Rolling Out Psychoeducational Material on Psychological Distress to Parents and Children

Instructions for First Line Officers Working in Reception
About the instructions

What are these instructions capturing?
The instructions accompany a set of self-help tools developed by the EUAA as part of a guidance package on the mental health and wellbeing of applicants for international protection. The self-help tools can be used by applicants for international protection independently, provided that they are literate and do not want or need guidance from the officers working in the place where they live.

These instructions refer to the pocketbooks:

- **How can I support my child during difficult times?**
  - A self-help tool for parents
- **How can I deal with situations in which my parents seem sad, worried, or angry?**
  - A self-help tool for children
- **How to handle situations when my friend or sibling is sad, angry or does dangerous things?**
  - A self-help tool for peer-support

Why were these instructions developed?
These instructions support first line officers working in reception in creating awareness with parent, child and young applicants on how to support family members and peers during difficult times, including when psychological distress is high and potential trauma has accumulated.

How were these instructions developed?
This document complements the above-mentioned set of pocketbooks, which was developed with the support of experts from Belgium, Germany, Greece, the Netherlands and Sweden. The pocketbooks have been tested with applicants for international protection, mediators and refugees mainly living in Greece and in the Netherlands. During the testing, users indicated a need for instructions to support the roll-out of the pocketbooks.

Who should use these instructions?
While the pocketbooks can be directly used by parent, child and unaccompanied child applicants to support their family members and peers, these instructions target professionals. They are meant to support first line staff working in reception such as social workers, child protection experts, mental health professionals, but also teachers etc. when engaging with applicants in one-to-one or group meetings. In situations where a community-based approach applies, community leaders too could use the instructions to raise awareness on the topics covered in the pocketbooks.

How do these instructions relate to other EUAA tools?
This document and the set of self-help tools to which it refers are part of the EUAA efforts to develop knowledge and awareness around the topic of mental health and wellbeing of applicants for international protection. More information is available on the vulnerability page of the EUAA website.

The pocketbooks and these instructions are also disseminated in the EUAA platform Let’s Speak Asylum which focuses specifically on information provision to applicants for international protection.

In case of questions, need for clarification or other feedback on the set of self-help tools and their roll-out, please contact vulnerablegroups@euua.europa.eu.
How to use these instructions

The content, reminders and tips shared in the pocketbooks can function as triggers to talk about a specific issue in one-to-one or group sessions. These instructions put forward some basic guidance on how to use the pocket guides in such settings.

All three pocketbooks cover the topic of psychological distress, including after experiencing traumatic events, from the perspective of three different target groups: parents, children and siblings/peers.

First line officers can use the pocketbooks and these instructions to organise one-to-one or group sessions with the applicant community on the following topics:

- parenthood;
- psychological distress or trauma;
- how to reduce the risk of negative coping during very challenging times (e.g. upon arrival);
- how to notice when someone is emotionally not well (e.g. signs of depression);
- how to stay safe when someone shows a challenging behaviour (e.g. starts drinking alcohol).

The tools try to nurture basic mental health literacy and answer questions like ‘How can I notice if someone close to me suffers from distress?’. They also aim at strengthening the self- and collective efficacy and resilience of those involved.

They function as self-help tools and are designed to be used by applicants themselves. There might be however situations where applicants feel more comfortable to go through the content with others. Therefore, they can also be debated in one-to-one or group sessions facilitated by a professional.

The tools also try to draw the attention to considerations around protection and do no harm, particularly when children are involved. The aim is to make sure that children protect themselves before trying to support others who might otherwise place them in a potentially dangerous, violent or abusive situation.

Facilitation

Facilitators and interpretation in group sessions

When the pocketbooks are used to create awareness in the context of group meetings, the group should not exceed 10–15 applicants in order to allow for meaningful discussions.

