



## Training Module on Psychosocial First Aid

This training module on Psychosocial First Aid for volunteers working with (potential) victims of human trafficking has been developed in 2021 by the Netherlands Red Cross as part of the FAST transnational project. The objective of this training is to improve volunteers' capacity to assist survivors suffering from long-term psychological complaints. While the training is adapted to the specific context of the Netherlands Red Cross legal support program that could be beneficial to other organizations working with (P)VoTs.

<b>Project:</b>	<b>FAST</b>
<b>Deliverable:</b>	<b>3.2</b>
<b>Program:</b>	<b>Training on Psychosocial First Aid (PFA)</b>
<b>Target audience:</b>	<b>Volunteers providing legal support to survivors of Human Trafficking</b>
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<b>Date:</b>	<b>09/10/2021</b>



## Learning objectives

At the end of this training:

1. Volunteers know the basic concepts and steps of Psychosocial First Aid
2. Volunteers can recognize stress in themselves and do they know how to protect their well-being.
3. Volunteers recognize stress in another and do they know how to protect their well-being.
4. Volunteers understand the importance of psychosocial knowledge and skills for Red Cross voluntary work, specifically in providing assistance to victims of human trafficking in relation to long-term psychological complaints.
5. Volunteers can recognize the main signs of stress, depression, PTSD, flashback episodes and suicidal thoughts.
6. Volunteers have been given more understanding and tools on how to deal with a client's flashback episodes while preparing a Safety Report for the legal procedure.
7. Volunteers can set their own boundaries and accept their role and task limits within voluntary work.

Subject	Time	Trainer
Preparation: Psychosocial First Aid e-learning (1 hour) and preparing 1 case per team for assignment (1 hour during team meeting)	2 hours	<i>Volunteers coordinators to communicate to volunteers</i>
1. Introduction: explanation why questions are asked; basic tips on dealing with strong emotions	10.00 – 10.30	Esmee
2. Theory: Recognizing depression/anxiety/PTSD/flashback episodes/suicidal thoughts and tools for making a Safety Report	10.30 – 11.00	Esmee
3. Practical exercise: Recognizing and responding to flashback episodes (5-step method) – via case Safety Report	11.00 – 12.00	Esmee
Lunch	12.00 - 13.00	
4. Theory: Psychosocial First Aid (recap e-learning module)	13.00 – 13.15	Carolien
5. Practical exercise: Psychosocial First Aid (using the prepared case stories)	13.15 – 14.00	Carolien
6. Theory: Self-care and tools	14.00 – 14.15	Carolien/ Esmee
7. Discussion and looking forward: Take-aways to volunteer work?	14.15 – 14.30	Carolien/ Esmee

### Hand-outs:

- Hand-out 1: Stress responses
- Hand-out 2: Interviewing techniques for preparing Safety Report
- Hand-out 3: Flyer Psychosocial First Aid ('Mentale Eerste Hulp') (DUTCH)
- Hand-out 4: Self-care plan ('Zelfzorgplan') (DUTCH)



# Psychosocial First Aid for Red Cross volunteers providing Legal Support to Survivors of Human Trafficking

9 October 2021 (live training)

Carolien Pronk, Esmée Pluijmers and Liske Hays





# 1. Welcome & Introduction

# Program

Theme	Time
<b>1. Welcome &amp; Getting to know each other</b>	10.00 – 10.10
<b>1. Introduction: dealing with intense emotions</b>	10.10 – 10.30
<b>2. Theory: Recognising depression, fear, PTSD, flashback episodes, suicidal thoughts</b>	10.30 – 11.30
<b>3. Practical exercise: Recognising flashback episodes (5 step method)</b>	11.30 – 12.15
<b>Lunch</b>	12.15 – 13.00
<b>4. Theory: Psychosocial First Aid (recap of e-learning)</b>	13.00 – 13.15
<b>5. Practical exercise: Psychosocial First Aid (using prepared cases)</b>	13.15 – 14.00
<b>6. Theory: Self-care and tools</b>	14.00 – 14.15
<b>7. Discussion and Going forward: take-aways for Legal Support?</b>	14.15 – 14.30

# Learning objectives

At the end of this training participants:

- Know the basic concepts and steps of Psychosocial First Aid
- Can recognize the most important signals of stress, depression, PTSD, flashback episodes and suicidal tendencies and know how to deal with them
- Know how to deal with a client's flashback episode
- Have learned to set their own boundaries and accept their role and its limits



Research report (internal)  
on how to facilitate  
resilience for survivors of  
THB:

As an aid worker/volunteer.....

You offer safety as a basic condition for support  
& mental resilience

You don't judge

You build a relationship of trust with the survivor

You manage the client's expectations about  
available support

You offer tools on how to deal with complaints  
and emotions, and how to strengthen self-reliance

You focus on the capacities and possibilities of  
clients -> Focus on future



Attention!

