

# The Psychosocial Support Services (PSS) Training Program

Hosted by SEED Foundation and the Center for Mental Health and Psychosocial Support Services at Koya University Kurdistan Region, Iraq

The PSS Training Program is an intensive training and supervision program, to build the skills of mental health and psychosocial support service providers in Iraq to better respond to today's crisis and beyond.





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# PSYCHOSOCIAL SUPPORT SERVICES (PSS) TRAINING PROGRAM OVERVIEW

#### Program Objective

To increase the level of skills of those providing mental health and psychosocial support services (MHPSS) to vulnerable people in Iraq, including refugees, internally displaced people (IDPs), host communities, and survivors of sexual and gender-based violence (SGBV) and other forms of trauma, by enhancing knowledge, building practical skills in MHPSS service delivery, and ensuring application of best practices.

#### Program Description

Training typically includes 4 weeks of classroom instruction delivered over a 6-month period, in a sequence of one week of instruction followed by 4-6 weeks back at the participants' place of employment to utilize new skills in the field. During the time at work, participants will receive supervision from the Center for MHPSS.

*Interactive, Practical, and Engaging Instruction:* SEED's training is interactive, learner-centered, highly practical, and directly applicable to their work, including a focus on case studies. [Participants are provided the opportunity to share complex cases from their work in a confidential and supportive setting]. Instruction employs lecture, case studies, role play, small group discussion, self-reflection, group and individual exercises, assignments including outside the classroom. Additionally, as per our unique training approach, the training would be stretched over a long period of time and integrated with supervision, to allow for consolidating knowledge, and practical application during the training term.

*Supervision:* In the context of providing MHPSS services in a complex environment where many have been exposed to traumatic events, case supervision should be provided to service providers to guide professional judgment and behavior, and provide feedback and guidance to improve practice. Supervision is also a critical component in capacity-building efforts and is a key element, and integral to the effectiveness of the PSS Training and Supervision Program. Supervision is typically provided twice during the off-training weeks both individually (remote and site visit) as well as a group. It allows participants to receive support as they apply technical knowledge and skills learned in the classroom to their work and they have the opportunity to present cases, obtain hands-on, real-time expert guidance on their most challenging cases, and benefit from hearing perspectives of peers dealing with similar issues.

*Self-Care:* The PSS Training Program places great emphasis on self-care practice by helping service providers to build their own resilience and the capacity to manage work stressors so that they sustain their own well-being in the midst of difficult work. Self-care instruction and practice into is fully integrated into the training, including closing each day with a 15-minute self-care exercise allowing participants to learn and experience techniques which can be used in work with clients, as self-care, or team-building activities with colleagues. Illustrative activities include mindfulness meditation, visualization, breathing exercises, grounding exercises and games.

#### Measuring Learning

The impact of training and supervision will be measured in a number of ways, including assessment of conceptual knowledge in pre and post-tests, as well as a cumulative final exam, knowledge of how to



apply theory, assessed through decision-making questions associated with vignettes that describe real-life workplace scenarios, and demonstration of ability to apply skills, assessed by observing role plays. Application of skills and participation in supervision is also evaluated by the Supervisor.

#### Training Location

Training can be held at the Center for Mental Health and Psychosocial Support Services (MHPSS) at Koya University or on location throughout Kurdistan, or other areas of Iraq, based on request.

#### **Eligible Participants**

Helping professionals working in the field of MHPSS services, including social workers, psychologists, case managers, psychosocial support workers, counselors, protection officers, lawyers, law enforcement officers and other relevant professions, working in both governmental and non-governmental organizations. Relevant education and professional experience is not required, though priority will be given to participants currently working with individuals impacted by conflict and survivors of SGBV and other forms of trauma.

#### Language

The course will be offered in English with translation and interpretation to Arabic or Kurdish.

