

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR MIGRANTS ASSISTED BY IOM

IN LIBYA AND RETURNING TO SUDAN

This document seeks to provide guidelines on protecting and supporting the mental health and psychosocial wellbeing of rescued and returning migrants assisted by IOM in Libya and preparing them in the reintegration process (Focus on examples from Libya and Sudan). It describes key principles to guide Libyan and Sudanese partners’ staff (frontline workers) in understanding the multiple psychosocial needs of migrants on the move and in the return process. In addition, this guidance note gives practical tips and tools to provide basic psychosocial support in 3 specific phases of the migration cycle:

- Migrants in detention centres or following their rescue at sea,
- Migrants preparing for their return,
- Migrants after return, preparing for their reintegration in the origin countries.

The Guidelines contain language copied from the following documents:

IOM (2018), <i>Brief Guidance Note on Mental Health and Psychosocial Support for Returning Migrants assisted in IOM “Transit Centers” along Key Migration Routes in West and Central Africa</i> . IOM, Dakar.	
IOM (2019), <i>Reintegration Handbook - Psychosocial Dimension</i> . IOM, Geneva.	
IOM (2018), <i>Reintegration Counselling: A Psychosocial Approach</i> . IOM, Dakar.	
IOM (2019), <i>Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement</i> . IOM, Geneva.	

For ease of readability instead of referencing each quote, the language copied from the documents is identified by different colour on the right side of the page.

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1. INTRODUCTION

The International Organization for Migration (IOM) has been involved in mental health and psychosocial support (MHPSS) activities for migrants, asylum seekers, refugees and crisis-affected communities since the late 1990s. The Organization's approach to its MHPSS programmes is systemic, interdisciplinary, culturally sensitive and community based. Consequently, it is IOM's policy to identify the core MHPSS services/activities to be carried out through four strategic functions that guide IOM's health approach:

1. Advocacy for policy development;
2. Service delivery and capacity development;
3. Research and information dissemination; and,
4. Strengthening inter-country coordination and partnership.

In the framework of the IOM Libya Mission for Migrant Protection and Assistance, IOM enables migrants in the situation of "voluntary humanitarian return" to their countries of origin to do so in a safe and dignified way and in respect of international human rights standards. IOM role is to support and assist in the post rescue of stranded migrants, migrants in the return process and work on improving their protection, while responding to their basic needs in a culturally accepted assistance. As highlighted in this guidance note, all the support activities offered to returning migrants should take into consideration their psychosocial needs and resources.

3- IOM's psychosocial approach in migration settings

The cycle of migration, begins with the reasons and decision to leave one's own country, and continues through the experiences lived during the journey and in various transits, the way one is received in the new country and is able to adapt and integrate, and ends with the return to the country of origin and the re-adaptation to the origin context. The entire cycle affects migrants' [emotions](#), [feelings](#), [thoughts](#), [memories](#), [beliefs](#), their interactions with others, the way they perceive the world, their culture, their behavior and the way they function and cope in their old and new contexts. These changes observed at these interpersonal, interpersonal and adaptation levels, are positive or negative, major and minor, conscious or unconscious but at times can be disruptive, especially when migration or return are forced, or when the journey implies surviving adversities. Because return can be challenging psychologically, socially and culturally, the consideration of the psychosocial dimension is an essential part of an effective and sustainable reintegration of migrants in the country of origin (Samuel Hall; IOM, 2017). [Shame](#), [guilt](#), [self-perception to be a failure](#), [sense of loss](#) and disorientation are only some of the deep negative psychological reactions that might be experienced by returnees along with the difficulty of being accepted or to reestablish links with the family and social network, of creating a livelihood, and of coping with a new life in a country that has changed during the absence, or that the migrant perceives differently, because he/she has changed during the migration.

4- Key definitions

Health

It is defined by the world health organisation as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946).

Mental Health

It is defined as: "A state of wellbeing in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2004).

Mental health is not only the absence of mental disorders but also an overall state of wellbeing. In addition to the difficulties that lead to the decision of migration, and to the predicaments that brought to their return, the migration and the return processes, encompass abnormal stressors that affects migrant's mental health: perilous travels, traumatic experiences, exploitation, and rejection. Moreover, for returning migrants, sense of belonging and cultures multiply and coexist, as they include the community of origin, the migrants' community and the host community in the country of migration all with their different expectations and forces of inclusion and exclusion.

Psychosocial

It is an adjective that refers to the 'influence of social factors on an individual's mind and behaviour' and the interrelation of behavioural and social factors, and more widely the interrelation between mind and society' (Oxford English Dictionary, 1997). The adjective emphasises on the dynamic relationship between psychological and socio-relational dimensions, each continually influencing the other.

Psychosocial wellbeing

The concept of psychosocial wellbeing (as opposed to clinical mental health) is more suitable in the context of migration, being more considerate of the emotional, social and cultural aspects of migration. It is important to underline as human wellbeing refers to a state, whereas psychosocial wellbeing refers to a process. The psychosocial wellbeing can be considered as an individual migrant's subjective assessment of his or her material and social conditions and possibility for agency. Such an assessment encompasses physical and mental health, social relationships and networks, autonomy and control, and personal and community safety.

Mental health and psychosocial support

Any type of support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007). It refers to the actions that address both psychological and social needs of individuals and groups, and to the care of those who are facing psychological challenges. Psychosocial support could be offered both at pre-departure and post-arrival levels to returning migrants. In addition, returning migrants with mental disorders should receive the necessary and continuous care throughout the return process.

Migrants in vulnerable situations

IOM defines vulnerability within a migration context as “the diminished capacity of an individual or group to resist, cope with, or recover from violence, exploitation, abuse, and violation(s) of their rights. It is determined by the presence, absence, and interaction of factors and circumstances that (a) increase the risk of, and exposure to, or (b) protect against, violence, exploitation, abuse, and rights violations.”¹

Migrants with the following profiles have been frequently considered by IOM to be at heightened risk due to their vulnerability: chronically ill migrants; migrants with significant medical conditions; victims of trafficking; victims of exploitation, abuse and violence; elderly; unaccompanied migrant children; single-headed households; female-headed households; and pregnant women².

Migrants with known health needs

Migrants having health concerns that are known to IOM or its partner(s) in the pre-departure phase and that may affect the capacity of an individual to take an informed decision and/or the well-being of migrants during the assisted voluntary humanitarian return process. Medical conditions include physical and mental conditions requiring medical care.

¹ IOM, *Protection of the Human Rights and Fundamental Freedoms of Migrants and the Specific Needs of Migrants in Vulnerable Situations*, Global Compact Thematic Paper, 20177

² This list is not exhaustive but includes the main vulnerabilities usually considered within AVRR interventions.

Reintegration

Reintegration is generally understood as the re-inclusion or re-incorporation of a person into a group or a process, e.g. of a migrant into the society of his or her country of origin or habitual residence³. It is a multidimensional process that requires the re-establishment of economic and psychosocial ties. As such successful reintegration depends on various factors such as the migrant's time spent abroad as well as his/her personal abilities and resources; the acceptance by his/her family, peers and community; but also by environmental and structural capacities as well as developmental and economic opportunities available in the country of origin.

Sustainable reintegration

Reintegration can be considered sustainable when returnees have reached levels of economic self-sufficiency, social stability within their communities, and psychosocial well-being that allow them to cope with (re)migration drivers. Having achieved sustainable reintegration, returnees are able to make further migration decisions as a matter of choice rather than necessity⁴

