International Medical Corps PFA Training in Akkar

The *International Medical Corps* (IMC) is a global, humanitarian, non-profit organization dedicated to saving lives and relieving suffering through health care training, and relief and development programs. IMC has been in Lebanon since the July 2006 ceasefire and has been providing health and mental health services to Iraqi refugees residing in all areas in Lebanon as well as vulnerable individuals from the host population.

The International Medical Corps emergency response team arrived in North Lebanon in May of 2011 and has worked with the UNHCR and the Lebanese Government, other NGOs and coordination bodies to identify humanitarian needs, address the needs and identify any gaps. Since May 2011, the northern-border of Lebanon has noticed a number of displaced Syrians crossing into the Akkar (Northern region) of Lebanon in order to escape the turmoil and upheaval currently taking place in Syria. IMC has been offering health care to the displaced Syrians and medical assistance to people with high risk.

International Medical Corps carried out a psychosocial needs assessment in which it identified mental health as a critical need, as stress reactions such as fatigue, stress, and insomnia were reported among many displaced persons. The people who have sought refuge in the North region have been subject to various stressors and ongoing challenges including sudden displacement from family and community, physical injuries and other health problems, the difficulties of living in temporary shelters/with host families, loss of livelihood and uncertainties about the future, as well as the demands of rebuilding personal, family, and community life.

Inter-Agency Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)[1] recommend that service providers (e.g. health care workers, relief workers, volunteers) interacting with the affected population in the context of large scale humanitarian crises should receive training in Psychological First Aid (PFA). PFA is not a clinical or specialized intervention but an approach of how to function better as a helper in a disaster situation and to do no harm but to foster a safe, positive and supportive environment for people who are affected. PFA is a non-intrusive way of providing psychosocial support and linking people to basic services. PFA training includes information on stressors such as loss and grief, reactions to stressful events (which are considered normal responses to abnormal events), information on how to listen in a supportive and empathetic way, information on how parents can help children cope, ways of linking people to needed services, and how to know when and how to refer someone who is experiencing more severe distress (e.g. significant impairment in daily functioning, danger to self or others). PFA training also includes a module of self-care for helpers. There is a need for PFA in conflict and crisis situations as people are often poorly prepared and are unsure of how to respond to those in distress. They ask themselves what they should say or not say and they may take the suffering that they see home with them. Others forget about confidentiality and protection issue and start taking pictures or passing on deeply personal or private stories to others. PFA helps people to be prepared, to know how to be supportive, and to do no harm.

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[1] IASC (2007): Mental health and psychosocial support in emergency settings. IASC, Geneva. www.humanitarianinfo.org

In December 2011, IMC organized 2 day training on PFA for frontline workers in direct contact with Syrians displaced in the North. Seventeen (17) participants attended and were part of the PFA training that was conducted in the north to appease the influx of displaced Syrians. The participants were from the following organizations: (a) the Lebanese Ministry of Social Affairs [MOSA], (b) the Lebanese Red Cross [LRC], (c) the Danish Refugee Council [DRC], and (d) Save the Children. The training was conducted on two consecutive days (21/12/2011 and 22/12/2011). The PFA training was facilitated by IMC psychologist. The PFA materials were derived from the recently published WHO PFA training guide that is consistent with the Interagency Standing Committee's (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

This report will summarize the findings of the: (1) Training Needs Questionnaire, (2) The Pre Post-Test, and (3) the Training Evaluation.

I.   IMC Training Needs Questionnaire

A training needs questionnaire (see Appendix A) was administered to all trainees in order to inquire about the most common challenges, their roles, and training needs. The results below are based on a qualitative analysis.