It is advised to have one main facilitator who guides the discussion and a co-facilitator who stays more in the background and takes notes. The co-facilitator also monitors the group dynamics (e.g. if tension or other emotions arise in certain applicants related to a specific topic), notes down any observations and flags them to the facilitator where needed.

If an interpreter is needed, the group should be smaller and not exceed 4-6 applicants. This is because translation takes precious time and, if the number of persons that require interpretation is higher than 4-6, there is a risk that the time allocated for the discussion may not be sufficient.

Purpose of the pocketbooks

The three pocketbooks aim at supporting parents, children and peers who have arrived in Europe and see that the behaviour of their family members or friends has changed considerably. Change can manifest in different ways and certain persons may be more affected than others. The tools provide basic tips and reminders on how to support these persons in feeling better, and suggest when there may be a need to ask for professional support.
For smaller groups supported by an interpreter, there may be no need for a co-facilitator. It is up to the facilitator to decide who is needed to support the process with each group of applicants. As a golden rule, make sure that the facilitator, co-facilitator and interpreter do not outnumber the actual participants.

Interpreters should prepare for the assignment by reading the pocketbooks beforehand, to ensure that content is clear to them and to learn the correct vocabulary. It is important to remind the interpreter to translate literally what is said, with no bias.

Facilitators need to be skilled in raising awareness in the context of group settings. When child applicants are involved, facilitators should also have a sound understanding of child protection and child safeguarding.

Group composition and group meetings

When forming the group, facilitators should consider factors such as the languages spoken, gender, age, as well as the cultural and religious background of participants. When organising meetings for parents, it should also be assessed whether both parents should join the same session, or if it would be better to separate them. The aim is to avoid situations where potentially different approaches to parenthood may lead to fights which could further escalate the situation at home and jeopardise the wellbeing of the child.

Group meetings are a useful format to bring applicants together and share not only the challenges they face but also hopes, relevant information or simply have some fun and distract from daily life in the reception centre. The benefit of having a facilitator leading such meetings is that participants are safeguarded: for example, when the group discusses a difficult topic and first line officers need to intervene. Group meetings also provide an opportunity for facilitators to identify applicants with potentially multi-layered vulnerability that may need follow-up.

Group meetings are a good way to jointly elaborate on certain topics and realise that one ‘is not alone’. They provide a platform for applicants to share their knowledge and learn from one another. This can be empowering on many levels. Such meetings can also support the creation of new friendships and connections with other applicants and ideally lead to the creation of social support networks.

Whenever group sessions are found to be the best format, it is important to ensure that, at the beginning of the group sessions, participant agree on their own group rules. The rules will be formulated once and be applicable anytime the group gathers (once only or for more group sessions).

Time, set-up and content

Time

Both group and one-to-one meetings should be scheduled at a time when the participants can join without problems or distractions (e.g. after work/school or, for parents, when the children are at school). The duration of each session should not exceed 1.5 hour. After that, the attention span reduces and participants might be busy with other activities.

Location

The location of the meetings should be discussed with the participants. Ideally, the location should be safe, easily accessible including for those with physical impairments and allow for privacy. The participants and facilitators can sit on chairs in a circle to ensure that everyone can see and hear each other easily. When the group includes parents and smaller children, sitting on the floor on a carpet (if culturally appropriate) could be a useful alternative so that children can crawl around and play close to their parent(s) without disrupting the session.
Example of group rules

✓ Respect one another.
✓ Allow everyone to speak but also allow participants to only listen.
✓ There are no wrong, right or more important opinions. [The only exception is if someone advocates for corporal punishment. In this case, the facilitator should intervene and explain, in a sensitive manner, that no form of violence is ever acceptable.]
✓ Everyone can express their thoughts freely.
✓ Participants cannot walk in and out of sessions as they please.
✓ No phone calls during the meeting.
✓ Phones are on silent mode.
✓ Confidentiality: the general topics covered in the pocketbooks can be shared with other community members. But personal matters shared by participants should stay within the group.
✓ Group meetings should be a safe space to share thoughts and concerns.