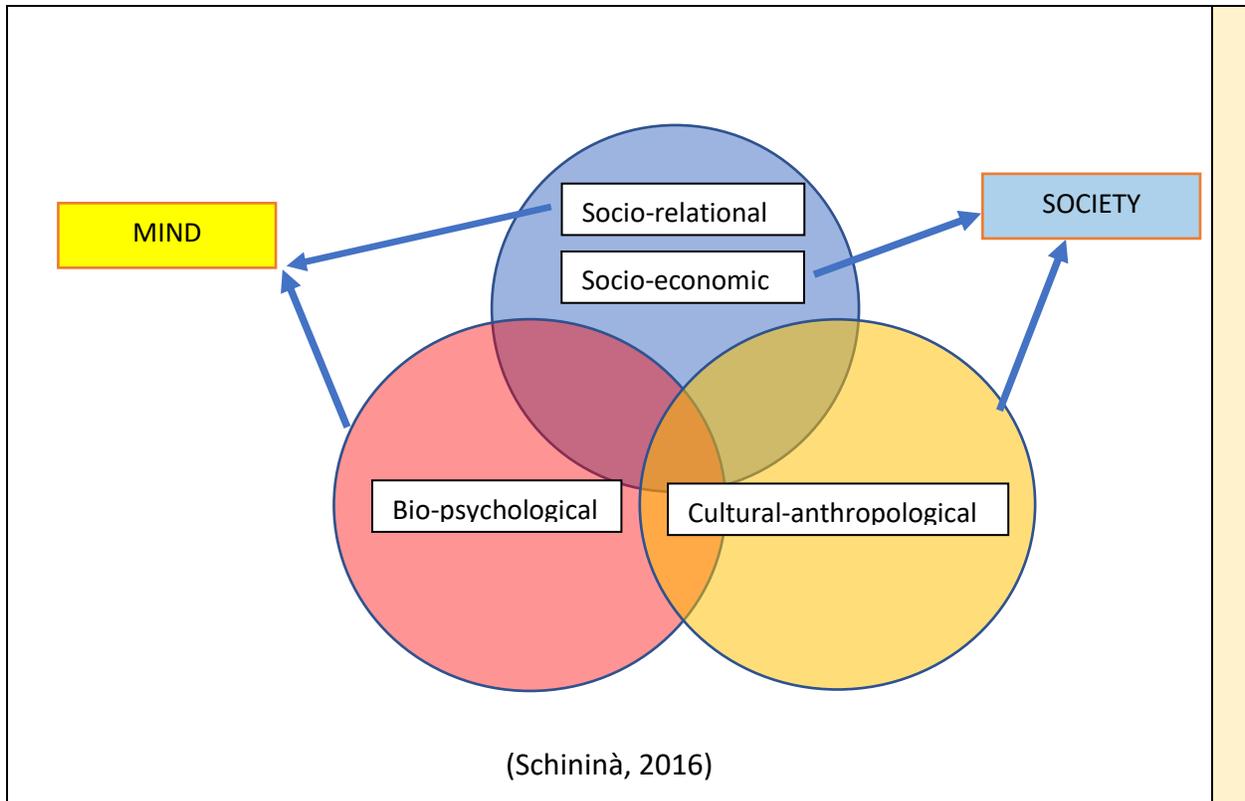
Understanding Migrants' needs and reactions based on psychosocial paradigms

3.1 The paradigm of a psychosocial approach

The adjective "psychosocial" used in the migration context refers to three underlying and interconnected dimensions: the socio-economic/socio-relational dimension, the bio-psychological dimension and the cultural-anthropological dimension.

³ IOM, *Glossary on Migration*.

⁴ IOM, *Towards an Integrated Approach to Reintegration in the Context of Return*, 2017



All the above dimensions are equally important, interdependent and mutually influencing. The **socio-relational/socio-economic** dimension emphasizes the interactions and the interdependence between the individual and his surroundings: the **socio-relational** refers to relations and their quality and importance - family, friends, neighbors, colleagues, peers, competitors, strangers, enemies, etc. The **socio-economic** facet refers to the availability of resources and access to it, such as the health care system.

The **bio-psychological** dimension involves feelings, emotions, behavior, thoughts, etc. It also refers to the interrelation between the body and the mind and to the impact of biology on mental processes and psychological functioning and vice versa.

The **cultural-anthropological** dimension encompasses culture and anthropology. "Culture" as defined by Bates & Plog (1990) is "a system of shared beliefs, values, customs, behaviors, and artifacts that the members of a society use to cope with their world and with one another, and that are transmitted from generation to generation through learning", whereas "anthropology" studies the origins, expansion and destiny of human beings, as well as the similarities and differences inside and among societies, beliefs and behaviors of groups, including their respective rituals and traditions. In a nutshell, the cultural-anthropological dimension contemplates the cultural differences among individuals, how cultures are shaped and how human experiences and relations fashion the world.

The complex process of return migration affects therefore the migrants at the individual level and their reactions based on the psychosocial model might be:

<p>Bio-physical level</p> <p>Fatigue, exhaustion, physical trauma Addiction Disabilities Infectious and non-communicable diseases</p>	<p>Psychological level</p> <p>Fear Anger Anxiety Frustration Shame Guilt Sadness Disorientation Sense of inferiority Self-perception of being a failure Emotional Instability Feelings of hopelessness and helplessness Loneliness Low self-esteem and self-confidence</p>
<p>Socio-relational level</p> <p>Lack of trust Isolation from others Risk of social stigmatization Being perceived as a failure Being perceived as a burden Difficulty to reintegrate in the family Feelings of not being understood</p>	
<p>Socio economic level</p> <p>Debts Financial issues Difficulty to find a job</p>	<p>Cultural-anthropological level</p> <p>Changes in behavior and habits Challenged cultural belonging Possible changes of the country of origin</p>

Key message! Rather than diagnosing the reactions of migrants and trying to treat their symptoms, an empathic understanding of their individual reactions requires a holistic understanding of the complexity of the migration phenomenon; an understanding of its different aspects and their interrelations and implications.

3.2 Identity

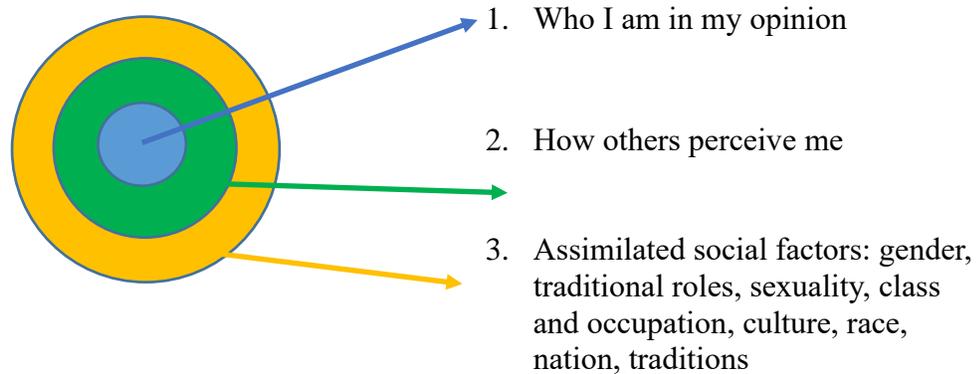
Every time a substantial event or change or passage happens, 'identity' is affected and thus, it is important when counselling migrants to also consider the paradigm of 'identity (Schininà, 2018)'. As described above, the interrelations of psychosocial factors result in challenges for migrants and their identity.

What is 'identity'?

This multidimensional concept can be defined by answering the following three questions:

- Who am I in my opinion?
- How do significant others see and consider me?
- What elements of the culture and the society have I assimilated/interiorized?

Identity is the fruit of a continuous negotiation between these three factors:



The identity is the result of a continuous negotiation that the individual conducts with himself/herself and his surroundings. It also refers to the multiple roles that the individual exhibits in social life through some indicators like language, academic titles, dress, social status, etc. In return migrations, changes transpire in all factors of identity.

At the ‘Who I am in my opinion’ level, the negative consequences include:

- self-perception to be a failure or inferior, feeling of being rejected, amplified by the decision to leave the country of destination, feeling of not belonging to the community

At the ‘Assimilated/interiorized social factors’ level, the negative consequences can be summarized with:

- conflict between the values of country of origin and those acquired while abroad, since what the migrant might have acquired abroad in terms of values could not be applicable in the country of origin for many reasons (cultural, religious, political, social). The same may have happened in the country of destination creating a value and identity crisis.

At the ‘how others perceive me’ level, the negative consequences can stem from:

- the failure of the migration plan and a perceived rejection from the country of destination (perceiving oneself as a failure or a burden). Furthermore, there are the contradictions between what people back home might have been told about the migration experience and the actual reality; the identity of a successful migrant that the person may have projected at home must come to terms with a different identity linked to a failure that the return brings with it.

Identity and belonging

The concept of ‘identity’ is associated with the notion of ‘belonging’: belonging to a place, a culture, a group, a language, some values, etc. The human being needs to belong and to be accepted in a larger group. Whether it is family, friends, workplace, a religion, or something else, the individual tends to have a natural desire to belong and be a significant part of something greater than himself/herself. When belonging is challenged, the suffering begins. In the case of migration, sometimes the migrant fails to achieve the belonging to the new country he/she reached and often feels that belonging to the community of origin is no longer possible.

‘Identity’ also refers to inclusion/exclusion dynamics and the concept of ‘home’: Without belonging to something or some place, a person cannot identify himself/herself as clearly and communicate with his/her surroundings.

Key message 2: Identity is not fixed but in a continuous interaction with the surrounding context and in continuous evolution. It is therefore important to note that since “negative” changes might have occurred at the different phases of the migration journey, other changes might have and can also occur when the migrant receives adequate psychosocial support to redevelop a healthy sense of self and of belonging.

3.3 Outcomes of consequences: the adversity grid

So far, the emphasis has been on the negative aspects of the experience of migration on an individual level. Nevertheless, migration - no matter how challenging - and return need to be read through the lenses of the last paradigm: **the adversity grid**.

The complex migration journey might have both positive and negative outcomes.

Renos Papadopoulos’ grid of outcomes of disruptive events distinguishes in particular three categories of responses to disruption (Papadopoulos, 2002). The below grid has been largely applied to migrants and refugees’ experiences over the last few years in a series of psychosocial support programs.