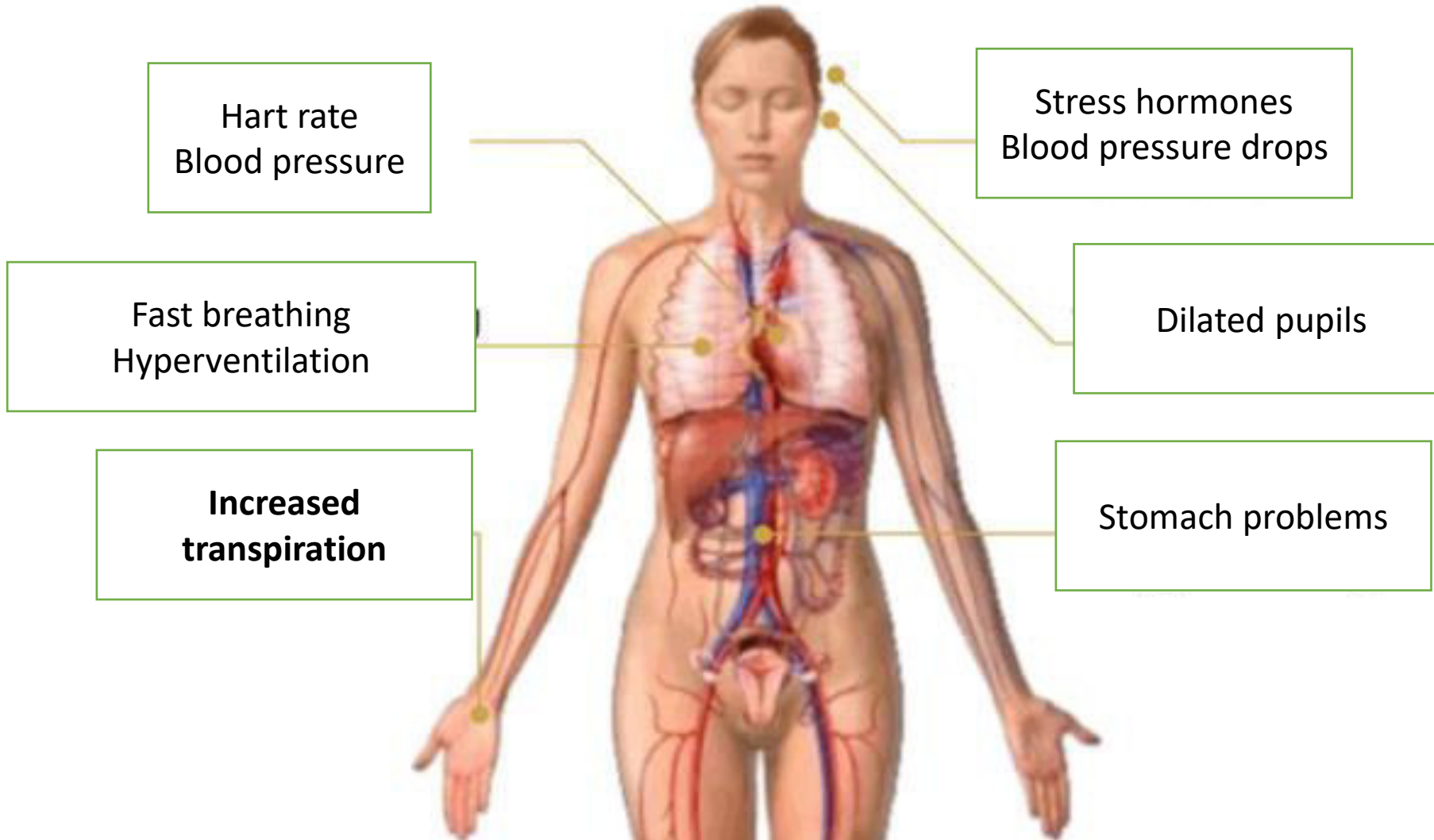
- Psychological complaints are mainly caused by the situation (traumatic experiences and uncertainty)
- Risk of contagiousness of stress, depression, anxiety and PTSD
- Risk of contagiousness of 'victimhood'
- Risk of secondary trauma





2. Theory: Recognising depression, fear, PTSD, flashback episodes, suicidal tendencies

## Fysische gevolgen van stress



# Stress

*Resources:*

PS centre:  
Operational  
Guidance Mental  
Health &  
Psychosocial  
Support  
Programming for  
Refugee  
Operations  
[Operational-  
Guidance.pdf](https://pscentre.org/Operational-Guidance.pdf)  
(pscentre.org)

Community-based  
psychosocial  
support Trainer's  
book A training kit  
[CBPS\\_ENTrainer.pdf](https://pscentre.org/CBPS_ENTrainer.pdf)  
(pscentre.org)



# Depression

## Reactions:

1. Sadness or loss of pleasure/interest/lust
2. Self-esteem is impaired (feeling worthless)
3. Problems with concentration/indecisiveness
4. Disturbed sleep
5. Fatigue
6. Changed diet/body weight
7. Suicidal thoughts - can be temporary or long-term and vary in severity

# Depression

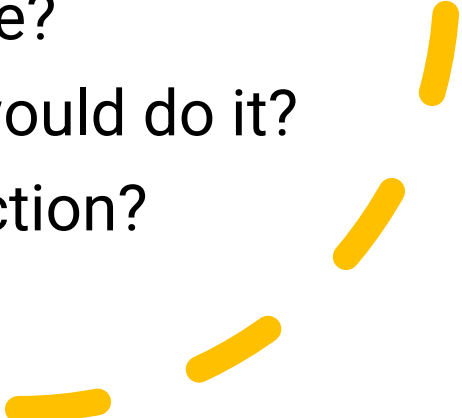
## What to do

- Listen without judgment
- Offer support where needed
- Refer to General Practitioner (doctor)
- Keep encouraging (without forcing)
- Know that disinterest isn't personal to you, it's something that happens to you!
- Set your own limits