#### Program

The typical program includes:

- Training venue at the Center for MHPSS at Koya University, Koya, Erbil. Other training venues can be arranged, based on request;
- Course materials and instructions;
- Instruction and supervision by seasoned professionals;
- A Certificate of Psychosocial Support Services, issued by Koya University, for those who meet course completion requirements, and
- Meals and accommodation, up on request for additional fees

#### Program Requirements and Certification:

Students who meet completion requirements including attendance of Instruction weeks, participation in all supervision sessions, and satisfactory performance on assessment results, will receive a Certificate from the <u>Center for Mental Health and Psychosocial Support Services</u>, based at <u>Koya</u> <u>University</u>, a public university accredited by the Kurdistan Regional Government's Ministry of Higher Education and Scientific Research.

- Attendance of instruction weeks;
- Participation in supervision sessions;
- Testing performance; and
- Supervisor's evaluation

#### Program Schedule

The Center conducts courses for service providers based on the availability of donor funding. The Center can arrange tailored training courses for both government and NGOs based on request. Please inquire about upcoming sessions, program costs, or to set up tailored training.

**Contact Information** For further information, please email at <u>MHPSSCenter@gmail.com</u> or contact Dalya Abdulrahman, Project Officer, Center for MHPSS at 0751-740-2883, or visit our website at <u>http://www.seedkurdistan.org/center-for-mhpss/</u>



# PSS TRAINING PROGRAM SCHEDULE

	WEEK 1 INSTRUCTION						
TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY		
9:00 AM	Registration		Foundational	Introduction to	Stress		
9:30 AM	Introduction to the PSS Training Program	Overview of MHPSS Services	Paradigm 1: Human Rights Approach	Trauma and Trauma Informed Care, <i>continue</i>	Management and Trauma Stewardship Skills		
10:30 AM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break		
10:45 AM	Introduction to the PSS Training Program, continue	Overview of MHPSS Services, <i>continue</i>	Introduction to Trauma and Trauma Informed Care, <i>continue</i>	Introduction to Trauma and Trauma Informed Care <i>, continue</i>	Stress Management and Trauma Stewardship Skills, <i>continue</i>		
12:30 PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH		
1:30 PM	Introduction to the PSS Training Program, <i>continue</i>	Overview of MHPSS Services, <i>continue</i>	Introduction to Trauma and Trauma Informed Care, <i>continue</i>	Introduction to Trauma and Trauma Informed Care <i>, continue</i>	Stress Management and Trauma Stewardship Skills, <i>continue</i>		
3:00 PM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break		
3:15 PM	Self-Care Skills	Self-Care Skills	Introduction to Trauma and Trauma Informed Care, <i>continue</i>	Introduction to Trauma and Trauma Informed Care, <i>continue</i>	Supervision & Practice Preparation		
4:00 PM	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity		
4:45 PM	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel		

# **SUPERVISION PART 1**

After the first week of instruction, participants will return to their place of employment for 3-6 weeks. During this time, participants will have two supervision sessions with their assigned supervisor.



WEEK 2 INSTRUCTION					
TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:00 AM	Practice Reflection	Foundational Paradigm 2: Ecological Systems Theory	Foundational Paradigm 3: Biopsychosocial Perspective	Loss, Grief and Bereavement	Communication Skills & Basic Helping Skills for Professionals
10:30 AM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
10:45 AM	Values & Ethics	Psychosocial Impact of Conflict and Violence	Crisis Intervention	Loss, Grief and Bereavement, continue	Communication Skills & Basic Helping Skills for Professionals, <i>continue</i>
12:30 PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:30 PM	Values & Ethics, <i>continue</i>	Psychosocial Impact of Conflict and Violence, <i>continue</i>	Psychological First Aid	Loss, Grief and Bereavement, <i>continue</i>	Communication Skills & Basic Helping Skills for Professionals, continue
3:00 PM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
3:15 PM	Values & Ethics, continue	Psychosocial Impact of Conflict and Violence, <i>continue</i>	Psychological First Aid, continue	Loss, Grief and Bereavement, <i>continue</i>	Practice Preparation
4:00 PM	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity
4:45 PM	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel

# **SUPERVISION PART 2**

After the second week of instruction, participants will return to their place of employment for another 3-6 weeks. During this time, participants will have two supervision sessions with their assigned supervisor.