	Negative psychosocial responses	Neutral psychosocial responses and resilience factors	Positive psychosocial responses or adversity activated developments
INDIVIDUAL			
FAMILY			

SIGNIFICANT GROUPS			
INDIVIDUAL FAMILY COMMUNITIES			

Staff can assess and respond to needs of migrants with a systemic and comprehensive approach that attends to:

- ✓ **The suffering and the negative psychosocial consequences** that the adverse events have provoked at the individual, family, group and community levels, and how they interrelate: It will therefore devise activities that respond to these different levels of suffering, which can include:
 - Ordinary human suffering due to mental disorders at the individual level;
 - Family violence, separation and roles re-adaptations at the family level;
 - Disruptions or polarizations of significant groups;
 - Community fractures such as stigmatization, conflict, divides, lack of sense of trust in institutions, and a lack of sense of trust in others, among others.
- ✓ **The neutral responses and resilience factors** – that is, what makes people, groups and communities able to go on after a crisis counting on their pre-existing resources, qualities, skills, networks and coping mechanisms: MHPSS staff should try to identify existing neutral responses and resilience factors and strengthen them to mitigate the negative reactions. Resilience, as defined by Panter-Brick and Leckman (2013), “is the process of harnessing biological, psychosocial, structural and cultural resources to sustain well-being”.
 - An emphasis on strengths, resources and capacities, rather than deficits;
 - Anticipation of actions that reduce the impact of adversity;

- Attention to multiple levels of influence, ranging from the structural and cultural through to the community and the individual;
- Mapping influences within ecologically-nested systems (Ager et al., 2010). Resilience applies not only to individuals, but also to families, groups and communities. Thus, family resilience factors, for instance, can be used to respond to individual suffering, alone or in combination with tailored individual responses. Or, pre-existing support groups can be reactivated and trained to respond to the new challenges.

✓ **The positive responses to adversity:** In addition to the negative and unchanged responses to adversity, every person, family, group and community exposed to adversity also gains something to some degree from these experiences. There are endless examples of positive responses to adversity in real life: for example, altering previous individualistic style of life by appreciating the importance of social networks, volunteerism, widening and deepening the scope of previous life goals, new community preparedness or learning new skills. staff can identify and give space for the presentation of these positive responses.

In summary, this last model exemplifies that any individual suffering, resilience and activated development can't be detached by those of the family and the community at large:

For example, a migrant can realize that his suffering is expressed through psycho-somatization on the individual level, through a process of loss and grief at the family level because his "failure" is also the failure of his family back home to have second chance in life. While his ability of managing scarce resources to survive is a sign of resilience on a personal level, he also can identify through the support process that his level of tolerance to stress and the new supportive relations he developed with peers despite the adversities were individual and community elements that he never knew existed before the migration journey.

Key message 3: In order to best support migrants, staff should remember that individual mental health pathology is a small element in the wider spectrum of responses to adversity that coexist with the pathology. The grid can be used as a tool during the support process, to help migrants to identify and manage the different forms in which they expressed their ordinary humans suffering, as well as to identify valorize and strengthen the new acquired or developed positive elements in their lives.

5- Translation during Mental Health and Psychosocial Support

Increasingly more often, especially in sudden onsets of emergencies, but also in protracted situations, it is necessary to envisage ways that allow staff providing psychosocial support to work, with the help of translators, with an individual that does not speak his/her same language and come from a different culture. This is never a neutral issue, because all counselling models and psychological interventions are based on a one to one relationship or a one to a group

relationship, and the presence of a third person in the equation, needs to be carefully planned and requires special safeguards that include:

- Educate the staff in cultural diversity management. This includes two kinds of trainings, one more specific to the cultural do and don'ts of the culture of the supported migrants, and one more on how to address the key issue of cultural diversity in the psychosocial support or counselling session.
- Training the staff in providing psychosocial support through translation.
- Training the identified translators, that often are not professional translators, in how to translate in a counselling or psychosocial support setting and on basics confidentiality and active listening skills.
- Provide for the salary or in-kind support of the translator.
- Planning carefully the feedback that the translator can give at the end of session in order to prevent and manage his/her spontaneous intervention throughout the session. Translators can be asked to share with the supported migrant the main form of resilience or of adversity activated development that they observed/they were touched by during the session.
- Providing self-care and basic support to translator after the session.

Some of the most common issues facing non-specialists working in such situations is that these community members often share the same kinds of challenges as those they may be supporting. Personal reactions may make it difficult to provide effective psychosocial support, requiring a structure be put in place for initial and ongoing training, and ongoing monitoring and supervision.

It is important to have a code of conduct including guidelines for maintaining professional relationships (Wessells, 2009). In, "Do No Harm: Toward Contextually Appropriate Psychosocial Support in International Emergencies", Wessells describes the following principles for maintaining a do no harm approach:

- Allow time for critical reflection on ethical issues before, during, and after each emergency response in order to mitigate or minimize harm.
- Develop and provide specific ethical guidelines with regards to appropriate conduct in international emergencies.
- Document and improve efficacy of MHPSS interventions in emergency contexts.
- Ensure preparedness of MHPSS workers in international emergencies.
- Providing support (for staff welfare) and technical supervision to counselors is important and challenging.

Key message 4: translation MHPSS interventions needs to be planned carefully while taking into consideration the needs to 1) understand the cultural specificities of the supported community, 2) the training supervision and self-care of translators.

6- Referral to specialized mental health services

For some migrants, specialised psychological, psychiatric or medical care might be needed and should be available as part of the interventions especially in the VHR process where some authorities including embassies, border customs among others require validation that specific individuals are fit for travel. However, that is not the only reason as individuals have the right of access to such services.

→ Staff should always be aware of their limits and the diversity of migrants MHPSS needs and its related services and should always be alert to the following signs while supporting migrants at any phase of the migration journey:

- attempt, announce of have attempted suicide, or are self-harming;
- are particularly violent against the others;
- are on the point that they can't remember very simple facts of their life (e.g. their name), or can't attend to basic routines (waking up, eating): this can be checked with the migrant;
- report having been recently victims of rape, torture, personal violence, trafficking and/or witnessing tragic events;
- report to be drug users;
- present signs of hallucinations such as hearing voices or seeing things that do not exist;
- report pre-existing psychiatric conditions, especially if they did not have access to drugs for a prolonged period of time;
- ask for specialized MH services;

→ Staff can explain with simple words the reason for the referral and the kind of support the individual would receive, and ask the opinion of the individual. The stigma around mental health issues should always be kept in mind: *“we thank you for your trust in our services, and to be up to this trust, we have the responsibility to link you with services that are more specialized in supporting you to better manage the reactions you are suffering from. I will now call my colleague in X organisation who can answer questions you might have regarding their services and who will make sure you have an appointment you are comfortable with. How does this sound to you?”*

→ It is recommended to map and assess available specialized MH services in the country before conducting referrals. In addition, every organisation should devise a plan or standard operational procedures to follow when referring internally or externally individuals in need for MH services. These SOPs should follow the national guidelines if existing and/or the international guidelines for MH referrals.

Assessment and mapping of specialized services for those with severe mental disorders:

When designing and delivering interventions targeting those with mental disorders, mapping should focus on:

- Existing “informal” sources of care available for people with severe mental disorders at the community level;
- Knowledge around the different sources of available care;
- Attitudes towards the different sources of care;
- Health-seeking behavior of people with severe mental disorders;
- Existing coping mechanisms, including social, cultural and spiritual outlets, which could be usefully strengthened;
- Any current or previous community plans to address the needs of people with severe mental disorders, including capacities, gaps and requests for additional support;
- Resource persons from different community subgroups (for example, women’s groups, youth organizations, cultural and religious associations) who could potentially be recruited and trained to support individuals with severe mental disorders.

This information should facilitate MHPSS managers to identify:

- Services for immediate referral of those in need;
- Services to partner with, with the objective to gradually build their capacity to receive referrals;
- Possible obstacles created by perceptions and health-seeking behaviour of affected individuals, families and communities.

However, this mapping should always be accompanied by quality control and human rights compliances of the mapped services

Key message 5: psychosocial support might not respond to the mental health needs of some migrants presenting mental health related vulnerabilities. Organisations should have a mapping of existing services and SOPs for internal and external referrals of these individuals

6- Basic Mental health and psychosocial support to migrants presenting signs of distress at any phase of their migration journey

There is no single way or model to provide mental health and psychosocial support to migrants assisted during the voluntary return procedures, or upon their arrival to their country of origin, since experiences are various, characterized by different modalities of return, time spent abroad, time to be spent in the transit or detention centres, experiences of migration and other individual factors.

The following section is based on IOM own experience and recommendations from multi-agency guidelines and serves to orient partners in Libya and Sudan on a series of minimum measures and

interventions aiming at protecting and promoting the psychosocial wellbeing and mental health of returning migrants in this given context.

