stories or personal experiences.
» Moderate or stop any discussions that seem too distressing for the group.
» If participants appear distressed or come to you with concerns, be available to assist them:
  » Listen without judgement and help them to feel calm.
  » Give options for how they can participate comfortably in the orientation activities.
  » Provide referral for additional support as necessary and available.
Utilizing participatory learning

Participatory learning methods, such as simulations, role plays and case scenarios, are powerful tools for helping adults to develop PFA skills. The more time participants have to practise their communication and helping skills, the more they will benefit from the orientation.

As participants take on the roles of being a helper or a person in distress, they often feel the role they are playing and directly experience things that are helpful and unhelpful to say and do. Participants will have the chance to try out their helping skills in a safe environment where they can receive feedback and learn from each other. These methods also provide opportunities to discuss how to adapt PFA to the local context.

Some participants will be new to participatory learning methods and may feel shy in trying role plays. It may help to acknowledge that it takes courage to risk making mistakes in front of peers, and that everyone will do things well – and not so well – as they practise PFA skills. Both are useful for learning.

Tips to encourage participation:

» Begin with introductions so participants can meet each other.
» Learn and use participants’ names (name tags are helpful).
» Ask what participants expect of the orientation.
» Use energizers (games) to engage participants.
» Limit lecture time. Rather, engage participants in exchanging ideas and experience through dialogue.
» Acknowledge participants’ existing knowledge and natural helping abilities.
» Be encouraging and positive as participants practise new skills.
» Always give feedback in a sensitive way: first ask “What went well?” and then “What could be better?”
» Invite questions and allow time for clarification.
» Be open to feedback on how the orientation is going, and make adjustments as needed.

Tips for group work:

» Be aware of very quiet or shy participants, or those who dominate discussions. Try to ensure that everyone has the opportunity to actively participate.
» Ensure a manageable number of members for group work (4–6 participants) to allow for good dialogue and participation by everyone.

Tips for adapting to participants’ cultural and social contexts:

» Encourage participants to come up with case examples relevant to the context in which they will be helping.
» Invite participants to discuss how to adapt PFA to their cultures.
It is normal that both facilitators and participants will make mistakes when demonstrating PFA. To be sure that participants understand what good PFA skills are and what should be avoided, clearly outline the main points or “take-home messages” at the end of all practice activities. Write the main points on a flipchart or show the slides, and refer to the two-page PFA pocket guide.

**Managing time well**

Time management is an essential part of good facilitation. The agenda provided is a guide for timing the orientation. However, it may sometimes be difficult to judge how long a role play or exercise may take, or you may want to give extra time to a certain topic for purposes of clarification. Consider these tips to help manage time effectively:

- Schedule arrival and registration time prior to the start of training.
- Start and end on time.
- Discuss the agenda with participants at the start of the orientation, and keep to the general schedule (including the short break times).
- Do not spend too much time on the slides. Rather, be sure there is sufficient time for discussion, role plays and simulations, where much of the learning is likely to take place.
- Manage the duration of role plays so that they do not go on too long.
- If using a translator, be prepared for the orientation to take longer.
- Allow time for final questions, clarification and evaluation at the close of the orientation.
STEP-BY-STEP ORIENTATION
AGENDA FOR A 5 1/2 HOUR ORIENTATION (EXCLUDING BREAKS)

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<th>Overview</th>
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<tbody>
<tr>
<td>Pre-orientation</td>
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<td>Welcome and introduction</td>
<td>10 minutes</td>
<td>Welcome and introduction</td>
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<td></td>
<td></td>
<td>- Introductions and expectations</td>
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<td></td>
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<td>- Aim and agenda</td>
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<td></td>
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<td></td>
<td>15 minutes</td>
<td>What PFA is and is not</td>
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<td></td>
<td>30 minutes</td>
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<td>Helping responsibly</td>
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<td><strong>Break</strong></td>
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<td><strong>Part III (95 minutes)</strong></td>
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<td></td>
<td>10 minutes</td>
<td>Look</td>
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<td>Listen</td>
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ORIENTATION MODULES

WELCOME AND INTRODUCTION (10 MINUTES)

Learning Objectives

By the end of the session, participants should:

» Understand the overall aims, agenda and methods of the orientation;
» Agree on ground rules for a productive and supportive working atmosphere.

As facilitator(s), introduce yourself by name and affiliation (i.e. organization or institution), and briefly describe your relevant experience.

Begin a round of introductions of participants by asking each one to briefly state:

1. Their name
2. Affiliation or where they have come from.

If the orientation involves a small group (i.e. fewer than 15 participants), you may also want to ask them to name one thing they expect to learn during the orientation.

Be sure to keep the round of introductions brief, especially with a large group.
**FULL DAY ORIENTATION: ICE BREAKER EXERCISE**

**GAME – 5 MINUTES**

This exercise uses questions about participants’ experiences with crisis situations along with more light-hearted questions. Adapt questions to the context and culture as necessary.

Ask participants to: “Stand up and clap if you…”
- Travelled more than one hour today to come here
- Have ever worked in a crisis setting
- Your favourite colour is blue
- Have ever lived in a place where there was a crisis (like a flood)
- Are a good dancer/singer
- Have ever helped someone emotionally in a crisis situation
- Slept well last night

**Aim and Agenda**

Explain the aim of the orientation: “to help you know the helpful things to say and do in order to support people who are affected by an Ebola disease outbreak.” PFA is an approach that can also be useful in our daily work, not only when there is a major crisis event.

Explain that the publication *Psychological first aid during Ebola virus disease outbreaks* is the main resource for this orientation.

Hand out and briefly review the agenda (or show the slide below), including the main topics that will be covered and the time frame.

---

**What we will cover in the training**

- Understanding Ebola virus disease
- Understanding Psychological First Aid
- How to help responsibly
- Providing PFA
  - Good communication with people in distress
  - Preparing to help
  - Action principles: Look, Listen and Link!
  - People who likely need special attention
- Caring for yourself and your colleagues
Explain the methods that will be used in the orientation and emphasize these key points:

» The orientation will focus on practical skills and will be interactive.
» Activities are designed to give you an opportunity to practise and learn from each other.
» Your participation is essential to the process.
» Everyone here is in the same situation practising in front of each other. We will all say and do things very well, and we will all make mistakes. That is how we will learn together.
» Take this opportunity to practise and learn, so you can feel confident when you are in a real-life situation.

**Ground Rules**

Invite participants to consider what ground rules we should agree upon to make this a productive and comfortable working atmosphere for everyone. Write their responses on a flip chart. The final list of ground rules could include the following:

» Be on time after breaks.
» Turn off cell phones.
» Don’t interrupt someone who is speaking.
» Keep confidentiality: stories (about ourselves or others) stay in this room.
» Don’t share personal things you don’t want other people to know.
» Don’t use identifying names or other information if talking about someone else’s experience.
» Respect others’ opinions.
» Participate fully in the exercises.
» Always give feedback this way: First, what went well? Then, what could be better?

Finally, acknowledge the potential for the orientation to touch on distressing stories or personal experiences. We will need to be sensitive with one another. Offer any participant who feels uncomfortable with an exercise or topic the opportunity to speak with the facilitator(s).

**OPTIONAL PRE-TEST (5 MINUTES)**

See Annex 1 for pre/post test questions. Allow participants 5 minutes to take the pre-test (some may request more time). You can give participants the test again at the end of the orientation to measure the impact of the training on their knowledge and confidence to offer PFA, and their knowledge about staying safe while helping in an Ebola outbreak.

*Note: Do not give this test if participants have limited understanding of the questions due to language differences or low literacy levels.*
PART I: UNDERSTANDING EBOLA VIRUS DISEASE
(30 MINUTES)

**Learning Objectives:**

By the end of the session, participants should:

- Have a clear understanding of Ebola virus disease, how it spreads and how can it be prevented;
- Know how to apply that knowledge to the provision of PFA;
- Be able to provide accurate information about Ebola virus disease.

Start by pointing out that accurate information about Ebola disease is available, but there are also rumours and perhaps misunderstandings. Ask participants how they would answer the question “What is Ebola virus disease?” Explain that you will write correct ideas about Ebola on the left side of a flipchart, and those that are wrong on the right side. Allow for several contributions and write them down on the flipchart.

If participants have misunderstandings about Ebola, this session will help them to obtain accurate information so they can best help others and help to prevent infection. They can use this information to stay safe while providing help, and to provide accurate information to others about Ebola to reduce fear, panic and stigma. Some participants may already have a good understanding of Ebola and may be aware of the information provided by health authorities. If this is the case, you may choose to move on to the next section on PFA.

Emphasize to participants:

“It’s essential to have a clear understanding of Ebola virus disease in order to:

- Provide support such as PFA, without putting yourself or others at risk;
- Give accurate information to those who might need it when you provide PFA;
- Know what to do if the person you are talking to is experiencing symptoms.

For this reason, we are going to learn about EVD before learning about PFA.”
Ebola virus disease is a severe, infectious disease that can be fatal. However, if the sick person receives adequate health care, the chances for survival increase substantially.