WEEK 3 INSTRUCTION					
TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:00 AM	Practice Reflection	Foundational Paradigm 4: Strengths Based Perspective	Sexual and Gender Based Violence, <i>continue</i>	Child Protection	Communication Skills & Basic Helping Skills for Professionals
10:30 AM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
10:45 AM	Suicide Prevention, Assessment & Intervention	Sexual and Gender Based Violence	Sexual and Gender Based Violence, <i>continue</i>	Child Protection, continue	Communication Skills & Basic Helping Skills for Professionals, continue
12:30 PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:30 PM	Suicide Prevention, Assessment & Intervention, <i>continue</i>	Sexual and Gender Based Violence, <i>continue</i>	Foundational Paradigm 5: Child Rights	Child Protection, <i>continue</i>	Communication Skills & Basic Helping Skills for Professionals, <i>continue</i>
3:00 PM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
3:15 PM	Suicide Prevention, Assessment & Intervention, <i>continue</i>	Sexual and Gender Based Violence, <i>continue</i>	Foundational Paradigm 6: Survivor Centered Approach	Child Protection, <i>continue</i>	Practice Preparation
4:00 PM	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity
4:45 PM	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel

#### **SUPERVISION PART 3**

After the third week of instruction, participants will return to their place of employment for another 3-6 weeks. During this time, participants will have two supervision sessions with their assigned supervisor.



	WEEK 4 INSTRUCTION				
TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:00 AM	Practice Reflection	Case Management, continue	Foundational Paradigm 8: Systems Theory	Monitoring & Evaluation for MHPSS	Course Review & Discussion
10:30 AM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
10:45 AM	Foundati onal Paradigm 7: Maslow's Hierarchy	Case Management, continue	Family Engagement & Group Work	Monitor ing & Evaluati on for MHPSS, continue	Course Review & Discussion, continue
12:30 PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:30 PM	Case Management	Case Management, continue	Family Engagement & Group, Work <i>continue</i>	Planning for Practice	Exam & Course Evaluation
3:00 PM	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
3:15 PM	Case Manageme nt <i>, continue</i>	Case Management, continue	Family Engagement & Group Work, <i>continue</i>	Planning for Practice, continue	Course Closure
4:00 PM	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	Self-Care Practice Activity	
4:45 PM	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel	Depart to home/ hotel

# COURSE COMPLETION

Following successful completion of classroom instruction and on the job supervision, successful participants will be awarded a Certificate in Psychosocial Support Services from Koya University.



# PSS TRAINING PROGRAM MODULE DESCRIPTIONS

WEEK 1			
MODULE/ SESSION	DESCRIPTION		
Course Registration			
Introduction to the PSS Training Program	<ul> <li>Introduction of participants and trainers</li> <li>Getting-to-know-you and team-building exercises</li> <li>Training Ground Rules</li> <li>Overview of objectives of the program</li> <li>Training Structure</li> <li>Overview of training topics</li> <li>Review of supervision requirements</li> <li>Learning Agreement</li> <li>Participants' expectations and goals</li> <li>Review of expectations for completing the course</li> <li>Adult learning approach and methodology</li> </ul>		
Self-Care Skills	<ul> <li>Definition of self-care</li> <li>Impact of stress: physical, emotional, cognitive, social and spiritual</li> <li>Recognizing stress in yourself and colleagues and seeking help</li> <li>Relaxation, mind-body techniques, and anxiety management</li> <li>Developing a self-care plan</li> </ul>		
Overview of MHPSS Services	<ul> <li>Defining MHPSS, psychosocial well-being, psychosocial distress and other core concepts</li> <li>Inter-Agency Standing Committee (IASC) Guidelines</li> <li>Different methods of PSS delivery</li> <li>Types of PSS providers</li> </ul>		
Foundational Paradigms 1: Human Rights Approach	<ul> <li>Introduction to human rights</li> <li>Introduction to human rights-based approach</li> <li>Basic Concepts and Principles of Human Rights</li> <li>Universal Declaration of Human Rights</li> <li>Examples of human rights in the work context</li> <li>Human Rights violations and prevention</li> </ul>		
Introduction to trauma and trauma informed care	<ul> <li>Definitions, theories, and types of trauma</li> <li>Trauma versus stressful life events</li> <li>Trauma in adults: symptoms and short-term and long-term reactions</li> <li>Trauma in children: vulnerability, symptoms, reactions at each developmental stage</li> </ul>		