At any phase of their migration and return journey, migrants can be stressed to varying degree as a result of their past experiences, of their negative perception about returning, of their anxieties about the future. Staff can provide a first line emotional support when they observe manifestations of distress:

Physical	Emotional	Behavioral	Cognitive
Shakings	Being tearful	Poor self-care/ hygiene	Confusion, Slowed thinking
Fidgeting	Feeling Hopeless, guilty, ashamed	Being on guard	Forgetfulness
Tapping fingers	Low mood	Fast/Slow rate of talking	Inability to concentrate
Sweating	Fear	Frequent swallowing, rubbing palms on clothes	Irrelevant answers to questions / difficulty find the right word
Extreme fatigue, Dizziness & Breathing difficulties	Irritability and outbursts of anger	Tapping heels	Seeing only the negative

The following section describes the main tools and techniques to be used in order to support migrants presenting signs of distress. It is crucial to remember as stated before in this document, that some migrants might require referral to more focused or specialized support; staff should always be alert to the signs of mental health vulnerabilities and refer to these services as well when basic psychosocial support is not being effective.

6.1 Grounding techniques

Grounding techniques connect the person with his/her present surrounding and context through his/her five senses. It aims at enabling the individual to experience sensations that are powerful enough to activate the nervous central system, shifting therefore the focus from the adverse past memory and the physiological reactions to it, to a new sensation in the present to which the body should react and adapt. For example, carrying a cold glass of water and taking few sips will physiologically help the individual in regaining control over his/her physiological reactions.

→ When needed, staff can guide the individual through the grounding process. For example: *“your body is expressing what you couldn’t express with words, please accept this glass of water, it might help you physiologically...can you feel the glass? Is it cold?... I will now invite you to take three sips when you are ready, take your time... Can you please describe to me the glass of water?”*

Is it heavy? Is it light? Can I ask you to hold it in the other hand? Please put some drops of water on your face if you can...”

→ If the person feels detached from reality, help to make contact with:

- Himself/herself (feeling feet on the floor, tapping hands on lap)
- His/her surroundings (by noticing things around)
- His/her breath (focusing on breath and breathing slowly-see calm breathing technique below)

→ Grounding can also be helpful as a closure for any support session. It can be taking place through future short-term planning of what the individual will be doing straight after the session:

“our session ended now, can you please tell me what will you be doing when you will go out of this room? Who will be with you? Do you have a specific task to do?” it is important for the individual to have a clear plan for the rest of the day in order to stay focused on the here and now following any support session.

→ As it will be explained later in this section, grounding can also be part of a self-help plan that staff can develop with distressed migrants through psychoeducation; they can use this technique anytime they feel the need outside of the session.

Key message 6: Grounding is a rapid coping technique that allows the person to retain the sense of his/her reality in the “here and now” even if staff didn’t have time to establish a safe or entrusted relation with the person yet. Staff can guide an individual into this coping technique and can also recommend its use whenever needed outside the support sessions.

6.2 Psychological First Aid

Psychological first aid is an evidence-based approach which involves humane, supportive and practical help to fellow human beings suffering serious crisis events. This approach is intended for people in a position to help others who have experienced an extremely distressing event. It gives a framework to immediately support people who have faced disruption in ways that respect their dignity, culture and abilities. Despite its name, psychological first aid covers both social and psychological support. PFA is short one-off intervention and cannot be considered a counselling method or a service that can be offered several times to the same individual. If more than PFA is needed, it should be addressed at the focused intervention level.

PFA was conceived as an alternative to critical incident psychological debriefing and other forms of one-off psychological interventions after disruptive events that focused on trauma paradigms and retelling. These interventions have been proved to be harmful in the mid-term and are discouraged by several agencies, including IOM. PFA allows providing emotional comfort and practical support without leading people into telling.

PFA entails different components, including:

- ✓ **Reinsuring and dignifying contact:** Remember that migrants who have gone through highly stressful and even traumatic events are afraid that they might go crazy and that nobody is able to understand them. They need someone who does not think they are “wrong”. Your humane, empathic and dignifying attitude should reassure the person and should prepare for the next PFA steps
- ✓ **Practical support:** making sure the person’s basic human need are covered is a priority, always ask the person if he/she needs something to drink/eat, or if he/she have any injury that requires medical assistance
- ✓ **Emotional stabilization and/or normalization:** grounding and relaxation techniques can be useful if the person is willing to follow your guidelines. Otherwise, you can just normalize the reactions and inform the person that he/she is having normal reactions to the abnormal difficult situations he/she went through
- ✓ **Providing information and practical help:** individuals might be in need for basic information about the situation in order to regain stabilization. Make sure you share with the individual the information you have. For example, migrants sometimes migrants need to know what day it is, what country they have reached, who is supporting them, what are the clear actions that will be taken in the near future?
- ✓ **Connecting the person with their social network:** always make sure that individuals are not left alone following the basic support that you provided. Ask if they have other family members or friends in the same place and make sure you link them to each other. Otherwise, try to link the individual with others from same nationality or at least with other peers who speak the same language
- ✓ **Connecting the person with available services and providing coping information:** link the person with the available services in the area that will answer the person’s priority concerns. for example, if the person needs more information about his/her rights and legal status, you can link him/her to the legal counseling service, if the person have concerns about his/her health you can link him/her with medical services, etc. as a PFA provider you can also, when feasible, do some psycho-education on coping information (see below the psycho-education part) or link the person with existing psychosocial support.

The PFA providers must always ensure protection from further harm for themselves and the supported people and be prepared for the intervention, analyzing the situation and gathering information about existing services and coping information beforehand. Despite the fact that the IASC Guidelines on Mental Health and Psychosocial Support in Emergency place this intervention in the third level of the intervention pyramid (focused non-specialized support), as it required previous training, for IOM FPA should be used at all levels.

- First level of intervention – Basic services and security: CCCM, medical and emergency staff among others should be trained on PFA, as they are commonly the first respondents in an emergency. PFA allows them to provide information and support affected population in an effective way, preventing humanitarian intervention induced distress.
- Second level of intervention – Community and family supports: PFA can be used at the community level. Groups of volunteers or local population interested in supporting others can be trained on PFA to support their peers experiences a highly distressful event.
- Third level of intervention – Focused, non-specialized supports: PFA is usually the first intervention for people in need of additional support receive after an emergency. MHPSS

workers must be trained in PFA to help stabilize affected people before assessment is done to determine if further counseling or emotional support is needed through the case management system.

- Fourth level of intervention - Specialized services: PFA is also a useful tool to offer initial support people with pre-existing or emerging mental disorders, who would afterwards receive mental health care.

However, not every migrant who experiences a stressful event or prolonged stressful period needs or wants PFA. It is important not to force help but to make easily available to those who may want support. Ideally, it should be provided in a place where confidentiality and a certain intimacy can be preserved.

Before providing PFA, it is recommended to consider the following ethical norms:

Dos	DON'Ts
<ul style="list-style-type: none"> ✓ Be honest and trustworthy. ✓ Respect the person's privacy and, if appropriate, keep their story confidential. ✓ Respect people's right to make their own decisions. ✓ Be aware of your own biases and prejudices and set them aside. ✓ Explain to people that even if they refuse help now, they can still access it in the future. ✓ Behave appropriately with regards to the person's age, gender and culture. 	<ul style="list-style-type: none"> ✓ Don't ask the person for any favor in return for helping them. ✓ Don't make promises you cannot keep or give false information. ✓ Don't amplify your skills. ✓ Don't impose help on people, and don't be invasive or assertive. ✓ Don't pressure people to tell you their story. ✓ Don't share the person's story with others. ✓ Don't judge the person.

For a detailed description of the steps of the PFA, please refer to the WHO Guide at: www.who.int or watch the webinar: <https://app.mhpss.net/event/webinar-psychological-first-aid-pfa-between-evidence-and-practice/>

Key message 7: PFA is a one-off intervention that can be used by trained non-professional staff or volunteers to support distressed migrants by 1) Feeling safe, connected to others, calm and hopeful, 2) Having access to social, physical and emotional support 3) Regaining a sense of control by being able to help themselves.

6.3 Relaxation exercises

If a relation of trust is already established with the migrant through other activities, it is possible to propose one of the exercises described below that have the purpose to calm down quickly the distressed person. Alternatively, if nothing seems to work and reduce the distress, the staff can propose to stop the session and put it off to a later date or provide Psychological First Aid. One of the following exercises to relax in the short term and reconnect with the reality of 'here and now' can be proposed.

→ Deep breathing exercise

Ask the person to sit back or to lie down on his/her back (on a sofa, on the floor, etc.). The important thing is that his/her shoulders, head, and neck be supported. With a calm and warm tone, give the following instructions:

(In these instructions, the sign '...' means a 3-second pause)

"If you feel safe, close your eyes, otherwise look at the wall in front of you (or the ceiling if lying on the back). Now, take a few breaths and focus on breathing..."

