Psychological First Aid for Foster Families
INTRODUCTIONS

Please share your name

One thing that you like to do for fun or to relax

How are you feeling today on the dog scale?
What is one technique that you use to make learning effective?
What is experiential learning?

- **Active experimentation**
  (planning or trying out what was learned)

- **Concrete experience**
  (doing or having an experience)

- **Abstract conceptualization**
  (concluding or learning from the experience)

- **Reflective observation**
  (reviewing or reflecting on the experience)
Adult Learning Principles:

- Goal-oriented
- Practical
- Intrinsic Motivation
- Relevant
- Self-Directed
- Experience
- Task-oriented
- Problem Centered

Visual retrieved from The Peak Performance Center, "Adult Learning Principles."
Introduction + Objectives

To build knowledge on key concepts such as adverse childhood experiences and trauma

To build skills on how to identify when a child or adolescent is struggling (look) and how to respond appropriately (listen)

To provide clarity on support resources for foster families
KEY CONCEPTS:

Psychological First Aid

Adverse Childhood Experiences and Trauma

Protection + Trauma-informed Care
What is psychological first aid?

• Understanding needs and concerns
• Providing a physically and emotionally safe space
• Listening, but not pressuring people to talk
• Offering comfort + calm presence
• Knowing when and how to reach out for support
What psychological first aid is NOT?

- It is NOT something only mental health professionals can do
- It is NOT professional counselling
- It is NOT “psychological debriefing”
  - No detailed discussion of the distressing event
- It is NOT asking people to analyze what happened or put time and events in order
- Although PFA involves being available to listen to people’s stories, it is NOT pressuring people to tell you their feelings or reactions to an event
What are Adverse Childhood Experiences?

**ABUSE**
- Emotional
- Physical
- Sexual

**HOUSEHOLD CHALLENGES**
- Violence in the home / IPV
- Mental illness
- Family separation
- Family, household, placement changes
- Substance abuse

**NEGLECT**
- Emotional neglect, e.g. name calling, belittling
- Physical neglect, e.g. not caring

**COMMUNITY VIOLENCE**
- Peer violence
- Witnessing community violence
- Exposure to war or collective violence
Cumulative Impact + Toxic Stress

POSITIVE
Brief increases in heart rate, mild elevations in stress hormone levels.

TOLERABLE
Serious, temporary stress responses, buffered by supportive relationships.

TOXIC
Prolonged activation of stress response systems in the absence of protective relationships.

Visual retrieved from the Center on the Developing Child at Harvard University.
What types of adverse childhood experiences do you think children and youth coming out of Ukraine are likely to have experienced?
What is trauma?
Trauma can be defined as:

“An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects.”
Why are these concepts important to understand?
“What’s wrong with you?”
• Judgement
• Blame
• Shame
• Punishment

Vs.

“What happened to you?”
• Empathy
• Compassion
• Nurturing
• Healing
Quick Brainstorm on Protection Risks
Protection in an emergency context...

- People taking photos of refugees without permission, including strange men
- Children alone in a chaotic, unsafe environment
- Traffickers taking advantage of the lack of clear information – false promises of jobs or transportation
- Lack of wheelchair ramps/accommodations for people with disabilities
- Language barriers
- Denial of services based on ethnicity/race
- Food safety concerns
<table>
<thead>
<tr>
<th>Trait</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>How can you ensure that your home feels safe and welcoming?</td>
</tr>
<tr>
<td>Trustworthiness + Transparency</td>
<td>How can you communicate clearly and honestly?</td>
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<tr>
<td>Collaboration + Mutuality</td>
<td>How can you support the child in understanding the situation and the choices that they still have available?</td>
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<tr>
<td>Empowerment, Voice, and Choice</td>
<td>How can you ensure that you are not pressuring the child to share more than they want to?</td>
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<tr>
<td>Cultural, Historical, and Gender Issues</td>
<td>What do you need to understand about cultural differences?</td>
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<tr>
<td>Peer Support</td>
<td>What are opportunities for children to connect with those who have similar experiences?</td>
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</table>
Key Principles of Do No Harm

Safety
- Avoid putting people at risk as a result of your actions
- Keep people safe + protect from physical, psychological harm

Dignity
- Treat people with respect as per their cultural/social norms

Rights
- Make sure people can access help without discrimination
- Act in the best interest of those that you encounter
What does a safe, supportive environment mean to you?
PFA ACTIONS

LOOK

LISTEN

LINK
Responses to Crisis Events

People may have very different reactions to an event

What factors influence how someone responds?
<table>
<thead>
<tr>
<th>LOOK</th>
<th>Identify what the child/adolescent needs</th>
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</thead>
<tbody>
<tr>
<td>Safety</td>
<td>• What are considerations for safety in the home?</td>
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<tr>
<td>Emergencies</td>
<td>• Who is available to support you in case of an emergency?</td>
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<tr>
<td>Serious distress</td>
<td>• Is the child/adolescent showing signs of serious distress?</td>
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</table>
What does serious distress look like?

