

PSYCHOSOCIAL FIRST AID (PFA) FOR CHILDREN AFFECTED BY COVID-19

A MANUAL FOR FIRST RESPONDERS



PSYCHOSOCIAL FIRST AID FOR CHILDREN AFFECTED BY COVID-19

A MANUAL FOR FIRST RESPONDERS

Dr. N. Janardhana

Dr. Tania Roy

Ms. Usha Kiran

Dr. Aarti Jagannathan

Dr. John Vijay Sagar

Dr. Rajendra K. N.

Dr. B. P. Nirmala

Dr. Vranda M. N.



Published by:

unicef 
for every child

NIMHANS, Bangalore-29

Edition: First, 2020

Price: Nil

Pages: 67

Language: English

Brief Description: The spread of the COVID-19 virus has added a new dimension of vulnerability to the lives of children. Millions of vulnerable children are losing out on their development and learning opportunities, and their right to survive and thrive. The mental health and psychosocial impact of restricted movement, school closures and subsequent isolation are likely to intensify already high levels of stress which children from vulnerable sections face. Risk factors for violence, abuse and neglect are reportedly on the rise for children living under restricted movement and socio-economic decline. One indicator is the 50% rise in calls to CHILDLINE 1098 since the outbreak of the pandemic. Girls and women are at increased risk of sexual and gender-based violence. Children of migrant workers returning to their villages in India brings with it reduced access to services and protection. Isolation measures to contain COVID-19 has led to economic crisis as many families are losing jobs and livelihoods. This is likely to affect children the worst and their mental health as well.

The COVID-19 pandemic brings with a lot of stress, anxiety, fear, grief, and worry for everyone, causing serious mental health problems. For those children who are directly (or indirectly) affected by COVID-19, the stress and trauma could be many times more and may have severe consequences if not addressed in a timely manner. They need specialized help through trained professionals. Although everyone is affected by the pandemic at a psychosocial level, some children might require additional care and attention which require some specialist skills to address. Psychosocial First Aid (PFA) is a method of helping children having a moderate level of distress to feel calm and supported to cope better with their challenges.

ISBN: 978-81-948111-5-2

NIMHANS Publication No. 183

Copyright:

NIMHANS, Bangalore-29

www.nimhans.ac.in

Published with financial assistance of UNICEF.

This Manual may be freely adapted, reproduced or translated in part or whole purely on a non-profit basis. We welcome receiving information on its adaptation or use.

For further details contact:

Dr. N. Janardhana,

Professor,

Department of Psychiatric Social Work, NIMHANS, Bangalore-560 029

Phone-08026995238(O), +91- 99015 08695

Email: janardhannimhans@gmail.com



NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES

AN INSTITUTE OF NATIONAL IMPORTANCE

P.B. 2900, Bengaluru – 560 029 (India)

Dr. B. N. Gangadhar

MBBS, MD, DSc (Yoga), FAMS
Director
Sr. Professor of Psychiatry

Off : 91-80-26564140, 26561811
26565822, 26995001 / 2
Res : 91-80-26562040
Fax : 91-80-26564830 / 26562121
Email : kalyanybg@yahoo.com
bng@nimhans.ac.in

Foreword

COVID-19 has disrupted the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community are having negative consequences for children's well-being, development and protection. In addition, measures used to prevent and control the spread of COVID-19 can expose children to protection risks. Home-based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families. For those children and families who are subjected to quarantine and isolation measures, who have lost loved ones or are separated from family care and are living in child care institutions including children in conflict with law, the mental health consequences may be manifold and much more severe. This calls for psychosocial first aid at the primary level and therapeutic interventions, if required through referral to tertiary care services. In addition to attending the accompanying fear and worries related to the virus, there are many other related issues relating to an outbreak: A potential increase in child abuse, domestic or intimate partner violence, substance abuse and anxiety related to facing severe economic hardship are to be expected.

The prevention and control of COVID-19 pandemic entails effecting changes in behavioural patterns; thus, mental health and psychosocial wellbeing requires special consideration. This manual will be used for the capacity building of frontline health and psychosocial service providers (counsellors and social workers placed with District Child Protection Units, CHILDLINE, One Stop Centres, CCIs and District Mental Health Programme) to aid them in delivery of quality and effective management of mental health and psychosocial support to children affected by COVID-19. It will also be help to orient nursing staff who care for children infected by COVID-19 in hospitals.

The National Institute of Mental health and Neuro-Sciences (NIMHANS) has been designated as the nodal institute for providing guidance to mental health and psychosocial interventions across the country by Ministry of Health and Family Welfare. Keeping the vulnerable state of children in mind, and the impact of the lock down on their lives, the manual focuses Psychosocial First Aid.

I hope that this joint effort helps in providing required psychosocial support to vulnerable children and their families and help them to return a normal life.

Dr. B N Gangadhar,
Director, NIMHANS
22nd September 2020

Dr. B. N. Gangadhar
Director
National Institute of
Mental Health & Neuro Sciences
Bengaluru 560 029

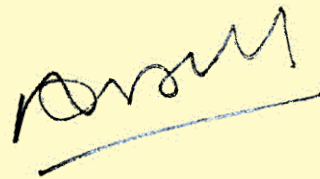
ACKNOWLEDGEMENTS

This manual has been developed collaboratively through the contribution of a group of experts, many individuals and supporting partners who are committed to ensuring effective management of mental health during this pandemic of COVID-19, under the leadership of NIMHANS expert group and UNICEF India Country Office.

We acknowledge the contribution from Enfold Proactive Health Trust, Dr. Bharti Ali - Co-founder & Executive Director of HAQ Centre for Child Rights; Sri Govind Beniwal; former member Rajasthan State Commission for Protection of Child Rights; Sri Ravinder Kaur Pasricha, Senior Manager, Alternative Care and Dr. Kiran Modi - Founder & Managing Trustee from Udayan Care; and Dr. Bhavani V. from Enfold for their inputs.

We thank BIOCOMUNICA for the illustrations and Mr. Parvez Azahar for the cover page design.

With deepest gratitude....



Dr. N. Janardhana,
Additional Professor,
Department of Psychiatric Social Work,
NIMHANS, Bangalore-560 029

CONTENTS

FOREWORD	IV
ACKNOWLEDGEMENTS	V
CONTENTS	VI
TABLE OF TRAINING SESSIONS.....	VII
LIST OF APPENDICES.....	VIII
INTRODUCTION	1
<i>Background</i>	1
<i>Who can use this manual?</i>	1
<i>Objectives</i>	1
<i>Chapterization</i>	1
CHAPTER 1: PSYCHOSOCIAL FIRST AID FOR CHILDREN DURING COVID-19	2
WHAT IS PSYCHOSOCIAL FIRST AID [3]	2
WHO NEEDS PSYCHOSOCIAL FIRST AID [1].....	3
WHO CAN PERFORM PSYCHOSOCIAL FIRST AID [5].....	4
ACTION PRINCIPLE FOR PSYCHOSOCIAL FIRST AID [3].....	5
CHAPTER 2: PSYCHOSOCIAL PROBLEMS OF CHILDREN DURING COVID-19	6
FRAMEWORK FOR UNDERSTANDING PSYCHOSOCIAL PROBLEMS OF CHILDREN [6]	6
<i>Context</i>	6
<i>Experience</i>	7
<i>Inner Voice</i>	8
<i>Emotions</i>	9
<i>Behaviours</i>	9
CHAPTER 3: METHODS, SKILLS AND TOOLS TO DELIVER PSYCHOSOCIAL FIRST AID	12
STEPS TO PROVIDE PSYCHOSOCIAL FIRST AID [7]	12
SKILLS TO PROVIDE PFA	13
TOOLS FOR DELIVERING PFA	15
<i>Medium 1: Facial Expression [7]</i>	17
<i>Medium 2: Emotion Tracker</i>	18
<i>Medium 3: Breathing and Relaxing [8]</i>	19
<i>Medium 4: Guided Imagery [9]</i>	20
<i>Medium 5: Thematic Story Cards [7]</i>	21
<i>Medium 6: Family Portrait [7]</i>	22
<i>Medium 7: Drawing [7]</i>	23
<i>Medium 8: Dolls [7]</i>	24
<i>Medium 9: Clay Modelling [7]</i>	25
<i>Medium 10: Writing [7]</i>	26
<i>Medium 11: Puppetry</i>	27
<i>Medium 12: Board Games</i>	28
<i>Medium 13: Card Games</i>	29
CHAPTER 4: IDENTIFICATION AND REFERRAL OF SEVERE PROBLEMS	30
CHILDREN IN DIFFICULT CIRCUMSTANCES	30
CHILDREN WITH MENTAL ILLNESS.....	31
CHILD FRIENDLY SPACES AND CRISIS MANAGEMENT [13].....	34
SELF CARE AND CODE OF CONDUCT [15].....	35
APPENDICES	36

TABLE OF TRAINING SESSIONS

SESSION 1: WHAT IS PFA?	2
SESSION 2: VULNERABILITIES OF CHILDREN?	3
SESSION 3: QUALITIES OF A PFA PROVIDER?	4
SESSION 4: ACTION PRINCIPLES OF PFA	5
SESSION 5: UNDERSTANDING CONTEXT OF A CHILD	6
SESSION 6: UNDERSTANDING EXPERIENCE OF A CHILD	7
SESSION 7: UNDERSTANDING INNER VOICE OF A CHILD	8
SESSION 8: UNDERSTANDING EMOTIONS AND BEHAVIOUR	9
SESSION 9: PRACTICING THE FRAMEWORK	10
PRACTICES CASES	11
SESSION 10: STEPS IN PROVIDING PFA	12
SESSION 11: SKILLS IN PROVIDING PFA	14
SESSION 12: TOOLS TO PROVIDE PFA	15
SESSION 13: IDENTIFYING CHILDREN IN DIFFICULT CIRCUMSTANCES	30
SESSION 14: IDENTIFYING CHILDREN WITH MENTAL ILLNESS	31
SESSION 15: VULNERABILITY AND RESOURCE MAPPING	34
SESSION 15: OATH TAKING	35

LIST OF APPENDICES

APPENDIX 1. MEDIUM 1: FACIAL EXPRESSION	36
APPENDIX 2. MEDIUM 2: EMOTION TRACKER	41
APPENDIX 3. MEDIUM 5: THEMATIC STORY CARDS	43
APPENDIX 4. MEDIUM 6: FAMILY PORTRAIT	48
APPENDIX 5. MEDIUM 7: DRAWING.....	49
APPENDIX 6. MEDIUM 8: DOLLS.....	50
APPENDIX 7. MEDIUM 9: CLAY MODELLING	51
APPENDIX 8. MEDIUM 11: PUPPETRY	52
APPENDIX 9. MEDIUM 12: BOARD GAMES	53
APPENDIX 10. MEDIUM 13: CARD GAMES.....	55
APPENDIX 11. CRISIS MANAGEMENT KIT TEMPLATE.....	57
APPENDIX 12. SOME RELEVANT IEC MATERIALS.....	58
APPENDIX 13. BIBLIOGRAPHY	59

INTRODUCTION

BACKGROUND

The spread of the COVID-19 virus has added a new dimension of vulnerability to the lives of children. Millions of vulnerable children are losing out on their development and learning opportunities, and their right to survive and thrive. The mental health and psychosocial impact of restricted movement, school closures and subsequent isolation are likely to intensify already high levels of stress which children from vulnerable section face. Risk factors for violence, abuse and neglect are reportedly on the rise for children living under restricted movement and socio-economic decline. One indicator is 50% rise in calls to CHILDLINE 1098 since the outbreak of the pandemic. Girls and women are at increased risk of sexual and gender-based violence. Children of migrant workers returning to their villages in India brings with it reduced access to services and protection. Isolation measures to contain COVID-19 has led to economic crisis as many families are losing jobs and livelihoods. This is likely to affect children the worst and their mental health as well(1).

With the rising death toll, this pandemic has taken the shape of a disaster. The COVID-19 has been declared as a disaster and NDMA has been asked to provide essential support (2).

The COVID-19 pandemic brings with it a lot of stress, anxiety, fear, grief, and worry for everyone, causing serious mental health problems. For those children who are directly (or indirectly) affected by COVID-19, the stress and trauma could be many times more and may have severe consequences if not addressed in a timely manner. They need specialized help through trained professionals. Although everyone is affected by the pandemic at a psychosocial level, some children might require additional care and attention which require some specialist skills to address. Psychosocial First Aid (PFA) is a method of helping children having a moderate level of distress to feel calm and supported to cope better with their challenges (3).

WHO CAN USE THIS MANUAL?

This manual is intended to refresh and enhance the knowledge and skills of first responders for providing Psychosocial First Aid to children. They primarily include counsellors and social workers placed with district child protection units, ChildLine, one stop centres and district mental health programme and other mental health professionals. However, health care workers trained in counselling can also make use of this manual.

Individuals who wish to volunteer their services to support children who have been affected by COVID-19 and have undergone adequate training in providing this Psychosocial First Aid may also benefit from this manual.

OBJECTIVES

1. Inform users about Psychosocial First Aid
2. Equip them with some basic tools and skills to provide PFA to specifically identify vulnerable children in the context of COVID-19.

CHAPTERIZATION

With the above objectives in mind, the manual follows a participatory method of intervention. Hence, all the modules consist of

1. Activities that can be done to train fellow professionals using electronic and popular video conferencing tools. Therefore, (as a disclaimer) there may be fewer 'physical' activities and games and more 'intellectual' activities to stimulate thought and dialogue.
2. Activities that can be done by the professionals with children and
3. Some notes and tips to make their practice better and more grounded.

The chapters have been divided into the following:

1. Understanding Psychosocial First Aid (PFA)
2. Psychosocial Problems of Children
 - a. Context
 - b. Experiences
 - c. Emotions
 - d. Behaviours
3. Methods, Skills and Tools to deliver Psychosocial First Aid
4. Identification and Referral of severe problems

CHAPTER 1: PSYCHOSOCIAL FIRST AID FOR CHILDREN DURING COVID-19

“You cannot put a band-aid on emotional hurt. But you can tend to it immediately with soothing words!”

WHAT IS PSYCHOSOCIAL FIRST AID (3)

Psychosocial First Aid covers a wide range of interventions and services that helps an individual to come out of the traumatic experiences that are secondary to the pandemic (COVID-19). It provides individuals with suitable opportunities to meet various needs in life. It also ensures that the children are listened to, extended empathetic understanding and supported adequately based on their socio-cultural, ethnic and religious backgrounds.

Psychosocial First Aid **includes**

- Providing practical care and support, which does not intrude;
- Assessing needs and concerns;
- Helping people to address basic needs (for example, food and water, information);
- Listening to people, but not pressuring them to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, services and social supports;
- Protecting people from further harm.

Psychosocial First Aid **does not include**

- It is not something that only professionals can do.
- It is not professional counselling.
- It is not “psychosocial debriefing”. Psychosocial First Aid does not necessarily involve a detailed discussion of the event that caused the distress.
- It is not asking someone to analyze what happened to them or to put time and events in order.
- It is not about pressuring people to tell you their feelings and reactions to an event.

HOW TO TRAIN?

SESSION 1: WHAT IS PFA?

OBJECTIVE:

To initiate a dialogue about the existing knowledge among participants and fill in some preliminary gaps in knowledge

METHOD

Brainstorming and lecture

TIME

15 mins

BRIEF DESCRIPTION

Ask each participant to write down in the chat box what they think about when they hear “Psychosocial First Aid” and what it is.

Summarise the shared knowledge. Then, use a presentation with the contents given in this section of the manual to outline what it is and it is not

EXPECTED OUTCOME

Participants can ‘be on the same page’ regarding the basics of Psychosocial First Aid for children affected by COVID-19

WHO NEEDS PSYCHOSOCIAL FIRST AID (1)

Although children are no greater or lesser risk than anyone else to contract the SARS-CoV-2 virus (the virus that causes COVID-19), some specific groups of children possess a higher vulnerability to the psychosocial ill-effects of COVID-19.

Although all children are affected in some way by COVID-19, there are a wide range of reactions and feelings each child can have. Many children may feel overwhelmed, confused or very uncertain about what is happening. They can feel very fearful or anxious, or numb and detached. Some children may have mild reactions, whereas others may have more severe reactions. How a child reacts depends on many factors, including:

- the nature and severity of the exposure to COVID-19 and it's corollary effects;
- their experience with previous distressing events;
- the support they have in their life from others;
- their physical health;
- their personal and family history of mental health problems;
- their cultural background and traditions;
- their age (for example, toddlers and adolescents would react differently).

Every child has strengths and abilities to help them cope with life challenges. However, some children are particularly vulnerable in a crisis situation and may need extra help (4).

They include but are not limited to(1)

- Children who have been infected with SARS-CoV-2
- Children who are quarantined
- Children whose immediate family members have been infected with SARS-CoV-2
- Children of migrant workers
- Children in child care institutions
- Children in conflict with law
- Street and working children
- Children facing physical, verbal, sexual and other forms of abuse
- Children in environments with domestic violence
- Children with mental illness
- Children with other chronic illnesses
- Children in difficult circumstances (regions of armed conflict, bonded labour, children of sex workers, etc.)

HOW TO TRAIN?

SESSION 2: VULNERABILITIES OF CHILDREN

OBJECTIVE:

To introduce the concept of specific vulnerabilities of children during COVID-19

METHOD

Plenary discussion

TIME

20 mins

BRIEF DESCRIPTION

The facilitator can give the following situations to the participants.