By implementing appropriate infection prevention and control measures, the spread of the disease can be reduced. These measures should be implemented in treatment centres and hospitals, at community gatherings, during burial ceremonies and at home: you can protect yourself and your family!

Those who have spent time with someone who is sick with Ebola and/or those who have attended a funeral of someone who has recently died with symptoms of Ebola are at risk of being infected, as they may have touched the person.
Next, describe the signs and symptoms of Ebola disease and the course of the illness, using the information on the slide above.

**Advice for individuals and families**

For care and protection from infection in Ebola-affected areas

Ask participants if they know what to do if they suspect someone may have Ebola. Do they know what resources are available in their local areas? Allow for a brief discussion.

**What should I do?**

**Call for help immediately**, if you suspect someone has Ebola. Early treatment increases the chance of survival, and prevents spread of disease to others.

- Encourage and support the person to seek appropriate medical attention
- Call Ebola Hotline
- Call on community leaders for help
- Ask those who have recovered from Ebola to help care for those who are ill
State clearly that the most important thing to do is to **call for help immediately** if they suspect someone may have Ebola, i.e. if anyone presents with symptoms of the disease or has been exposed to someone who was sick or has died from Ebola. Encourage and support the person to seek appropriate medical attention in an Ebola Treatment Centre. If the person needs assistance to get to medical care, participants can ask local community leaders or call Ebola hotline numbers for help.

Health care workers or anyone who transports sick people to treatment centres must use **personal protective equipment**. Ask if participants know what personal protective equipment is. Explain that it includes heavy clothing, gloves, goggles and masks to protect against infection.

If it is safe to do so, participants can wait with the person for the arrival of appropriate transport personnel. Also, people in the community who have fully recovered from Ebola can help in caring for sick people, as they have immunity against the virus.

Take this opportunity to inform participants of the services available to cope with an Ebola virus disease outbreak in the area. There is space to write contact details on the back of the guide *Psychological first aid during Ebola disease outbreaks*. Participants can also share other contact details and resources that they know about with the group.

**While you are waiting for help...**

- Protect your family
- Provide the sick person with their own separate space, plate, cup, spoon, toothbrush, etc.
- Only one person should care for the sick person
- Avoid touching the sick person, their clothing or dirty linen. Body fluids are dangerous!
- Always try to take them to the hospital for treatment. If that’s not possible, obtain and use personal protective equipment.

There are other important things you can do while waiting for specialized support. Explain the information on the slide above emphasizing the need for participants to pay special attention to their own protection from infection.
For example, the slide above gives specific guidance on the importance of hand washing.

While waiting for help to arrive, provide the sick person with plenty of fluids, little by little, and paracetamol (no aspirin or other painkiller) if they suffer from pain or fever.

If the person experiences the danger signs – vomiting, diarrhoea or bleeding – they can infect others or die, and must be immediately transported for treatment. Only health workers with personal protective equipment should move the patient.
Explain to participants how Ebola virus disease spreads, using the information on the slide above, and the implications this has in terms of protection against the disease. Put special emphasis on these points, as they are key for the participants’ safety when providing PFA and for sharing with members of the community. Remind participants that people with symptoms of Ebola should avoid all physical contact with others.

**Protect yourself after someone has died of Ebola**

- People who have died of Ebola are still infectious.
  - Do not touch or move the body. Only trained and equipped personnel should touch them.
  - During funerals and burial rituals, do not touch the body (consider alternatives for safe mourning rituals).
  - Wear gloves when touching a dead person’s clothes, towels and bed linen. Afterward, put them in a plastic bag and burn them.

Further, it is important that participants – and the individuals, families and communities they may help – understand that the body of a deceased person is still infectious. People should not touch or move the body at any time – including during funerals and burial rituals. This can be upsetting for many people who are unable to perform traditional rituals for burial, such as washing the body. It may be important to consider alternative mourning rituals that loved ones can engage in to honour the deceased – this will be discussed later in this orientation.

**Those who fully recover from Ebola**

- Health care providers closely monitor people recovering from Ebola, until the virus is no longer in the person.
  - Ebola is in the semen of men for 3 months after recovering: always use a condom during this time
  - Breast milk should be tested before breastfeeding
- Those who fully recover:
  - Have immunity against Ebola disease
  - Can no longer infect others
  - Can take care of sick people

To end this first session, explain what happens once someone has fully recovered from Ebola using the information on the slide above, and allow sufficient time for questions and clarifications. It is essential that participants have a full understanding of Ebola virus disease and how to prevent infection for themselves and others.

Now that Ebola has been explained, let’s try to understand what PFA is and how to provide PFA for those affected by an Ebola outbreak.
PART II: UNDERSTANDING PSYCHOLOGICAL FIRST AID (75 MINUTES)

HOW CRISIS EVENTS AFFECT PEOPLE (15 MINUTES)

Learning Objectives:

By the end of the session, participants should:

» Have explored the meaning of the term “PFA”;
» Have a basic understanding of what offering PFA involves;
» Be alerted to the importance of self and team care.

Facilitation Tip

‘This is a brief, interactive discussion. Try to keep the flow of dialogue moving quickly by encouraging brief answers, limiting long responses or by calling on participants to shout out ideas.

Begin by asking participants: “What kinds of crisis events have you encountered in your life or work?”

You can ask specifically about:

» Events affecting individuals (car accident, robbery, home fire);
» Events affecting many people at the same time (natural disasters, war/conflict).
Ask participants what kinds of reaction people had to the crisis events. Then, ask what was done to help and support affected people, particularly emotional or social types of support: “What did people say or do that was helpful in these situations?” Allow participants to briefly mention a few points.

Next ask participants what kinds of reactions people affected by an Ebola disease outbreak may have, and what can be done to help and support individuals, families and communities.
Next ask participants: “What comes to mind when you hear the term “Psychological First Aid?”

Allow a free flow of ideas and facilitate this discussion with the whole group. Some responses will accurately reflect various aspects of PFA, such as giving emotional support, helping people with practical needs, listening to people and so on. Participants may also give incorrect responses that are beyond the scope of PFA, such as counselling, medication or psychotherapy. Reinforce the responses that accurately reflect PFA.

Explain to participants that despite the term “psychological” first aid, attending this orientation will not make someone a counsellor or psychotherapist. However, they will learn how to support distressed people in humane and practical ways.

**Starting with care for ourselves**

- Take a moment to reflect upon:
  - How do I take care of myself?
  - How does my team (colleagues, family) support each other?
  - What safety precautions do I need to consider in terms of protection against Ebola?

- Listening and Reflecting Exercise:
  - *What is important to you as you prepare to help in an Ebola outbreak?*

Explain to participants that before we go on with the rest of the activities, it is important to start with care for ourselves. As helpers in an Ebola disease outbreak, we need to take extra care of our own emotional and physical well being so we can best take care of others.

**Listening and Reflecting Exercise – Getting Ready to Help**

Explain that care for ourselves involves paying attention to self and team well being before, during and after helping in an Ebola outbreak. Ask participants to find a partner – one person will be the listener and the other will be the speaker. The speaker has 3 minutes to tell the listener what is important to them as they prepare to help in the Ebola outbreak. This can be logistics, or preparing oneself emotionally or considering one’s fears – whatever the speaker would like to talk about. The listener then takes 1 minute to reflect back to the speaker what they heard them say, like this: “You are [name of speaker], and you think/feel/are doing…”

The facilitator will call “Stop” after 3 minutes. Then switch roles with your partners and repeat.

Discussion: Ask participants how this exercise was for them:

- *How was it to express the things on your mind as you prepare to help in an Ebola outbreak?*
- *What was it like to be listened to, and to have your thoughts reflected back to you?*
WHAT PFA IS AND IS NOT (15 MINUTES)

Learning Objectives

At the end of the session, participants should:

» Be able to define what PFA is, and what it is not;
» Understand the place of PFA in overall Ebola outbreak response, including mental health and psychosocial responses;
» Relate PFA to key resilience (protective) factors.

What is PFA?

• Humane, supportive and practical assistance to fellow human beings who have recently suffered exposure to serious stressors, and involves:
  – Providing non-intrusive practical care and support
  – Assessing needs and concerns
  – Helping people to address basic needs (food, water, info)
  – Listening, but not pressuring people to talk
  – Comforting people and helping them to feel calm
  – Helping people connect to info, services & social supports
    • Information is vital in an Ebola outbreak. PFA providers can help to dispel myths, share clear messages about healthy behaviour and improve people’s understanding of the disease.
  – Protecting people from further harm

Provide the definition of PFA from Psychological first aid during Ebola virus disease outbreaks and connect this to the ways that participants helped the affected people in the simulation.

PFA is... humane, supportive and practical assistance to someone who is suffering and may need support. PFA involves:

» Providing non-intrusive practical care and support;
» Assessing needs and concerns;
» Helping people to address basic needs (food and water, information)
» Listening to people, but not pressuring them to talk;
» Comforting people and helping them to feel calm;
» Helping people connect to information, services and social supports;
  » In the case of Ebola disease, information is vital: those providing PFA can help to dispel myths, share clear messages about healthy behaviour and improve people’s understanding of the disease;
» Protecting people from further harm (including people who are likely to need special attention).
Next, describe what PFA is not. There are common misconceptions about PFA, partly based on the word "psychological" in its name. In fact, PFA involves social and practical support interventions, in addition to comfort and emotional caring.

