

IOM IRAQ

# INTERNAL GUIDELINES FOR REMOTE MHPSS WORKING MODALITIES



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## INTRODUCTION

### WHO ARE THESE GUIDELINES DEVELOPED FOR?

These guidelines are developed for service providers of differing levels of mental health and psychosocial support (MHPSS) activities in situations where direct physical contact with beneficiaries is limited or restricted.

### WHY HAVE THESE GUIDELINES BEEN DEVELOPED?

In light of the current COVID-19 pandemic and the recommended precautionary measures being implemented, such as physical distancing and limiting direct interaction with beneficiaries, in-person interviews have been kept to a minimum. As such, these guidelines were developed to assist MHPSS staff in using remote working modalities to work as efficiently as possible to provide MHPSS services to their beneficiaries.

### WHAT ARE ALTERNATIVE MODALITIES?

Preferable alternative modalities include:

- Online platforms (ex. video and/or audio through Skype, Zoom, WhatsApp, Viber or another online platform)
- Telephones (ex. audio)

### WHAT ARE THE MAIN OBJECTIVES OF THESE GUIDELINES?

The objective of these guidelines is to improve the capacity of MHPSS staff to deliver services through remote working modalities by:

- Recognizing the availability and utility of remote modalities.
- Identifying the process of scheduling appointments and setting up the necessary service.
- Identifying the main skills and steps required for a successful delivery of remote services.
- Knowing the ethical, confidential, and privacy considerations of these modalities.
- Identifying the main challenges of working remotely and learning skills to address them.

The current COVID-19 pandemic has had a profound impact on the psychological and social wellbeing of individuals, which has been further exacerbated by movement limitations and physical distancing.

Additionally, these changes have caused a shift in the previously-used MHPSS service delivery modalities to reflect safety measures, such as physical distancing and limitations in movement. Since MHPSS is considered to be a key priority in crisis situations to help promote mental health and social wellbeing of individuals, these guidelines have been developed to assist MHPSS staff in efficiently delivering services to beneficiaries using remote working modalities.

#### Remote working modalities can take place in one of these forms:

1. Audio experience – for example, telephone, or online audio calls.
2. Visual and audio experience – for example, video calls.
3. Without any visual or audio experience – for example, texting, WhatsApp chat service, Viber, or emails)

## BENEFITS OF REMOTE MHPSS SUPPORT

While it may be unfamiliar to some, there are several benefits to remote MHPSS service delivery for both the beneficiary and the service provider:

### 1. Overcoming physical restrictions that may be experienced by beneficiaries or service providers, such as:

- a. Precautionary measures imposed during COVID-19 (i.e. physical distancing or limitations in movements).
- b. Inaccessibility to services due to a remote geographical location.
- c. Barriers experienced by people with physical disabilities in accessing regular services.
- d. Circumstances preventing the beneficiary or the staff from attending the MHPSS session.
- e. Inaccessible areas due to security or access restrictions such as internally displaced populations and refugee camp sites.

#### TIP

Remote MHPSS services benefits can be explained to beneficiaries while introducing the services through remote working modalities.

### 2. Time and cost effectiveness for both staff and beneficiaries.

### 3. Psychological benefits for the beneficiary:

- a. Easy accessibility of seeking professional help by giving a sense of safety to the beneficiary that help is easily and readily available.
- b. Receiving support in the beneficiary's own familiar and comfortable environment which may make them more relaxed.
- c. Increasing the sense of independence and self-management of beneficiaries (through self-help resources) and by promoting collaborative working with the IOM (through screen sharing).

#### TIP

Motivation, creativity and flexibility of IOM staff is key in efficiently integrating remote working modalities into their practice.



## SETTING UP THE SCENE FOR REMOTE MHPSS SUPPORT



### PHYSICAL SETUP

#### Location

When choosing a location to conduct remote MHPSS services, please follow these general recommendations:

1. Set a specific site / room for making the call.
2. Be ready with any anticipated material required during the session to take notes (beneficiary files / checklists / notepad / pens, etc.).
3. Noise proof your location as much as possible.
  - a. Stay away from windows to avoid noise from traffic or outside noise.
  - b. Put other electronic devices on silent mode.
4. Ensure privacy of the location.
  - a. Avoid the possibility of being overheard by others present at the same location.
  - b. Minimize interruptions by:
    - Informing family members or friends about your working hours.
    - Putting a sign on the door “do not disturb” or “working hours”.
    - In the presence of children, try keeping them as occupied as possible during working hours.
 

*ex: Ask other family members (if available) to take care of the children or engage them in an activity that is interesting to them.*

- c. If you are on the ground/lowermost floor, consider carrying out the session away from windows or doors to avoid breaching the confidentiality of the beneficiary

#### 🔍 TROUBLESHOOTING

In case any of the above problems occur; apologize to the beneficiary for the interruption, take a moment to readjust and make up for the lost time of the session.

*ex: I apologize for the interruption, could you kindly give me a moment to deal with this.... Thank you for waiting/ for your understanding.*

#### ✅ TIP

Modelling positive behavior to the beneficiary will convey that you are taking the session seriously and will also encourage them to do the same if they encounter similar situations at their end.

#### ✅ TIP

Try the selfie camera or the self-view option (i.e. in Skype) to have a test check for what will be visible to the beneficiary.

## 5. For video calls:

### a. Lighting:

- Make sure the place is well lit.
- Reduce backlighting (source of natural or artificial light coming from behind the person which creates a shadow and can be difficult for the beneficiary to see).

### b. Background:

- Consider the physical background reflected in a video call.
- Avoid having any personal belongings / photographs / distracting objects appearing.
- Solid color background (ex. having an opaque curtain) is optimal for good picture quality and noise proofing.
- Applications such as Zoom have virtual backgrounds as an option, which provides consistency even if you are in a location other than your home.

### NOTE

Virtual background option is available on iPhone 8, iPad 5, iPad Pro and later models.

*Additionally, they are available through the desktop version.*

## Timing

1. Follow regular working hours (i.e. 9:00AM – 5:00PM).
2. Choose a time of the day that you notice is usually minimal for interruptions for both you and the beneficiary.
3. Choose a time of the day with consistent internet connectivity (internet connection speed could differ along the day).

## Dress Code (applicable to video calls)

1. Maintain your professional dress code as you would in a conventional in-person interview.
2. Avoid striped or patterned clothing (can interfere with the image quality in video conferences).
3. Consider colors that contrast with the background.