1. <u>What are the most common challenges in supporting people who have been affected by the crisis/distressing event?</u>
   − Their fear and the instability of their unpredictable mood.
   − The financial crisis and social isolation that follows being displaced and the destruction of one's home and life's routines.
   − The loss of loved ones during the Syrian revolution. In addition, the fear from prosecution. Children being held back at school and losing their education.
   − The loss of life's daily basic necessities and life's daily hassles and stress.
   − Building a good rapport and trust with the beneficiaries, especially if they are suffering from trauma and are fearful for their lives.
   − The changes apparent in children's behaviours and cognitive functioning.
   − Working with individuals whom are in need of special needs and services.
   − The changes in the family dynamics and structures [such as the loss of the father; shifts in the roles between husband and wife].
   − Difficulties in assessing the exact numbers of beneficiaries without the proper means to gather information.
   − Getting clear information from the beneficiaries regarding their crisis.
2. <u>What are the most difficult challenges you face in your work in the context of the current crisis?</u>
   − The displaced beneficiaries will be hesitant to share information with service providers because of fear that their personal information will be shared with the Syrian regime, which might prosecute them somehow.
   − The high expectations the beneficiaries might have; believing that all their needs will be met by the service providers – may they be medical or health needs.
   − The fear the displaced mothers have on their children's lives that are still in Syria. In addition, the mothers' mental state of worry will affect negatively on the children and their behaviours.

- The availability of hospitals and medical/health staff to accommodate those displaced that are in need of medical attention. Moreover, the distrust of the beneficiaries of the Lebanese doctors' competencies in treating them.
- Wanting to provide hope to the beneficiaries but being aware that these promises might not be all kept or able to be achieved.
- Difficulty in assimilating with the beneficiaries and their traditions and culture.
- The unavailability or lack of referral systems present in the areas; in addition, a lack of human resources at hand.
- Difficulty in aiding displaced children by placing them in Lebanese schools to continue with their education and avoid being in harm's way.
- Difficulty in communicating and reaching all displaced beneficiaries and assessing their needs.
- Identifying who is a 'displaced beneficiary' and who is not.

3. <u>What kinds of activities or services do you commonly provide or engage in?</u>
- Providing outreach and home-visits to the displaced beneficiary where we register their names; as well as provide information on the importance of children continuing their schooling. It is important to also hand-out school-bags and kits for children. Moreover, there needs to be follow-up with individuals with special needs.
- Providing food and other basic necessities; medical coverage, and shelters.
- Providing follow-ups and conducting house-visits were we provide awareness materials and pamphlets where we mention points of services available for beneficiaries.
- Providing psychosocial support, interventions and assistance.
- We don't provide any type of service; however, we do assist in the supply of foods and other awareness tools.
- Educational support where we follow-up with the children's schooling and conduct activities for the children.
- Providing remedial classes, recreational activities for children and youths, and organizing awareness sessions.
- Registering displaced families in order to provide basic necessities and non-food items for them as well as to gather information for statistical purposes (i.e. number of displaced Syrians in Akkar).
- Conducting psychosocial support for the whole family; this is achieved through regular house-visits.
- Providing first aid training for beneficiaries, as well as transporting the sick and injured to hospitals and medical centers.

4. <u>Is there anything you want to learn more about or problems you want to better deal with in relations to the crisis? If yes, which?</u>
- To know all about the means of providing psychosocial support.
- Want to know more about how to avoid the stress that is associated with 'Burn-Out'.
- How to link the various organizations working in the North together in order to better be able to refer patients to services that are needed.
- How to deal and manage severe cases of distress and trauma.
- Helping us identify the symptoms related to post-traumatic stress disorder and to distinguish between PTSD and signs of adjustment to a new environment.
- How to help women cope with their grief and loss.

— Inclusion-techniques; in order to assist the children assimilate with their new environment and not feel the pressures of social isolation.

a- <u>Skills you want to build?</u>
  — On how to engage the family during a 'family-based psychosocial intervention and support'.
  — On how to build more patience.
  — On ways to work with children and youths.
  — On how to treat physically and psychologically injured children.
  — On identifying disturbed symptoms and behaviours in children.
  — On ways to provide psychological support for children in need.

b- <u>Interventions or activities you want to learn more about?</u>
  — Psychosocial support.
  — How to conduct health awareness sessions.
  — How to conduct support groups for mothers who are grieving.
  — How to treat mild-moderate cases of mental disorders.
  — More on case management: where and to whom to refer beneficiaries to?
  — How to assess and manage cases of violence for women and children.

c- <u>Specific problems you want to better address?</u>
  — More should be focused on continuing education for displaced children.
  — Be in contact with heads of organizations and NGOs in order to provide abundant services to these people in need of services and basic necessities.
  — Ways to reduce fear of prosecution and death in women and children; fear of being punished and sent back to Syria.
  — More on how to work with cases of gender-based violence (GBV) and violence against women (VAW) and children.
  — Raising public awareness about the seriousness of the Syrian-displaced cases to the Lebanese government and officials.
  — More clarification on the situation of the displaced in the North: more about their numbers, where are they coming from, how are the accessing services available to them...

d- <u>Dealing with specific groups of people you want to learn more about?</u>
  — Dealing/working with children.
  — Those who are fearful and believe they are going to be persecuted.
  — With adolescents and those with special needs.
  — Single women and women who have lost their children/husbands during the revolution.