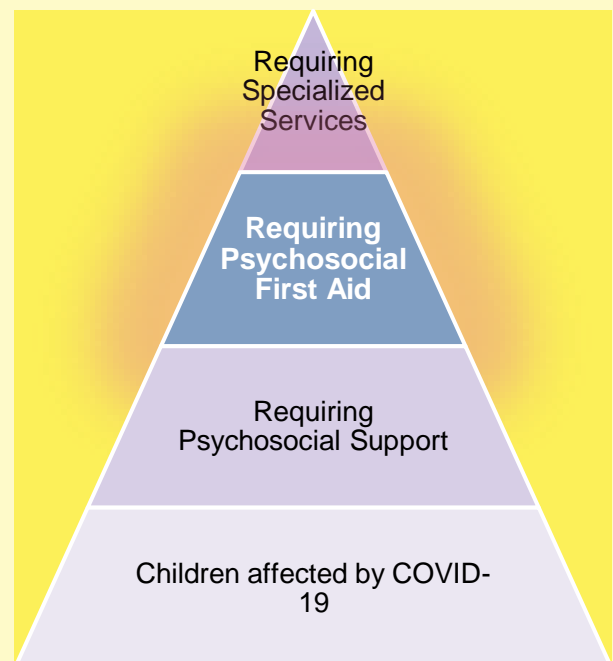
1. You are waiting in ATM line on a hot sunny day. An adolescent boy in front of you sits down limply heavily sweating and looking sick.
2. You are out shopping in a big department store. You find a child crying profusely. The child very definitely is lost.

Ask the participants to come up with answers for each of the following questions asked one at a time in the chat box.

- What will you do in these situations?
- What do you think you cannot do in these situations?
- What support do you need to achieve question1?

EXPECTED OUTCOMES

Participants would be able to refresh their existing knowledge about Children in need of Care and Protection and additionally look out for specific vulnerabilities in children during COVID-19.



NOT ALL CHILDREN NEED PFA

WHO CAN PERFORM PSYCHOSOCIAL FIRST AID (5)

When someone needs a dressing for a surgery, a surgeon is not necessary to do so. A nurse can very well dress a surgical wound. Similarly, a legal letter does not need drafting by an attorney. The first line of “emotional comfort and soothing” can be provided by an individual who has been trained in doing that intervention. We do not need an “expert therapist” to tend to emotional wounds from the outset.

Definitely, the expert needs to be present to provide in-depth therapeutic interventions, where and when required. However, the process of healing can begin much before the expert comes in the purview.

There are some basic steps that one can follow to emulate the qualities of a good PFA provider

1. **Be warm and friendly:** A warm and friendly atmosphere is very essential for the child to feel comfortable with the PFA provider. In any difficult circumstance, the atmosphere will be miserable and the first responder needs to make the child at ease by being warm, loving and friendly with them. Children long for it and is missing it in their life. This will help in building rapport and good relationship with the child. This is possible even while maintaining social distance and video conferencing by being authentic with the child.
2. **Be with the child:** Children need elders’ support to feel secure especially when they are in difficult situation. They look at the elders for support and guidance. In times like COVID-19, the warmth shown by the first responder will help the child feel that there is someone to care, whom he/she can approach in times of need. This would prevent further mental health problems, behavioral problems etc. that may arise among children due to stress.
3. **Be honest, clear and open to the child:** Children observe and learn from adults. So, a PFA provider needs to be a role model for them to whom they can look up to, to learn words, deeds, habits and conducts. So, the PFA provider should be honest and open to the children and should convey clear information to children in a way that they understand.
4. **Accept the child:** Each child is different and should be given individual attention and care. Every child needs to be treated equally by the PFA provider. There should be no bias or preference to any children. Children’s problems need to be understood by the PFA provider which will give them an understanding why the child behaves in unacceptable manner. The child needs to be accepted and the problematic behaviour should to be rejected in order to develop a healthy environment that enhances the child’s relationship with PFA provider.
5. **Avoid flooding of advice:** Children do not like receiving advice. They need to be given options to decide upon where the child will think and take a decision with proper guidance from adults.
6. **Respect the child:** A child is an individual with its own strength, weakness and potentials and in no way inferior to others. A child is in no way responsible for being in a difficult situation. Instead, it is the circumstance and environment that caused this problem for the child. The child should not be blamed; instead be respected. Respecting the child helps the child to develop his capabilities and succeed in life.

HOW TO TRAIN?

SESSION 3: QUALITIES OF A PFA PROVIDER?

OBJECTIVE:

To revisit some basic qualities of a PFA provider

METHOD

Topic Discussion

TIME

20 mins

BRIEF DESCRIPTION

Show the following one at a time in a presentation

- Be warm and friendly
- Be with the child
- Be honest, clear and open to the child
- Accept the child
- Avoid flooding of advice
- Respect the child

Inform the participants that the words displayed on the screen refer to certain qualities that a PFA provider must have. It is one thing to possess humane qualities but a whole different thing to express it appropriately. Ask the participants to take turns to explain to one another how they would express each of the above-mentioned qualities to a child who is going through a difficult time. Probe for specific sentences, lines, words or gestures from their practical wisdom. Make a special note to probe for how they would make all of these possible with COVID-19 restrictions in place such as physical distancing and video conferencing etc.

EXPECTED OUTCOME

Participants would be able to revisit some basic qualities of being a counsellor and practically demonstrate each of the qualities while working with children during COVID-19.

ACTION PRINCIPLE FOR PSYCHOSOCIAL FIRST AID (3)

The three basic action principles of PFA are look, listen and link. These action principles will help guide how to view and safely enter a crisis situation, approach affected children and understand their needs, and link them with practical support and information.

Most children will recover well if they have their basic needs met, feel safe and out of danger and receive psychosocial support like PFA. Some children will still require further help.

How to identify these and refer them are given in the next chapter.

LOOK



- Check for safety
- Check for children with obvious urgent basic needs
- Check for children with serious distress reactions

LISTEN



- Approach children who may need support
- Ask about children's needs and concerns
- Listen to children and help them feel calm

LINK



- Help children to address their basic needs and access services
- Help children cope with the problems
- Provide information
- Connect children and their families with each other and with social support

HOW TO TRAIN?

SESSION 4: ACTION PRINCIPLES OF PFA

OBJECTIVE:

To bring to speed everyone about what PFA is

METHOD

Lecture

TIME

20 mins

BRIEF DESCRIPTION

Show the presentation appended in the manual and explain it as it has been done to you.

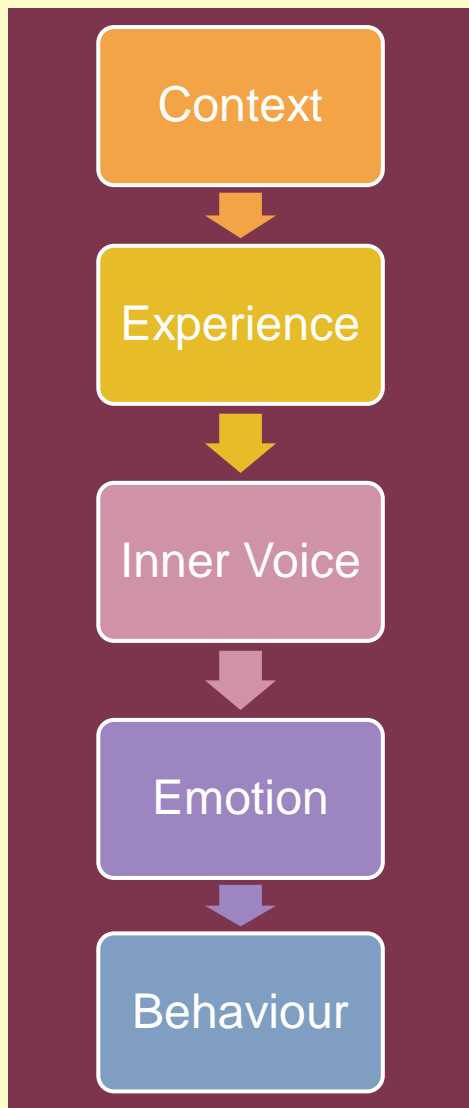
EXPECTED OUTCOME

Participants would arrive at the working principles of PFA among children during COVID-19

CHAPTER 2: PSYCHOSOCIAL PROBLEMS OF CHILDREN DURING COVID-19

FRAMEWORK FOR UNDERSTANDING PSYCHOSOCIAL PROBLEMS OF CHILDREN (6)

Children flourish and thrive in the environment s/he grows. The child's environment and its impact decide how a child will behave. Again, two children coming from similar environment can think and behave differently. In order to better understand this, one needs to have a framework for understanding the psychosocial problems of children. Given below is one such framework that was found to be useful.



HOW TO TRAIN?

SESSION 5: UNDERSTANDING CONTEXT OF A CHILD

OBJECTIVE:

To understand the importance of context of a child in COVID-19

METHOD

Case Discussion

TIME

20 mins

BRIEF DESCRIPTION

Share the basic details of the below child.

'Meera is a 12-year-old girl'

In the first step, ask the participants to describe what problems they anticipate might happen regarding the child. This can be written in the chat box or shared screen.

In the second step, add a significant socio-demographic detail such as *'from an urban lower-class society'*. Now, ask the participants to document what problems they anticipate from such a child.

In the subsequent steps, add other significant *'context'* details such as

- *'has intact family'* *'single parent family'*
- *'out of school'*
- *'forced to work'*
- *'subject/witness to severe domestic violence'*
- *'parent/s who abuse substances'*
- *'who is in an institution'*
- *'who has witnessed loss due to COVID-19'*
- *'who has been forced to migrate due to COVID-19'*
- *'separated from parent/s due to COVID-19'*
- Discuss and document the anticipated problems regarding such a child.
- Conclude by drawing attention to the varying nature of anticipated problems as each detail got added while reminding the participants that Meera was always the same Meera.

EXPECTED OUTCOME

Participants would understand the importance of assessing the context of a child during COVID-19

CONTEXT

Context means what is the child's immediate location, living arrangements and family situation.

This decides the origin of primary experience that the child comes from. This in turn, shapes the child's ability to think and behave in the current context.

For example,

- Where is the child? At home? Or at institution? In the street?
- Whom was the child with earlier?
- Has there been any loss or death due to COVID-19?

- Is there domestic abuse during quarantine?
- Is there any substance abuse in family members?
- Has there been a loss of job due to COVID-19?
- Has the family been forced to migrate during COVID-19?
- Has the child been separated from parents due to COVID-19?

As first responders, one must be able to assess the context of the child and anticipate certain issues. Some useful questions for this assessment can include

- Where do you stay?
- Who all are there at home?
- Do you go to school?
- How many siblings do you have?
- Do people at your house go to work?
- Have there been any recent changes in your house?
- Do you know if your parent/guardian has any specific illness?

Be patient and encourage the child to speak as much in detail about the background as possible. Ask necessary probing questions from time to time such as

- Tell me more about that
- What happened there?
- What happened at that time?

EXPERIENCE

A child's experience of the living arrangements and family situation/ institutionalization and events surrounding that can be different based on various factors. How has the child experienced the following:

- Loss of job of family member?
- Separation from family?
- Traumatic abuse while at home?
- Loss of a member?

As we know, two children from same household might experience the loss of parental job differently. While one may not be excessively concerned and might have a certain way of dealing with it (which is fine); another sibling might feel like offering to stop schooling to help parents reduce their burden.

The next part – inner voice explains this.

HOW TO TRAIN?

SESSION 6: UNDERSTANDING EXPERIENCE OF A CHILD

OBJECTIVE:

To understand the importance of experience of a child in COVID-19

METHOD

Lecture

TIME

5 mins

BRIEF DESCRIPTION

Deliver a brief lecture on the experience of a child during COVID-19 using examples discussed previously and including a few more examples as given in the text on the side.

EXPECTED OUTCOME

Participants would understand the concept behind an experience of a child during COVID-19 and its linkage to 'context' and 'inner voice'

INNER VOICE

The inner voice is the child's internalization of the experience. Between the "experience" and "behaviours" (both observable), there is the internalization and thinking about the experience which eventually shapes the feelings and behaviours associated with an experience.

Understanding the behaviours alone will not help without understanding the "inner voice"

In the example of children dealing with the loss of a parent's job due to COVID-19, one child may think "it's a disease that will stop spreading through lockdown. My parents can go back to work after that". Or "I trust my parents to find a way to handle this".

Whereas, another child might think "I am not big enough to earn. I am powerless here. Let me help by reducing my needs".

SOME OTHER EXAMPLES:

In case of domestic abuse often a child might think, "It's me who is making my parents angry and upset. That's why they are angry".

In case of Sexual Abuse, a child might think "I must be dirty and have somehow asked for it. So, it's my fault, really!"

In case of death or loss of a mother, a child might tell herself, "My mother was angry on me. So, she left me forever."

HOW TO TRAIN?

SESSION 7: UNDERSTANDING INNER VOICE OF A CHILD

OBJECTIVE:

To understand the importance of inner voice of a child in COVID-19

METHOD

Simulation

TIME

30 mins

BRIEF DESCRIPTION

Provide the following situation to the participants. "In Bangalore, during the lockdown, a boy (around 12 years old) and a girl (around 16 years) live with their father in an apartment complex. The mother had passed away recently due to COVID-19. Recently, every night after around 8pm, loud cries of the children can be heard along with sounds of hitting from their flat. All 7 neighbours in the nearby flats could hear the cries. But nobody did anything."

Tell them that each one of them is one of the 7 neighbours.

Ask them to state what their internal voices would be. (What would they be thinking at that moment, about the situation at hand?)

Ask them to share (in plenary) their internal voices.

Remind participants that:

- They need to be the person or put themselves in the other person's shoes and speak (not in 3rd person but in 1st person).
- The internal voice is not 'they were insensitive or they were worried'...internal voice begins with 'I...' or pertains to the person in first person. So, it would be 'It is not my problem' (suggestive of some insensitivity) or 'I am scared about what might happen to me...I am worried I will be harmed.'

EXPECTED OUTCOME

Participants would vicariously experience the concept of 'inner voice' of a child during COVID-19

EMOTIONS

Feelings or psychological states, usually derived from certain contexts and experiences are emotions. Some internalizations like, “I am so helpless. I can do nothing to stop COVID-19”, can lead to emotions of frustration and hopelessness.

“This is not fair...how can an illness (COVID-19) make us suffer like this” can lead to anger.

Examples of emotions are love, hate, anger, trust, joy, panic, fear, and grief.

BEHAVIOURS

Behaviours are observable actions as a consequence of the emotions. It's the culmination of the inner voice, emotions and contexts. Unlike emotions, which are internal in origin and not always observable, behaviours refer to actions that are observable on the outside. For example, being silent, being aloof, shouting, weeping, hitting, throwing items are all behaviours that can stem from one kind of emotion – frustration. Similarly, hitting someone, throwing things, crying, being silent, not engaging socially are all behaviours—and the emotions behind them may be anger, sadness, anxiety etc.

It is important to understand events of trauma in children's lives, using such a conceptual framework because:

- Interventions focus almost exclusively on behaviours without seeking to understand the factors behind them.
- Behaviour is only the end result of an entire process that includes context, experience, internalization and emotion. Therefore, if the intervention focuses on the behaviour consequence (such as telling the child not to hurt themselves), it fails to focus on the internalization ('I am damaged and powerless') that lead to the behaviour consequence in the first place. But if the intervention focuses on creating experiences of empowerment and agency for the child so as to make her believe she is not damaged, it addresses the internalization that has occurred; and the behaviour consequences will, as a result, also be altered.
- It is essential to understand children's emotional and behaviour problems in a nuanced context-specific manner, duly considering individual children's perceptions and experiences and most importantly, how they internalize these or what their inner voices are with regard to their life situations and experiences.

HOW TO TRAIN?

SESSION 8: UNDERSTANDING EMOTIONS AND BEHAVIOUR

OBJECTIVE:

To understand the difference between emotions and behaviour

METHOD

Naming game

TIME

15 mins

BRIEF DESCRIPTION

Explain that: It is important to make the distinction between emotions and behaviours. Emotions are how we feel- usually internal or not visible to the outside world unless we show them through behaviours. Behaviours are external-actions we perform that are visible to the outside world, to others.

Ask each participant to name an emotion.

Next, ask each participant to name behaviour associated with that emotion.

Ensure that participants are clear about the difference between the two words/ concepts by facilitating and if necessary, instigating debate between them. For example, getting angry is an emotion and the (corresponding) behaviour would be foul language, verbal abuse, breaking things etc; love is an emotion and hugging/ kissing are behaviours; possessiveness is an emotion and being clingy may be a related behaviour.

EXPECTED OUTCOME

Participants are enabled to also link emotions with behaviours by asking specific questions

HOW TO TRAIN?

SESSION 9: PRACTICING THE FRAMEWORK

OBJECTIVE:

To practice implementing the framework on simulated cases

METHOD

Case analysis

TIME

45 mins

BRIEF DESCRIPTION

- Ideally, one must collect case examples from the participants in order to help them better their understanding based on their experiences. However, in cases where it is not available, one may use the practice case examples given on the next page as well.
- Tell the group that now that we have done a round of practice on inner voices, emotions and behaviours, and have some clarity on these concepts, we will proceed to doing the case study analysis in which they will apply these concepts.
- Request participants to work for some time on their own and request individualized attention when necessary from the facilitator. Assign a case study or two to each participant.
- Ask participants to read each case study and analyze it using the concepts in the overview that you just provided and fill out the matrix below (concepts already discussed) i.e. to include the context, experience, inner voice, emotions and behaviours of the child in each case. (They may work backwards from behaviour and/or forwards from context).

Context	Experience	Inner Voice	Emotion	Behaviour

EXPECTED OUTCOME

Participants would be able to practice using the framework on a preliminary level.

HOW TO TRAIN?

PRACTICE CASES

CASE 1:

Seema, 15 years, have been quarantined in her CCI due to COVID-19 prevention.

She was brought to CCI by her mother as her father is alcohol dependent and beats up mother every night. Off late, Seema's father has touched her sexually in intoxicated state. Seema's mother is a domestic help and does not want Seema to have her fate. Seema has been cooperative in the CCI and seems very concerned not to make a single mistake.

Currently, Seema is worried about the disease and eagerly listens to all news related to COVID-19. She does not know how her mother is, whether she is able to go to work and whether father is also at home.

Seema seems to have stopped playing now. She helps the caregivers more now and has become very responsible about overseeing the wellbeing of CCI. She even supervises the children like an adult.

CASE 2:

Tara, 10 years, has been quarantined in her CCI due to COVID-19 prevention. Tara was found in the railway station begging and brought to the institution three years back. Tara seems to be unaffected. She plays around all day as usual with her friends. However, she had asked her caregivers "Why other staff are not coming", "Will they come again?".