# Dealing with suicidal thoughts

- Ask about this specifically
- Reach a helping hand
- The more concrete plans -> the higher the risk of implementation
- Influence of alcohol
- A first straw: identify reasons to stay alive

Ask:

- Have you ever thought about suicide?
  - Have you thought about how you would do it?
  - What's stopping you from taking action?
- 

# Fear

**Fear** is an emotion that helps you react to danger.

## **Reactions:**

- Trembling, sweating, trembling, shortness of breath, chest pain -> increases anxiety
- The more scared -> the more physical phenomena
- No control over the body -> fear of dying
- Expression of fear is culturally shaped
- Depersonalization
- Derealization

# Fear

## What to do

- **Is client safe? Take care of physical safety first!**
- Find out what causes the fear
- Listen and take it seriously
- Encourage the client to sleep and keep active and to avoid caffeinated products and alcohol
- Provide distraction
- Don't try to reassure or make false promises
- Does anxiety get in the way of daily functioning? -> referral through social worker
- Set your own limits

# Panic attacks

## What to do

- Stay with the person and stay calm
- Provide a quiet place
- Speak clearly, with short sentences, simple words
- Bring the client to the 'now'
- Explain: The thought of dying is part of the panic attack
- Make sure the person starts to breathe again
- Ask what would help the client NOW.
- Attention: Do not touch the client!



# PTSD & Flashback episodes

- Bad things happen in everyone's life. Over time, those will disappear from your mind. But some events have a big impact and keep spinning in someone's head when they fail to process that event.
- A memory that is not properly marked ('stored') continues to force itself on you as a memory or thought. You are working on something and suddenly see a certain (traumatic) situation again. Or you are in a conversation and you immediately think of something traumatic. This is undesirable. This can manifest on different levels. This is post-traumatic stress disorder (PTSD).

# Post Traumatic Stress Disorder (PTSD)

## **Reactions:**

Recurring memories of a particular event  
During the day, in which you experience the  
memory again

At night, through dreams, nightmares, restless  
sleep

Being hyper alert


## Avoiding Memories

Seeking distraction by displaying dangerous  
behavior

*If these reactions last longer than 1 month, and are  
not caused by drug use, and interfere with daily  
functioning, we speak of a PTSD disorder.*



What to do if  
your client  
has a  
flashback  
episode?



Apply the 5-4-3-2-1 method by  
asking your client:

1. Name 5 things you see
2. Name 4 things you feel
3. Name 3 sounds you can hear
4. Name 2 scents you can smell
5. Name 1 flavor you can taste

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## Tips and tricks for writing a safety report with the client

- Presence of the social worker
- Make use of an interpreter (by telephone)
- Explain why you are asking the clients the questions in the safety report
- If a client is emotional, stick to facts
- Ask other questions than those of the police report (no need to repeat)

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## Tips and tricks for writing a safety report with the client

- Take breaks
- Split the conversation into multiple shorter conversations
- Alternate open and closed questions
- End the conversation lightly
- Refer the client if she needs help:
  - Contact the coordinator
  - Refer to doctor
  - Consult with social worker if client can be referred for (PTSD) treatment
- Don'ts: Never touch!



Tips and tricks for writing a safety report with the client

## **What to do if a client refuses to discuss something?**

- The client is in control
- Check that the client understands relevancy
- Ask if client would like to discuss at another time
- Check if there is sufficient trust
- Check why client does not want to discuss

### 3. Practical exercise: Safety report (60 min)



Case:

Today you will work on a security report with client x. The client is not feeling well and you feel resistance. The client does not understand why you are asking a certain question and certainly does not feel like answering it.

Start the conversation with an introduction explaining why you should ask certain questions. After the explanation, the client seems to want to try it. But the client ends up in a flashback episode. Guide her out of this. After the client is out of the episode, you ensure that the emotions can subside.

## The 5-4-3-2-1 method:

1. Name 5 things you see
2. Name 4 things you feel
3. Name 3 sounds you can hear
4. Name 2 smells you can smell
5. Name 1 flavor you can taste

## Role-play the case and divide the roles:

- Client role: role-play a flashback episode while making a safety report
- Volunteer role: apply the 5-4-3-2-1 method by giving advice: try to breathe easy, you are safe here, what do you see, what do you feel?
- Observer role: see how the client reacts to the method, when do you see the biggest change in the client?