	<ul> <li>Impacts of trauma: On development, on the brain, body, real or perceived threats</li> <li>Interaction of trauma and chronic stress as a particular challenge in conflict/displacement contexts.</li> <li>Risk and protective factors: individual, family, community</li> <li>Potential mental health and psychosocial problems from trauma: PTSD, and Acute Stress Reaction <ul> <li>Diagnosis, symptoms, triggers, Assessment and referral</li> </ul> </li> <li>Co-Morbidity <ul> <li>Recognizing dissociation</li> <li>Depression, anxiety, dissociative disorders, psychotic disorders, substance abuse etc.</li> <li>Symptoms, case identification, assessment and referral</li> </ul> </li> <li>Introduction to trauma informed care, including principles, trauma informed psychoeducation, and comparison to trauma specific services</li> </ul>
Stress Management, Wellness &	Define Stress
Trauma Stewardship	<ul><li>Stress curve</li><li>Types of stress</li></ul>
	Signs of stress
	Stress and coping
	<ul> <li>Stress management</li> <li>Recognizing stress</li> </ul>
	<ul> <li>Maladaptive responses to stress</li> </ul>
	Building/encouraging resilience in helpers, individuals,
	families and communities
	<ul> <li>Definition of terms- primary trauma, secondary trauma and vicarious trauma</li> </ul>
	<ul> <li>Symptoms of Compassion Fatigue, Vicarious</li> </ul>
	Traumatization and Burnout
	Compassion satisfaction and vicarious resilience
Supervision and Practice	<ul> <li>Post-traumatic growth</li> <li>Value of supervision for MHPSS service providers</li> </ul>
Supervision and Practice	<ul> <li>Value of supervision for MHPSS service providers</li> <li>Supervision plan</li> </ul>
Preparation	<ul> <li>Supervision plan</li> <li>Supervision evaluation</li> </ul>
	<ul> <li>Identify individual practice goals/objectives</li> </ul>



WEEK 2			
MODULE/SESSION	DESCRIPTION		
Practice Reflection	<ul> <li>Discussion regarding application of Week 1 instruction to practice</li> </ul>		
Values and Ethics	<ul> <li>Ethical values, principles and standards that guide practice</li> <li>Review of Codes of Ethics (NASW) and IASC MHPSS core principles</li> <li>Working with vulnerable groups LGBTI, survivors of trafficking, children in or formerly in armed forces/groups - challenging stereotypes, attitudes</li> <li>Ethical decision-making model</li> <li>Applied ethics (case scenarios)         <ul> <li>Across culture</li> <li>Focus exercises on ethical dilemmas around: informed consent, boundaries, confidentiality, limits of competency, tolerance/diversity, mandatory reporting</li> </ul> </li> </ul>		
Foundational Paradigms 2:	<ul> <li>Understanding the ecological systems theory</li> </ul>		
Ecological systems Theory	<ul> <li>Microsystem, mesosystem, exo-system and macrosystem</li> <li>The ecological framework: examples of risk factors and protective at each level</li> </ul>		
Psychosocial Impact of Conflict & Violence	<ul> <li>Impact of conflict and violence: ecological levels, factors, distress and disorders, ongoing stress, pre-existing conditions</li> <li>Consequences of war, genocide, displacement, SGBV, torture and detention on vulnerable populations, communities, and societies</li> <li>Vulnerable populations: vulnerability definitions, children, people with disabilities, the elderly, refugees and IDPs</li> <li>Types of violence and loss from conflict: SGBV, torture, recruitment into armed groups, genocide, war and conflict, ambiguous loss, displacement and resettlement</li> <li>Implications for interventions: Principles, needs and interventions, self-care         <ul> <li>Specific considerations for ethnic, gender, ability, and sexual orientation of individuals</li> </ul> </li> </ul>		