Potential lack of confidentiality is a limitation of group meetings. The participants might ‘forget’ group rules, including the principle of confidentiality. Therefore, facilitators are to remind group members not to share very personal experiences because group meetings are not a counselling session. Very important/personal topics can be addressed after the meeting with the facilitators. While group meetings should be considered ‘safe’ spaces to learn and share, one can never ensure that the information discussed is not disclosed to other community members, and this entails a risk.

In certain cases, it could be useful to have private family sessions bringing together a parent and child who feel affected by emotional distress and the different ways of coping. In this case, a social worker or mental health professional should facilitate the session. Such a set-up should however be achieved in phases, perhaps starting with one-to-one sessions first and then bringing the participants together, depending on the context and the challenges faced.

Content

The pocketbooks present basic signs and some common reactions that one can notice when a child, a teen, a friend, a sibling or a parent potentially suffer from distress. The topics listed in the tools cover a range of potential situations of distress as well as tips and reminders on how to respond. Not all applicants will find all areas of equal interest and the content covered is not exhaustive. Facilitators are therefore encouraged to invite applicants to make their own examples and suggestions on what could be helpful or not.

Generally, the group discussion should cover content which is useful to those participating. Therefore, participants will choose, guide and to an extent direct what a session will cover.

The sessions aim at providing the participants with tools to support their family members and friends in feeling better. In the case of children, the main message to convey is that children need to prioritise their own safety.

How to share the content

Depending on the group composition and needs of the participants, you can share the content of the pocketbooks in different ways. Find below possible options.

• Provide a printed version of the tool to each participant, for the group to read it together.

• If possible, project the content onto a wall and read it aloud together in the language of the participants (use the translated version and the support of an interpreter if needed). As a facilitator, you will need to refer to the version in the language of your Member State.

• Pre-select a number of pages, print them as posters and place them on the walls of the meeting room. Participants can walk along the posters and discuss in pairs / smaller groups about what they see, read, understand, as well as any additional points they would like to add. The discussion will then continue in the larger group.

• Print the signs, reminders and tips on memory cards and place them upside down in the middle of the group of participants. The participants pick cards, read them aloud (or the facilitator/interpreter reads them), reflect and discuss in the group.
How to discuss the content with participants

To have a meaningful discussion, it is important to ensure that age, gender and cultural differences are highlighted.

The additional suggestions on how parents and children normally recognise that someone is not well, how they react and who they reach out to can be discussed during follow-up sessions (one-to-one or group). To ensure a culture, age and gender-sensitive approach, it is advised to cluster the suggestions based on the applicants’ place of origin, gender, religious background and age.

If the participants do not express any preference on which of the areas to cover from the pocketbooks, you can proceed as follows:

• proceed by signs and reactions and tips and cover one area per session; or
• group the content and cover 2 or 3 areas per session; or
• cover the whole tool in one go (the facilitator reads the pocketbook together with the participants and answers questions only when they arise).

You can choose any of the above options, depending on the group dynamics, understanding and needs of the participants.

Note for the facilitator

In the following section you will find suggestions on how to facilitate group meetings and engage with applicants when discussing each of the pocketbooks.

Facilitating a meeting with parents to discuss the behaviour and wellbeing of their young/teenage child

Introduction exercise

Try to start out with a small exercise and ask the participants what their hobbies are and what their favourite food is. Close with a question on where they are from. Participants briefly share. This can be organised in a playful manner and should take no longer than 10 minutes. The closing ‘Where are you from?’ helps the facilitator to move on.

The facilitator points out the different countries, regions and towns of origin of the participants and indicates that, as a result of such diversity, there might be also differences in the way we notice that someone is not well and what we can do to support. The facilitator asks:

• Where you are from, how do people normally realise when someone within the family is not well?
• What do parents normally do when they see their children are worried?

