



Driving Innovation in Crisis Management for **E**uropean **R**esilience

D550.1 - Collaboration and interaction of first responders with the general public

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List of Acronyms

Abbreviation / acronym	Description
CM	Crisis Management
CPR	Cardiopulmonary resuscitation
DoW	Description of Work
DRC (Denmark)	Danish Red Cross
FGD	Focus Group Discussion
GHOR (Netherlands)	Regional Medical Emergency Preparedness and Planning Office
JE	Joint Experiment
LAN	Local Area Network
MDA (Israel)	Emergency medical, disaster, ambulance and blood bank service
PFA	Psychological First Aid
PMS	Project Member States
PTSD	Post-Traumatic Stress Disorder
SOTA	State of the Art
THW (Germany)	Federal Agency for Technical Relief
UEVHPA	Uniform Emergency Volunteer Health Practitioners Act
VCT	Volunteer Coordination Team
VPA	Volunteer Protection Act
WP	Work package
XVR	Experience Virtual Reality tool

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Project Description

DRIVER evaluates solutions in three key areas: civil society resilience, responder coordination as well as training and learning.

These solutions are evaluated using the DRIVER test-bed. Besides cost-effectiveness, DRIVER also considers societal impact and related regulatory frameworks and procedures. Evaluation results will be summarised in a roadmap for innovation in crisis management and societal resilience.

Finally, looking forward beyond the lifetime of the project, the benefits of DRIVER will materialize in enhanced crisis management practices, efficiency and through the DRIVER-promoted connection of existing networks.

DRIVER Step #1: Evaluation Framework

- Developing test-bed infrastructure and methodology to test and evaluate novel solutions, during the project and beyond. It provides guidelines on how to plan and perform experiments, as well as a framework for evaluation.
- Analysing regulatory frameworks and procedures relevant for the implementation of DRIVER-tested solutions including standardisation.
- Developing methodology for fostering societal values and avoiding negative side-effects to society as a whole from crisis management and societal resilience solutions.

DRIVER Step #2: Compiling and evaluating solutions

- Strengthening crisis communication and facilitating community engagement and self-organisation.
- Evaluating solutions for professional responders with a focus on improving the coordination of the response effort.
- Benefiting professionals across borders by sharing learning solutions, lessons learned and competencies.

DRIVER Step #3: Large scale experiments and demonstration

- Execution of large-scale experiments to integrate and evaluate crisis management solutions.
- Demonstrating improvements in enhanced crisis management practices and resilience through the DRIVER experiments.

DRIVER is a 54 month duration project co-funded by the European Commission Seventh Framework Programme (FP7/2007-2013) under grant agreement no. 607798.

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Executive Summary

There is an increased focus on the need for collaboration between first responders and the general public. This type of collaboration requires soft skills that are not necessarily included in more traditional command and control trainings for first responders. Learning to collaborate with the general public requires different didactics than learning technical skills. It also requires different support tools; tools that let the trainees experience the engagement with the target group. These didactics and their supporting tools are developed in WP550.

More specifically, two separate but complementary trainings with support tools have been developed in WP550. These two trainings will feed into the DRIVER portfolio of solutions. The first training is an Awareness training. The Awareness training will aid professionals to become aware of the possibility to see the general public as a resource. The aim is for first responders to be able to evaluate when the general public can be (safely) involved and what tasks they can (effectively) perform - primarily during the response phase. One scenario has been developed to help first responders practice in a digital environment facilitating the provision of immediate feedback to support efficient achievement of the Awareness training learning objectives.

The second training is Psychological First Aid training. This training focuses specifically on psychosocial support from professionals to the general public. The aim is for first responders to be able to recognise and help those people that require immediate psychological first aid during the aftermath of a crisis to reduce initial psychological distress and to support short- and long-term recovery and coping thus supporting the affected people to be active survivors. Three scenarios have been developed to help first responders achieve the Psychological First Aid training learning objectives in a digital learning environment.

This deliverable presents the solutions developed in WP550 (Task 1). The current task comprises two subtasks that have been implemented in parallel. Originally they were two separate tasks (55.1 and 55.3) with separate deliverables. As a part of the restructuring of the DRIVER deliverables these were combined into the new task.

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1 Introduction

People at an incident location do not passively wait for help to come. They spontaneously take action, even before professionals arrive. They comfort one-another, provide immediate first-aid for the injured, as well as search-and-rescue efforts, and as such increase survival rates of victims. Once professional help arrives the general public may have valuable information to help the professionals build up a common operational picture. Later on, the general public can be used in a variety of tasks. This can be perceived by the professionals as a barrier to their work; or it can be perceived as a helping hand to them [49]. However, in the acute phase of a crisis, there is hardly time to negotiate between professionals and unaffiliated volunteers. The interaction between CM professionals and the general public to address the situation suffers as result. However, the notion that citizens are not just victims but that they can be useful for the professionals has gained more recognition over the past years, and is now formally adopted as a priority by governments in European countries such as the Netherlands.

In parallel to this, the period after the 2004 Indian Ocean Tsunami has witnessed an increased focus on the mental health and psychosocial wellbeing of survivors of major natural disasters as well as other smaller crisis events. The first wave of research, policy and practice was largely centred on the Post-Traumatic Stress Disorder (PTSD) diagnosis, especially among Western tourists. Critics claim that the response was too PTSD- and trauma focused [55] and the last decade has seen an increased focus on people’s ability to exhibit resilience in the face of adversity. Accordingly, while most people will experience psychological distress following disasters and crises, most people are able to recover using their own resources such as family and social support networks and only a small percentage will develop mental disorders such as PTSD, anxiety and depression after such events. This means that psychosocial support that promotes family and community support structures is needed for the large majority of people, whereas specialised psychiatric treatment is only needed for a smaller group of people [30].

These two developments share at least one important characteristic. Both developments perceive persons affected by these disasters and crisis events as resilient individuals that can cope relatively well in the face of adversity, and in the first case, people are even sometimes considered as assets to the professional response. It is, however, important to note that collaborating with the general public – whether in order to potentially involve them in the response or to identify and respond to their basic psychosocial needs – requires soft skills. Soft skills that are not necessarily included in more traditional command and control trainings for first responders. Fostering societal resilience is one of the key aims of DRIVER. The two training presented below address this in a tangible manner by providing trainings that are founded on research, didactical theories and innovative technical solutions, yet also very practical to implement for crisis management organisations.

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Learning these soft skills requires different didactics than learning more “hard”, technical skills. It also requires different support tools; tools that let the trainees experience the engagement with the target group. These didactics and their supporting tools are developed in WP550.

Whereas Sub Project 5 focuses on developing methods and tools to support and enhance learning activities for the crisis management domain in general, WP550 more specifically focuses on the training solutions for interaction and collaboration between first responders and the general public.

This deliverable presents the outcome of task 550.1. In this work package we have developed two training solutions. Their evaluation has not been carried out yet, but this will be part of a later experimentation campaign. Within the current document we do however, provide information on the initial preparations of the experiments, the set-up of the research design, and the training content. The results of those experiments will be described in deliverable 550.2 to be expected in 2017.

The first training aims to improve collaboration between first responders and the general public in the *response* phase. The second training focuses on this collaboration in the *recovery* phase, with an explicit focus on psychosocial support from first responders to the general public. The two trainings have been implemented in parallel and the two deliverables were combined as a part of the restructuring of DRIVER deliverables. However, both trainings take a holistic approach to the disaster management cycle because the phases are closely interlinked. This means that both solutions presented are suitable for response and recovery phases. The current deliverable therefore presents two training approaches with different angles on cooperation and interaction between CM professionals and the general public¹. This deliverable describes the development of the two training solutions.

The first training is an Awareness training with support tools. The Awareness training will aid professionals to become aware of the possibility to see unaffiliated volunteers as a resource. We want them to be able to evaluate when the general public can be (safely) involved and what tasks they can (effectively) perform - primarily during the response phase but possibly during recovery as well. One scenario has been developed to help first responders practice in a digital environment facilitating the provision of immediate feedback to support efficient achievement of the Awareness training learning objectives.

The second training is a Psychological First Aid (PFA) training with support tools. The PFA training focuses specifically on psychosocial support from professionals to the general public as outlined in the DoW. We want them to be able to recognise and help those people that require immediate psychological first aid during the response phase and during the aftermath of a crisis to reduce initial psychological distress and to support short- and long-term recovery and coping thus supporting the affected people to be active survivors. Three scenarios have been developed to help first responders achieve the PFA training learning objectives.

¹ The terms ‘general public’ and ‘spontaneous- or unaffiliated volunteers’ are often being used interchangeably. In our view, the concept of the general public also includes the people who will not volunteer spontaneously.

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There are important synergies between experiments in WP550 and other parts of DRIVER, which will be explored and exploited for the subsequent more advanced experiments: the task experiments and Joint Experiments. The Awareness training, shows clear linkages to WP350 dealing with communication for civil society resilience and particularly on WP360 on unaffiliated volunteer management. These three work packages focus on the interactions between first responders and the general public/spontaneous volunteers albeit from a slightly different angle. Whereas WP550 focuses on training the responders to be open for integration of the general public in the response, WP360 focuses on testing technical solutions for integration of spontaneous volunteers into the chain of command (e.g. pre-registration, reception centre). In addition, WP350 focuses on communication of key messages between the professional responders and general public to trigger actions by the general public. Based on the results of the pilots of the pilot experiments, it will be decided if and how the solutions from these three work packages can be combined in the Joint Experiment 1 preparation and execution.

The PFA training is clearly connected to WP38 on individual and volunteer preparedness. WP38 focuses on testing and validating existing training solutions on psychosocial support provided by volunteers to the general public. While these trainings are more advanced than the 1-day PFA training developed in WP550, they all belong to the same family of psychosocial support interventions and are supported by the same fundamental principles. For this reason, the two work packages have adopted similar evaluation frameworks and methodologies to allow for comparisons and cross-fertilisation of findings and solutions.

1.1 Reading guide

This deliverable explains how we have arrived at the two training solutions and why, and it documents the choices made along the way. The actual training content and accompanying scenarios are presented in the annexes as a separate document. Annex 1 contains the training content and scenarios of the Awareness training and Annex 2 contains the Psychological First Aid (PFA) training and scenarios.

The deliverable starts with a description of the common elements in the methodology towards the design and development of both trainings as they will be delivered in the experiments. We followed four generic steps to arrive at the trainings as they will be delivered in the experiments.

- Desk Research
- Design
- Technical implementation and visualisation
- Planning for experiments

Following the very same structure, Chapter 2 then goes into more detail on the Awareness training whereas Chapter 3 focuses on the PFA training. Each of these chapters addresses the specific aspects

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of development of a specific training and describes decisions leading to the choices that have been made in the design. As per the original plan, the experiments of the trainings have not yet been carried out. For this reason the report focuses the plans and initial work on the research designs for the piloting and does not report on the results of the experiments.

1.2 Methodology

In line with the DoW, the two tasks employed a similar methodology consisting of four phases: desk research, design, technical implementation and (preparing for) experimentation. Using a common methodology enabled partners to align work processes and outcomes. This section describes the common features for both trainings in the four phases. The outcomes of each individual step for the awareness training and the PFA training will be described in Chapter 2 and Chapter 3 respectively.

1.2.1 Desk research phase

The desk research phases were used to identify relevant existing guidelines, literature, experiences and EU-projects on collaboration between first responders and the general public. The desk research phases were approached slightly differently in the two tasks:

- For the awareness training, due to the emerging nature of the topic, an exploratory desk research was conducted in order to identify relevant EU-projects and experiences. To compensate for the small body of knowledge identified in the literature, additional interviews were held with operational experts.
- For the PFA training, the topic turned out to be well-defined as shown by the existence of many guidelines, trainings as well as peer-reviewed literature. Therefore, the desk research phase was expanded to discover existing trainings and e-support tools in order to identify gaps and needs in existing materials and e-support tools. The detailed steps for the two tasks are described in Section 2.2 and 3.2 respectively.

1.2.2 Design phase

Rather than a linear process, the design phase was an iterative process where materials were developed, circulated and updated based on review and feedback from partners. The design phase consisted of the following steps:

- Defining learning objectives, target group and content of training
- Develop conceptual design of training, including pedagogical strategy
- Develop scenarios with tasks, roles and flow of activities
- Develop training material

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Defining learning objectives

For defining the learning objectives for both trainings Bloom’s taxonomy is used. Bloom’s taxonomy is a “classification system used to define and distinguish different levels of human cognition—i.e., thinking, learning, and understanding. It has been commonly used to inform or guide the development of assessments (tests and other evaluations of student learning), curriculum (units, lessons, projects, and other learning activities), and instructional methods such as questioning strategies.” [6]. The taxonomy has received criticism in relation to the simplification of the human cognition process when dividing it in distinct categories particularly in sequential or hierarchical categories. Nevertheless, it is widely used as logical frameworks for teaching and learning goals that help researchers and educators understand the fundamental ways in which people acquire and develop new knowledge, skills, and understandings and to define which the final expected cognitive levels are once a learning process is concluded.

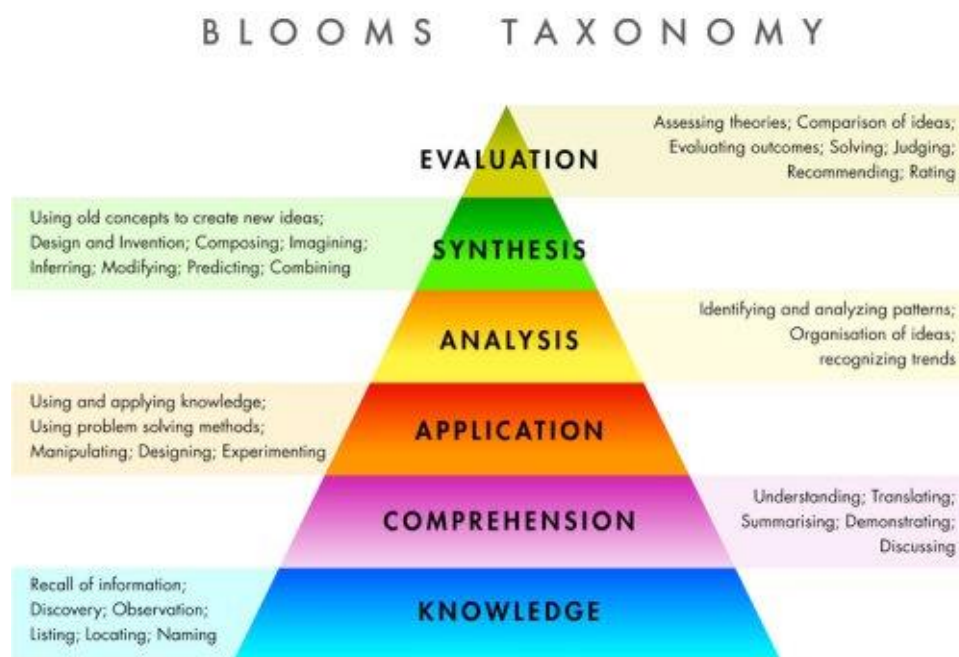


Figure 1: Bloom’s taxonomy, cognitive categories and initial list of associated verbs.

The original taxonomy was organised into three domains: Cognitive, Affective, and Psychomotor. Educators and instructional designers primarily focus on the Cognitive model or mental skills, which includes six different classification levels: *Knowledge*, *Comprehension*, *Application*, *Analysis*, *Synthesis*, and *Evaluation* (See Figure 1). For each of these levels the classification includes an indicative list of the verbs most commonly used to define learning goals.

A learning goal presents a final expectation of the learners’ cognitive level once a learner has performed a learning activity. The design of learning goals commonly combines the name of the relevant cognitive categories (levels) with the most appropriate verb from the indicative list and the name of the topics to be addressed in the activity. For instance, a learning goal stated as “To understand how the general public behaves”, means that learner is expected to achieve a basic level of Knowledge (Comprehension) about the topic of general public behaviour.

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The learning goals of the two training courses designed in this WP have been defined according to this general educational practice and according to the following steps [42].

1. Identify (and list) the knowledge topics to be addressed in the training
2. For each topic, present its related learning goals through a description of the learners' cognitive levels to be achieved when the course will be concluded
3. Select the cognitive category or level needed to be achieved from Bloom's taxonomy
4. Describe a statement in a format "Do + what? [Verb] + [Information about a specific theme of the knowledge topic]" providing details about the expected level. In order to compose such statement, select the most appropriate verb from the related list for the cognitive category selected in the previous step and complete the statement with the information about the specific theme of the selected knowledge topic

Conceptual design

The conceptual design of training encompasses the development of the learning experience. As such, it aims at describing the pedagogical strategy that will guide the process of training. The strategy will include the set of activities (in groups of tasks) that will be performed by the participants in the experience (trainers, trainees, facilitators) using certain resources (contents, digital services, elements of an scenario) that allow them to reach a specified set of learning goals in a certain period of time [42].

During conceptual design several tools were used such as Course Map [13] which can be used to create the conceptual design of learning experiences. It gives a general view of the course/training and distinguishes four dimensions that materialise the different elements of the pedagogical strategy of the training:

- Guidance and Support
- Content and Experience
- Reflection and Demonstration
- Communication and Collaboration

Each dimension includes the possible choices to make in terms of resources, actions and the roles played by the different participants in order to describe the learning experience as it is shown in Figure 2. The combination of these four dimensions enables a brief textual overview of the course activities in terms of the learning experiences the learner/trainee will have, how a trainee will communicate and collaborate with peers and the trainers, how guidance and support are provided (e.g., online or offline) and the nature of assessments included as part of the experience in order to verify the achievement of expected learning objectives. The results and detailed contents of the pedagogical strategy of the trainings are presented in Section 2.3.4 and 3.3.4 respectively.

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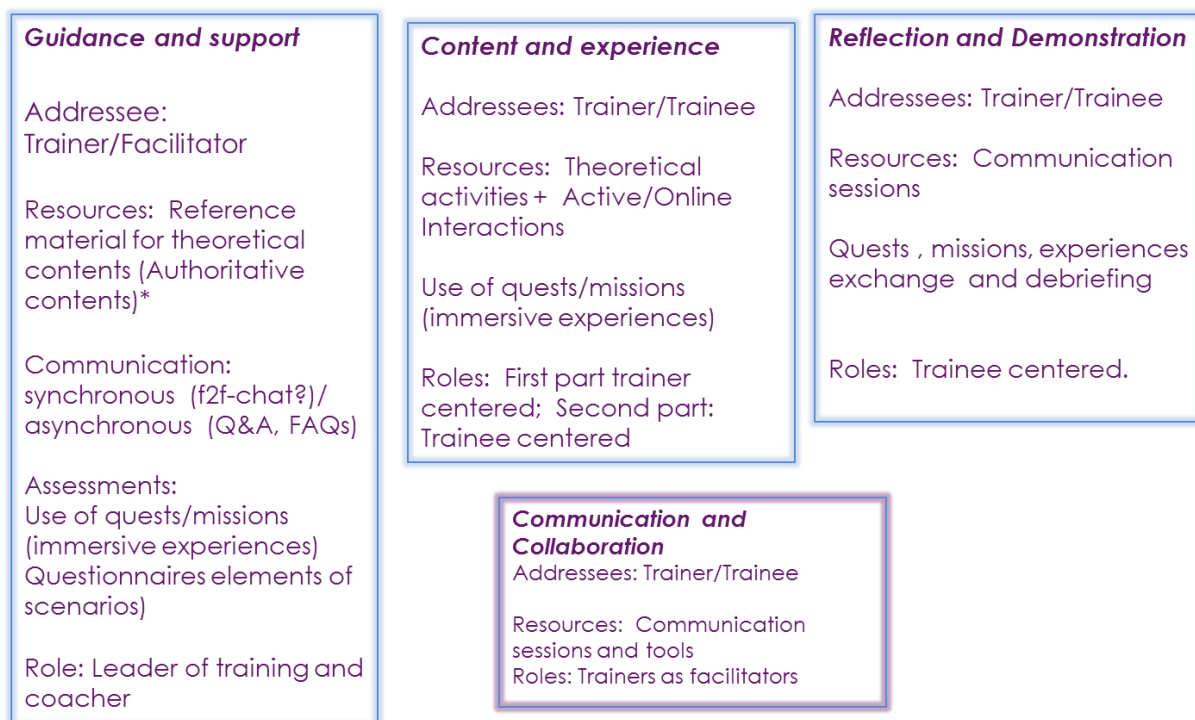


Figure 2: Course Map

Scenario development

Development of the scenarios is all about creating learning moments. The key to that is to create a series of meaningful events that should be handled by the trainee(s). The following steps can be distinguished.

1. *Develop story.* Starting point for a scenario is a context and storyline that allows the trainee to perform a number of tasks related to the learning goals. The scenario structure comprises the development of the ‘story’ and how it unfolds depending on the decisions made by the trainee.
2. *Define ‘Key events’ in relation to learning goals.* These key events set the scene for the scenario and they force the trainee to make decisions based on the theoretical knowledge he or she has built up. Depending on those decisions, the moderator can provide feedback.
3. *Design of feedback and evaluation.* At some points in the scenario, there should be room to question these decisions, explain consequences, or discuss alternatives. At the end of the scenario, criteria should be clear to evaluate if the trainee has achieved the learning goals.
4. *Create scenario.* The actual writing of the scenario is about creating a credible environment with characters that show ‘realistic’ behaviour and allow evaluation.
5. *Test / evaluate / adapt.* This process is not necessarily linear. New insights can lead to changes in each of the previous steps.

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Training material development

Developing the actual training material that is to be used during the course is the most practical activity. Content should be selected or developed with an eye on the target group and the learning goals. It is important to know the characteristics of the trainees in order to select materials that are challenging yet inviting, and consider the way of presenting them to the trainees. For example: a high quality scientific publication on a topic of interest is not necessarily a good piece of training material. The trainer needs to think how to present the information to the trainees. Will (s)he provide a summary, make a presentation, create a handout, a quiz or find another way to have the trainees interact with the content.

1.2.3 Technical implementation and visualisation

The two trainings will be delivered in a blended environment using formats such as trainer-led classroom interaction, group work and the use of a visualisation tool. Within the DRIVER Project, the visualisation tool XVR is used to depict the working scenarios for practicing a set of predefined skills (XVR has also been used in other SPs, notably SP2 and 6). The XVR Simulation Platform provides a realistic, immersive learning environment for incident response professionals. Offering a combination of 3D virtual simulation, map-based information, photography and videos, the XVR Platform supports a variety of learning methods. XVR provides support to the training by presenting a visual 3D scenario and its “Team training option” feature facilitates the interactions between trainer and trainees.

The scenarios are of such a general nature that they can be easily incorporated in any form of visualisation, they can include verbal explanation, a whiteboard sketch, a table-top representation, a photo or video, or another simulation or visualisation tool. This means that the final training solutions do not depend on the availability of an XVR licence.

1.2.4 Pilot experimentation

Pilot experiments for both tasks will be conducted in Q2 2016 and results from the pilots will feed back into further refinement of the trainings in an iterative manner. The plans for the two experiments are presented in Sections 2.5 and 3.5.

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2 “Awareness training”

2.1 “Introduction”

In emergencies and crises the general public will help themselves, each other and the professional first responders. Research and evaluations over the years show that the general public is willing to help in all kinds of ways [24], [23]. Examples of activities that can be done by these unaffiliated (spontaneous) volunteers² are providing first aid to victims, initial search and rescue, cooling down people suffering from burns, and providing emotional support.

It often happens that when the professionals arrive on the scene the general public is already present and helping. There are different ways in which the professionals can react to this situation. They can for example place the helping public behind a line and take over (as is the most common approach in most countries) or they can collaborate with them. All varieties are possible and the ‘right’ approach differs per situation [49].

The suggestion that citizens are not just victims but can also be useful for the professionals has gained more ground in the past few years. The authorities in different countries (for example Safety Regions in the Netherlands), increasingly recognise the importance of this cooperation and its implication for the professional crisis managers because the interaction between unaffiliated volunteers from the general public and professionals can be quite significant. For example, how do you know as an emergency service worker what knowledge, skills and qualifications citizens have and how to make use of these? How does that relate to the procedures and protocols of the crisis management professionals? And how does a CM professional guard the safety of the victim, volunteer, bystander, and himself? What are the legal implications of deploying the public, etc. There are a lot of questions concerning this cooperation and although the authorities recognise the importance, it is not common procedure for the professionals to collaborate with the public. Therefore we aim to develop an awareness training for crisis management professionals, to build capacities for increased awareness on cooperation with the public.

In this chapter the methodological steps (as described in the introductory chapter) are applied to the development process of an awareness training that will contribute to helping the professionals understand the possibilities, advantages and disadvantages of cooperation with the general public. This will help them start the discussion with their organisation in how to deal with these possibilities. The main content of the training will be presented in Annex 1 of this deliverable.

² We have to make a clear distinction between the general public and the organised (affiliated) volunteers. The latter constitute a group that have received training – to varying degrees – in crisis management and are part of an organisation that has a pronounced and active role in disasters. The former, the general public, is used here to denote those individuals or groups of individuals that are present at a disaster site, but are not injured or victims in need of assistance. In other words, they are the ones that are at ‘ground zero’ perhaps for the simple reason that they live, work or are just passing by the site as disaster strikes.

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Chapter 2 is structured as follows: First we present the results of the desk research phase. From this follows a selection of a framework for training. Next we go into the training design and describe the technical implementation phase. We conclude with a presentation of the plans for a pilot experiment to be held in May 2016. The results of this pilot experiment will be reported in D550.2.

2.2 “Desk research phase”

The research phase was divided in three steps:

- Step 1: Desk research on collaboration between professionals and the general public
- Step 2: Interviews on collaboration between professionals and the general public
- Step 3: Selection of an appropriate framework for training

These two steps are described below.

2.2.1 Step 1: Desk research for the awareness training

During the work on the State of the Art for WP51 (SOTA) we found several projects and initiatives in Europe (and beyond) describing the actions civilians were taking to prepare themselves for crises. Some of these initiatives included crisis management professionals or the use of materials provided by professionals to help civilians develop prevention and recovery plans. Many of those studies, however, focused on the mitigation or preparation phases. Information on the collaboration of crisis management professionals and the general public during the actual response or recovery phases of an incident or crisis turned out to be scarce. In general, it can be said that doing research at a disaster site is very difficult from a methodological perspective. We’re not there when it happens so we have to rely on second-hand sources [47]. Below we present two tables with the selected literature from the SOTA and the categorisation to CM phases and target groups.

D1	COBACORE
D2	OPSIC
D3	Psychosocial Centre of the Danish Red Cross (DK)
D4	Collaboration in an Emergency – complex encounters between different actors (SE)
D5	First response actors at emergencies (SE)
D6	Collaboration practices for safety, rescue and societal response (SE)
D7	Training for ice rescue in collaboration between the rescue services, the Swedish sea rescue society and voluntary leaders in an outdoor organisation (SE)
D8	INKA - Professionelle Integration von freiwilligen Helfern in Krisenmanagement und Katastrophenschutz (DE)
D9	Baseline experiment on collaboration of fire brigade and incident by-standers (NL)
D10	National exercise Portugal (PT)
D11	Role of On-the-Scene Bystanders and Survivors in Mass Casualties Incidents (IL)
D12	Community Action for Disaster Response (CADRE) (Asian)
D13	Swedish frivilliga resursgrupp (Volunteer Resource Group) - FRG
D14	UKs Local Resilience Forum –LRF

Table 1: 14 projects from the SOTA Sources of information for the Awareness desk research phase

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We used the SOTA as a starting point in the desk research phase, complemented with relevant written media to gather information on the topics the awareness training should contain such as: behavioural aspects of the general public and of first responders; coordination of collaboration; rules, regulations and legislation; risks and liability. Using these terms as keywords, we searched the internet as well as grey literature (from researchers' personal archives).

Sources that were included in our search are: EU project reports, scientific publications (evidence based), practice reports (international, national and local) and tool descriptions. Initially, the focus was on media published in print or electronically between 2012 (end of ACRIMAS) and 2014. Later on older publications were allowed in as well because no recent literature was recovered. Only literature that was found in the languages of the PMS in WP550 (Danish, Dutch, English, German, Swedish) has been included in our overview. Note that there seems to be a general lack of research on the collaboration between the general public and crisis management professionals. We do have found, however, a number of initiatives that focus on organising and preparing the general public for disasters. For example, Ready 2 help (NL), based on Team Austria (A). These projects are outside our scope because their focus is on preparing the citizens and not on the CM professional. As we see a direct link with the solutions that are tested in WP360, E36.1, on the pre-registration of spontaneous volunteers, we will explore possibilities for cooperation in the preparation towards the Joint Experiments.