She has also been overheard playing imaginary games of her friend infected with COVID-19. Other children also reported Tara talks loudly in her sleep and often screams and wakes up. She had once wet her bed too.

CASE 3:

Naser, aged 6 years, has come to the institution recently.

He was staying with his aged grandparents after his parents passed away in a road traffic accident. Two months back, his grandmother had stroke and he was brought to the institution as they didn't have money to take care of him.

He was a playful child but often felt shy of older kids. After Lockdown, he seems to always roam alongside the caregivers, asks them many questions and refuses to go away from elders and play with other children.

He often asks, "Where is my mother?", "When can I go home?", "Can I go out to see if anyone has come from home?"

CASE 4:

Latha, aged 11 years, have been quarantined in her institution with other children.

Latha has been rescued from a factory where she had been "sold off" by her family. She has no parents. She has also undergone sexual abuse from the employers and other factory members. Latha is very distractible and likes to roam around by herself. She cannot focus on too much work. She has begun trusting some friends and spends time with few girls. She does not interact much with the caregivers apart from her needs.

She has heard of COVID-19 and expresses she does not want to hear about it. She seems to be angry off late. Latha gets into a fight with her close friends quickly now a days. She likes to go off on her own and sits alone now a days.

CASE 5:

Salim, aged 8 years, was found roaming on streets and brought to the CCI. He reported that he got separated from his parents while they were travelling back from the city due to lockdown. He was unsure of any address as he did not exactly know where they were headed. He seemed to be lost in his thoughts, quiet, and worried. He would often ask if his parents have been found and try and give as much details as possible.

CASE 6:

Saritha, aged 12 years, was brought to the CCI by an NGO worker's help. Her parents have recently found that she was repeatedly sexually assaulted by her uncle when parents went to work. During lockdown, Saritha has to live with the extended family (including uncle) in the same household. She started showing signs of fainting. After one such emergency, she revealed the details. The parents were advised to remove her from the unsafe environment. She continues to faint in the CCI too.

CHAPTER 3: METHODS, SKILLS AND TOOLS TO DELIVER PSYCHOSOCIAL FIRST AID

STEPS TO PROVIDE PSYCHOSOCIAL FIRST AID (7)

Once a first responder has been able to identify and place within a framework, the context, experience, inner voice, emotion and behaviour of the child, the next step would be to provide some interventions for the child. This step is commonly misattributed as advising and reassuring the child. There could be nothing more detrimental to unique supportive relationship that had been built up than advice and empty reassurances such as, “it will be alright” or “everything will turn out fine in the end”.

The first responder needs to re-equip themselves with the basic counselling skills and techniques they once had. There are some basic steps that one can follow to emulate the qualities of a good PFA provider

Step 1: Form a trusting relationship with the child

- Sit at the level of the child or go down on knees
- Use their language
- Request them and join in their play
- Show interest in them and their friends
- Empathize, be friendly so that they trust you

Step 2: Create a safe, secure, non-threatening place to conduct activities

- Do not order around or scold child
- Do not humiliate in front of others
- Do not segregate child
- Do not go by the labels given by children/teachers
- Encourage
- Appreciate and praise small deeds
- Have fun and laugh with them

Step 3: Understand the child and be available for the child

- Pay attention to minute details (verbal and nonverbal)
- Listen with full attention
- Do not rush the child or put words in her mouth
- Look at their work with the medium to understand their inner turmoil. But do not assume conclusions.
- Respond to questions with facts and with honesty.
- Observe child’s feelings – untold emotions

Step 4: Helping child overcome the emotional hurt, feeling empowered

- Explore and address verbally their fears, anxieties and concerns
- Allow catharsis
- Look at a compassionate reaffirmation
- Help them find their positive coping mechanisms
- Help children develop self- esteem and self-worth

HOW TO TRAIN?

SESSION 10: STEPS IN PROVIDING PFA

OBJECTIVE:

To revisit some basic qualities of a PFA provider

METHOD

Topic Discussion

TIME

20 mins

BRIEF DESCRIPTION

Show the following one at a time in a presentation

- Form a trusting relationship with the child
- Create a safe, secure, non-threatening place to conduct activities
- Understand the child and be available for the child
- Helping child overcome the emotional hurt, feeling empowered

Inform the participants that the words displayed on the screen refers to a critical step in the PFA process. It is one thing to possess humane qualities but a whole different thing to express it appropriately. Ask the participants to take turns to explain to one another how they would express each of the above-mentioned steps to a child who is going through a difficult time. Probe for specific sentences, lines, words or gestures from their practical wisdom.

EXPECTED OUTCOME

Participants would be able to revisit some basic qualities of being a counsellor and practically demonstrate each of the qualities while working with children during COVID-19.

SKILLS TO PROVIDE PFA

A first responder needs to understand and practice certain skills while working with children. The techniques will help the PFA provider to relate to the child easily and for the better understanding of the child's problems. There are 7 basic skills quoted below that anyone working with children should follow.

1. **Observation:** Observation is the first and foremost skill that a PFA provider needs to develop for understanding the child better. By observing the child playing with other children, a first responder can identify the emotional and physical reactions of the child and behaviour problems that children exhibit. A PFA provider while working with children can identify the distress shown by the child, his/her interaction, skills etc.
2. **Active Listening:** Listening is an important skill while working with children to make the child feel that s/he is accepted. This will enable the child to share more with the PFA provider and help in building rapport with the child. The role of listener is most of the time passive excepting few clarifications here and there if necessary. However, paraphrasing the child's words in one's own words is necessary from time to time to indicate to the child that the PFA provider is actively engaged with the child in listening. Summarization is useful towards the end of the engagement to show that the PFA provider has understood the child. Encourage the child to speak as much as possible and ask mostly open-ended questions to facilitate the same.
3. **Empathy:** Empathy is a skill that helps us to understand a situation in which other person is with the same feelings the other person is undergoing. This skill would give a clearer picture of the child's problem from child's point much more explicitly. As a child shares the difficulty, a first responder needs to listen to the child very patiently and realize what the child went through by keeping self in child's position. If the PFA provider is able to empathize with the child, the child will definitely feel greater sense of relief.
4. **Resourcefulness:** Resourcefulness refers to the skills and talents that a PFA provider needs to possess while working with children. At personal level, a first responder needs to have information about the services available for the children at local levels. CCIs can have the information at local level, district level state level, national level and so on.
5. **Reassurance:** Children affected by COVID-19 may lose confidence in self that they can achieve. They need to be convinced about their capabilities and skills. The inner strength, positives and abilities need to be identified by the PFA provider and the child should be given positive strokes to make believe in oneself and one's capacity to take up challenges in life. Examples from the child's own life as well as the people whom s/he knows can be given. By reassuring child, the child realizes own strengths and develops independence.
6. **Normalize routine activities:** During the COVID-19 crisis, the first thing to get corrupted for a child is the routine activities. The change in daily activities itself will upset the child. The first and foremost factor to be done in order to help the child is normalizing daily routine. Children need to start the daily activities like getting up on time, having food on time, playing with friends, spending time with family members, attending education, praying etc. This will divert the child's mind from the COVID-19 situation that is otherwise stressful.
7. **Encourage play and other activities:** Children generally love to play for most of the time. But children affected by COVID-19 may not show much interest for play and other entertainment activities for they might be physically weak, or have no time and space for such activities because of the COVID-19 restrictions. Playing is not only a physical activity where children spend time in enjoyment; it is also an avenue where they get opportunities to exhibit their talents, they learn certain social norms like sharing, cooperation, competing with others, learn to obey rules and regulation and so on. By encouraging children to play, the child is informally facilitated to learn all the above-mentioned things. While playing they forget their difficulties and feel relieved from the emotional stress, feel relaxed and equip themselves to take up the next activity with interest. Newer methods of engagement of children in play with one another needs to be developed depending on the local situation. Technology such as videoconferencing and other such internet tools may be utilized for the same in a controlled manner.

HOW TO TRAIN?

SESSION 11: SKILLS IN PROVIDING PFA

OBJECTIVE:

To revisit some basic skills of a PFA provider

METHOD

Case Discussion

TIME

30 mins

BRIEF DESCRIPTION

Choose 7 volunteers from the participants. Assign a case each to every volunteer according to the table below. Ask each of the volunteers to come up with a short script for a role play that would demonstrate each skill in providing PFA. Encourage the other participants to help any of the volunteers that they choose.

Skill	Case Story
1. Observation	A child who is generally quiet becomes aggressive in certain situations.
2. Active Listening	A generally happy girl is seen to be sad and not interacting well for some days. The worker tries to understand what is going on with the child by talking to her
3. Empathy	A 16-year-old boy who ran away from home due to witnessing an increase in domestic violence after COVID-19 lockdown
4. Resourcefulness	A girl has been sent to the city with an 'uncle' to find an appropriate job due to financial constraints due to COVID-19.
5. Reassurance	A boy was good in volley ball but parents have asked him to stay at home and not go for practice with friends due to COVID-19.
6. Normalize routine activities	An adolescent boy lost his father due to COVID-19 and now is left alone to look after his mother and two younger siblings.
7. Encourage play and other activities	X is a bonded labourer rescued by the local NGO and admitted in CCI. He is irregular, alone and does not mingle with anyone.

Inform the participants that the words displayed on the screen refers to unique skills that the PFA provider needs to possess and demonstrate.

Ask the volunteers to take turns to explain to one another how they would express each of the above-mentioned skills in the unique cases provided. Encourage them to include in their scripts for specific sentences, lines, words or gestures from their practical wisdom that would help them.

EXPECTED OUTCOME

Participants would be able to revisit some basic skills of being a PFA provider and practically demonstrate each of the skills while working with children during COVID-19.

TOOLS FOR DELIVERING PFA

It is particularly challenging to engage the children in activities under COVID-19 restrictions as maintaining physical distance is of utmost importance. The activities must have no physical interacting (passing the objects from one person to another, holding the hands or sitting closely). The activities described are specifically designed such that they can be delivered using video conferencing and other virtual spaces.

While there are many tools and techniques that are available for engaging with children, the ones mentioned in this manual have either been

- Standardized for use among children during disasters (including pandemics) (5)
- Developed specifically for the target audience of this manual

Care has been taken to include only those that can be shared or used given the COVID-19 restrictions. That having been said, these are only pointers to indicate the kinds of tools and techniques that can be used with children affected by COVID-19. Users of this manual are encouraged to innovate and come up with local, economical and feasible adaptations of the same using the same broad overarching principles to engage with children.

Play is the natural language of the child. They engage in play very comfortably and are familiar with it. Children use play to express themselves through various activities like art, stories, modelling, etc. For some children, it may be a tool they use to convey emotions that they are either unwilling to share, or do not have the sufficient ability to express verbally. As they engage in play, their negative experiences and emotions like frustrations, fears, tension, anger and insecurities associated with the pandemic are brought out and the intensity of those emotions is reduced through repeated expressions. This enables the child to look beyond the issues and move forward in life.

Play mainly helps children in four ways.

- **Children gain mastery over issues and get a sense of power:** Play helps children to express their inner voice and emotions in a safe, non-judgmental space. This release helps the child feel lighter and less burdened. Repeated expressions also reduce the power, negative emotions have over the child's life and helps the child move forward.
- **Children develop self-esteem and self-confidence:** Children get opportunities to present their creation, talk about themselves, get praised by the others for their work or behaviour; make new friends etc. and help the children feel good about themselves

HOW TO TRAIN?

SESSION 12: TOOLS TO PROVIDE PFA

OBJECTIVE:

To introduce mediums of safe play to the participants

METHOD

Demonstration

TIME

Thirteen 15-minute sessions can be done over a wider time span.

BRIEF DESCRIPTION

Inform the participants that they are going to be shown 13 mediums on engaging with children in play for PFA.

Request participation of volunteers as they would roleplay the children while the facilitator would play the role of the PFA provider.

Demonstrate each of the mediums as indicated in the manual for about 10 minutes each

Give about 5 minutes for any questions and suggestions on contextualising it to the specific situation of the participant. Facilitate a discussion on adaptation and use of the mediums so that participants may gain from each other's' creativity.

Break for at least 5 minutes between each demonstration to allow for assimilation of demonstration.

Encourage the participants to take active part and leadership in the demonstrations and attempt to relate to the circumstances they are likely to encounter.

EXPECTED OUTCOME

Participants would be able to observe and vicariously gain expertise on the mediums of engaging with children during COVID-19

- **Children develop understanding:** Children can change their way of thinking, modify their behaviour or learn new and healthy ways of interacting or behaving or coping by reacting to concepts presented through their own stories, listening and observing other children etc.
- **Children develop positive skills:** While interacting and playing, the child learns to take turns, share things, play by the rules, he or she also learns how to talk in a group, make friends etc. These skills are developed during the process of play.

The PFA provider must ensure that the activities they conduct with children, contribute in some manner to the development of resiliency, where they gain skills and confidence to handle future crisis in their lives. For this, the following four basic steps should be kept in mind.

- **Step one:** Form a trusting relationship with children
 - Go down to their level, talk in their language or play with them
 - Request them and join in what they are doing
 - Show an interest by asking about their friends, school work, family, etc
 - Be a friend; empathize with the children so that they begin to trust you
- **Step two:** Create a safe, secure and comforting environment for conducting activities
 - Ensure that the cameras, screens, mikes and internet connections are in order
 - Do not reprimand the child even if they misbehave
 - Do not criticize, humiliate or punish the child
 - Give lots of praises
 - Celebrate good work or achievements
 - Have fun and encourage laughter
- **Step three:** Understand the child and be available
 - Listen carefully to what the child is saying
 - Look at the drawings and other expressive work of children to understand how they are feeling
 - Respond to questions with accurate information
 - Always answer queries even if they are being repeated
 - Watch out for non-verbal indications to see how the child is feeling
- **Step four:** Address concerns, help the child to work through problems, help the child feel empowered and competent through small achievements and recognition of their positive qualities
 - Address their concerns through activities
 - Highlight the child's effective coping skills or positive qualities
 - Help children to develop a sense of self-worth

In order to help the children, recover their sense of well-being, an attempt to normalize their daily life routines and their emotional reactions is essential. Children need to feel safe and secure both physically and emotionally. It is important that children are given opportunities to express themselves in a safe and accepting environment. These efforts will enable the children to overcome the trauma they have been through and re-establish their sense of wellbeing and good health.

MEDIUM 1: FACIAL EXPRESSION (7)

Facial expression is one of the mediums that is used with children to bring out their emotions and feelings about COVID-19. It is used as ventilation tool for disturbing events and their emotional feelings. This can be used to find out what makes the child happy and guide them to move towards optimism.

Age Group – 6 years above. More effective with children between 9 and 14 years

Aim:

To allow ventilation of emotions due to COVID-19

Objectives:

- To understand how the child is feeling at the moment
- To understand the impact of COVID-19 on children and their feelings about it
- To discover what helps the child to cope with the situation
- To encourage children to adopt a positive outlook towards their future.

Materials Required: Expression Cards (in [Appendix 1](#)) separately pasted on a PowerPoint presentation

Process:

The child may be first introduced to the concept by asking about emojis and naming a few emotions that they can tell. The PFA trainer can begin these discussions by making funny faces too, as ice breaker. The trainer must explain the child the reason behind this activity and what they aim to achieve.

Stage 1: Child's feelings about oneself in the present situation (being under quarantine)

Lay out the facial expression cards on the floor or run through the expressions on the PowerPoint presentation. Ask general questions (pertaining to COVID-19) to the children. Then, the child can take turn to choose a card from the ones displayed to describe their current feelings. If a child wishes, he or she can also draw his or her own facial expression on a card or piece of paper too.

- What is COVID -19?
- When did you know about it?
- What word comes to your mind when I say COVID-19?
- What emoji comes to your mind? Can you choose one out of these?

Stage 2: Impact of COVID-19 on children and their feelings about it

Continuing from Stage 1, the child can be asked to elaborate on the feelings, reasons for choosing it, variations due to situations and choose other emotion cards if necessary.

- What made you pick up this card?
- How things changed after CORONA came to our lives?
- Can you tell me, when do you feel most?

Stage 3: Planning regarding their future

Discuss about hopeful aspects of the future. Repeat the task of picking up a facial card associated with hopeful discussions. Elaborate and allow children to describe those emotions too.

- Will CORONA go away? When?
- What if CORONA ran away? What will you do? How will you feel?
- What if you could wish 3 things to do after CORONA times?

MEDIUM 2: EMOTION TRACKER

This task is corollary to the above mentioned medium. This can be made into printable stickers too. Here, each child will have a weekly emotion tracker where the emotions are similar to the facial expression medium or the emojis that the children are more familiar.

Age Group – 10 years above

Aim:

To make children aware of their emotions over a longer period of time

Objectives:

- To understand how the child is feeling at the moment
- To understand the impact of COVID-19 on children and their feelings about it
- To discover what helps the child to cope with the situation
- To encourage children to adopt a positive outlook towards their future.

Materials Required: Emotion trackers (in [Appendix 2](#))

Process:

The child will be introduced to the emotion tracker by the adult after the facial expression cards are played. The weekly chart tracks a child's prevalent mood daily through 6 main moods – happy, sad, angry, scared, funny, crying. One additional space is provided for child to freely express their mood that does not fall in these 6 categories.

Stage 1: The adult will explore with child his/her frequently experienced mood and the reasons

The PFA provider will be helping the child identify and mark the most prevalent mood of the day repeatedly over the week. While doing so, the child may be asked the reasons for such feelings and situations associated with it.

- Mostly, how did you feel today?
- Can you choose a face that best describes your day?
- Shall we see how does this week look like as faces?

Stage 2: The adult will probe into days where child experienced negative emotions associated with current situation

While the child will be encouraged to learn to label emotions, describe them and connect them to their external surroundings and events impacting them, the adult will discuss the impact of negative experiences on the mood. The child may be made aware of how our external world influences our inner world deeply.

- So, which face do you think has repeated most?
- Do you remember what might have made you feel this way?
- How is that incident and how you feel related? What happened first, then what happened?