Summary

The seventeen trainees that attended the two days consecutive PFA training in the north (Akkar) expressed that the most common challenges in supporting people who have been affected by the crisis taking place in Syria are the fear associated with the crossing into the Lebanese-Syrian border. In addition, they focused on the building of rapport and trust with the beneficiaries because of the hesitation the displaced Syrians have in disclosing about themselves because of their belief that their presence will be notified to the Syrian regime and they will face severe and harsh punishments. Moreover, there is a difficulty in obtaining accurate figures and numbers of displaced Syrians because of the fear that was described previously; therefore, there are contradictory findings about the exact numbers of Syrians currently in the northern part of Lebanon.

Other difficulties that are found to be challenges for those service providers (social workers, outreach workers) are the fact that there is a hesitation on the end of the displaced beneficiaries in disclosing about their names and situations, and what drove them to make the cross into the Lebanese borders. Additionally, the service providers are torn between wanting to raise hope for these individuals but are also wary of giving them false promises that they are sure they will not be able to keep. The need to keep the children in schools is also a point that was raised by the trainees; however, the difficulties in the availability of schools and spaces were highlighted. Moreover, assimilating into their new environment was shown to be most difficult for children. Also, mothers who had lost husbands, children, and other loved ones were finding the grieving process in a foreign environment to be the hardest for them.

The activities that were mostly provided or engaged in varied from providing basic necessities (such as foods) and non-food items, to educational and awareness sessions, group discussions for women, recreational activities for children, as well as psychosocial support and interventions. It was also said that there are home-visits and follow-ups by the outreach and social workers.

Problems and activities that the trainees wanted to focus on more are learning on how to deal with children and adolescents with physical and psychological injuries, how to manage and assess cases of violence among children and women, and how to be able to link the cases they are seeing to clinics/centers/hospitals were health, mental health, and psychosocial interventions are being provided.

II.   PFA Pre-Post Test Results

This section will summarize the results of the pre-post test (see Appendix B) that was administered on the first and last day of the training. The pre-post test is divided into three separate sections. Section One asks participants to rate themselves on various criteria that is found to be effective during the implementation of psychological first aid; Section Two is made up of seventeen True or False questions pertaining to concepts and principles of PFA; and Section Three is the subjective component of the testing tool where it asks the participants to answer three small essay questions about the PFA principles in a bullet-point format.

There was no total score for the pre-post test. The participants' self-rating was averaged in both the pre and post-test; the percentage of change in assessment was measured. For the True-False questions, each correct answer was awarded one point, whereas an incorrect answer was awarded zero points. The percent increase/change in knowledge was assessed for both administrations of the pre-post-test. For the subjective component of the pre-post test, the participants' answers were grouped together (based on similarity of responses) and a frequency counting was conducting in order to measure the changes in responses between the two testing periods.

It is important to note that although seventeen participants partook in the PFA training, only eleven completed both the pre and post test. Therefore the scores and answers of those that sat for both tests was analyzed and included in this report.

Assessment results of participants' self-evaluation of abilities

As described previously, Section One from the pre and post test asked participants to rate their abilities on a five-point Likert scale (1=very low, 2=low, 3=medium, 4=high, and 5=very high). The participants' changes in self-rating were averaged between the pre and post test administrations. The average change in overall self-rating was an increase of 20% (changes in self-rating were statistically

significant, one sample two-tailed t-test, *p*<.01). The highest percentage increases were in skill 2 [overall knowledge of stress and stress reactions] and skill 11 [ability to identify what types of interventions or activities may be harmful for people affected by disaster]. Whereas, skill 8 [ability to link people affected by disaster to needed services] had a reduction in skill rating during the pre post-test analysis; in addition, this was a comment that was raised by the trainees in their evaluations, stating that they wished more on referrals was stressed and focused upon.

Note: the numbers have been rounded.