To gain insight in the nature of the different projects derived from the SOTA, each project was categorised based upon the target group (either affiliated volunteers, spontaneous (unaffiliated) volunteers, the general public or crisis management professionals) and the phase of the emergency management cycle the project encountered (mitigation, preparedness, response or recovery). We specifically searched for projects that focus on the response phase and are either aimed at unaffiliated volunteers (without specific crisis related preparation), or at crisis management professionals. See Table 2 below for an overview. Four of the 14 projects suited these criteria as can be seen in Table 1: 14 projects from the SOTA Sources of information for the Awareness desk research phase.

Crisis management phase					
	Mitigation	Preparation	Response	Recovery	Undetermined
CM professionals (includes first responders and commanders)	D8, D14		D4, D8, D9	D1, D2, D3	D6, D7
Volunteers (affiliated)	D8, D12, D14	D12, D13	D4, D8, D12, D13	D1, D2, D3	D5
Volunteers (unaffiliated)			D4, D9, D11	D1, D2	D5
General public	D10		D9, D11	D1	

Table 2: Categorisation of projects to target group and CM phase

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Collaboration in an Emergency – complex encounters between different actors (SE)

Danielsson, Eliasson & Johansson [14] studied the interaction between four actors: first responders, affiliated volunteers, rescue services command centre, and unaffiliated volunteers. The results from this study indicate that the first responders and unaffiliated volunteers (what we call the general public in our training) are always at the centre of the incident and set the tone for how an incident is handled on-site. In this study, different actors have specific tasks – the fire fighters perform rescue operations, whereas ambulance personnel focus on life-support. While this division of labour can ease the coordination of the effort, it can sometimes hinder collaboration. The study concludes that work on the disaster site is conducted – depending on the size of the incident – in two arenas: one central where focus is on the hands-on handling of victims, and the second the peripheral area where more support-actions are organised. Unaffiliated volunteers can be present at both sites and this can affect the collaboration.

Baseline experiment on collaboration of fire brigade and incident by-standers (NL)

Van Rijk et al. [49] have studied the current state of the collaboration between professionals and the general public in an experiment with 29 teams of the fire department in the Safety Region IJsselland. The experiment showed that the reaction of the professionals on helping members of the general public was very diverse with 17% of the teams sending them away, 17% letting them carry on with their initiatives and the remainder of the teams send some of the general public away and let others carry on.

The following conclusions are drawn from the results:

1. The degree of information crisis management professionals receive when getting to the scene influences their risk perception of the situation and therefore also how they deal with the general public (asking them to leave or not).
2. When crisis management professionals move away the general public that spontaneously offers to help their main objective is to avoid unsafe situations (or situations regarded as such).
3. When crisis management professionals do accept spontaneously offered help from the general public their main motive is that they provide extra assistance capacity.
4. How crisis management professionals approach and deal with the general public has a major effect on the appreciation and understanding that citizens experience.

Based on the results of this experiment it is recommended by the authors to:

1. Be mindful of the competencies from crisis management professionals in dealing with the general public during incidents and to develop these structurally if necessary. For instance, via education, training and practice.
2. Be mindful of the role of the general public and the way this is dealt with by crisis management professionals during the subsequent discussion of incidents, disasters and crises.
3. Influence the expectations of the general public involved as early as possible.

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INKA - Professionelle Integration von freiwilligen Helfern in Krisenmanagement und Katastrophenschutz (DE)

The study conducted by INKA (not dated) aims to develop optimised solutions for the professional integration of volunteers in disaster prevention and crisis management. The expected results are guidelines which give specific action recommendations. Furthermore, solutions for IT-supported coordination will be developed.

Role of On-the-Scene Bystanders and Survivors in Mass Casualties Incidents (IL)

In order to prevent chaos and confusion on scene Adini in [1] argues that it is useful to utilise the general public and to direct the actions of those on scene that offer their assistance. Therefore she describes sixteen tasks that bystanders and survivors can perform when a crisis occurs³.

The following tasks were described in the study: reporting an event, reconnaissance, assisting in the triage of casualties, caring for the walking wounded, assisting in traffic control, strengthening security, evacuation of casualties to ambulances, transporting casualties to medical facilities, collecting body parts, collection of personal belongings to facilitate identification of victims, accompanying relatives to a forensic institute, locating family members separated from each other during the event, assisting in operation information centres, assisting the media, translating, and donation of blood. These sixteen functions are based upon the events that occurred after the suicide bombing on March 4, 1996 in Israel. Leadership on-site and instruction and supervision by professionals crisis managers for some tasks are crucial. Therefore she argues that the crisis management professionals must be trained in how to integrate the general public in the emergency response.

Role of the general public during incidents or crisis, other literature

Groenewegen and Oberijé in [23] have investigated what the role of the general public was during ten crisis situations in the Netherlands between 1992 and 2010. The types of crisis varied from a plane crash in a residential area to a fire in a dune area. Based on interviews with both the general public and crisis managers it was found that the general public contributed in all 19 crisis management processes used in the Netherlands, which are 1) fighting the fire and emission of dangerous materials, 2) saving and technical help, 3) observing and measuring, 4) warning the public, 5) making accessible and cleaning up, 6) medical care – somatic, 7) medical care – psychological, 8) clearing and evacuation, 9) shielding and setting of, 10) to direct traffic, 11) to maintain law and order, 12) to identify victims, 13) guiding, 14) registering victims, 15) criminal investigation, 16) informing, 17) reception of victims and tending to their needs, 18) delivering primary necessities of life, 19) aftercare.

This research clearly indicates that civilians are not necessarily only victims or casualties. They want to help save their neighbourhood, their loved ones, their own life.

³ Israel has a recent history with many terrorist attacks. Therefore it is conceivable that the general public in Israel can be asked to assist in a wider variety of activities than the general public in other (western-European) countries.

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We also found an interesting project addressing the nature of ‘civilians as interference’ in training. In a real life exercise of the Michigan National Guard Soldiers from 1st Battalion, 125th Infantry Regiment role players were *“to act as panicked citizens displaced by [a] nuclear event. The role players were instructed to disrupt the Soldier’s scenarios in a variety of ways to add realism to the exercise. The disruptions tested the Soldiers’ capabilities to effectively aid and assist civilians in the midst of a disaster”* [50]. In this case the role of the civilians is clearly to help test the work of the soldiers in more disruptive situations.

Based on the results of the studies described above we see a general picture emerging in relation to the cooperation between the crisis management professionals and the general public:

1. First responders and unaffiliated, spontaneous volunteers (the general public) are at the centre of the incident and set the tone for how an incident is handled on-site [14]. When the first responders regard the crisis situation overall or for the volunteers specifically as dangerous or harmful, they are less likely to involve volunteers in managing an incident [49]
2. The general public fulfils two main tasks in crisis situations, it serves as a source of information and provides an extra pair of hands. Clearly, both of these tasks are executed in collaboration with the first responders and other professional care workers. The initiative for these interactions in general comes from the volunteers, whereas professionals coordinate the nature of the collaboration [14]. When professionals regard the general public as competent and supporting they are more likely to include them in an intervention than when a bystander is perceived to be passive [1]. When they behave calmly, they are more likely to be kept involved [49]. Bystanders on the other hand, look for leadership, and most often obey orders by authority. A lack of leadership by crisis managers may influence the outcome of the crisis in a negative manner [1].
3. There are several tasks the general public can perform on scene, however the crisis management professionals must show leadership in assigning these tasks to the general public. Instruction and coordination from the professionals is also needed for some of these tasks [1].
4. These functions the general public can perform are described, but specific guidelines or prescriptions helping professionals on how to organise the collaboration with the general public are lacking. Future projects (INKA, n.d.) aim to develop optimised solutions for the professional integration of volunteers, and specific guidelines for specific action recommendations. This, however, is still under development.

This lack of guidelines for collaboration between professionals and the general public in crisis situations makes it difficult to develop a prescriptive training for crisis management professionals. Research conducted earlier shows that in- or exclusion of the general public is to a large extent dependent on the situation, the general public and the professionals – leadership being a crucial factor for the latter.

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2.2.2 Step 2: Interviews with professionals on collaboration with the general public

To compensate for the small body of knowledge identified in the literature, we also collected information from practice asking professionals about the actual collaboration with the general public. We interviewed a professional from MDA in Israel, collected information from THW in Germany, and collaborated with two other projects in the Netherlands in workshops with professionals about this topic [18], [49].

Israel

In Israel it is quite common to use the general public in situations in which there are few crisis management professionals available. Especially the paramedics often make use of the general public. Using the general public in Israel starts at the public safety answering point where the 911 calls arrive. The employees there are used to coach the person who makes the call to start helping, while the professionals are on their way. Therefore they make use of a computer support tool which helps them to ask the right questions and give the right instructions. They coach the callers in the more basic things; how to start CPR, how to stop the bleeding, etc.

The degree to which crisis management organisations collaborate with the general public differs between organisations. Paramedics often use the general public for help and are trained to use the help the general public can give. The police and fire fighters normally do not use help of the public. The police try to get the people out of the way and prefer to let only professionals near the scene, here liability issues do play a part. The fire fighters do not use the general public because their crews are much bigger, they have an officer on scene and two vehicles. They are not as much in need of extra hands as the paramedics.

The moment the paramedics arrive at the scene they take over, however they often use the general public in order to help them. A paramedics crew consists of two professionals and in situations in which there are more than two casualties they really need the general public. In those circumstances they give the general public assignments. The task they assign them aren't complicated or dangerous; for example helping to carry people downstairs, hold the oxygen mask, etc. Waiting for other professionals often isn't an option (for example in the rural areas) so they need all the help they can get. However, once more professionals (e.g. police or fire fighters) arrive the paramedics prefer to work with them. The main reason is that police officers and fire fighters are better prepared for -and trained in- crisis management and first aid, understand the communication, etc. so they can be of more help than the general public.

MDA is Israel's national emergency medical, disaster, ambulance and blood bank service and works closely with the general public. MDA crews find themselves often treating the critically sick or injured when there are people around who can help the professional medical staff to treat, rescue or evacuate the casualties. In some cases the anxiety of those who witness the situation makes it very difficult for the responders to perform their professional tasks. In rare cases this might escalate to violence against the crew. When the police try to control crowds this sometimes provokes violence (especially when the public feels there is no appropriate response to the situation). For important tasks (such as securing the scene) the police therefore need to deploy a larger than necessary force.

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This is why MDA sees the ability of the team members to deal with the general public on the scene in an effective manner as an important skill of the responders.

In the textbox below the vision of MDA in Israel is given.

Even though there is no written formal procedure regarding this, each instructor has his contribution to the understanding of this topic by the students. From conversations with some instructors of different levels of training (Paramedics courses, first aid course, EMTs, etc.), these are the key points for public integration into the treatment of sick or injured:

- In mass casualty incidents, instructions are delivered through the loudspeakers of the ambulances to make everyone in the area stay away (so they will not get hurt). If possible the public is asked to help professionals take out casualties from the area by carrying the wounded on stretchers. People are also asked to assist in rescue operations by simple measures such as control of haemorrhages by applying direct pressure on a wound.
- In incidents where the professional crew can use the general public in the vicinity to transfer casualties (down the stairs or from an otherwise inaccessible area to a passable road) it is recommended to do so.
- When the general public has to move away from the focal point of an incident to a safer place. It is good practice to encourage them to assist others who are injured (mainly those with minor injuries) with evacuation.
- The general public will be asked to assist in carrying stretchers, hold infusion bags and perform any task that requires “none professional working hands”. This is also considered as a way of helping people to move from a “victim – passive” mode, to an active mode, which also reduces the anxiety of the public.
- As ‘stress related victims’ on the scene require someone to be with them until responders are free to care for them, this is also a task that will be assigned to members of the general public, using simple instructions – “stay with this person, allow the victim to cry it is OK, cover him and offer something to drink”.
- Even indoors, when the medical staff is limited (sometimes only two people), the crew use family members or neighbours by letting them do simple things, like chest compressions during CPR or hold IV bags. This is also considered as a way of reducing the family’s anxiety as they see how hard the team works resuscitating their beloved ones. This is also considered as an experience that makes the family come to terms with the death easier.

Germany

Civil protection personnel in Germany consist primarily of (trained) volunteers. On a state level, fire protection, often in combination with medical rescue services, is provided by 96% voluntary fire fighters/medical rescue personnel. On a federal level, 99% THW-members are volunteers. In case of an incident, they assist state rescue services (police and fire brigades for example) with technical equipment and man power.

These affiliated volunteers are specifically trained and work on an equally professional level as full time employees. In order to ensure and maintain a high level of expertise, continuous training and exercises are important. Hence, registering as a volunteer, be it with a fire brigade, THW or a medical rescue service organisation, requires quite a significant amount of commitment. However, how much time a volunteer needs to spend per year on average, in order to maintain his or her required rescue abilities has not been established.

In 2013 Germany gained experience in collaborating with unaffiliated volunteers from the general public as well. When multiple large rivers flooded, their banks were destroyed which caused major

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flooding in the eastern and southern parts of Germany in 2013. In this incident, thousands of THW volunteers, fire fighters, medical rescue organisations and the military were called upon to alleviate the situation. The severity of the flood required all rescue services to battle the water for about one month.

Due to extensive media coverage, quite a few people from unaffected areas in Germany felt the need to offer their help and support to civil protection organisations.

Since the current crisis management system in Germany is not designed to incorporate unaffiliated volunteers (general public), operational staff found itself in a difficult situation, where they were thankful for a few more helping hands or where the well-meant help actually burdened crisis management personnel.

Benefits:

Additional man power certainly can assist civil protection organisations in their relief efforts.

- Unaffiliated volunteers can perform tasks that do not require special training and can be executed outside of a danger zone (a dyke about to break for example). Such tasks could encompass: filling sand bags, setting up emergency beds for displaced people, pass on information to relief organisations etc.)
- As a result crisis management personnel is available for other tasks, requiring training and experience
- Fosters satisfaction among unaffiliated volunteers as they as receive the opportunity to help.

Drawbacks:

However, the support needs to be coordinated. This is important in order to ensure the safety of each unaffiliated volunteer as well as the goals of a particular relief effort. If the efforts are not coordinated, the risk of counter-productive activities occurring increases. The following examples (shortlist) were observed in 2013:

- Sandbags were taken by unaffiliated volunteers for fortifying a dyke that did not need fortification. Hence, these particular sandbags intended for another dyke that was in danger of breaking were no longer available. New sandbags had to be ordered and time was lost.
- Sandbags were placed incorrectly. As a result the constructed dyke was ineffective. The effort could have been utilised more efficiently somewhere else. Crisis management personnel had to remove the laid sandbags.
- Food was prepared for rescue personnel by unaffiliated volunteers without ensuring the cold chain and marking the date of preparation on the packages. Consequently, the food had to be thrown away.
- The parked cars of unaffiliated volunteers blocked emergency access roads.
- Multiple injuries to the back, heat strokes and heart attacks were experienced by unaffiliated volunteers. Most of these injuries might have been avoided if people had taken breaks, not performed tasks that were too physically challenging for them and/or proper lifting techniques had been applied.
- Refusing unaffiliated assistance, especially when possibly useful, results in dissatisfaction by those civilians offering support, the media and people affected by the crisis. Public opinion, often formed or fueled by media coverage, has a tremendous effect on political decisions. However, the reasons (legal, safety, structural and practical) for which the decisions were made, often got overlooked.

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If crisis management organisations want to incorporate the general public, it quickly becomes apparent that they need to be instructed and lead by crisis management personnel. As a result, CM resources will be tied up and are not available for other tasks. Consequently, the crisis manager has to weigh the benefits against the effort.

Operational/Logistic aspects:

In a crisis situation it is important that all volunteers accept orders/instructions from a superior. The crisis management process is not a democratic but a hierarchical one. Some unaffiliated volunteers had difficulties accepting this in 2013.

Some unaffiliated volunteers expected to be served meals and drinks for the duration of their support. However, since crisis management organisations did not know how many people would show up the next day, there was often a shortage of food (or a surplus which then had to be thrown away).

The Netherlands

The results presented below are based on information from two workshops. One workshop was held in 2014 in the Safety Region IJsselland with 12 people from the regional police, GHOR (medical assistance) and the fire brigade [49], another workshop with 25 Dutch professionals emergency workers and experts on collaboration with the general public organised by the COBACORE project in 2015 [18].

In the Netherlands there are differences in the willingness of professionals to collaborate with the general public. There is no protocol in the emergency services telling them how to collaborate (or even to collaborate at all). The differences depend on the situation, the behaviour of the general public and the opinion and the preferences of the professionals.

The respondents differentiated assisting citizens in roughly three groups. Each of these groups triggers a different reaction of the professionals in their willingness to collaborate. The first group are the bystanders, passive citizens (doing no more than watching). This category of the general public will be kept at distance behind a line. The second category are the active citizens, the ones that are already helping when the professionals arrive. The professionals indicated that these were the people they are allowed to carry on as long as they appear to know what they are doing. As a third category the professionals distinguish the ‘over-active citizens’. This category needs to be watched; the professionals need to keep an eye on them. Sometimes this can be done by giving them a specific task, in other cases they need to be sent away but need some monitoring. People from this category seem to think they know it all. They often listen to the emergency service calls not to miss any incident. In many cases the professionals know these people because they have encountered them on previous incidents as well.

The professionals indicate that there is some kind of order in which the collaboration with the general public can be organised. When the professional emergency service workers arrive on the scene they try to get a picture of the situation as quickly as possible to assess the risks. The professionals acknowledge that the general public is a useful source of information (‘who knows what happened’, ‘who was a witness’, etc.) and use them as such. There are procedures for the professionals to start by asking for some information in order to build their situational awareness. During this information gathering phase, members of the general public who are calmly assisting are allowed to go on, for example those who are sitting next to a victim. Citizens however that are

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susceptible to danger are quickly led away in order to prevent additional victims. After the professionals have the information needed they will decide to continue with or stop involvement of the general public. The amount of professionals on scene or nearby is an important determinant in this decision, as well as the assessment of danger and the assessment of liability issues. When they think the situation is safe enough for others than professionals to help and they need the help, they will start with the people who are already helping or who are indicating they would like to help and can help. The first thing the professionals will do then, is to find out what the capabilities of these people are, in order to use them where they will fit the best. After they have done that and in the case they would need more help from the general public it is a possibility to ask other bystanders for help. They all agree that the ones who do not want to help should not be forced.

The professionals that participated in the two workshops indicated that the deployment of the general public can be useful for a number of specific topics: caring for victims, major searches (if coordinated) and in threats (as a sensor) for example a dike breach. There was a consensus that assistance from citizens was especially useful when there was a shortage of professionals. They saw help from the general public mainly as an extra, and emphasised that the deployment of the general public is no replacement for the tasks undertaken by the professionals. They preferred to collaborate with other professionals because, due to their training and experience, those professionals act in a consistent way.

The professionals indicated that society is changing and that citizens' self-reliance is becoming more important. They believe that if cooperation between the general public will be allowed, the general public will start to take more initiative. Their major concern is how to manage this. As mentioned above in the Netherlands there are no procedures about cooperating with the general public (besides asking them some questions to build situational awareness when arriving on scene), there is also no coordinating organisation/function that will help the professionals on scene with the general public that is willing to help. This of course is different for the affiliated volunteers that belong to organisations like the Red Cross, but cooperation with them is not the focus of the awareness training.

2.2.3 Step 3: Selection of a framework

Except for the research in IJsselland [49] and the 16 tasks the general public can perform described by Adini in [1] we found no initiatives for training crisis management professionals on the topic of collaboration with the general public during a crisis. It has become clear that there is no formal structure to effectively utilise the general public in times of disaster. Even in Israel where use of civilians is common practice, no official training courses exist. In our view there are several reasons for the lack of a training for professionals to learn how to collaborate with civilians. The most important ones we believe are:

1. The legal and emotional consequences of collaboration with the general public are unclear (and lots of things could go wrong).
2. Spontaneous volunteers from the general public are a very diverse group with very different knowledge, skills, attitudes and motivations. This makes it impossible to determine in advance how the general public could be used.

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3. The level of collaboration and the practical implementation are dependent on several factors, for example the type of crisis, the impact, and number of professionals (and members of the general public) available at the location.

Despite the lack of a formal framework, the examples above, although not comprehensive, provide a diverse overview of practices in different countries. Whether prepared or not, an actual incident often requires a crisis management professional to actually deal with the general public, simply because they are present at that location.

A first step to facilitating collaboration is rooted in making the crisis management professionals and their organisations aware of the possibilities and consequences. An awareness training can provide professional crisis managers with an increased level of insight in the role of spontaneous volunteers and the leadership that is necessary for a successful collaboration between the general public and first responders. Such a training should aim to take away prejudices regarding the role of the general public. This will improve the interaction between the general public and professionals. Eventually this could be the first step to a more collective, European, standardised policy concerning the collaboration between first responders and the general public.

2.2.4 Awareness

A framework that could be used for the development of an Awareness training comes from the theory of Endsley [19] on situation awareness, as a key element for dynamic human decision making. According to Endsley, situation awareness is *“the perception of elements in the environment within a volume of time and space, the comprehension of their meaning, and the projection of their status in the near future”*.

Using this definition as a starting point for an awareness training implies that the focus should be on clarifying the benefits of improved collaboration between first responders and the general public in order to adjust existing procedures.

As such, this training would support the different mechanisms of situation awareness addressing those levels that precede the decision making process, as shown in Figure 3. First, the course will ensure that participants will have an initial Perception (*Level 1*) of the topics of interests for the collaboration, second it will contribute to the Comprehension (*Level 2*) of those topics on collaboration and will aim at providing the information needed to make a Projection (*Level 3*) about how the current procedures for collaboration can be enhanced to be in an informed position of taking decisions in relation to the inclusion of new procedures for the collaboration with the general public or to improve existing procedures to take full advantage of the opportunities given through the collaboration with the general public.

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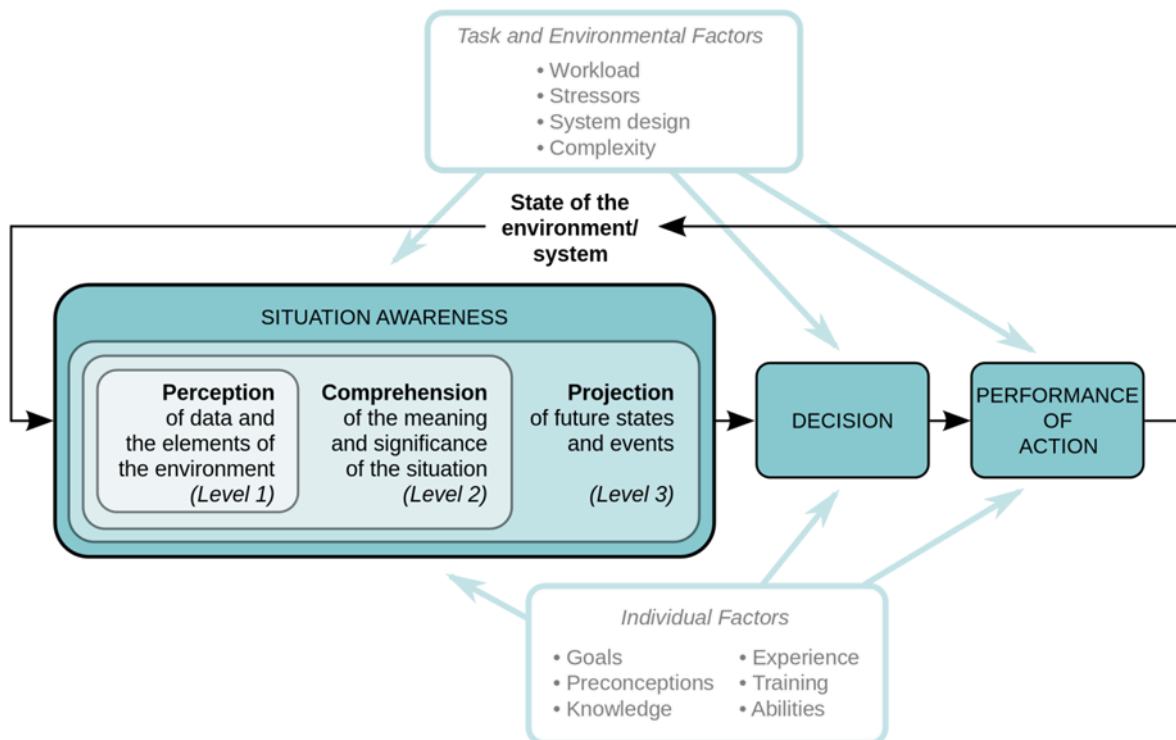


Figure 3. Situation Awareness [51]

According to Schraagen and van de Ven in [53] Situation Awareness at the team level is constituted by interaction between team members. Thus, to have an impact on the effective decision making process and team results, the training should focus on

- Provision of knowledge related to the topic of collaboration with the general public, their most relevant aspects and elements to consider when making a projection of such collaboration in the future (*Level 1, Level 3*).
- Support the exchange of ideas and experiences on those topics to ensure their comprehension and possible projections (*Level 2, level 3*).

2.3 “Design phase”

This section presents an overview of the results of the actions related to the Design phase of the awareness training for crisis management professionals. The contents included in this section take into account the outcomes of the research phase presented in the previous section. In the paragraphs below we will describe the design of the awareness training on a high level. For more detailed information we refer to Annex 1 of this deliverable.

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2.3.1 Scope of training solution

The training described in this section has been designed as a blended learning experience, combining face to face workshop activities with an online hands-on experience with working scenarios or cases. The main topic of this general awareness training is the collaboration between first responders as representatives of CM professionals and the general public during a crisis. The collaboration between these parties is a relevant theme to consider since different crises in the last few years have shown that the general public are usually the first to be at the scene of the crisis event and they start acting, helping each other but also contributing to the activities of the first responders and there is not a unique best way for these two groups to collaborate during a crisis.

The goal of the awareness training is therefore to highlight different aspects of collaboration of the professionals and the general public. This awareness training is meant to be the start of a discussion within their own department/organisation on how collaboration with the general public will be further developed.

This training will be facilitated by means of centralised instruction and interactive sessions supported by (physical or virtual) exercises. This has two reasons. Firstly the objectives of the course are related to knowledge and comprehension and will eventually lead to a change in attitude. This can best be achieved by means of group discussions and examples. Secondly the aim of the course is to show that there is no single right solution for involving the general public. This has to be a central notion among all first responders. By sharing their attitudes towards the general public the participants will learn that there are different effective ways to shape collaboration. Furthermore, the centralised training with group setting of up to 12 trainees allows for cooperation in smaller groups and all participants will have the opportunity to share their experiences while a trainer can provide additional information and examples as input during the discussion. The exercises will be virtually represented using XVR. This is a flexible tool allowing for group discussion as well.

2.3.2 Training goal and learning objectives

There is no unique best way for the professionals and the general public to collaborate during a crisis. An important goal of the awareness training is to highlight the relevance of aspects which influence the collaboration between the first responders and the general public. Furthermore this training aims to serve as a reference for starting the discussion and analysis of potential collaborations with the general public within the participants' organisations.

Research in the Netherlands showed that there are three main areas of interest in the cooperation between emergency professionals and the general public. They relate to interaction with the general public, coordination aspects and aspects at organisational level [49]. In the awareness training, different modules will follow these three focal points in order to focus the discussions in the course on the aspects known to be important in the cooperation.

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In order to discuss the interaction between the professionals and the general public the participants need to have an understanding of the behaviour of the general public during emergencies or crisis and also of the behaviour of first responders in relation to cooperation with the general public. This will be the first module of the course.

The second module of the course will focus on the coordination aspects of the cooperation. In this module the participants will discuss different coordination methods and the advantages and disadvantages of each. The objective of this module is that the participants are aware that there are different coordination methods in order to form an opinion about a coordination structure that would work in their organisation or country.

In the third module the participants of the training will discuss regulations, and legal aspects in the cooperation with the general public since the research phase showed that this is a major subject for the professionals that influences their willingness to collaborate.

Learning objectives of the training

After completing the training, participants should be able to understand the influence of the set of aspects previously enumerated and to reason about the implications and benefits of applying them in the daily work.