## Reflect in this order:

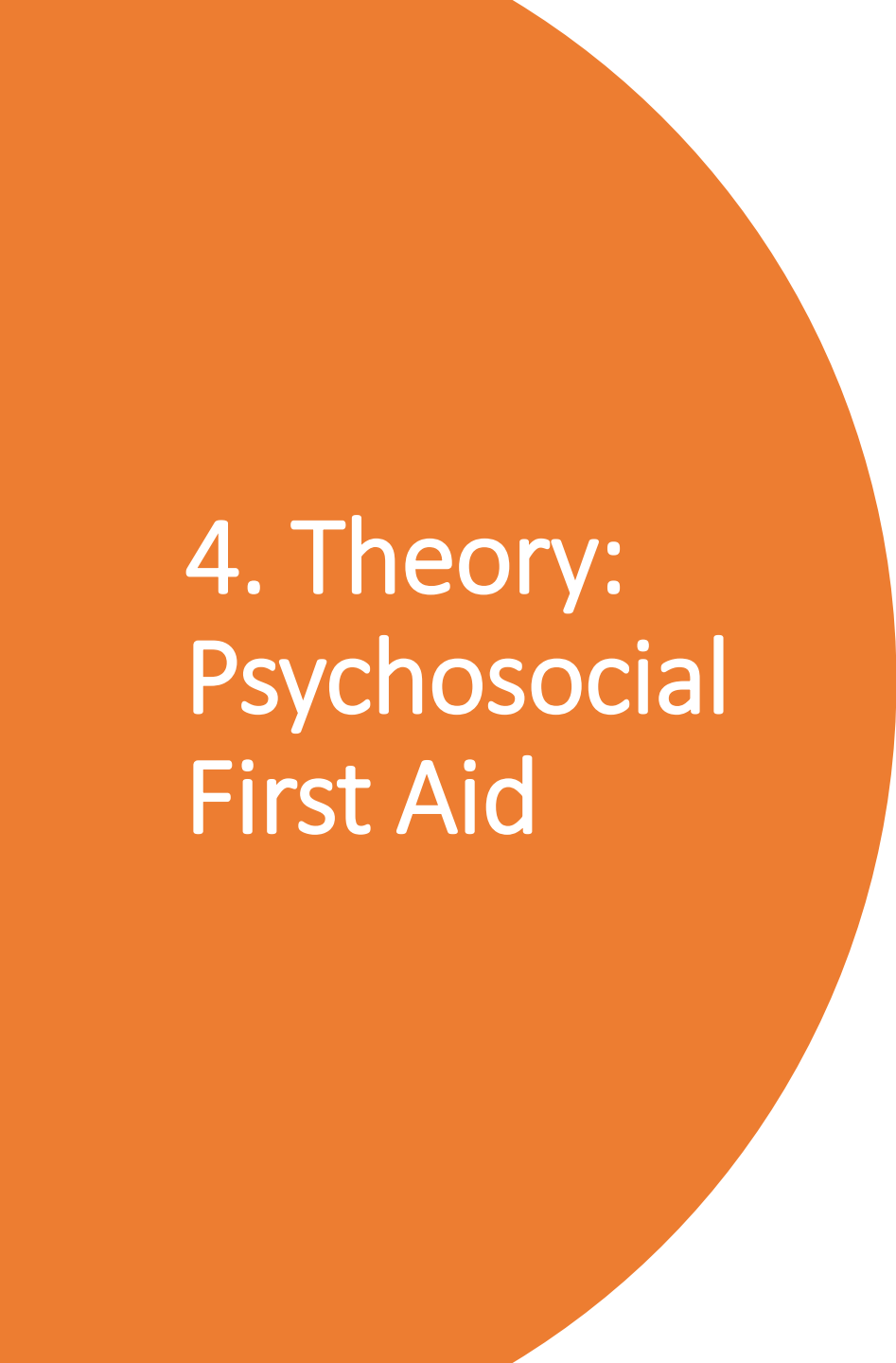
- Client tells how she experienced the help of a volunteer
- Volunteer shares experiences briefly
- Observer shares experiences briefly

## Reflect on take-aways for your volunteer work



Lunch



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## 4. Theory: Psychosocial First Aid

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**1. Look**

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**2. Listen**

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**3. Refer**

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**4. Strengthen resilience**

# Referral options (Netherlands)

Soort hulpvraag	Instantie	Contactgegevens
Informatie, advies en praktische hulp	Rode Kruis Hulplijn	070 – 44 55 888
Luisterend oor	De Luisterlijn	0900 – 0767
Lichte/matige psychische problemen: angst, depressie, stress, slaapproblemen, paniek, doorverwijzing GGZ	Open Up	020 – 24 44 888 (maandag t/m vrijdag)
Ernstige psychische problemen: verwardheid, middelenmisbruik, geweld, algemene zorgvragen, palliatie	Huisarts (en crisisdienst)	Kijk op <a href="http://www.thuisarts.nl">www.thuisarts.nl</a> voor meer informatie of neem direct contact op met de huisarts van de hulpvrager
Gespecialiseerde zorg	Specialist	Neem contact op via de hulpvrager
Signalen van of gedachten aan zelfdoding	113 Zelfmoordpreventie	0800-113
Zorgen van kinderen	Kindertelefoon	0800 – 0432
Overige hulpvragen	Sociale kaart	<a href="https://landelijk.socialekaartnederland.nl/">https://landelijk.socialekaartnederland.nl/</a> met filters per gemeente of postcode

## **5. Practical exercise: Psychosocial First Aid**

- Split up into groups of 3-4 persons
- Read the case
- Role-play the Mental First Aid method:
- Client role
- Volunteer role: apply the PSFA method through advice
- Role observer(s): see how the client reacts to the method, when do you see the biggest change in the client?