	Pre	Post	% increase
1. Ability to support people who have experienced disasters and other stressful events	3.7	4.2	50
2. Overall knowledge of: Stress and stress reactions	3.5	4.2	70
3. Overall knowledge of: Communication Skills	4	4	0
4. Overall knowledge of: Positive and negative coping	3.7	4	30
5. Ability to take care of myself and prevent burn out when assisting people affected by disaster	4.2	4.2	0
6. Ability to listen in a supportive way	4.3	4.2	-10
7. Knowledge of what information to find out to help people affected by a disaster	3.8	3.8	0
8. Ability to link people affected by disaster to needed services	4	3.8	-20
9. Ability to distinguish between normal stress reactions and mental health problems	3.2	3.6	40
10. Ability to do no unintended harm when helping people affected by disaster	3.3	3.3	0
11. Ability to identify what types of interventions or activities may be harmful for people affected by disaster	3.2	3.8	60
Total percentage increase in self-evaluation abilities:			20

Assessment Results from Pre-Post Tests

True-False Items: The pre-post test question items were constructed and derived from the PFA training material; therefore the test items were content based. The 17 true-false questions were administered at the beginning of the training (on the first day) and subsequently on the last day. Each correct answer was awarded 1 point; whereas answers that were incorrect or left blank were given a score of 0 on the specific item.

The test scores decreased from an average of 52.11 (pre) to 43.94 (post); therefore, there was a -8.17% decrease in test scores after the PFA training. The table below will show the averages (in %) of each test item in both the pre and post testing:

	Pre	Post
1.	80	72
2.	36	27
3.	18	27
4.	36	54
5.	60	72
6.	45	27
7.	81	72
8.	9	36

9.	45	0
10.	63	36
11.	36	36
12.	54	36
13.	72	63
14.	36	45
15.	45	18
16.	90	81
17.	80	45
Average	52.11	43.94
% change:		-8.17

The items highlighted are the ones that showed a decrease in answers after the training. Possible reasons: (a) the participants were in a hurry to finish the testing tool; therefore they answered haphazardly, and (b) the training may need to be re-evaluated in order to assess why there was a decrease in the selection of the correct answer after the implementation of the training.

Qualitative Items: The qualitative questions asked the participants to identify three ways to help children cope, helpful things and harmful things to do for people to be affected by disaster. The answers were collated and a frequency counting was conducted based on the general umbrella (or heading) each answer was placed in. Below are the following results:

Three ways to help children			
Pre		**Post**	
	Frequency		*Frequency*
Building rapport	2	Building rapport	6
Creating activities	5	Creating activities	11
Psychosocial support	6	Supporting their schooling	2
Listening to them	2	Listening to them	6
Assessing their psychological/physical/social needs	3	Opening child friendly spaces	1
Opening schools and educational activities	2	Linking them with loved ones	3
Providing therapy	3	Making referrals	2
Conducting house-visits	1	Organizing awareness sessions	1
Providing basic needs	1		

The results showed that the participants had varying answers in both the pre and post-testing period; however, items that remained consistent were: (a) building rapport, (b) creating and organizing activities, and (c) listening to them. In all three answers, there was an increase of participants stressing on those three components in helping children.

Three things that people or organizations may do which can be **harmful** for people affected by disaster			
Pre		**Post**	
	Frequency		*Frequency*

No rapport	1	No rapport	2
Discriminating	4	Discriminating	3
False promises	3	False promises	5
Neglecting them	3	Neglecting them	3
Not listening to them	2	No assessments on their needs made	5
Disrespecting them	6	Disrespecting them	1
Debriefing	1	Debriefing	10
Being inflexible	3		
Providing insufficient services	3		
Being judgmental	2		

The answers highlighted in the table above show that the participants believe that the harmful things that organizations can do are: (a) not being able to build rapport with their beneficiaries [this includes the building of trust]; (b) discriminating against them [this in the means of providing preferential services based on gender, religion, etc...]; (c) false promises; (d) neglecting them and their needs; (e) not listening to them; (f) disrespecting them; and (g) the use of debriefing. It is important to note that the issue of debriefing had a significant increase in frequency based on the answers from the pre and post-test.