*ex: Solid colors with a light background and vice versa.*

## PLATFORM SETUP

### Technology

1. One can use the following electronic mediums: phone/tablet/computer.
2. Ensure that the hardware and software you are using is up to date to avoid system crashes during its use.
3. Contact an IOM colleague with technical IT experience to support in the setup when the electronic is first being used.
4. Make sure that the electronic medium is sufficiently charged and a nearby electricity outlet source is present.
5. Set up a backup electronic that can be used in case a problem occurs.
 

*ex: "If the video or audio call over the internet got interrupted, we can switch to using a phone."*
6. Set your electronic device on a stable surface instead of having to hold it in your hand to avoid shaking during a video conference.

### TIP

If you have a power bank, make sure it is fully charged throughout the session, to ensure it can be used in case of an electricity power cut or your device runs out of battery.

## 7. When using audio:

- a. Using earphones helps minimizing background noise and improves the audio quality for both the beneficiary and the service provider.
- b. Putting the beneficiary on speaker is not recommended to maintain their privacy and to avoid voice distortion that could affect a staff's interpretation of the beneficiary's tone of voice.

## 8. When using a camera:

- a. Make sure it is wiped with a clean cloth for better quality.
- b. Position it at the same level of your eyes.

**9. When using the share screen option in any application:**

- a. If one uses the share-screen option; try minimizing what is visible on the desktop/mobile background to avoid distraction and ensure your privacy.
- b. Disable notification alerts at the time of the session to minimize distraction.

**10. When using online content:**

- a. Prepare all content that will be shared online before the session begins.
- b. Compile all necessary material in an easily accessible folder on your desktop.

**Internet Connectivity**

- 1. Make sure that the internet speed from the location is sufficient to sustain videoconferencing.
- 2. The recommended internet bandwidth for a strong audio-visual quality of videoconferencing is 512 kbps.
- 3. For audio only calls through the internet the minimum bandwidth recommended is 384 kbps.
- 4. Usually wireless-3G (mobile data) cannot sustain good quality videoconference calls. While wireless-4G can provide a good quality for videoconference calls, it requires an additional cost.

- 5. Try to stay as close as possible to the wireless router for a stronger signal.
- 6. Close any unnecessary applications that may use the internet by working in the background. This can cause the connection to slow down.
- 7. One can test the speed of their internet connection through a number of websites or by contacting your internet service provider.

**TIP**

Have an audio / video test call with a friend / family member or colleague, at different times of the day, prior to starting your sessions formally to check the quality of your call and to familiarize yourself with the application being used.

**TIP**

With lower quality internet, users are advised to limit quick body gestures to avoid a delay or lag in picture quality of the videoconference. The higher the quality, the easier it is to detect intricate facial expressions.

**COMMUNICATION SKILLS FOR REMOTE WORKING MODALITIES**

While it can be more challenging to maintain effective communication skills with the beneficiary through online platforms than conventional face to face interviews, the following are some steps to help you deliver the service as efficiently as possible:

**When using an audio-only setup, consider:**

**1. The style, pace and tone of your speech:**

- a. Maintain a calm and clear voice.
- b. Smiling while talking conveys a much warmer and a friendlier voice.
- c. Slow down the pace of your speech (in direct interactions lip reading and nonverbal cues help a great deal in comprehending conversations. Talking at a slower rate will accommodate for this drawback).
- d. Be alert to intonations; **how** the words are being said conveys a lot about the meaning behind those words.
- e. Regularly ask whether you are being understood or you need to repeat your sentence.

**FUN TIP**

Record a sentence of your choice one time while you are smiling and another when you are not and see if you can make out the difference.

**TIP**

Intonation is the way the pitch of your voice as it goes up and down as you talk.  
*ex: The way your voice raises in pitch at the end of a question.*

2. Take turns in speaking and listening.
  - a. Ensure the person on the phone has finished speaking before you ask or state something else.
  - b. **A good time to talk would be in a natural pause in the conversation.**

### Q TROUBLESHOOTING

If speaking over each other occurs repeatedly during the session:

Pause the session.

Suggest to the beneficiary to agree on a certain “term” or “word” that both of you will use when finishing speaking to allow the other to speak. Suggestions for the terms can be:

“I’m done.”                      “Kindly go ahead.”

“I finished.”                    “Over to you.”

### 3. Use active listening skills in the session by:

- a. Avoiding interrupting the beneficiary while they are speaking.
- b. Keep distractions to a minimum; it is tempting to check other applications while using the phone or the computer, but it can display a lack of interest from the service provider.
- c. Using affirmative sounds such as “uhuh” or “mhmm” which conveys to the beneficiary that you are engaged with them during the session, especially while using the phone.

### 4. Use reflective listening skills in the session by:

- a. Reflective listening is the process of trying to understand what the speaker is trying to say, rephrasing the main idea or feeling back to the speaker to convey that what has been said is received and understood correctly by the service provider.
- b. Repeat – rephrase – summarize.

ex:

**Beneficiary:** “I hate this lockdown situation, when is all of this going to end?”

**Provider: Reflecting content** – “It sounds like you are saying that your concern includes some uncertainty to when the lockdown will end.”

**Reflecting feelings** – “It sounds like you’re frustrated / stressed out from the lockdown.”

**Reflecting content and feelings** – “It sounds like you’re stressed out from the lockdown because of the uncertainty on when these restrictions will end.”

### 👂 BENEFITS OF REFLECTIVE LISTENING

- Helps the beneficiary feel heard and understood.
- Makes it more comfortable to express one’s emotions and venting out stress.
- It may also help the speaker come up with their own solutions.

### When using reflective listening skills, avoid:

- Directing the speaker to feel or think in a certain way.
- Analyzing their answers.
 

ex: *This is coming out of your anger.*
- Exaggerating how the speaker may be feeling.
 

ex: *“sad” not “hopeless” / “depressed”*
- Judging or criticizing the speaker.
 

ex: *“It is inappropriate to feel this way.”*  
*“You should not have done this.”*  
*“It is your fault.”*

### 5. Consider accents and terminologies (language / dialect):

- a. Due to the rich diverse culture of Iraq, different accents and terminologies in language can be present.
- b. This should be assessed and accommodated from the first scheduling session.
- c. Staff should make it clear to the beneficiary that it is alright to be asked to repeat any unclear terms or unintelligible words if necessary for both parties.

### Q TROUBLESHOOTING

If any of the parties find it a little hard to follow throughout the session due to strong accents on each side, but the conversation is sufficient enough to maintain, you may suggest the following:

- Maintain a rate of speech that is slower than usual.
- Ask the beneficiary to clarify:

“Can you kindly repeat what you just mentioned?”

“May I ask what the word ... means?”

“I want to make sure I got this right, what did you mean when you said ...?”

“I am sorry but I did not quite understand what you just said, could you kindly repeat it for me?”