# Exercise

## Psychosocial First Aid: using case studies

### **1. Play the role play and divide the tasks as follows:**

- Volunteer 1 (Client): plays victim of human trafficking
- Volunteer 2: plays the role of OSM volunteer
- Volunteers 3-4: observe(s) how the PSFA principles are applied

### **2. Reflection within group (each using max 2 min):**

- Volunteer: tells how she experienced the help as a client
- Volunteer 2 shares experiences
- Volunteers 3 and 4 share observations

### **3. Reflection for everyone: What do you take with you to your volunteer work?**

## 6. Theory: Self-care

10% of persons who experience traumatic event develop PTSD (F>M)

Several factors play a role in the development of PTSD:

How many shocking events someone has experienced

The nature of the event

The support afterwards

A person's personality & coping skills

How someone looks back on the situation



## Coping with a feeling of powerlessness

Dealing with your own powerlessness:

- a. you can't change system on your own
- b. after rejection of a visa application
- c. if your client doesn't respond to your messages anymore, possibly because she lives invisibly given her undocumented status

The client has control over own decisions

Try to remain patient and understanding towards the client's situation and to understand possible mental problems

# Relating bad news to a client

- Take the space to process the bad news yourself, and then assist the client
- Schedule an appointment for this
- Be factual, take your time
- Don't give false hope
- Allow client emotions
- Be culture sensitive
- Offer Psychosocial First Aid





# Self-care

- Know what is expected of you and what is not expected from volunteers
- Guard your own limits to be able to continue this work
- Fill in the Self-care plan & Protective factors
- And don't forget that providing legal aid increases resilience! (even if the outcome is not as hoped)



Finally

- Questions
- Discussion
- Thank you!



## Preparation for participants of the training Psychosocial Support for volunteers working with Survivors of Human Trafficking

Date: 9 October 2021 (Den Hague, The Netherlands)

### Before the training:

Homework assignment Learning goals:

- Volunteers know the basic concepts and steps of Psychosocial First Aid.
- Volunteers can recognize stress in themselves and know how to protect their well-being.
- Volunteers can recognize stress in another and know how to protect their well-being.

### Homework assignments:

#### 1. Describe the following cases:

a. in 5-7 lines a situation in which you, as a volunteer, accompanied a client who was struggling with strong emotions.

b. the situation based on the 4 W (Who, What, Where, When) questions:

2. ♣ Who: Who were involved? Please use a fictitious name to ensure anonymity.
3. ♣ What: What happened? And what other observations can you make based on this experience? Briefly describe the situation and context.

4. ♣ Where and when: where and when did the situation take place? That can also be fictional!

c. Also on the basis of the Why and How, in 10 lines, ask the background of the intense emotions:

5. ♣ Why: Why did client react so emotionally?
6. ♣ How: how did the volunteer react? And how did the client react to the volunteer? – Keep it short to about 10 lines)

2. Follow the e-module *Psychological first aid* (60 min): Course: Psychosocial First Aid (atriportal.com)

### E-learning Psychological First Aid

**Target audience:** All Red Cross relief workers (staff and volunteers) who provide assistance. This module is optional for Ready2Helpers.

**Objective:** To provide Red Cross relief workers with basic knowledge about self-care and Psychological First Aid.

Applying this knowledge to their activities for the Netherlands Red Cross will allow them to both (better) protect their own well-being *and* adopt the right attitude when assisting people in emergency situations.

**Time duration:** 45-60 min

**Content e-module:** Crises are unfortunately part of life. People all over the world are affected by natural disasters, armed conflicts, and other emergencies which often take an immense toll on mental health and psychosocial wellbeing. People experience different kinds of loss in their lives: from losing a family member to losing their job or home. Also these more common situations of loss can result in mental suffering. You may also have seen people die or lost loved ones, either personally, or as a Red Cross relief worker. Mental suffering is sadly an inescapable part of human life.

Experiencing crises and other stressful situations can cause high levels of stress. For some people,

this can lead to anxiety, panic, or excessive worrying. People can suffer life-long psychological consequences if they are not given the right help . Therefore, it is important to learn what you can do for people experiencing crisis or stressful events.

This e-module consists of the following 4 components:

- Psychological First Aid: The method
- Taking care of others
- Taking care of yourself
- Test

## Exercises for Psychosocial First Aid Training for volunteers supporting victims of human trafficking

### Practical exercise: Flashback episode of client in case safety report (60 min)

Learning objectives: Volunteers have been given more understanding and tools on how the volunteers can deal with the flashback episode of a client, during the preparation of a safety report.

Contents:

- o You understand that drawing up a safety report can have a lot of impact on the client.

#### Assignment:

- Read the following Case Study of the Safety Report and Hand-out 2 thoroughly:

*Case study: today you will be working on a security report with client X. The client is not feeling well and you feel resistance. She doesn't understand why you're asking these questions and she certainly doesn't feel like answering. Start the conversation with an introduction explaining why you should ask certain questions.*

*After the explanation, the client seems to want to try it. But the client ends up in a flashback episode.*

*Take the client out of this flashback episode again.*

*After the client is out of his/her flashback episode, you ensure that the emotions can subside.*

- Immediately you will go into break-out sessions in groups of 4-6 people.
- Your assignment is to take the client out of a flashback episode by applying the 5-4-3-2-1 method.
- Play out the case and divide the roles within your group:
  - Client role (by a volunteer): role-play a flashback episode while discussing a safety report
  - Volunteer role: apply the 5-4-3-2-1 method through advice: (try to breathe easy, you are safe here, what do you see, what do you feel)
  - Role of observers (volunteer 3t/m6): see how the client reacts to the method, when do you see the biggest change in the client?
- Reflection within group:
  - client tells how she experienced the help of a volunteer
  - volunteers 3 to 6 share experiences briefly
  - volunteers 1 and 2 share experiences
- reflection for everyone: What do you take with you to your volunteer work?
- Reflection within the entire group: What do you take with you to volunteer work?

*Resources: DSM 5; METS*

*Hand-out: Case Safety Report*

### 4. Psychosocial First Aid Theory

Learning Objectives: Volunteers know the basic concepts and steps of Psychosocial First Aid.