*Breathe in... and breathe out.... Follow the rhythm of my voice... Breathe in... and breathe out... (do not rush, and try to slow down the person's breathing to a slow one as you go on)
...*

Now, breathe in through your nose... Let your belly fill with air...Breathe out through your mouth... Feel your belly empty... Now place one hand on your belly and the other on your chest...

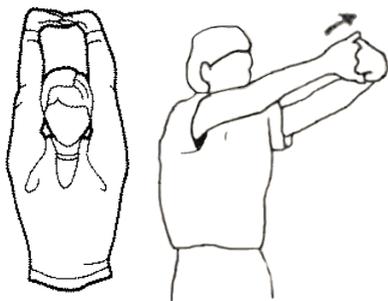
As you breathe in, feel your belly rise... As you breathe out, feel your belly lower... The hand on your belly should move more than the one that's on your chest...

Now, take three full, deep breaths... Breathe fully into your belly as it rises and falls with your breath... Now while you breathe in, try to imagine the air entering your body and bringing peace and calm... Try to feel it in all your body... And now breathe out... and while you are at it, imagine that the air is taking away all your tensions... Breathe in and breathe out...

Repeat for 5 minutes or more, until you see that the person is actually calm.

To conclude the exercise, give these last instructions:

And now breathe normally... focus on your relaxed body... on the chair (sofa, floor, etc) and now on the room... try to visualise the room... and all the objects in it and then try to visualise you and me in the room... And now, when the moment feels right, slowly open your eyes... and stretch your arms and your body... Do a demonstration to show the person how it's done and invite him/her to follow suit...



If the exercise proves to be counterproductive, stop it and try another one.

→ **Downward counting and calm breathing exercise**

It is a simple and effective exercise, based on breathing and counting. Invite the person to sit comfortably on an armchair or to lie comfortably on the floor. Now, count backwards from 10 to 1 each inhale and exhale. You can say:

“Let’s count and breathe like this:

10 – Inhale, 9 – Exhale, 8 – Inhale, 7 – Exhale, 6 – Inhale, 5 – Exhale, 4 – Inhale, 3 – Exhale, 2 – Inhale, 1 – Exhale. And now, let’s repeat it...”

Repeat as many times as needed to calm down the person, and stop if the exercise proves to be counterproductive.

Remember that it is possible through breathing to indirectly control the heart-rate by controlling the length and depth of the drawn breaths. Adding the technique of counting backwards eases the psychological effect of the difficult task at hand, essentially by drawing the attention away from the stressor and towards the internal processes taking place inside of your body.

Key message 8: Relaxation exercises require a safe space and an already established trust relation with the person. Therefore, it is recommended to use them during PFA or counselling or psychosocial support sessions. The person can also be invited to integrate them in his/her daily routine as a form of self-help. It is important to remember: not to force the person to close his/her

eyes and not to force the person into using relaxation in general especially if the exercises are exerting the opposite effect.

6.4 Psycho-education and self-help plan

In summary, the psychoeducation includes the following elements:

→ Normalization

During PFA, counselling or psychosocial support sessions, staff can help migrants understand that it is normal to have physiological and psychological reactions after experiencing adversities. For example:

“Anyone would be distressed after what you have experienced. The human brain is designed to ensure our survival. Therefore, our mind and body are made in such a way that they will perceive and sense any sign of threat with the main objective of protecting us. Because of the difficulties you went through, your body is looking for and predicting any danger before it occurs again. However, this is a survival strategy that is painful and extremely exhausting, as you know. It is no longer needed now, as the event you survived happened in the past. Please try to always remind yourself this: your reactions are normal, it is the adversities and the difficulties that you went through that are not normal”

→ Restoration of dignity and sense of control

Migrants have the right to know that their reactions are normal reactions to the abnormal situations they went through. This information by itself helps them in restoring their dignifying perception of themselves. When they experience the reactions, they think they are weak, they are losing their minds, they might also hear people around them telling them to control themselves or that their reactions are “theatrical” or “manipulative”. They might also have the feeling that they are completely losing control over their body or their capacity to refrain from reacting to certain situation. Psychoeducation helps them understand their body and mind and perceive their reactions as self-help reactions that were needed for a certain period of their lives. In addition, grounding and relaxation techniques can help them manage their reactions when they occur. Migrants can also identify the triggers that usually generate such reactions in their daily lives and the body warning signs that tells them that the reactions will take place. An individualized preventive self-help plan can then be also developed with the person:

-if the triggers are identified by the person: *“I start to have these reactions when I hear someone screaming/when it is the night/ when violent incidents happen in my surrounding, etc...”* the staff member can develop with the person the grounding technique that will help him/her manage the reactions better before they escalate.

-if warning signs are identified by the person: *“I know that I will have the reaction when I feel that I am breathing with difficulty/ when my head starts to hurt me/ when I feel my legs and arms are*

numb, etc”, the staff member can develop simple preventive measures with the person: *“It is very important that you are aware already of this warning sign, this is the first step into self-management and self-help. When you notice this warning sign, don’t stay in the same place, stand up, move and reach out to the trusted neighbour that we identified in our session/ stand up walk and breathe for few minutes like we learned in the session, etc.”*

IOM self-help tool for men (link in [Arabic](#) and in [English](#))

Key message 9: Individuals can be sensitized through psychoeducation and grounding and relaxation techniques in order to restore their sense of dignity and to develop their self-help mechanisms. Once they are fully aware of the key messages and the techniques, they can also share them with peers in need for support

7- Preparing for return and for reintegration basic counselling

7.1 Definition

Unlike ‘talking’ with people in need, as it often happens between relatives and friends discussing a problem, counselling is an interaction and relationship based on communication and aimed at helping the beneficiary and supporting and enabling him/her to explore a problem, raising his/her awareness of the issues at hand and his/her capacity to evaluate choices and take informed decisions.

Counselling can be beneficial at each step of the migration trajectory and becomes very important in the return phase, when the migrant needs to take a decision about the return, and during the reintegration process in his country of origin; the latter can be as challenging as a new migration. In this section, you can find some suggestions on how to provide counselling during the reintegration phase.

Before we go into a detailed description of its different fundamentals and characteristics, it is important to define ‘counselling’.

What counselling IS and IS NOT

Counselling IS:

- **Communication** between a person with a problem (in this case, the migrant) and another person who is helping to solve the problem (in this case, the counsellor)
- **Listening**, i.e. giving full attention to what the other is saying
- **Questioning**, with the purpose of gathering information and showing interest
- **Understanding and respecting**, with the purpose of trying to see the situation from the other person’s perspective without judging him/her

- **Giving information**, with the purpose of enabling the beneficiary to make his/her own choices / **own decision**
- **Empowering**, i.e. showing the person his/her strength
- Helping the beneficiary face his/her problems, study his/her options and **decide a course of action**
- Providing **support**, i.e. offering help and showing understanding

Counseling **IS NOT**:

- Teaching or imposing one's knowledge or opinions
- Judging or taking sides
- Interrogating and asking invasive questions
- Moralizing or saying that this is right or this is wrong
- Blaming or assigning responsibility for an unfortunate situation to the beneficiary
- Making choices on behalf of the beneficiary

After clarifying what counselling is and is not, it is essential to differentiate between psychological counselling and reintegration counselling.

→ **Psychological counselling**

The American Psychological Association (2018) defines psychological counselling as the “interaction with a client to explore and offer direct advice about affective, cognitive, or behavioral problems and to reach solutions”. In psychological counselling, feelings, emotions and thoughts that impair functioning are expressed and elaborated towards a positive change. In the return migration, psychological counselling may be useful for some individuals and shall be provided by an external professional or service, whom the migrant is referred to in case of an identified need or vulnerability as stated above.

→ **Preparing for return and reintegration counselling**

Because of its relational nature, preparing for return and reintegration counseling aims to provide first line emotional and psychosocial support to migrants when needed and engage and empower returning migrants before leaving the host country, during travel and upon arrival in the country of origin.