For defining the learning objectives we mapped the two levels of situation awareness: perception and comprehension to the cognitive categories described in Blooms taxonomy. Perception as “*the ability to understand or notice something easily*” has a direct correspondence to the Knowledge level of Blooms taxonomy. Meanwhile in both systems the second level is Comprehension. With this in mind, we defined the learning goals of this course following the approach presented in Section 1.2.2: Taking into account the set of topics to be addressed in the course, which were previously described, we derived a list of associated knowledge topics. Next we made a selection of the most appropriate verbs as listed in Blooms categories (see Figure 1). For the Knowledge category we used the following: Naming, Observing, Understanding, Discovering and for the Comprehension category: Summarising, Discussing. Finally we prepared the descriptions of the learning goals combining the selected verbs and the information related to specific themes to be addressed for the topic. The following list summarises the learning objectives of this course created accordingly:

Interaction between the professionals and the general public

1. Behaviour of the general public
 - Understand the types of public behaviour during crisis situations
 - Observe and identify types of public behaviour
 - Understand how the general public behaves in a stressful situation
 - Understand how this behaviour could have implications for the first responders’ tasks
2. Behaviour of the first responders
 - Understand the types of first responders behaviour
 - Observe when those types of behaviour can appear/or be manifested
 - *Understand* how the professional behaves in relation to general public

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- *Understand* how the different types of behaviour could have implications in the effectiveness in the response phase actions
3. Application in daily work
- Summarise participants' or others' recent experiences on collaboration with the general public
 - Discover the opportunities for collaboration with the general public considering the influence of the aspects tackled in the course

Coordination aspects

4. Discover management issues for the collaboration with the general public
- Understand types of management structures
 - Understand the advantages and disadvantages of the management structures

Aspects on organisational level

5. Regulations
- Name relevant national regulations / legislation
 - European regulations / legislation
 - Understand risks of engaging the general public, considering the existing regulations/legislation
 - Understand liability issues related to the engaging the general public, considering the existing regulations/legislation

After the training participants will be more aware of:

- Different aspects of collaboration with the general public that might impact their work during a crisis;
- Other experiences (from other countries) to collaborate (and interact) with people present at the location of the crisis;
- What is 'the general public' already doing (in different countries) with respect to preparation for disaster and crises;
- Organisational structures to help coordinate the collaboration with the general public;
- Legal aspects that play a part when collaborating

Based on this information, participants should be able to continue the discussion within their own department/organisation what it means for them when they would collaborate with the general public during an incident, a disaster or a crisis.

2.3.3 Target audience

The main audience of this course are Crisis Management professionals; in particular, those members of response organisations who interact and might eventually collaborate with the general public during the response phase of a crisis. This course might also be potentially of interest for local policy makers of response organisations.

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2.3.4 Conceptual design

Without having used the course map tool (see Section 1.2.2), we still can describe the conceptual design of the awareness training using the same structure:

Guidance and support

Tools and resources: The facilitator of the training will be provided with background and materials to help the participants achieve the training objectives.

Material will be derived from the literature retrieved during the research phase as well as general psychological and juridical literature.

Roles and relationships: Facilitator will act as consultant and they will assist the participants.

Content and experience

The content is made up of the main modules of the training and consists of the theoretical part of the training. Added to this is material with case studies. In Table 3 below we present a preliminary structure of such an awareness training.

Roles and relationships: Trainees will have an active role throughout the training as they are asked to write down their expectations and will match those with the theoretical discussion. In addition there will be room for discussion of cases brought in by the participants.

In the final part of the training the participants will actively interact with a scenario visualisation of a disaster.

Reflection and demonstration

Tools and resources: The final scenario exercise will serve as a way to evaluate trainee progress with regard to the training objectives. By means of questionnaires before, during and after the experiment we will also evaluate the progress of the trainees and ask them how they perceive the value of the training.

Roles and relationships: The interaction with the facilitator during scenario play allows for direct and personalised feedback and serves as a qualitative measure of the extent of progress the trainees experience. The results from the questionnaires provide an indication of the perceived value of the training itself.

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Communication and collaboration

Communication and collaboration is a central part to the training. In the interactive sessions within the modules is ample opportunity to discuss practical cases. Because of the setup with about 10 participants, it is especially well suited for working in small groups. Trainers should facilitate this.

Time	Contents	Description of activities	Actors
30 mins	Welcome and introduction	Introduction and expectations elicitation	Trainer provides introductory aspects to the course.
45 mins	General public behaviour (Module 1)	Theory Real Cases Experiences	Trainer acts as facilitator, Trainers will actively participate in the different exchanges
45 mins	First responders behaviour (Module 1)	Theory Real Cases Experiences	Same actors and roles as the previous activity
45 mins	Coordination of resources (Module 2)	Theory Real Cases Experiences	Same actors and roles as the previous activity
45 mins	Legal framework (Module 3)	Theory Real Cases Experiences	Same actors and roles as the previous activity
90 mins	Hands-on and exchanges	Scenario, role playing and discussions	Role playing leading to discussions /reflections about how to apply the topics covered in the previous modules. Trainer acting as facilitator and trainers will contribute and discuss key aspects
30 mins	Wrap-up session	Feedback, questionnaires	

Table 3: First design of the Awareness training

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2.3.5 Method of delivery

The main didactical form of the awareness training will be facilitated group discussions about some specific topics concerning collaboration between professionals and the general public. The main objective of these semi-structured discussions is to help the participants formulate an opinion about the possibilities, the advantages and disadvantages of collaborating with the general public. At the moment this is a topic on which the professionals do not have a lot of experience; there are no official protocols. There are however a lot of differences between professionals within and between countries concerning willingness to collaborate and to what extent. The structured discussions in the training course will help share these opinions between participants and countries and will help starting the discussion within organisations about how to deal with this topic that gains more attention in government as well.

These discussions will be triggered by descriptive scenarios and examples from different countries. PowerPoints, table top discussions, existing photo material as well as a computer based simulation platform to visualize scenarios. We expect that the use of technological support tools (e.g. XVR) strongly contributes to this awareness training.

2.4 “Technical implementation and visualisation”

The training will typically be held in a classroom setting. One or two facilitators will supervise 8 – 12 trainees. For the theoretical part of the training a computer with a projector is required. Instruction material will be in the form of PowerPoint presentations. Participants need either a laptop / tablet, or writing material to complete exercises and provide input (i.e. write down their expectations, questions, make notes).

The scenario should be displayed on a similar computer configuration. Additionally the instructor’s computer has to be able to run the visual support tool (such as XVR). This should be tested before training. Setup of the tool might require a connection to the internet. Running an installed version can also be done stand alone.

An additional computer for participant use should also be able to run XVR. This computer should be equipped with a joystick for control of the scenario view.

2.5 “Experiments related to the awareness training”

For the development of the awareness training three experiments are planned. The first experiment will be a pilot experiment in Sweden (E550.1) on the 11th of May 2016. The main objective of this experiment is to test whether the developed training will trigger the right discussions amongst the participants. Do the working formats and scenarios trigger the discussion about the use of unaffiliated volunteers from the general public or are alterations needed?

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Based on the results of the pilot experiment in May the awareness training will be improved and fine-tuned. This improved awareness training will be tested in the second experiment (E550.2) planned about October 2016 in The Hague.

After some final alterations based on the results of the second experiment, the awareness training in its definite form will be tested during the Joint Experiment 2 in 2017 (JE2_WP551).

2.5.1 Pilot experiment: Test goal

The overall goal of the experiment is to see if the training will lead to increased awareness with the participants regarding the collaboration between first responders and general public. This will be measured through questionnaires and feedback from participants.

2.5.2 Pilot experiment: data collection

This pilot experiment will be conducted at MSB in Sweden, with trainers from MSB and FOI. TNO will observe during the training. For the evaluation of the modules and for the evaluation of the entire course a semi-structured discussion protocol will be used.

In order to measure whether the awareness training had an effect in forming or changing participants' opinion about collaboration between first responders and the general public, their attitude about this collaboration will be measured over time using questionnaires.

The participants will be asked to fill in a short questionnaire before the course starts. The same questionnaire will be filled in after the course and after a period of six months. We will also ask the participants after the course what they intend to do within their organisation with the insights given in the course. After six months we will ask them what they have done concerning this topic within their own organisation or in their daily job.

Apart from the questionnaire data, we will also make observations. These data will be transcribed and categorised according to pre-structured themes. The results will be added to the results of the questionnaires.

The results of the pilot in May (as well as those of the experiment in October) will be included in the next WP550 deliverable (D550.2)

In Figure 4 below the data collection plan of the experiments is illustrated.

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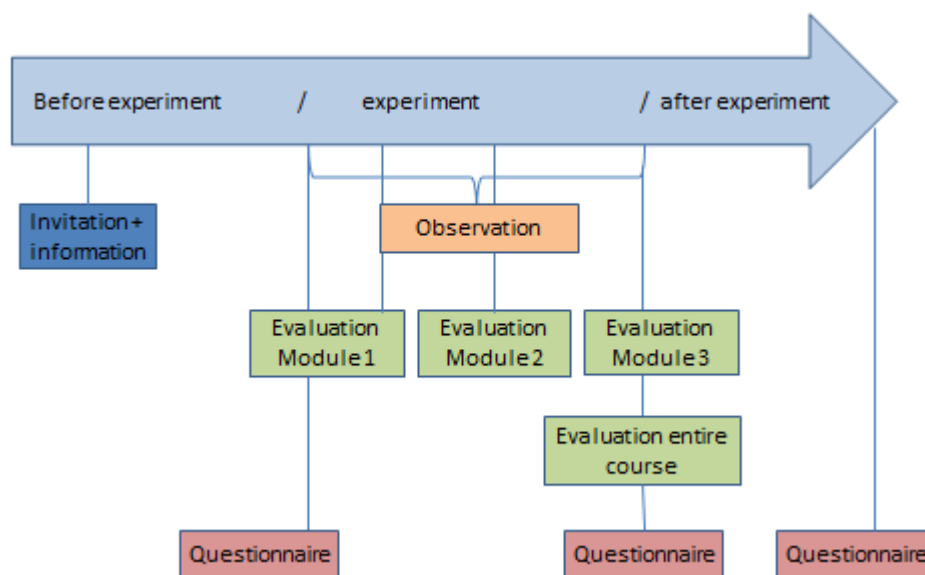


Figure 4. Data collection plan

2.5.3 Ethical considerations

All participants will receive information about the objectives of the course and the data collection plan, with the invitation and at the start of the course. All participants will be asked to sign a consent form that the information given can be used by the DRIVER WP550 members. The data collected in the experiments and in the questionnaires afterwards will not contain sensitive personal data. It will be filed under a participant number instead of name. Only the organisation they belong to and their age will be linked to this number.

Since no sensitive personal data will be collected and the content of the scenarios in the experiments will relate to the daily work and professional background of the participants, the research does not require ethical approval under the Dutch Ethical Committee or the Dutch Data Protection Authority.

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3 “Psychological First Aid Training”

3.1 “Introduction”

People who are affected by small- and large scale crises and disasters are often exposed to very distressing experiences such as separation from family members, loss of loved ones or personal belongings, evacuations, or disruption to essential services. These experiences can have immediate as well as long-term consequences for individuals, families and communities.

First responders are the first on the scene in the response phase, in which they have the initial contact with survivors. First responders are also involved in the recovery phase, for example at recovery centres and in leading reconstruction efforts. This means that first responders are well-positioned to address the immediate as well as the long-term mental health and psychosocial needs of the general public [44]. If first responders neglect emotional reactions of the general public, this may result in passive victims rather than active survivors. If they, alternatively, are equipped to respond to basic psychosocial needs of the general public, this may improve functioning and promote resilience in individuals, families and communities, and also facilitate their participation in relief and reconstruction efforts [22];[30].

The second training focuses on developing training methodologies and support tools that can enhance collaboration between professionals and the general public in the recovery phase. More specifically, the focus is on psychosocial support from professionals to the general public as outlined in the DoW. However, because the phases of the disaster management cycle are closely interlinked the solution presented is suitable for the recovery phase as well as the response phase.

Psychosocial support can be defined as “a process of facilitating resilience within individuals, families and communities” [28] (page 25). It is based on the idea that people can use their own resources to recover from the impacts of disasters [16]. There is limited evidence available documenting which psychosocial interventions are effective following disasters (partly) due to the practically and ethically difficult task of conducting randomised controlled trials in a disaster context. There is, however, consensus among experts that psychosocial support should promote the five basic principles developed by Hobfoll et al[25]:

- 1) a sense of safety,
- 2) calming,
- 3) a sense of self– and community efficacy,
- 4) connectedness, and
- 5) hope.

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The principles are evidence-informed, which means that each of the five principles are based on available empirical evidence on what promotes psychosocial well-being after disasters and violent conflicts.

Psychological First Aid (PFA) is one potential psychosocial support intervention out of several possibilities that builds on the five “Hobfoll principles”. PFA is commonly used in a wide variety of situations: PFA trainings have been implemented for nursing home staff [8], medical reserve corps volunteers [10], faith and lay community leaders [36][37], public health professionals [43]. Over the past decades, PFA has also become the preferred brief psychosocial intervention following disasters. PFA trainings have been conducted for emergency first responders in the US [4][44] and in international humanitarian contexts such as Lebanon [2]. Research has shown that participation in PFA training increased confidence of first responders in working with adults and children following disasters [4], which in turn is likely to improve performance and leadership skills of first responders.

PFA was selected as the focus of the training for first responders in the second training. This chapter describes how we arrived at selecting PFA as the recommended training to provide to first responders and why. The section also presents an overview of the PFA models and guidelines that already exist as well as an overview of the e-training tools currently available. The e-tools were analysed to identify their strengths and gaps. This analysis in turn formed the basis for the decision to select a specific model and improve on it via inter alia developing scenarios for visualisation, thereby improving the available training on PFA. The full training can be found in Annex 2.

The chapter is organised in the following way: First, the results of the desk research phase are presented followed by the results of the design and technical implementation phases. Finally the plans for the pilot experiment are presented. The pilot experiment will be conducted in May 2016 and the results will be reported in D550.2.

3.2 “Desk research phase”

The desk research phase was divided into three steps:

- Step 1: Selection of PFA as the relevant psychosocial support component
- Step 2: Select specific PFA model
- Step 3: Research current e-tools for PFA to identify gaps and needs.

The desk research phase made use of different sources of information: A) published PFA guidelines, B) peer-reviewed literature, C) existing support e-tools for PFA trainings and D) expert opinions. Search strategies and selection criteria are listed in Table 4. The three steps of the desk research phase are described in the remainder of this section.

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Sources of information	Search strategies
Published PFA guidelines and trainings	Published PFA guidelines were identified from Google and websites of selected organisations. Additional PFA guidelines were identified from the peer-reviewed literature and using the snow-balling methods. Preference was given to guidelines and trainings published in English language. The guidelines identified are listed in Table 6.
Peer-reviewed literature	Peer-reviewed literature was identified through PubMed and Google Scholar using the search terms “psychological first aid” and “PFA”. Preference was given to systematic reviews and studies presenting empirical results from training evaluations.
Existing support e-tools for PFA trainings	Existing e-tools have been identified through searches on Google, Coursera and iTunes and Google app store (to identify mobile versions). Key words used were “psychological first aid” and “PFA”. Furthermore, searches have been made on each of the used international guidelines to identify corresponding e-tools.
Expert knowledge	The partners have made use of the expert knowledge on PFA in the Danish Red Cross (DRC). DRC published one of the first guidelines on PFA [35] and is host to the IFRC Reference Centre for Psychosocial Support, which is a Centre of Excellence within the global Red Cross Movement specialising in psychosocial support. In addition, three experts in psychology and disaster mental health from Austria, New Zealand and the United States, external to the consortium, were consulted on the strengths and weaknesses of the Red Cross and the WHO’s PFA guidelines.

Table 4: Sources of information for the PFA desk research phase

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3.2.1 Step 1: Selection of PFA as a relevant intervention

PFA is one out of a number of possible interventions that builds on the five Hobfoll principles [25] and this section explains the rationale for selection PFA as the most relevant psychosocial support intervention for the second training.

PFA was considered a more feasible and clearly demarcated psychosocial support intervention that can more easily be integrated into the busy training schedules of first responders. PFA can be understood as a parallel to physical first aid: it does not have to be provided by a mental health specialist but can be provided by first responders or affiliated volunteers, or even by members of the general public. PFA can be provided in different events, ranging from smaller events in every-day life to more serious life-changing events such as disasters. Similarly to persons providing physical first aid, providers of PFA are trained in how to recognise the signs and symptoms that require referral to more specialised services [31].

Equally important, PFA does not require first responders to set up a separate set of activities like a support group or play activities for children, but it teaches them soft skills on how to recognise and respond to common symptoms of distress. The rationale is that these skills can be integrated into other tasks and that they are useful for anyone who meets people in distress in their daily work.

Child-friendly spaces, psychoeducation or support groups for affected families are interventions that also build on the Hobfoll principles [29]. Common for these interventions is that they require a considerable amount of training, supervision and resources in order to be implemented in an appropriate and safe manner. These alternative trainings are intended for volunteers who will work specifically with psychosocial support interventions and they were considered too comprehensive and time-consuming for the purpose of WP550, because the main priority of first responders is to save lives. These alternative trainings are included in the three psychosocial support training tools that are being tested in WP32 of DRIVER.

Another important rationale for the selection of PFA is that it is an internationally recognised intervention that is recommended by several international guidelines and expert groups, including the Inter-Agency Standing Committee (IASC), the Sphere Project, the TENTS guidelines and the World Health Organization. One of its limitations is that there has been limited high-quality studies of PFA interventions, which makes it difficult to determine the effectiveness of PFA in the aftermath of disasters [7]; [16]. This is related to the practical and ethical challenges related to conducting randomised controlled trials in the aftermath of disasters. Nonetheless, the WHO concluded in 2009 that PFA, rather than the previously used intervention called psychological debriefing, should be offered to people in severe distress after being exposed to traumatic events. Since then, at least one prospective randomised controlled study with 800 Chinese emergency responders from Hong Kong trained in PFA has shown promising results. The study reported findings of clinical effectiveness in the intervention group at three-months follow-up [12] and six-months follow-up [11]. In summary, despite the limited availability evidence on PFA it is considered the best intervention available.

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Table 5 summarises the selection criteria that were used in Step 1 to guide the decision of using PFA as the psychosocial component in the training. The criteria were discussed and developed during the kick-off meeting for WP550 in Ispra in February 2015.

Criteria	PFA fit to criteria
Existing and internationally recognised intervention that is relevant across EU member states	PFA is recommended by several international guidelines and expert groups, including the Inter-Agency Standing Committee (IASC), the Sphere Project, the TENTS guidelines and the World Health Organization.
Intervention that fulfils the “do no harm” principle.	The focus of PFA is on active listening and practical assistance, not counselling or treatment. It is often described as “non-intrusive and pragmatic care”, which means that the focus is on listening and providing emotional support rather than a detailed account of the traumatic event.
Feasible for delivery by non-psychologists	PFA has been described as a parallel to physiological first aid in the sense that 1) it can be delivered by non-experts in psychology or psychiatry and 2) people with severe signs and symptoms are referred for further care [31]
Realistic training needs that fit into busy schedules and other training needs of first responders.	PFA training can be delivered in one day.
Intervention can improve collaboration between first responders and the general public	Neglecting emotional reactions may result in passive victims rather than active survivors. If first responders and volunteers are able to respond to basic psychosocial needs of the general public, this may improve functioning and promote resilience in individuals, families and communities, and also facilitate their participation in relief and reconstruction efforts.
Method should be relevant for the recovery phase	PFA can be provided in different events, ranging from smaller events in every-day life to more serious life-changing events such as disasters [31] During disasters, it can be implemented during the acute response phase as well as in the recovery phase.
Method is suitable for Joint Experimentation in DRIVER	The PFA model can be integrated in the use-stories for the Joint Experiment of DRIVER. It is very flexible in the sense that it can be integrated at different time-events of the scenarios whenever there are members of the general public who are suffering or displaying emotional reactions.

Table 5: Selection criteria for PFA

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3.2.2 Step 2: Select specific PFA model

The term Psychological First Aid (PFA) is widely used but there is no agreement on one definition. The definitions are not fundamentally different but all try to capture the provision of basic, non-intrusive human support. This deliverable employs the definition from the World Health Organization and defines PFA in the following way: “Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support” [56](page 3).

Furthermore, there are several different guidelines on how to provide PFA that have been developed by different organisations. The second step in the research phase was therefore to select the specific PFA model to include in DRIVER. This section first presents the most widely used international guidelines or models on PFA in Table 6 and next it conducts a comparison of the different models. Finally, the selection of the PFA model is described. Published PFA guidelines were identified from Google and websites of selected organisations. Additional PFA guidelines were identified from the peer-reviewed literature and using the snow-balling method.

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PFA Model	Source	Brief description	Key PFA principles
Psychological First Aid Field Operations Guide	The United States-based National Child Traumatic Stress Network and the National Center for Post-Traumatic Stress Disorder (PTSD) (2006).	The model involves PFA intervention strategies that are grouped into eight core actions. The rationale for each core action rests on theory and research on stress, coping, and adaptation in the aftermath of extreme events [54]	<p>The model involves 8 core actions:</p> <ul style="list-style-type: none"> • Contact and engagement in a nonintrusive, compassionate and helpful manner. • Safety and Comfort: provide physical and emotional comfort to ensure safety • Stabilisation: Strong emotions and anxiety can be expected after a disaster. Most people will be able to calm down on their own but some individuals may need additional support. This core action provides “grounding techniques” to promote stabilisation. • Information Gathering: Identify immediate needs and concerns and tailor the PFA intervention towards that. • Practical Assistance: Offer practical help to survivors in addressing immediate needs and concerns. • Links to Social Supports: Help establish brief or ongoing contacts with primary support persons and other sources of support, including family, friends and community resources. • Information on Coping: Provide information about stress reactions and coping to reduce distress and promote adaptive functioning. • Links to Services: Link the survivors with available services needed at the time or in the future.
PFA in the International Federation of the Red Cross	International Federation of the Red Cross Red Crescent Reference Centre for Psychosocial Support	The Psychosocial Centre of the IFRC hosted by the Danish Red Cross has developed a PFA model that is widely used by the Red Cross Red	<p>The model involves four basic steps:</p> <ol style="list-style-type: none"> 1. Stay close: Volunteers and staff can help to rebuild trust and security by staying close. 2. Listen attentively: Listen to the persons’ story without

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PFA Model	Source	Brief description	Key PFA principles
Red Crescent		Crescent Movement globally. Accordingly, PFA is about being 'on the spot' and offering basic, human support, giving practical information and showing empathy, respect and confidence in the abilities of the affected person.	<p>forcing anything. Don't be judgmental and remember to use body language.</p> <p>3. Accept feelings: Be prepared to encounter different feelings.</p> <p>4. Provide general care and practical support: This can be supporting the person in establishing contact with family members or friends, providing a blanket or something to drink or linking the person up to other service providers who can support with various issues.</p>
PFA in the World Health Organization	World Health Organization	The WHO model is called "Look-Listen-Link" [56]. The model was developed jointly by War Trauma Foundation, World Vision and WHO and it is adapted by 23 international organisations. It is a generic model that will need to be adapted in order to ensure that it is appropriate to the local context and local culture. The guide is based on the guidelines presented in The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response and the	<p>The model is based on three basic principles: look, listen and link</p> <p>Look</p> <ul style="list-style-type: none"> - Observe for safety - Observe for people with obvious urgent basic needs - Observe for people with serious distress reactions <p>Listen</p> <ul style="list-style-type: none"> - Make contact with people who may need support - Ask about people's needs and concerns - Listen to people, and help them to feel calm <p>Link:</p> <ul style="list-style-type: none"> - Help people address basic needs and access services - Help people cope with problems - Give information - Connect people with loved ones and social support

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PFA Model	Source	Brief description	Key PFA principles
		IASC Guidelines on Mental Health and Psychosocial support in Emergency settings.	
PFA in Australia	Australian Red Cross and the Australian Psychological Association	The Australian Red Cross and the Australian Psychological Association have developed a joint manual for PFA Australian Red Cross and Australian Psychological Society [3]. The second version of the manual was published in 2013 and it was not possible to identify a training component that supports this manual.	The manual draws upon the five principles from Hobfoll et al [25] to situate the concept of PFA, and then uses the “look-listen-link” principles as practical guidance for providing PFA.
PFA for Child Practitioners	Save the Children	Save the Children has developed a comprehensive two-day training module for psychological first aid for child practitioners combined with one-day training on stress-management for staff. The two trainings can be conducted separately or in continuation of each other.	This training draws on the Psychological First Aid Field Operations Guide by the National Child Traumatic Stress Network and on the Look-Listen-Link model, developed by the World Health Organization (WHO), together with World Vision and the War Trauma Foundation. The three action principles from Look-Listen-Link are integrated into the training and thereby constitute the core principles for provision of PFA.
The RAPID-PFA model	John’s Hopkins [17]	John’s Hopkins has developed and field tested a 6 hour training on PFA directed at personnel with	The RAPID-PFA model is based on the following principles: <ul style="list-style-type: none"> • Reflective listening, • Assessment of needs

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PFA Model	Source	Brief description	Key PFA principles
		little or no formal clinical mental health training. The training is primarily developed for disaster settings, but can be implemented in crises of all scales.	<ul style="list-style-type: none"> • Prioritisation • Intervention • Disposition

Table 6: Overview of identified PFA Guidelines and models

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Despite the many different guidelines for PFA, there are certain common denominators. First of all, PFA is a non-intrusive psychological intervention. This means that the focus is on listening and providing emotional support rather than a detailed account of the traumatic event. Secondly, PFA focuses on ensuring that basic needs of the survivor are met. Thirdly, it is emphasised in all the models described above that the person providing PFA should support the survivor with establishing contacts with service providers and/or family members or social network.

There are, however, also some differences between the three different guidelines. First of all, the degree of complexity varies. The WHO guideline and the Red Cross guidelines are relatively simple and easy to recall, whereas the NC-PTSD guideline is comparatively more complex with 8 different components. Secondly, while the WHO guideline is widely adopted and comprehensive, some components of the manual have an international, humanitarian focus rather than a European context. Thirdly, the NC-PTSD manual is very comprehensive and comprises almost 200 pages. This format is not the most user-friendly for first responders who are not mental health specialists. In contrast, the WHO and Red Cross manuals are more directly accessible.

Due to the complexity of the NC-PTSD guide, it was decided to use the Red Cross model as the starting point but to integrate key learning points from the WHO and from Save the Children with regards to working with children. The advantage of using the Red Cross guideline is that DRC's involvement in DRIVER means that the partners can edit the contents and add learning points from the other guidelines without seeking permission. Furthermore, it was agreed to make the e-support tool flexible enough so that it can be used in combination with other PFA guidelines (see Sections 3.3 and 3.4 for further details).

3.2.3 Step 3: Mapping of existing Psychological First Aid concepts and tools

Notwithstanding the increased use of PFA, there are still significant shortcomings in the trainings available. Variation in different teaching methods is important when teaching PFA [21] and many existing training curricula “have not systematically addressed pedagogical elements necessary for optimal learning or teaching” [38](p. 621). McCabe et al. recommend combining different methodologies, including training in-person, exercise-based trainings and more virtual methodologies.

To address this identified shortcoming in the available trainings, the third step of the research phase was therefore to map already existing PFA e-support tools and to identify strengths and weaknesses of current tools.

The e-tools were identified through searches on Google, Coursera, iTunes and Google app store (to identify mobile versions). Key words used were “psychological first aid” and “PFA”. Furthermore, searches have been made on each of the used international guidelines to identify corresponding e-tools. The e-tools are listed in Table 7.

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The mapping process showed that there are a limited number of e-tools available for PFA trainings. Three mobile solutions, two online courses and one animated video were identified. The partners may not have identified all available e-tools, but if the e-tools have not been identified in the search process, it is unlikely that first responder organisations would have open access to the tools.

Furthermore, a common denominator for most of the available e-tools was that there were no scenarios for practicing the theoretical skills. The exceptions are the “PFA Mobile app” and the Coursera PFA course. However, the scenarios on the PFA Mobile app are primarily text-based with limited visualisation. The Coursera PFA course includes video-based scenarios but the course was only launched September-October 2015 after the original search for tools were conducted.