	<ul> <li>Dest synations on basis DCC for conflict offected</li> </ul>
	Best practices on basic PSS for conflict-affected
	populations (e.g. PFA, Trauma-Informed Care)
Foundational Paradigms 3:	Understanding the biopsychosocial model- definition and
Biopsychosocial perspective	examples
	Circular causality: complex interaction of cause and
	effect
	Biopsychosocial assessment domains
Crisis Intervention	Definition of crisis
	<ul> <li>Origins of crisis intervention</li> </ul>
	<ul> <li>Reactions and responses to crisis</li> </ul>
	<ul> <li>Definition of crisis intervention, how it compares to</li> </ul>
	MHPSS services
	<ul> <li>How it aims to avoid prevent danger and open up</li> </ul>
	opportunities, explore alternatives
	<ul> <li>Crisis intervention principles and strategies</li> </ul>
	<ul> <li>Considerations for trauma-informed intervention</li> </ul>
	<ul> <li>Why crisis intervention is important</li> </ul>
	<ul> <li>Brief assessment</li> </ul>
	<ul> <li>Steps in crisis intervention</li> <li>Collaboration with multidisciplinary actors and</li> </ul>
	Communication network for emergency cases
	<ul> <li>Practical application – connect to PFA</li> <li>Add bast grapting for griding interpreting</li> </ul>
	Add best practices for crisis intervention
	- Using a trauma informed approach
Psychological First Aid (PFA)	Defining PFA
	Role of PFA in response to crises and emergencies
	• PFA principles, conflict scenarios, and link to crisis
	intervention
	Steps of PFA
	PFA with young children (accompanied and
	unaccompanied), school-age children, adolescents,
	adults, elderly, people with disabilities
	<ul> <li>People who likely need special attention</li> </ul>
	<ul> <li>Caring for yourself and for your team members in</li> </ul>
	emergencies
	<ul> <li>Adapting PFA to the local context</li> </ul>
Loss, Grief & Bereavement	Types of Loss
	o Sudden loss
	<ul> <li>Grief and loss in conflict/violent/traumatic</li> </ul>
	circumstances
	<ul> <li>Multiple losses (loss of: loved ones, property,</li> </ul>
	livelihood, security, trust, control, dignity, roles,



	<ul> <li>imagined future, social infrastructure), injury and loss of body function</li> <li>Greif, bereavement process         <ul> <li>Complicated grief, grieving process, disruptions to grieving process due to conflict and displacement</li> <li>Disenfranchised grief, how to enfranchise grief</li> </ul> </li> <li>Supporting individuals with missing loved ones, children and developmental impacts, approaches for ambiguous loss</li> <li>Healing rituals</li> <li>Best practices</li> </ul>
Communication & Basic Skills for Helping Professionals	<ul> <li>Characteristics of the effective helping professional therapeutic alliance: trust, empathy, caring, nonjudgmental communication</li> <li>Verbal and nonverbal communication and attending behavior</li> <li>Communication styles</li> <li>Emotional intelligence and communication</li> <li>Interviewing Skills: active listening, open questions, reflecting, clarifying, paraphrasing, reframing, summarizing, affirming, empowering, normalizing, interviewing for goals and strengths         <ul> <li>Communicating with children</li> </ul> </li> </ul>