Following the training, IOM partners' staff are familiar with first line psychosocial support practices like PFA, Relaxation and grounding techniques, psychoeducation, and referral of individuals who are in need for specialized MH services. Once comfortable with these tools and procedures, trained staff are invited to provide preparing for return and reintegration counseling that will require meeting the person for 3 sessions with the main aim of:

- Session 1: Establishing a safe space of expression, identification of priority concern and linking the person with available services
- Session 2 and 3: Identifying main Resources and providing key psychosocial messages to develop self-help plan

The general frame of this service and some practical steps for implementing it, will be described in the following section

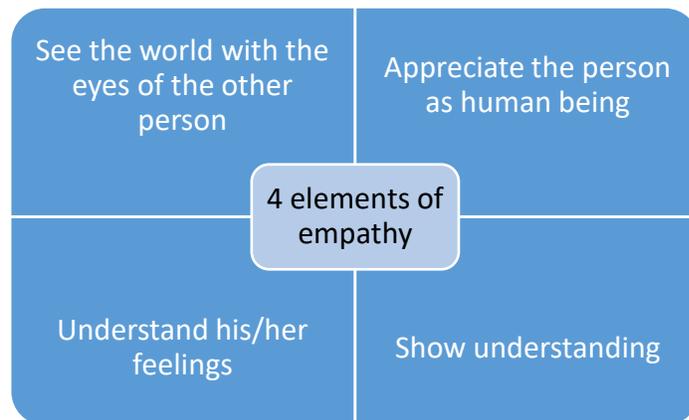
7.2 Counsellor's needed attitude and skills

7.2.1 Empathy

Empathy involves accepting the other person's point of view and being interested in exploring its implication on her/his behaviour. Sympathy involves feeling sorry for the other person.

Examples of **empathetic** approach in counselling:

- (1) *It must have been very hard to go through those events*
- (2) *I can understand that you are feeling angry at the events that you experienced*
- (3) *I see that you are experiencing difficulties talking about your experiences*
- (4) *Or simply sitting in silence while the beneficiary expresses his/her feelings or cries deeply.*



In addition to experiencing empathy, the counsellor must also be able to transmit empathy.

Examples of **transmitted empathy** in counselling:

- (1) *I am trying to imagine how you feel. I can only imagine it...*
- (2) *It's clear to me that you are considering some options*
- (3) *I notice that you are having trouble finding a solution*
- (4) *Help me figure out how I can help you*

Empathy is different from **sympathy**. Empathy means 'understanding' someone's feelings, while sympathy means 'sharing' his/her feelings and taking his/her side. Not taking an adequate emotional distance from the story of the returnee might prevent the counsellor from looking at the situation with rationality. Sympathy encourages the counsellor to take responsibility for the returning migrant's difficulties, to make promises or to create

expectations that cannot be fulfilled. Examples of sympathetic approach to be avoided in counselling:

- (1) *Poor you... Your problem is very difficult to solve!*
- (2) *I am astonished... It is horrible that this has happened to you*
- (3) *I am so sorry for you!*

7.2.2 Congruency and genuineness

The counsellor must be honest and sincere, i.e. he must not act a role but must try to be true and authentic to himself/herself and to the returnee. Congruency avoids the counsellor being seen as the expert who looks down patronisingly the returning migrant, which is a risky attitude. Congruency is also crucial to obtain trust, which is the main ingredient of any helping relationship. The returning migrant will feel more at ease if the counsellor feels and behaves in a congruent and genuine way, and this will allow him/her to be open and honest with himself/herself.

Examples of congruent attitude in counselling

- (1) *I do not have a ready-made solution, but we can look for one together*
- (2) *I must admit that it is not every day that I hear a story like yours*
- (3) *I am sorry... I don't quite understand what you're saying: can you try to say it with other words?*
- (4) *I might look distant, but believe me, I am all ears...*

7.2.4 Non-verbal and verbal Communication skills

There is evidence that good and effective communication leads to a better outcome of the counselling, gets the migrant to accurately describe and understand his/her needs, resources and options.

→ **Non-verbal communication skills**

The assistant/counsellor needs to be aware of his/her body as a source of non-verbal communication. During the counselling process s/he can follow what is suggested through the acronym SOLER:

- S - sit squarely
- O - open posture
- L - lean forward (to show interest and empathy)
- E - eye contact (if culturally appropriate)
- R - relax

It is therefore important to take always into account cultural differences e.g. the acceptability of some forms of courtesy such as shaking the hands with someone, looking the other person in the eyes and the degree of distance/proximity in interpersonal relationships may vary greatly from one culture to another.

Socio-emotional presence: This refers to the quality of the assistant/counsellor's total presence to the person during the counselling interview. Both the verbal and non-verbal behavior should tell the person that you are very willing to work with him/her. There should

be no distinction between the two, as this will indicate a lack of genuineness and interest in attending. Some examples of negative attitudes when the person is talking to you that should be avoided are: look around the room and appear distracted, talk to or text someone else on the phone when the person is talking, tapping your pen on the table, looking constantly at your watch or your phone.

Silence: Silence gives the returnee a chance to think things through. Occasionally it may indicate embarrassment or resentment. Most of us feel uncomfortable with silences, and tend to chip in with the first thing that comes to mind, which is usually irrelevant. This must be avoided. Leave pauses, even at the beginning of the counselling interview before the returnee has spoken. If s/he stops talking, but you feel s/he is not really finished, do not let the silence makes you nervous. S/he may be thinking through something important. After a while, you can say something like, “you seem to be thinking hard”; this will let him/her know that you are with him/her and can facilitate the dialogue. (see section on management difficult situations in the session)

→ **Verbal communication skills:**

A) Open-ended questions: those are questions that can bring out many different answers and that cannot be answered in few words or, sometimes, even in a single session. They encourage returnees to talk and provide maximum information. In open questioning, it is usual to begin with “what”, “how”, “why”. “What” questions serve to solicit facts and gathering information; “how” questions are related to sequence and process of emotions (e.g. How do you feel about ...? How can you move forward with your strengths?). “Why” questions tend to focus on reasons and intellectual history. These questions encourage sharing and give the person the possibility to express his/her view in their own language. Some examples: ‘How can I help you?’ It is important to encourage the person to speak freely about whatever s/he wants related to the posed question.

B) Close-ended questions: those questions leave the returnee only few possibilities to answer, like ‘yes’ or ‘no’. Those questions should always be complementary to open-ended questions.

C) Paraphrasing: paraphrasing is a brief rephrasing of information provided by the returnee. It provides a restatement of the essence of the information in your own words. The use of paraphrasing demonstrates you are listening and it helps you make sure your understanding is correct. It is not uncommon for people to be somewhat vague or have trouble coming to the point when discussing. By restating the returnee’s main points in your own words, you not only assist your own understanding, but also help him/her to clarify his/ her main points and concerns. If your restatement is not quite on target, the person will usually clarify what s/he has just said. e.g.; “It sounds like... Let me see if I heard you right... Are you saying that... In other words, what you mean is...”.

D) Clarifying and summarizing: clarifying means asking questions until you are both confident that you have understood. E.g. “I am not sure what you mean. Can you explain a bit more?”. Summarizing is pulling together, organizing and integrating the major aspects of your dialogue, going over it together, agreeing on the next step of action.

E) Restating: restating what you have just heard often helps the person to carry on talking, without distracting their train of thoughts. E.g. Returnee: “...and I do not know what to do

now.” IOM Assistant/Counsellor: “You do not know what to do?” Returnee: “No, I just do not see any solution to my current situation...”

F) Invitations to talk: Sometimes it is useful to make an encouraging remark like: “Would you like to talk more about that?” “Could you tell me more about your situation?”.

Key message 10: Maintaining empathy, congruency, concreteness, and effective communication can guarantee the effectiveness of the preparing for return and reintegration counseling and any other psychosocial support process. Assistants/counselors can develop gradually these skills and attitudes through continuous capacity building, onsite coaching and supervision.

7.3 Conducting three “preparing for return and reintegration counselling” sessions

As stated earlier, the main aim of these 3 counselling sessions is to establish a human connection with the migrant, support him/her in identifying his/her priority concern and linking him/her to available services that answer this concern. In addition, the aim is also to identify sources of resilience and motivation and develop based on it, a self-help plan through the discussion of the psychosocial key messages

Within this framework the counsellors should be aware of the following do’s and don’ts:

Do’s	Dont’s
<ul style="list-style-type: none">-ensure a humane connection with the person-encourage the person to give feedback over any suggestion or step that you are implementing-refer the person to the needed services-explain to the person that this space’s only aim is to give him/her enough useful information to better manage the situation he/she is in while preparing for return or while preparing for reintegration	<ul style="list-style-type: none">-ask migrant to share/disclose his/her story-ask migrants about details of traumatic events he/he went through-try to answer all the migrant’s needs by yourself-make promises you can’t keep-raise the expectations of the person-underestimate the skills and resources of the person

7.3.1 Session 1: Establishing safe space of expression, identification of priority concern and linking the person to existing services

→ Preparing for the session and counselling process

It is helpful to adequately prepare the preparing for return and reintegration counselling session. The staff should review all information received from referring agencies. In addition, he/she should review facts and observations about the returning migrant, information of possible vulnerabilities, and main points of discussion.

Things to do before meeting the person:

Selecting a suitable place. Counselling should be carried out in an environment that minimises interruptions and is possibly free from distractions. If it is an office, it should consist of a room where privacy and confidentiality can be maintained (e.g. somewhere away from other people). It should be warm, welcoming, and comfortable, non-threatening, with good air, possibly natural light and serene and positive pictures at the walls.