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E-tool	Source	Description of tool (target group, implementation, etc.)	Phase	Strengths	Limitations/gaps
PFA tutorial app	University of Minnesota	This app builds on the five “Hobfoll principles”, with the omission of the fifth principle of “hope”. In addition the app contains information on basic stress reactions and a module on self-care for responders.	Preparation Recovery	Includes a few scenarios where the user can “practice” PFA skills. Builds on the Hobfoll principles, which is considered state of the art.	Doesn’t build on a widely used PFA guideline where the user can find more information. The scenarios are primarily text-based with limited visualisation.
PFA component to Red Cross First Aid App.	Red Cross	The Red Cross has a generic First Aid app which can be adapted by any national Red Cross organisation and translated if needed. The Psychosocial Centre (hosted by the Red Cross) has developed a PFA component that is now a part of the standard Red Cross app. See details in Annex 2.	Response Recovery	Builds on the general Red Cross PFA recommendations. Part of the general Red Cross first aid app, which means that it is likely to be used widely within and outside the Red Cross.	Because it is a component of a larger app, only very basic information is included in the app. No scenarios for practicing the theoretical contents of the Red Cross PFA guideline
PFA Mobile	National Center for PTSD	This app is a mobile version of the “PFA Online” module.	Preparation Recovery	Linked to the NC-PTSD guideline and the extended online module (see below).	No scenarios for practicing the theoretical contents of the NC-PTSD guideline
PFA Online	National Center for PTSD	PFA online includes a 6-hour interactive course that puts the participant in the role of a provider	Preparation Response	The module is comprehensive and is closely linked to the PFA Guide and the PFA	The module is long (6 hours) and this may not be appropriate for first responders who are not mental health

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E-tool	Source	Description of tool (target group, implementation, etc.)	Phase	Strengths	Limitations/gaps
		in a post-disaster scene. This professionally-narrated course is for individuals new to disaster response, who wants to learn the core goals of PFA, as well as for seasoned practitioners who want a review. It features innovative activities, video demonstrations, and mentor tips from the nation's trauma experts and survivors. PFA online also offers a Learning Community where participants can share about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.	Recovery	Mobile app. It contains different forms of learning methodologies, including video demonstrations and mentor tips.	specialists.
Short films about PFA for Child Practitioners	Save the Children	Save the Children has developed two shorter videos to support their manual about PFA for child practitioners.	Preparation	The short films are used during the corresponding training on PFA to child practitioners. The videos are intended for use within the training setting to discuss some of the issues that may arise when making contact to	The videos present very basic information that should be accompanied by training and/or written information and not used as stand-alone modules on PFA.

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E-tool	Source	Description of tool (target group, implementation, etc.)	Phase	Strengths	Limitations/gaps
				<p>distressed children and their caregivers.</p> <p>Can potentially be used in different contexts as the videos are made without much spoken or written language.</p>	
Johns Hopkins / Coursera	https://www.coursera.org/course/psychfirstaid?action=enroll&sessionid=973394	<p>The course is taught via Coursera over 6-weeks and it includes 7 modules. Each module consists of presentations from the instructor and interactive video-based exercises that allow learners to practice their skills. Learning progress is assessed with weekly quizzes.</p>	Preparation Response Recovery	<p>It contains different forms of learning methodologies, including video lectures and online quizzes and surveys, as well as video simulations on providing PFA, video transcripts and subtitles.</p> <p>Is developed for the US setting (e.g using American scenarios such as Hurricane Sandy in 2012) which is comparable to a European setting in terms of infrastructure and response capacities</p>	<p>The course didactics are tailored to the US setting which may not be directly transferrable to all European settings.</p> <p>The course is long – taught over several weeks making it difficult to implement as an immediate response to a crisis.</p>

Table 7: Overview of available e-tools on PFA

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3.2.4 Conclusion

This section has presented the results of the desk research phase. This included the rationale for selecting PFA as the relevant psychosocial support intervention to include in the training. It is considered feasible for soft skills of first responders who interact with people in distress in their daily work, and it is feasible for future testing within the DRIVER testbed framework. Despite the limited available evidence for its effectiveness, it is recommended by the most important players in the field of mental health and psychosocial support following disasters, including the WHO.

The desk research phase furthermore showed that there are a number of PFA guidelines, models and trainings available. Additionally, the desk research phase identified available e-tools for PFA trainings. Only a limited number of e-tools were identified and one of the common weaknesses were that most of the e-tools did not include high-quality scenarios that can be used to practice PFA skills.

It was decided to use the Red Cross PFA model as the starting point for further development, due to the fact that there are no fundamental conceptual differences between the guidelines and trainings, which all build on the same underlying principles. Furthermore, it is considered an added value that we can edit and adapt the training content because the Danish Red Cross is a partner of DRIVER. Learning points from other PFA trainings, including the WHO and Save the Children, will be included in the final training, and the e-tool that we will develop in DRIVER will be designed in a way that is flexible enough to be used in connection with other PFA trainings.

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3.3 “Design phase”

This section presents an overview of the results of the Design phase. The contents included in this section take into account the outcomes of the research phase presented in the previous section. In the paragraphs below we will describe the design of the PFA training on a high level. For more detailed information we refer to Annex 2 of this deliverable.

3.3.1 Scope of the training solution

The training solution described in this document can be used as part of blended learning experience (face to face workshops and online training experiences) or as baseline for the implementation of trainings based on table-top exercises, role-playing or virtual simulations. The rationale behind the development of this solution is the provision of a general training solution that will fill the detected existing gap in the provision of PFA training as documented in the research phase: namely a lack of solid scenarios where the trainee can apply their PFA skills (see Section 3.2).

This training solution provides a general introduction to Psychological First Aid for first responders as well as three scenarios to practice PFA skills. The solution is a method to enhance existing PFA trainings and it can be used in conjunction with the suggested PFA training from the Red Cross. It is, however, also transferable to other PFA trainings. Guidelines will be provided on how to adapt the solutions to other PFA trainings.

This training will be an implementation of “learning by doing”: a combination of experimental learning [34] with situational learning [39]. Learning by doing is mainly getting involved in an activity and, through the different actions of conducting this activity, a subject (learner/ trainee) can learn about:

- how he/she finds (or feels about) the activity,
- what the activity makes him/her think about and
- what it allows him/her to do, and
- the result of doing the activity.

Accordingly, the first variant of this blended training solution is designed as a five-hour class-room based training session that combines acquisition of knowledge (regarding the theoretical foundations of PFA) with technology enhanced practices of the required skills, taking advantage of the key elements presented in different scenarios. More details about the timing are presented in the course outline.

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3.3.2 Course goal and learning objectives

Keeping in mind that our intention is to provide an initial training to first responders in terms of PFA, the goal of the course is to provide participants with theoretical and practical knowledge about the four basic elements of Psychological First Aid that will allow them to act as effective providers of PFA. Furthermore, this course will complement the theoretical aspects with practicing activities through the provision of different experience scenarios that will enable participants to practice these skills in situations in which people have different emotional reactions.

After the training, participants should be able to understand the following 4 basic elements of PFA according to the Red Cross PFA model [26]:

- Stay close
- Listen actively
- Accept feelings
- Provide general care and practical help,

and be able to apply them to different emergency related situations (scenarios).

It is expected that PFA responders will acquire a set of skills which will allow them to effectively conduct their psychological support actions when they enter into the training. According to Brymer et. al in [9], the necessary skills are:

- Capacity to connect with wide range of individuals
- Tolerance for symptomatic behaviour and strong expression of affect
- Capacity for rapid assessment of survivors
- Provide care tailored to timing of intervention and context
- Working sense of self-capacities
- Provide clear, concrete information
- Capacity for self-care

To make them more useful in the training, we translate them into more tangible attributes, namely [9]:

- Good Listening skills
- Patience
- Caring attitude
- Trustworthiness
- Approachability
- Culturally competencies
- Empathy
- Non-judgmental approach

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- Kindness
- Commitment
- Flexibility
- Ability to tolerate chaos and ambiguity

These abilities should be complemented by non-verbal and para-verbal communication skills such as: Personal space, Posture, Body language as part of non-verbal skills and control of Voice tone, Volume, and Rate of speech.

Taking into consideration the basic nature of this training and aiming to clarify to which extent it is expected that trainees will achieve the previous enumerated learning objectives, we go a step further using the approach based on Bloom’s taxonomy explained in Section 1.2.2 and provide more details about the goal of understanding each of the four basic elements of PFA as it is described in the next table.

Principle	Specific learning objectives
General	- Identify signs and symptoms of distress
Stay close	- Understand the importance of staying close to the person in need; even if the person does not want to talk, he/she should not be left alone. - Understand the implications of culture, gender and age in assessing the appropriateness of touching another person.
Listen actively	- Understand the different techniques of active listening (asking questions, paraphrasing, summarising).
Accept feelings	- Understand that persons in need can have different emotional reactions - Understand the importance of confirming the person’s feelings without being judgmental
Provide general care and practical help	- Understand why listing and locating different facilities and services for affected is important - Understand how to use the dialogue with the person in need to assess different practical needs

Table 8: Learning objectives of PFA training

Following the idea of the experimental learning, the second set of objectives, those related to the application of the knowledge acquired about the PFA principles in different scenarios, is aimed at allowing the trainees to experiment and put into practice the acquired knowledge in order to start the development of some of the skills recognised as needed to effectively conduct their psychological support actions.

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3.3.3 Target audience

The main target audience for this course are Crisis Management (CM) professionals, and more specifically CM professionals that have to collaborate with the general public during a crisis. The target participants could, for example, be fire fighters, policemen, ambulance staff and volunteers.

The target audience is expected **not to have** prior educational background or extensive professional training in psychosocial support to persons affected by crisis. We also expect that the audiences' educational backgrounds in terms of which pedagogies they have previously been exposed to will differ.

3.3.4 Conceptual design

Next we provide a short description of each dimension of the course map as presented in the chapter on methodology above, and it's use in the definition of the conceptual design of this training.

Guidance and support

This set of activities is intended for the trainer or facilitator of the course and provides them with the general outline of the activities to be conducted.

Tools and resources: Those are the means that trainers will use to facilitate and support participants in the training course in order to reach the stated objectives.

The reference material for the theoretical contents in our case is Chapter 5 of the Community based Psychosocial Support Participant's book and Chapter 5 of the Community Based Psychosocial Support – trainer's book of the International Federation of Red Cross and Red Crescent Societies Reference Centre for Psychosocial [26][27]. Since we need to use authoritative and quality content sources, the contents to be presented, analysed and practiced in this course will be based on both books.

In addition we will provide two modes of communications during this training: one synchronous mode in the form of face to face exchanges and chat facilities as part of the online activities. Meanwhile the asynchronous mode could be Q&A or FAQs.

Furthermore, a set of quests or missions will be presented as part of the situated learning process. The visualisation and interaction with a set of learning scenarios and the questionnaires will be used to support trainees to monitor and control their learning progress.

Roles and relationships: Leaders of the training (i.e. trainers, facilitators) will act as consultants and assistants of the participants in the course (trainees).

Content and Experience

This set of activities is the core of the training course as they include the main actions to be conducted in order to be presented and facilitate the learning experience.

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Tools and resources: The first part of the activities will focus on introducing the main elements of Psychological First Aid and Supportive Communication from a more theoretical view using the previously described reference materials.

Meanwhile the online interaction stages will be based on a set of quests that will be presented to the trainees within scenarios to help them understand and practice the main skills required in the different situations in order to achieve the expected and specified learning goals.

Roles and relationships: The first part of activities, those more theoretical, will be more teacher-centred as the main actions will be in charge of the trainers. Meanwhile the second part will be more student-centric as the trainees will play an active role interacting with the scenarios visualisation and exchanging their views with their peers and trainer.

Reflection and Demonstration

In this set of activities the focus will be on analysing and showing how the trainees are progressing towards the achievement of the expected competences/skills.

Tools and resources: Communication sessions as part of the programme will be focused on trainees' exchanges about their views, doubts, proposals, and experiences.

The quest and their situated scenarios will include activities that will allow trainees to reflect on their progress and demonstration of the achievement of skills, competences

Roles and relationships: This set of activities is student centric and trainers will provide them with support and feedback to help them to reflect on their progress.

Communication and Collaboration

This set of activities will have a horizontal nature with respect to the rest of the activities, since they will be included as complementary to the rest of the activities to be conducted during the training.

Tools and resources: A set of interactive sessions will be provided to the participants to facilitate their peer collaboration and communications.

A set of questions as reflection actions will be prepared to allow participants to share their experiences, doubts and reflect on their progress.

Roles and relationships: Trainers will act as facilitators of the activities.

Using the training pyramid and visualisations

As a last step of the conceptual design the training pyramid is used to develop the training setup. The pyramid describes the technique used to define what is needed to prepare the training. It starts with the top: Who do we train, what is our target audience. This influences what they can be trained in as each target audience will have different requirements of training. The second layer is: what do they need to learn and what are the goals, based on the requirements of the target audience. This gives the input for the third layer: what are the situations required or what do we need to present to trigger each of the learning objectives or reach each of the goals.

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These three parts form the basis of our training design and setup. In addition to these layers is the visualisation: how to bring the required situations to the persons in training so they can learn and attempt to achieve their training goals.

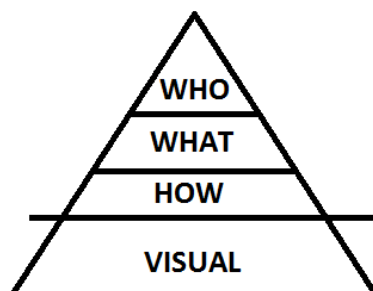


Figure 5: Training pyramid

As the top three layers of the pyramid are about the conceptual training design. This section describes all aspects related to the visualisation layer. It regards the designed classroom training whilst using the XVR tool. Though the presented method is the one used in the DRIVER project, it is by no means the only technical method for visualisation. This has been recognised in an early stage and as such heavily influenced the writing of the scenarios providing a visualisation-neutral conceptual design.

This resulted in scenario descriptions fitting the training goals, but also accounts for a more general approach that does not require the use of the XVR tool. This has been achieved by focussing on key moments during the training, and providing a general description of those situations. In addition, advice on the links between the goals and subject matter and key notes for the trainer has been defined.

The resulting scenarios are hence of such a general nature that they can be easily incorporated in any form of visualisation such as a verbal explanation, a whiteboard sketch, a table-top representation, a photo or video, or another simulation or visualisation tool. The table below provides an overview of the selected and designed scenarios.

Scenario	Time after event	Setting	Situation of persons in need*	Role of responder
1	Acute phase	At the evacuation centre after evacuation of people from flooded house	A woman has just been evacuated. Her children were not at home when she was evacuated, and she had to leave without them	Rescue team
2	5 days post disaster	Evacuation centre	A woman comes to the evacuation centre for distribution of Non-	Trained volunteer at the evacuation centre

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Scenario	Time after event	Setting	Situation of persons in need*	Role of responder
			Food Items or to sleep there.	
3	2 months post disaster	Police station	A man comes to the recovery centre station to get more information about the rebuilding of their house. He is angry and frustrated due to the situation.	Police officer

Table 9: Overview of the PFA training scenarios

The previously described set of dimensions from the Course Map tool and the pyramid approach had been used in the design of this training course which includes a set of activities as described in Table 10.

Module	Duration	Activities to be performed (actors)
1	15 min	Welcome and introduction. <i>Supporting activity</i> conducted by the facilitator.
2	120 min	Introduction to the basic elements of PFA and exercises to illustrate the basic elements of PFA. <i>Content and experiencing activities</i> : Activities related to the theory are conducted by facilitator as well as the facilitation of the exercises which will be carried out by participants.
3	35 min	Scenario 1: Acute phase. Psychological First Aid for Flood victim <i>Experience activity</i> supported by VRX simulations. Interactions between facilitators and trainees aiming at developing basic PFA skills and their application in this particular situation. Discussion and feedback: <i>Communication and collaboration activities</i> .
4	35 min	Scenario 2: 5 days after event, support at the evacuation center. <i>Experience activity</i> supported by VRX simulations. Interactions between facilitators and trainees aiming at developing further understanding of the PFA skills and their application in this particular situation. Discussion and feedback. <i>Communication and collaboration activities</i>

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Module	Duration	Activities to be performed (actors)
5	35 min	Scenario 3: Recovery phase: Months after, <i>Experience activity</i> supported by VRX simulations. Interactions between facilitators and trainees aiming at developing further understanding of the PFA skills and their application in this particular situation Discussion and feedback. <i>Communication and collaboration activities</i>
6	20 min	Wrap up scenario exercises. <i>Communication and collaboration activities</i>
7	30 min	Plenary discussion about supporting children. <i>Reflection and demonstration activities</i>
8	30 min	Wrap up and closing training. <i>Supporting activity</i> conducted by the facilitator.

Table 10: PFA training activities outline

All details of those training activities and contents are fully described in the Annex 2.

3.3.5 Method of delivery

This training will be delivered in a blended environment combining the trainer-led classroom and the use of a visualisation tool for the skills practice sessions training. Within the DRIVER project the visualisation tool XVR is used to depict the working scenarios for practicing a set of pre-defined skills. XVR provides support to the training by presenting a visual 3D scenario and its “Team training option” features facilitates the interactions between trainer and trainees.

Combining the use of XVR with a classroom setup for this training was decided for a number of reasons. Human interaction is a cornerstone in Psychological First Aid (PFA) training. Teaching PFA only on the basis of theory in a classroom setup would not allow for practicing the human interaction part of the learning experience. For this, it is necessary to incorporate scenarios in which some form of role play can take place.

Therefore the scenarios are of an interactive nature, allowing the trainee to actively participate and experiment. In this way the experimental and situational learning activities defined in the design of this training are implemented.

Secondly, providing a scenario which consists of both narrative and visual inputs limits the possibility of facilitators and trainees interpreting the scenarios differently, because they will see the same visual presentation of the situation rather than relying on their individual imaginations.

A tried and tested method of using visual clues is to work with whiteboard methods such as drawings or magnetic icons, or with table-top exercises. Both are familiar training methods for most CM trainers.

However, in both cases the trainee sees the situation from a different perspective than they would in a real life situation, namely from a bird’s eye’s perspective. This provides the trainee with

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information about the situation that they would not have if the situation was viewed from the ground level, giving the trainee an unrealistic knowledge on which to base decisions. For example a scenario where a PFA provider is looking for a quiet place to take a distressed person: In a table top exercise, the trainee will have a good overview of the geography, because the scene is viewed from a bird's eye perspective and they can easily spot a suitable place. If the trainee is only able to see the surroundings from street level, they may have to walk around to gather information about the location of a suitable calm place. This creates a different situation, which has consequences for the way the trainee will relate to the person in distress.

One step further in trying to provide a realistic view one will get into simulated visualisation. This allows a trainee to have a first person's view of the situation and thus eliminates the ability to see more. Most simulation tools can still provide the facilitator with a table-top like view to maintain an overview and thus control of the situation. This is the type of visualisations to be provided by XVR to depict situations in this training and in other DRIVER project activities.

Thirdly, the time available for responders and their facilitators to partake in trainings is limited, and our target audience are responders new to PFA. An ideal situation will be a "one on one" training between facilitator and trainee to educate them properly, but it will also be a time consuming activity, which would not be recommended for the type of training we are designing. A "one on multiple" training would be more time efficient for the facilitator, though the facilitator will be performing more actions: managing the situation flow, interacting with multiple trainees, and explaining the information.

To reduce the direct workload on the facilitator but maintain the time efficiency, a "one on classroom" training can be used. This concept takes the same properties as the "one on multiple" option but treats the multiple trainees as one trainee from the situational perspective. In that way the facilitator only needs to worry about a single entity in the situation as with the one on one. Allowing the trainees to discuss among themselves. This even adds the peer view and thus peer learning aspect to the training.

Fourthly, the PFA goals rely heavily on the soft skills of the trainee. This requires the facilitator to be able to have a direct interaction with the student in the form of roleplay to assess and or explain subtle differences. This direct interaction consumes a lot of the trainers' time and requires good roleplay and didactical skills. This is in contrast to the technical aptitude and didactical view required to run the visualisations.

As stated before, the chosen method is by no means to be the only one or even the best one in all situations. With the availability of XVR tool in the DRIVER project and the reasoning above explained, we came to the following method conclusion: we aim to run multiple interactive scenarios, using a two-on-classroom setup, with one facilitator focusing on the technical visualisation using XVR, and the second facilitator focussing on the roleplay with the trainees.

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Based on this method the scenarios have been written to incorporate key moments with situational descriptions and facilitator guidelines hinting at those moments, but not limited to the link with the PFA content, how they could utilise the situation in a classroom setup, to start discussion, show an example, practice skills using a roleplay and general information on PFA.

3.4 “Technical implementation and visualisation”

Given the method used and described in the section Conceptual design, the technical setup of the experiments will be as follows:

In a classroom setting two facilitators will instruct up to 10 trainees. They make use of two machines running XVR, to one is attached a mouse and keyboard for a facilitator to run. The other has a joystick for a trainee to use. Both machines are connected by a LAN cable, and run XVR scenarios in facilitator/student combination. A projector with a screen viewable by the entire group will be connected to both machines.

As part of the preparation stage, XVR will need to be installed on the machines. This will require an internet connection to activate the DRIVER License in XVR Control Centre and to download the XVR Scenarios and the guides alongside them.

With the XVR ready a facilitator could use the guide to read up on the play through, make this his own, change interactions and/or tweak the scenarios to be localised or depict another situation they feel better suits their trainees’ needs.

Once a test run is prepared, it is advised that facilitators will work out any kinks/details of the training and do a full run through of the scenarios to get fully familiarised with running the scenarios to be able to facilitate the training.

Once the training commences, the trainees will either view the situations from the first person view or use the projector with the facilitator machine display table-top like view to gain a different perspective on the scenario.

These types of visualisations will help the facilitators trigger the didactical discussions and way of thinking required to tie in with the roleplay examples and discussions on the PFA topic.

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3.5 “Experiments related to the PFA training”

The experiments related to the PFA training are designed to fit the overall DRIVER Framework as a campaign of three experiments with increasing complexity:

- the **pilot experiment** (E550.3) aims at validating the scenarios developed in DRIVER;
- the **task experiment** (E550.4) aims at validating the effectiveness of the training including the scenarios;
- the involvement of the PFA training solution in **Joint Experiment 1** (JE1_WP553) aims at testing the effectiveness of the PFA training and scenarios as a method to enable first responders to implement PFA in a simulated environment.

The PFA training and scenarios will be updated based on the results from E550.3 and E550.4. The pilot experiment is planned for May 2016 and the results will be presented in the next deliverable. This means that only the plans for the experiments are presented in this deliverable. An overview of the three experiments of the PFA training solution can be found in Table 11 and the evaluation framework can be found in Table 12.

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Experiment number and title	Goal	Methodology	Expected outcome	Timing and location	Participants	Setting of experiment	Duration
E550.3 Pilot experiment	To validate that the three training scenarios can be used to achieve the Psychological First Aid (PFA) learning objectives. This will be measured through feedback from first responders.	Focus Group Discussion (FGD) Observation	Validation of scenarios and detailed feedback that will be used to update the scenarios.	Sweden, 18-19 May 2016	8-10 first responders (i.e.) rescue service, police, ambulance, social service.	Class-room based training	1-day training
E550.4 Task experiment	To test the effectiveness of the PFA training and scenarios as a method to achieve the learning goals.	Questionnaire-based pre-post measurement of knowledge and confidence in skills. Observation Focus Group Discussion	Validation of the effectiveness of PFA training and scenarios	The City of the Hague, September-November 2016	8-10 first responders (i.e.) rescue service, police, ambulance, social service.	Class-room based training	1-day training
JE1_WP553 Joint experiment	To test the effectiveness of the PFA training and scenarios as a method to enable first responders to implement PFA in a simulated environment	Questionnaire-based pre-post measurement of knowledge and confidence in skills. Semi-structured	Validation of the effectiveness of PFA training and scenarios in	The City of the Hague, April 2017 (part of JE1)	3-5 first responders (i.e.) rescue service, police, ambulance, social service.	Part A) Class-room based training (preparedness phase)	1-day training

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Experiment number and title	Goal	Methodology	Expected outcome	Timing and location	Participants	Setting of experiment	Duration
		interviews Observation	a Joint Experiment setting			Part B) Implementation of PFA skills in simulation (response or recovery phase)	2-hours simulation
E550.3 Pilot experiment	To validate that the three training scenarios can be used to achieve the Psychological First Aid (PFA) learning objectives. This will be measured through feedback from first responders.	Focus Group Discussion (FGD) Observation	Validation of scenarios and detailed feedback that will be used to update the scenarios.	Sweden, 18-19 May 2016	8-10 first responders (i.e.) rescue service, police, ambulance, social service.	Class-room based training	1-day training

Table 11: Overview of PFA related experiments

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The three experiments employ a joint evaluation framework, which builds on Kirkpatrick’s learning and training evaluation theory [32]; [33].⁴ According to Kirkpatrick, effectiveness of trainings can be measured at four levels:

- **Level 1: Reaction:** how did participants feel?
- **Level 2: Learning:** what is the increase in participants’ knowledge?
- **Level 3: Behaviour:** are participants able to implement their new knowledge?
- **Level 4: Results:** what are the final organisational results of the training?

outlines the evaluation framework of the PFA training in relation to Kirkpatrick’s four levels. Accordingly, the pilot experiment is designed to evaluate the reaction level and the task experiment is designed to evaluate the reaction and learning levels. Finally, the joint experiment is designed to evaluate at the level of behaviour (can participants implement their knowledge) in addition to reaction and learning levels. Due to the simulated nature of the experiments, it is not feasible to include Level 4 evaluation in this experimentation campaign.

	E550.3 Pilot experiment	E550.4 Task experiment	JE1_WP553 Joint experiment
Level 1 Reaction: how did participants feel	x	x	x
Level 2 Learning: increase in knowledge		x	x
Level 3 Behaviour: implementation of knowledge			x
Level 4 Results: final result of the training			

Table 12: Evaluation framework of Kirkpatrick’s levels

⁴ The evaluation framework is also used in SP3 (WP32), which may allow for comparable experimentation results.

Different methodologies will be employed to measure at the different levels:

- Level 1 (Reaction) will be measured using focus group discussions in the pilot and task experiments, and semi-structured interviews in JE1 due to the limited number of participants [48]
- Level 2 (Knowledge) will be measured using questionnaire-based pre-post measurement of knowledge and confidence in skills in the task experiment and JE1. This approach has been used in several other evaluations of PFA trainings [10]; [12]; [38]. The questionnaire will to the greatest extent possible make use of existing tools to measure PFA knowledge and confidence in skills, for example from the World Health Organization [56].
- Level 3 (Behaviour) will be measured using observation and semi-structured interviews.

The remainder of this section describes the planning of E550.3, which will be conducted in May 2016. The results of E550.3 will be reported in D550.2 due in M30 together with detailed plans and results of E550.4.

3.5.1 Pilot experiment: test goal and research question

The overall goal of E550.3 is to validate that the three scenarios developed in relation to PFA can be used to achieve the Psychological First Aid (PFA) learning objectives. This will be measured through feedback from first responders. The research question that this experiment seeks to answer is: Do first responders consider the PFA Scenarios realistic, relevant and appropriate in relation to the learning objectives?

Table 13 presents an overview of the pilot experiment and outlines the roles of the different partners involved in the experiment.

WP	
Responsible partner	DRC
Other partners	TNO, E-semble, ATOS, MSB, and Fraunhofer IAO
Experiment lead (could be other than the responsible partner)	MSB
Goal (description)	The overall goal of E550.3 is to validate that the three scenarios can be used to achieve the Psychological First Aid (PFA) learning objectives. This will be measured through

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WP	
	feedback from first responders.
Research question (1 line)	Do first responders consider the PFA Scenarios realistic, relevant and appropriate in relation to the learning objectives?
Type of participants	8-10 first responders (rescue service, police, ambulance, social service)
Expected outcome (description)	Validation of scenarios and detailed feedback that will be used to update the scenarios.
Evaluation method (description)	Focus Group Discussion (FGD), Observation
Input/Needs delivered by WP self (description)	Training material Training facilitation Question guide for FGD Scoring form for observations Facilitation of FGD (MSB)
Input/Needs delivered by host of experiment (description) Indication that must be discussed with host	Participants Facilities (room, laptop with XVR access) and projector. Logistical and admin support.
Definition of criteria for success of experiment	Participants provide relevant feedback on the PFA training and scenarios.
Facilitators	Either DRC or MSB
Technical Support	E-semble and MSB
Process Supporters	Ecorys (SP2 contact)
Coaches	DRC and MSB
Experiment Performers	DRC
Evaluators	DRC, Ecorys (SP2 contact)

Table 13: Overview of Pilot Experiment (E550.3)

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3.5.2 Pilot experiment: study-design data collection

The pilot experiment is designed as a one-group quasi-experiment. The methodology for data collection is planned as observation during the experiment and a focus group discussion after the experiment (see Figure 6). Data will be collected by skilled facilitators from DRC. An observation scoring card will be developed for the observers and a focus group discussion guide will be developed for the facilitator of the focus group discussion.