	WEEK 3
MODULE/SESSION	DESCRIPTION
Practice Reflection Suicide prevention, Assessment and Intervention	<ul> <li>Discussion regarding application of the previous week's instruction to practice</li> <li>Defining suicide extent of the problem, self-harm behavior</li> <li>Suicide myths</li> <li>Being suicidal - suicidality</li> <li>Risk and protective factors for suicide in adults and youth</li> <li>Warning signs</li> <li>Risk assessment – risk and protective factors; warning signs; ideation, intent, plan, behaviors, <ul> <li>How to ask questions</li> <li>How and when to refer</li> </ul> </li> <li>Interventions <ul> <li>Best practices</li> <li>Safety planning (for suicidality and any safety risk</li> </ul> </li> </ul>
Foundational Paradigms 4: Strengths based perspective	<ul> <li>situations</li> <li>Practical application</li> <li>What is Strengths-Based practice</li> <li>Philosophy of Strengths-Based approach</li> <li>Deficit Cycle and Competency Cycle</li> </ul>
	<ul> <li>Deficit Cycle and Competency Cycle</li> <li>How would the strengths-based approach work in your work? case examples</li> </ul>
Sexual and Gender-Based Violence	<ul> <li>Gender: sex and gender, gender norms, gender continuum</li> <li>SGBV Terms and Definitions: rape (including marital rape), sexual abuse, sexual exploitation, GBV, SGBV, domestic violence, intimate partner violence, Child marriage; forced marriage, etc.</li> <li>Power and control</li> <li>Consent, informed consent</li> <li>Types of GBV</li> <li>GBV when and where</li> <li>Structural Risk factors for GBV</li> <li>Vulnerable groups</li> </ul>



	• Consequences of GBV		
	<ul> <li>SGBV in the family and community; effects on children</li> </ul>		
	and others		
	<ul> <li>Physical, psychological, social, societal, and spiritual</li> </ul>		
	impact		
	<ul> <li>SGBV in conflict and displacement settings, impact of</li> </ul>		
	stress/trauma on IPA		
	Psychosocial support for survivors		
	• Best practices		
	<ul> <li>Helping and protecting SGBV survivors, asking</li> </ul>		
	questions, strengthening coping		
	<ul> <li>Safety planning</li> <li>Condex normalized prostings that promote (discourses)</li> </ul>		
	<ul> <li>Gender norms and practices that promote/discourage</li> <li>SCDV and related help cooking. Challenging community.</li> </ul>		
	SGBV, and related help seeking, Challenging community		
	norms and values that permit SGBV • Prevention of GBV		
Foundational Paradigms 5: Child			
-	<ul> <li>Convention on the Rights of the Child</li> <li>Child Abuse Maltreatment</li> </ul>		
Rights	<ul> <li>Causes and patterns of discrimination and inequalities</li> </ul>		
	facing children		
	<ul> <li>Identify changes you can implement to better incorporate</li> </ul>		
	a child-rights perspective in the interest of advancing		
	child rights in your work		
Foundational Paradigms 6: Survivor	<ul> <li>Understanding the survivor centered approach</li> </ul>		
Centered Approach	• A survivor-centered approach to violence against women		
	• Prioritizing the rights, needs, and wishes of the survivor.		
	• The survivor-centred approach in practice		
	- Attitude		
	- Effective listening		
	- Empowerment		
Child Protection	Children in crises		
	<ul> <li>Definition of child protection</li> </ul>		
	<ul> <li>Definitions: Child maltreatment,</li> </ul>		
	physical/emotional/sexual abuse and neglect		
	<ul> <li>Signs and symptoms of abuse – what to look for in</li> </ul>		
	identifying, reporting, referring, supporting, treating		
	Who abuses children and sexual abuse methods		
	Risk factors		
	<ul> <li>Children's reaction to abuse, across developmental stages</li> </ul>		



	<ul> <li>Measures and interventions: Coping skills, addressing child abuse/exploitation, ACT model, promoting resilience, child abuse prevention         <ul> <li>Best practices</li> </ul> </li> <li>Child protection case management</li> <li>Parenting protection case management</li> <li>Child protection in crisis/refugee situations</li> <li>Actions: register and document children, approve all workers, be aware of adults interaction with children, report any concerns, ensure accommodation for unaccommodated children, prioritize family reunification believe children if they say they feel unsafe, support children who are bereaved</li> <li>Working with maltreated or neglected children,</li> </ul>	
Communication & Basic Skills for Helping Professionals	<ul> <li>Intervention Techniques: Creating safe spaces, grounding, responding styles, self-disclosure, humor         <ul> <li>Solutions-focused</li> <li>Motivational Interviewing</li> <li>Psychoeducation</li> </ul> </li> <li>Working with clients who are different than me         <ul> <li>Considerations for marginalized groups</li> <li>Considerations for working with individuals of a different age, sex, religion, ethnicity, nationality, sexual orientation, ability level, etc.</li> <li>Cross-cultural communication</li> </ul> </li> </ul>	
	<ul> <li>Conscious and unconscious biases triggers</li> <li>Application exercises</li> </ul>	