As a facilitator, see if group members can mention any formal support services (e.g. social workers, nurses) available in the centre and potentially beneficial to all group members. You can also check the availability of informal support, e.g. elderly who meet with youth and help parents with parenting, religious leaders, other community members etc.
The two following pocketbooks target children aged 12-17 but they can also be used with young adults. If the group of participants is made of children under 12, facilitators will need to adjust language to the age of the participants. They also need to ensure the best interests of the child in terms of what can/should be shared and discussed, taking into account the age and developmental stage of the child. These elements will also inform the format to use. For example, reading out the content may not work with young children. It is not advised to discuss the content of the pocketbooks with children under 8. In any case, the staff engaging with younger children need to have the relevant skills.

**Facilitating a meeting with children to discuss the behaviour or wellbeing of their parents**

**Introduction exercise**

Try to start out with a small exercise and ask the participants what their hobbies are and what their favourite food is. Close with a question on where they are from. Participants briefly share. This can be organised in a playful manner and should take no longer than 10 minutes. The closing ‘Where are you from?’ helps the facilitator to move on.

The facilitator points out the different countries, regions and towns of origin of the participants and indicates that, as a result of such diversity, there might be also differences in the way we notice that someone is not well and what we can do to stay safe and support. The facilitator asks:

- How do you realise that an adult is not well and might need help?
- When an adult is not doing well, how do they behave? What do they do different than usual?

Pause and see what has been shared by the group of young people. Continue by saying:

- You shared some examples, such as ‘they behave in strange ways, act differently than they used to etc.’ [facilitator to refer to the examples made by the participants]. Can you think of things that adults may do that children should look out for to make sure they stay safe?

The facilitator listens carefully to the young people and takes note on what they share. The facilitator tries to carefully link what has been shared generally about adults to the behaviour of parents also by using examples from the pocketbooks. It is important not to refer to the parents of the children present in the group. Children must not feel that their personal situation is discussed publicly. The facilitator can say, for example:

- You have shared a lot. At times even parents might act in such ways.

The facilitator makes reference to signs of depression, e.g. when a person is not interested in engaging in any activities, does not care about the children as before. This should trigger a discussion on the fact that difficult experiences can lead a person to behave differently. For example, for some time a parent may be more withdrawn, irritated, impatient and anxious. This is normal and the situation should change again.

It is important to point out that violence against a child (physical, verbal, psychological or even sexual) can never be excused. It is not acceptable that a parent becomes violent. It needs to be highlighted to the young participants that while it is normal that a parent might not always be polite, kind and respectful, perhaps due to the challenging circumstances, violence is not acceptable.

As a facilitator, make sure that participants are aware of the importance to stay safe. To this end, point out the support services available in the accommodation facility for children who live with a parent/caregiver who is aggressive or unwell.

Try to have the children share useful information within the group on how to stay safe. They can mention individuals (e.g. guardians), institutions, help lines etc. they can contact for support. Be mindful however and ask questions on the support mechanisms in place only if you are sure that there is support available. If you know that the children will be on their own, try to see how community support can be organised to help in challenging situations.

It is important that children do not share personal experiences. A group meeting is not a counselling session. It is a general discussion on signs of distress in people who are close to them. If the facilitator notices the need for a more in-depth talk due to personal implications, the child/group members are informed that they can contact the facilitator(s) to share their personal concerns after the meeting.
How to handle situations when my friend or sibling is sad, angry or does dangerous things?

Facilitating a meeting with children to discuss the behaviour or wellbeing of their friends/siblings

Introduction exercise
Try to start out with a small exercise and ask the participants where they are from, what their hobbies are, what their favourite food is etc. Participants briefly share. This can be organised in a playful manner and should take no longer than 10 minutes. Then, point out that we all have different experiences, but all of us can tell when someone is not doing well. Invite the children to give examples, without leading them to share personal stories. You can ask:
- How can you notice that a friend or sibling is not well?