Stage 3: The adult will attempt to create more awareness about cause and effect of negative experience and negative emotions, and vice versa

During COVID - 19 children might experience mood swings or mood variations based on the situation. The adult can discuss this and help the child keep a note of it. Overtime, the child will become more emotionally attuned and aware of himself or herself.

- How has this “being stuck at home” make you feel?
- Have you been thinking a lot about CORONA?
- Now, can you tell me whenever you think of CORONA, what do you mostly do?

MEDIUM 3: BREATHING AND RELAXING (8)

Age group: 6 years and above

Materials Required: Instrumental Music (optional)

Aim:

To teach children how to relax

Objectives:

- Children learn to connect mind and body
- Children learn the role of stress on their bodily symptoms
- Children learn to behaviorally relax themselves

Process:

1. Give the following instructions to the children, using a calm soothing voice, speaking slowly. Try and play some soft meditation music (if available).
 - a. Relax your shoulders.
 - b. Place your hands on your lap.
 - c. Gently close your eyes. Breathe in and breathe out normally.
 - d. Now take deep breaths (15 times).
 - e. Breathe in and breathe out normally.
 - f. Keep your eyes closed.
 - g. Now feel your right foot. Become aware of any tightness or tension in it. Next, hold your breath, squeeze your foot, and release it. Now feel your toes on your right foot, hold your breath, squeeze it and release it.
 - h. Breathe in and breathe out deeply.
 - i. Now feel your left foot. Become aware of any tightness or tension in it. Next, hold your breath, squeeze it, and release it. Feel your toes on your left foot, hold your breath, squeeze it and release it.
 - j. Guide the children from step d, e and f, with different parts of the body - i.e., knees, thighs, hands, shoulders, neck, head, forehead, eyes, nose, ears, mouth, chest, stomach and abdomen.
 - k. Rub your palms together, and place them on your heart.
 - l. Continue keeping your eyes closed.
 - m. Now rub your palms together again, and place them on your shoulders for a gentle warm massage.

Now gently open your eyes, and look around the room, passing on a smile to the people around you (if any), if you feel comfortable

MEDIUM 4: GUIDED IMAGERY (9)

Age group: 6 and above

Materials: None

Aim:

To provide a relaxing self- soothing to children

Objectives:

To help children gain mastery over relaxation through mind body connections

To help children learn to soothe themselves

To teach emotional regulation through meditation

Process:

Firstly, the child can be asked to take deep breaths. This activity can be preceded by the above relaxation exercise.

While children deep breathe, the following imagery can be read out in a soft, yet audible voice:

- Please close your eyes. Be comfortable.
- Feel your body on the ground. Now, imagine you are blowing a big balloon.
- Take large deep breath to fill the balloon. While keeping your eyes closed, fill more air, More and More!
- Now leave the balloon in air!
- Keeping your eyes closed. Imagine your balloon floating.... It is floating over trees, birds are chirping, its floating over your favourite playground. It has green grass, feel the cool breeze blowing the balloon. The colours of flowers below are wonderful.
- The balloon rises high up in the sky. The sky is blue. There are white clouds. You feel cool. The breeze is cool. You feel happy inside. Your balloon is flying high. You can smile if you want. You did a good job at blowing a balloon.
- Rub your palms and put it on your face. Slowly, open your eyes!

The above-mentioned imagery can be changed according to the cultural context of the child.

MEDIUM 5: THEMATIC STORY CARDS (7)**Age Group:** Above 6 years

The medium of Thematic Story Cards enables children to relate their experiences with help of the pictures provided and assist them in comprehending their experiences. It must be done in four stages and the PFA providers can guide the children at each stage. This guidance will be based on age group.

Aim:

To make children comfortable with the concept of thematic cards and help them relate it to their lives

Objectives:

- To encourage children to narrate stories from their life with the help of the thematic story cards
- To understand the children's emotional reaction and enable them to ventilate feelings during the quarantine period
- To find out the problem children are facing due to quarantine and their coping mechanisms

Materials Required: Thematic Story Cards (in [Appendix 3](#))**Process:**

At the very opening of the activity itself, children must be assured of complete confidentiality about whatever details they share. If this is done in a group, it is important for children also to agree among themselves that they would keep matters discussed here confidential.

Stage 1: Story in my life: thoughts that cross their mind as they see the pictures in the card

The 10 thematic story cards must be laid down on the floor or displayed on a PowerPoint presentation. Children must be allowed to pick one card and then encourage them to narrate how they relate to the pictures in the card. Children must also be encouraged to talk about why they chose only that particular card.

- Can you please choose a card of your choice?
- Would you like to tell me what you see in the card?
- What might be happening in that picture?

Stage 2: Situations that led them to quarantine and how they are feeling

After the narration of the card, the children may be asked to relate it to their lives and talk about their experiences. They can narrate their experience of knowing about the pandemic, their reactions to the information of having to stay indoors, the concept of being quarantined and how were the initial days that led up to that.

- Do you know if it happened to anyone?
- Has it happened to you?
- Can you tell your story – how it happened?

Stage 3: Changes that happened in their life due to quarantine

At this stage, the children may be asked to elaborate about the differences between their days before the lockdown and current times. The positives and the negatives of both the times can be seen with the help of the PFA provider.

- Can you describe a day before the virus came?
- Please tell me your routine now? How is it different from then and now?
- What do you miss of those times?
- What do you like of your day currently?

Stage 4: My future - *"Hope is the best medicine to keep life going"*

At the last stage, the PFA provider may explore the future with the children. The first responder can ask hypothetical questions about the future which seems hopeful and steer the discussion to better times.

- Now, if you could change something in the card, what will it be?
- After CORONA is handled, how will the cards look like or how would the story change?

MEDIUM 6: FAMILY PORTRAIT (7)

Using family drawings, children can teach us about the children's family and how they view themselves in their families. The family portrait can be used with younger children and children who are not very verbal. It is a therapeutic pathway for challenging family patterns and beliefs, to know the child's family and how s/he feels about her/his family members.

Age group: 6– 12 years

Aim: To allow ventilation and exploration about relationships

Objectives:

- To get to know more about the child's family
- To find out the emotional state of their family members
- To find out the child's relationship with the family members
- To help child to discover his/her feelings and relationship with family members

Materials Required: Sample template (in [Appendix 4](#)), pencil and paper, chalk on floor/slate

Process:

This activity has only ONE STAGE.

Step 1: Children may be asked to draw picture of their immediate family members (father, mother and siblings). They could also draw picture of people they are close to like relatives, friends or teachers (this will help to establish contact with such individuals where child can communicate and ventilate even during quarantine). If the children are very small, they can be asked to draw stick pictures and heads can be selected from the options given to them.

- Can you draw your family? Close members (in case of absence of family)

Step 2: Then, they can be asked to describe the picture in detail. If child has not drawn self, do not force child to draw himself or herself. They can be given five different emotional expressions- happy, sad, anger, blunt and confusion and ask children to select the appropriate expression for each of their family members. Prompt the child with the question "*what kind of facial expression comes to your mind when you think about each one of your family members.*"?

- Will you describe who all you drew?
- Where are you in the picture? (explore if child has not drawn self)

Step 3: The relationships can be explored in details with respect to their connection during COVID-19. The PFA provider can probe the strengths of these relationships and how it is helping the child during the pandemic.

- Whom are you closest to? Then whom? And then whom?
- If you were to place these faces against these members, whom will you give which faces?
- What made you choose these faces?
- What is happening to them during CORONA?
- How are you keeping in touch?

Step 4: The PFA provider can explore with the child what the child wishes to do with the relatives and family members post COVID-19 times and how s/he would cherish it. The negative fears associated with some particular members can also be explored e.g. going back to an abusive home. The child may be allowed to explore his/her coping and safety mechanisms to protect self.

- After CORONA goes away, what will you like to do with them?
- Whom will you want to meet immediately?
- Whom don't you want to meet at all?
- What if you met that person?
- Who can help you in this problem?

MEDIUM 7: DRAWING (7)

Drawing is a natural mode of communication that children love to engage in. For the child who has experienced trauma or loss, it helps to externalize emotions and events too painful to speak out loud. During the pandemic, children in especially difficult circumstances experience inexplicable trauma. The medium of drawing can be used to help children come out of the emotional upsets during or secondary to the quarantine.

Age Group: 6 – 18 years

Aim:

To allow catharsis of pent up experiences

Objectives:

- To give an opportunity to the children and adolescents to ventilate negative feelings (caused by quarantine) through drawing
- To give children a chance to draw their losses due to COVID-19 in general and quarantine in particular
- To encourage children to develop an optimistic outlook by drawing their future. To help children to overcome their shyness by giving them an opportunity to share their drawings with others

Materials Required: Paper and Pencil, Chalk on floor/slate (in absence of paper) (samples in [Appendix 5](#))

Process

The children can be introduced to the context of the activity and that they are expected to think and draw. They can also be told it is not a competition and each child can draw whatever they feel within them, and use colours of their choice.

Stage 1: The child draws what comes to the mind as he/she hears the word CORONA.

Provide each child with blank sheet of paper, pencil, eraser and colour pencils (or chalk etc). The theme for drawing – CORONA virus can be given to the children. The PFA provider must allow children to recollect what happened during the pandemic/quarantine to help them in ventilating these feelings. The PFA provider must ensure all children have understood the theme.

- Can you draw “your life during CORONA lockdown”?
- Can you describe what you drew?
- Is there anything more about this drawing that you want to say?

Stage 2: Losses in times of pandemic.

The child then is given the theme of “what s/he personally lost due to the pandemic. Children can be asked to depict what is “lost” in CORONA. The loss may not be physical (e.g. loss of a member or health), but psychological (e.g. loss of friends, being lonely, loss of play, missing school, loss of school year for graduating students etc.). The PFA provider will talk about these issues with the children and allow ventilation. The child might not be able to draw everything on paper. But s/he will be able to narrate it while drawing. The choice of colours will also be important to discuss.

- Can you draw what you “missed (for younger children), “lost (for older children) during this CORONA lockdown?
- Can you describe, what about your friends? And school? Walks? (the probes from the pictures)

Stage 3: The child is asked to create a future drawing.

Finally, the children will be asked by the PFA provider to draw “A future after CORONA” to see the hope messages and wishes of the children come on paper. This step will also need discussion.

- Now, can you draw “your life after CORONA lockdown”?
- Will you want to tell me more about this future?

MEDIUM 8: DOLLS (7)

Different types of dolls can be used to bring out the expressions in children. A skilled PFA worker can use dolls to help children vicariously tell their experiences and stories. Especially, this will be very effective for children under 10 years of age.

Age group: 6 – 8 years

Aim:

To enable symbolic play out of the current emotions both in connection to self and the family

Objectives:

- To provide the children an opportunity to share what they are experiencing as a result of the pandemic (COVID-19)
- To symbolically represent their source of strength to recover quickly, using the dolls

Materials Required: Any set of dolls familiar to child, Animal soft toys, Squeaky Animal Toys, Human family dolls etc. (samples given in [Appendix 6](#))

Note: In absence of dolls, one may make use of other inanimate objects (such as pens, pencils, spoons, pots, cups, etc) in the child's environment and pretend that they are dolls. Alternatively, the medium of puppetry can be used.

Process:

Stage 1: The child ventilates traumatic experiences during COVID-19 times

For the exercise, the children can be asked to get some dolls and give them a context (COVID-19) to tell their experience in the form of story with the help of the dolls. Many a times children forget to tell important events while narrating their stories that can make a link between their story and life experience. A narration of story begins through exploration of child's imagination and current realities.

- Can you choose the dolls you would like to play today? Or, may we play with these dolls today?
- Will you name the dolls and tell who is who?
- What are the dolls doing today?
- Let's play, CORONA lockdown times. What do think the dolls should do?

Stage 2: The child ventilates conflicted emotions during COVID-19 times

The PFA provider helps the child express conflicted emotions, pains and insecurities through the play of doll characters. The child ventilates his/her hidden fears and anxieties too.

- So, you say Golu (doll) has not gone to the park to play? Where are her friends then?
- What is Golu doing without her friends? How do you think Golu is spending her time?
- Golu is stuck at home? What is Golu telling you about that?
- What is Mamma Doll/Pappa Doll doing with Golu?

Stage 3: Strengths in COVID-19 times

With the help of the PFA provider, the child uses dolls to enact and express the strength in each one to overcome the challenges, find positive ways of finding solutions and feeling better. For some children, their strength might be external e.g. close relationships, whereas for some children it might be internal e.g. hopefulness, optimism, problem solving etc.

- What do you think will help ... (name the character) in this problem?
- What can the (name the characters) do for themselves?
- What will make them feel better?

Since this medium is particularly useful for younger children, it is not easy to use this medium using electronic communication channels. A PFA worker can utilize the translational services of other trusted adults in the child's environment.

MEDIUM 9: CLAY MODELLING (7)

The use of clay modelling technique has proved to be very effective in the art therapy category. The use of clay as a medium to communicate has given children an opportunity to express themselves better. It allows them to manipulate the clay in any way they wish to. This gives them a satisfaction of utilizing their potential to bring out the deep emotions in them.

Age group: 6 and above. Most effective in children between 9 and 14 years.

Aim:

Free expression of emotions in children using clay as a medium

Objectives:

- To encourage children to give shape to their thoughts and imaginations through the medium of clay
- To allow children to have a sense of positive feeling of achievement by giving shapes to the clay

Materials Required: Store Bought Clay dough/ Homemade Clay/ Mud/ Wheat Dough, Paper to write (optional).
(Samples given in [Appendix 7](#))

Process:

Stage 1: Expression of internal mind on clay about current situation.

Make them sit on the floor (or deal with smaller groups of children if doing via video conferencing). Each child can have a lump of clay and some sheets of paper. Allow each child to give some form to the clay. Ask the child to explain what they have made and what it means to them. Those children who are not willing to speak, can write down the same on a piece of paper provided to them.

- Please make something related to what you miss the most during COVID -19
- Can you describe your clay model?

Stage 2: To express “losses”.

The children can be encouraged to depict object, places, people, activities they miss during COVID-19. The children can share their thoughts. This will make them feel more connected and supported.

- What are your thoughts regarding this (the clay model) and how you are now?
- Who else feels they miss the same thing like ...?

Stage 3: To be able to modify the models to imagine what they want after the COVID-19 pandemic times.

Children can be asked to make objects depicting things, activities, people, places they will love to reconnect after COVID-19

- Please make a model of what you will do first after COVID -19 lockdown. Something special?
- Please share with others what you made
- Will others like to talk about this depiction?

MEDIUM 10: WRITING (7)

Putting traumatic memories into words can help ease turmoil and diffuse the danger, as writing gives a sense of control and a sense of understanding of the situation. Through the writing exercise children are encouraged to express the disturbing experiences that they have not been able to articulate. This is more useful in helping older children express and understand extremely difficult experiences such as sexual abuse, domestic violence, bullying and so on.

Age group: 8 and above. More effective among older children

Aim:

To help children ventilate some of the unhappy and disturbing experiences due to COVID-19

Objectives:

- To help children ventilate the unpleasant events and losses during the pandemic
- To help the children accept their feelings for the losses and separations due to quarantine
- To give children an opportunity to look at the pleasant events of life and feel happy about it

Materials: Paper, pen/pencil

Process:

Ideally, the PFA provider must do only one step of the medium in a day and let the child take his/her own time to complete it.

Step 1: In this step, children will share about the facts and fears that are bothering them. The PFA provider must make the children sit with sufficient distance in between them not only because of COVID-19 restrictions, but also to ensure confidentiality of the things written and explain to them about the writing exercise. The PFA provider must discuss the intensity of emotions ranging from “bothering”, “feeling of missing something”, and “being really sad”. The PFA provider can prompt the children to write about incidents that keep coming back to the mind and the child feels anxious.

Step 2: In this step, children will share what they really are missing. A fresh sheet of paper can be used for each step. There is no time constrain put on the children to finish their writing.

Step 3: In this step, children will share an event or incident that they are really sad about.

Step 4: In this step, they write what they are happy about. The child can be asked if s/he can think of anything happy and write about it. The happy place can be from a relationship, experience, memory etc.

Step 5: In this last stage, the child is asked to write about the future. Whatever, the child can imagine might happen, can be penned down as future wishes.

At the end of the activity PFA provider can collect the responses from the children or go through the same. This can be discussed with the child individually regarding the experience shared by him/her.

- What would you like to read out from what you wrote?
- Which parts do you think we can talk about?
- What made you choose this topic?
- What about (what PFA provider felt important)?
- Please tell me about this a little more
- If you think back, what were you feeling when you wrote this?
- What thoughts were racing in your mind?

MEDIUM 11: PUPPETRY

Puppetry allows children to place a level of realism on the puppet that helps them project in a way they can't do by themselves. There are different ways that puppets can be used in therapy settings. The most interesting aspect of using it with children is that children can build puppets, design puppets, write scripts, etc... All of these helps them to get comfortable with opening up.

In the safe space the nonverbal can now become verbal as the child's stories come out through play. The child gets a sense of control that may have been lost when they were affected by COVID-19 or abused or been through some other trauma. It helps them feel a sense of self-control; they feel in charge of the puppets.

Age group: 6 and above. More effective in older children

Aim:

To help children ventilate some of the unhappy and disturbing experiences due to quarantine using the medium of puppetry

Objectives:

- Children can project their unpleasant and hidden feeling on the puppet
- Children can feel excited and in control about creating their own themes of narration through puppets
- Children explore this medium for self-expression without having to be overwhelmed by their emotions
- Children can explore their solutions through puppets

Materials required: thick paper, sketch pens/ pens/ socks, needles, thread, beads, accessories (optional)/ ice-cream sticks, newspaper sticks, paper, colour pencils, sketch pens (samples given in [Appendix 8](#))

Process:

Step 1: The process of puppetry depends on the age of the child and available resources. It can begin with the introduction of what are puppets. The children can decide their themes as a group activity or one-to-one discussions. The imagination can be translated into drawing up the characters in paper, or with the materials available. There are many kinds of puppets available starting from easy to difficult. Hand puppets, finger puppets, stick puppets, sock puppets are a few that children can make without much effort.