**Note: Inform the beneficiary that they can also ask the same in case they find your accent difficult to follow.**

If the accent or dialect barrier cannot be overcome, you may suggest referring the beneficiary to another staff member who can help with this issue.

## 6. When encountering periods of silence:

- a. As with face-to-face interviews, there can be periods of abrupt silence occurring in a phone session.
- b. Possible reasons may include feeling vulnerable, tearful, crying, anxious, sad, blocked, their privacy has been interrupted, or they did not understand what has been asked or said.
  - Note down when the silence occurs.
  - Reflect on the last thing that has been said whether by you or by the beneficiary.
  - Use reflective listening skills.
  - Allow some silence up to 30 seconds.
  - According to the situation at hand, you may break the silence in one of the following ways:
    - If you suspect privacy has been interrupted, ask a closed ended question like:
 

*“Would you prefer to continue this session some other time?”*

*“Is it suitable for you to continue speaking at the moment?”*

*“Is this a good time to talk?”*
    - If being put on loudspeaker is noted (you may find the beneficiary’s voice seem farther away than usual); also ask some closed ended questions that were listed previously.
    - If the silence occurs due the beneficiary feeling overwhelmed or dealing with strong emotions: refer to troubleshooting with communication issues.
    - If you think the silence occurred due to the beneficiary finding it hard to understand what is being said, repeat your question/statement in a simpler and clearer way.

## 7. Do not use scientific jargon or complicated terms.

- a. It is not uncommon for staff to use terms that could be inaccurate or can unintentionally be intimidating to beneficiaries.

### TIP

Terms like PTSD should be used only if the individual has received a diagnosis from a mental health specialist.

## To sum up:

Try to accommodate for the lack of nonverbal communication (eye contact, gestures, and facial expressions) through:

1. Focusing on the tone and the intonations of both you and the beneficiary’s voice.
2. Enhancing your listening skills by noticing the beneficiary/s:
  - a. Sudden change in the tone of voice.
  - b. Choice of words.
  - c. Periods of unexplained silence.
3. Using your active and reflective listening skills.
4. When speaking to a group, mention your name every time you speak to allow the participants to know the speaker.

## Video Setup (audio-visual)

When using a video setup, all of the skills required for an audio setting mentioned previously should be used, and in addition the following skills should also be applied:

### 1. Positioning and posture:

- a. Make sure what the camera is capturing before starting the video call (refer to Platform Setup on page 6).
- b. Sit in a relaxed position, you may use a pillow or cushion for extra back support.
- c. Avoid folding your hands while seated as much as possible. This may convey to the beneficiary that you are uninterested in the session.
- d. Position yourself at a distance (roughly half a meter) away from the camera so that it allows you to occasionally lean in towards the camera to show that you are engaged with the beneficiary during the session.

### TIP

Maintain correct posture of your back while sitting to avoid back pain and muscle spasms.

Move every once in a while in between sessions.

**2. Eye-contact:**

- a. Service providers are inclined to either look at the beneficiary or their own image on the screen; try as much as possible to look through the camera lens to maintain a sense of engagement with the beneficiary. **Put a mark (small sticker/ tape) near the camera lens to focus on during the session, which will help develop the habit.**
- b. You do not have to maintain eye-contact 100% of the time but maintaining it sufficiently can convey to the beneficiary that you are actively engaged with them.

**3. Body gestures:**

- a. Maintaining it sufficiently during the session, use gestures such as head-nodding, hand gestures and facial expressions.
- b. Avoid overusing hand gestures as it could be distracting to the beneficiary. Additionally, with a low-quality internet connection the synchronism between hand movement and speech could be lost.
- c. Using gestures allows those with hearing disabilities to understand more of the information you are sharing.

**4. Building trust and rapport:**

- a. As with in-person interviews, building trust may take some time.
- b. Maintaining the following may help.
  - Professionally attending to beneficiaries' inquiries, speculations, and expectations.
  - Transparency in your role as a service provider with clear contracting from the start.
  - Empathizing, adopting a nonjudgmental stance, active, and reflective listening skills.
  - Maintaining clear professional boundaries also help develop a mutual sense of security and respect.

**5. Keeping the beneficiary engaged during the session:**

- a. Maintain effective communication skills as mentioned before.
- b. Checking in on how the session is going/ any modifications/ if the voice is clear occasionally.
- c. Emphasize to the beneficiary that both of you are "experts" (use a local term that the beneficiary can identify with you signifying how you are both in power).
 

*"I am the expert on helping you to manage your stress effectively."*

*"You are the expert in your own life and experiences and on how certain problems affect your life."*

**6. End the session:**

- a. The duration of the session should be stated clearly during contracting with the beneficiary.
- b. At the beginning of every call, state to the beneficiary the time allocated for the session.
- c. 10 minutes before the end of the call, alert the beneficiary that the session will soon be coming to an end. This will help in:
  - Avoiding abruptly ending the call.
  - Give yourself time to end with a positive note with the beneficiary.
  - Reflect on and summarize the main points that came up during the session.
  - Give a reminder to any homework or assignments.
  - Buffer the effect of any strong emotions that might have come up during the session.

**7. Conclude the session by:**

- a. Checking in on how the session went and if any difficulties were faced.
 

*ex: "How did you find the session today? Did you face any difficulties?"*
- b. Asking them if they have any inquiries.
 

*ex: I asked you a lot of questions, do you have any questions for me?*
- c. Ending on a positive note and praising their effort and cooperation.
 

*ex: "You did well today."*

*"Thank you for your effort."*

*"Your skills of expressing your emotions are getting better."*

*"Your problem-solving skills are improving."*
- d. Reminding them of how to reach you remotely in between sessions.

**KEY CONCEPTS FOR BEING AN EFFECTIVE COMMUNICATOR:**

- Empathetic
- Respectful
- Nonjudgmental attitude
- Empowering
- Practical
- Professional

## 8. When encountering a special situation:

- a. If the beneficiary opens up about a topic that would require more time towards the end of the call, say something like:

*"I understand that it is important for you to talk about this subject, but unfortunately we are approaching the end of the session, I will note it down and we can discuss it in the time we have left or address it first thing in the coming session."*

### b. Effectively dealing with a distressed beneficiary displaying strong emotions (fear/anger/vulnerability/crying):

- It is important for you to remain calm.
  - Give them time to express their feelings. For example, you can say:

*"Take the time that you need."*

- Listen more than you speak.
- Communicate any concerns and validate their emotions.