It is important to emphasize that PFA…

» Is NOT something only professionals can do;
» Is NOT professional counselling;
» Does not necessarily involve a detailed discussion of the event that caused the distress (as in "psychological debriefing");
» Is NOT asking someone to analyse what happened to them or to put time and events in order;
» Is NOT about pressuring people to talk or tell you their feelings and reactions to an event, but rather being available to listen to people.

Explain the IASC Mental Health and Psychosocial Support (MHPSS) pyramid (adapted with permission), which shows the place of PFA in the framework of overall mental health and psychosocial response after a crisis event. The bottom layer of the pyramid shows the need for basic services and security, which need to be delivered in a safe and socially appropriate way so as not to undermine people’s dignity or wellbeing. On the next layer above, many people will be likely to need interventions that strengthen community and family supports.

4 WHO (2010) and Sphere (2011) describe psychological debriefing as promoting ventilation by asking a person to briefly but systematically recount their perceptions, thoughts and emotional reactions during a stressful event. This intervention is not recommended. This is distinct from routine operational debriefing of aid workers used by some organizations at the end of a mission or work task.
As we move up the pyramid, some people will need focused, non-specialized support. This includes basic mental health care and basic emotional and practical support, such as PFA. As we go to the top of the pyramid, a small minority of people will need clinical support, which may consist of medicines or psychotherapy, and which typically involves care by a primary health care clinician or a mental health professional.

**Why PFA?**

- People do better over the long term if they...
  - Feel safe, connected to others, calm & hopeful
  - Have access to social, physical & emotional support
  - Regain a sense of control by being able to help themselves

Explain to participants that there is evidence for certain key resilience (protective) factors for people who have experienced a crisis event. The evidence shows that people generally do better over the long term if they:

1. Feel safe, connected to others, calm and hopeful;
2. Have access to social, physical and emotional support;
3. Regain a sense of control by being able to help themselves.

These factors are essential parts of PFA.

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PFA – WHO, WHEN AND WHERE (30 MINUTES)

Learning Objectives

At the end of this session, participants should:

» Know who may benefit from PFA, and who may require more advanced support;
» Know when PFA can be provided;
» Understand where PFA can be provided safely and with appropriate dignity and privacy for the affected person.

Group Exercise (5 minutes)

During an Ebola outbreak...

• WHO may benefit from PFA?
• WHO may need more advanced support?
• WHEN should PFA be provided?
• WHERE should PFA be provided?

Have participants break into four groups and assign each group one of the questions on the slide:

» Group 1: Who may benefit from PFA?
» Group 2: Who may need more advanced support?
» Group 3: When should PFA be provided?
» Group 4: Where should PFA be provided?

Allow for 5 minutes of group discussion and then ask groups to report back on their discussions in plenary. After each group reports, you can use the information on the next four slides to clarify the take-home message.
Group 1 report: Who may benefit from PFA?

If needed, use the following questions to stimulate discussion:

» Can you offer PFA to a child? Will you offer PFA to everyone you encounter?

<table>
<thead>
<tr>
<th>PFA: Who?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Very distressed people who have been recently exposed to a serious stressful event</td>
</tr>
<tr>
<td>• Can be provided to adults and children</td>
</tr>
<tr>
<td>• Not everyone who experiences a crisis will need or want PFA</td>
</tr>
<tr>
<td>– Don’t force help on those who don’t want it, but make yourself available and easily accessible to those who may want support</td>
</tr>
</tbody>
</table>

PFA is intended for people who are in distress, including people who are grieving a recent loss. Explain that PFA can be offered to anyone, regardless of age, gender, social status, etc. But not everyone who is in distress will want or need PFA. It is important never to force help on anyone who doesn’t need it, and to make the best use of the resources you have (you may not be able to help everyone).

Ask participants to consider examples of people who may benefit from PFA during an Ebola outbreak. Some examples are given on the following slide.

<table>
<thead>
<tr>
<th>PFA: Who? During an Ebola outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health care providers treating people with Ebola</td>
</tr>
<tr>
<td>• Community members anxious about infection</td>
</tr>
<tr>
<td>• Healthy people who have been confirmed not to have Ebola but are experiencing distress</td>
</tr>
</tbody>
</table>
Group 2 report: Who needs more advanced support than PFA alone?

If required, encourage discussion by reminding participants of the earlier discussion about how people may be affected by an Ebola outbreak.

Who needs more advanced support than PFA alone?

*People who have been exposed to the disease and/or have symptoms of Ebola need access to immediate medical attention.*

Also:
- People who are so upset they cannot care for themselves or their children
- People who are at risk of hurting themselves
- People who are at risk of hurting others

Explain that some people will need more advanced assistance than PFA alone. It is especially important to help people who have been exposed to the disease and/or have symptoms to access immediate medical attention.

Other people who need more than PFA in terms of mental health support include:

- People who are so upset they cannot care for themselves or their children;
- People who are at risk of hurting themselves;
- People who are at risk of hurting others

Others who may need PFA or specialized support

- People who have lost multiple family members and loved ones to Ebola, particularly orphans who need extra care and protection
- Those who may be stigmatized, such as:
  - People who have recovered from Ebola
  - Health care providers treating Ebola patients
  - Frontline Ebola operations workers (dead body handlers)

Explain that, as a consequence of an Ebola disease outbreak, they may also encounter people who are suffering in other ways. They can offer PFA and determine if the person may need further specialized support. This may include people who have lost multiple family members and loved ones to Ebola, particularly orphans who need extra care and protection. PFA may also be useful for people who may be stigmatized by their communities, such as:

- People who have recovered from Ebola;
- Health care providers treating people with Ebola;
- Frontline workers in Ebola operations (e.g. people involved in dead body management).
Group 3 report: When should PFA be provided?

If needed, use the following questions to stimulate discussion:

» When do you think you will encounter the people you will help? How long after the crisis event?

PFA: When?

• Upon first contact with very distressed people, usually immediately following an event, or sometimes a few days or weeks after

Explain that PFA can be offered immediately after a crisis event (e.g. if someone has just lost a loved one to Ebola). However, it may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

PFA: When? (during an Ebola outbreak)

When...
• Doing contact tracing
• Delivering survival and hygiene kits to people whose properties were destroyed during household disinfection
• Supporting a health care provider experiencing distress after a long shift at the clinic
• Supporting those who recently lost a member to Ebola and cannot bury according to tradition
• Supporting a child whose parents have been admitted to hospital, and who may feel confused and sad
• Helping members of the community share their frustrations about travel restrictions

Explain that in the specific circumstances of an Ebola outbreak there are many situations when PFA could be useful, as described in the slide above.
Group 4 report: Where should PFA be provided?

If needed, use the following questions to stimulate discussion:

» In what settings may you be providing PFA?
» Do you need privacy to offer PFA? In which situations? What is culturally acceptable in terms of privacy?
» What should we take into consideration in offering PFA during an Ebola outbreak?

PFA: Where?

• Wherever it is safe enough for you to be there
  — Safety from exposure to the disease is the most important consideration in where to offer PFA

• Ideally with some privacy (as appropriate) to protect confidentiality and dignity of the affected person
  — But there are limits to confidentiality because of the importance of stopping the spread of disease

During an Ebola outbreak, helpers may be providing PFA in community settings and places where distressed people are assisted (e.g. health centres, shelters or camps, schools, etc.). Explain to participants that in the case of an Ebola (or other contagious disease) outbreak, safety from exposure to the disease is the most important consideration in where to offer PFA – for themselves, the person they are helping and others. This means taking all relevant precautions to prevent infection, and ensuring that the appropriate medical care is being offered immediately to people who have symptoms.

When providing PFA, it is essential to respect a person’s confidentiality and dignity. Ideally, try to provide PFA where you can have some privacy to talk with the person, when appropriate and possible, while still adhering to safety precautions. This is important both for confidentiality, and for preventing the spread of panic or rumours in the person’s community.

Ask participants about the last bullet point on the slide above:

In an Ebola situation, when would it be necessary to limit confidentiality?

After a short discussion, explain that in the case of disease outbreaks, there are limits to confidentiality because of the importance of stopping the spread of the disease. In these situations, they can explain to the person that personal matters that she or he shares will be kept confidential, but that they are required to report to health surveillance teams if the person may have been exposed to the Ebola disease and/or has symptoms of the disease. Also, some families do not want to give up the body of a loved one who has died in the home to health teams for burial. They may not understand how serious the risk of becoming infected is for themselves and others in the household.
Role Play

Explain to someone who has been exposed to Ebola and/or has symptoms of the disease why you must report this to health surveillance teams.

Role play (5 minutes): Give one participant the role of PFA provider and another participant the role of a person with symptoms who does not want to seek medical attention. Ask the provider to sensitively explain the need to report him/her to health surveillance teams and for immediate medical care.