Volunteers can recognize stress in themselves and know how to protect their well-being.

Volunteers can recognize stress in another and know how to protect their well-being.

### 5. Practical Exercise: Psychosocial First Aid

Learning objective: Practice providing Psychosocial First Aid

#### Assignment:

- Immediately you go in 3 groups of 3-4 people.
- There you will read a case; have someone from your group read it to you.
- Your assignment is to apply the Psychosocial First Aid method in a role play, based on the case. NB: if there is no (suitable) case for the role play, take one of the following cases:

Case study: Victim of human trafficking and sexual abuse

*You are a volunteer at the Red Cross branch in Amsterdam and you help with the administration. In the afternoon you see a young woman come in, bruised in her face and crying. She is shaking and looks very scared. She does not respond directly to your comments. What do you do?*

*Background:*

*Miss Li comes from a minority group in her homeland and was in danger. As a 25-year-old woman, she came to the Netherlands with the help of a friend who smuggled her for a fee. When she arrived, she could not find work because she did not have a work or residence permit. She lived on the street for a few weeks. Through an acquaintance she came into contact with a man who said he had a job for her. She started working as a cleaning lady. After a while she had to work double hours, but she was no longer paid. After two months, the boss came to visit her and said she is still in debt from her trip. The atmosphere changed and became hostile. The man threatened to report her as an illegal immigrant to the police if she did not pay. He used physical force and alluded to her sexuality. Li definitely does not want to return to her homeland. She is afraid of what the man may physically do to her. She does not speak Dutch, cannot read English and does not know how and from whom she can ask for help. She decided to respond to his physical demands. She escaped one morning after a night of beatings and bruises, and knocks on the door of the Red Cross building and asks for help. What do you do?*

Case 2: Migrant in hiding with diabetes

*You are a Red Cross volunteer in Amsterdam. One day a man limps inside in panic. He doesn't seem to hear you very well. He is clearly upset that he has received the message that he will be deported or must return to Italy to process his asylum application. He says he is hopeless and is clearly emotional; angry and crying. What do you do?*

*Background:*

*Ali is a 47-year-old man who lives without legal rights in the Netherlands. Ali is in "Dublin proceedings" and has had several talks with authorities who want him to return to Italy to continue his asylum application. Ali has had surgery on his foot and also has diabetes; he takes medication irregularly, only if he has it and if he remembers to take it (he sometimes drinks too much alcohol). Now he is going to be deported to Italy, his gateway to Europe, he went into hiding. He feels extremely worried and stressed and angry. He states that he cannot face the shame of returning to his homeland. He remembers that Red Cross volunteers helped him before and found a Red Cross office in Amsterdam. What would you do?*

- Play the role play and divide the tasks as follows:
  - o Client (volunteer 1): plays the intense emotion/reliving/etc
  - o Volunteer 2: plays role of OSM volunteer to reassure
  - o Volunteer 3: observes how the 'Listen', 'Look', 'Refer' principles are applied
  - o Volunteer 4: observes how the 'Strengthen resilience' principle is applied
- Reflection within group (each in max 2 min):
  - o client tells how she experienced the help of a volunteer
  - o volunteer 2 shares experiences
  - o volunteers 3 and 4 share observations
  - o reflection for everyone: What do you take with you to your volunteer work?
- Reflection within the total group: What do you take with you to your volunteer work?

## Hand-out 1: Signs of fear, depression, PTSD and flashback episodes

### Stress responses

COGNITIVE	EMOTIONAL	BEHAVIOR	PHYSICAL	SPIRITUAL
Disturbed perception; e.g. not understanding words well	Fear	Impulsiveness	Changed heartrate (faster or slower)	Angry with God
Reduced ability to concentrate	Irritatedness	Risky behavior	Headaches	Withdrawing from faith/religious community
Unable to make decisions	Anger	Eating (a little or a lot)	Hyperventilation	Damaged trust in people and in the world
Feelings of guilt/shame	Mood swings	Alcohol/substance abuse	Muscle aches/tensed muscles	
Not able to let go	Gloom	Flight respons	Transpiration when reminded of trauma	
Repeating oneself	Startle easily	Sexual disinhibition	Fatigue/exhaustion	
To be confused "I feel confused; I feel like I'm going crazy"	Sadness	Sleeping disorders	Nausia	
Not being able to oversee consequences		Pulling back	Vomiting	
"I can't do that, how am I supposed to decide that, I don't remember...."		Conflicts, especially at home	Constipation	
		Crying fits	Stomach aches	
		Being absent, for example staring ahead		

## **Hand-out 2: Interviewing techniques while preparing a safety report**

When preparing a safety report with the client for the legal procedure, you cannot avoid asking those questions that are difficult and that can evoke emotions in clients. It is important that the reason for leaving the country of origin and the experiences on the way to the Netherlands are clear, so that the client can make victimhood of human trafficking plausible to the Immigration Department.

How do you start the conversation and ensure that both you and the client can conduct the conversation as well as possible?

### **Preparation**

Ask the client if a social worker (if any is available) may be present during the interviews. If possible, involve the social worker.

### **Introduction**

During the introduction it is important to explain the purpose for which the questions are asked to the client; namely, substantiating the application for a residence permit. Emphasize that the client is in control of the conversation, can decide what he or she tells and can ask for breaks. Try to ask as few questions as possible that were asked in the police report (see the Safety report manual). During the introduction you keep an eye on the client's well-being: Can the client handle the more sensitive questions, or will you mainly ask less difficult factual questions today?