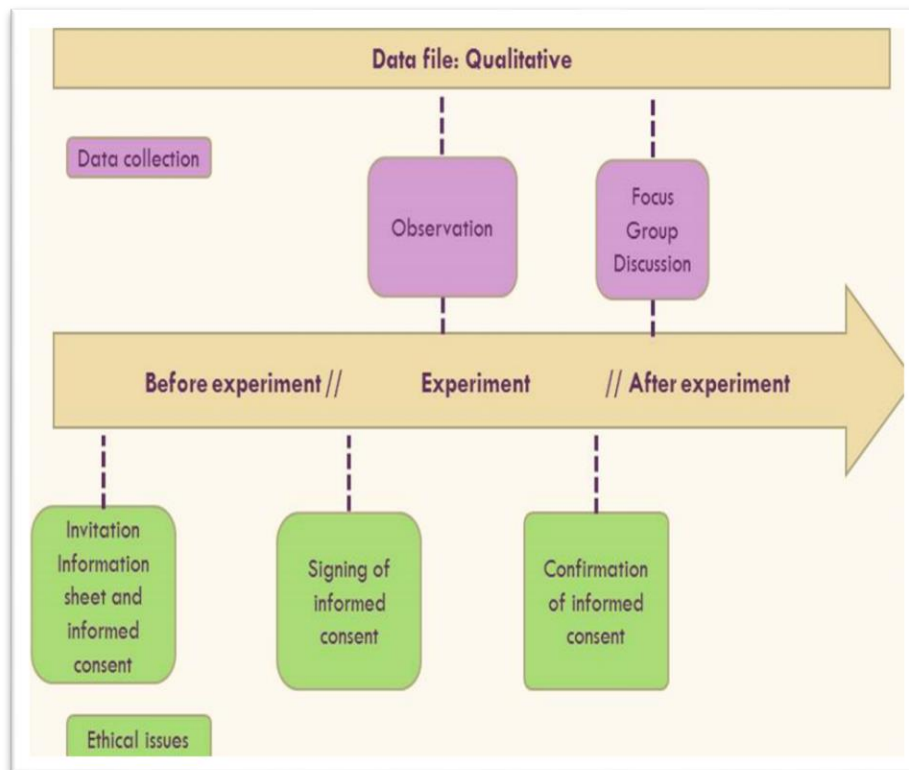


Figure 6: E550.3 Overview of data collection and ethical issues

3.5.3 Pilot experiment: data processing and analysis plan

The **observation** is structured according to a scoring card, which will be structured according to different topics in the research question (realistic, relevance and appropriateness). The notes will be transcribed and analysed according to the themes under observation.

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Recordings and notes from the **focus group discussion** will be transcribed and ordered according to different topics in the research question (realistic, relevance and appropriateness) and recommendations for improvements. The analysis involves the following steps:

- 1) Transcription of notes
- 2) Identification of themes
- 3) Summarising of each theme
- 4) Representation of themes

3.5.4 Pilot experiment: ethical considerations

The data collected in the experiments related to PFA training will not contain personal or sensitive personal data. Hence, the research does not require ethical approval under the Danish regional ethics board system or the Danish Data Protection Authority.

Participants will be informed about the DRIVER project prior to attending the experiment. Written informed consent will be obtained on the day of the experiment and informed consent will be reconfirmed verbally after the end of the experiment. Results published from the experiment will not lead to identifiable participants. The process of collecting and confirmed informed consent from participants is illustrated in Figure 6.

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4 Conclusion

There is an increased focus on the need for collaboration between first responders and the general public. This type of collaboration requires soft skills in crisis management professionals that are necessary to stimulate collaboration and interaction between first responders and the general public during crisis situations. In the current work package we identified two domains that could benefit from an improvement of these soft skills.

The first domain deals with awareness. The rationale is the idea that first responders should be able to evaluate when the general public can (safely) be asked to help during a crisis situation - and what tasks they can (effectively) perform - primarily during the response phase.

The second domain is related to psychological distress after disasters and crisis events. This domain involves recognition of people requiring immediate psychological first aid (PFA) during the aftermath of a crisis. This should reduce initial psychological distress and support short- and long-term recovery and coping thus supporting the affected people to be active survivors.

In this deliverable we describe the process of developing two separate but complementary trainings with support tools. As both trainings are focused on the interaction and collaboration of crisis management professionals with the general public, the two trainings were developed using a common methodological approach comprising three phases: desk research, design, technical implementation and visualisation, all leading to the experiments.

With regards to the topic of awareness, we found a general lack of guidelines for collaboration between professionals and the general public in crisis situations. This makes it difficult to develop a prescriptive training for crisis management professionals. Additional interviews with subject matter experts indicate that in- or exclusion of the general public is to a large extent dependent on the situation, the general public and the professionals. Untangling this situation requires direction and leadership and the upcoming testing and experimentation within DRIVER will investigate how and to what extent this leadership and direction can be provided by professional crisis responders and how the soft skills provided by the awareness training support this.

The topic of PFA has received more attention over the past years. Although there is no firm scientific evidence that has demonstrated its effectiveness, there is a consensus that psychosocial support following disasters is the best brief intervention available. Several guidelines and trainings have been identified, of which the Red Cross PFA model was selected as the basis for further development of a PFA training for first responders.

This deliverable presented the process of developing training content for both trainings. The next steps are to test and evaluate the two training and scenarios in three rounds of experiments in the DRIVER project: pilot experiments, task experiments and Joint Experiment 1. The trainings will be updated and improved after each experiment in an iterative manner and the final trainings will be included in the

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DRIVER portfolio of solutions. The first round of experiments is the pilot experiments, which are planned for May 2016 and will be carried out at the DRIVER platform hosted by MSB in Sweden. The pilot experiment plans are outlined in this deliverable and the results will be reported in the next deliverable (550.2).

There are important synergies between experiments in WP550 and other parts of DRIVER, which will be explored and exploited for the subsequent more advanced experiments: the task experiments and Joint Experiment 1. For the Awareness training, there are clear linkages to WP350 on communication for civil society resilience and WP360 on unaffiliated volunteer management. All three work packages are focused on the interactions between first responders and general public/spontaneous volunteers but approach the topic differently. WP550 focuses on training the responders to integrate the general public in the response. WP360 focuses on testing technical solutions for integration of spontaneous volunteers into the chain of command (e.g. pre-registration, reception center). Finally, WP350 focuses on communication of key messages between the professional responders and general public that trigger actions by the general public. Based on the results of the pilots of the pilot experiments, it will be decided if and how the solutions from these three work packages can be combined in the Joint Experiment 1 preparation and execution.

For the PFA training, there are clear connections to WP38 on individual and volunteer preparedness. WP38 focuses on testing and validating existing training solutions on psychosocial support provided by volunteers to the general public. While these trainings are more advanced than the 1-day PFA training developed in WP550, they all belong to the same family of psychosocial support interventions and are supported by the same fundamental principles. For this reason, the two work packages have adopted similar evaluation frameworks and methodologies to allow for comparisons and cross-fertilisation of findings and solutions.

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Annexes: Introduction and reading guide

The annexes 1 and 2 present the actual training content and accompanying scenarios Annex 1 contains the training content and scenarios of the Awareness training and Annex 2 contains the Psychological First Aid (PFA) training and scenarios.

The annexes are primarily written with the trainers in mind and with the purpose to guide and instruct the trainers to implement good trainings. For this reason the text is very matter of fact and practical.

The annexes follow a similar structure.

The introduction outlines the background for the training, as well as the targeted participants, the requirements for the trainer and the main goals for the training itself.

Then the training programme is presented, including an overview, a generic agenda for the training, and detailed trainers' notes. This section also contains practical support such as checklists and handouts.

Finally, the scenario built to support the trainings are presented. The scenarios are written in a manner that makes it possible to conduct the training using different methods such as role play, table top exercises, simulations or other. The facilitator must use their own words to describe what the scenarios look like and what takes place. For the purpose of the DRIVER project and as explained in the main body of this deliverable, we are using the computer based visualization tool XVR.

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Annex 1: Awareness training

1.1 Introduction

This document presents the awareness training that is currently being developed by DRIVER in SP 5 as a solution to fill the gap detected in the research to provide crisis management professionals with information to gain awareness about collaboration with the general public during emergencies or crisis. In this training the participants will discuss the possibilities of collaboration based on theory presented, examples provided, their own experiences and a scenario. The training is developed as a blended learning experience combining face-to-face classroom training and discussions with an interactive XVR scenario.

1.1.1 Background of the training

It often happens that when the professionals arrive on the scene that the general public is already present and helping. There are different ways in which the professionals can react to this situation. The 'right' approach differs per situation. The suggestion that citizens are not just victims but can also be useful for the professionals has gained more ground in the past few years. However, there are a lot of questions concerning this cooperation and although the authorities recognize the importance, it is not common procedure for the professionals to collaborate with the public.

This awareness training will contribute to helping the professionals understand the possibilities, advantages and disadvantages of increased cooperation with the general public. A more detailed background can be found in DRIVER Deliverable 550.1.

1.1.2 Participants (target audience)

The main target audience for this training are the crisis management professionals, and more specifically CM professionals that have to collaborate or interact with the general public during emergencies or crisis.

1.1.3 The trainer

The awareness training will always be facilitated by a trainer. This trainer will act more as a facilitator during the course than as a teacher. Background information will be presented by the facilitator but guiding the group discussions will be the main role of the facilitator. In the discussions the facilitator plays an important role in guiding the participants towards reaching the training course objectives, he or

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she will make sure that the trainees reflect on their opinions and learn from the experiences from others.

In order to be able to do this the facilitator/trainer needs:

1. Experience in group dynamics

In order to facilitate a group participants it is important that the facilitator has experience in group dynamics. Especially the skills that permit him/her to establish a safe learning environment and to make all the participants reflect and contribute to the discussions are important. In order for everyone to learn during the course the participants shouldn't judge each other based on their opinions or experiences and everyone in the group should participate. This means that the more dominant personalities need to be tempered in a friendly manner, while the more modest personalities need to be invited to contribute. In case the facilitator doesn't have the skills needed to make the best out of the group, the plenary group discussions which are a main aspect of the training course will not optimal. In the best case this means that the participant don't learn as much during the course as was possible. In the worst case it could mean that participants return home thinking that their opinion and experiences doesn't matter.

1. Expert in the domain of crisis management

The facilitator needs to have knowledge in the crisis management domain, needs to understand the domain, know the important players, know how it is organized by law, etc. Also, knowledge of the tasks and responsibilities of the first responders in this field are, is needed. The participants in the course must have the feeling the facilitator knows the domain well in order to be credible..

2. Knowledge of cooperation between first responders and communities/volunteers

The facilitator needs to have knowledge of cooperation between crisis management professionals and the general public and needs to be able to give examples of this cooperation regarding what worked well and what posed problems, etc. familiarity with the main objectives within the professional organizations is needed. During the discussions this knowledge can be used in order to bring the discussion to a higher level.

1.1.4 Main goals

The main objective of this training is for the crisis management professionals to gain awareness about possible collaboration with the general public. After the training participants will be more aware of:

- Different aspects of collaboration with the general public that might impact their work during a crisis;
- Other experiences (from other countries) to collaborate (and interact) with people present at the location of the crisis;
- What is 'the general public' already doing (in different countries) with respect to preparation for disaster and crises;

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- Organisational structures to help coordinate the collaboration with the general public;
- Legal aspects that play a part when collaborating

1.2 Training program

1.2.1 Training overview (general overview of the modules)

Next table provides an overview of the awareness training program through the description of the different activities to be conducted.

Time	Contents	Description of activities	Actors
30 mins	Welcome and introduction	Introduction and expectations elicitation	Trainer provides introductory aspects to the course.
45 mins	General public behavior (Module 1)	Theory Real Cases Experiences	Trainer acts as facilitator, Trainers will actively participate in the different exchanges
45 mins	First responders behavior (Module 1)	Theory Real Cases Experiences	Same actors and roles as the previous activity
45 mins	Coordination of resources (Module 2)	Theory Real Cases Experiences	Same actors and roles as the previous activity
45 mins	Legal framework (Module 3)	Theory Real Cases Experiences	Same actors and roles as the previous activity
90 mins	Hands-on and exchanges	Scenario, role playing and discussions	Role playing leading to discussions /reflections about how to apply the topics covered in the previous modules. Trainer acting as facilitator and trainers will contribute and discuss key aspects
30 mins	Wrap-up session	Feedback, questionnaires	

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1.3 Training curriculum – facilitator guide

1.3.1 Checklist training materials

- Computer to present a power point presentations
- Computer on which a XVR scenario can be run
- Beamer
- Flipover / whiteboard to help structuring discussions
- This annex with theoretical background information on the topics covered
- Power point slides for module 1
- Power point slides for module 2
- Power points slides for module 3
- Name tags for the facilitator and participants
- Note books
- Pens

1.3.2 Instructions for the trainer

- The premises should be arranged in such a way to support and stimulate discussion.
- Each module is structured as follows:
 - General introduction on the topic
 - Questions to the participants in order to formulate an opinion
 - Group discussion facilitated by the trainer to exchange experiences, opinions, etc.
- ...

< this paragraph is still under construction, since the pilot training is currently being fine tuned for the pilot in May >

1.4 Content of the training

In the text below the content for the training will be given. All modules follow the same structure: 1) first references will be given of the literature the module is based on, 2) the learning objectives that belong to the specific module are presented, 3) next the content is summarized or copied from the original sources, 4) followed by a training method section where will be described how the module will be given.

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1.4.1 Module 1 Human behavior

1.4.1.1 References

The content of this course module is based on:

1. Research in the Netherlands on participation of the general public ten mayor incidents in the Netherlands (Groenewegen and Oberijé, 2010)
2. Research in Israel on how to use on-scene bystanders and survivors in case of terrorist events and other disasters (Adini, 2012).
3. Research on collaboration between the crisis management professionals and general public in an experiment in the Safety Region IJsselland in the Netherlands (van Rijk, et al, 2015)
4. Interviews and workshops performed during the desk research phase in the Netherlands and Israel
5. Real cases

1.4.1.2 Objectives module 1 Human behavior

The objectives that belong to this module are:

6. Behaviour of the general public
 - Understand the types of public behaviour during crisis situations
 - Understand how the general public behaves in a stressful situation
 - Observe and identify types of public behaviour
 - Understand how this behaviour could have implications for the tasks of the first responders' tasks
7. Behaviour of the first responders
 - Understand the types of first responders behaviour
 - Observe when those types of behaviour can appear/or be manifested
 - Understand how the professional behaves in relation to general public
 - Understand how the different types of behavior could have implications in the effectiveness in the response phase actions
8. Application in daily work
 - Summarize participants' or others' recent experiences on collaboration with the general public
 - Discover the opportunities for collaboration with the general public considering the influence of the aspects tackled in the course

1.4.1.3 Content module 1 Human behavior

Behavior of the general public

In 2010 research was conducted in the Netherlands on participation of the general public in ten major incidents in the Netherlands in the period between 1992 and 2010. The period starts with the Bijlmer-

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disaster in 1992 where an airplane crashed on a flat in Amsterdam and ends with the major dune fires in Schoorl and Bergen in 2010 (Groenewegen and Oberijé, 2010).

For all these incidents the general public and the professionals involved were interviewed. They were asked about:

- Types of actions the general public conducted
- Background of the general public
- Willingness and motivation of the general public
- Reactions on the participation of the general public
- Selection, instruction and coordination of the general public
- Cooperation between the general public and the crisis management professionals
- Equipment used
- Time frame of the participation of the general public
- Impact and aftercare for the general public
- Positive and negative experiences of the general public and the professionals

It can be concluded that the general public participated in all of the following crisis management processes used in the Netherlands, which are 1) fighting the fire and emission of dangerous materials, 2) saving and technical help, 3) observing and measuring, 4) warning the public, 5) making accessible and cleaning up, 6) medical care – somatic, 7) medical care – psychological, 8) clearing and evacuation, 9) shielding and setting of, 10) to direct traffic, 11) to maintain law and order, 12) to identify victims, 13) guiding, 14) registering victims, 15) criminal investigation, 16) informing, 17) reception of victims and tending to their needs, 18) delivering primary necessities of life, 19) aftercare.

The general public participated mostly in the general processes such as clearing and evacuation, the reception of victims and tending to their needs, compared to the more specific processes such as fighting the fire and emission of dangerous materials. The general public helped more with processes that were multi-disciplinary, or belonged to the medical or police organizations rather than the processes that belonged to the fire fighters or the municipality. The researchers indicate that this is probably because more specific knowledge or equipment that are needed for these processes.

Depending on the nature of an incident or crisis the tasks the general public perform and the collaborations with the crisis management professionals differ. During incidents that happen fast without a warning, the general public are on scene or nearby the moment it occurs. In those cases the general public focus on saving people, giving first aid and shielding the incident location. In incidents that develop gradually (such as floods) professionals ask the general public to help based on their specific skills or equipment.

The preconceived idea that in case of an emergency the general public will panic, behave anti-social or apathetic was also examined in this research. Based on these ten major incidents it can be concluded that this kind of behavior does not occur among the general public. In disasters that happen really quick and have a lot of casualties, apathetic behavior and panic was sometimes reported among victims, their families and friends. Anti-social behavior happened only incidentally.

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Behavior of the crisis management professional

In the research of Groenewegen and Oberijé (2010) crisis management professionals were asked about their opinions and experiences concerning the collaboration with the general public. In most cases they had experienced the help of the general public as positive. In those incidents where there was a shortage of professionals, the aid of the general public was especially valued. In incidents with many casualties where the general was already helping on scene when the professionals arrived, most professionals let the general public carry on. The idea that all professionals would like to remove all citizens from the incident location was not found by the researchers in incidents after 1995.

Opportunities for collaboration

Based on the experiences in Israel with terrorist attacks, Adini (2012) describes how and why the general public should collaborate with the crisis management professionals. Engaging the general public will result in an improved effective management of the event. Adini gives the following reasons for this improvement:

- Professional resources can be used where they are crucially needed
- Chaos on scene is reduced by giving the bystanders an assignment

In order to use the general public effectively, it is needed to direct their actions. Adini describes 16 tasks that can be assigned to the general public in order to engage them in the event and to prevent them from hindering the professionals and adding to the chaos⁵. These tasks are:

1. Reporting of the event: Giving the first notification of the event. The accuracy of this information will determine whether or not the right professionals and the right amount of professionals are sent to the scene. When questioned the right way the general public can access and disseminate these crucial details.
2. Reconnaissance: the general public can assist in searching and locating casualties that are not immediately visible.
3. Assistance in the triage of casualties: ask the general public to assist in numerous non-complicated medical treatments. However clear instructions of professionals on how to perform these task are needed.
4. Caring for the walking wounded: the general public can assist in tending to patients with minor injuries until medical teams or evacuation facilities are available.
5. Assisting in traffic control: The general public can divert traffic away from strategic points, when asked by the police or security officers.
6. Strengthening security: When asked by the police or security officers, the general public can direct passersby or drivers to alternate destinations and can also alert security officers to suspicious individuals and/or findings.

⁵ Israel has a recent history with many terrorist attacks. Therefore it is conceivable that the general public in Israel can be asked to assist in a wider variety of activities than the general public in other (western-European) countries.

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7. Evacuation of casualties to ambulances: stretcher-bearing is an activity that requires little training and by asking the general public to help with this task the professionals will be freed to provide lifesaving procedures.
8. Transporting casualties to medical facilities: this will help the imbalance between urgent needs and the available resources.
9. Collection of body parts: this activity continues after evacuation of all casualties and may be a prolonged process. This action must be conducted carefully under the supervision of official agencies.
10. Collection of personal belongings to facilitate identification of victims: this task also needs to be conducted carefully and under the supervision of official agencies.
11. Accompanying relatives to forensic institute: formal representatives of welfare of medical organizations might be unavailable to assist relatives to the forensic institute to identify the remains of their loved ones. The general public can be recruited to accompany and support the family members. However this is a task that must be conducted with sensitivity and in coordination with the formal agencies.
12. Locating family members separated during the event: assistance in reuniting relatives or providing information of their whereabouts should take place as soon as possible. Under the supervision of social workers the general public can be used for this activity.
13. Assisting in operation information centers: the general public can be deployed in the information centers where information is given to relatives. The general public can assist in calming the relatives, supplying beverages and food, providing a 'warm touch' and accompany relatives during the process of waiting to receive information.
14. Assisting the media: managing the media response is vital to protect the command and control among the crisis management professionals, to maintain communication structures and to mitigate stress. The general public can provide first-hand impressions of what happened and provide useful materials to the media. These materials are also needed for investigating and documenting what occurred on-site.
15. Translators: members of the general public that speak multiply languages can serve as translators for foreign visitors that are involved in the incident.
16. Blood donations: availability of blood units is a crucial component of an emergency response. If the blood bank is capable of rapidly organizing a massive blood donation operation, mobile units can be brought to the scene of the incident to request the general public to donate blood.

As Adini indicated there are several tasks the general public can perform during an emergency or crisis. However, she also argues that leadership on-site by the professionals is needed to benefit from the general public. Many of the tasks need to be coordinated by professionals or the professionals need to instruct the general public before they can start the task. It is therefore needed that the professionals are trained in how to integrate bystanders in the emergency response.

Real cases

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Example 1: Extreme weather– Sweden

In early January 2005, just weeks after the tsunami in the India Ocean, Sweden was struck by the storm Gudrun/Erwin. This storm was characterized by winds up to 33 m/s, and wind gusts measuring 45 m/s. This storm gave rise to the most serious natural disaster in Sweden to date, regarding duration of consequences and financial loss.

In total 72 million cubic meters of forest was devastated, leaving 700 000 households without electricity. Thousands of households were without electricity for over one month, with some being without for 45 days, which is quite a challenge in Sweden during the winter months. Both the mobile and regular telecommunications networks were disabled. In addition, the entire regions’ infrastructure was severely damaged, thereby isolating rural areas and making transportation impossible. In all, 11 civilians died as a result of the storm.

In the recovery phase, an additional 141 incidents of work-related injuries was reported. These were mostly injuries sustained by people working in the debris, trying to clear areas from fallen trees.

Most households experienced frustration over not knowing when the electricity would be restored. Since roads were blocked by fallen trees, a sense of isolation and loneliness soon set in. However, most residents were resourceful and found alternative ways of heating their houses, cooking food and clearing their area of debris. Some were frustrated over that the municipal functions, such as child care and school, were not restored quickly enough so that the individuals themselves could return to work and be of use.

The task for the participants will be reflection on the example:

- What do you think the needs of the community were?
- Where there enough professionals available to help?
- What did the general public/ community do?
- Was there cooperation between the professionals and the general public? If so on what areas could you imagine this cooperation?
- If this happened in a rural or urban area, do you think it would affect the situation? If so, in what way?

Example 2: Landslides – Italy

In May 1998, Southern Italy was exposed to heavy rains. These gave rise to flooding, but also to a series of landslides that struck the area of Sarno. This area consists of five towns with a population at the time of 71 000. The 14 individual landslides that finally caused a massive landslide occurred a night, making it very difficult to detect and act in an appropriate manner.

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Many hundreds of people were buried in the mud, and initial estimates claimed that as many as 245 people were either dead or missing. Later, this figure was corrected to 137 dead.

The search-and-rescue operation was conducted by teams from the fire brigade, army units, and volunteers. The volunteers also manned the emergency shelters, as well as aiding the civil servants in manning phones and faxes. During the initial phase of the rescue operation, there was much confusion regarding jurisdiction and overlapping responsibilities among various disaster management actors. By the time the formal groups had assembled, with representatives from twenty Italian authorities, the acute phase of the disaster was already over.

There is some evidence that suggests that there are long-term effects on the affected population, with negative effects on mental health lingering in the affected community. Experiencing both emotional and material loss, in combination with poor support from national authorities, can be one explanation to these effects. Also, the affected community have not received any information on possible recurrence of landslides, making it difficult to prepare.

The task for the participants will be reflection on the example:

- What do you think the needs of the community were?
- Where there enough professionals available to help?
- What did the general public/ community do?
- Was there cooperation between the professionals and the general public? If so on what areas could you imagine this cooperation?
- If this happened in a rural or urban area, do you think it would affect the situation? If so, in what way?

1.4.1.4 Training method

For this module we will use a follow up of different activities:

1. Presentation of human behavior (general public and crisis management professional)
A presentation will be given to summarize the content described above
2. Real cases
Next we will describe some examples on how the general public behaved in real incidents, how the professionals reacted to this and how they collaborated. The content described above will be the basis of this part of the program
3. Compare expectations with real life experiences
Finally a discussion will take place in which the expectations of the participants are tested against the examples and opinions of the other participants.

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1.5 Module 2: Coordination aspects

1.5.1.1 References

The content of this module is based on:

- Preventing a disaster within the disaster: the effective use and management of unaffiliated volunteers (US)
- Managing spontaneous volunteers in times of disaster. The synergy of structure and good intentions (US)
- Spontaneous volunteer management resource kit. Helping to manage spontaneous volunteers in emergencies (Australia)

1.5.1.2 Objectives module 2 coordination aspects

The objectives that belong to this module are:

3. Discover management issues for the collaboration with the general public
 - a. Name types of management structures
 - b. Understand the advantages and disadvantages of the management structures

1.5.1.3 Content of module 2 coordination aspects

The general public on site is often willing and ready to help the professionals. But because they are not associated with existing emergency management response systems, these offers of help are often a problem for the crisis management professionals. There is a paradox: the willingness of the general public versus the system's capacity to utilize them effectively.

In the United States and Australia different methods are suggested on how to overcome the lack of systems to use the general public effectively. In this module the Australian and North American solutions are highlighted. This will enable a discussion between the training participants on what can be better organized and structured in their country in order to improve the coordination of the help provided by the general public in case of emergencies or crisis.

United States

The mobilization, management, and support of the general public is a responsibility of the local government and non-profit sector agencies, with support from the state level. Specialized planning, information sharing, and a management structure are necessary to coordinate the efforts and maximize the benefits of volunteer involvement. The Volunteer Coordination Team (VCT) is a team to ensure the effective utilization of the general public during in case of emergencies or crises. Further in all communities there are individuals and organizations that know how to mobilize and involve volunteers

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effectively. Crisis management professionals are encouraged to identify and utilize all existing capacity for integrating the general public.

In the article 'Managing spontaneous volunteers in times of disaster: the synergy of structure and good intentions' (Points of Light Foundation, NVOAD, and UPS Foundation; 2005), concepts of operations are described to serve as a guidance in planning for and managing unaffiliated volunteers (which are referred to as the general public in this course) in all four phases of emergency management; mitigation, preparedness, response and recovery. Since the focus of the awareness course is on the response phase of an incident or crisis, we will only highlight that specific concept of operation.

Concept of operation for the response phase:

- Implement the unaffiliated volunteer management plan -> this means that in the preparation phase this plan must have been developed.
- Activate the volunteer coordination team (VCT). Use pre-identified and trained staff to fill key roles. This VCT will function in the emergency operations centre as the primary coordination cell for the unaffiliated volunteers.
- Activate the volunteer reception centre (VRC) to serve as the coordination point for unaffiliated volunteers, develop partnerships with community and responding agencies, identify volunteer opportunities and fill staffing needs.
- Address communication needs.
- If necessary, activate state or regional mutual aid agreements to support the volunteer coordination team of the volunteer reception centre.
- Maintain a database of volunteers with special skills for use during the recovery phase.

Australia

The Australian Red Cross has developed a framework for the management of spontaneous volunteers in emergencies. This is documented in the article 'Spontaneous volunteer management. Resource kit' (Points of Light Foundation, NVOAD, and UPS Foundation; 2005), this article is used as reference for this example. The aim of the project of the Australian Red Cross was to enable consistent good practice in jurisdictions, municipalities and agencies that choose to use spontaneous volunteers as part of their emergency management responsibilities. It also offers tools to manage and redirect the anticipated influx of spontaneous volunteers for those organisations that choose not to use the help of spontaneous volunteers. The aim of declining the help of the general public for those organizations is mostly to prevent a drain on the resources that are needed for their core-tasks.

The framework is based on the following principles:

- The people affected by any emergency are the first priority
- Spontaneous volunteering is valuable and aids community recovery
- Everybody has a right to offer their assistance and to feel that their offer has been valued
- Jurisdictions and agencies will take considered policy positions on whether they will use spontaneous volunteers
- Normal volunteer management processes apply in times of emergency

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- Effective management recognises that processes need to be in place to ensure that agencies are not overwhelmed with offers of support
- Spontaneous volunteers are not always required and may not be encouraged in circumstances where existing resources are sufficient
- Communication messages must commence at the point of impact or shortly after an emergency occurs, and be embedded in the emergency response communications arrangements
- Arrangements for managing spontaneous volunteers should be recognized in, and where required embedded within, existing emergency management plans or operating guidelines
- The time when spontaneous volunteers are needed may not coincide with when offers to volunteer are being made. Volunteers may be needed in the weeks or months after the situation.