Role play discussion: Ask the “helper” in the role play how the experience was for them, what they did well and what they could have done better. Next ask the “affected person” what they found helpful and invite comments from the participant group. To recap, explain the importance of the helper being gentle as they talk with the person, and acknowledging the person’s fears and concerns. If possible, helpers should try to obtain the permission and cooperation of the person in reporting to health surveillance teams. To explain the importance of informing authorities of suspected Ebola cases – i.e. to promote the health and safety of the person, their family and their community – helpers can use the information on the slide below.

Role play discussion:
Reporting to surveillance teams

- You can explain that through early detection and supportive treatments people are more likely to survive.
- You can mention the importance of going to the hospital to know their status in order to protect their family and community from the high risk of infection.
- You can inform them of the high risk of infection for anyone in the household who comes in contact with the dead person’s body.
- You can also mention any support measures from the Government that are available to help people who are recovering from the illness (e.g., material items and services given when the person is discharged from the hospital).
Helping Responsibly (15 Minutes)

**Learning Objectives**

By the end of the session, participants should:

» Be able to provide PFA while respecting safety, dignity and rights;

» Understand the importance of being aware of other emergency response measures;

» Know the importance of looking after themselves in order to help responsibly.

Chapter 2

How to Help Responsibly

Safety, dignity and rights
Other emergency response measures
Looking after yourself

Now, let’s talk about how to help responsibly during an Ebola virus disease outbreak.

Respect People’s

- Safety
  - Avoid putting people at further risk of harm
  - Make sure that the adults and children you help are safe and protect them from physical or psychological harm.

- Dignity
  - Treat all people with respect.

- 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 interest of any person you encounter.

Briefly explain the importance of respecting people’s safety, dignity and rights, and highlight how this applies to an Ebola outbreak.

In terms of safety, emphasize that helpers should avoid putting affected people at risk of infection or other types of harm (e.g. being careful not to expose Ebola survivors to further stigma or discrimination).

Fear, grief and tension are likely to increase among community members during an Ebola outbreak. In these difficult moments, more than ever, it is essential to treat everybody with respect and contribute to
an atmosphere of dignity for all. For example, helpers involved in dead body management must be sure to treat the deceased person with dignity during the burial and ensure respect for their surviving family members.

It is also important to ensure that people can access help fairly and without discrimination.

Encourage participants to keep the principles of safety, dignity and rights in mind in all of their actions, treating people the same way they themselves would like to be treated. Recap with the slide above on Ethical Do’s and Don’ts of providing PFA.

Another important part of offering PFA is to ensure that people have access to the correct information about Ebola, including what services and supports are available, and how to protect themselves. Therefore, when offering PFA, it is essential to be aware of what other agencies are doing, including where and how people who may have the disease should seek help, who is responsible for child protection services, food and material distribution, and so on. Also be honest with participants about the limits of some services and their availability.
Helping responsibly also means looking after your own physical and mental wellbeing. Many helpers may have family, friends and colleagues who are affected by Ebola. Encourage participants to take care of themselves – and their fellow helpers – so that they can best care for others. Importantly, if any helper begins to exhibit symptoms of Ebola, they must NOT go to work as they may infect others. Advise them to immediately inform their agency, seek medical care and take all necessary safety precautions to avoid infecting others. Let participants know that we will come back to the topic of caring for yourself and your colleagues later in the orientation.
PART III MODULES: APPLYING PFA ACTION PRINCIPLES (95 MINUTES)

GOOD COMMUNICATION (45 MINUTES)

Learning Objectives:

By the end of the session, participants should:

» Understand principles of good communication;
» Know the supportive things to say and do (and NOT to say and do) for adults and children in distress during an Ebola outbreak, being aware of words and body language;
» Know how to apply good communication principles while taking necessary safety precautions to prevent the spread of Ebola.

Role Play “Good Communication” (5 minutes)

The purpose of this exercise is to show the importance of both verbal and non-verbal communication.
Ask participants to pair with a partner. Explain that one person plays the role of a nurse who has just left the treatment centre after a 10-hour shift during which 3 patients have died. (S)he is very upset and wants to talk about what has happened.

The other person is the helper and demonstrates good communication skills during the interaction. Explain that after 3 minutes you will call “Stop” and the partners will switch roles and repeat the exercise. Have partners give feedback to each other: what went well and what could have been better in terms of communication.

**Role Play Discussion (5 minutes)**

Facilitate a discussion of the experience with the group by asking participants to share examples of good communication – both verbal and non-verbal. Explain that 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 have happened and others may be angry, especially if they are grieving.

Being calm and showing understanding can help people in distress feel more safe and secure, understood, respected and cared for appropriately. Ask participants to give examples of good communication techniques – both verbal and non-verbal communication – in their culture. They can also demonstrate, for example, how to respectfully greet someone, how to sit or stand in relation to another person depending on their age, gender or culture, what is appropriate in terms of eye contact, etc.

### Good communication: Things to Say and Do

- Try to find a quiet place to talk, and minimize outside distractions.
- Respect privacy and keep personal details of the person’s story confidential, if appropriate.
- 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.
- Allow for silence.
- 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 they all 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 loved ones. “I’m so sorry. I can imagine this is very sad for you.”
- Acknowledge the person’s strengths and how they have helped themselves.

Recap good communication strategies with the slide above. Emphasize that helpers should try not to 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.** Also emphasize that to communicate well, you should be aware of both your words and body language (e.g. facial expressions, gestures, etc.); the person’s culture, age and gender; and your own cultural background and beliefs so you can set aside your own biases. It is important to offer help in ways that are most appropriate and comfortable to the people you are supporting (e.g. in some cultures, it may be appropriate for women to speak only with other women).
Good Communication: Things NOT to say and 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/body fluids, given the nature of Ebola disease.
- 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 (e.g., don’t call them “crazy” or “mad”).

Then recap things NOT to say and do from the slide above.

**Role Play “Ebola Communication” (10 minutes)**

This role play is designed to sensitize participants to providing PFA to people who may have Ebola disease and whom they cannot touch.

Ask for 3–5 volunteers to role play with you in front of the group. When you have volunteers, explain that you will play the role of the nurse and each of the volunteers will have one minute to offer help to you using good communication strategies. However, the nurse has been exposed to Ebola during the course of her duties and may be infected. She began to have a fever that day and so stopped her shift early. She has informed her supervisor and is awaiting next steps. She is very upset. Inform volunteers in the role play that they must offer help with their hands clasped behind their backs. Each volunteer has one minute to offer support and calming to the nurse. Get into character and allow each volunteer to try offering support to you in turn for one minute. Provide very brief feedback to each volunteer, after they provide their help – for example, mention something they did well (e.g., that was helpful to you as “the nurse”) and perhaps a tip for something they could do better – and then move directly to the next volunteer.

**Ebola Communication Role Play Discussion (10 minutes)**

Invite a plenary discussion of this role play and what it means to provide support to people you may not be able to touch, get close to or comfort in usual ways. Ask participants especially to comment on how they can communicate well and safely with people who may be ill or infected with Ebola in terms of their tone of voice, eye contact, words, attention, etc. For example, they may be able to say to the person, “Even though I cannot touch you, I care about how you are feeling.”
PFA OVERVIEW (30 MINUTES)

Learning Objectives:

By the end of the session, participants should:

» Be able to describe the frequent needs of survivors;
» Be able to describe what helpers need in order to assist;
» Be able to state the basic PFA action principles of Prepare … Look, Listen and Link.

The Action Principles of PFA: Look, Listen and Link!

The action principles of PFA are: **Prepare…Look, Listen and Link.** To help participants remember Look, Listen and Link, point out the illustrations in the slide above. For fun, you can model these yourself as you introduce the principles, or even have participants stand and do this with you.
The first step in PFA is to PREPARE. Take time BEFORE you enter an Ebola situation to prepare yourself by:

» Learning about Ebola disease from reliable sources, including any updates on the local situation;

» Knowing what other agencies in the area are doing and where people can go to obtain information and services, including immediate medical attention;

» Having available the contact information for mental health and psychosocial resources in your area, for people who need extra help in coping emotionally and socially with the situation. (Contact information can be recorded in an Annex of the guide *Psychological first aid during Ebola disease outbreaks*.)
LOOK (10 MINUTES)

Learning Objectives:

By the end of the session, participants should:

- Be able to describe key elements of the LOOK action principle;
- Understand the importance of checking for safety;
- Know how to recognize people with obvious urgent basic needs;
- Be able to describe who may need special assistance in a crisis situation.

Point out to participants that crisis situations can change rapidly and it may be difficult to obtain accurate information. What they encounter when they meet the affected population may be different from what they have learned beforehand. It is therefore important to take time to LOOK around to assess the situation before offering help.

Emphasize to participants that safety is of primary importance under the LOOK principle. If it is not safe for you to be there, then do not go! Emphasize that helpers must **take all necessary safety precautions to protect themselves and others from infection**. Seek help from others and, if possible, communicate from a safe distance with affected people. When providing PFA, participants must not have physical contact with an infected person or their belongings. They may also need to let people they are helping know that they are physically healthy and that it is important for them to take these precautions.
In assessing people with obvious urgent basic needs, ask participants to consider who is most at risk in the area. For example, does anyone have symptoms of Ebola, or is anyone in need of food, clothing or other basic needs? Are there children who may have been left on their own, abandoned without adult supervision or orphaned? Who may be at risk of discrimination or violence? It is important for participants to know the limits of their role and to obtain help for people who need immediate medical attention or other kinds of support.