### **During the conversation**

If a client closes up or does not want to go any further, give the client the space to catch his breath first. Explain again why you are asking certain questions and ask why the client does not want to answer them. Perhaps the client would rather talk about it at another time, when he/she feels better and knows you better. Check whether the client trusts you enough to tell you certain things. Many clients have seriously damaged their trust, which is why it can be difficult for them to share personal things. Sometimes they trust you, but they mistrust the (legal and official) system. See if you can gain their trust by respecting their boundaries.

Then a few practical tips:

- Take breaks
- Cut the conversation into multiple conversations
- Make sure that the client can tell his/her story in his/her mother tongue, and make use of an interpreter
- Alternate cold (facts) and warm (sensory) questions; also depends on how client feels at that moment

### **Dealing with intense emotions and flashback episodes**

When preparing the safety report, (severe) emotions can evoke in the client. Sometimes a client can relive a situation. This means that the client relives a traumatic experience and no longer feels connected in the 'here and now'. Then it is important that as a Red Cross aid worker you learn how to deal with these emotions and re-experiences.

The Psychosocial First Aid method ensures that people feel better equipped to deal with a drastic situation and the associated emotions immediately. It helps people to feel calmer, safer, more hopeful and supported, and how to deal with worries and emotions such as anger, fear and sadness. This methodology is based on 4 action principles:



1. Look: observe the environment. What is going on? Is the client in a safe place? What stress responses do you see?
2. Listen: listen to the client with an active attitude, what does the client need now?
3. Refer: check to whom you can refer the client. Which help is best for the client? There are a number of options:
  - a. Call your coordinator and discuss what you can do best
  - b. Give the advice to contact the general practitioner (in asylum seekers' centers the general practitioner can be reached via the 'Healthcare Asylum Seekers' (GZA).
  - c. Consult with social worker to discuss if client can be referred for treatment - if the client wishes. If necessary, ask the social worker during the meeting about the safety report.
4. Strengthen resilience: Stimulate the client to make decisions themselves, to call on (people in) their own network and to speak with confidence about the future.

A second method that you can apply to get someone out of a re-experience is the 5-4-3-2-1 method. This goes like this:

- Sit in front of the client. Attention! do not touch the client under any circumstances! For example, if someone is reliving sexual abuse, this can backfire.
- Tell the client that they are safe and that they are in a room in the Netherlands and that nobody can hurt them here.
- Ask the client to imitate your breathing. Take deep breaths in and out and sit relaxed in your chair with your feet flat on the floor. Then ask the client the following questions:
  - o Name 5 things that the client can see in the room where you are both sitting, for example a chair. Ask about the color of the chair.
  - o Name 4 things the client can touch in the room you are both in and also ask if something feels warm or cold or soft or hard.
  - o Name 3 things that the client can hear, for example his/her own breathing or the traffic outside.
  - o Name 2 things that the client can smell; for example, the smell of food or the smell of coffee.
  - o Name 1 thing that the client can taste; such as toothpaste or coffee.

With this method you ensure that the client uses all his senses and focuses again on the moment in the room where he/she is now. This helps the client to get out of the flashback episode (memory from the past).

### **Ending the conversation**

Do not end the conversation while emotions are still high. Keep the subject of the safety report in the background, and talk about something light-hearted (for example, are you going to do anything fun this weekend?). If necessary, have a drink on the terrace. Do not say goodbye to the client until the emotions have subsided unless you know that the client will go to meet with someone who can help the client to unwind.

Mentale Eerste Hulp (MEH) is een methodiek die kan worden gebruikt om mensen in nood te helpen. Als hulpverlener van het Rode Kruis help je mensen om zich rustig te voelen en om te gaan met een moeilijke situatie. Daarnaast zorg je dat ze toegang te krijgen tot de middelen die ze uiteindelijk nodig hebben om in hun eigen onderhoud te kunnen voorzien.

De actie-principes van Mentale Eerste Hulp houden in dat je weet hoe je een situatie moet beoordelen, hoe je iemand in nood moet benaderen en hoe je die kunt kalmeren als dat nodig is. Het is een benadering om emotionele steun en praktische hulp te bieden. Mentale Eerste Hulp staat zelden op zichzelf, het is meestal een onderdeel van andere vormen van ondersteuning.

## ACTIE-PRINCIPES



### 1. Kijk

Probeer de situatie te beoordelen en zicht te krijgen op de risico's, behoeften, emoties en verwachtingen. Als je de hulpvrager niet fysiek kunt zien, vorm je op basis van de informatie die je krijgt een beeld van de situatie waarin diegene verkeert. In onveilige situaties help je de hulpvrager eerst om in veiligheid te komen.



### 2. Luister

Introduceer jezelf, luister actief en accepteer de/alle gevoelens die de persoon heeft. Het actief luisteren en accepteren van gevoelens dragen er aan bij dat de hulpvrager kalmeert. Vraag naar de behoeften en zorgen en help met het vinden van oplossingen voor directe problemen.



### 3. Verwijs\*

Denk met de persoon mee over oplossingen voor praktische problemen. Geef betrouwbare informatie uit betrouwbare bronnen. Ken je eigen grenzen, wat betreft de hulp die je kunt bieden en verwijs door naar de juiste zorg en hulp. Gebruik een sociale kaart.