*"That sounds like it was very challenging / upsetting / frightening (and so on) for you."*

*"It is hard having to deal with all of this frustration."*

*"You have been through a lot."*

*"I can hear how sad/frightening this was for you."*

*"The reactions you have described are very common."*

- Reflect on what has been said by the beneficiary (rephrase it back to them):

**Beneficiary:** *"I feel like everything is against me."*

**Counsellor:** *"It seems that some things are not going as you wish."*

- Offer choices to the beneficiary:

*"Would you like to talk more about how you feel or have a moment for yourself and call you back in 5 minutes?"*

(Note: unless the client has suicidal ideas it is recommended not to leave the client until establishing contact with the emergency contact person)

- Encourage the beneficiary to express their current emotions and thoughts:

*"I understand that what you shared or I said has evoked some strong emotions in you, would you like to share more on your thoughts about it?"*

- Praise the openness of the beneficiary:

*"Thank you for sharing this with me."*

*"Although it may have been hard to talk about that with me, I think it will be very helpful for your recovery."*

*"Your stress management skills are improving."*

- If the beneficiary does not wish to proceed, do not push them and inform them that you can talk about it some other time.

*"It is alright if you do not want to talk about it. We can leave this for another time."*

*"In the meantime, we can check on ... " (Other issues of interest)*

- As much as possible, do not end the session while the beneficiary is in the realm of strong emotions.
- End the call on a positive note (key strengths, positive regard for the beneficiary, praise for their effort and cooperation).

### TIP

If you feel that the beneficiary still requires specialized support; the following is suggested:

- Summarize briefly what happened:

*"It seems that there are some issues that are stressing you out for which you require professional help, it is better if you allow me connect you with a specialist."*

- Refer to specialized service after the situation deescalates.

## Do's and Don'ts for Effective Communication Skills



1. Use a calm and warm tone of voice.
2. Use short and clear sentences.
3. Listen more than you speak.
4. Balance the use of open ended versus closed ended questions (it is preferable to use open ended questions more).
5. Ask more on how the beneficiary feels about an incident rather than the details of the incident itself.
6. Focus on the beneficiary's areas of strength (coping skills, positive values, talents, etc.).
7. Be patient and tolerant with the beneficiary.
8. Use affirmative sounds such as "uhuh" "mmm" during the session.
9. Praise the beneficiary for their efforts.
10. Use nonverbal communication such head nodding and hand gestures.
11. End the call with a positive note.



1. Push the beneficiary to talk if they do not want to.
2. Give direct advice.
3. Give false hope or promises.
4. Use medical or technical terms.
5. Direct the conversation to yourself by sharing your personal experiences and opinions.
6. Speak over the beneficiary during the conversation.
7. Use judgmental statements.
8. End the call abruptly while the beneficiary is distressed.
9. Drink, eat, or do any irrelevant activity during the session.
10. Say "I know what you are going through".

## CULTURAL COMPETENCY

1. Familiarize yourself with the cultures of the population you are serving.
2. Ask your supervisor/ friend/ colleague/ acquaintances who you know might have some information on the cultural background of the population you are serving to better familiarize yourself.
3. Staff should assess the beneficiary's comfort level with using technology to receive a service, particularly in terms of if it is cultural acceptable.
 

*ex: "Are you comfortable with having the sessions remotely (through phone or any online platform)?"*

*"Have you used these means in the past? Was it successful? Any drawbacks?"*

*"Do you prefer using one means over the other?"*

*"Do you have any worries about the suggested way of communicating?"*
4. Knowing more about certain beliefs or traditions about a culture can help in delivering efficient psychosocial support.
 

*ex: In some cultures, it might be frowned upon for girls and women to use online video-calls.*

*Clearing out misconceptions that remote working modalities can work through audio-calls only through the phone can help resolve this issue.*

5. It could be empowering to individuals to encourage them to engage in traditions or rituals they are accustomed to.
 

*This keeps them connected to their identities, communities and gives them a sense of relief and stability.*
6. Due to certain cultural / societal restrictions, it might be preferable to set staff of the same gender of the beneficiary for convenience.
 

*A woman receiving support remotely by phone from a male counsellor might evoke negative emotions by male members in the house, since this is done at home.*
7. Although communicating with a beneficiary of any age should be as professional as possible, it is important to consider the language and the style of speech used when speaking to individuals of different age groups.
 

*For example, you may need to familiarize yourself with some of the teenage slang words or vocabulary, which would help better understand their self-expression.*

## ETHICAL CONSIDERATIONS



MHPSS staff shall be responsible for maintaining the highest levels of professionalism and respect ethical considerations while delivering support through remote working modalities as is required in in-person care.

### INFORMED CONSENT

**There are different types of informed consent:**

- 1. Written:** By asking the beneficiary to explicitly state that they agree to receive the psychosocial support remotely by sending a text message, chat services or e-mails.
- 2. Recorded voice message:** For beneficiaries who cannot read or write and for those who have any limiting physical disability.
- 3. Verbal informed consent:** Should be kept as a last resort in case the first two options are not readily available. This could be carried out through the phone temporarily until one of the other methods are available.

#### NOTE

It should not be assumed that beneficiaries would readily consent to using remote working modalities of receiving services.

#### Directions

- Staff should explicitly ask for the beneficiary's consent:  
*ex: "With the current restrictions of having direct face to face interviews, we will provide our services through audio only or audio/video services, do you agree to this?"*
- Include the right to withdraw from the process at any time.  
*ex: "You have the right to terminate the sessions at any given time, I might have to ask about the reasons behind it but will not force you to proceed."*

- Include having an emergency contact number to reach to in case connection is lost with the beneficiary in any way.  
*ex: "In certain situations, connection can be lost for any technical reason or emergency circumstance, in this situation I will have to contact the emergency contact person you provide to proceed with the session or reschedule if possible."*

- Consent should also include that recording the session in any form is not permitted to either party.  
*Suggestion: Some applications have the recording feature, recording is not permitted to either party under any circumstance according to the organization's working guidelines.*

*It should be noted that the recording feature will be visible to the other party, should that happen, recording will be kindly asked to stop, if not the call shall end immediately.*

- For beneficiaries below the age of 18, consent shall be obtained from their parent or primary caregiver.

#### TIP

For adolescents and children, it is recommended to have an introductory call with the parents for the staff to familiarize themselves and the remote working modalities.

This will help gain their trust and cooperation.

### Q TROUBLESHOOTING: REFUSAL OF RECEIVING SERVICES REMOTELY

- Inquire about the reasons of refusal. Possible reasons may include:
  - More comfort in receiving counselling face to face.
  - Belief that they cannot express themselves adequately.
  - Individuals with hearing / speech impairment.
  - Inability to hold the phone for long periods of time due to any physical difficulty.
  - Difficulty in having a private setting to make the call (more significant in camp settings).
- Clear out any misconceptions.
- Mention benefits of working remotely in the current situation (as mentioned earlier).
- However, if the client is resistant to receive services remotely, respect their wishes.
- This is equally important for girls and women who may –due to cultural reasons– prefer to have remote services through phone rather than videoconferencing modalities.