<table>
<thead>
<tr>
<th>LOOK</th>
<th>QUESTIONS</th>
<th>IMPORTANT MESSAGE</th>
</tr>
</thead>
</table>
| People with obvious urgent basic needs | - Does anyone appear to have symptoms of Ebola?  
- Who is most at risk in your area?  
- Does anybody have obvious urgent basic needs, such as clothing or food?  
- Who may need help in terms of being protected from discrimination and violence? | Know your role and try to get help for people who need special assistance, such as obvious urgent basic needs. If the person has been exposed to the disease and/or has symptoms, take them to the hospital, your local health post or designated Ebola Care Centre. Immediately inform health-care staff that the sick person may have Ebola. |

In assessing people with serious distress reactions, ask participants:

- How may people react to an Ebola crisis? How will you know if someone is seriously distressed?
Allow for a brief discussion and then show the following slide:

**Psychological Distress Responses**

- Physical symptoms (shaking, headaches, tiredness, loss of appetite, aches and pains that have a non-medical basis. If there is no fever, these symptoms do not indicate Ebola)
- Crying, sad, depressed mood, grief
- Anxiety, fear
- Being “on guard” or “jumpy”
- Worry that something really bad is going to happen
- Insomnia, nightmares
- Irritability, anger
- Guilt, shame (for having survived, having infected others, or for not being able to help or save others)
- Confused, emotionally numb, or feeling unreal or in a daze
- Appearing withdrawn or very still (not moving)
- Not responding to others, not speaking at all
- Disorientation (not knowing their own name, where they are from, or what happened)
- Not being able to care for themselves or their children (not eating or drinking, not able to make simple decisions)

Highlight those responses mentioned by the participants, as well as others on the slide. Participants may also mention distress reactions that are specific to the local culture or to the Ebola situation that are not listed on the slide. The slide shows some of the reactions that people can have after being exposed to a distressing event. The right-hand column lists reactions (in red) that are less common, but are especially of concern.

**Helping people in distress**

- Most people recover well over time, especially if their basic needs are met
- Those with severe or long-lasting distress may require more support
  - Try to make sure they are not left alone
  - Try to keep them safe until you find help from others.

Remind participants that most people will recover emotionally over time, especially if they can restore their basic needs and receive support, such as help from those around them and/or PFA. However, **people with either severe or long-lasting distress reactions may need more support than PFA alone.** Try to make sure they are not left alone, and refer to the mental health and psychosocial specialists in your area.

End this section by saying that we will cover how to offer support to those with special needs later in the orientation.
LISTEN (10 MINUTES)

Learning Objectives:

By the end of the session, participants should:

» Be able to describe key elements of the LISTEN action principle;
» Know how to help someone in distress to feel calm.

Introduce the LISTEN topic by explaining that listening carefully to a person you are helping is essential to understand their situation and needs, to help them feel calm and to offer them appropriate help. Recall the listening and reflecting exercise from earlier in the day, and how it feels to be truly listened to by someone. We can learn to listen with our eyes, ears and heart.

First, let’s see how we approach people who may need support. Review the information on the slide above. Emphasize to participants that even if they must communicate from a distance because of safety precautions, they can still give the person their full attention and show they are listening with care.
Point out that it is important to introduce yourself by name and affiliation, in order to help affected people who are frightened and unsure feel more comfortable in talking with you. Always approach people respectfully, according to their culture, and ask if you can provide help. If someone is very upset, it may be helpful to find a quiet space to talk, if possible in the environment.

Ask about people’s needs and concerns

• Although some needs may be obvious, such as some rest for a nurse who has been working long hours in the treatment centre, always ask what people need and what their concerns are.
• Find out what is most important to them at this moment, and help them work out what their priorities are.
• Ask whether they need anything that can be provided to them from a safe distance (e.g., fresh water, food, clean clothes or bedding).

With the slide above, explain that although some needs are obvious, it is important always to ask people what their needs and concerns are. In this way, you can better understand their situation and help them to address what they feel are their own priorities.

Listen to people and help them to feel calm

• Do not pressure the person to talk.
• Listen in case they want to talk about what happened.
• Offer to sing, read, or tell stories to help assure them they are not alone and to ease their fear.
• If they are very distressed, help them to feel calm and try to make sure they are not left alone.

In order to provide emotional support and help people feel calm, stay close to them and listen in case they would like to talk about what happened. However, never pressure someone to tell you their story. If they are very distressed, try to make sure they are not left alone.
Some people may be very anxious or upset. They may feel confused or overwhelmed, and may have physical reactions such as shaking or trembling, difficulty breathing or feeling their heart is pounding. Ask participants how they might help someone who is very distressed to feel calm. Have a brief discussion. The discussion is likely to highlight ways of helping people feel calm in the particular culture of the participants. Summarize with the information on the slide below.

Help people feel calm

- Keep your tone of voice calm and soft.
- Try to maintain some eye contact with the person.
- Remind the person that you are there to help them.
- Remind them that they are safe, if it is true.
- If someone feels unreal or disconnected from their surroundings, it may help them to make contact with their current environment and themselves by:
  - Placing and feeling their feet on the floor.
  - Tapping their fingers or hands on their lap.
  - Noticing some non-distressing things in their environment, and having them tell you what they see, hear or feel.
  - Encouraging the person to focus on their breathing, and to breathe slowly.

The relaxation exercise script in *Psychological first aid during Ebola virus disease outbreaks* (page 52) may also be useful in helping people to feel calm.
Learning Objectives:

By the end of the session, participants should:

» Be able to describe key elements of the LINK action principle;
» Be able to help people cope with problems using their own good coping strategies;
» Know important tips on linking people with information;
» Know the importance of linking people with social support and available services.

Emphasize to participants that the helper's role is not to solve all of people's problems for them, but to help them to address their own needs. Linking them with information, services and social support will help them to regain control of their situation.

Affected people may have many basic needs depending on the crisis situation. You may be in a position to offer basic items like food, water or blankets or you can link people with others who are providing those services. Remember to keep in mind the people who are likely to need special assistance to get their basic needs met.
In helping people to cope with problems, remember that everyone has ways they have managed adversity in the past, but in crisis situations people may feel overwhelmed with worries. You can help them to prioritize and address their most urgent needs. For example, ask them to think about what they need to address now and what can wait for later. Encourage them also to use their own good coping strategies to help themselves in the current situation. For example, help them to identify people (friends and family) who can offer support, and give practical suggestions about how they can meet their needs.

Everyone has natural ways of coping. Ask participants to name some positive and negative coping strategies. Summarize with the slides below.

### Positive coping strategies

- Get enough rest.
- Eat as regularly as possible and drink water.
- Talk and spend time with family, friends or other community members.
- Discuss problems with someone you trust.
- Do activities that help you relax (walk, sing, pray).
- Do physical exercise.
- Find safe ways to help others in the crisis and get involved in community activities.

### Negative coping strategies

- Don’t take drugs, smoke or drink alcohol.
- Don’t sleep all day.
- Don’t work all the time without any rest or relaxation.
- Don’t isolate yourself from friends and loved ones.
- Don’t neglect basic personal hygiene.
- Don’t be violent.
People affected by an Ebola outbreak will want accurate information. Explain the information on the slide below.

Give Information about...

- The illness itself
  - Remember what you learnt about Ebola today
  - Keep informed about the latest updates on the outbreak.
- Loved ones
  - Try to share practical information about admitted patients with their relatives (in consultation with hospital staff)
  - Try to find ways that family members can maintain contact with the person with Ebola.
- Their safety
  - How to stay safe
  - Measures the government is taking to support victims.
- Their rights and responsibilities
- Services and supports

However, getting accurate information during the outbreak may be difficult. The situation may change as information about the number of cases, areas affected, etc. becomes known and relief measures are put in place. Ask participants:

» What rumours have you heard about Ebola in local communities?
» Where can you find reliable sources of information about Ebola?

Allow a brief discussion of these questions and emphasize that the less information is shared, the more likely it is that rumours will spread. Some rumours are very dangerous: for example, rumours that blame certain people for the disease outbreak may lead to violence, or rumours about fake, harmful treatments may lead to unnecessary deaths. Provide the tips on the following slide for giving information.

Give Information

Less information shared = more rumours!

- Find accurate information before helping
- Keep updated about common rumours so you can respond with reliable information.
- Say only what you know – never make up information.
  — If you are not sure, offer to find out and let people know where/when you will update them
- Keep message simple and accurate, repeat often
- Give the same information to groups of people to decrease rumours
- Explain source and reliability of info you give

Emphasize the importance of gathering as much accurate information as possible before approaching a group to provide information. It may be helpful also to use official written information, such as posters and leaflets in the local language, or in pictorial form for people with low literacy. Introduce yourself clearly as a helper so that affected people understand your role, and explain the source and reliability of the information you are giving. You can offer to try to find out information that you do not have readily available, and let affected people know when and where you will update them. However,
never make up information that you do not know. Keep messages simple and accurate, and repeat them often.