### 4. Versterk veerkracht

Versterk de veerkracht door de hulpvrager te stimuleren (om) zelf beslissingen te nemen, een beroep te doen op (mensen in) het eigen netwerk en met vertrouwen over de toekomst te spreken.

\* Hieronder vind je een overzicht van instanties waar je mensen met een specifieke hulpvraag naar kunt doorverwijzen. Mochten er lokaal andere samenwerkingsverbanden zijn, kun je daar uiteraard op aansluiten.

Soort hulpvraag	Instantie	Contactgegevens
Informatie, advies en praktische hulp	Rode Kruis Hulplijn	070 – 44 55 888
Een luisterend oor	De Luisterlijn	0900 – 0767
Lichte/matige psychische problemen: angst, depressie, stress, slaapproblemen, paniek, doorverwijzing GGZ	Bel, mail of chat met MIND Of raadpleeg de huisarts	0900-1450 (telefonisch), of ga naar de website <a href="http://mindkorrelatie.nl">mindkorrelatie.nl</a> om contact met MIND op te nemen via WhatsApp, chat of email
Ernstige psychische problemen: verwardheid, middelenmisbruik, geweld, algemene zorgvragen, palliatie	Raadpleeg de huisarts, hij/zij kan je doorverwijzen naar specialistische zorg.	Kijk op <a href="http://www.thuisarts.nl">www.thuisarts.nl</a> voor meer informatie of neem direct contact op met de huisarts van de hulpvrager
Gespecialiseerde zorg	Raadpleeg de huisarts	Vraag de person contact op te nemen met de huisarts
Signalen van of gedachten aan zelfdoding	113 Zelfmoordpreventie	0800-113
Zorgen van kinderen	De Kindertelefoon	0800 – 0432
Overige hulpvragen	Sociale kaart	<a href="https://landelijk.socialekaartnederland.nl/">https://landelijk.socialekaartnederland.nl/</a> met filters per gemeente of postcode

## DOs BIJ HET AANBIEDEN VAN MENTALE EERSTE HULP

- Luister goed om een helder beeld van de hulpbehoefte te krijgen
- Stel voorzichtig open vragen (beginnend met: wanneer, waar, wat, wie, hoe)
- Erken gevoelens en toon begrip
- Normaliseer emoties en reacties, zoals angst, stress, onzekerheid en machteloosheid
- Herken de manieren en kracht die mensen hebben om ermee om te gaan
- Geef correcte informatie en wees eerlijk over wat je wel en niet weet
- Blijf geduldig en kalm
- Geef de hulpvrager de ruimte om emoties te delen
- Luister naar de mogelijkheden van de hulpvrager en biedt steun bij het maken van keuzes
- Geef aan dat de gesprekken vertrouwelijk zijn, tenzij de veiligheid van de hulpvrager of een ander in het geding komt
- Zorg ervoor dat als je hulp biedt, deze geen schade kan toebrengen aan de hulpvrager (het *do no harm* principe)

## DON'Ts BIJ HET AANBIEDEN VAN MENTALE EERSTE HULP

- De hulpvrager onder druk zetten om te praten als hij of zij niet verder wil vertellen
- Het stellen van 'waarom' vragen (want dit kan aanvallend en veroordelend overkomen)
- Gedachten, gevoelens en acties van de hulpvrager veroordelen
- Technische termen gebruiken
- Over jezelf, eigen ervaringen of persoonlijke problemen praten
- Valse beloften doen
- Een verhaal of de ervaringen van andere mensen delen
- Het vertrouwen en de vertrouwelijkheid die die de hulpvrager je geeft verkeerd benutten

Enkel wanneer je goed voor jezelf zorgt, kun je andere mensen echt helpen.

Ken je signalen, je krachten en je hulpbronnen. Zo vind je ze snel terug wanneer je ze nodig hebt.



## Zo merk ik aan mezelf dat ik stress heb:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Zo merken anderen stress op bij mij:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## In deze situatie voel ik me onzeker in mijn rol als Rode Kruis-hulpverlener:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Dit vind ik nog moeilijk als ik mensen bij sta:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Dit helpt mij om tot rust te komen of te ontspannen:

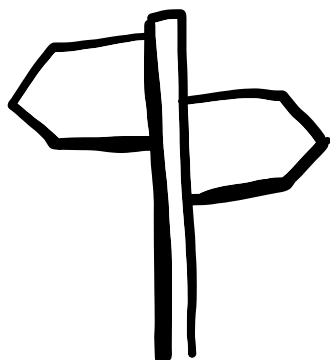
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Hier ben ik goed in (als ik mensen bij sta):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Zo geef ik mijn grenzen aan: (noteer 3 mogelijke zinnen)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Zo kan een naaste, vriend of  
collega mij helpen:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Tips:**

- Beweeg voldoende
- Eet, drink en slaap gezond
- Ontspan jezelf, je hebt dit nodig
- Erken en aanvaard je eigen gevoelens:
  - Het is normaal dat je dingen voelt en denkt
  - Blijf niet zitten met wat je voelt,  
praat erover met naasten
  - Probeer open te staan voor de ander
- Begrens je verantwoordelijkheid
- Neem tijdig afstand
- Mocht je zorgen hebben, zoek dan contact met je leidinggevende of neem op werkdagen contact op met MIND Korrelatie via 0900 – 1450.

**Hier kan ik terecht bij doorsnee frustraties:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Hier kan ik terecht wanneer ik  
het echt moeilijk heb:**

## Privé:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Professioneel:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