WEEK 4	
MODULE/SESSION	DESCRIPTION
Practice Reflection	<ul> <li>Discussion regarding application of the previous week's instruction to practice</li> </ul>
Foundational Paradigms 7:	<ul> <li>Understanding human needs</li> </ul>
Maslow's Hierarchy	<ul> <li>Understanding the theory of human motivation</li> </ul>
	Maslow's hierarchy of human needs
	Human needs and conflict situations
Case management	<ul> <li>Case management process, principles, respect for clients</li> </ul>
	and client rights,
	<ul><li> Professional judgment</li><li> Initial engagement</li></ul>
	<ul> <li>Initial engagement</li> <li>Assessment</li> </ul>
	<ul> <li>Assessment</li> <li>Direct and indirect disclosure</li> </ul>
	<ul> <li>Creating a plan: Setting goals, objectives and care</li> </ul>
	planning
	<ul> <li>Implementation of plan</li> </ul>
	<ul> <li>Actual referral networks in KRI, Tailored service</li> </ul>
	mapping
	<ul> <li>How and which cases to refer</li> </ul>
	<ul> <li>Referral guidelines, processes, and checklists</li> </ul>
	<ul> <li>Monitoring and revision of plan</li> </ul>
	Case closure
	Evaluation
	<ul> <li>Terminating services</li> <li>Data management: case management records, forms</li> </ul>
	<ul> <li>Data management: case management records, forms, and standard checklists</li> </ul>
	<ul> <li>Best practices for basic PSS in case management</li> </ul>
Foundational Paradigms 8: Systems	<ul> <li>Understanding the family systems theory</li> </ul>
Theory	<ul> <li>Example of a system</li> </ul>
Theory	<ul> <li>Ecomaps and genogram</li> </ul>
Family Engagement & Group Work	<ul> <li>Family Engagement: definition of family, Communicating</li> </ul>
	with families
	<ul> <li>Working with Families: Family Dynamics, Family</li> </ul>
	assessment
	<ul> <li>Best practices for family PSS intervention</li> </ul>
	Group work
	Principles of facilitation
	<ul> <li>Stages of Group Process</li> </ul>



	<ul> <li>Planning group sessions: Ground rules, confronting difficulties, evaluating, creating a supportive group dynamic</li> <li>Peer-support groups</li> </ul>
Monitoring and Evaluation for MHPSS	<ul> <li>Best practices for group PSS intervention</li> <li>Defining Monitoring &amp; Evaluation</li> <li>Value of monitoring and evaluation for MHPSS service providers (M&amp;E as an ethical obligation; as a skill that can improve practice)</li> <li>Strategies for monitoring</li> <li>Strategies for evaluation (collecting client feedback; assessing client change)</li> </ul>
Planning for Practice	<ul> <li>Provide an inventory of all the topics covered and all the skills learned</li> <li>Select best practices and skills that participants will use in their future practice</li> <li>Set new goals (with the same instrument in the learning agreement –self-assessment of competencies at the end of the course) for self-directed growth</li> <li>Create an Action Plan for implementation</li> <li>Sharing of Action plans</li> <li>Practitioner Exchanges</li> </ul>
Course Review and Discussion	Review lessons learned and topics that need clarification
Exam and Course Evaluation	<ul> <li>Comprehensive posttest (Final Examination)</li> </ul>
Course Closure	<ul> <li>Summary of Action Plans</li> <li>Evaluations</li> <li>Closure activity</li> </ul>