Three things that people or organizations may do which can be **helpful** for people affected by disaster			
Pre		**Post**	
	Frequency		*Frequency*
Providing psychosocial support & follow-up	7	Providing psychosocial support & follow-up	5
Providing psychosocial interventions	2	Providing psychosocial interventions	5
Providing health services	2	Making referrals	3
Providing educational activities	1	Linking with loved ones	2
Opening referral centers	2	Building rapport	6
Organizing awareness campaigns	1	Making referrals	3
Providing basic necessities	3	Providing basic necessities	5
		Assessing their needs	2
		Educational trainings	1
		Working with special cases	4

Once again, certain items that were deemed helpful were repeated in the post-test and their frequency was high. These included: (a) providing psychosocial support and follow-up; (b) providing psychosocial interventions; and (c) providing basic necessities.

Conclusions and Recommendations

Conclusion and Summary

Although seventeen trainees participated in the PFA training that was organized in order to strengthen and assist in the capacity building of the actors in the North region (Akkar) to accommodate the increased number of displaced Syrians, only eleven completed the pre and post-test; therefore only their scores were analyzed and interpreted for this report. The testing tool used for the training consisted of three categories: section one required the participants to provide a self-assessment of their needs; section two consisted of seventeen true-false questions based from the PFA training material; and section three is made up of three subjective questions that ask participants to list three ways to help children, three ways organizations may harm and help people recovering from a traumatic experience or disaster.

There was a 20% increase in positive self-ability assessment; however, participants noted that they were less confident in their abilities to listen in a supportive way, and link with referral services.

There was an 8.17% decrease in knowledge between the pre and post-test as it was evidenced in the averages of the true-false questions. Possible reasons could be (a) participants were in a haste to finish with the testing, and (b) participants did not experience 'test maturation' or 'sufficient material retention.'

The participants stated that ways to help children affected by disasters are building rapport with them, creating educational and recreational activities, and listening to them.

The trainees listed the following as harmful things people and/or organizations do for people affected by disaster, and they are: establishing no rapport with them, discriminating them by providing services based on ethnicity or other discriminatory factors, giving out false promises, neglecting them and their needs, not listening to them and their concerns, disrespecting them, and using debriefing.

The following were mentioned by the participants as helpful ways people and/or organizations can assist people affected by disaster: providing psychosocial support, follow-up, and interventions; as well as providing basic necessities.

Recommendations listed by Particpants
– Extending the training days; i.e. it being more than two days.
– Providing an 'application component' into the training, where the trainees are supervised in the field and followed up by a session that describes how they can better incorporate the skills taught into their daily relationships and interactions with beneficiaries; a sort of 'On-the-Job' supervision. This will assist the trainees in crystallizing the training information and better adapting into their professional skill-sets.

III.   PFA Training Evaluation

The PFA Training Evaluation (see Appendix C) was administered on the final day of the training and it was completed by eleven (11) participants. This report will summarize the main findings derived from the analysis of the training evaluation.

PLEASE RATE THE QUALITY OF THE FOLLOWING	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

Overall Content of Course			9%	**64%**	27%
PowerPoint Slides		18%	27%	**54%**	
Presentation of Material by Trainers			9%	**45%**	**45%**
Participant / Group Activities		9%	27%	**54%**	9%
Facilitation of Activities by Trainers			18%	**45%**	36%

2. What are the 3 most important things that you learned during the training?

- The importance of assisting others in need and how to manage trauma cases.
- The learning of new information.
- The learning of these new skills: (a) active listening, (b) coping strategies, (c) PFA manners, (d) PFA principles, and (e) Positive Coping Strategies.
- The importance of psychological first aid.
- The steps necessary to take during PFA: look, listen, and link.
- The activities one can implement during follow-ups.
- How to approach those who have just experienced a trauma.
- How to build rapport with those in a traumatic-state.
- The misconceptions and the false ideas we had about treating and dealing with traumatized people.
- The correct methods in helping and managing those who have lived through a traumatic experience.
- How to be a better outreach worker.

3. What are the 3 greatest strengths of the training?

- Information is simple and adapted to the group of social and outreach workers.
- The use of good concrete examples and several group activities.
- The importance of the topic and training.
- Good group cohesion: all of us being social workers and outreach workers that work in the field.
- The way the training was facilitated and organized.

4. What presentation styles were the most effective for you?

- The use of role-playing and videos.
- Case-studies.
- Group activities and exercises.
- Concrete examples and case-studies.