1.5.1.4 Training method

Based on a presentation of the content above the participants are asked to start a discussion about coordination aspects in the collaboration of professionals with the general public. This discussion is facilitated by the course leader. The following questions will be used:

- What organizational structures with respect to the general public are there within your country
- What are your impressions of the examples described
- Would this work in your organization/region/country. Why or why not.
- What needs to be organized in order or to improve the management of volunteers

1.5.2 Module 3: Aspects on organizational level

1.5.2.1 References

The content of this course module is based on:

1. Research in the Netherlands of S. Alst (2011) on liability of the general public
2. Article: Liability, Immunity, and Workers' Compensation Issues
3. Input Austria
4. Input Sweden
5. Input Germany – THW professional

1.5.2.2 Objectives module 3 Aspects on organizational level

The objectives that belong to this module are:

4. Regulations
 - Name relevant national regulations / legislation
 - European regulations / legislation

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- Understand risks of engaging the general public, considering the existing regulations/legislation
- Understand liability issues related to the engaging the general public, considering the existing regulations/legislation

1.5.2.3 Content of module 3 Aspects on organizational level

Regulations

During incidents and crisis concerns often arise about potential liabilities. Professionals, volunteers, businesses and non-profit organisations worry about potential liability for their actions during the incident or crisis. Liability occurs when a person or entity is found to be legally responsible for their actions during an emergency. An article in the Astho Legal Preparedness Series: Liability, Immunity, and Workers' Compensation Issues in Public Health Emergencies provides information about liability issues in the United States (<http://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Authority-and-Immunity-Toolkit/Liability,-Immunity,-and-Workers%E2%80%99-Compensation-Issues-in-Public-Health-Emergencies-Issue-Brief/>). In the section below we will describe some of the information given in this article to clarify definitions and issues that arise on this topic. All texts in *italic* are direct copies of the text in this article. After these general descriptions of common terminology we will give five examples who it is organized in 1) the Netherlands, 2) Austria 3) Sweden and 4) the United States. The European Union adds nothing to the regulatory frameworks, as all member states rely on their own legislation in this matter.

General descriptions

Protections against liability have been created to address the concerns of volunteers and others involved in emergency response, as well as to ensure that there are adequate numbers of medical, public health, and other individuals and institutions to participate in the response efforts. These various laws work together to form a patchwork of liability protections. These protections, however, can be highly dependent on the nature of the services provided by the person (volunteer vs. paid employee) and the extent of protections provided under the program the person is participating in.

Both individuals and organizational entities can potentially be held liable for their own actions, as well as the actions of another person or entity.

Direct liability

Within the context of the law, liability (or direct liability) means that a person or entity is legally responsible for their actions or failure to act. In general, in order to prove a liability claim a plaintiff must show that the defendant had a duty not to harm the plaintiff but failed in this duty, which failure resulted in harm to the plaintiff. An individual person or an organization may be held liable.

Vicarious liability

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Vicarious liability is a type of secondary liability. It occurs when a person or entity is held legally responsible for the actions, or failure to act, of another person with whom they have a particular legal relationship. This is primarily seen in the context of an employer being held responsible for the actions of its employee. Vicarious liability also extends to a corporation, non-profit, or other entity for the acts or omissions of its agents.

Some entities try to limit their potential for vicarious liability by designating persons as independent contractors rather than as employees or agents. However the courts can disregard the independent contractor relationship and find an entity vicariously liable through the legal principle of ostensive agency. This form of agency finds that an employer can be liable for the actions of an independent contractor if the employer holds the contractor out as an employee or agent of the employer and a third party believes that the contractor acts on the employers behalf.

Civil liability

Within the emergency response context, civil liability claims are the most likely to arise, particularly negligence. Civil liability take a variety of forms – negligence, intentional harms, privacy violations, discrimination, or misrepresentations by a volunteer or other responders.

Tort

A tort is an action in which an actor (a person or entity) either intentionally or unintentionally causes harm to another person or property. Unintentional torts occur when an actor harms another person or property through their actions but did not intend the harm. Negligence is the most common type of unintentional tort. Intentional torts occur when a person intends to harm a person or touches a person with the intent of harming them. For example, conducting a medical procedure on a patient without first obtaining the patient’s informed consent could be construed as the intentional tort of battery. There are a number of potential defences to intentional torts, two of which may be generally applicable in emergency response scenarios: 1) consent - a person gives express consent through written or oral assent. Implied consent may be inferred from a person’s actions. Consent can also be implied in situations in which emergency medical treatment is provided to victims who are unconscious or unable to provide consent in the absence of a third party who is eligible to give consent on behalf of the victim. and 2) necessity - if committing an intentional tort is necessary to avoid a greater harm, then a defendant is justified in committing the tort.

Negligence

Negligence is a type of tort, it occurs when a person or entity fails to use ordinary care in their actions of by their failure to take action. Ordinary care generally means the amount of care that a reasonable person would take under similar circumstances. The standard of care applied to a physician or other person with specialized skills may be different than an ordinary care standard.

Examples

Each country has its own laws and regulations concerning liability. These laws and regulations will have an influence on how willing professionals are to cooperate with the general public during an incident of

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crisis. In this paragraph we will describe some examples of how different countries and the EU have organised the liability issues. These examples can be used to start a discussion about how it is organised in the countries of the participants or how it should be organised.

Example 1: The Netherlands

In the Netherlands liability is dependent on the specific circumstances during an incident. This dependency makes it difficult to formulate concrete rules on how liability is organized. Starting point in the Netherlands is that each person is responsible for their own losses unless someone else is liable. Commissioned by the ministry of Internal Affairs and the ministry of Safety and Justice in the Netherlands, a study on liability issues in the Netherlands during incidents and crisis was carried out. In 2011 this study resulted in a report describing liability issues for self-help and self-reliance of the general public in the Netherlands (Alst, 2011).

The report indicates that during an incident or crisis, a crisis management professional can ask the general public to help. However this help can cause damage to the material of the professional, the helper or to the victims even causing the death of the victim. The report further showed that in most cases the helping public is not liable for damage caused on the material of the professionals, this will be covered by the insurance of the professional organisations. The helping public, however is liable when they acted recklessly. It is however unclear in which situations the crisis management professionals can ask the general public to help with an acceptable risk. It is also not clear who is responsible for damage caused by the general public that were asked to help by professionals. In 2011 it was therefore recommended in the Netherlands to enlarge the insurance of professional crisis management organisations in order to also be insured for damage caused by volunteers and the general public and to inform the professional organisations on these liability issues.

Some rules summarized in the report will be given below:

In case the general public offers spontaneous help:

- In case the victim suffers damage due to the help of a helping citizen, this damage will be covered by the insurance of the victim.
- The helping citizen is not liable in case the victim suffers damage or dies, unless the helping citizen acts reckless or doesn't take the necessary care. For example pulling a victim while it can be assumed that everyone knows that a victim should not be moved. In that case the helping citizen can be held liable based on tort (article 6:162 BW). In most cases the liability insurance of the helping citizen will cover the damage. However not everyone has a liability insurance, in those cases it will be difficult to claim the damage. A helping citizen with an first aid certificate is insured by the Orange Cross (Orange Kruis). The Orange Cross protects the helpers against liability issues in cases of incidental first aid.

In case the crisis management professionals ask the general public to help:

- The helping citizen is not liable for damage to the material of the professional organizations unless they act reckless. Damage will be covered by the insurance or the professional

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organization. In case of tort the liability insurance of the helpers will cover the damage (in case they have that insurance).

- The helping citizen acting because the professionals asked them to, is not liable for the damage to the victim or the death of the victim as a result of the help of the helping citizen, unless they act reckless. In most of these cases the professional organisation is responsible since they asked the general public for help and have to and in that case things can go wrong.
- In the case of a contractual assignment there is no liability issue. For example when the fire brigade asks a farmer to pull the smouldering haystack. In that case the farmer is entitled an allowance for his work; there is a contractual assignment and the fire brigade can be considered the employer. In case an employee suffers damage during their work, the employer will have to cover the damage, unless he can prove to have taken the necessary care to prevent such a damage.

It can happen that the professional organisation is sued by the victim for damage caused by helping citizens that were asked to help by the crisis management professionals. In those situations the judge will look at whether or not the situation was uncomplicated or whether it was a situation in which there was no time to waste to give help. In case of an acute emergency where the professional crisis managers cannot cope without help of the general public (for example many victims and only some professionals), there won't be tort in the sense of carelessness. Liability won't be an issue for the professional organizations. In uncomplicated situations the judge can decide that asking the general public for help was an unnecessary risk and in that case he can held the professional organisation liable.

In the Netherlands it is unclear who will be held responsible for the damage caused by a helping citizen asked to help by the professional organisations. Jurisprudence, law and literature do not offer the answer. There are also no court rules about this.

Example 2: AustriaThe Austrian civil protection management is traditionally based on the arrangements made by public authorities, professional organizations (emergency response organization in disasters) and the general public.

The legal aspects of the first aid liability can be separated into two main groups. On one hand, the criminal side of the liability is found, particularly concerning the question whether action or omission is held as a criminal offence according to the Austrian legislation. On the other hand, there is the civil side of the liability, considering whether the victims should be compensated by the helping citizen for any caused injuries or if the liability should be covered by of the professional organizations or maybe its insurance.

As a basic rulethe Austrian Criminal Code (StGB) declares that in case of emergency, incident, crisis situation or any danger for life and health of greater number of people, everyone must provide appropriate assistance according to his or her knowledge to the other(s), but without the risk of

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unreasonably harming himself or herself. This can mean that if a person finds someone in need of medical help, they must take all reasonable steps to seek medical care and render best-effort first aid.

If, during the provision of assistance, the helping citizen is injured, he or she should be compensated usually by the offender or by insurance.

When providing first aid as a citizen, the citizen has to fulfil the standard of care of a diligent average person in the same situation. There are not liability limitations. He or she is also liable for slight negligence, so for an error that occasionally happens to an accurate person. But as a public interest exists that citizens provide first aid, no judgements or sentences can be found in Austrian jurisprudence convicting a person for provided first aid. On the other hand there are many judgements concerning failure first aid.

If a professional seeks assistance by a person just standing by or offering spontaneous help or, it is considered as a contractual assignment. The professional principal is liable for the actions of its agent. In case the victim suffers damage during their work, the principal has to cover the damage. To a professional emergency response organization this case should not happen as it should have the resources to provide appropriate assistance. Moreover in this situation the professional is not able to verify a citizen's ability to provide first aid or any other kind of assistance. In case of a severe emergency an organization may seek assistance by citizens on-site. If a citizen is directly addressed by a professional, the organization is liable as above described. If a citizen helps without before being addressed on-site he or she is liable on his or her own for a potential damage.

Example 3: Swedish regulatory framework

The Swedish system for civil contingencies is fundamentally regulated by the principles of responsibility, proximity and similarity. This is evident in various official reports, preparatory works and government bills, but the principles as such are not defined in law. They should instead be understood as a background to the current regulatory framework and the actors' missions and mandates.

Principle of responsibility

The principle of responsibility means that those actors who are responsible for a certain activity under normal circumstances retain this responsibility in the event of societal disruptions. The Government has made it clear that the principle of responsibility also means that all actors affected either directly or indirectly by a disruption that have the capacity to assist in managing its consequences have a responsibility to act, even in uncertain situations. The principle of responsibility also means that actors are obliged to support and collaborate with each other. This has come to be called the "expanded principle of responsibility".

Principle of proximity

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The principle of proximity means that societal disruptions are to be managed where they occur and by those actors most closely affected and responsible.

Principle of similarity

The principle of similarity means that actors are not to make changes to their organisational structure that are more substantial than the situation demands. Accordingly, in the event of societal disruptions, operations are to continue to function as they do under normal circumstances, to the extent possible.

Regulations

The Instrument of Government (1974:152)

The Instrument of Government contains regulations on how Sweden is governed, on the central actors and their function and mandates, and on the regulations concerning fundamental rights and freedoms. The Instrument of Government is one of Sweden's fundamental laws and therefore takes precedence over all other provisions. Two central themes in the Instrument of Government particularly affect the management of societal disruptions, namely the principle of legality and the role of the Government.

The principle of legality means that all exercise of public power shall ultimately be supported in law. In practice, this means that all public-sector actors must have constitutional support in order to act. This also applies to decisions by the Government.

The role of the Government is to have the highest executive power in the country. The Government has primary responsibility for the structure of state administration building and decides, among other things, on the conditions for each authority's activities. However, it is not permitted for the Government to interfere in authority matters concerning the exercise of authority or the application of law.

Legislation relevant for Sweden: Decision No 1313/2013/EU of the European Parliament and of the Council on a Union Civil Protection Mechanism

The EU's new civil protection legislation entered into force in December 2013. It thus replaces the earlier decision on the Community's civil protection mechanism from 2007 and the decision on the financial instrument from the same year. The new legislation captures recent years' developments in the area of civil protection, which covers such things as an increased focus on preventive measures and risk management. Civil Protection Cooperation today covers the entire disaster management cycle, including preparatory measures in the form of training, exercises and a programme for experience feedback. Response cooperation has also undergone development, and the new legislation establishes, among other things, a new initiative in the form of a voluntary pool of response capacities (modules) and of experts that are pre-committed by Member States for operations inside and outside the Union. Sweden intends to register a number of modules for the new pool.

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The Act (1992:1403) concerning Total Defence and Heightened Alert

The Act concerning Total Defence and Heightened Alert regulates, among other things, what total defence and heightened alert are, and establishes that total defence resources are to be designed in a way that can also strengthen society's capability to prevent and manage severe stresses on society. In a state of heightened alert, municipalities and county councils are to take special measures to complete their total defence tasks under the prevailing circumstances.

The Emergency Management and Heightened Alert Ordinance (2006:942)

The Emergency Management and Heightened Alert Ordinance (the Emergency Management Ordinance) regulates, among other things, how central government authorities are, through their activities, to reduce society's vulnerability and develop a good capability to manage their tasks, both during crisis situations in peacetime and during periods of heightened alert.

An appendix to the Emergency Management Ordinance states which central government authorities have a special responsibility for emergency preparedness, before and in a state of heightened alert, respectively. According to this, every central government authority whose area of responsibility is affected by a crisis situation is to take the measures necessary for managing the consequences of the crisis situation. The authorities are also to collaborate and support each other in such a crisis situation.

The Emergency Management Ordinance also establishes the geographical responsibilities of the county administrative boards and the obligation of the authorities to provide information to the Government and MSB in a crisis situation.

According to the Emergency Management Ordinance, *emergency preparedness* is the capability to prevent, resist and manage crisis situations through training, exercises and other measures and through the organisation and structures created before, during and after a crisis. The term crisis is not defined in the Ordinance, but an explanation is given in preparatory works.

The Act (2006:544) on municipal and county council measures prior to and during extraordinary events in peacetime and during periods of heightened alert

The Act on municipal and county council measures prior to and during extraordinary events in peacetime and during periods of heightened alert (LEH) regulates, among other things, how municipalities and county councils are to reduce the vulnerability of their activities and establishes that they are to have a good capability to manage crisis situations in peacetime. In doing so, municipalities and county councils are also to achieve a basic capability for civil defence. LEH also establishes the geographical responsibilities of municipalities and their reporting obligation to the county administrative board in an extraordinary event.

According to LEH, an *extraordinary event* is such an event that deviates from the normal, entails a serious disruption or imminent risk of a serious disruption in important societal functions and requires urgent action by a municipality or a county council.

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The Ordinance (2006:637) on municipal and county council measures prior to and during extraordinary events in peacetime and during periods of heightened alert

The Ordinance on municipal and county council measures prior to and during extraordinary events in peacetime and during periods of heightened alert contains, among other things, more detailed provisions on how municipalities and county councils are to report prior to and during extraordinary events.

The Civil Protection Act (2003:778) (LSO)

The Civil Protection Act (LSO) regulates, among other things, the responsibility of municipalities and central government to carry out rescue operations. LSO also contains special mandates for emergency service bodies, the right to encroach on the rights of others, the right to compel individuals to help in an operation through the duty to serve and emergency service bodies' right to request central government and municipal assistance. The Act also contains provisions on emergency services during heightened alert.

According to LSO, *emergency services* are the rescue operations for which municipalities and central government are responsible in accidents and the imminent danger of accidents in order to prevent and limit harm to people, property or the environment.

The Civil Protection Ordinance (2003:789)

The Civil Protection Ordinance contains, among other things, more detailed provisions about which actors are responsible for central government emergency services and emergency services upon the discharge of radioactive substances and remediation. The Ordinance also regulates when the county administrative board may assume responsibility for rescue operations in municipal emergency services.

The Police Act (1984:387)

The Police Act establishes, among other things, that the police service is to work to maintain public order and safety, and otherwise ensure the general public protection and other assistance to promote justice and security. The police is also to collaborate with other authorities whose operations concern police activities. This particularly applies to social services authorities.

The Social Services Act (2001:453)

The Social Services Act is the legislation that ultimately regulates people's right to basic needs such as a roof over their head, food and water. The Social Services Act states that the municipality has the ultimate responsibility for persons that are in the municipality. This means that the municipality's responsibility is thus not limited to residents of the municipality, but covers all those who for some reason are in the municipality.

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The Health and Medical Services Act (1982:763)

The Health and Medical Services Act regulates the tasks and obligations of health care providers to offer care. Under the Act, it is the county council's responsibility to offer good health and medical care to its residents and to plan its health and medical care so as to maintain disaster medicine preparedness.

The Swedish Local Government Act (1991:900)

The Swedish Local Government Act regulates, among other things, the forms for the organisation of municipalities and the activities they may conduct (*municipal competence*).

The Ordinance (2007:825) with Instructions for the County Administrative Boards

The Ordinance with Instructions for the County Administrative Boards regulates the general tasks and mandate of the county administrative boards. The county administrative boards have, among other things, tasks that have to do with civil protection, emergency preparedness and civil defence. The instruction also establishes the geographical responsibilities of the county administrative boards under the Emergency Management and Heightened Alert Ordinance (2006:942).

The Swedish National Board of Health and Welfare's regulations and general advice (SOSFS 2013:22) on disaster medicine preparedness

These regulations state, among other things, which capability the county council is to have in a serious event, that each county council is to have a disaster medicine preparedness plan and the functions of duty officer (TiB) and special health care command.

Example 4: The United States

In the United States there are some sources of liability protection at state and federal levels. We will describe some of these sources as examples extracted from the document *Liability, Immunity, and Workers' Compensation Issues in Public Health Emergencies*. All texts in *italic* are copied from this document that focusses on Liability issues.

Federal Governmental/Sovereign Immunity

The common law doctrine of sovereign immunity holds that the 'king' – the state – cannot commit an illegal act and therefore cannot be sued. This doctrine has been modified through court decisions and laws like the Federal Tort Claims Act to allow suits against federal government employees and agents in certain circumstances. In the context of emergency response, one way to protect volunteers is to designate them as unpaid employees of the federal government. In doing this, the volunteers would be able to assert the liability protections afforded to federal employees.

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The Federal Tort Claims Act immunizes federal government employees from tort liability by substituting the federal government as the defendant in certain types of suits brought against the federal government.

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- Volunteer Protection Act

This act provides immunity for volunteers of non-profit organizations or governmental entities against claims of ordinary negligence. The VPA protects individual volunteers who are working without compensation and within their scope of responsibility for a governmental entity of non-profit organizations. The VPA shields volunteers from ordinary negligence. It does not protect volunteers from liability for: 1) actions beyond ordinary negligence, 2) actions for which the volunteer is not properly licensed or insured, 3) operation of a motor or other vehicle that requires a license and insurance, 4) for any criminal conduct or civil rights violations.

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- State Healthcare Volunteer Protection Statutes

Many states have also adopted specific liability protections for volunteer health professionals in addition to or to supplement their emergency powers and general volunteer protection statutes. The VHP protection statutes confer immunity to volunteers from civil liability provided that certain conditions are met and are not dependent on the existence of an emergency declaration.

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- Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)

The UEVHPA was conceived as a way to further supplement the number of VHPs (Volunteer Health Practitioners) who can rapidly respond to emergency events. The UEVHPA permits health professionals to register either in advance of or during an emergency to provide volunteer services in an enacting state. Under the UEVHPA, VHPs can register through governmentally established registration systems or with registration systems established by disaster relief organizations, licensing boards, or national or multi-state systems established by associations of licensing boards or health professionals. UVEHPA liability protections become effective upon the state emergency declaration.

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- Good Samaritan Laws

Good Samaritan laws can provide liability protection to volunteers who are near an emergency event and respond to help victims. No formal emergency declaration or activation of the volunteer as part of an emergency response force is required for Good Samaritan liability protections to attach. Every state has a Good Samaritan statute, but the actors eligible for coverage and qualifying circumstances under which care is delivered varies. Generally, Good Samaritan statutes cover the spontaneous rendering of aid and reduce the standard of care that would normally be required of the person supplying aid (e.g., a doctor or nurse helping a victim at the scene of an accident) to account for the exigent circumstances in which the care is being delivered. These laws generally do not apply to employees on duty and may not apply for pre-

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arranged or compensated volunteers. Good Samaritan laws provide limited immunity from civil liability for ordinary negligence to protected volunteers; they do not provide payment for defense costs, judgments, or settlements. As with other volunteer protection statutes, Good Samaritan laws do not cover egregious conduct.

1.5.2.4 Training method

In this module we will present the information described above in a power point presentation, highlighting differences and similarities between nations, after which a discussion with the participants will take place.

The task for the participants will be to reflect on the presentation:

- First reactions
- What would this mean for you
- What do you need from your organization
- What needs to be organized in your country
- What needs to be organized on EU level

1.6 General presentation of the scenario

To be filled in with the following elements:

Flooding: barrier break,

40+ people at risk

CM professionals can separate all people leading to problems with capacity / more chaos

CM professionals have to find out what skills / knowledge is present and how that can help them

Discussions on what to do normally and what can be done in this specific situation (rule bending)

What is right / wrong

Danger for spontaneous volunteers (trapped)

Critical infra structure

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Annex 2: Psychological First Aid Training

1.1 Introduction

The current document presents the PFA training developed by DRIVER in SP5 as a solution which fills in the gap detected in the research in the provision of PFA trainings, namely the lack of solid scenarios where the trainees can apply their PFA skills, as documented in the Chapter 3 of D55.A deliverable. This training provides a general introduction to Psychological First Aid for first responders as well as three scenarios for practicing PFA skills. It has been designed as a blended learning experience combining face to face classroom training and online training experiences and it also can be used as baseline for the implementation of trainings based on table-top exercises, role-playing or virtual simulations.

1.1.1 Background of the training

People who are affected by disasters are often exposed to very distressing experiences such as separation from family members, loss of loved ones or personal belongings, evacuations, and disruption to essential services. Neglecting emotional reactions may result in passive victims rather than active and resilient survivors.

Psychological First Aid (PFA) is an intervention for survivors of disasters and other traumatic events that can be understood as a parallel to physical first aid: it doesn't have to be provided by a mental health specialist but can be provided by first responders or volunteers, or even by members of the general public. PFA can be provided in different events, ranging from smaller events in every-day life to more serious life-changing events such as disasters, which is one of the situations where the resilience will be tested. Similarly to persons providing physical first aid, providers of PFA are trained in how to recognize the signs and symptoms that require referral to more specialized services (Jacobs, G.A, Meyer, D.L., 2005). Therefore, the principles of PFA need to be integrated into the work of First Responders. This will enable them to better identify and respond to the emotional needs of the public, and thereby facilitate their work as first responders. Adequate training of first responders and volunteers in PFA is a prerequisite in ensuring that they as Crisis Management professionals are able to better meet the needs of the general public in the recovery phase.

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1.1.2 Participants (target audience)

The main target audience for this training is Crisis Management (CM) professionals, and more specifically CM professionals that have to collaborate or interact with the general public during a crisis. The target participants could, for example, be fire fighters, policemen, ambulance staff and volunteers.

The target audience for the training is not expected to have prior educational background or extensive professional training in psychosocial support to persons affected by crisis. We also expect that the audiences' educational backgrounds in terms of which pedagogies they have previously been exposed to will differ.

1.1.3 The trainer

The trainer will work more as a facilitator of learning, rather than as a teacher in this training. His/her activities will be not only be focused on presentations of the contents, but he/she will act as a facilitator who motivates participants, keeps track of the time, moderates the discussions among participants and contributes to knowledge sharing and exchanging of ideas from the resource kit and his/her own experience. It is essential that trainer will be an expert on the topics covered in this training. Relating the topics covered in this training to the work of the participants is also essential. For this reason the facilitator should obtain as much information as possible about the participants before the training begins and where possible adapt the training content to the specific target groups.

Furthermore it is very important that facilitators familiarize themselves with the resource kit in preparation for facilitating the training.

1.1.4 Main goals

The overall goal of this training is to build capacity of the helpers in crisis situations:

- To approach a difficult situation safely, for themselves and others
- To say and do the most supportive things for very distressed people (provide basic human support)
- To NOT cause further harm by their actions

More specifically, this training will provide contents and activities that will allow trainees to understand each of the basic elements of Psychological First Aid (PFA). After the training, participants should be able to identify signs and symptoms of distress and provide basic human support and to understand the following 4 basic elements of PFA:

- Stay close
- Listen actively

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- Accept feelings
- Provide general care and practical help

And apply them to different emergency related situations (scenarios).

In the next table we detailed describe such goals by providing specific learning objectives for each of the basic elements or PFA principles:

Basic element	Specific learning objectives
Stay close	<ul style="list-style-type: none"> - Understanding the importance of staying close by the person in need, even if the person doesn't want to talk, should not be left alone. - Understanding the implications of culture, gender and age in assessing the appropriateness of touching another person.
Listen actively	<ul style="list-style-type: none"> - Understand the different techniques of active listening (asking questions, paraphrasing, summarizing).
Accept feelings	<ul style="list-style-type: none"> - Understand that persons in need can have different emotional reactions - Understand the importance of confirming the person's feelings without being judgmental
Provide general care and practical help	<ul style="list-style-type: none"> - Understand why listing and locating different facilities and services for affected is important - Understand how to use the dialogue with the person in need to assess different practical needs

PFA has different models and definitions but all of them are using more or less the same principles; PFA is caring support offered to people who have experienced a very distressing event or situation. It involves showing warmth, empathy and listening to them. It also involves making the surrounding safe for them and helping them to deal with practical needs and link people to their social support system.

1.2 Training programme

In this section we firstly included an overview of the training with descriptions of the timing, contents and activities to be performed. Furthermore, it includes the full and detailed training curriculum that describes the proposed activities; the different contents to be addressed in this programme as well as complete guide with instructions for the trainer with the description of activities, contents and resources to be used for the estimated time of each activity. This training guide serves as guide for PFA orientation to which you can bring you own style, experience and idea as a facilitator. It is important clarify that this training and its contents will need to be adapted the materials to the local culture, language and context and to the likely crisis situation in which the target audience of this training will be helping.

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1.2.1 Training overview (General overview of the modules)

Next table provides an overview of the PFA training programme through the description of the different activities to be conducted.