## PROFESSIONALISM

### Punctuality

1. Be present 10 minutes prior to the session's time to check that everything is working fine to avoid unnecessary delays.
2. Should an emergency situation occur where delay is unexpected, inform the beneficiary as soon as this becomes known to you through an agreed form of communication.
3. Try sticking to the duration of the session as much as possible. Should the session exceed the time limit, ask the beneficiary if that is suitable for them before proceeding.

### Clear boundaries should be established between the staff's personal and professional online presence

1. Beneficiaries should be informed that any "friendship requests" on social media platforms will be ignored due to therapeutic alliance and confidentiality considerations.

ex:

**Beneficiary:** *Can I add you on Facebook?*

**Staff:** *Unfortunately, to keep the relationship professional this will not be possible. However, if you have any inquiries in-between sessions:*

*"You can contact me through ... in the following times ..."*

or

*"You can note it down or keep it in mind and I will be happy to discuss them with you over our next session."*

2. Beneficiaries should also be informed that "calling or texting" outside working hours, scheduled sessions, or in-between the session contact agreement, is not acceptable.
3. In case they have not been formally informed of these boundaries, personnel will ignore any requests of this kind and explain the reasons behind refusal in the following interaction with the beneficiary.

## CONFIDENTIALITY AND PRIVACY

### Confidentiality

1. Establish the identity of the beneficiary you are speaking to before commencing the session.
2. As with conventional assessment, confidentiality of the conversation must be maintained and informed to the beneficiary.
3. Inform the beneficiary that information will be shared with your supervisor for providing the best care possible.

- Exceptions to breach of confidentiality: risk of harm to self or to others.

*ex: Anything said, shared or done during the session will remain confidential except in a situation where there is risk of harm to yourself or to others.*

**TIP**  
 Social media sites cannot guarantee any level of confidentiality or privacy and cannot fully remove material retrospectively.

### Physical Privacy

- Refer to Physical Setup on page 6.

### Electronic Privacy

#### Internet privacy issues

- Avoid connecting through unsecured or public Wi-Fi.
- Avoid clicking on links from unknown sources through any platform (it could be a hacking virus or spyware).
- Avoid using platforms with low security, without end to end encryption, or that could be intruded upon by third parties (ex: Facebook messenger). Help should be provided from IOM IT staff in case of any suspected breach.

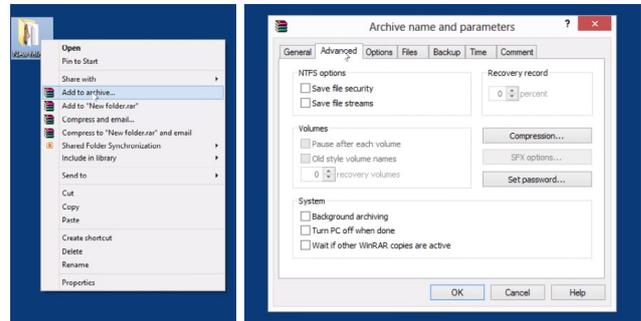
#### Technology

- Use your work computer (if provided with one). It should be password protected.
- In case of using a shared computer, it is recommended to set a password for the folder you save your work with beneficiaries in.

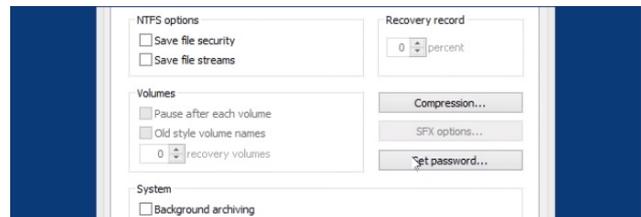
*ex: For Windows 8, the following link has steps describing how to set a password for your folder:*  
[https://www.youtube.com/watch?time\\_continue=74&v=HTCFQazUVro&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=74&v=HTCFQazUVro&feature=emb_logo)

### How to Set a Password for Your Folder

- Right click folder and select "Add to archive..."
- Click "Advanced" tab on top of dialogue



- Select "Set password..."



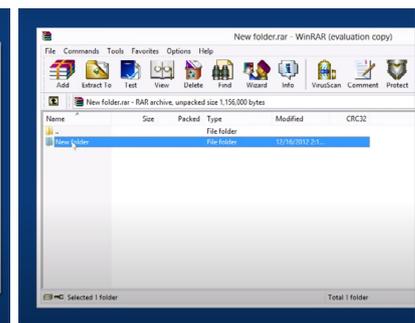
- Type the desired password



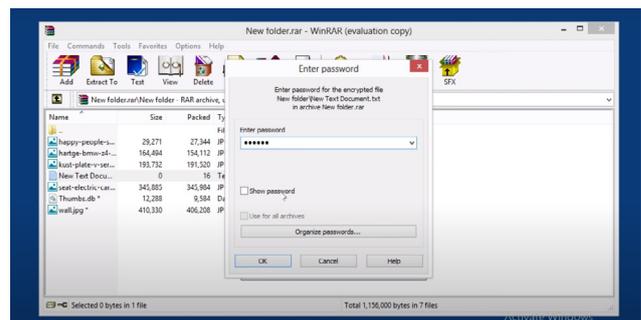
- Delete the folder



- Open the newly created ZIP file



- Enter password to display the files



## GETTING STARTED WITH THE BENEFICIARY

Similar to the importance of gaining beneficiary's trust right from the first session in in-person interviews, first sessions usually predict how the subsequent sessions will proceed.

### CONTRACTING AND SCHEDULING SESSIONS

1. Provide the beneficiary with your identification and obtain the identification of your beneficiary.
  - a. Introduce yourself to the beneficiary (Name, credentials).  
*"I am or my name is ... and I am working as a ... at the ..."*
  - b. Obtain the identity of the beneficiary if you are contacting them for the first time (name, age, personal ID number, location).
  - c. Confirm the identity of the beneficiary if you have previously contacted before beginning the session.

#### TIP

It is advisable to be familiar with local emergency services available in the area where people are receiving remote support in.

#### TROUBLESHOOTING: FAILURE TO CONFIRM BENEFICIARY'S IDENTITY

If the responder is suspected to be pretending to be someone else; inform them that you will not proceed with the session and end the call.