When giving information, be aware that the helper can become a target of the frustration and anger people may feel, especially when their expectations of help have not been met by you or by others. In these situations, try to remain calm and be understanding.

Finally, it has been shown that people who feel they had good social support after a crisis cope better than those who feel they were not well supported. Emphasize to participants the importance of connecting affected people with loved ones and social support.

During an Ebola outbreak, it may be difficult to link people with social support, as many people have lost most of their loved ones and because of stigma associated with the illness. To decrease people’s sense of isolation, try to identify other supports within their community networks. For people lacking social support, visiting or accompanying affected people (e.g., those who have survived Ebola or who have been confirmed negative for the disease) can be a great support and can help to reduce other people’s fear of interacting with them.

Emphasize the importance of helping to keep families together and children with their parents or caregivers, while still adhering to safety precautions to prevent the spread of Ebola. A child admitted to hospital with Ebola should be able to have safe and regular contact with one trusted family member.
During an Ebola outbreak, help affected people to be in contact with friends and relatives for support. For example, phones could be made available at treatment centres for patients’ use only, so that relatives can talk with them. If someone lets you know that prayer or support from religious leaders might be helpful for them, try to connect them with their spiritual community, always observing safety measures. Religious leaders may be helpful in finding new ways to provide spiritual support and guidance that don’t involve public gatherings or touching. For example, they could pray with patients through the phone or across safety barriers of treatment centres, if permitted. Finally, help bring affected people together to support each other; for example, link people who have lost their family (such as the elderly or children) to people who can help care for them.
Small Group Exercise (10 minutes)

Ask participants to go into small groups, and consider the following questions:

» How would you provide support to people who are grieving?
» What suggestions could you give to people who cannot engage in traditional burial rituals because of the spread of disease?

Bring participants back for plenary discussion, asking groups to share the ideas from their discussion. You can write some ideas from the group on flipchart paper. Recap with the slide below:

Helping people who are grieving

- During an Ebola outbreak, people cannot see or touch the body of their loved one, or engage in traditional burials, due to risk of infection
- They may feel sad, angry, fearful and unable to accept their loss
- What you can do:
  - Listen, and help them feel calm and safe
  - Allow them time and space to grieve and talk about their loved ones
  - Link them with others who are bereaved for support
  - Encourage them to think of alternative, safe rituals to honour their loved one, along with religious leaders

Explain that losing a loved one is like a wound that hurts. When grieving, people often feel sad and angry and may have difficulty accepting the loss. When losing a loved one to Ebola, people can feel especially sad, angry and frustrated because they cannot say goodbye to the loved one or engage in cultural or traditional burial practices. It is essential to inform grieving people of the risks of handling the body of a person who has died of Ebola, but also encourage them to think of other ways to grieve, honour and remember their loved one. In some cultures, families have planted trees in remembrance of their loved one, or have held memorial services using a photograph of the person as a focal point. Religious leaders may be of help in developing alternative, safe mourning rituals during an Ebola outbreak.
**ENDING YOUR ASSISTANCE (10 MINUTES)**

To finalize this session on the PFA action principles, explain to participants how to end their assistance using the information on the following slide:

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### Ending your assistance

- Use your best judgment of the person’s needs and your own needs
- Explain that you are leaving and, if possible, introduce them to someone else who can help
- If you linked them with services, be sure they have contact details and know what to expect
- No matter what your experience, say goodbye in a good way and wish them well

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Explain that the helper needs to use their best judgment about when to end their assistance. If the person you are helping continues to be distressed, you can try to connect them with another helper or with family members to make sure they are not left alone, and link them if necessary with more advanced support.

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**PFA REVIEW**

Take a few minutes to review with the participants what they have learned so far and ask if they have any questions.

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### PFA Review

- What have you learned so far?
- What confuses you?
- Do you disagree with anything?
- Do you feel confident about being able to offer PFA during an Ebola disease outbreak?
PART IV MODULES:

PFA ROLE PLAYS AND WRAP-UP, SELF AND TEAM CARE, EVALUATION (90 MINUTES)

Learning Objectives:
By the end of the session, participants should:

» Be able to demonstrate how to apply the principles of Prepare...Look, Listen and Link to a case scenario;
» Be able to demonstrate good communication skills with distressed individuals affected in different ways by an Ebola outbreak.

Ebola Role Plays
How will you Prepare...Look, Listen & Link?

1. Distressed woman whose husband is admitted with Ebola to a treatment centre.
2. A grieving family who does not want to give up the body of their deceased loved one for burial.
3. An unaccompanied child, age 10, who is alone and scared at the treatment centre.

Keep in mind safety precautions!

Explain that participants will now have a chance to practise providing PFA to distressed people who are affected in different ways by an Ebola outbreak. Have participants break into three groups. Provide the handout in Annex 2 to each group. Assign each group ONE of the role play scenarios on the handout, and explain that they have 10 minutes to discuss and prepare their role play for presentation to the group. Each role play should be about 3–5 minutes long. Each group can decide how they would like to approach their scenario and who will play the main characters.
Emphasize to participants:

» To keep in mind the action principles – Prepare…Look, Listen and Link – for each role play;
» To stay in their roles throughout the role play and try to make it realistic (e.g. try not to laugh);
» To take this time to practice and know that it is all right to make mistakes;
» If they feel stuck while demonstrating a role play, they can ask one of their group members to take over;
» Keep in mind safety precautions!

![FACILITATION TIP]

Manage time carefully in order to allow 5 minutes maximum for each group to perform their role play and at least 5 minutes for feedback, questions and discussion on each role play. In facilitating feedback to each group, first ask the helpers in the role play what they feel they did well, and what could be better. Then ask for feedback in the same way from the affected people and allow brief comments and questions from the participant group.

You can use the information on the following slides to recap key learning points from each scenario:

For role play 1, emphasize the importance of listening well to the patient’s relative to understand her concerns, and consider how best to link her with services and support.
Role play (2) discussion: Bereaved family

- Remember they are grieving, allow them time to express their feelings and talk about their loved one.
- Inform them of the high risk of infection for anyone who comes in contact with the dead person’s body.
- Sensitive to explore whether anyone in the household may have been exposed to Ebola in caring for the person during their illness, or in contact with their body or belongings.
- Mention the importance of going to the hospital to know their status in order to prevent spread of infection. Emphasize that early detection and supportive treatments improve survival.
- Give accurate information about safe burials, dispel rumours.
- Talk with them about alternative burial rituals and safe ways to mourn and honour their loved one.

For role play 2, emphasize the need to both support the family and prevent the spread of infection. It is very important to take safety precautions in approaching the family; for example, do not enter the house. Also, help the family to understand the need for members of the household to be tested for Ebola in order to prevent further spread of infection. Offer to link them with services and supports.

Role play (3) discussion: Caring for children

- Be calm, talk softly and be kind
- Introduce yourself by name, let them know you are healthy and that you are there to help
- Ask the child’s name, age, where they are from and information about their family or carers
- Try to speak to the child on their eye level
- Use words and explanations the child can understand
- Find out information about the child’s family or carers.
- If unaccompanied, stay with the child while linking with appropriate carers or child protection
- Listen, talk and play if spending time with children, according to their age and safety precautions for Ebola

For role play 3, emphasize the need to approach the child kindly, using words they can understand appropriate to their age and developmental stage. Also, do not leave the child alone until either appropriate carers can be found or you can link the child with a trustworthy child protection agency. We will discuss the special needs of children next.
You can wrap up the role play with the slide above which gives key supportive phrases that participants can keep in mind while offering PFA to people affected by an Ebola crisis.

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6 See IFRC Reference Centre for Psychosocial Support: *Psychosocial support during an outbreak of Ebola virus disease*. 
PEOPLE WHO ARE LIKELY TO NEED SPECIAL ATTENTION (15 MINUTES)

Learning Objectives:

By the end of this session, participants should:

» Be able to identify who is likely to need special attention in an Ebola outbreak;
» Know the specific risks for children and adolescents, and other vulnerable people;
» Know how to offer PFA to people who are likely to need special attention and how/when to refer for more specialized care.

Explain to participants that some people are likely to need special attention in an Ebola outbreak. These include 1) children and adolescents, 2) people with health conditions or disabilities and 3) people at risk of discrimination or violence.
1) Children, including adolescents

Explain that as participants experienced in the previous role play exercise, children, including adolescents, may be particularly vulnerable in an Ebola outbreak because of the reasons listed on the slide below.

**Children, including Adolescents**

- Children are vulnerable in an Ebola outbreak because of:
  - Disruption of their familiar world
  - Loss of their parents and relatives
  - Stigma and discrimination
- Young children are at a higher risk since they cannot meet their needs
- Girls are at higher risk of sexual violence and exploitation and can be more exposed to Ebola as caregivers

An Ebola outbreak disrupts the familiar world of children and adolescents, including the people, places and routines that make them feel secure. Many will have lost parents and other relatives, and children may be abandoned. Stigma and discrimination further isolate them and put them at great risk. Children and adolescents, particularly those alone or separated from their caregivers and girl children, are especially at risk. Not only are their familiar routines and environment disrupted by crisis events, they are also at risk of being abused or trafficked.