Should migrants have to be visited in their homes it is difficult to organize the counselling environment to meet all the needs. However, it is recommended to sit somewhere comfortably and quietly, away from other family members. It is important to minimize distractions by switching off radios or televisions.

Scheduling the time. The length of time required for the reintegration counselling session depends on the complexity of the issues. If the migrant needs more time or is fatigued by the counselling itself, successive meetings may be scheduled. The staff should select a time free from competition with other activities. It is important to take account that important events can distract the person from concentrating on the counselling. During the counselling interview, it is necessary avoid to double task, look at the computer, at the phone. Give full attention.

Notifying the person in advance, so that he/she can get prepared, giving **instructions** about how to reach the premises of the organization where the counselling is done. The returnee should know why, where, and when the counselling takes place.

Organising the questionnaires and the information to collect and to share. The counsellor should use folders for the questionnaires and for the documents related to the specific returnee. Apart from the practical use, it shows the returnee that the helping organization cares about him/her. It is important that the staff member knows the referral system and be ready to use it in case of need

→ **Introduction**

When the returnee arrives, greet and welcome him/her. The staff introduces himself/herself, his/her professional role and the organization he/she works for. Some returnees may be confused or suspicious and so it is necessary to be very clear about the purpose of the counselling session: to talk about reintegration assistance. It is recommended to explain that this is a confidential meeting and nothing will be shared with anyone. Invite the returnee to sit down. Allow the returnee to introduce himself/herself and to ask questions. Negotiate the duration of the counselling session, which depends on many factors: the mental condition of the returnee, his/her fatigue, his/her capacity to concentrate. By observing the returnee's [non-verbal communication](#), staff should understand when proposing a break or interrupting the session, scheduling a following one.

→ **Forming an alliance and establishing a climate of trust**

The first minutes of the encounter are fundamental in forming an alliance and establishing a relationship.

The counselling session may begin by asking generically how the returnee feels and engaging in brief small talks (*“How do you feel? How was your day/the travel?”*). Let him/her speak especially if tensions are noted in the returnee’s body. Avoid beginning with questions about the recent steps of his/her migration trajectory. The respect shown will help building trust, which is key in encouraging the dialogue and making the discussion about the reintegration assistance effective. From time to time, during the session, it is good to reassure the returnee: *“You’re not alone, my organization and its partners will support you...”*

Explain the process of counselling, by sharing with the individual that you will be meeting for 3 times to discuss 3 main points if he/she agrees:

1-Possible services that can answer his/her priority concern

2-Key messages to better manage emotions, body reactions and interaction with entourage

3-Possible activities and peer support groups that he/she can join because it is his/her right not to be alone in times of distress

From time to time, ask them how they feel and not forget that the interview can evoke emotional reactions. In this case, ask the returnee if he/she needs a pause, wants some water, needs to go to the toilet etc.

Keep in mind to give the returnee a realistic idea of the available options and possibilities and do not create unrealistic expectations, which might be detrimental for the effective reintegration of the individual concerned and can create frustration and feelings of anger.

→ **Assessing the priority concern**

The returnee comes back with many concerns, such as feeling guilty about having left home and wondering how he/she will settle back in, or about not being able to match expectations that he/she has created in others. He/she might be worried about practical things like finding a job, paying debts, or travelling home. And of course, the returnee might ask himself/herself if he/she has made the right decision. All this may make him/her feel lonely at times, thinking that nobody can really understand what he/she has gone through. The returnee may also have feelings of embarrassment, guilt and fear of losing face. Once he has returned those very same emotions may hamper his/her re integration in the country of origin and may prevent him/her from feeling at home.

The counsellor should remind the returnee that these elements of concerns and suffering are normal. And in order to start working on processing them during the next session, the counsellor can help the migrant identify his/her priority concern:

“returning migrants that i support, usually share with me different concerns they have, for example they might feel guilty, they might wonder how they will find a job or re-settle down, how they can pay their debts, etc... all these worries are normal. Could you share with me what is your priority concern, what is the main worry you have been thinking about lately? If you have more than one, can you share with me the 3 most pressing ones?”

Once the migrants shares his/her priority concern, give the information you have about the existing services that can support with his/her practical concerns (like finding a job, legal consultation, medical service, etc) then explain that during the following remaining sessions, you will be discussing important information about how to answer his/her other concerns.

→ **Closure of session 1**

Rituals of opening and of closure ensure a link in-between session and give the individual a sense of routine and control. This can be done in a simple exercise or a set of questions such as: *“what is the main message/point that you are taking with you form this session? Did anything bother you the during this session?”* once you have the feedback of the individual, give the main message that you will be working on during the next session.

7.3.2 Session 2: Identifying main resources and providing psychosocial key messages and develop self-help plan

→ **Opening ritual:**

Always begin the session by opening rituals: ask the person how he/she feels since last session, how was his/her week, if he/she remembers the main points that you discussed/ if he/she took any actual steps in reaching out to the recommended services that you discussed about during last session.

→ **Assess resources, competencies or factors of resilience**

As discussed in this document, the role of the counselor is not limited to listening and helping in managing difficulties. The role of the counselor is also to help the person remember their own competencies, resources and sources of support and to accompany him/her in the reinforcement of resilience and self-help. Questions related to this topic, will help both counselors and migrant to identify the competencies that need to be remembered and reinforced. For example:

“Despite all the difficulties we discussed last time/at the beginning of this session, what makes you wake up in the morning, get out of bed and start with your daily routine or try to reach out for support from existing services?”, or,

“Throughout life experiences one can experience these feelings in different moments in life, did you ever have these feelings before? How did you deal with it, what helped you manage these difficult moments?”

The individual might share the fact that their families are their main motivation, or the hope for a better tomorrow, or the fact that they have discovered a new strength in them that they didn't know existed. Counselors might suggest consequently to reflect on how this source of motivation or support can be reinforced, for example by working on a healthier relation with family, or by planning an initiative for the near future that the beneficiary can work on at the last stages of his/her counselling process, etc.

The counselor, will be identifying with the person his/her own capacities for self-help or self-protection, or his sources of motivation and resilience. Consequently, both can explore the possibility of restoring these capacities and reinforcing them. For example, if the person shared the fact that what helped back then was the existing social support, talking to friends or close neighbors. The counselor will then link the second part of this session (the key psychosocial messages) to this specific resource and work with the person on identifying trusted others who can constitute a new support network.

→ **Psychosocial key messages to prepare for return and reintegration and develop self-help plan**

While it is often assumed that traumatic events from the past are the most important source of psychological distress in returning migrants, evidence suggest that returnees' emotional suffering is also correlated to current stresses, worries and the uncertainty about their future. Importantly, the way returning migrants are prepared, received and how protection and assistance is provided may induce or aggravate problems, for example by undermining human dignity or, on the contrary, support and prepare returning migrants at this early stage while assisted in the voluntary return process. It is therefore important to address the psychosocial element of return, especially because migrants themselves are often unaware of the psychological and social complexities of returning in their countries of origin and reintegrating in their families and communities
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The following are 3 key psychosocial messages to discuss with individuals in preparation for their return and/or reintegration process. Counselor should link these messages to the main

resources/resilience factors that were assessed earlier in this session. Working on the key messages might be done during this same session or might require an additional one. The key psychosocial messages are:

1-Change is a process not an event

2-Every human being has the right of not being alone in times of distress

3-No one has better skills to help you than yourself; developing a self-help plan is your key to manage the problems that you might encounter

During session 2, you will be sharing with the person the first psychosocial key message and you will work with him/her on one grounding exercise and one relaxation exercise that they can use when alone and having negative thoughts or emotions.

➤ **Change is a process not an event**

It is normal to feel guilt, sadness, regret, uncertainty, disappointment, anxiety and fear. Many people perceive the return as a failure and are ashamed about it for many reasons:

-Your family may have supported you to travel but you will not be able to repay the debt.

-People may have expectations for your time spent in another country, but you did not meet those expectations.

-You may have described the situation elsewhere as good as it was and now the true story has emerged.

Remember:

-Having those feelings and reactions is normal reaction to an abnormal situation

-What happened is not your fault. You did what you had to do.

-Your attitude will determine how you move through these feelings, change needs time and it is a process, so give yourself the time you need to rest and recover. Life gave you another chance!

-whenever you are having those thoughts and fears, you can practice relaxation and grounding techniques, and with time, you will notice that your perception of the situation and your reactions to it will change.

→ **Providing psychoeducation and guidance on how and when to use grounding and relaxation techniques as part of self-management plan (see section 4 of this document)**

→ **Closure of session 2**

“what is the main message/point that you are taking with you from this session? Did anything bother you during this session?” once you have the feedback of the individual, give the main message that you will be working on during the next session.

7.3.3 Session 3: Providing psychosocial key messages and develop self-help plan (continued)

→ Opening ritual:

Always begin the session by opening rituals: ask the person how he/she feels since last session, how was his/her week, if he/she remembers the main points that you discussed/ if he/she was able to use the grounding/relaxation techniques and if it was helpful.