2. Obtain informed consent from the beneficiary to start using the services remotely (Refer to Informed Consent on page 14).
3. **Choosing the main modality of remote working:**
  - a. Audio only (phone) or audio-video (ex: Skype, Zoom, Facetime).

#### TIP

It would be helpful to send the beneficiary a short-recorded audio / video message to introduce providing services through remote.



- b. Ensure using at least two communication methods (ex. use a video call) to maintain multiple communication methods for those with hearing or vision disabilities.
  - c. Due to either weak internet conditions in most governorates or community preferences, it is understandable that the staff or beneficiary may opt for audio rather than video calls. Consider asking:
 

*“Services can be provided through phone or video calls, which of them would you prefer?”*
4. Check if the beneficiary's main presenting problem is within the staff's expertise or if the beneficiary requires a referral to another specific specialized support from the start.

#### NOTE: STARTING A FOLLOW-UP SESSION

- Greet the person.
- Confirm the identity of the beneficiary.
- Check if it is a suitable time / safe to talk.
- Re-cap on the previous session.
- Follow-up on assignments.
- Proceed with the session.

#### 5. Scheduling appointments:

- a. Appointments can be scheduled through either calling or sending a text message to the beneficiary.
  - b. A phone call is recommended to include beneficiaries who have difficulty in reading or writing for any reason.
  - c. When scheduling an appointment, ask whether any of the participants requires assistance before or during the session.
  - d. Arrange with the beneficiary the day and time suitable for the sessions.
 

*ex: Greet the person.  
Introduce yourself (I am ..., I work as a ... at ...)  
Explain the reason for your call (I am calling to set ...)*
6. The frequency of a beneficiary's sessions should be scheduled as it would have been in a conventional setting.
- ex: The sessions will occur on every Sunday from 12-1 for six weeks.*

#### TIP

If possible, keep spare working hours in the week for flexibility in rescheduling sessions that are missed for any reason.

7. Inform the beneficiary with the proceedings in case they are late for the session or miss it without giving prior notice.

*ex: I am kindly informing you that if you are late for the session, the lost time of the session cannot be compensated for due to the presence of other appointments.*

*Missing out on sessions for two consecutive times will lead to termination of the sessions.*

#### TIP

Action plan for being late / missing out on sessions should be in line with the working guidelines of the organization.

#### 8. In between sessions communication:

- a. The time and date of the following session should be clearly mentioned at the end of the call.
- b. In case an emergency situation occurs in between sessions, suggest to the beneficiary to reach out to a local center that provides emergency services or through calling an emergency number.

*Suggested: In case you face an emergency situation in between sessions, you may reach out to your local emergency center or you can call the following emergency numbers for assistance.*

#### TIP

You can offer to send a reminder text or make a short phone call a day before the session to remind the beneficiary of the upcoming session.

- c. Alternative plan for continuing the session in case of technical problems with the main means of communication. This should also be agreed upon from the scheduling session to save time and facilitate intervention in subsequent sessions.

#### • Staff communication alternative:

Inform the beneficiary with your own alternative means of communication in case of technical failures with the main communication modality agreed upon. this could include:

- An extra telephone (mobile or landline).
- An alternative computer or tablet.

• **Beneficiary communication alternative:**

- If the main modality is through phone call:
  - › Obtain other personal phone numbers that the beneficiary owns.
  - › If not, obtain an emergency contact person details, including their name, relationship to the beneficiary (trusted contact who can be either a family member or a neighbor), phone number, location (accessible to the beneficiary).
  - › Advise the beneficiary to obtain verbal agreement with that person to be able to use their phone in case of technical issues with the main means of communication.
- If the main modality is through a video call (ex. Skype or Zoom):
  - › Suggest switching to a phone call temporarily until the technical issue is resolved.
  - › If that fails, turn to the emergency contact person as mentioned previously.

- Inform the beneficiary that you will be the one to try to re-establish the connection (to avoid both of you calling at the same time).
- A maximum of 10 minutes will be allocated to solve the problem.
- If unsuccessful, turn to the secondary means of communication (as agreed upon).
- If unavailable, contact the emergency contact person (as agreed upon).
- Suggest a fixed rescheduled session in case of complete disruption without being able to reschedule another appointment.

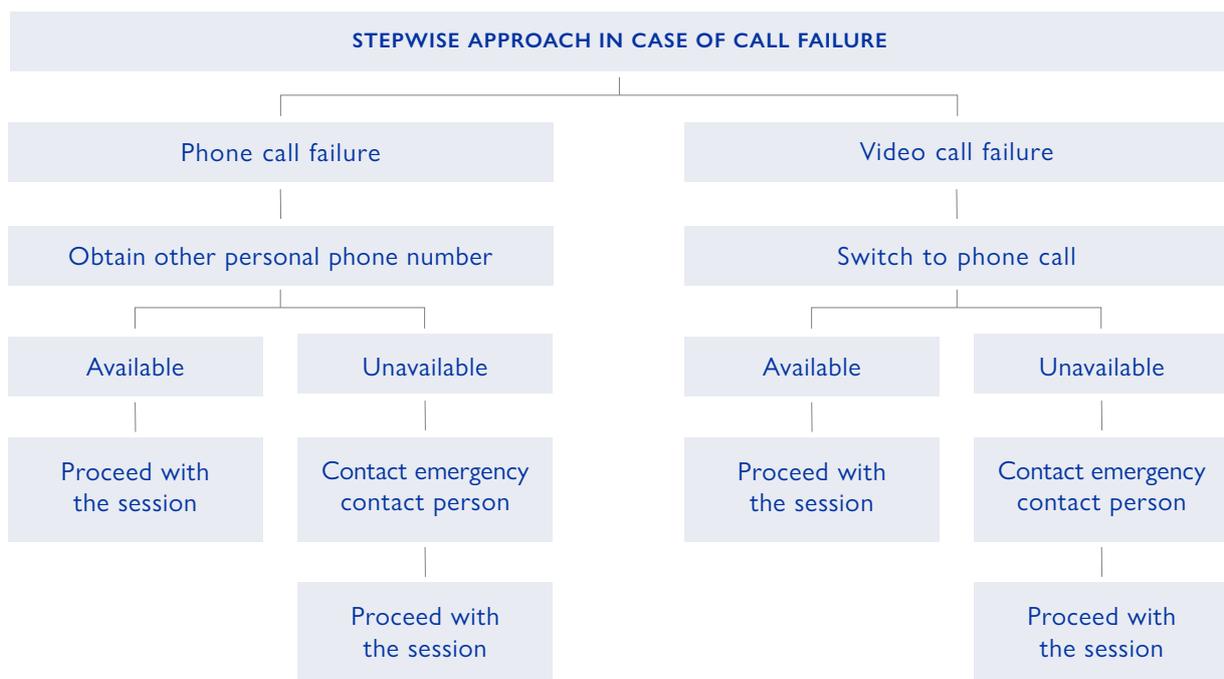
*ex: "The session will be scheduled at the same time the next day." (But you may also give a reminder call before the session).*