5. Presentation Style

Name of presenter 1 : Wissam Kheir	Excellent	Very Good	Satisfactory	Fair	Poor
Clarity of introduction	**54%**	18%	18%	9%	

Importance of information covered	**54%**	27%	9%	9%	
Clarity of main points	**73%**		18%	9%	
Clarity of goals	36%	**45%**	9%	9%	
Use of summary	**45%**	36%	9%	9%	
Body language	27%	**45%**	18%	9%	
Voice tone/speed/clarity	27%	**54%**	9%	9%	
Level of student interest	**36%**	**36%**	18%	9%	
Level of student learning	27%	**45%**	18%	9%	
Level of student participation	18%	**54%**	18%	9%	
Value of student participation	36%	**45%**	9%	9%	

6. Was an appropriate amount of material covered during the last two days? If not, was too *much* material covered or too *little*?

91% stated that the material covered was satisfactory; whereas 9% said it was too little.

7. Please rate the training in terms of its impact and usefulness in the following areas, using the scale below.

Area	Not useful	Little	Somewhat	Useful	Very Useful
Useful in your daily work				27%	**73%**
Useful in supporting people who have experienced a disaster or other stressful event				9%	**91%**

8. If you were given the task of redesigning the training, what would you change?

- Not overly relying on PowerPoint slides and presentations during the training.
- More elaboration on the techniques needed to use.
- Have an outreach worker or social worker co-facilitate the training in order to give us first-hand experiences on how to approach and work with traumatized individuals.
- Very focused on the PFA protocols; more techniques and strategies needed to be stressed upon.

– To provide more training days instead of just two days.

Summary

The trainees all described the two-day training to be very informative because they were exposed to the PFA principles of Look, Listen, and Link, as well as being provided new methods on how to approach and build rapport with traumatized individuals. The trainees emphasized that the usage of case studies, role-playing, videos, and concrete examples were effective presentation styles that helped crystallize the concepts of PFA more clearly. The majority of the social and outreach workers said that the material covered for the PFA was satisfactory; in addition, they considered the presentation topic to be very useful in their daily work and with those that experienced trauma. The comments raised by the participants were that there was too much reliance on the PowerPoint slides and the focus was more on the PFA principles rather than focusing on the techniques and skills on how to approach and manage traumatized victims more effectively. In addition, more training days were requested instead of them being condensed within two days.

International Medical Corps

IMC Training Needs Questionnaire –General Version

استبيان حاجات التدريب للهيئة الطبية الدولية – النسخة العامة

August 2011

آب 2011

Please indicate the following about yourself:

نرجو منك تزويدنا بالمعلومات التالية عن نفسك:

Male/Female

ذكر/أنثى:

Staff Role: _____

دور الموظف:_____

1) What are the most common challenges in supporting people who have been affected by the crisis/distressing event?

ما هي أكثر التحديات شيوعا في دعم الأشخاص الذين تأثروا بالأزمة/ الحدث شديد الوطأة؟

2) What are the most difficult challenges you face in your work in the context of the current crisis?

ما هي التحديات الأصعب التي تواجهها في العمل في سياق الأزمة الحالية؟

3) What kinds of activities or services do you most commonly provide or engage in?

ما هي أنواع الأنشطة أو الخدمات التي تقدمها غالبا أو تنشغل بها؟

4) Is there anything you want to learn more about or problems you want to better deal with in relation to the crisis? If yes, which?

هل من أمور ترغب بتعلّم المزيد عنها أو مشكلات ترغب بالتعامل معها بشكل أفضل في ما يتعلق بالأزمة؟ إذا أجبتَ بنعم، ما هي؟

a) Skills you want to build?

المهارات التي ترغب ببنائها؟

b) Interventions or activities you want to learn more about?

التدخلات والأنشطة التي ترغب بتعلّم المزيد عنها؟

c) Specific Problems you want to better address?

مشكلات محددة ترغب بمعالجتها بشكل أفضل؟

d) Dealing with specific groups of people you want to learn more about?