- Can we make some puppets today?
- Let's think of a story and write it to know which puppets to make

Step 2: The children can be asked to make their characters in puppet form (like doctor, nurse, patients, father, mother etc).

- Will you tell me who are these puppets are?

Step 3: Children might be asked to enact a situation that the puppets are engaged in and the story can continue to be elaborated. The child's feelings and uncomfortable emotions can be explored during such narration.

- What are the puppets doing today?
- Let's play, CORONA lockdown times. What do think the puppets should do?

Step 4: The story can be moderated by the PFA provider to a more hopeful one at the end of the session. The children explore their strength through narration of the puppets.

- What do you think will help (name the character) in this problem?
- What can the (name of the characters) do for themselves?
- What will make them feel better?

MEDIUM 12: BOARD GAMES

During lockdown, what may be better than playing some board games? And especially if they can be therapeutic! Two games are described here and are specially designed for this manual. Both can be played with dice and are to be played by 2 or more members (one being the caregiver who facilitates). This can even be done via video conferencing with a child with one of the participants (ideally, the child) has the physical materials with them.

Snake and Ladder has been a traditional game in India played through generations. Using indigenous games for educational purposes can be really beneficial in these times where children need to understand basic hygiene and information about COVID-19. A simple way of passing such information is through play which is exciting and yet informational. Another game that children are already used to, are the start to finish ascending games where they begin at 1 and move ahead by successfully completing a task. Though each child may not talk about each issue, they may be able to hear others talk about it and learn to connect their own experiences with others.

Both these games have been designed to explore the mental health aspect of trauma due to illness and for children to learn better ways to deal with it. Printable and easily photocopyable templates of these games are attached with the manual.

Age group: 6 and above

Aim:

To pass basic information about mental wellbeing during COVID -19

Objectives:

To introduce mental wellbeing techniques to children (snake and ladder)

To allow ventilation and expressions about COVID-19 through play (ascending path)

Materials Required: Printed out or photocopied sheets of the Ascending Path board Game, Snake and Ladder board game (in [appendix 9](#)), dice and small objects that can be used as pawns

BOARD GAME 1 – ASCENDING PATH

The adult has to explain the rules of the game to the children. Each child can take turns to roll the dice and move their pawn to the square dictated by the dice. The child has to perform the task mentioned in the square. Each child will have a combination of some fun actions and talking about COVID-19. They "ascend" through discussing how the experience of lockdown was for them, what they missed and win by discussing the future goals after lockdown. The game begins by talking about the past (life before lockdown) where the child might talk about what she did before the lock down. S/he may fondly remember their routine, food, friends, school etc. Then the game moves to the present (life during lockdown) where the child describes things that are different now. The PFA provider can ask more questions gently in connection to the ones in the board to allow more emotions to be experienced. Here, the child's focus shifts to future (life after lockdown). The child might hopefully talk about what can be recreated in the future and things the child wishes to happen.

In between, to remove boredom and make it fun, there are tasks that children like to play like hopping, singing, making noises etc.

BOARD GAME 2: SNAKE AND LADDER

As everyone is aware of the rules of snakes and ladders, this is very easy to play. One would need to make a board and roll a dice. Each square has a positive mental health coping or a negative one. A positive step towards better mental health will take the player forward through ladders while a negative step regarding COVID-19 will be the snakes' mouth. The person has to go down the snake to a lower score. The adult and the child can preferably have a good discussion about positive health practices and negative health practices before making the board (in case they are not using the sample board given in this manual). For small children, the board should be simply made, and the child can learn through playing.

The PFA provider can explain the board to the child before game begins. For older children, PFA provider can start discussions about positive and negative mental health practices. For younger children, it should unfold through the game. Each item can be discussed as to why its negative or positive depending on the age of the child. For older children, examples of such mechanisms can be asked through the game. A conclusion after game where a quick recap of positive and negative mechanisms can be discussed. How it can be implemented can be discussed too.

MEDIUM 13: CARD GAMES

Card games are a pack of cards that the family can explore together during the home quarantine times. The cards might have positive wellbeing tasks which each family member must complete. The person who can complete most tasks wins the game. The advantage of such game is that it can be played in groups and as individuals. It slowly trains the child into healthy habits during lock-down period and allows the child to observe adults exhibiting such skills.

Age group: 6 and above

Aim:

To imbibe healthy mental health practices during stressful times

Objectives:

- To allow the children to role-model the adults in learning these skills
- To hone critical thinking and creativity to come up with solutions for the tasks
- To improve relationships and build rituals

Materials required: Cards (found in [appendix 10](#)) printed out on thick paper and uniformly cut

Process:

Step 1: The pack of cards contain instructions to the family. Ideally the family will play one or two cards depending on the tasks and time at hand. Everyone has to do the same task, thus bringing in healthy competition which children are missing out through peer group. The family will find a certain time of the day "a ritual", where they sit to draw cards and find their next "challenge".

Step 2: The family can discuss about how they will attain it or commit to the game through discussions. The family discusses how they could succeed.

Step 3: The family gets back to discuss how each one succeeded. They appreciate the other one's effort and learn from each other. They discuss how they felt doing the task, and its impact on each other as family. Adults must play with some generosity and allow the children to win. Such wins will boost their morale and make them more confident. Also, appreciation and being able to express their achievement will make them repeat such behaviours more frequently (positive reinforcements).

CHAPTER 4: IDENTIFICATION AND REFERRAL OF SEVERE PROBLEMS

CHILDREN IN DIFFICULT CIRCUMSTANCES

Children are in difficult circumstances when their basic needs for food, shelter, education, medical care, or protection and security are not met. There are millions of such children currently (10). In India, there are challenges such as extreme poverty, illiteracy, uncontrolled growth of families and the like. There are also various difficulties like working in exploitative situations, living away from biological parents or living with adopted families, survivors of armed conflict, sexual abuse/exploitation, trafficking and child labour. Additionally, problems like COVID-19 further increase the extent of the problem (11).

Despite the best efforts of the first responder, it is highly likely that children from difficult circumstances get looked over. This is especially true in CCIs where each worker has the double burden of working with high caseloads and with reduced staff capacity due to COVID-19.

The commonly recognized categories of children in difficult circumstances are as follows (12):

- | | |
|--|--|
| <ul style="list-style-type: none"> • Children Infected with COVID-19 • Neglected children • Children who have been sexually abused • Abused children (physical and verbal) • Children witness to domestic violence • Abused, tortured and exploited children • Child beggars • Children affected by HIV/AIDS • Children affected by natural calamities, emergencies and manmade disasters • Children in conflict with the law • Children indulging in substance abuse • Children of devadasis • Children of sex workers • Children in sex work | <ul style="list-style-type: none"> • Children of the socially and economically backward families • Children suffering from terminal/incurable disease • Children with disabilities • Children without parental care • Migrants • Missing & run-away children • Orphans, abandoned and destitute children • Runaway children • Single parent children • Slum children • Street Children • Trafficked children • Working children – child labour and bonded labour • Children from regions of armed conflict |
|--|--|

HOW TO TRAIN?

SESSION 13: IDENTIFYING CHILDREN IN DIFFICULT CIRCUMSTANCES

OBJECTIVE:

To help participants enlist the difficult circumstances that children come from

METHOD

Free listing

TIME

10 mins

BRIEF DESCRIPTION

Introduce the topic and ask the participants to take turns and use the chat box to list out the various difficult circumstances that children come from.

Compare with the list provided in the manual and fill in the gaps.

Present the graphics in the manual to serve as visual reminders to ask about the same.

Link to the CNCP list as per the JJ Act.

EXPECTED OUTCOME

Participants would be able to list out the various difficult circumstances of children affected by COVID-19

Child Line 1098 to seek information and support

CHILDREN WITH MENTAL ILLNESS

Children may experience a range of psychological issues such as anxiety, fear, worry, depression, difficulty sleeping, and loss of appetite. Quarantine and isolation may also lead to acute stress disorder, PTSD and grief in many children. Children with various physical and mental disabilities – and especially mental health disorders – are more vulnerable during this trying time. The kind of therapeutic inputs that children with various disabilities may have been receiving may not be readily available now – various therapies, special schooling, psychotropic medication, etc. Social isolation may worsen the living situation of children in abusive environments as well as children with special needs. Economic hardships and the potential worsening of

parental physical or psychological illnesses, including substance use disorders, may take a toll on all children. Children may even go through loss and grief at this time.

A PFA worker is often confused with a mental health specialist and is often asked to ‘counsel’ children with severe mental health issues. It is important for a PFA provider to recognize at least some of the signs and symptoms of mental illnesses among children and refer them to specialists like the NIMHANS helpline that is given in the next segments of this chapter.

In general, a PFA provider needs to refer a child to specialised services if they observe any of the following especially if they are **disturbing** to the child or immediate others and if it **affects daily activities** of the child for more **than two weeks**(1):

- Self-harm and suicide risk
- Severely traumatic contexts such as sexual abuse/ trafficking (wherein child has been sexually exploited or experienced severe physical violence)
- Substance use (high frequency/ intensity of use especially of alcohol/cannabis)
- Excessive violence/ aggressive behaviour (destruction of property/ causing severe injury to others through physical or sexual abuse)
- Repeated run-away behaviour
- ‘Odd’ behaviours such as talking to self/ no time or place orientation/ disinhibited behaviours/becoming very suspicious or paranoid/hear or see things that are not there/act very differently than they did before.

HOW TO TRAIN?

SESSION 14: IDENTIFYING CHILDREN WITH MENTAL ILLNESS

OBJECTIVE:

To help participants refresh their knowledge about mental illnesses.

METHOD

Lecture

TIME

15 mins

BRIEF DESCRIPTION

- Make a PowerPoint presentation based on the table given in this segment of the manual and deliver a brief lecture on the names of common mental illnesses and observable behaviours (symptoms).
- Use case examples as much as possible.
- Conclude by affirming that these problems are beyond the purview of PFA and need to be dealt by trained professionals.

EXPECTED OUTCOME

Participants would be able to identify some signs and symptoms of mental illness among children.

The commonly observed mental illnesses among children include (6)

Attention Deficit Hyperactivity Disorder (ADHD)		
Impulsive acts	Often has trouble keeping attention on tasks or play activities. (Poor concentration)	Often does not seem to listen when spoken to directly.
Excessive running/ climbing (more than other kids).	Often does not follow instructions and fails to finish schoolwork/ activity; moves on to something else.	Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
Often has trouble playing rule-based games or enjoying leisure activities quietly.	Is often easily distracted.	Is often forgetful in daily activities.
Is often "on the go" or often acts as if "driven by a motor."	Often restless/fidgets with hands or feet or squirms in seat.	Often gets up from seat when remaining in seat is expected.
Often has trouble waiting one's turn.	Often interrupts or intrudes on others. (pushing/poking/hitting...).	Impaired social judgement/ hasty decisions without due thought (older children).
Conduct Disorder		
	Aggressive behaviour, such as cruelty to animals, fighting and bullying.	Truancy from school
Defiant, disobedient, provocative behaviour	Destruction to property/ vandalism	Fire setting
Running away from home	Stealing	Repeated lying
Depression		
	Frequent sadness, tearfulness, crying	Hopelessness
Poor concentration	Decreased interest in activities; or inability to enjoy previously favourite activities	Frequent complaints of physical illnesses such as headaches and stomach aches
A major change in eating and/or sleeping patterns	Social isolation, poor communication, refusal to play	Low self-esteem and guilt Extreme sensitivity to rejection or failure
Talks of or efforts to run away from home	Increased irritability, anger, or hostility	Difficulty with inter-personal relationships
Thoughts or expressions of suicide or self-destructive behaviour	Persistent boredom	Low Energy
Anxiety		
	Clinging to caregivers	Afraid to be away from caregiver
Bed-wetting (in older children)	School refusal	Excessive shyness
Difficulty interacting with new/unknown people		Thumb-sucking/ nail biting
Sleep disturbances/ nightmares	Poor concentration	Medically unexplained complaints of physical illnesses such as headaches and stomach aches
Fear of harm befalling self/others	Frequent hand-washing/cleansing behaviours	Frequent behaviours of checking (on people/doors being locked...)

Post-Traumatic Stress Disorder (PTSD)		
	Experiencing recurring images and nightmares of the event	Constant fear and anxiety
Loss of interest/ no motivation to carry on daily activities, even those that they like i.e. play	Intense physical and psychological distress when exposed to sights/ sounds symbolizing events	Avoiding people, places, events that remind them of the traumatic event
Lack of energy, tiredness, (also a result of stress)	Sad, crying, clinging to parent	Withdrawal from family and friends
Sleep disturbances/ nightmares	Irritable and easily angry	Bed-wetting
Body aches--children particularly may complain headaches, chest pain and abdominal/ stomach pain.	Difficulty concentrating/ focussing on activities	Feeding problems/ loss of appetite
Attempts of suicide/ self-harm	Frequent illness and skin and respiratory ailments	Use of drugs/ alcohol to cope with the situation
Intellectual Disability		
Mild Intellectual Disability	Able to learn practical life skills & function in daily life	Attains reading and math skills up to grade levels 3 -6
IQ of 50 to 69	Able to blend in socially but can have deficits in socio-emotional skills	Has the potential to be trained in socio-emotional skills, personal safety & vocational skills
Moderate Intellectual Disability	Noticeable developmental delays (i.e. speech, motor skills)	May have physical signs of impairment (i.e. thick tongue)
IQ of 35 to 49	Can communicate in basic, simple ways	Able to learn basic health and safety skills
	Can complete self-care activities—requires much training	Difficulty socially blending in (often play with very much younger children/ cannot integrate socially with their age-group)
Severe Intellectual Disability	Considerable delays in development	Little ability to communicate
IQ of 20 to 34	Needs direct supervision in social situations	Need considerable supervision and assistance for self-care
Profound Intellectual Disability	Significant developmental delays in all areas (physical/ social/ emotional/ language/ speech)	Obvious physical and congenital abnormalities
IQ below 20	Requires close supervision/ Not capable of independent living	Requires complete assistance in self-care activities

Call NIMHANS toll free number **08046110007** for specialized help

CHILD FRIENDLY SPACES AND CRISIS MANAGEMENT (13)

Once a first responder has checked for children in difficult circumstances and mental illness, he/she must ensure that there are some safe spaces made available for these children and adequate supports made available to them.

Child Friendly Spaces are a child right's programming approach that supports children's well-being in the midst of emergencies. Used widely since 1999, CFS protect children by providing a safe space with supervised activities, by raising awareness of the risks to children, and mobilizing communities to begin the process of creating a Protective Environment. CFS can be defined as places designed and operated in a participatory manner, where children affected by pandemics (COVID-19), natural disasters or armed conflict can be provided with a safe environment. Integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports can be provided. The first responder must also inform a child of these spaces and guide them to that place. The mapping exercise maybe refined later and shared with the children and posted in strategic locations to help children reach right places of help (14).

Even though the PFA provider has done the best they can, it is possible that certain emergencies may arise e.g. a child may run away from the institution, seriously harm another child or property, put other children at unnecessary risk of COVID-19 and so on. In such circumstances, the PFA provider must be equipped with a crisis management plan. It is natural to feel powerless and complain about the inefficiencies of the system.

However, it is helpful if the PFA provider has some key contacts of resource persons in the community such as friendly police

officer, a resourceful administrator, the local fire department, the child protection officer, the chief medical officer at the local government hospital, ambulance driver and so on. It is essential to have a list of people and their personal numbers with the PFA provider and their immediate team. These would be a list of influential people in the immediate community who have the sensitivity, experience and power to take strong decisions. The relationship between the PFA provider and these resource persons need to be kept up through various community engagement activities such as invited lectures/webinars, etc.

HOW TO TRAIN?**SESSION 15: VULNERABILITY AND RESOURCE MAPPING****OBJECTIVE:**

To help participants map safe spaces

METHOD

Resource mapping exercise

TIME

20 mins

BRIEF DESCRIPTION

1. Ask the participants to make a schematic drawing of the area/organisation that they work in on an MS word document using simple shapes.
2. Ask them to indicate areas from where known threats to children's safety have been reported or are likely.
3. Ask them to indicate areas where children from especially difficult circumstances can be commonly found in their area of work.
4. Ask them to indicate areas where the child may receive the following kinds of help
 - a. Health care
 - b. Food and water
 - c. Toilets
 - d. Psychosocial Support/Counselling
 - e. Any other relevant resources
5. Ask the participants to then locate 5 or 6 prominent locations (it can even be a cyber space like a Facebook page or an e-mail) where the children could easily see the map.
6. Ask the participants to prepare a list of emergency contacts (people's personal contact numbers. Not just office numbers) according to the crisis management kit (found in [Appendix 11](#)).
7. Make a printed or handwritten copy of the same about the size of a visiting card.
8. Share it with relevant partners and keep a personal copy in an easily accessible place like one's phone/purse, etc.

EXPECTED OUTCOME

Participants would start creating child friendly spaces in their working environments utilizing multiple resource points and have a crisis management plan in place.

SELF CARE AND CODE OF CONDUCT (15)

You are a CORONA WARRIOR!

Some people might be discriminating you since you are stepping out to help others. Tackle Stigma associated with COVID -19

- People might discriminate based on race or profession
- Tell your Story! Educate people
- Respond, NOT react – keep clam, take a break, talk with reason
- Ventilate with a good friend/colleague
- Share your feelings with trusted people

Your efforts in caring for children are highly appreciated. You are being a parent, a friend, a nurturer, a role model and a saviour, all in one.

Deep within, you might have several questions unanswered. However, we encourage you to remain positive and follow all the precautionary guidelines and seek information and clarity whenever possible.

You might be under significant pressure (professionally, personally and from the societal pressures at large). Your strength and courage are leading you ahead. Take good care of yourself and your colleagues

- Eat healthy
- Maintain hygiene to stop the spread of virus
- Exercise
- Sleep well
- Take rest when required
- Seek professional help whenever you feel low or (not a 100%)
- Know your limitations and stick to it
- Be aware of non-helpful interactions between children and yourself
- Take special precautions
- Do not disclose personal details about yourself
- Do not gossip about children
- Do not provide any child any favors
- Do not make any false promises to children
- Do not breach confidentiality or trust of the children

HOW TO TRAIN?