• **Technical failure of the session on either the service provider or the beneficiary side:**

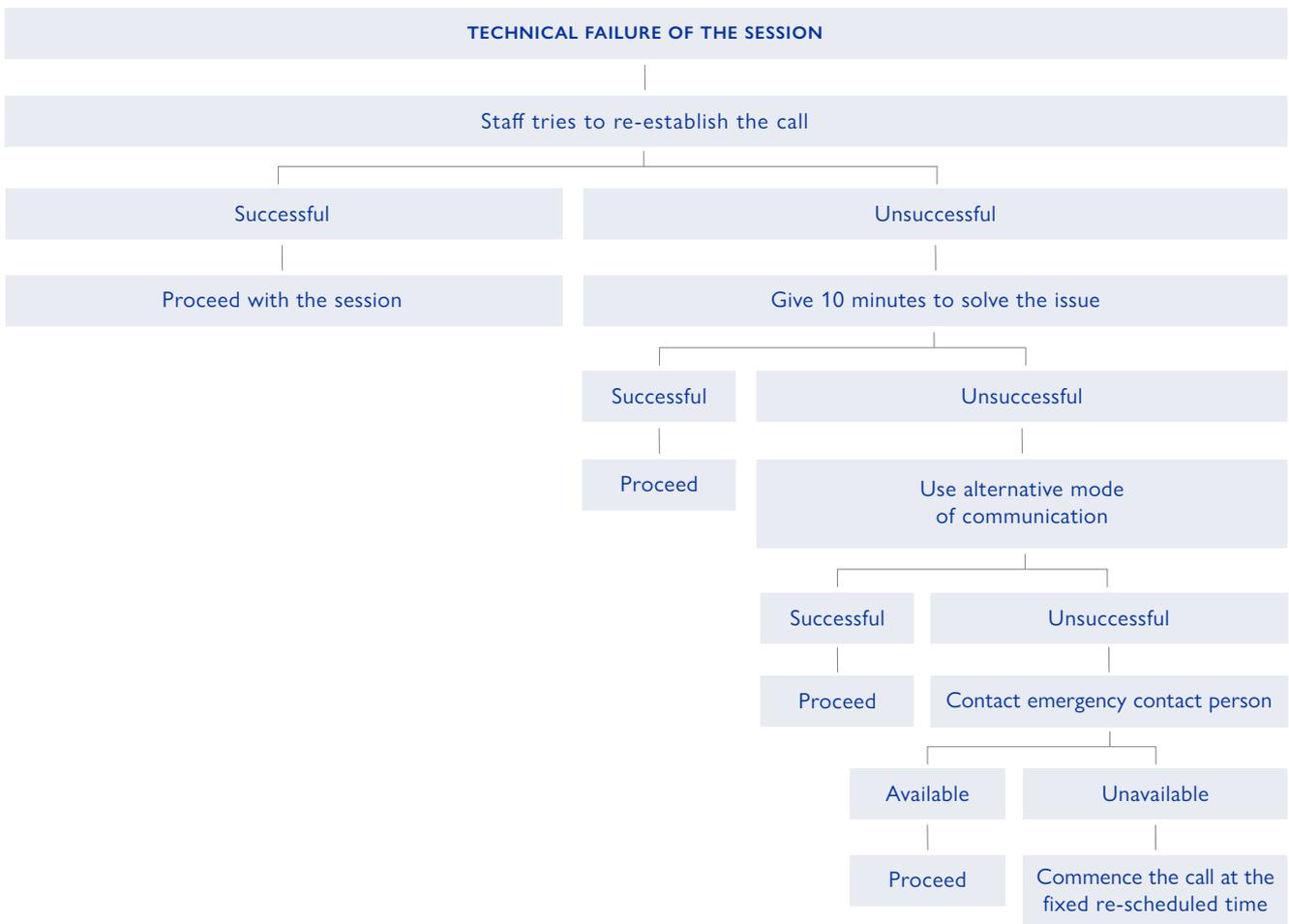
Inform the beneficiary with the proposed plan of intervention in case of a technical failure as follows:

**TIP**  
 Emergency contact person details will also be used in case of a crisis or an emergency occurring with the beneficiary.

Flowchart 1



Flowchart 2



## PREPARING THE BENEFICIARY: PHYSICAL AND TECHNICAL SETUP

In order to be time effective in the sessions, it is necessary to thoroughly prepare the technical setup as much as possible from the beginning.

### Privacy Setup

Refer to *Physical Setup* on page 6.

**TIP**

Ensuring physical privacy at the beneficiary's end in a camp environment could be challenging, along with the added burden of the lockdown due to the COVID-19 pandemic.

Some camp sites have an MHPSS center where beneficiaries can proceed with the session remotely from (this is particularly effective regarding the privacy and technological setup).

### Suggested recommendations:

1. Guide the beneficiary to choose a time of the day where a minimal number of family members are around.
2. If the beneficiary has children around, suggest that a trusted contact; a family member or a neighbor take care of the children temporarily throughout the session duration.
3. After the standard introductory questions, a closed ended question may be helpful at the beginning of the session to identify if the beneficiary is ready to make the call now and if they are in a private setting (even if the session is taking place with the agreed time slot):

*ex: "I know that everyone is at lockdown now, so you might have others around at the moment, so I wanted to confirm again that it is a good time to call and you can speak freely. Is that the case for your now?"*

If the person is not ready for the call now: a closed question could be asked:

*"Do you prefer me to call later?"*

4. For situations where you feel the person is unable to talk freely or not very openly (for example if they display a change of tone, change to shorter or broken sentences, change the subject or give irrelevant answers, you can check if the setting has become unfavorable (someone has joined them or they've put on the loud speaker) by using a closed ended question stated above.

## Use of Equipment

Some beneficiaries may need guidance on using technology prior to their appointment especially if the modality of choice will be through video calls platforms such as Skype or Zoom.