ترغب بالتعلّم عن التعامل مع مجموعات محددة من الأشخاص؟ما هي؟

IMC Psychological First Aid (PFA) Training

Pre-Post Test

Date:_____   Organization:_____
Gender (please circle): Male／Female

1) Are you aware of any guidelines on mental health and psychosocial support in disaster or crisis settings? If yes, which? (state name of guidelines, organization and year if possible)

2) Please rate your perceived…

	Very Low	Low	Medium	High	Very High
1.Ability to support people who have experienced disasters and other stressful events	1	2	3	4	5
2.Overall knowledge of: Stress and stress reactions	1	2	3	4	5
3.Overall knowledge of: Communication Skills \	1	2	3	4	5
4.Overall knowledge of: Positive and negative coping	1	2	3	4	5
5.Ability to take care of myself and prevent burn out when assisting people affected by disaster	1	2	3	4	5
6. Ability to listen in a supportive way	1	2	3	4	5
7. Knowledge of what information to find out to help people affected by a disaster	1	2	3	4	5
8. Ability to link people affected by disaster to needed services	1	2	3	4	5
9. Ability to distinguish between normal stress reactions and mental health problems	1	2	3	4	5
10. Ability to do no unintended harm when helping people affected by disaster	1	2	3	4	5
11. Ability to identify what types of interventions or activities may be harmful for people affected by disaster	1	2	3	4	5

3) Please check the best correct answer (yes or no) for each of the following statements

English	Yes	No
Which of the following is the case regarding people who have experienced humanitarian conflict or crises?		
1. Most people affected will experience psychological distress		
2. Most people affected will develop mental illness		
3. Most people affected will need specialized mental health services		
4. Most people affected will recover from distress on their own using their own supports and resources		
Which of the following can be helpful for people who experienced very distressing events?		
5. Providing referrals and linking people with basic services (e.g. social services)		
6. Asking people to recount traumatic experiences in detail		
7. Listening in a supportive way without interrupting		
8. Conducting psychological debriefing (assembling a group of people and asking them to share their stressful experiences)		
9. Telling them the story of someone else you just saw so that they know they are not alone		
10. Making promises to make people feel better (e.g. your house will be rebuild soon)		
11. Telling an affected person that everything will be fine and they should not worry		
12. Judging the person's actions and behavior (e.g. you should have stayed)		
13. Finding out more about the situation and available services so that you can assist people in getting needs met		
14. Tell an affected person how they should be feeling (e.g. you should feel lucky you survived)		
As someone providing assistance to others you should…		
15. Find ways to relax such as smoking or drinking alcohol when you feel distressed		
16. Practice self-care by taking regular breaks		
17. Not worry about getting angry and irritated as this is a normal part of a stressful job		

4) Name three things that can be done to help children cope who are affected by disaster

a)

b)

c)

5) Name 3 things that people or organizations may do which can be <u>harmful</u> for people affected by disaster

a)

b)

c)

6) Name 3 things that people or organizations may do which can be <u>helpful</u> for people affected by disaster

a)

b)

c)

Appendix C: Training Evaluation

International
Medical Corps

IMC PFA Training Evaluation
تقييم تدريب الهيئة الطبية الدولية على الإسعافات الأولية النفسية

Date: _____

التاريخ: _____

Directions: Please fill out the following Evaluation Form. This is not a test. Please provide us with your honest opinion regarding the PFA training. **With your help, we can improve and modify the up-coming training workshops.** Thank you for your cooperation and helpful suggestions.

تعليمات: نرجو منك ملء نموذج التقييم التالي. هذا ليس اختبارا. نرجو منك تزويدنا برأيك بصراحة حول التدريب على الإسعافات الأولية النفسية. **بمساعدتك يمكننا أن نحسن ونعدل التدريبات وورش العمل المقبلة.** نشكرك لتعاونك معنا ولتقديم الاقتراحات المفيدة. **Please complete the following by checking the column of your choice.**

نرجو منك تعبئة الجدول التالي بوضع علامة في العمود الذي تختاره

PLEASE RATE THE QUALITY OF THE FOLLOWING نرجو منك تقدير نوع ما يلي	**POOR** ضعيف	**FAIR** مقبول	**GOOD** جيد	**VERY GOOD** جيد جدا	**EXCELLENT** ممتاز
Overall Content of Course محتوى الحلقة التدريسة عموما					
PowerPoint Slides الشرائح المعروضة					
Presentation of Material by Trainers طريقة تقديم المدربين للمواد					
Participant / Group Activities أنشطة المشاركين/ الأنشطة الجماعية					
Facilitation of Activities by Trainers طريقة تيسير المدربين للأنشطة					