PFA training programme				
Time	Contents	Description	Tools and resources	Actor roles
15 min	Welcome	Introductory session	<i>Psychological first aid</i> - PPT Slide 1	Trainer welcomes participants and provides overview of the training programme and learning objectives.
10 min	Introduction to psychological first aid	Theoretical part and examples	<i>Introduction to psychological first aid</i> - PPT slide 2	Trainer introduces main concepts and starts initial exchanges with trainees on the topics.
25 min	Common stress reactions	Exercise	<i>Exercise- common reactions to stress</i> - PPT slide 3	Trainer facilitates exercise in stress reactions and provides an overview of common stress reactions.
		Theoretical part	<i>Trainer wraps up the exercise by compiling information about different reactions to stress</i> PPT slide 4	
10 min	Step by step PFA	Theoretical part	<i>Step by step PFA – PPT slide 5</i>	Trainer gives an overview of PFA using a step by step approach
25 min	Main elements of PFA	Theoretical part	<i>The 4 PFA Basic elements</i> - PPT slide 6-10	Trainer introduces the 4 principles of PFA and facilitates a short exercise on “stay close”
		Exercise	<i>Short exercise for staying close Referrals – PPT slide 11</i>	
35 min	Active listening	Theoretical part and examples	<i>Active listening</i> . PPT Slide 8*	Trainer introduces active listening and gives examples
		Exercise	<i>Exercise active listening</i> -PPT Slide 12	Trainer introduces an exercise on active listening – role play; listener, story teller and observe

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5 min	Step by Step PFA	Recap	<i>Recap</i> - slide PPT Slide 5	Trainer recaps step by step PFA as key points to consider when working with scenarios
10 min	Working on scenarios	Setting the working method for next sessions	<i>Working method for demonstrating PFA using XVR scenarios</i> - PPT slide 13	Trainer introduces working method. Purpose: Provide participants with practical examples to demonstrate using the scenarios to practice what they have learned in the previous sessions
35 min	Scenario 1 Acute phase	Experiences and Reflection (Discussions and feedback)	Role play scenarios where participants will discuss, interact and provide PFA to the affected persons in the different scenarios through XVR visualizations	Trainer (as facilitator) Trainees/participants (different roles according to indication of Trainer in the role playing scenes)
35 min	Scenario 2 Response phase	Experiences and Reflection (Discussions and feedback)	Role play scenarios where participants will discuss, interact and provide PFA to the affected persons in the different scenarios through XVR visualizations	Trainer (as facilitator) Trainees/participants (different roles according to indication of Trainer in the role playing scenes)
35 min	Scenario 3 Recovery phase	Experiences and Reflection (Discussions and feedback)	Role play scenarios where participants will discuss, interact and provide PFA to the affected persons in the different scenarios through XVR visualizations	Trainer (as facilitator) Trainees/participants (different roles according to indication of Trainer in the role playing scenes)
20 min	Wrap up scenario exercises	Discussion and feedback		Trainer facilitates discussion and reflections on scenarios
30 min	Supporting children	Theoretical part and examples	<i>Children's reactions</i> – PPT slide 14 <i>Supporting children</i> – PPT slide 15 <i>Hand out: Communicating with children; do's and don'ts</i>	Trainer introduces provides an overview of do and do nots when supporting children
30 min	Wrap up and closing training	Closing activity	<i>Wrap and evaluation</i> – PPT slide 16	Trainer closes the training

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1.3 Training curriculum – facilitator guide

1.3.1 Checklist of training materials

- A copy of the resource kit including the USB keys with materials in soft copy for each participant (If this is not possible, participants should have access to the online version during the training workshop)
- Annex with the 3 scenarios with indications for running them according to the selected method for the training delivery.
- PowerPoint slides to present this information to participants
- Folders with training agenda and participants list for each participant
- PowerPoint slides, projector, screen, Internet access and access to the online version of the training
- Name tags for facilitator/s and participants
- Note books
- Other materials for the workshop activities including flipchart paper, markers, paper, pens, etc.

1.3.2 Instructions for the trainer

Next we provide instructions for the trainer with clear indications of how to proceed when facilitating this training. Current contents are based on the reference materials provided by the Reference Center for Psychosocial Support of the International Federation of the Red Cross and Red Crescent Society but you can adapt this training to your specific needs and you can be also inspired by these additional resources:

http://www.who.int/mental_health/publications/guide_field_workers/en/

<http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners>

<http://www.wartrauma.nl/en/publications/pfa-guide>

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Module	Facilitator notes	Tools and resources
Welcome and introduction (15 min)	<p>1) <i>Welcome the participants and facilitate the opening activities:</i></p> <ul style="list-style-type: none"> welcoming participants and introduction of the facilitators introduction to the training programme and learning objectives <p>2) <i>Give a small introduction to the training by sharing your own background and why you believe this is an important topic.</i></p>	PPT slide 1
Introduction to PFA (10 min)	<p>1) <i>Explain to the participants:</i></p> <ul style="list-style-type: none"> Psychosocial support helps people recover after a crisis has disrupted their lives. It refers to the actions that address both the social and psychological needs of individuals, families and communities. Psychosocial support aims at enhancing the ability of people to bounce back and restore normality after adverse experiences. Psychological First Aid is one psychosocial activity and it is useful model for responders that provide support to people who have recently experienced a critical event and are in acute stress; perhaps they have been in an accident, injured or attacked. They may have experienced a natural disaster or fire, or perhaps they have heard very distressing news of the death or serious illness of loved ones. PFA has different models and definitions, but all of them are using more or less the same principles; PFA is caring support offered to people who have experienced a very distressing event or situation. It involves showing warmth, empathy and listening to them. It also involves making the surrounding safe for them and helping them to deal with practical needs and link people to their social support system. PFA is not a professional counselling or a clinical intervention and you do not have to be a professional to provide it. PFA can be provided anywhere it is safe for a responder and the person seeking help to be. It may be in an evacuation centre, a hospital or even at the site of a disaster or crisis event. Try to provide the person with a quiet place to rest and talk if possible. PFA is usually given immediately for someone in acute stress but may also be given later for people 	PPT slide 2

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	who are still experiencing distress or need the emotional and practical support of PFA	
Exercise on stress reactions (25 min)	<p>1) <i>Exercise:</i></p> <ul style="list-style-type: none"> Place 3 pre-prepared flip charts, each with one of the following headers, in the classroom; 1. Physical reactions to stress, emotional/cognitive reactions to stress 3. Behavioural reactions to stress Divide the participants into three groups and ask each group to stand by one flip chart and give them a few minutes to brainstorm and write down their responses to the header where they stand. The groups have to write down the reactions they might expect if someone has been in a disaster, lost their home and lost contact with loved ones. After a few minutes all groups moves to the next flip chart and add additional responses and this continues till all groups have had a chance to add to each flip chart. The flip charts are presented and posted on the walls <p>2) <i>The facilitator wraps up the exercise by saying:</i></p> <p>When someone has been through a very distressing event they may feel overwhelmed, vulnerable, anxious, uncertain or confused. They may experience sudden emotional reactions, grief, anger or a sense of hopelessness, or even feel apathetic and numb. When someone is in shock or crisis, they may lose sense place and time and may have difficulties thinking clearly and knowing what to do to help the situation and themselves. <i>Those are reactions that you will need to take into consideration when spotting persons in need of PFA.</i></p>	PPT slide 3, 4
Step by step for PFA (10 min)	<p>1) <i>Go through the step by step guide for PFA. Make sure to explain that PFA is not a linear process but needs to be adapted to any situation and context, so the following is merely to be seen as a guideline:</i></p> <ul style="list-style-type: none"> Establish contact with the person by introducing yourself and your role. If at all possible, remove the person from the stressful situation to a safe place and limit their exposure to sights, sounds or smells. Protect them from bystanders and the media. Make sure the person is warm enough and offer a blanket if necessary. Provide the person with adequate food and fluids but avoid alcohol. To leave the person, make sure that someone else stays with them. 	PPT slide 5

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	<ul style="list-style-type: none"> • Ask if the person is tired and needs a place to rest and/or a place to go. • Ask the person what has happened and talk, about their experiences, concerns and feelings. If they do not wish to talk, just stay with them. • Reassure them that their reaction is normal and that it would be abnormal not to react. • Ask the affected person if they have someone to look after them or some - one to talk to at home. If not establish contact to significant others. • Provide factual information about where and how to seek specific resources, and provide any other practical assistance as per need. 	
<p>Introduction to the 4 basic elements of PFA (25 min)</p>	<p>1) <i>Tell the participants that there are 4 important elements when providing PFA</i></p> <ul style="list-style-type: none"> • Stay close • Active listening • Accepting feelings • Provide general care and support <p>2) <i>Explain each element in more detail using the facilitator notes below as speaking points:</i></p> <p>Stay close</p> <p>Facilitator note: Being near a person even though you do not have direct communication with them (e.g. if they are crying a lot or need to sit by themselves for a while to calm down) is a sign of caring. Wait till the person is ready before you start asking any questions and take breaks if needed. A person in crisis temporarily loses his basic sense of security and trust in the world. Volunteers and staff can help to rebuild trust and security by staying close and not become alarmed by the other person’s anxiety or extreme show of emotions. Do not leave a person who is very distressed alone, if you have to leave try to find someone else who can stay with the affected person. Be aware that touching other people e.g. a hand on the arm can sometimes feel comforting; however for some it might feel invasive and uncomfortable. You need to be very sensitive to the situation and cultural context.</p> <p><i>Exercise:</i></p>	<p>PPT slide 6-11</p>

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- Ask the participants to stand in two rows facing one another approximately 4 meters apart. Ask one of the rows not to move and ask the other row to slowly walk towards the person in the opposite row, while telling a small story. It could be about their hobby, favorite television show or their last vacation. The person who is not moving should say “stop” to the person walking towards them, as soon as they feel they are overstepping their personal space and it does not feel comfortable any more
- Discuss with the participants the difference in people’s experience of personal space (e.g. was it the same distance the person moving would have chosen?) and how it makes people feel when their personal spaces are “invaded”. Discuss the difference in personal space between partners, friends, colleagues, strangers etc.
- Ask the participants where on the body it might be okay to touch a person you do not know who are in distress and under what circumstance they would do it.

Listen actively

Facilitator note: Be very attentive to the person that you are meeting and listen carefully for what they have to say. Concentrate and give them your undivided attention. Sit with the person in a peaceful corner. Turn off your mobile phone. Frequent eye contact and body language signals can help underline that you are listening. It is important to take time to listen carefully in order to help someone going through a difficult time. Telling their story will often help people understand, and eventually, accept the event. *Clarify, Paraphrase and summarize in the conversation* (there will be an exercise after this session where active listening is practiced).

Accept feelings

Facilitator note: Keep an open mind to what is being said and accept the affected person’s interpretation of the events – acknowledge and respect feelings. Be prepared to encounter violent outbursts of feelings; the affected person might even shout or reject help. It is important to be able to see beyond the immediate outward appearance and maintain contact, in case the person needs to talk about what has happened. At the scene of an accident this could mean, for example, moving away slightly, but keeping an eye out for any signs that the person might need help or wish to engage in further contact. Often one of the most difficult things for helpers is to contain other people’s pain while not being able to “fix” all the problems and make the pain go away. However this is one of the most important skills to develop when working as a responder.

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	<p>Practical help and support</p> <p>Facilitator note: When someone is in a crisis situation, it is a great help if another person lends a hand with the practical things. Contacting someone who can be with the affected person; arranging for children to be picked up from kindergarten or school; driving the person home or to the emergency room: Providing food, water, tissues, blanket and a place to rest if needed. Practical help is a means of showing care and compassion. Follow the wishes of the affected person. Avoid taking over more responsibility for the situation than seems appropriate. If it seems the person needs more support, be prepared to give information about other services, for example support groups, information on stress or loss etc.</p> <p>Practical help and support can also include referrals when immediate assistance is not enough. Referral to professional help is needed when it becomes clear that a person is in extreme distress. It is advisable to make a referral if:</p> <ul style="list-style-type: none"> • The person is suicidal or talks about suicide • dependency on alcohol or drugs • problems as a result of abuse or criminal activity • behaviour which puts self or others at risk • on-going depression or other mental disorder • severe and continuous sleep problems • Persistent physical symptoms <p>Always consult your manager when making referrals.</p>	
<p>Exercise on active listening (35 min)</p>	<p>1) <i>Explain to the participants.</i></p> <ul style="list-style-type: none"> • Active listening is a key element of PFA as we have already discussed and therefore we will discuss and practice active listening a bit further. Active listening means giving full attention to the speaker, and not just listening with your ears, but also with your eyes, body and heart. Active listening gives the speaker space and time to tell their story, if they wish. • We will now practice the following elements which are key in active listening; non-verbal 	<p>PPT slide 12</p>

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	<p>communication (ask the participants for examples of non-verbal communication; nodding, appropriate eye-contact, mirroring the other person, open body posture, warm facial expression); Clarifying questions (give examples; . "what do you mean by saying ..."; "I am not sure I understand what you mean when you mention ..."; "are you saying that you ..."; "did I understand you correctly ... ") paraphrasing and summarizing statements ("So you walked down the road and looked for your husband, but you couldn't find him")</p> <p>2) <i>Exercise:</i></p> <ul style="list-style-type: none"> • Divide the participants into groups of three; 1 person takes the role of the active listener, 1 person takes the role as the speaker and 1 takes the role as observer. • The group can choose the theme of the interview. It can be a fun theme, like "What is your favourite TV programme?" or "What do you enjoy doing in your free time?". Try to choose a topic that is not distressing as this is for practicing listening skills, the topic is less important and it should not be uncomfortable for anyone to do the exercise. • The speaker tells about the topic that has been chosen and the active listener uses the key elements (non-verbal communication, clarifying questions, and paraphrasing/summarising statements. The observer notes down every time the speaker uses any of the key elements. After 5 min take a minute for the observer and the speaker to provide feedback to the active listener. Then change roles until all have been through each of the roles. <p>3) <i>Wrap up the activity in plenary:</i></p> <ul style="list-style-type: none"> • Was it difficult to use the 3 key elements? • What worked well/what worked not so well? • How did it feel telling your story in this way? • What did the observers see? 	
Recap Step by Step PFA (5 min)	1). <i>Recap the Step by Step for PFA to ensure that all participants remember the steps and approach before starting the scenario exercises</i>	PPT slide 5
Explanation of	1). <i>Explain to the participants the purpose of the set of activities to be conducted in the following modules through role playing actions.</i>	PPT slide 13

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<p>the scenarios and the working method (10 min)</p>	<ul style="list-style-type: none"> • We will now practice all the knowledge you have gained in the previous session using 3 scenarios. In each scenario there will be a person in need of PFA. • We will take you through each scenario and stop the scenario at different trigger points. When we stop the scenario we will ask you to discuss how you as a helper would proceed, we will discuss different options for actions, dilemmas that you may encounter and sometimes maybe even ask you to play a small role play illustrating how you would approach the situation. • There is no right and wrong answers. Please see this as a learning opportunity, which requires your active participation and engagement. • Have the XVR facilitator give a small demonstration on the first scenario before the scenario is started 	
<p>Scenario 1 (35 min)</p>	<p>1). <i>Take the participants through the first scenario using annex 1 – scenario 1, as guidance:</i></p> <ul style="list-style-type: none"> • There has been a flooding and a response team has set up a camp. People are being evacuated by boat and arriving to the camp. The scenario is about identifying the person in need of support, approach the person and introduce yourself as well as practicing the 4 elements of PFA with a person who is overwhelmed by the situation and in severe distress • Relate the scenario to the 4 elements pf PFA (staying close, active listening, accepting feelings and general care and help) and the Step by step for PFA. 	<p>Annex Scenario 1</p>
<p>Scenario 2 (35 min)</p>	<p>1). <i>Take the participants through the first scenario using annex – scenario 2, as guidance:</i></p> <ul style="list-style-type: none"> • This takes place a couple of days after the flooding. People are sleeping in an evacuation centre. The scenario is about identifying and providing PFA to a person, who is very sad, has lost hope and who feels depressed. The scenario is about practising the 4 elements of PFA with a • Relate the scenario to the 4 elements pf PFA (staying close, active listening, accepting feelings and general care and help) and the Step by step for PFA. 	<p>Annex Scenario 2</p>
<p>Scenario 3 (35 min)</p>	<p>1). <i>Take the participants through the first scenario using annex – scenario 3, as guidance:</i></p> <ul style="list-style-type: none"> • A few months after the flooding a person enters the re-housing coordination site. Re-housing has been delayed and there are also a lot of complications with the insurance company. This causes the person to be very frustrated and angry. The scenarios is about practising the 4 elements of PFA with a person who is very angry and trying to calm the situation down. • Relate the scenario to the 4 elements pf PFA (staying close, active listening, accepting feelings and 	<p>Annex Scenario 3</p>

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	general care and help) and the Step by step for PFA.	
Discussion and feedback (20 min)	<p>1). Ask the participants</p> <ul style="list-style-type: none"> • How was your experience practicing PFA using the scenarios? • What went well? • What was challenging? • What were your key learning points? • What would you do different next time you meet someone in need of PFA? • Do you have any other comments/questions? 	
Do's and don'ts when supporting children (30 min)	<p>1) <i>Explain to the participants:</i></p> <ul style="list-style-type: none"> • When supporting children the same PFA elements that we have been discussed throughout the day can apply. However in crisis events, children react and think differently to adults. Therefore it is useful to know some additional information about children's reactions and how to communicate with children. • Children have specific needs according to their ages and are vulnerable to adverse effects due to their physical sizes and social and emotional attachments to care-givers. <p>2) <i>Children's reactions:</i></p> <ul style="list-style-type: none"> • There are some concerns that most children of all ages have; Most children will show signs of fear that the event will take place again, and they will worry that their loved ones or they themselves will be hurt or they will be separated from loved ones. • Be aware that potentially all children have these thoughts, even if they don't show or share their thoughts and emotions. Children do not always ask the questions they are thinking about. Perhaps they are protecting their care-givers from distress. Perhaps they are shy. Maybe they do not have the capacity to express these thoughts. • Common reactions of children who have been through distressing events include sleep disorders, feelings of anxiety and depression, social withdrawal from others, concentration difficulties, crying, clinging behaviour and regression. • Children's cognitive development affects how they react to crises and difficult experiences. Children aged 0 to 3 years have no or limited language, so they communicate more with body language. Young children often cannot verbalise their grief, and it is more common to express their feelings through behaviour and play. 	<p>PPT slide 14, 15</p> <p>Hand out Do's and Don'ts when supporting children (see end of table)</p>

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- Children can have the same type of reactions to distressing events as adults such as sadness, guilt, anger, anxiety etc. nevertheless, from an adults point of view children’s grief reactions sometimes look strange as children’s grief may be abrupt and not continuous.
- Children notice more than we think. They pick up speech, notice moods, changes and body language in adults.

3) *Support to children:*

- Most children survive distressing events without developing long-term mental health problems and many recover by themselves. However, recovery can be helped when children receive appropriate support at an early stage, and this can reduce the risk of developing long-term mental health problems dramatically.
- You can give psychological first aid for children in any safe location, such as Child Friendly Spaces, schools, Early Childhood Development centres or preschools, refugee camps, or at emergency sites. Whenever possible, helpers should find a quiet place where children, parents and care-givers can feel safe and comfortable to talk and be comforted.
- Please be aware that although physical comfort is critical for young children, you should be very sensitive and careful if the child reacts badly or rejects you. The child does not automatically know you are a safe person just because you reach out to them.
- In the aftermath of a crisis, children need increased care in order to regain trust. Advice caregivers to allow children to be more dependent on them for period of time; this may involve increased physical contact, not sleeping alone, having the light on etc.
- It is furthermore important to support and advice caregivers to maintain familiar daily routines in and around the home as close to normal as possible. This will give the children a sense of security, control and sense of normality.

4) *Hand out the following do’s and don’ts when supporting children and go through the examples. Ask for the participants examples of working with children.*

Refer to Save the Children’s training manual ‘Psychological First Aid Training Manual for Child Practitioners’ for additional information

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<p>Wrap up and closing of training (30 min)</p>	<p>1. <i>Explain that this is now the end of the training.</i></p> <ul style="list-style-type: none"> • Invite participants to do an evaluation of the training. • Explain the value of evaluation: <ul style="list-style-type: none"> ○ It gives participants an opportunity to reflect on what they have learned. ○ It gives feedback to the facilitator about the quality and relevance of the training to the participants who have taken part in the workshop. ○ It provides ideas for future workshops. • Ask the participants to do the written evaluation. • When the written evaluation has been finalized by everyone ask the participants to stand in a circle. Invite each participant to step into the circle and say one thing that they will take with them from the training. • Thank everyone for their active participation. Give time for everyone to say goodbye to one another. 	
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1.4 Hand outs

Communicating with children

Do's and Don'ts

Do

- Find a quiet place where the child can talk freely, and make sure it is safe for you and the child (in relation to child protection, personal safety etc)
- Be kind, warm and interested, smiling when appropriate
- Be respectful when talking about parents, communities and culture
- Let the child finish his or her sentences, Be patient and give time to the child to speak
- Validate the child's perspective - the situation may be seen differently by adults. Explore the child's experience - be curious
- Listen carefully and try to remember what the child says
- Re-state what has been said to show you understand
- Ask questions to clarify
- Give appropriate feedback – reassurance, suggestions, encouraging responses
- Be sensitive to any feelings of guilt or conflict of loyalty in the child
- Respect the child's emotional boundaries. This means not probing with difficult or very personal questions, but letting the child share as much as he or she feels comfortable with.
- Respect the child's physical boundaries. This means not attempting to hug or hold the child, unless the child reaches out and indicates a need for this.
- Use child-friendly language
- Have courage to tolerate reactions or behaviour that is off-putting. There is a reason someone behaves that way.
- Be aware that any grief or aggression is not personally directed at you as a person
- Learn how to protect yourself from being emotionally overwhelmed. This means recognizing your own emotional limits, and accepting that working with children who are distressed can be a difficult experience.

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Don't

- Interrupt or allow interruptions
- Punish the child
- Laugh at a child or allow them to be mocked
- Create a situation where the child feels she/he has to please you by saying something specific
- Apply pressure for answers
- Pass personal judgement
- Be vague
- Be too focused on facts – it is the experienced feelings of the child that is important
- Promise more than you can provide
- Lie or tell half-truths.
- Pressure the child to talk about personal issues that they are not comfortable with sharing
- Give direct advice
- Talk too much about yourself or your own experience
- Be ironic or sarcastic
- Undermine or minimize what the child says
- Blame
- Discipline or use intimidating voice
- Interpret what the child says without clarifying it

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1.5 Detailed presentation of scenarios

This section presents the scenarios developed to support the Psychological First Aid training solution outlined above and in the main body of the deliverable D5.A. The training and scenarios will be used and tested in 3 experiments in the DRIVER project: pilot experiment E550.3, task experiment E550.4 and Joint Experiment 1, JE1WP553.

The scenarios occur at different points in the disaster management cycle, and they complement each other with regards to

- 1) the emotional reactions they are designed to revolve around and
- 2) the type of responder that provides support in the situation.

The scenarios are written in a manner that makes it possible to conduct the training using different methods such as role play, table top exercises, simulations or other. The facilitator must use their own words to describe what the scenarios look like and what takes place. For the purpose of the DRIVER project, we are using the computer based visualization tool XVR.

The scenario and the roles are depicted as a generic set-up. For each training, the scenario and roles should be adapted to fit the specific context.

The scenario descriptions given in this document are based on real world knowhow and research into the PFA field⁶.

The scenarios should be used under the assumption and strong recommendation that the trainees have received a session about the theory and concept of psychological first aid prior to playing out the scenarios.

The overview of the scenarios is listed in the table.

Scenario	Time after event	Setting	Situation of persons in need*	Role of responder
1	Acute phase	An evacuation point in a town affected by severe flooding. There are rescue workers and evacuees at the scene.	A person has just been evacuated. Her children were not at home when she was evacuated, and she had to leave without them	Rescue team
2	5 days post disaster	An evacuation centre, which serves both as temporary shelter and distribution point.	A person comes to evacuation centre for distribution of non-food items or to sleep there.	Crisis management professionals
3	2 months post disaster	Re-housing coordination office.	A person comes to the re-housing coordination office to get more information about the rebuilding of their house	Clerk or receptionist

Table 14: Overview of scenarios

⁶ IFRC Reference Centre for Psychosocial Support: Community-based psychosocial support, a training kit. (2009)

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*The person in need could be the same person in the different scenarios, or could be different persons for the different scenarios.

In the following, the general outline of a scenario description will be explained, and hereafter each scenario will be described in details.

1.5.1 Outline of the setup of scenario descriptions

A scenario describes the situational flow of the training. It is composed of an introduction, a number of key moments including discussion points and facilitator notes specific to the key moment, a wrap-up session and general facilitator notes.

In the following sections the method used to describe each element of the scenario is described.

1.5.1.1 Introduction

The introduction shortly describes the scenario and the training focus. The introduction helps the facilitator to understand the overall scenario and is not intended to be given directly to the trainees.

1.5.1.2 Setting the scene

Setting the scene provides a description of the physical appearance of the scenario, emphasizing features of special relevance to playing out the scenario in the training. When the training is conducted using the visualization tool, it is not necessary for the facilitator to give much explanation at this point, because the trainees can see the scene clearly on the screen. If the training is conducted using a different method, e.g. as a table top exercise, the facilitator will tell the participants what they need to form their own picture of the scene. The facilitator can modify the scene to suit specific training needs. For example they can choose to set the scene in a specific city in the location where the scenario would be likely to play out, if it were a real life situation. Or they can choose that the flooding is caused by rising sea levels rather than a river if this would make the training more realistic to the specific group of trainees. These adjustments will not affect the training, as long as the key moments adhere to this guideline.

1.5.1.3 Key moment # - Description of moment

Each scenario has a starting point and flows through the different training situations towards an end. During this flow certain key moments depict didactical situations, mostly dilemmas, examples, choices. The description of the key moment will explain what is present (visualized) and what is to be expected from the trainee.

Depending on the training focus of the specific scenario there can be several key moments.

An important part of the learning process is the dialogue between the facilitator and the trainees about the scenario and the dilemmas, choices and opportunities they present. To help the facilitator to prompt discussions which enhance learning they are provided with facilitator notes and suggestions for discussion points. The suggestions for discussion points are of a general indicative nature, as it is up to each individual trainer to tailor the training by assessing the knowledge level, expectations and needs of each individual group of trainees.

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1.5.1.4 Wrapping up:

After each scenario there is a brief wrapping up session, in which the facilitator and the trainees discuss how the scenario session relates to the four elements in PFA and the step-by-step model. The list of wrapping up questions is a didactical aid to indicate points that could trigger discussions on PFA. The provided list is neither complete nor specific and does not account for the actual roleplay or trainee choices. The facilitator must adapt the wrap-up session based on the suggested questions and any relevant questions and issued that were raised during the play in the scenario.

1.5.2 Scenario 1: Acute phase – psychological first aid for a person evacuated from a flood

1.5.2.1 Introduction

In this scenario a group of people have been evacuated from their homes due to severe flooding and brought to an evacuation point. One person in the group is very upset because she does not know the whereabouts of her children, who were not at home when she was evacuated.

Training focus:

- Spot the person in need of PFA
- Initial engagement
- Account for the most appropriate way of providing PFA in the given situation
- Dealing with a person in acute distress

1.5.2.2 Setting the scene

A town is partially flooded due to a swelling river, and authorities are evacuating people from their homes. Some of the affected people are evacuated by boat and are only able to carry few possessions.

Because of rapidly rising water levels the evacuation is quite acute in some areas of the town.

On higher ground, the response team has set up an evacuation point. The evacuation point has a check-in tent, a medical tent and a number of tents where the evacuees can wait. There are also a number of rescue vehicles and generally a lot of activity.

The check-in tent is manned by members of the rescue team, who have set up a desk, where two team members register the evacuees. There are two lines in front of the desk: A short priority line for injured people and a longer for people who have no special needs.

Rescue boats can moor close to the check-in tent. The rescue operation is nearing its completion, but a few boats are still coming in.

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XVR screen dump of scenario 1 from 2 different angles



1.5.2.3 Key moment 1 – Orientation of the rescue set-up

The trainees orient themselves in the scenario and get an impression of the resources available. The medical tent is off limits, and medical personnel will ask the trainees to leave them alone if they enter the tent. This is to keep the trainee from getting too absorbed in the response role.

The two injured people in the line will be picked up and taken to the medical tent by medical personnel, so they are of no further interest to the trainee.

The trainee will check the evacuees in the line for the shelters. None of them need PFA. They are well taken care of and in no direct need.

Discussion points

- Areas of special concern?
- Signs of distress
- Gender aspects

Facilitator notes

- Make sure that participants keep focus. At this point they should not engage with the people in the scene, but merely orient themselves.
- Depending on the responses given by trainees, it may be relevant to recap the “signs of distress” from the training.
- The discussion points are meant to spark a general discussion. In the following key moment, the specific situation will be discussed.

1.5.2.4 Key moment 2 – Arrival of new evacuees by boat, spotting PFA needs.

A boat with two responders and five evacuees arrive at the response site. The boat is moored close to the line of evacuees waiting outside the check-in tent. Two of the evacuees are talking, one is crying and gesticulating, one is wounded, and another one is silent.

Two of the responders from the check-in tent help offloading people and the boat leaves again to pick up more evacuees.

The injured person is brought to the priority check-in line by two responders, who then quickly help to process him and get him to the medical tent.

Nobody seems to take care of the crying person

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Discussion points

- Signs of distress identified in the person in need of PFA
- How to approach and establish contact with a person in distress
- Where is an appropriate place to perform PFA
- Significance of the appearance and role of the PFA provider (e.g. gender, wearing a uniform etc.)
- Other important things to consider in the situation of approaching a person in distress

Facilitator's notes:

If the trainees do not spot the person in distress themselves, they should be guided to do so.

When discussing signs of distress of the person in need of PFA, make sure to include common signs of acute distress like; crying, nervous behaviour such as finger or foot tapping, pacing on the floor, increased irritability, fast or mumbled speech, overreaction to small things, confusion, trembling/shaking, blushing, cold sweaty hands.

1.5.2.5 Key moment 3 – engaging in PFA

Having identified the person in need of PFA, the trainee will approach her. She is very upset and not very coherent. She is still standing near the mooring place of the boat. The area is quite chaotic, and very close to the water. There is a line for the check-in area, and the focus of the rescue workers are on the injured people.