**Children do better when they have a stable, calm adult around them!**

- Children with suspected Ebola should always be accompanied to a hospital, local health post or designated Ebola Care Centre.
- If a parent needs medical attention, consideration must be taken to ensure any children in their care will be looked after and not left to fend for themselves.
In general, children cope better when they have a stable, calm adult around them. Emphasize the two key messages on the slide above to participants.

**Help keep children safe**

- Families and caregivers are very important sources of protection and emotional support.
- If separated from caregivers (e.g., orphaned or abandoned) the **first step** is to reunite them with families or carers.
- Don’t try to do this on your own! Work with trustworthy Child Protection Agencies in your area.

Help keep children and adolescents safe by ensuring that they are reunited with families or trusted carers. If a child is unaccompanied or abandoned, the first step is to link them with a trustworthy child protection agency who can register them and ensure they are cared for appropriately. Do not try to do this on your own – if you make mistakes, it can worsen the child’s situation.

For more information about how children of different ages respond to crisis events, and things that caregivers can do to help them, provide the handouts in Annexes 3 and 4 to participants. Refer them to *Psychological first aid during Ebola disease outbreaks* for more information.
2) People with health conditions or physical or mental disabilities

Start by asking participants to think for a minute how the outbreak is affecting health systems in general. For example, hospitals may be empty because of the fear of Ebola, so people may not be seeking help for treatable conditions like malaria. In addition, an Ebola outbreak can impact the availability of medical resources and general care for people with health conditions or physical or mental disabilities. Ask participants to consider how this can affect those who need regular treatments or who may have difficulties in getting to health centres on their own, such as persons with mental or physical disabilities and those with chronic health conditions (e.g. diabetes, HIV).

<table>
<thead>
<tr>
<th>People with health conditions or physical and mental disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Crises can worsen many health conditions (physical and psychological)</td>
</tr>
<tr>
<td>• Ebola outbreaks may overload health systems and reduce access to other treatments</td>
</tr>
<tr>
<td>• Help people with health conditions &amp; disabilities to...</td>
</tr>
<tr>
<td>– Get to a safe place</td>
</tr>
<tr>
<td>– Meet their basic needs</td>
</tr>
<tr>
<td>– Ask about and help them access medications/treatment for health conditions other than Ebola</td>
</tr>
<tr>
<td>– Stay with the person if they are very distressed and, if needed, link them with agencies for protection and care</td>
</tr>
<tr>
<td>– Help them if they have Ebola symptoms. Avoid physical contact and refer them for immediate medical care</td>
</tr>
</tbody>
</table>

Recap with the slide above, and recommend that participants find out about specialized services in their area to assist people with health conditions or disabilities.
3) People at risk of discrimination or violence

Ask participants who may be at risk of discrimination or violence in an Ebola outbreak. Allow for a brief discussion.

<table>
<thead>
<tr>
<th>People at risk of discrimination or violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women, people of certain ethnic or religious groups, people with disabilities</td>
</tr>
<tr>
<td>• Ebola: Relatives, health workers and others</td>
</tr>
<tr>
<td>• They may be:</td>
</tr>
<tr>
<td>– Left out when basic services are provided</td>
</tr>
<tr>
<td>– Left out of decisions about aid, services or where to go</td>
</tr>
<tr>
<td>– Targeted for violence, including sexual violence</td>
</tr>
<tr>
<td>• Help them:</td>
</tr>
<tr>
<td>– Find a safe place to stay</td>
</tr>
<tr>
<td>– Connect with their loved ones or trusted people</td>
</tr>
<tr>
<td>– Access information and services</td>
</tr>
<tr>
<td>– Access immediate medical attention if having Ebola symptoms</td>
</tr>
</tbody>
</table>

In any crisis certain groups, such as women, people from certain ethnic or religious groups and people with mental and physical disabilities can be the target of discrimination and violence. In an Ebola outbreak, those in contact with Ebola victims (such as health workers, surveillance teams and burial teams) and relatives of the victims can also be stigmatized and suffer from violence and exclusion.

Using the information on the slide above, explain how participants can help people at risk and the importance of being careful not to worsen stigma and discrimination of the person during their helping role. They could be the only helping hand!

Wrap up this section by allowing a round of questions or further clarifications.
SELF AND TEAM CARE (15 MINUTES)

**Learning Objectives:**

By the end of this session, participants should:

» Know the importance of self and team care for helpers;

» Be able to describe the strategies for self care before during and after helping in an Ebola outbreak.

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**FACILITATION TIP**

*Keep in mind that participants may not consider their own well being important, or may feel that they should not attend to their own needs when the needs of affected people are so great. It is important to give the message that self and team care is an essential responsibility of all helpers in an Ebola outbreak, so that they can help others effectively.*

Ask participants to think about a situation where someone is very nervous and agitated and needs help to calm down. Ask them to imagine that they are the ones who must help, but:

» They’ve been working for 14 hours, with no rest and no food;

» They feel very nervous themselves because of what they have witnessed that day.

Do participants think that they could help that person in those conditions? The answer should be NO!
Explain that being a helper in an Ebola outbreak carries many unique stressors. Ask participants what kind of stress they have experienced already – or imagine they may experience – while helping in this situation. Allow for a brief discussion. Responses may include working long hours, hearing about or witnessing suffering and death, fear of being infected, being targeted for stigma or violence, and feeling guilty about not being able to help or “save” affected people. Emphasize that helpers need to keep realistic expectations of what they can and cannot do, and remember that their role is to help people to help themselves.

Ask participants to consider for themselves the following questions:

» What do I do to take care of myself?
» What do I want from others when I am stressed/sad?
» How can our team (family, colleagues) support each other?

Emphasize that all helpers working in an Ebola outbreak have a responsibility to first care for their own physical and emotional well being, in order to be able to assist others. It is essential to know the strategies that work well for you in managing stress, putting these in place in a deliberate way during stressful times, and knowing how to ask for and give help to others.
**Small Group Exercise (10 minutes)**

Self and team care is important before, during and after helping in a crisis situation. Show the slide above and ask participants to go into small groups of 3–4 people each. Have each group discuss for 10 minutes the strategies they feel would be most helpful for self and team care before, during and after helping in an Ebola outbreak.

Reconvene participants in plenary to share the highlights of their group discussions, including strategies, ideas or other thoughts relating to self and team care in an Ebola outbreak. Use the slides below to recap information on self and team care.

### Before: Getting ready to help

- Learn about Ebola, the current situation and the roles of different helpers
- Consider your own health and life stressors
- Make an honest decision about whether you are ready to help in each situation
- Be sure that you know how to observe the safety measures to avoid Ebola

In preparing to help, recap the information on the slide above. In addition to learning about Ebola, other helpers and safety precautions, emphasize that it is important for participants to consider their own health and well-being, and any personal or family issues that may cause severe stress as they take on a helping role for others. Encourage them to try to make an honest decision about whether or not they are ready to help in each particular situation and at this particular time.

### During: Managing stress

**Healthy work and life habits**

- Remember what helped you cope in the past.
- Take time to eat, rest and relax, even for short periods.
- Keep reasonable working hours to avoid exhaustion.
- Remember, you are not responsible for solving all of people’s problems. Help people help themselves.
- Minimize use of alcohol, caffeine or nicotine.
- Check in with fellow helpers and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones or other trusted people.
Explain that a main source of stress for helpers is day-to-day job stress, particularly during a disease outbreak. Working long hours, overwhelming responsibilities, lack of a clear job description, poor communication in a team and working in areas that are not secure are examples of common job-related stress that can affect individual helpers and teams. Helpers may also feel responsible for people’s safety and care, and may witness or hear stories of severe illness, suffering, death or unrest and violence in communities. All of these experiences can affect helpers’ well being. Review the suggestions on the slide above to help participants consider how they can best manage their own stress, and support and be supported by their fellow helpers. Encourage participants to remember the basic things that are important every day for well being – such as getting enough rest, eating and taking time to relax – and doing those things very deliberately each day while helping in an Ebola outbreak.

**After: Rest and reflection**

- After helping in the crisis situation, take time to reflect on the experience for yourself and to rest.
  - Talk about your helping experience with someone you trust
  - Acknowledge what you were able to do to help others, even in small ways
  - Reflect on and accept what you did well, what did not go very well, and the limits of what you could do
  - Take time to rest and relax before resuming work and life duties

Taking time for rest and reflection is an important part of ending a helping role. Helping in an Ebola outbreak is challenging, and it may be difficult to bear the pain and suffering that helpers may encounter. Review the information on the slide above about rest and reflection.