→ Psychosocial key messages to prepare for return and reintegration and develop self-help plan (continued)

Remind the person of key psychosocial message 1 and share and discuss the 2 remaining messages: Discuss with the person each of the suggested points of self-help, its relevance to his/her context, his/her interest in applying it:

➤ Every human being has the right of not being alone in times of distress

It is normal to feel alone, to need to withdraw, to have the impression that no one understands you. You might be having these reactions because you want to protect yourself-from more harm or stress. Other simple strategies can help you better cope with the situation and facilitate the change process.

Remember:

It is your human right not to be alone in times of distress. You can choose who or what to connect to, trust your instinct!

-you can identify caring and supportive people around you from your family and friends who will be there for you in difficult times of crisis. It is important to have people you can talk to honestly without being scared of being judged.

-you can choose to connect to entrusted leaders in your community who can listen to you and support you in managing some of the problems you are facing.

-you can reach out to a counsellor or to psychosocial support activities happening in your area where you might discover new skills and source of motivation and even a new supportive social network. These spaces can also help you in considering all your options and in balancing your wishes and needs

-you can choose to join groups of peers formed by returnees who have common interests and who are there to support each other and find common daily activities that are meaningful to you like sports or volunteering in community service

- **No one has better skills to help you than yourself; developing a self-help plan is your key to manage the problems that you might encounter**

It is normal to feel that nothing is the same anymore, to feel that you don't have full control over your reactions, your fears and your thoughts, it is also normal not to know what to say when people ask you about what happened. Your body and mind need some practical routine tips to help you better go through this period of adaptation and to find the best ways to manage the difficulties you might face.

Remember:

During the difficult journey you went through you might have discovered strengths and skills that you never knew existed before, you do have to best skills to deal with the most difficult situations

A self-help plan is always useful to help you be prepared and adapt:

-if your fears, negative thoughts or emotions come back, remind yourself that these are normal reactions of your body who only wants to protect you from further harm- you can use grounding and relaxations techniques any time you need to reconnect with the present (see the exercises described in the manual and guide the person to use them in the session).

-whenever you are ready, and with the support of peers, an entrusted friend/family member, or in a psychosocial activity space, you can think of the best way to share your experience with others. To help yourself and other people around you to understand why you decided to return and other points that you decide to share, identify an artistic channel of storytelling that you are comfortable with: it can be writing a poem or a song, it can be a drawing, a sculpture. People don't need to know the details of what happened, they need to see through your metaphoric or direct expression, what helped you survive, overcome and return, what you learned about your skills and strengths in this journey.

→ **Developing of self-help plan (continued)**

Remind the person that during the last session, you started developing together a self-help plan by learning when and how to use grounding and relaxation. Invite the person to select from the list of recommendations in each message, at least one actual point that he/she would like to achieve/put in place

→ **Closure of session 3 and of counselling process**

“what is the main message/point that you are taking with you from this session and the 2 previous ones? Did anything bother you the during these sessions?” take into consideration the feedback of the person in order to:

-refer the person to specialized services if he/she thinks that the sessions didn't help him/her on a psychological level and/or that he/she needs more support

-adapt further your attitude and skills for future interventions

Key message 11: preparing to return and reintegration counselling can be done with the migrant in 3 sessions aiming mainly at establishing a humane connection and providing first line psychosocial support, referring him/her to the needed services, and developing with him/her a self-help plan that is based on his/her main factors of resilience and motivation and on the 3 main psychosocial key messages. If the 3 sessions were not effective as evaluated by the person and/or observed by staff, referral to more focused or specialized MHPSS services might be required

7.4 Managing difficult moments during a support session

Difficult moments are in general always part of a support process. The most common situations where counselors might find difficulties or hesitation about the best way to continue the support are:

- the person is silent and seems, in his/her non-verbal communication as if he/she is withdrawing from the session
- the person remembered a loss or an adversity and is crying with deep pain or sorrow
- the person remembered a loss or an adversity and is having a panic attack in the session
- the counselor is affected by the story of the beneficiary and is not being able to manage his own reactions, consequently he/she might cry during the session.

As a first practical recommendation, counselors are invited to always remember that what happens in the session can be managed in the session, if it happened in this setting, it is surely for a reason! Stopping the session or taking a break is not recommended, because it is during these moments that individuals need to feel understood and supported the most. Migrants and counselors are humans, and humans express in different ways their emotions and thoughts, their fears and anger and sorrow. Silence is an expression, tears and panic attacks are a form of expression as well. Sometimes the right words to express a complex emotion or a deep sorrow are not enough, therefore the body helps to express and to make the other –the counselor in this case- witness and feel what the person is going through and what he/she is not being able to put words on.

→ Some practical tips:

Difficult moment	Recommended steps for management
Silence	-even though silence can be awkward and counselors can feel the need to rush to fill the gaps, try to simply “be with” the person and to respect and listen to the silence

	<p>-when you feel appropriate, try to put words on the silence by making the person feel respected and understood: <i>“sometimes words are not enough to express our feelings or thoughts, as if being silent is the best way to express how difficult/painful/scary the situation was. May I ask you to put one word/one color/one symbol to describe your feelings/thoughts in this moment, only when and if you are ready to do so?”</i></p> <p>-if the person is not being able to answer, the counselor can then respect the silence again and try one more time to ask the same question</p> <p>-another option would be to ask the person if he/she is not being able to respond to the request: <i>“with you silence, you are telling me how much/difficult/scary the situation was, can you please tell me who helped you despite the severity of that moment? /Did you feel that anyone understood/felt what you were experiencing? /What was the main source of your internal strength to be able to save yourself?”</i></p>
Crying	<p>-always remember that tears are words</p> <p>-respect this moment of expression and when you feel appropriate ask: <i>“tears are a form of expression; they speak on our behalf. People who cry are people who were strong for a long time. I thank you for your trust in this space for you to feel comfortable to share your tears here. If your tears can speak, what would they say?”</i></p>
Panic attack	<p>-always remember that the person is not being “theatrical” and at the same time, remember that in most of the cases, panic attacks are not dangerous and that the person is expressing through his/her body his/her feelings of loss of control and of helplessness as well as his/her fears. Try the following steps once or twice before asking for medical help if you estimate necessary:</p> <p>-remind the person with a calm tone that you both are in the session of support and that his/her body is expressing the difficult emotions that he/she is feeling now</p> <p>-use grounding techniques (see section on grounding in this document)</p> <p>-when appropriate during the same session or in the following one, use psychoeducation (see section on psycho-education in this document)</p>
Counselor crying	<p>Remember that you are also affected by everything happening in your country and that you are a human who has the right to feel and react. Instead of holding your-self from crying and spending the session trying to show the person that you are not affected by their story, you can use your authenticity and relational courage at this specific moment and transform your tears to signs of empathy or human connection. Example:</p>

	<p><i>“what you shared touched me, tears are also words, and if I want to put words on my tears, I would say that I am touched by how strong you were despite the difficulty of the situation/I am touched by the way you managed to perceive things differently/I am touched by your sense of humanity, etc.”</i></p> <p>The only condition for these sentences to be effective is authenticity. Using cliché sentences- like I feel how difficult it was, I understand you- is not effective and can make the beneficiary feel disrespected.</p> <p>Supervision and self-care can also help you in better managing these reactions in the session</p>
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→ **Understanding these difficult moments**

From a psychological perspective, beneficiaries who “collapse” or who manifest extreme signs of distress during the session, like through a panic attack, are beneficiaries who are “swinging” between a painful past and a frightening future at the same exact moment. Helping them come back to the “here and now” of the session, to the present moment, can help them regain control over their reactions, not only during the session, but also when these reactions occur outside the safe support space, in their daily lives.

From a physiological perspective, as explained previously in this document, stress leads to a discharge of (nor) adrenaline and of corticol in the central nervous system and an increase in the vigilance and the anxiety levels. When a person is exposed to adversities, the stress level is high and consequently the physiological reactions are highly activated in order to protect/withdraw the person from the stressor/danger. These physiological reactions are **not voluntary and have the function of self-regulation and self-protection**. They can include:

- Increase in the cardio-respiratory frequency
- Vasodilation in muscle tissue
- Increased blood pressure
- The analgesia
- Mobilization of energy (augmentation of muscular force for example)
- Inhibition of anabolic network

During the session, if the person remembers the adversity, he /she experienced, the body also remembers; the person might have the same physiological reactions that he/she had during or following the adversity. The role of a counselor is to help the person come back to the here and now through grounding and to understand what happened through psycho-education (see section on psycho-education in this document). These difficult moments might also be a chance to assess mental health vulnerabilities and refer the person to specialized services shall needed.

Key message 12: difficult moments are common during support sessions. It is recommended to remember that the body also expresses through physiological reactions like crying, panic attacks, etc., what the person is not being able to express with words.