SESSION 15: OATH TAKING

OBJECTIVE:

To help participants commit to the work and understand its confines

METHOD

Oath taking exercise

TIME

10 mins

BRIEF DESCRIPTION

Introduce the topic using some of the pointers as given in the manual.

Ask the participants to come up with a set of ten statements that reflect the ethos of what they have learnt.

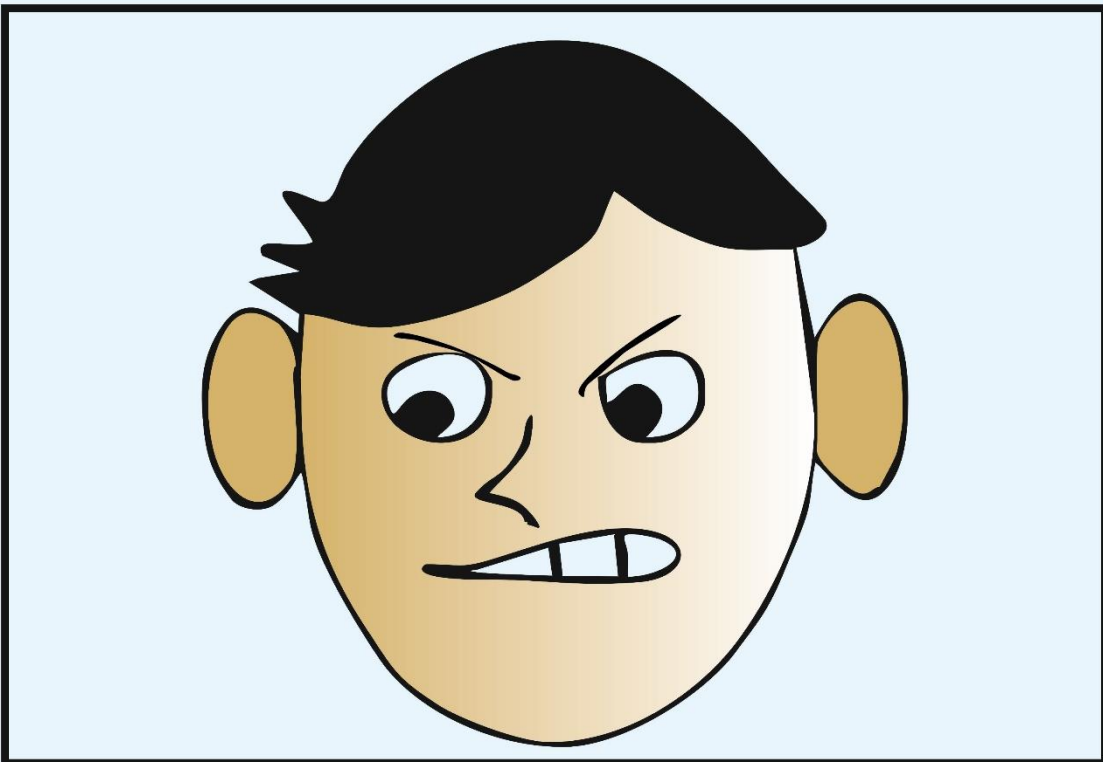
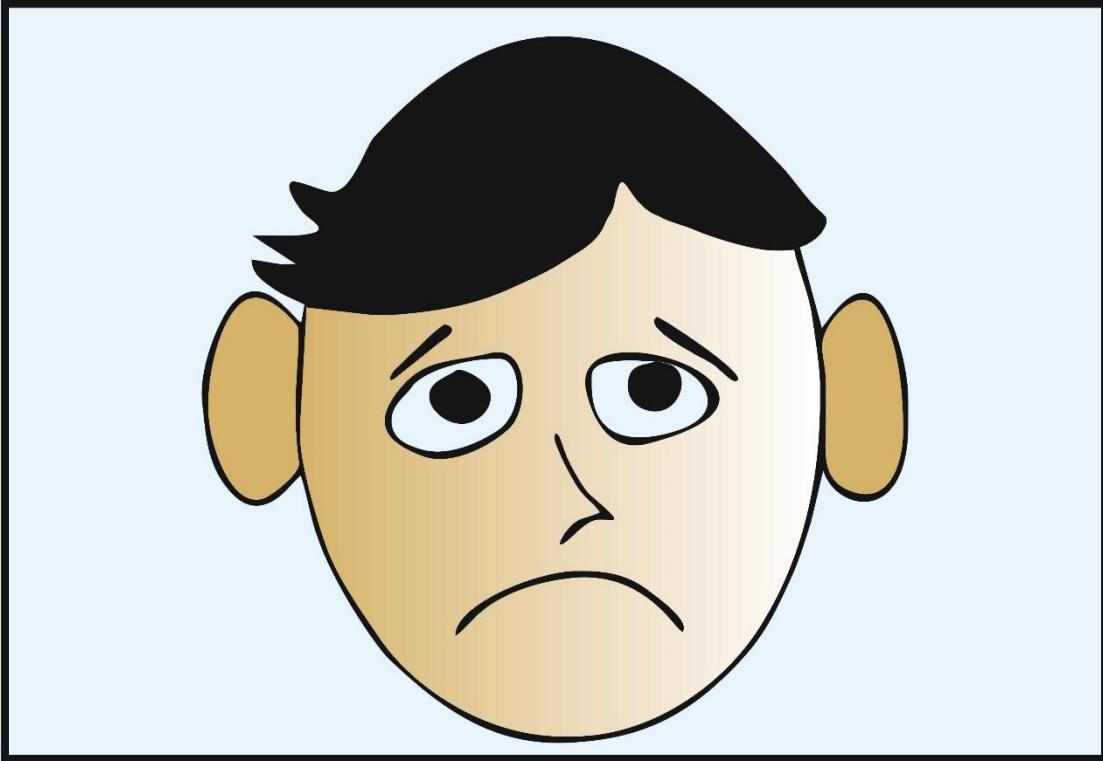
Ask one of the participants to read them aloud and the others repeat the same, one by one with their right hands placed on their chest as if they are taking an oath

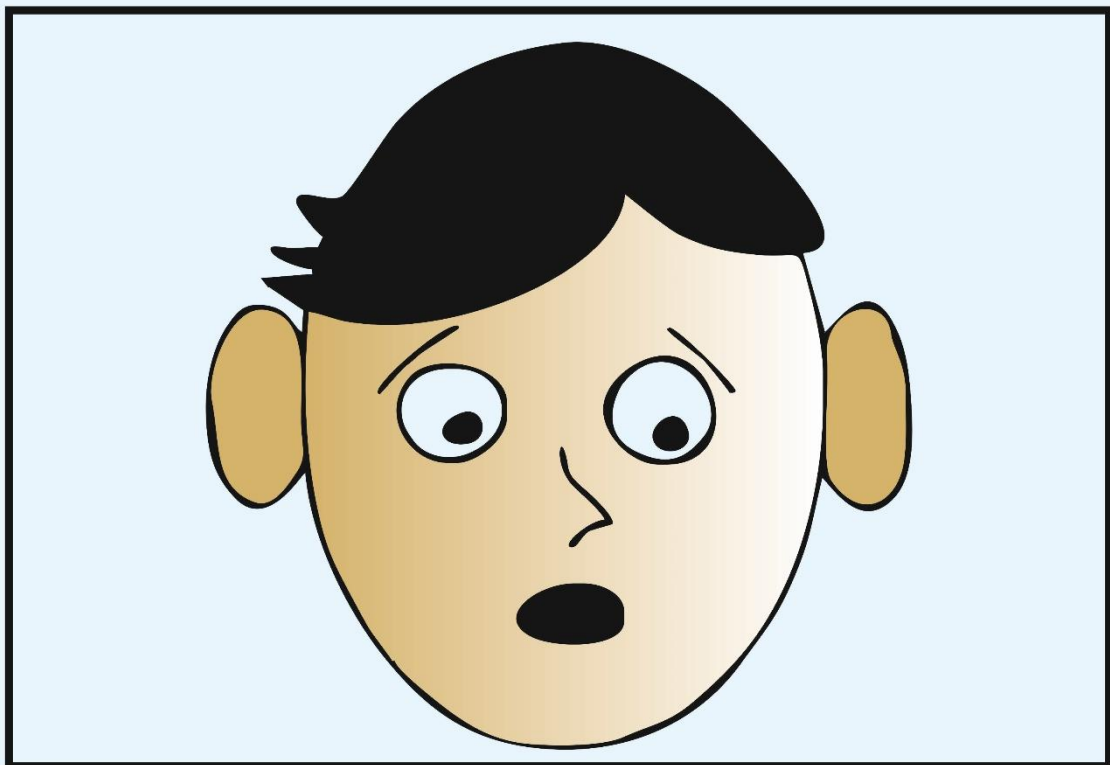
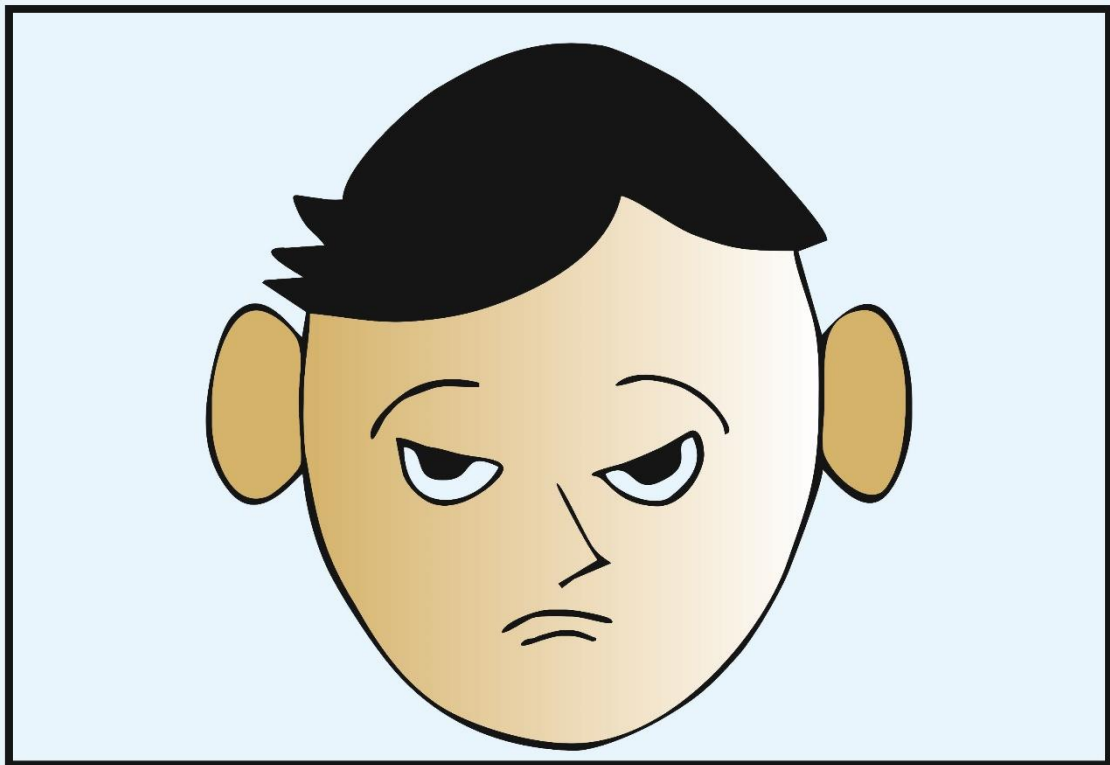
EXPECTED OUTCOME

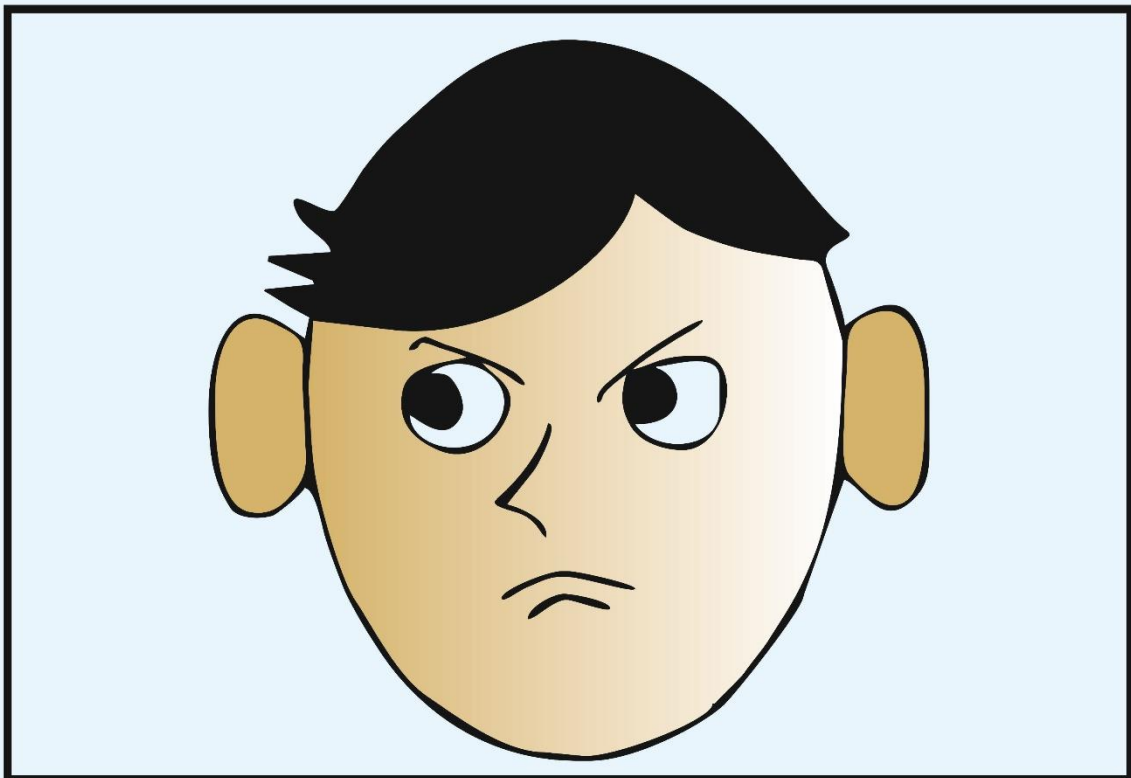
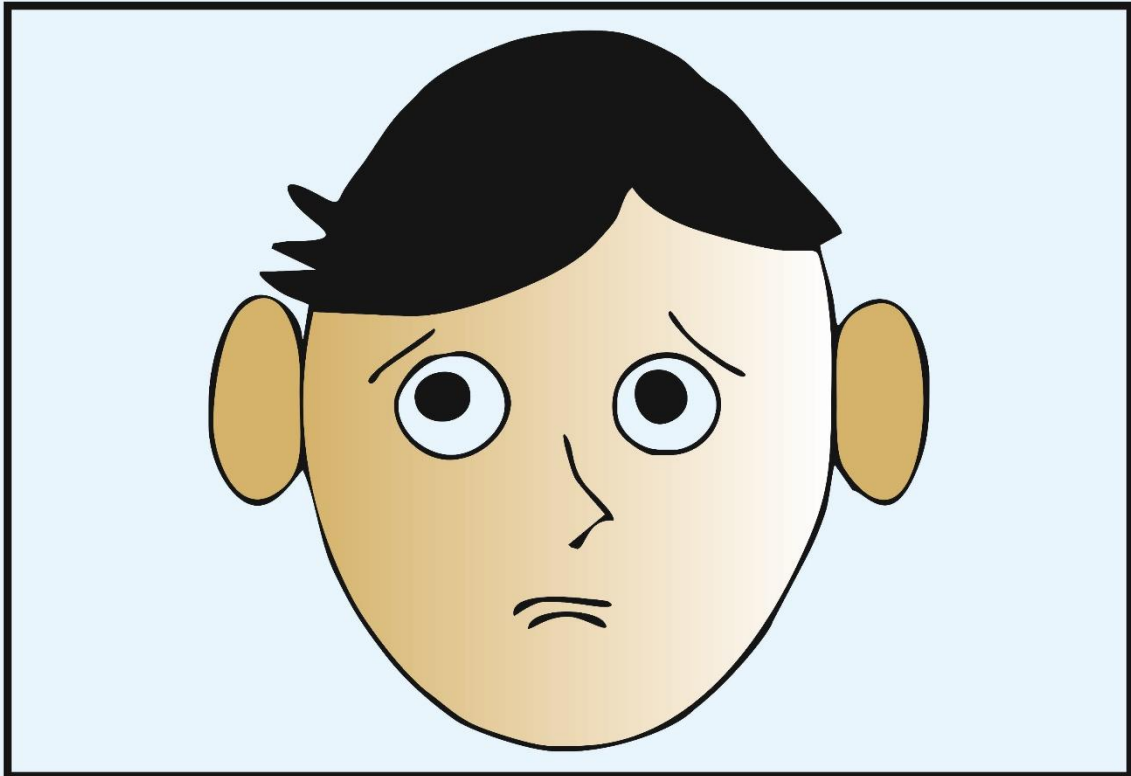
Participants would be committed to the PFA work and do it in their respective work areas.