**Seek support from someone you trust when you...**

- Have upsetting thoughts or memories about the crisis event
- Feel very nervous or extremely sad
- Have trouble sleeping
- Drink a lot of alcohol or take drugs to cope with your experience

Consult a mental health specialist if these difficulties persist for more than one month.
Finally, explain to participants that if they find themselves having some of the difficulties mentioned on the slide above, they should speak with someone they trust for support. If these problems persist for more than one month, then it is important for them to speak with a mental health specialist. Refer participants to the list of mental health resources in your area in the guide *Psychological first aid during Ebola disease outbreaks*.

Explain to participants that they can use these stress management considerations to reduce the impact of stress on themselves and their fellow helpers. They can also offer information about stress management to others, such as family members, health workers, social workers, social mobilization teams and surveillance teams, who may be experiencing stress due to the situation.

**Relaxation exercise (10 minutes)**

Ask participants to practise together a relaxation exercise to help reduce the impacts of stress and to better cope with the challenges of an Ebola outbreak. Explain that they can also teach this technique to those they are helping; for example, a health worker in a treatment centre could practise this after a long shift. But in order to teach it to others, they must practise it first for themselves!

Follow the Relaxation and Breathing Exercise script in the guide *Psychological first aid during Ebola disease outbreaks* (page 52).
EVALUATION AND CLOSING

Evaluation

• Please say...
  – What went well?
  – What could have been better?
  – What did you learn (one thing) that you will use in offering PFA during an Ebola disease outbreak?

THANK YOU & GOOD LUCK!

To close the orientation, ask participants if they have any further questions about PFA during Ebola disease outbreaks. If using the pre/post test, you can give participants the post-test at this time (see Annex 1). If administering the post-test, it is helpful to review afterward the correct answers to the knowledge questions together with participants to clarify any questions on their understanding of PFA.

Take time for participants to evaluate and give feedback on their experience so that you can improve the orientation in the future. Invite them to fill in the anonymous written evaluation form (see Annex 5), and take time for an oral evaluation round. For example, you can have each participant say what went well and what could have been better, and to state one thing they learned that they will apply when offering PFA in an Ebola outbreak.

Acknowledge and thank participants for their participation and hard work during the orientation. You can offer a small closing ceremony or celebration if appropriate.
Annex 1: Optional Pre/Post Test
Annex 2: Case Scenario Role Plays
Annex 3: How Children Respond to Crisis Events
Annex 4: Handout: Things caregivers can do to help children
Annex 5: Evaluation Form
### Annex 1: Optional Pre/Post Test

**Psychological First Aid (PFA) Orientation**

**Pre/Post Test**

Date: ______________

**Do not write your name on this test**

<table>
<thead>
<tr>
<th>Please circle the number that best corresponds to how you rate your…</th>
<th>Very Low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
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</thead>
<tbody>
<tr>
<td>1. Ability to support people who are experiencing an Ebola outbreak or other extremely stressful events.</td>
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<td>2. Ability to help safely in an Ebola outbreak situation.</td>
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<td>3. Ability to recognize people in distress who may need support.</td>
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<td>4. Knowledge of what to say and do in order to be helpful to someone in distress.</td>
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<td>5. Ability to listen in a supportive way, according to a person’s cultural context.</td>
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<td>6. Ability to link people affected by an Ebola outbreak to needed services, information and loved ones.</td>
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<td>7. Ability to recognize and assist people who are likely to need special attention.</td>
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<td>8. Knowledge of what not to say and do when helping distressed people (so that you don’t cause further harm).</td>
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<td>10. Ability to take care of yourself and support your team members when assisting people affected by an Ebola disease outbreak.</td>
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</tbody>
</table>
Please choose the best correct answer (yes or no) for each statement below…

<table>
<thead>
<tr>
<th>Which of the following is true for people who have experienced crisis events?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Most people who are affected will develop mental disorder.</td>
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<td>2. Most people who are affected will need specialized mental health services.</td>
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<td>3. Most affected people recover from distress on their own using their own supports and resources.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the following can be helpful for people who have experienced very distressing events?</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>4. Asking people to recount some of the details of their traumatic experiences.</td>
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<td>5. Taking time to be sure it is safe to approach the scene of an Ebola outbreak, even if you must act urgently.</td>
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<td>6. Telling people the story of someone else you just helped so that they know they are not alone.</td>
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<td>7. Giving any reassurance to help people feel better (e.g. “Everything is going to be fine”).</td>
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<td>8. Being sure to say only what you know (e.g. about the situation or services) and not to make up information that you don’t know.</td>
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<td>9. Judging the person’s actions and behaviour (e.g. “You should have said/done this or that…”) so that they won’t make the same mistake next time.</td>
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<td>10. Finding out more about the situation and available services so that you can assist people in getting their needs met.</td>
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<td>11. Telling an affected person how they should be feeling (e.g. “You should feel lucky, things could be worse”).</td>
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<td>12. Asking an affected person about their concerns, even when you think you know what their concerns are.</td>
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<td>13. Keeping children together with supportive carers or a trustworthy child protection agency.</td>
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As someone providing assistance to others you should…

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<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>14. Focus only on the people you are helping, and try to forget your own needs until after the Ebola outbreak situation is over.</td>
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<tr>
<td>15. Practise self care by following safety precautions, taking regular breaks and talking with someone you trust about your helping experience.</td>
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</table>
Pre/Post Test Answer Key (for facilitators)

1. No
2. No
3. Yes
4. No
5. Yes
6. No
7. No
8. Yes
9. No
10. Yes
11. No
12. Yes
13. Yes
14. No
15. Yes
Annex 2: Case Scenario Role Plays

You have been assigned one of the scenarios below. Discuss and prepare your role play, keeping in mind the following questions:

- How will you PREPARE to help in this situation?
- What is important to LOOK for?
- How can you best LISTEN to the affected person?
- How can you best LINK the person with services and supports?

Keep in mind safety precautions!

**Group 1 Role Play: Relative of an admitted patient**
You are a volunteer providing PFA at an Ebola treatment centre. Provide PFA to a woman whose husband has been admitted for treatment for Ebola. She is upset and crying, and wants information about her husband.

**Group 2 Role Play: Family of someone who has died of Ebola**
In a community setting, you have been asked to speak with a family who have lost a loved one to Ebola. They do not want to give up the person’s body to the safe burial team because of many rumours they have heard about what is done to bodies. They are willing to talk to you because they have heard you are a trusted person.

**Group 3 Role Play: Unaccompanied child**
You are a nurse at the treatment centre. You see a child of about 10 years old alone, looking scared and withdrawn. You are not sure of the child’s situation. Approach the child and offer PFA.
Annex 3: How Children Respond to Crisis Events

How children react to a crisis depends on their age and developmental stage. For example, young children may not fully understand what is happening around them, and are especially in need of support.

Children and young people may experience similar distress reactions to those seen in adults. They may also experience the following specific distress reactions:

- **Young children** may return to earlier behaviours (for example, bedwetting or thumb-sucking), cling to carers, and reduce their play or use repetitive play related to the distressing event.

- **School-age children** may believe that they caused bad things to happen, develop new fears, become less affectionate, feel alone and be preoccupied with protecting or rescuing people in the crisis.

- **Adolescents** may feel “nothing”, feel different or isolated from their friends, or display risk-taking behaviour and negative attitudes.

The way a child responds also depends on the way their carers and other adults interact with them.

**Children generally cope better when they have a stable, calm adult around them.**

- Protect children from upsetting stories or scenes, such as seeing dead bodies;
- Link unaccompanied or abandoned children with a trustworthy child protection agency;
- Remember they have resources for coping and support their positive coping strategies.
## Annex 4: Things Caregivers Can Do to Help Children

### 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.
Annex 5: Evaluation Form

Psychological First Aid (PFA) Orientation Evaluation Form

(Please do not put your name on this form)

Please circle the number that best corresponds to how you rate your…

<table>
<thead>
<tr>
<th>Please circle the number that best corresponds to how you rate your…</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td>1. The information was clear and easy to understand.</td>
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<td>2. The information I received is useful to my work.</td>
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<td>3. The orientation increased my confidence to offer PFA in an Ebola outbreak.</td>
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<td>4. The orientation gave me practical skills and knowledge of how to stay safe while helping in an Ebola outbreak.</td>
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<td>5. The teaching methods used by the facilitator were effective.</td>
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<td>6. The orientation was engaging and fun.</td>
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<td>7. The facilitator created a supportive atmosphere in the orientation.</td>
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<td>8. I would recommend this orientation to others.</td>
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1. Please say in a few words what you found most useful in this orientation.

2. Please say in a few words what was least useful in this orientation.

3. What suggestions do you have to improve the orientation for future participants?

Thank you for your participation and comments!
### Local Alternative Rituals for Safe Mourning after the Death of a Person with Ebola

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### Contact list of Mental Health and Psychosocial Resources in your area

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<tr>
<th>Name</th>
<th>Contact</th>
<th>Type of Service Provided</th>
<th>Notes</th>
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# Contact List of Ebola Disease Outbreak Services in Your Area

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<tr>
<th>Name</th>
<th>Contact Number</th>
<th>Type of Service Provided</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Local Ebola Hotline number</td>
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<td>Advice on Ebola</td>
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<tr>
<td>Child Protection Agency</td>
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<td>Support for unaccompanied children and adolescents</td>
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