The aim is to get her to agree to leave the busy and unsafe mooring area and sit down in a calmer location.

Facilitator's notes:

This would be a good point to ask two trainees to role play the first interaction (the introduction) with the woman (one trainee will act as the affected woman and one will be the responder).

The conversation is scripted below with inserted notes and discussion points as a guideline for the facilitator.

The facilitator can also choose to let trainees play the role play without the script, using their own words. This requires guidance from the facilitator to ensure that all the relevant points are touched upon and that the participants have a good understanding of PFA.

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Discussion points before starting the scenario: <ul style="list-style-type: none"> • How would you approach the woman? • What would be the first things you would say? • How will you introduce yourself? 	
Woman	“Oh no, oh no. I don’t know what to do! They wouldn’t let me wait for my children”
Responder	“I am very sorry to hear that. My name is... I work with.... My role is... “
Woman	“I don’t know what is happening. I don’t know what is happening. Please help me”.
Responder	“We are doing everything we can to get an overview over the situation and find out where relatives are.”
Woman	“Where are my children? I need to find my children!”
Responder	“We will do our best to keep you updated as soon as we get any new information”
Woman	“Why am I here? Help me! They would not let me wait for my children!”
Responder	“Let’s go to a more quiet place where we can talk and I can find out how to best assist you”
General discussion points <ul style="list-style-type: none"> • When communicating with a person in distress what are some considerations in terms of non-verbal communication that you as a volunteer need to think of? (Having a soft, calm tone of voice, keep appropriate eye contact)What are some of the issues you might need to consider when finding a safer and quieter place? 	
Facilitator notes: <p>When someone is in shock or crisis they can be very vulnerable and easily misunderstood what is being said and done. The person’s sense of time might be disturbed, and the person might have difficulties thinking clearly and behaving the way he or she normally would.</p> <p>A person in crisis temporary loses the basic sense of security and trust in the world.</p> <p>It is important to help make the surroundings safe and calm as well as staying calm and kind yourself, and try to rebuild trust and security by staying close. If at all possible remove the person from the stressful situation to a safe place and limit their exposure to sights, sounds and smells.</p>	
Good discussion points to wrap up the scenario: <ul style="list-style-type: none"> • Do you have other suggestions as to what to do or say to support the person in the role play ? • Do you have any personal experience in dealing with a person similar to the person in the roleplay and what have worked well or not worked so well? 	

Table 15: Scenario 1, key moment 3, suggested dialogue

Key moment 3 ends when the woman is ready to go to a more quiet location. For the purpose of the scenario, this place is one of the available tents.

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1.5.2.6 Key moment 4 – at the quiet space, calming down

The woman and the responder go to a quiet space. This is an out-of-the-way place, e.g. a tent with less noise and more privacy. There is a table and some chairs inside. The woman is still very upset and crying.

Discussion points:

- How will you place yourself and the woman in the room? What are the considerations?
- How to calm down a very upset person
- Breathing and grounding exercises
- Accepting feelings, staying close
- Touching a person in distress (when is it appropriate, when is it helpful, discuss the dilemmas about touching)
- What does the woman need, prioritization of need and support (e.g. should you leave her in order to fetch water or rather stay close to her even if she may be thirsty?)

Facilitator’s notes

The aim of this key moment is to help the trainees reflect on calming down, accepting feelings. If participants need prompting, here are a few suggestions for starting or adding to the discussion:

- The person is maybe too agitated in the beginning to have a conversation with. But it is still important to ensure that the person is safe and then to stay available (staying close even if you are not engaging in direct conversation) until the person is ready to engage in conversation.
- You can help to rebuild trust and security by staying close and not be alarmed by the person’s anxiety and extreme show of emotions.
- Stay calm even if the person you are talking to is not calm.
- If the person is extremely agitated, speaking too rapidly or seems to be losing touch with her surroundings, ask the person to breath slowly.
- Try to remain focused on the immediate situation; ask concrete questions that can help him or her collect herself (for example, ask for a description of the surroundings and what he or she is seeing, and hearing, if the surroundings are safe).
- You might need to repeat sentences several times, as an agitated person does not always take in what others are saying.

Suggestions of things to say:

“Take a deep breath”, “Focus on my voice”, “Look at me, and we take a deep breath together”, “Count to four when you breathe in, hold your breath for two seconds and count to four when you breathe out”.

The discussion points are meant to spark a discussion on situating and calming the person. In the following key moment, the specific engagement with the person will be discussed.

1.5.2.7 Key moment 5 – engaging in a conversation

This key moment is a continuation of the previous one. The woman and the responder are still in the secluded, quiet space and the woman is sitting down. Take the trainees’ input about seating arrangement and engaging in the previous key moment into account in this key moment.

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After some time the affected woman cries less and can engage in a conversation with the responder. She explains what has happened, and how worried she is about her children.

The role of the responder is to listen and make her feel safe and help her in practical ways

Facilitator's notes

The aim of this part of the training is to explore ways of engaging with the affected person in a manner that is both supportive, respectful and elicits information needed to help the person further (in this case, to get enough information about the children to start a process of finding them).

This would be a good moment to show the trainees an example of a successful supportive conversation. The facilitator can ask two persons (they could be trainees, training assistants or actors) to act out a model conversation. The conversation is scripted below with inserted notes and discussion points as a guideline for the facilitator.

The facilitator can also choose to let trainees play the role play without the script, using their own words. This requires guidance from the facilitator to ensure that all the relevant points are touched upon and that the participants have a good understanding of PFA.

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<p>Discussion points before the scenario starts:</p> <ul style="list-style-type: none"> • How would you engage with the woman at this stage? • What could you say/ask to be able to start a conversation and understand more of the situation? 	
<p>Responder</p> <p>“I am here to try to find out how I can help you the best. Could you tell me a little about your situation and how you got here?”</p>	<p>Discussion points:</p> <ul style="list-style-type: none"> • What could be possible ways to respond to what the woman says? • How could you with your body language signal that you are listening? • What is the significance of non-verbal communication? • How can you summarize what the woman just said, so she knows you are listening? <p>Facilitator’s notes:</p> <ul style="list-style-type: none"> • Consider cultural sensitivities in non-verbal communication, e.g. appropriate eye contact, touching, physical distance etc.
<p>Woman</p> <p>“I had to evacuate without my children, I do not know where they are. They said I had to follow immediately, but my children were at school. Now I don’t know what to do. They may try to go home and they will find nothing there”.</p> <p>“Why did they have to move me, it was so terrible. My house was flooded and I left with nothing, there will be nothing there. My house is gone. My children will have nothing left. I need to find my children”</p>	
<p>Responder</p> <p>“So the rescue team came and told you to evacuate immediately, but you wanted to wait till your children got back from school, because you think they might try to get home, is that correctly understood? - OR – “It sounds to me that your biggest concern now is to find your children. You had to leave your house without any of your belongings and now you are concerned that there will be nothing there when you get back, is that right?”</p>	<p>Discussion points:</p> <ul style="list-style-type: none"> • Taking into account the elements of active listening, what will be your response to what the woman is saying? • Taking into account the elements of active listening, what will be your response to what the woman is saying? <p>Facilitator’s notes:</p> <p>Listen to what the woman says. Take note of the key words and needs that arises in the conversation Examples of non-verbal communication:</p> <ul style="list-style-type: none"> • When listening, use nods and encouraging sounds and gestures. • Think about your body language, is it open or closed, what does that convey?

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		<ul style="list-style-type: none"> • Mirror the woman when it feels natural e.g. the way you are sitting. • Lean a bit forward. • Keep appropriate eye contact (this differs from culture to culture)
Woman	<p>“I don’t know what happened, I am so scared, I should not have left my children. I should not have left my children!” The person is clearly in distress and anxious.</p>	<p>Discussion points: Taking into account the principle of accepting feelings, how can you as a responder show that you are accepting the woman’s feelings and what would be some less appropriate things to say?</p> <p>Notes for the trainer: You can make the following recommendations to the trainee:</p> <ul style="list-style-type: none"> • If the woman is very sad, give her time, be kind and warm and do not push her to answer your questions. • Stay calm even if she is not calm. • Validate feelings and normalize negative feelings. <p>Make emphasis on examples of things not to say:</p> <ul style="list-style-type: none"> • “Could you please stop crying, I cannot help you if I cannot hear what you are saying” • “Don’t be sad I am sure we will find your children soon”. • “ Try to focus on the positive side, you are safe and alive”

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<p>Responder</p>	<p>“I think everyone in your situation who has been separated from their children would be very distressed. It goes to the core of human beings that we want to protect our children”</p> <p>-OR-</p> <p>“It is normal to feel overwhelmed in a situation likes.”</p> <p>-OR-</p> <p>“It is a distressing and very difficult situation. It is normal and to be expected that you have these reactions, considering what have happened”</p> <p>-OR-</p> <p>“I really understand that you must be very concerned about your children, it must be a very difficult situation for you.”</p>	<p>Discussion points for the participants:</p> <ul style="list-style-type: none"> • What are the woman’s needs? • Would you, as a responder, have the knowledge you would need to help the woman? • How literally should the principle of “stay close” be understood in this situation (is it ok, to leave her to go fetch water, for example)? <p>Notes for the trainer:</p> <ul style="list-style-type: none"> • Give trainee ideas of how to answer the previous questions, such as the following: • The most obvious need is finding her children. Connect with services that can help her re-unite with the children (e.g. police, Red Cross’ Restoring Family Links or other) and register the woman and the children. • Provide her with the information, she needs to move forward (make sure you know where to obtain information yourself) <p>Prompt the trainees to consider other possible unspoken needs:</p> <ul style="list-style-type: none"> • Maybe the woman needs a place to rest or a bath. • Maybe the woman can be reconnected with others in her family or friends or that friends and family could stay with her. <p>Maybe the woman needs a place to spend the night.</p>
<p>Woman</p>	<p>“I just need to know where my children are. I need to know that they are safe.</p>	<p>• Maybe the woman can be reconnected with others in her family or friends or that friends and family could stay with her.</p> <p>Maybe the woman needs a place to spend the night.</p>
<p>Good discussion points to wrap up the scenario:</p> <ul style="list-style-type: none"> • Do you have other suggestions as to what to do or say to support the person in the role play? <p>Do you have any personal experience in dealing with a person similar to the person in the roleplay and what have worked well or not worked so well?</p>		

Table 16: Scenario 1, key moment 5, suggestion for dialogue

1.5.2.8 Wrap up

- Recap the scenario with the trainees using the “Step by Step for PFA”; which of the steps did they go through in the scenario? If some steps were skipped discuss why?

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- Relate the scenarios to the principles of PFA; where and how did the participants practice; staying close, active listening, accepting feelings and general care and practical help.
- Discuss and recap the most important learning points in each key moment?

1.5.3 Scenario 2: Response phase: Five days after the event. Support at the evacuation centre

1.5.3.1 Introduction

PFA is not only relevant in the immediate aftermath of a crisis. PFA needs can present themselves at different times and contexts even when PFA is not the primary focus of the responder or the response. In this scenario, the trainees must recognize the need for PFA in an otherwise calm and safe setting where a range of activities are going on that are not directly related to PFA.

In a temporary shelter and distribution centre, a group of people are waiting in line for distribution of items. A person in the line is in emotional distress because of the stress of having been evacuated from the home and taking care of a family with inadequate resources available. The person is crying silently, very introvert, speaking slowly and haltingly.

Training focus

- Provide appropriate information for evacuees
- Account for the most appropriate way of providing PFA in the given situation
- Dealing with a person who is very sad, losing hope and emotionally overwhelmed by the situation
- Assessing needs and empower the person in need of PFA

1.5.3.2 Setting the scene

Five days since the flooding have now passed. The water has receded but there is still a lot of damage to homes and infrastructure.

The scenario takes place in a larger sports facility, which serves as a temporary shelter and distribution point. The big gymnasium is divided into a check-in area and an emergency sleeping area.

In the check-in area there is a line of people waiting in front of a desk with members of the response team. The desk serves as a distribution point and information desk.

About 12 people are waiting in line in front of the check-in desk. Some are clearly impatient, a couple are arguing with a responder and one person is crying silently.

The check-in area is divided from the sleeping area by screens or curtains.

In the bedding area, are lines of temporary beds, some are in use, others are vacant. The sleeping area is clearly a temporary solution to immediate shelter needs and not intended for long-term stays.

At the beginning of the scenario, the trainee is at the check-in desk.

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XVR screen dump of scenario 2 from 2 different angles



1.5.3.3 Key moment 1: Setting up the information board.

At the information desk, the trainee is asked to set up a notification board. The trainee is not told what information to put on the notification board. The trainees must consider what type of information could be relevant and important to the community in this situation.

Discussion points:

- What type of information is relevant at this point?
- Where would be a good place to hang the information?
- What considerations must be taken into account, when writing the information? (Language, media etc.).

Facilitator's note:

The aim of this exercise is to get the trainees acquainted with the situation and orient themselves in what the needs of the affected population might be. This is important for the rest of the scenario.

If the trainees find it difficult to come up with relevant information, you can prompt them:

- Information about what services are provided at the facility

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- A map of the facility where the different services are indicated
- Information about restoring family links services
- Hotlines and other specialized services for affected people
- Relevant information from authorities

1.5.3.4 Key moment 2: Spotting the person in need

In key moment 1 information boards were set up. Some of the people in the line go to have a look at the information board. One of those persons is silently crying.

Discussion points:

- Spotting the need for PFA – recap signs of distress.
- How would you approach the person?
- What would be the first things you would say?
- How will you introduce yourself?

Facilitator’s notes:

Make sure to stress to the participants that sometimes signs of distress can be very subtle, and you need to be aware of different displays of stress.

Recap key discussion points about signs of distress and engaging in a conversation with a person in distress. Engaging in conversation was discussed in depth and role played in scenario 1.

If necessary, the trainees can be prompted by using examples like

- “My name is... I work with.... My role is... “
- “I can see that you are crying, I would like to find out what is the best way I can assist you in this situation.”

1.5.3.5 Key moment 3: Finding a quiet area

The responder and the distressed person are now in conversation with each other. Meanwhile the area around them is becoming a bit more crowded as more people are gathering in front of the notice board.

The responder asks the distressed person to follow them to a quiet area. The least busy area is the sleeping area, so the responder leads the distressed person to that area.

Discussion points

- Considerations when finding a quiet space – privacy vs. safety
- Finding/making a screened in area or not?
- Seating arrangements (sitting next to each other, opposite each other, sitting on a bed, trying to arrange chairs)

Facilitator’s notes:

Discuss with the participants if there are any other considerations in terms of seating arrangements that are different from what was discussed in scenario 1. You can have the participants recap key learning points from that discussion.

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1.5.3.6 Key moment 4: Waiting for a response

The affected person and the responder have now moved to a more secluded area, and they are sitting in the way that was discussed in the previous key moment.

The crying person is still very upset, in a quiet way – not really saying much, crying silently and is showing a very closed body language.

Discussion points:

- Taking a long time to open up
- Offering comfort
- Accepting feelings
- Gaining trust
- Physical contact

Facilitator’s notes:

Getting the person to open up and start talking will take a while. It is important that the trainees understand the importance of being patient and not being afraid of periods of silence.

When a person is feeling very sad and crying the responder might need to just sit with the person for a long time. Sometimes physical contact can feel intrusive and sometimes it can be comforting (e.g. a hand on the arm). Discuss with the trainees how to read the situation and how to determine when a touch is perceived as comforting and when it is perceived as intrusive or confronting.

Provide the trainee with ideas of how to act, for example:

- Validate feelings and normalise reactions.
- Allow the person to take a moment when tears come to their eyes or she is crying. Calmly wait for them to signal they are ready to move on. Generally, if you tell a person to take his or her time and calmly sit in silence, he or she will let you know when they're ready to move on.
- If you have a clean tissue available, offer it. Let the person know that crying and feeling sad is a normal reaction to an abnormal situation and a natural, physiological response when something difficult has happened. If the person is crying you can take some time/break where you don't necessarily talk allowing the person to cry.
- What could be some comforting things you could say to the woman to let her understand that you accept her feelings? Have the trainees propose some examples.

Give some examples to the participants of do and don'ts.

Say, for example	Do NOT say
“Take your time” “It must be a very difficult situation for you” “You are not obliged to answer questions or talk if you do not wish to”	“Can we continue now” “Please stop crying” “Be strong” “Time will help you get over it” “I know exactly how you feel”

Table 17: Scenario 1, key moment 4, suggestion for dialogue

1.5.3.7 Key moment 5: Dealing with other people

The responder and the distressed person are sitting in the sleeping area.

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Two other people come and sit quite close to the distressed person and the trainee (they are well within hearing range).

Discussion points:

- How to handle the two other people – let them stay? Ask them to go? Find another place?
- Privacy issues

Facilitator’s notes:

The trainees should discuss whether it is a problem that there are two strangers sitting close by. Have them also discuss how to appropriately ask them to leave – or whether the trainee and the distressed person should relocate.

There is no one correct answer and the important thing is the discussion. To make the discussion harder, the facilitator could state that the strangers are sitting on their own cots next to their own belongings.

1.5.3.8 Key moment 6 – empowering the person

Depending on the outcome of the discussion in key moment 5 whether to stay or find another place, the scenario continues in the location chosen.

The responder and affected person are now in an area that will no longer be disturbed. The person is ready to talk. The person has lost their home and does not have enough resources to take care of the family. The person came to the distribution centre to get items for the family. Standing in the line for distribution, became too much and the person was overwhelmed by feelings of sadness and hopelessness.

This would be a good moment to show the trainees an example of a successful supportive conversation. The facilitator can ask two persons (they could be trainees, training assistants or actors) to act out a model conversation. The conversation is scripted below with inserted notes and discussion points as a guideline for the facilitator.

The facilitator can also choose to let trainees play the role play without the script, using their own words. This requires guidance from the facilitator to ensure that all the relevant points are touched upon and that the participants have a good understanding of PFA.

Discussion point before starting the scenario:		
<ul style="list-style-type: none"> • What could you say/ask to be able to understand more of the situation? 		
Responder	“I am here to try to find out how I can help you the best. Could you tell me a little about your situation and how you got here?”	Discussion points: <ul style="list-style-type: none"> • When the person starts telling their stories, what elements are important to remember when listening actively? • What about body language and non-verbal communication? Facilitator notes:
Affected	“I don’t know what to do now.... I can see any way out of this... I do not have any energy to help my children”	
Responder	“I would like to understand more about what you are going through. Could you tell me some more about your situation?”	

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Affected	“We are staying with some relatives, but it is so cramped. I need to go to my house and see what is left. My children cannot sleep because they miss their teddy bears”	<p>Telling the story will often help people understand, and eventually accept, the event. Make sure to concentrate on what the person affected is saying.</p> <p>The Trainee should listen closely to the story and realize there is response effort directed at providing help.</p> <p>The scenario ends when the affected person has told the story and the trainees have suggested ways of seeking further information and support and perhaps arranged a second follow-up meeting.</p> <p>If the trainees need prompting, the facilitator can provide them with ideas of how to proceed:</p> <ul style="list-style-type: none"> • Try to find out what the most pressing concern for the person is e.g. answer questions or respond to worries. • When listening use nods and encouraging sounds and gestures. • Listen for key words and needs that arise when talking to the person. • Ask open ended questions, so the person can decide how much they wish to share • Paraphrase, clarify and summarize • Have an open posture, • Mirror the woman when it feels natural e.g. in the way you are sitting. • Lean a bit forward. • Keep appropriate eye contact
Responder	“From what I am hearing you want to go to your house and see what is left and to gather some personal belongings. Often when a house is damaged you realize that the house is much more than just the building, it is a home. It seems that you are worried about your children, is that correctly understood?”	
Affected	“I just feel lost. We have nothing left. I do not understand why this happened to us. My children are suffering, I am suffering.”	
Responder	“That situation must be very difficult for you. You say that you are feeling lost and suffering. This can be experienced in different ways from person to person. Can you put some more words to it, so I can understand better how this experience is affecting you and your family”	
Affected	“I just don’t have any energy and I am feeling really depressed”.	
Responder	“When people experience such a life changing event as this flooding it can be difficult to understand why this happened and find any meaning. You may find that in the coming weeks and months you emotional state will be altered compared to what it was before the flooding. This is something that happens to a many people, and it can take some time to rebuild life again.”	

Good discussion points for wrapping up the role play:

- Thinking about the elements of PFA, can you think of other things to say or do that might help the person in this role play?
- What are some other types information that the woman might need to know? (e.g. dealing with children in distress, activating social support network)
- Do you have other suggestions as to what to do or say to support the person in the role play?
- Do you have any personal experience in dealing with a person similar to the person in the roleplay and

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what have worked well or not worked so well ?

Table 18: Scenario 2, key moment 6, suggestion for dialogue

1.5.3.9 Wrap up

- Recap the scenario with the trainees using the “Step by Step for PFA”; which of the steps did they go through in the scenario? If some steps were skipped discuss why?
- Relate the scenarios to the principles of PFA; where and how did the participants practice; staying close, active listening, accepting feelings and general care and practical help.
- Discuss and recap the most important learning points in each key moment?

1.5.4 Scenario 3: Recovery phase: Months after the event, volatile situation at the re-housing coordination office

1.5.4.1 Introduction

This scenario is about personal safety and defusing a hostile or aggressive situation. The instigator in this scenario is a person who comes into the office for coordination of the rehousing efforts. The person is frustrated about the slow rebuilding efforts and wants answers about the delays and to know when they can move back home.

Training focus

- Account for the most appropriate way of providing PFA in the given situation
- Importance of personal safety
- Dealing with a person who is very angry and frustrated
- Assessing needs and

1.5.4.2 Setting the scene

The location is a public office building, where the office for coordinating the re-housing efforts is located. The setting is a large indoors room. There is a reception desk, seating/waiting area, some office space, a large notice board and hallways and stairs leading to other parts of the building.

There is a receptionist behind the reception desk, some citizens looking at the notice board. The trainee starts as an information provider at the reception.

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XVR screen dump of scenario 3 from 2 different angles



1.5.4.3 Key moment 1: Arrival of an angry person

When the trainees have acquainted themselves with the scene, a new person comes through the door and goes to the notice board. The person pushes aside the other people, who were standing there and reads a notice, and then goes over to the reception desk and starts acting aggressively.

The upset person is venting his frustrations and anger on the trainee: The rebuilding is too slow, some of the neighbours have already been allowed to move in, there is not enough information etc. He is becoming increasingly agitated and is gesticulating a lot.

Discussion points:

- Concerns for personal safety
- Calling for help or trying to handle the situation on your own – pros and cons
- Safety of other affected people in the vicinity
- Escape options if things go out of hand.

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Facilitator’s notes:

This key moment focuses on the initial reaction to the aggression, not on calming of the person yet. That is handled in key moment 2.

It can be difficult to stay close with someone who is aggressive, frustrated and angry. Stay available but out of harm’s way. As a general rule of thumb: Do not touch the person if he/she is very aggressive. It can fuel the anger even more.

When anger is expressed, sometimes it is simply because the person has not had the opportunity to vent their feelings before. It is often related to lack of support and recognition and to the frustration created by lack of answers.

There are other people in the room that could be called over to help, if the trainee thinks the situation is escalating too much.

1.5.4.4 Key moment 2: Calming the anger

This key moment continues from key moment 1, including people that might have been called over if the trainee decided to do so.

The angry person is now completely focused on the trainee and is engaging in conversation albeit aggressively.

The other people will back away a bit.

Discussion points:

- How to not fuel the fire
- Body language
- Touching an angry person
- Accepting feelings
- Calming words
- What can you do to help the person calm down?
- Create a bit of breathing space or keep helpful hands nearby.

Facilitator’s notes:

The person often needs to express their anger and frustration. Defensiveness and anger usually subside after the initial response—if you don’t fuel the fire. So stay calm.

When you sense someone’s anger, you might reflexively defend yourself, get angry in return, or you shut down, you should try not to do that.

Of course, if you feel you are at risk of being harmed, you should find a way to remove yourself as soon as possible. But if there is no risk, understand that the person's display of anger could be a natural reaction to information they didn't want to hear or lack of information. Whether they are mad at themselves or at others, give them a moment to express themselves. Let them vent to release the steam. Be sure to stay calm and have a soft tone of voice. Do not confront the person and ask a lot of questions. Only if the anger subsides engage in more in depth conversation

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Do	Do not
<p>Say things like “I can understand that this must be very frustrating for you and your family”</p> <p>Try to defuse the anger by agreeing with the angry person e.g.</p> <ul style="list-style-type: none"> • “Yes, you are right it has taken a long time” • “I agree that the information provided could be much clearer and timely” <p>Stay calm</p>	<ul style="list-style-type: none"> • Say things like: <ul style="list-style-type: none"> ○ “I am just trying to do my job” ○ “You have to calm down now” • Take it personally

Table 19: Scenario 3, key moment 2: Do's and Don't's

At the end of key moment 2, the person has calmed down enough to engage in a conversation.

1.5.4.5 Key moment 3: The calm after the storm

The angry person is now calm enough to talk but remains angry about the lack of information.

The other people start to pick up what they were initially doing.

The trainee and the angry person sit down to have a conversation.

Facilitator's notes

Here are some important points to keep in mind when engaging with the person:

When the person starts to calm down:

- See if you can't help look at the cause of her/his anger and then maybe you can find some ways of dealing with the situation so she/he gains even a small sense of control.
- Try to find out what the most pressing concern for the person is e.g. answer questions or respond to worries
- When listening use nods and encouraging sounds and gestures.
- Listen for key words and needs that arise when talking to the person.
- Ask open ended questions, so the person can decide how much they wish to share
- Paraphrase, clarify and summarize

This would be a good moment to have a role playing session. A model conversation is scripted below with inserted notes and discussion points as a guideline for the facilitator.

The facilitator can also choose to let trainees play the role play without the script, using their own words. This requires guidance from the facilitator to ensure that all the relevant points are touched upon and that the participants have a good understanding of PFA.

The following can be role played using the pre developed sentences or two participants can try to roleplay it using their own words.

Discussion point before the scenario :

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<ul style="list-style-type: none"> • What is important to keep in mind when interacting with a very angry or frustrated person ? 		
Affected	<p>“This is outrageous! No one can tell us anything! You are treating us like animals. Who do you think you are!</p>	<p>Discussion points</p> <ul style="list-style-type: none"> • How can you in this situation show that you are listening actively? • How will you let the person know that you are accepting his/her feelings? • When a person is very angry it is important to understand the reason behind the anger. How will you do that? • When a person is very angry body language and non-verbal communication is extremely important. What are the most important considerations in terms of body language and non-verbal communication?
Responder	<p>“I know you have been through an extremely challenging time and it is very difficult not to get the answers you need”</p>	
Affected	<p>“You have no idea what it is like!! It is a jungle. We cannot get through to the insurance company; we cannot get information about the procedures. What do you want us to do! I am not leaving until I get answers”</p>	
Responder	<p>“So you have been trying to find out what the insurance procedures are and no one has been able to give you any concrete answers, is that correctly understood?”</p>	
Affected	<p>“I have been here several times, every time I speak with a different person. And every time I have to explain the same thing over and over again. And nothing is happening. How do you think it is to live in a small room with the whole family? My brother and his family also need to get on with their life, and everyone is frustrated. We are going crazy! It is as if we are not human beings anymore, we became just a case file.”</p>	
Responder	<p>“I can understand that it is difficult to live under such circumstances. It would be good to find a better solution so you can better take care of the family”</p>	
Affected	<p>(a bit less angry) “yes, of course. We cannot go on like this. The process is so frustrating and I do not know what to do or how to help my family”</p>	<p>Facilitator note</p> <p>Upon hearing the story of the person, the trainee is able to provide some practical help in finding answers. The person is able to leave the office calmly and reassured with an agreement in place for follow up.</p>
Responder	<p>“I can understand that your primary concern is the wellbeing of your family and it must be so difficult to not get the answers you need. Let’s try to find out how to get you the answers you need”.</p>	
<p>Good discussion points to wrap up the scenario:</p> <ul style="list-style-type: none"> • Do you have other suggestions as to what to do or say to support the person in the role play? • Do you have any personal experience in dealing with a person similar to the person in the 		

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roleplay and what have worked well or not worked so well?

Table 20: Scenario 3, key moment 3, suggestions for dialogue

1.5.4.6 Wrap up

- Recap the scenario with the trainees using the “Step by Step for PFA”; which of the steps did they go through in the scenario? If some steps were skipped discuss why?
- Relate the scenarios to the principles of PFA; where and how did the participants practice; staying close, active listening, accepting feelings and general care and practical help.
- Discuss and recap the most important learning points in each key moment?

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