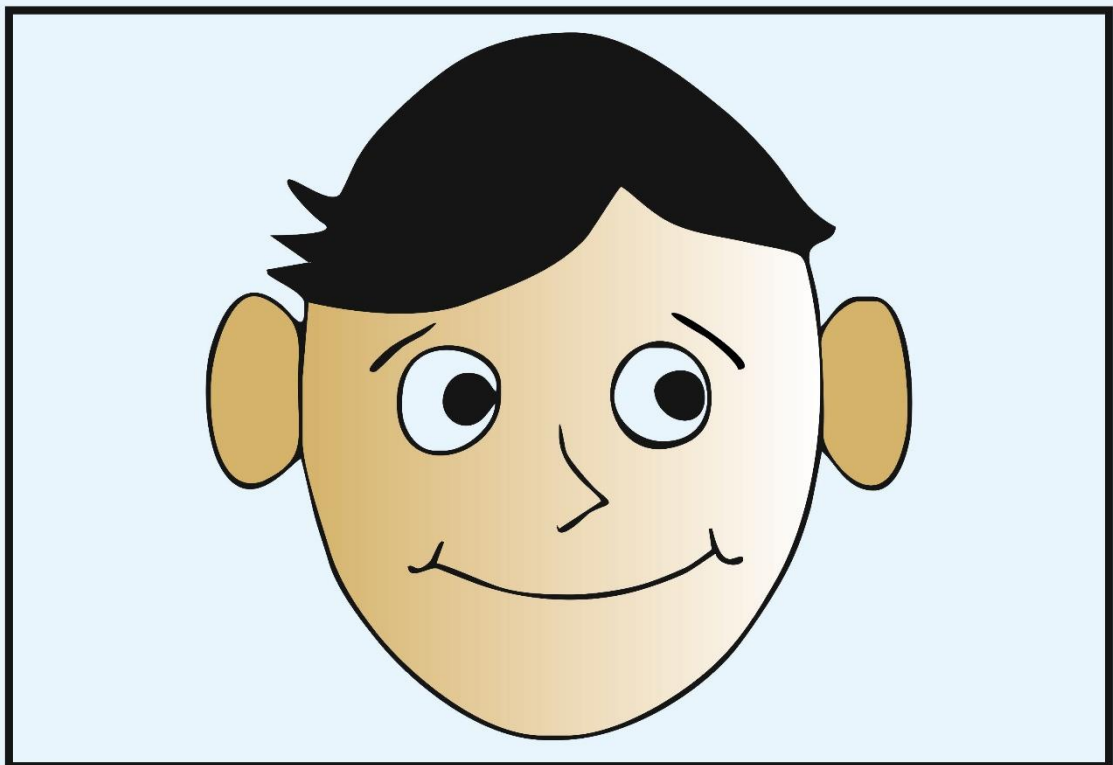
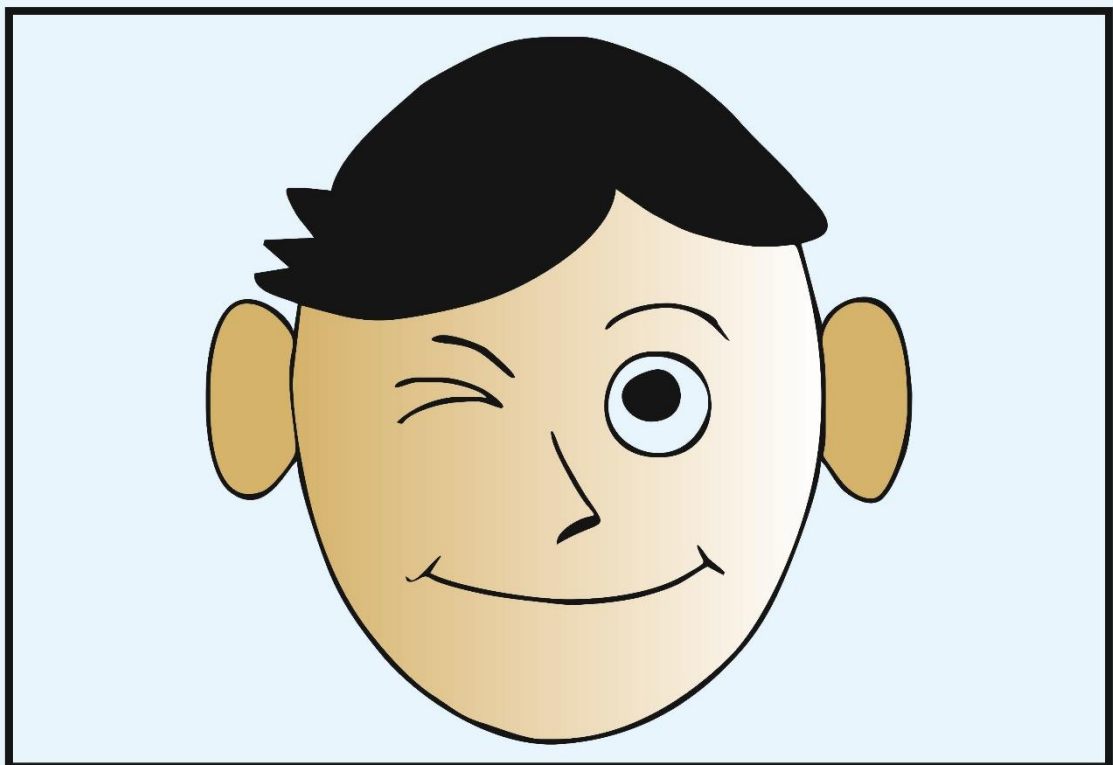
APPENDICES

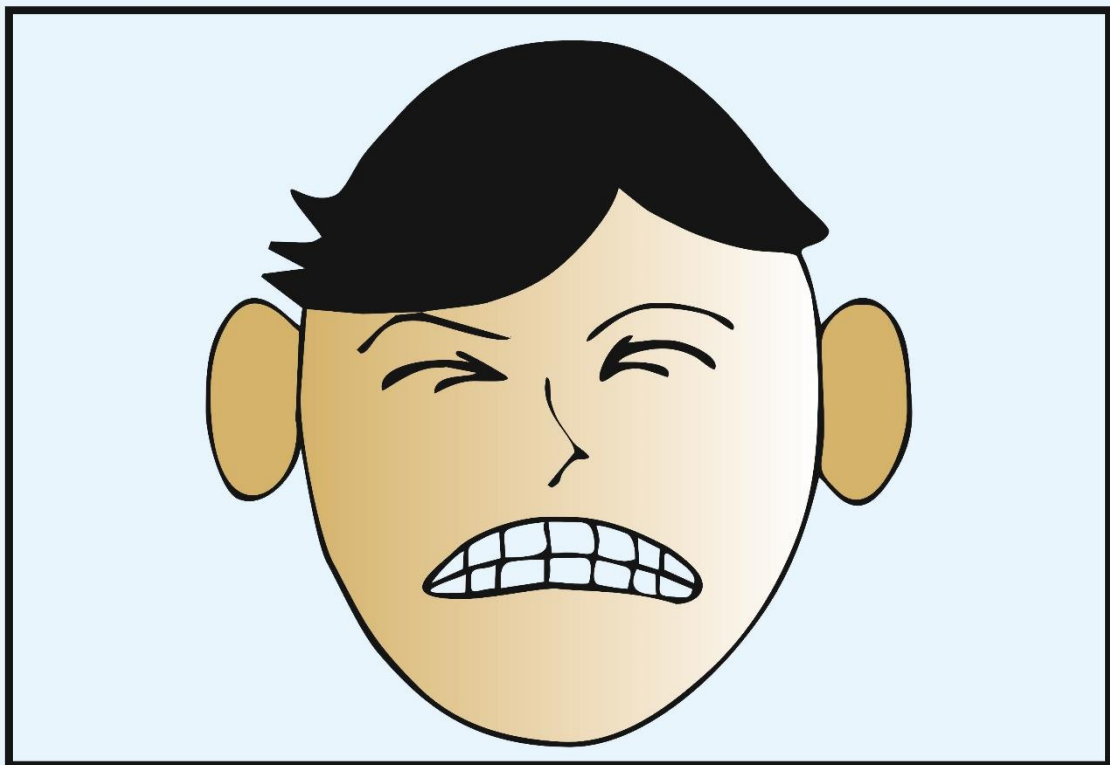
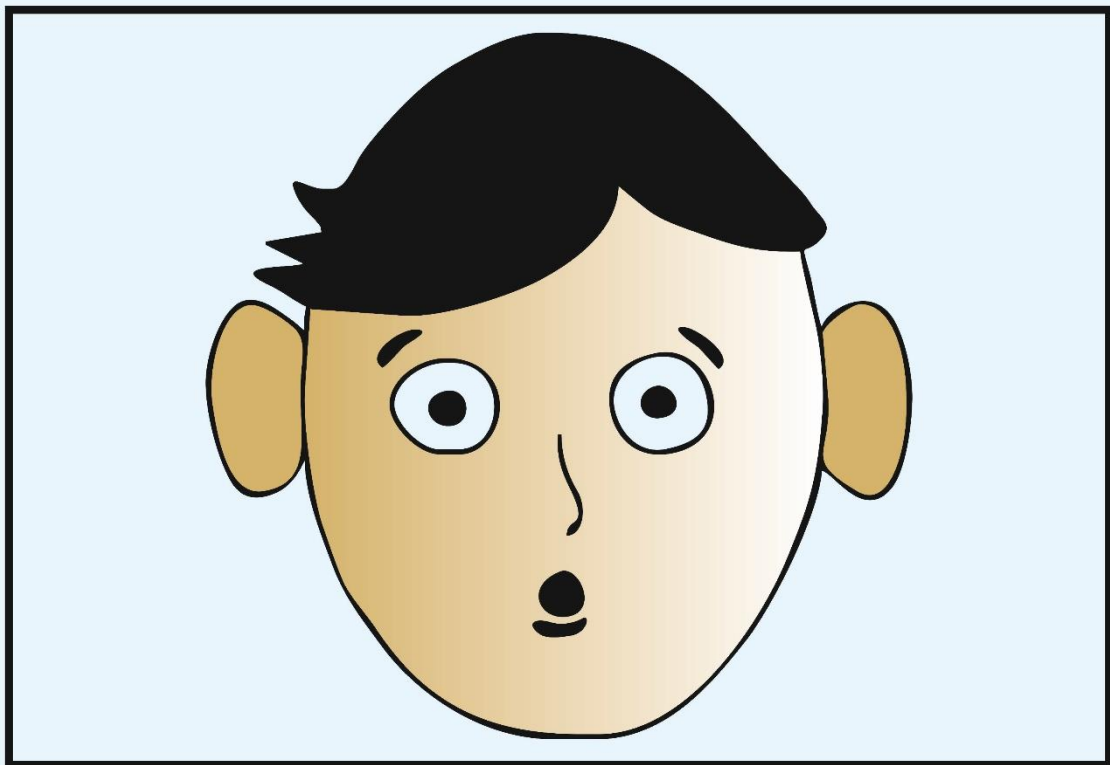
APPENDIX 1. MEDIUM 1: FACIAL EXPRESSION





















































APPENDIX 2. MEDIUM 2: EMOTION TRACKER

My Weekly Emotion Tracker¹

Name:				Age:				Date:				Draw/ write any other
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

This week, I mostly felt

I feltbecause

.....

.....

.....

.....

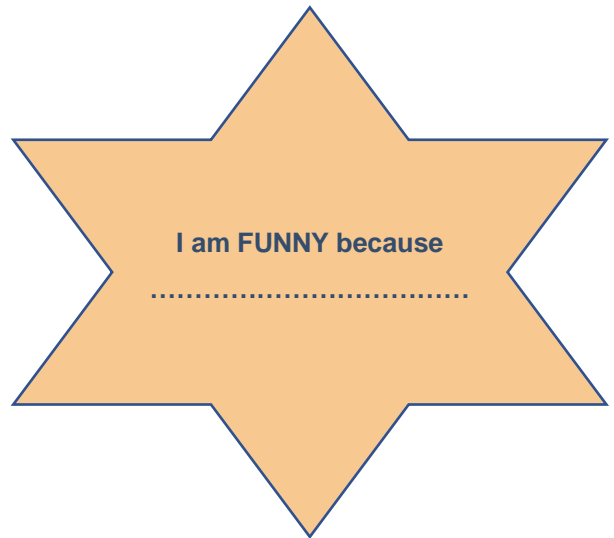
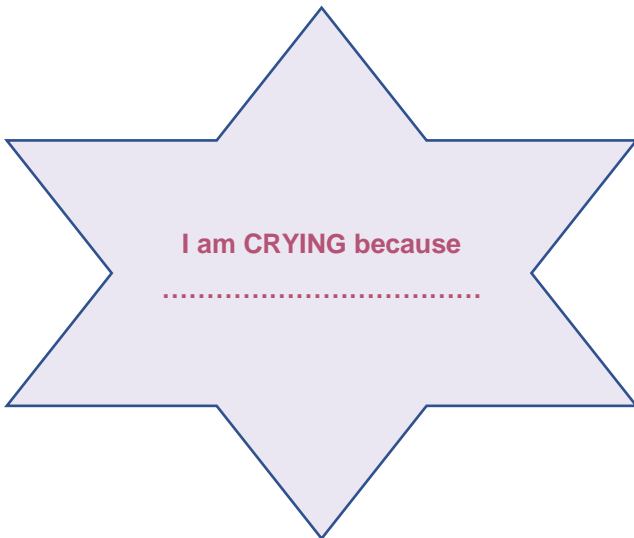
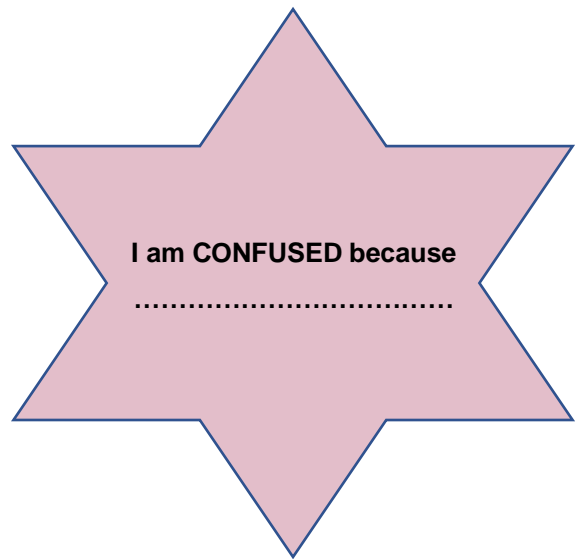
.....

.....

¹ adapted from <https://homeschoolgiveaways.com/2019/01/free-my-feelings-and-emotions-tracker/> retrieved on 4.5.20)

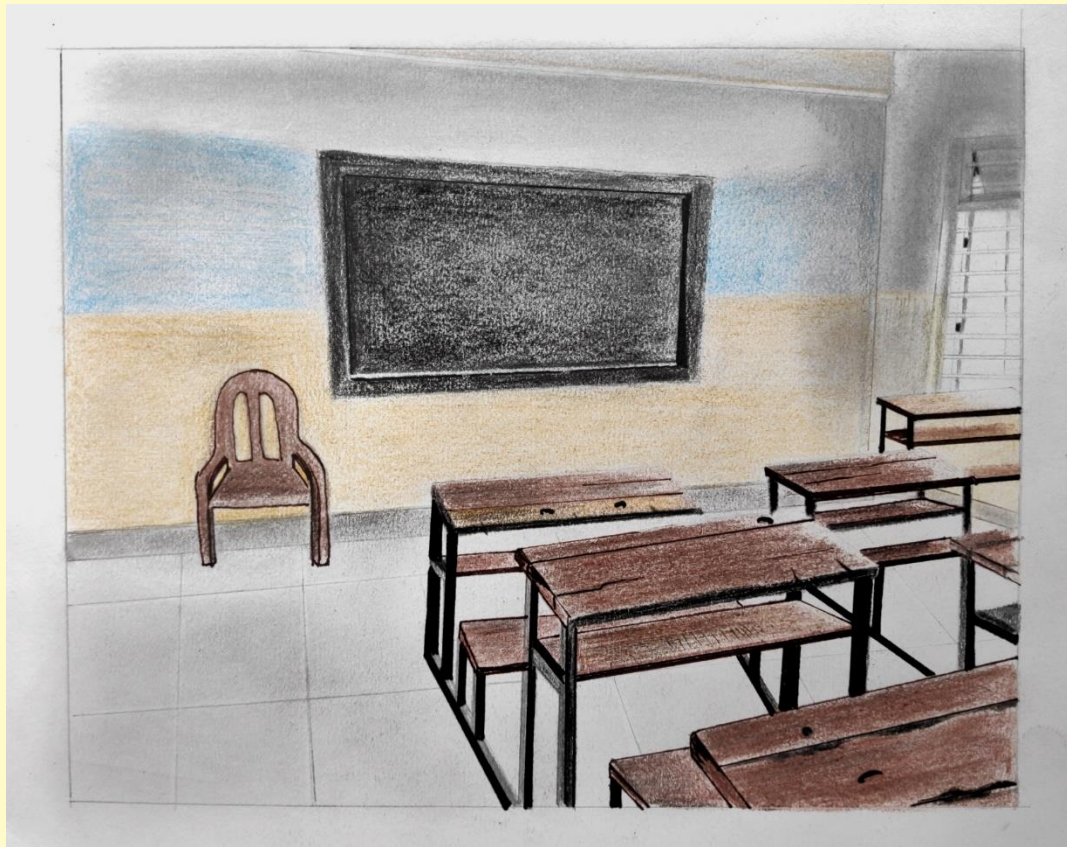
Emotion Tracker contd...