2. **What are the 3 most important things that you learned during the training?**

ما هي أهم ثلاثة أمور تعلمتها خلال التدريب؟

أ -
ب -
ت -

3. What are the 3 greatest strengths of the training?

<div dir="rtl">ما هي أهم 3 نقاط قوة في التدريب؟</div>
<div dir="rtl">أ -</div>
<div dir="rtl">ب -</div>
<div dir="rtl">ت -</div>

4. What presentation styles were the most effective for you? (For example, case studies, role play, lecture, pre-post tests, group exercises…)

<div dir="rtl">**ما هي أساليب التقديم التي كانت أكثر فعالية بالنسبة لك؟** (على سبيل المثال، دراسة الحالة, لعب الأدوار، المحاضرات، اختبارات ما قبل وما بعد، التمارين الجماعية...)</div>

5. Presentation Style

<div dir="rtl">أسلوب التقديم</div>

Scale: *(1-excellent /2-very good /3-satisfactory /4-fair /5-poor)*

<div dir="rtl">المقياس (1 – ممتاز / 2 – جيد جدا/ 3 – مرضٍ/ 4 – مقبول/ 5 – ضعيف)</div>

Please give your presenter the benefit of honest feedback. Tick the appropriate box and make comments.

<div dir="rtl">نرجو منك تقديم التغذية الراجعة الصريحة والمفيدة للمدرب. ضع علامة √ في الخانة المناسبة واكتب تعليقاتك.</div>

Comments:

<div dir="rtl">التعليقات:</div>

Name of presenter 1 : اسم المدرب 1:	1	2	3	4	5
Clarity of introduction مدى وضوح التقديم					
Importance of information covered أهمية المعلومات التي تمت تغطيتها					
Clarity of main points مدى وضوح النقاط الأساسية					
Clarity of goals مدى وضوح الأهداف					
Use of summary المنفعة من الخلاصة					
Body language لغة الجسد					
Voice tone/speed/clarity نبرة الصوت/ السرعة/ الوضوح					
Level of student interest مستوى اهتمام التلامذة					
Level of student learning مستوى تعلُّم التلامذة					
Level of student participation مستوى مشاركة التلامذة					
Value of student participation قيمة مشاركة التلامذة					

Name of presenter 2: اسم المدرب 2:	1	2	3	4	5
Clarity of introduction مدى وضوح التقديم					
Importance of information covered أهمية المعلومات التي تمت تغطيتها					
Clarity of main points مدى وضوح النقاط الأساسية					
Clarity of goals مدى وضوح الأهداف					
Use of summary المنفعة من الخلاصة					
Body language لغة الجسد					
Voice tone/speed/clarity نبرة الصوت/ السرعة/ الوضوح					
Level of student interest مستوى اهتمام التلامذة					
Level of student learning مستوى تعلُّم التلامذة					
Level of student participation مستوى مشاركة التلامذة					
Value of student participation قيمة مشاركة التلامذة					

6. Was an appropriate amount of material covered during the last two days? If not, was too _much_ material covered or too _little_?

هل كانت كمية المعلومات التي تمت تغطيتها في اليومين الأخيرين كافية؟ إذا كانت إجابتك "كلا"، هل كانت المعلومات _كثيرة_ أم _قليلة_؟

أ - كثيرة
ب - كافية
ت - قليلة جدا

7. Please rate the training in terms of its impact and usefulness in the following areas, using the scale below.

نرجو منك تقدير تأثير ومدى نفع التدريب في المجالات التالية باستخدام المقياس التالي.

1 = Not useful at all,   **2= Little useful 3= Somewhat useful**
                                                 4=Useful, 5 = Very useful

1 = غير مفيد أبدا   2= مفيد قليلا   3= مفيد بعض الشيء

4= مفيد   5= مفيد جدا

Area المجال	1	2	3	4	5
Useful in your daily work مفيد في عملك اليومي	1	2	3	4	5
Useful in supporting people who have experienced a disaster or other stressful event مفيد في دعم الأشخاص الذين اختبروا كارثة أو حدث شديد الوطأة	1	2	3	4	5

8. If you were given the task of redesigning the training, what would you change?
إذا أوكِلت إليك مهمة إعادة تصميم التدريب ، ما هي الأمور الّتي قد تغيّرها؟