As a facilitator, try to prompt children on what they can see in terms of behaviour but also on what they can hear: e.g. if a friend/sibling has changed the way they speak (uses bad words, talks aggressively) or has started talking about topics such as gangs, drugs or similar.

Discuss with the young people on the importance of being loyal to a friend, as long as this does not put anyone’s safety at risk. Point out that it is important to see when a friend/sibling is in danger. In this case, it might be good to reach out to a trusted adult for advice.

As a facilitator, prepare yourself on the common negative ways of coping adopted by young people in the context where you work. Listen carefully to the group and see what additional information you could provide to the group members. Depending on what is being discussed, you might want to share support offers linked to health, family planning, psychosocial services, education, homework clubs, sport activities, music / art / cultural activities for children/young people, rehabilitation services (including when it comes to drug use).

A group meeting is not a counselling session. Therefore, personal experiences should be discussed with the person concerned after the group meeting ends. The safety and protection of the child/teenager is the main concern. Make sure to refer specific cases (applicants in need of support) to the relevant service provider if available. Remember to discuss these options with the child only if the services are actually available.

During the group sessions, facilitators will need to acknowledge the contributions offered by the applicants and flexibly integrate them in the discussion. If examples given directly by the participants prove more effective to trigger a meaningful conversation, it is best to use those rather than referring to the pocketbooks specifically.
Other important considerations and basic safeguards

• Participants are informed of the purpose of the one-to-one or group meeting(s). Timing is jointly agreed and participation is voluntary.

• When children are part of group meetings, their caregiver is informed and agrees.

• All participants are given equal space to share their thoughts, but nobody is pushed or forced to take actively part in the discussion. Group discussions should be balanced and not be dominated by one group member or one gender only.

• While in some settings it can be useful to have mixed groups (e.g. both parents joining the same group meeting or having a mixed group of teenagers), it is generally more suitable and safe to have homogenous groups. This applies particularly when parenting or gender roles are discussed as a part of a broader support package to parents. Therefore, the facilitator should thoroughly analyse the situation before deciding to have couples participate together in the same session. A ‘do no harm’ approach should be ensured for all those involved.

• Contributions are not discussed in terms of ‘wrong or right’. The group setting should be considered as a joint learning platform on what works well or less well. An exception is when corporal punishment of children or other forms violence are promoted by certain group members to ‘fix’ a child or a friend. If this happens, the facilitator should intervene in a sensitive manner and promote alternatives to such punishment. Facilitators need to be aware that in some countries of origin of the applicants physical punishment might be still legal, including in schools. While a zero tolerance to violence approach is to be promoted, this needs to be done in a sensitive way. When discussing with parents, focus on keeping the dialogue open and on discussing ‘good parenting’ skills. The aim is to ensure that children are safe. To this end, you might need to discuss what is acceptable in the EU context.

• The focus of the discussions should always be on what helps participants to make their child, themselves, their family members or friends feel safer and better. If the examples provided in the tools are useful to the participants, they can be used for discussion purposes. If the examples made by the group are more useful for the discussion, it is absolutely fine to use those.

• If a participant is under severe distress at the time of the session, they should receive immediate attention by specialised support staff and be supported individually. In this case, the content of the pocketbooks can be shared during a one-to-one session when deemed useful. Facilitators should avoid discussing very personal matters linked to a family crisis in a group setting. This is to protect the parent, child or friend in question and to ensure that their problems are not further disclosed to the community.

• When interpreters are part of the applicant community, facilitators will need to keep in mind that they might face similar challenges as the rest of the group members. It is advised to debrief with the interpreter after the sessions.

• Both the facilitator and co-facilitator should note down the discussion points to follow up with the applicants in need and/or their children, siblings and friends.

• In critical situations (e.g. a suicide attempt), information is to be shared with other colleagues while ensuring the confidentiality of the applicant. Where needed, the consent of family members or caregivers might be needed to allow for the effective and safe support of all those involved.