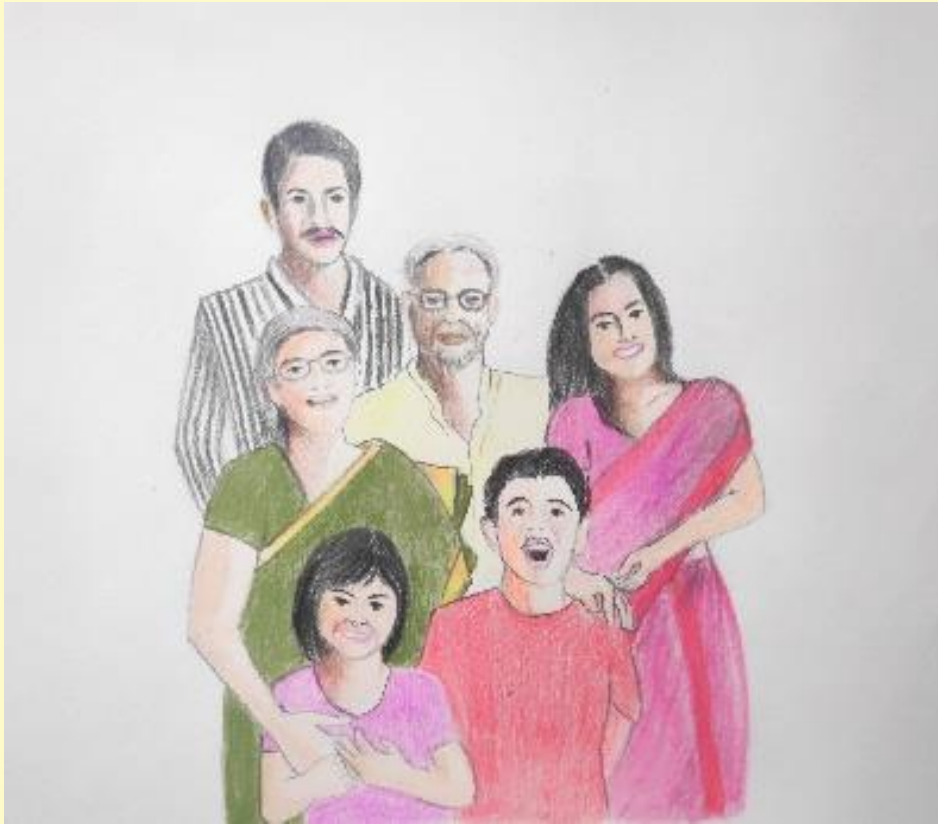
I Am

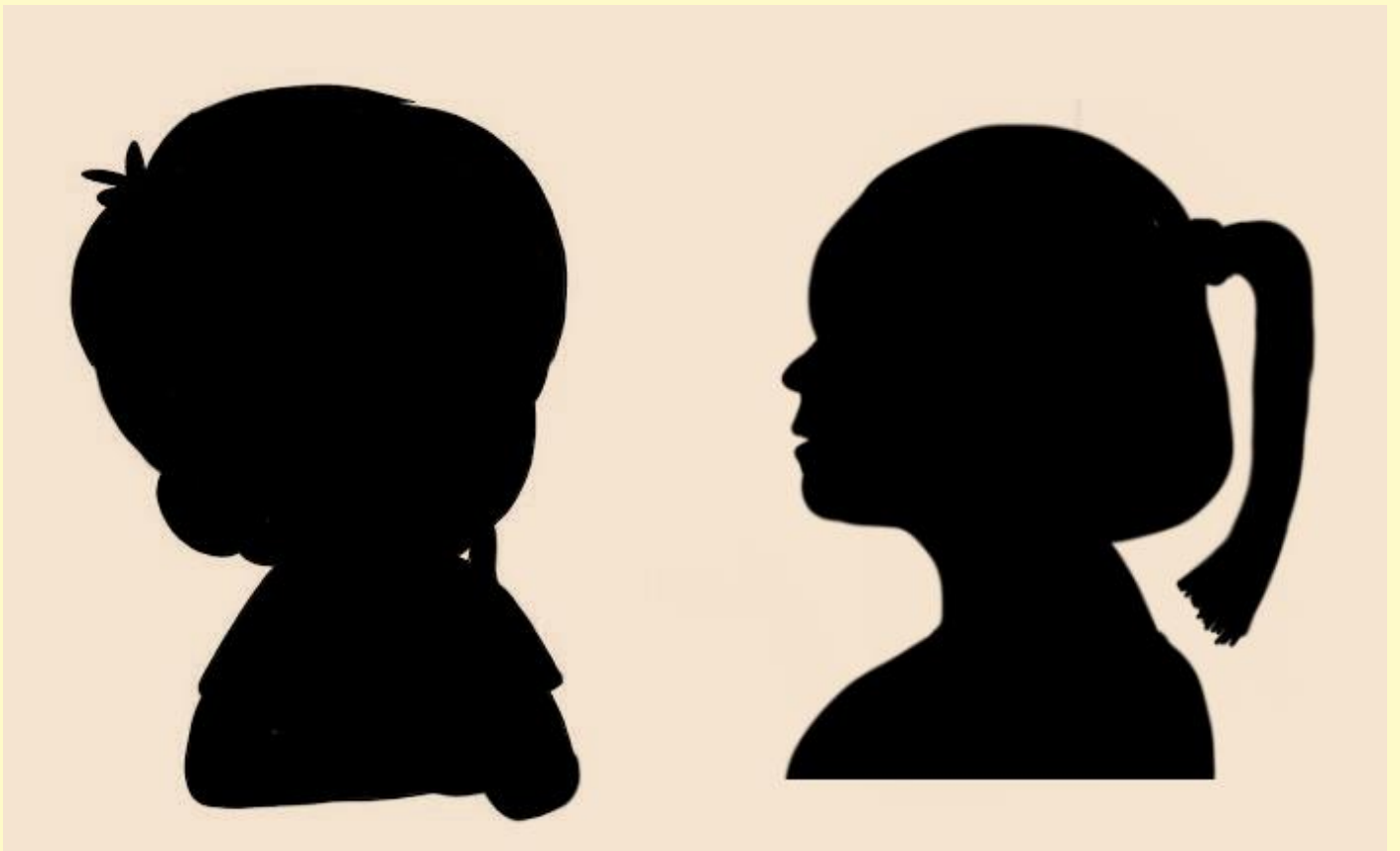


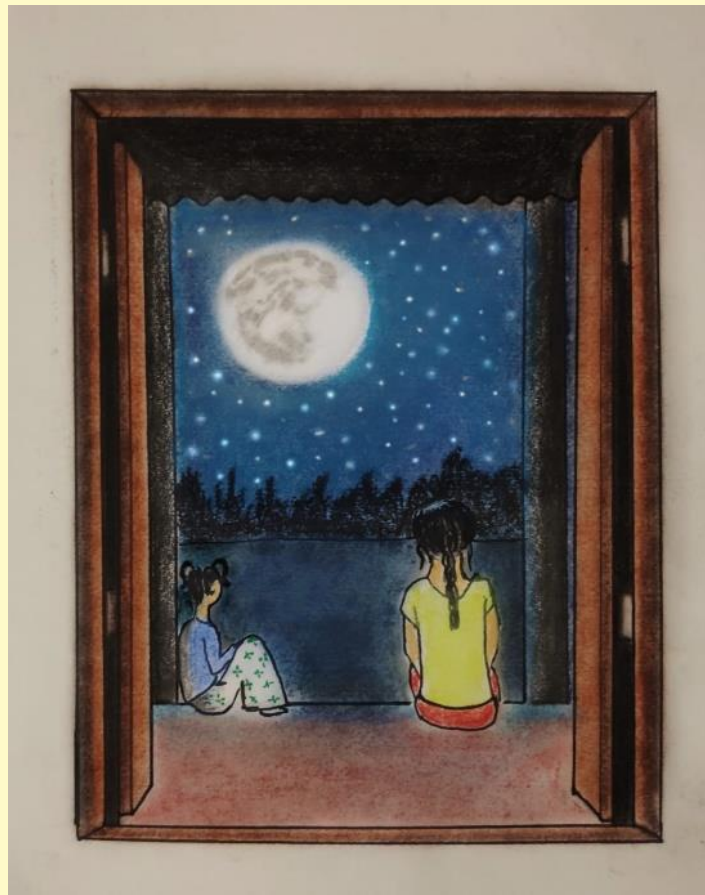
APPENDIX 3. MEDIUM 5: THEMATIC STORY CARDS









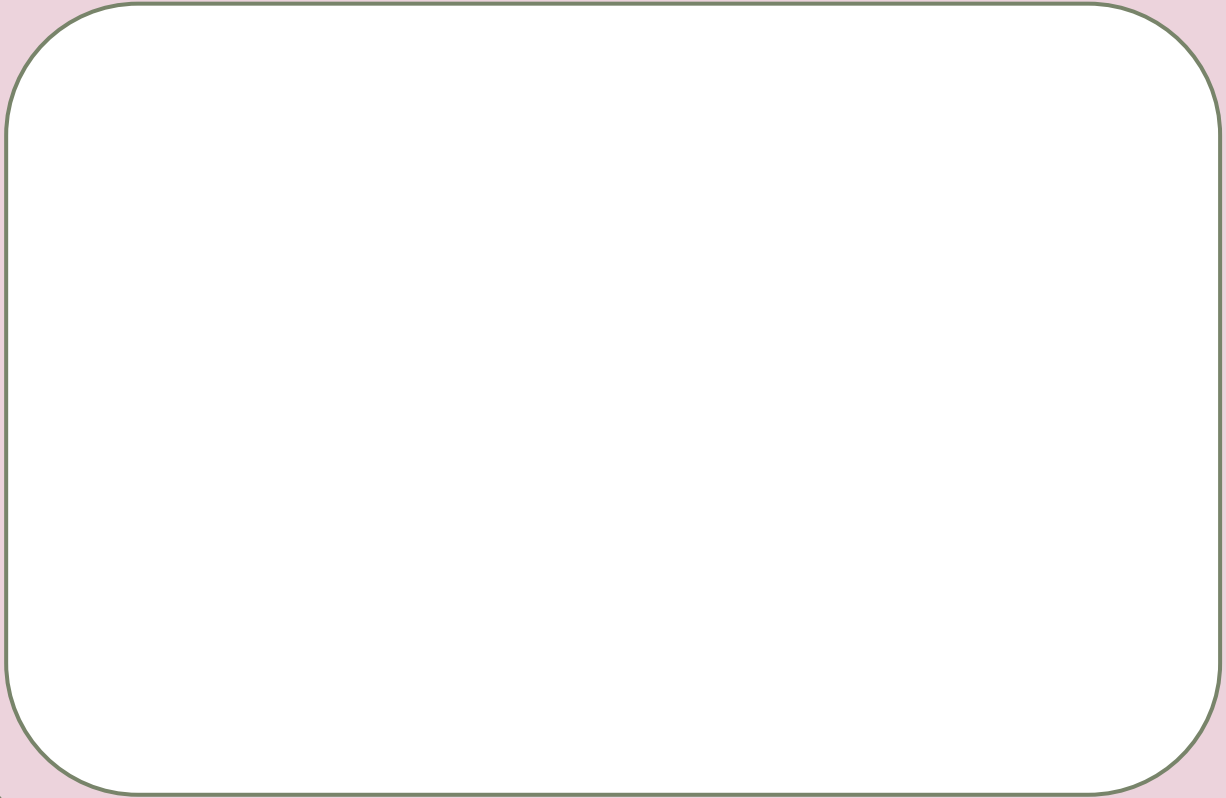


APPENDIX 4. MEDIUM 6: FAMILY PORTRAIT

My Family...

Draw your family members here

And put in their expressions



These are some examples you can use



Happy



Sad



Angry



Normal



Confused

APPENDIX 5. MEDIUM 7: DRAWING



APPENDIX 6. MEDIUM 8: DOLLS



APPENDIX 7. MEDIUM 9: CLAY MODELLING

Sample 1: Clay figurines to remember a pet or favourite animal



Sample 2: Expressing feelings through clay



Sample 3: Looking out your window- empty streets during quarantine



Sample 4: My Wish after quarantine (food/travel/meeting friends etc.)



APPENDIX 8. MEDIUM 11: PUPPETRY

Sample 1: Finger Puppet



Sample 2: No craft Puppet (only pen)



Sample 3: Sock Puppet



Sample 4: stick puppet (ice-cream stick)



APPENDIX 9. MEDIUM 12: BOARD GAMES

SNAKES AND LADDERS FOR CHILDREN IN COVID

41 I have a lot of friends	42 I sleep when I am worried	43 I can talk freely when I want to	44 I am Curious	45 I feel happy when I do something good	46 I try improving my skills	47 I like sharing my things	48 I think a lot about falling ill	49 I have plans about my future	50 THE END I AM AWESOME
40 My family loves me	39 I exercise each day	38 I try improving myself	37 I check social media often	36 I care about animals	35 I get angry too fast	34 I ask a lot of questions	33 I take rest	32 I know when I am angry	31 I talk to my family members
21 I like chatting with my parents	22 I ask for help	23 I have some hobbies	24 I follow a schedule	25 I don't know when I am upset	26 I do household chores	27 I know I am loved	28 I am mostly in my room	29 I play with my parents	30 I like playing with friends
20 I do not have Hobbies	19 I tell myself Good Job when I do good things	18 I know when I am sad	17 I know what I am good at	16 I try to solve my problems	15 I like learning new things	14 I care about my friends	13 I share with others	12 I spend most time on video games	11 I can Relax
1 START	2 I sleep for Eight Hours	3 I have a Routine	4 I tell my parents what is on my mind	5 I help out at home	6 I breathe deep to calm down	7 I play well	8 I slow down to take a hold of things	9 I feel excited about the future	10 I enjoy by my own

ASCENDING PATH FOR CHILDREN IN COVID

46 What is favourite video?	47 Where will you go after lockdown	48 Name your 3 favourite fruits	49 How will be meeting school friends	50 Name 3 wishes that you want to be true	FINISH	
45 Which friend will you meet after lockdown						
44 Count 100 to 80 backwards	43 First thing you want after lockdown	42 Run and touch 5 things in 10 secs	41 Tell about best day in lockdown	40 Jump 50 times	39 What will you do after lockdown	38 Walk backwards 20 steps
37 How long will this continue?						
30 Do you miss your teachers?	31 What food do you miss	32 Name your 5 friends	33 What do you play in lock down	34 Tell A-Z in 10 secs	35 Tell one good thing about lockdown	36 Stick out your tongue and sing
29 Hop left to right with hand up						
28 Tell your favourite number	27 Do you think of school?	26 Sing holding nose	25 What do you do at home?	24 Sing 3 rhymes	23 Make a funny face	22 What do you miss?
21 Laugh like a hyena						
14 How is your day in lock down?	15 Sing a song	16 Do you ask about cases of COVID?	17 Do pigeon call	18 Could you talk to your friends in lockdown?	19 Name 5 cartoon charecters	20 How do you feel in lockdown?
13 Name 5 flowers in 10 secs						
12 What did elders tell you?	11 Kangaroo jumps 20 times	10 How did you know about COVID?	9 Frog leaps 10 times	8 Favourite time of the day	7 Count backwards 1-20	6 Name favourite friend
5 Quack like a duck						
START		1 Jump 20 times	2 Name a favourite toy	3 Hop 10 times	4 Best outdoor activity	

APPENDIX 10. MEDIUM 13: CARD GAMES

Say one thing you are
grateful for
Today

Say thank you to your
sibling/housemate
for one nice deed

Help someone in
need

Clean up your toys
after play/
Pack up

Write a gratitude
letter/ make a
gratitude card
together for the whole
family

Play together without
gadgets for half hour

Help out with two
chores everyday

Pretend to be
someone of a helpful
profession.
Describe who you
are?

Clue: sanitation,
postman, nurse

Wish “Namaste/Good
morning” to whom you
meet in the morning
for a week

Learn one new skill
and show

APPENDIX 11. CRISIS MANAGEMENT KIT TEMPLATE

CRISIS MANAGEMENT KIT		
POSITION	NAME	CONTACT NUMBER
Police Station		
Fire Services		
Doctor		
Mental Health Professional		
ASHA worker		
CDPO		
CWC member		
Religious leader/NGO		
Politician		
Any Other		

APPENDIX 12. SOME RELEVANT IEC MATERIALS

DO YOU SEE ANY OF THESE SITUATIONS AROUND YOU?



APPENDIX 13. BIBLIOGRAPHY

1. Jacob P, Rajendra KM, Ghosh S, Sagar VJ. COVID-19 Pandemic and Mental Health Issues in Children and Adolescents. In: Psychiatry Do, editor. Mental Health in the times of COVID-19 Pandemic Guidelines for General Medical and Specialised Mental Health Care Settings. Bangalore: NIMHANS; 2020.
2. Chauhan. Covid-19: Disaster Act invoked for the 1st time in India. . HindustanTimes (e-paper). 2020 25th March 2020.
3. WHO. Psychological first aid: guide for field workers: World Health Organization; 2011.
4. Dybdal AS, Melin M, Terlonge P. Psychological first aid for children: Two-day training programme: Save the Children Denmark; 2013. Available from:
https://resourcecentre.savethechildren.net/node/7838/pdf/pfa-two-day_training_programme-day_1-2_0.pdf.
5. Kavitha P, Sekar K. Psychosocial Care for Children Affected by Tsunami-Through Child Care Activity Centers. *Prehospital and Disaster Medicine*. 2011;26(S1):94-109.
6. Seshadri SP, Ramaswamy S, Rajendra KM. The Building Blocks: Training Series 1. Mental Health, Psychosocial Care & Protection for Children & Adolescents:: NIMHANS; 2020.
7. Joseph SJ, Sekar K, Janardhana N. Psychosocial Care for Children with Visual Disabilities—A Qualitative Case Analysis. *Social Work Practice in Mental Health: Cross-Cultural Perspectives*. 2014;1:120.
8. Saksena S, Manoharan A, Raha S. Life Skills Module.
9. Skeens LM. An Introduction to Guided Imagery Techniques for At-Risk-Youth. 2015.
10. UNICEF. The state of the world's children 2011-executive summary: Adolescence an age of opportunity: Unicef; 2011.
11. Ganguly BB, Kadam NN. Understanding social determinants for children in difficult circumstances: an Indian perspective. *Int J Pediatr Child Health*. 2016;4:77-88.
12. Sekar K, Kavitha P. Psychosocial problems among children in difficult circumstances. *Artha Journal of Social Sciences*. 2015;14(2):53-5.
13. Kavitha P, Sekar K. Kaval: Psychosocial Care for Children in Conflict with Law in Kerala. [Action Research Project]. In press 2018.
14. UNICEF. Guidelines for child friendly spaces in emergencies. New York: UNICEF. 2011.
15. Abel T, Jaisoorya TS. COVID-19 Pandemic and Mental Health Issues in Children and Adolescents. In: Psychiatry DO, editor. Mental Health in the times of COVID-19 Pandemic Guidelines for General Medical and Specialised Mental Health Care Settings. Bangalore: NIMHANS; 2020.