Young children (0—5 years)

School age children (6-12 years)

Teenagers (13-17 years)
0-5 years

- Irritability, “fussiness”
- Startling easily or difficult to calm
- Frequent tantrums
- Clinginess, reluctance to explore
- Much lower activity levels than peers
- Repeating traumatic events over and over again in play or conversation
- Delays in reaching developmental milestones
6-12 years

- Difficulty paying attention
- Being quiet/withdrawn
- Frequent tears/sadness
- Talking often about scary feelings or ideas
- Difficulty transitioning from one activity to the next
- Fighting with peers or adults
- Wanting to be left alone
- Eating much more/less than peers
- Getting into frequent trouble at school or home
- Frequent stomachaches or headaches with no apparent cause
- Behaviors common to younger children (e.g. thumb sucking, bed wetting)
13-18 years

- Talking about the trauma constantly or denying that it happened
- Refusal to follow rules or talking back frequently
- Sleeping much more or less than peers; frequent nightmares
- Fighting
- Not wanting to spend time with friends
- Using drugs or alcohol, running away, getting into trouble with law
What other risks might we consider?
Who might require additional, special assistance?
# Listen

| Connect                      | • Make eye contact and use body language that says “I see you”  
|                             | • Share affirming statements, observations, or offer praise  
|                             | • Be available  
|                             | • Offer to spend time together as a family  
| Ask about needs & concerns  | • Go slow and be patient.  
|                             | • Pay attention to identify the “right time” to ask helpful questions  
|                             | • Ask about their needs and interests  
| Listen & help people feel calm | • Use positive, welcoming body language  
|                             | • Repeat or summarize what the child/adolescent has said  
|                             | • Reflect feeling words that the child/adolescent uses; helping to label emotions (as appropriate)  
|                             | • Don’t feel like you have to “fix it”, just listen.  
|                             | • Build trust by respecting the person’s privacy when they share sensitive information  

What tips do you have for good communication?
  • For primary school children?
  • What about teenagers?

What are some anticipated challenges given the context?
## Communication: Things to Say and Do

<table>
<thead>
<tr>
<th>Use eye contact and welcoming body language</th>
<th>Stay nearby but keep an appropriate distance depending on their age, gender and culture</th>
<th>Give them your undivided attention + avoid multitasking</th>
<th>Avoid distractions and noisy environments for more sensitive conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be honest about what you know and don’t know</td>
<td>Use simple, age-appropriate language</td>
<td>Be patient and calm</td>
<td>Respect privacy. Keep the person’s story confidential, especially when they disclose very private events.</td>
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<tr>
<td>Appreciate the child/adolescent’s strengths</td>
<td>Reflect back what you hear</td>
<td>Acknowledge what they are feeling and help normalize</td>
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<tr>
<td>Communication: Things to NOT say or do</td>
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<td>----------------------------------------</td>
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<td>Don’t pressure them to tell their story</td>
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<td>Don’t interrupt or rush</td>
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<td>Don’t give your opinions, just listen</td>
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<td>Don’t touch the person if you’re not sure it is appropriate to do so</td>
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<td>Avoid things that will invalidate or minimize: <em>At least you survived, You shouldn’t feel like...</em></td>
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<td>Don’t make up things you don’t know</td>
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<td>Don’t use words that might be difficult to understand</td>
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<td>Don’t tell them someone else’s story.</td>
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<td>Don’t talk about your own troubles</td>
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<td>Don’t give false promises</td>
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<td>Don’t feel you have to try and “fix” the situation, just listen</td>
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<td>Don’t take away the person’s strength and sense of being able to care for themselves</td>
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Let’s Practice!
Let’s talk about confidentiality.
Sharing: What “comforting” techniques have you used to help someone in distress?
Other tips to provide comfort

- **Routines + Predictability**
- **Set reasonable and consistent limits and expectations and use praise for desired behaviors**
- **Create physical spaces in the home that encourage calm and relaxation**
- **Roles and Responsibilities among family members to help connection**
- **Allow some control (reasonable, age-appropriate)**
The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love.

Dr. Bruce Perry, American Psychiatrist and a senior fellow of the Child Trauma Academy
Linking: What to expect

Co-creation of an individual care plan for the child/adolescent

Sharing concerns regarding school performance, health, behavioral concerns, conflicts in the home during regularly scheduled visits

Receipt of emergency service numbers + local guardianship numbers for display in the home with instructions to child on how to call if needed
## Linking in an emergency

<table>
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<tr>
<th>Find</th>
<th>Help</th>
<th>Give</th>
<th>Seek out</th>
<th>Remember</th>
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<tbody>
<tr>
<td>Use the UNHCR + UNICEF protection networks for resources, including identifying family tracing and reunification support</td>
<td>Help people contact friends and loved ones back home</td>
<td>Give access to religious support</td>
<td>Seek out opportunities for peer interactions</td>
<td>Remember that the context is continuously shifting, so verify services before giving to families</td>
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</tbody>
</table>
Once you have linked someone to appropriate service – what next?
Summary: Ethical Guidelines

**Do’s**

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

**Don’ts**

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

Reflect on the following, taking notes for yourself:

What will you share with other family members to ensure a supportive environment?

How will you share it?

When will you share it?
What challenges do you anticipate for the family?
Self-care
Thank you!

Final questions?
Changing The Way We Care™ (CTWWC) is implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are the Better Care Network and Faith to Action. CTWWC is funded in part by a Global Development Alliance of USAID, the MacArthur Foundation and the GHR Foundation.

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