1. Ask the beneficiary for the information they have regarding the preferred platform and if they have prior experience with it.
2. Obtain information regarding internet connectivity and if it is stable enough to hold good quality video calls, if that is the preferred method.
3. Consider suggesting having additional help from another family member, neighbor or acquaintance if assistance is needed.
4. Perform a test call to familiarize the beneficiary with navigating the chosen platform and to resolve any connection or technical issues. In the test call:
  - a. Explain to beneficiary whether it is a link they will receive, or a personal account is required to use the service.
  - b. Explain the process in clear simple steps.
  - c. Repeat as required and have the beneficiary try it out at least once on their own.
  - d. In locations where IOM has a centre and the area is not affected internally by lockdown, arrangements are encouraged to make a private room with internet connection to connect the person(s) with the service provider remotely.
  - e. Reassure beneficiaries that it is okay to feel that are receiving services remotely. Reassure them that can seem unusual at first and that sometimes technical difficulties may arise in the process.

*"It is understandable that this could be new to you, it might also seem a little strange at first. But as we proceed with the appointments, you may develop familiarity and become more comfortable with the process."*

## Troubleshooting Technical Issues

### Internet Connectivity Issues

Foremost, remind the beneficiary with the backup plan agreed upon at the beginning of each session. Sometimes, internet connection issues do arise, such as:

1. Repeated disconnection of the session.
2. Time lag between what is being said and the video image (loss of lip-voice synchronization).
3. Frozen image on the screen.
4. Pixilation of the video image.

All of the above can be due to slow internet connection. This can be solved by doing the following by both the service provider and the beneficiary:

1. Closing any other programs that are using the internet in the background (internet tabs, WhatsApp, Facebook messenger, etc.).
2. Disabling the Wi-Fi connection in other technology that is not in use.
3. Switch to a different connection (USB internet or mobile data if it is available).
4. Slow the pace of the conversation to avoid talking over each other.
5. If none of those solve the issue, switch to the backup plan.

### TIP

First step to deal with technical issues is to build an appropriate backup plan as mentioned earlier.

### Technology Issues

1. Phone battery dies.
  - a. Make sure the phone is charged at the beginning of the call with both the service provider and the beneficiary.
  - b. Call the emergency contact number to proceed with the session.
2. Phone repeatedly disconnects.
  - a. Call back, repeat up to three times, wait for three minutes between each attempt.
  - b. If failed, try again after an hour (if appropriate for the service provider).
  - c. If failed, switch to the previously proposed backup plan.

**TIP**

In case a call disconnects, it should be agreed in the backup plan that you will be the one trying to call back.

**TIP**

For technical issues during video calls, call the beneficiary over the phone and try navigating the issue together.

3. Beneficiary cannot hear you or vice versa.
  - a. Ensure that the sound of the device being used is not too low and that the volume is turned up.
  - b. Make sure that neither you nor the beneficiary are put on mute.
  - c. If this does not resolve the issue, proceed with the session using the backup plan.

4. Beneficiary cannot see you or vice versa.
  - a. Ensure that neither you nor the beneficiary have disabled the camera.
  - b. Ensure that the camera lens is not covered.
  - c. If using a phone/tablet, check that you are using the right camera (selfie/rear).
  - d. If this does not resolve the issue, proceed with the session using the backup plan.

## ENGAGEMENT WITH PRIMARY CAREGIVERS

In specific circumstances, beneficiaries may choose to engage a caregiver to support them when receiving remote support. With the help and consent of the beneficiary:

1. Identify primary caregiver of the beneficiary, their name, age, relationship to the beneficiary, and contact details.
2. Preferable to have a call with the primary caregiver early on to:
  - a. Know more about the beneficiary's condition and accommodate the sessions accordingly.

- b. Decide whether they are required to be in every session or not.
- c. If yes, schedule sessions suitable for both the beneficiary and the primary caregiver.
- d. Decide together the backup plan and troubleshoot technical problems.

## REDUCING BARRIERS EXPERIENCED BY PEOPLE WITH DISABILITIES

It is important to ensure that people with disabilities can access remote support in line with their wishes and preferences. The following suggestions list a number of ways to address barriers that people with disabilities may experience in accessing remote MHPSS support. In all cases, ask the individual with a disability what type of remote communication is best for them. Where possible, ideally the individual with a disability will be able to access the remote service independently. In some cases, the individual with a disability may suggest that someone they trust such as a family member, caregiver or a friend supports them to receive the service. If this occurs, prior to the session starting, run through principles of confidentiality and explain that the support person is only there to assist with communication – not to add their own opinions / experiences.

### If the person has difficulty hearing

1. Ask the person what type of communication is best for them. Examples include video call with speaking, video call using drawing and gestures to communicate, text messages, having a trusted person attend the call to assist them to communicate.
2. If the person is hard of hearing and would benefit from the best quality sound possible:
  - a. Make sure the beneficiary has the phone volume turned up to the degree that enables them to hear the person on the other end as clear as possible.
  - b. Suggest using earphones to avoid external noise if there is no physical cause that would make that impractical.
  - c. Suggest switching to loudspeaker if that will provide a higher volume of the call if there are no headphones available.

3. Have a pen and paper ready to draw images which may help their understanding of idea / concept.

#### If the person has difficulty seeing

1. Ask the person what type of communication is best for them. Examples include video call where the MHPSS worker can see the person or audio call only.
2. If the person has low vision and would like to use a video call adapt the screen settings to the person's needs and preference (e.g.: brightness of the screen, size of the applications windows, etc.)

#### If the person is unable to operate communication device

1. Ask the person how the call can be set up to support them. Examples include asking for trusted person to set up call then they leave the room.
2. If the person cannot hold the phone to the ear for long periods: try to limit the calls duration, suggest using loudspeaker in a private space or if possible, check the possibility of using headphones or earpieces.

#### If a person has difficulty understanding or concentrating

1. Ask the person what type of communication is best for them. For example, video calls or audio.
2. Use clear language, simple words and avoid long sentences.
3. Have pen and paper ready to draw images which may help their understanding of idea / concept.

#### If a person has difficulty speaking

1. Ask the person what type of communication is best for them. For example, video calls or audio.
2. Be patient and do not interrupt the person.
3. Give more time for the person to express themselves.
4. Look for and suggest the use of gestures such as head nodding, facial expressions.

#### If the person does not have access to communication advice and/or phone credit/data

1. Explore options of providing assistance to facilitate the process with your supervisor.
2. Explore referral options within the referral network where they could receive such support.

## REFERRALS

Sometimes, there may be situations when a beneficiary requires more advanced support. Referral pathways should be followed according to IOM's guidelines.

#### 1. It is advisable to refer beneficiaries when:

- a. The presenting issue is beyond your expertise or level of training.
- b. There are self-harming behaviors present in the beneficiary.
- c. Suicidal ideas, plans or attempts are disclosed.
- d. There is risk of harming others presented by the beneficiary.
- e. You have tried everything you could do with the beneficiary with no improvement.

#### 2. Recommendations on referral skills:

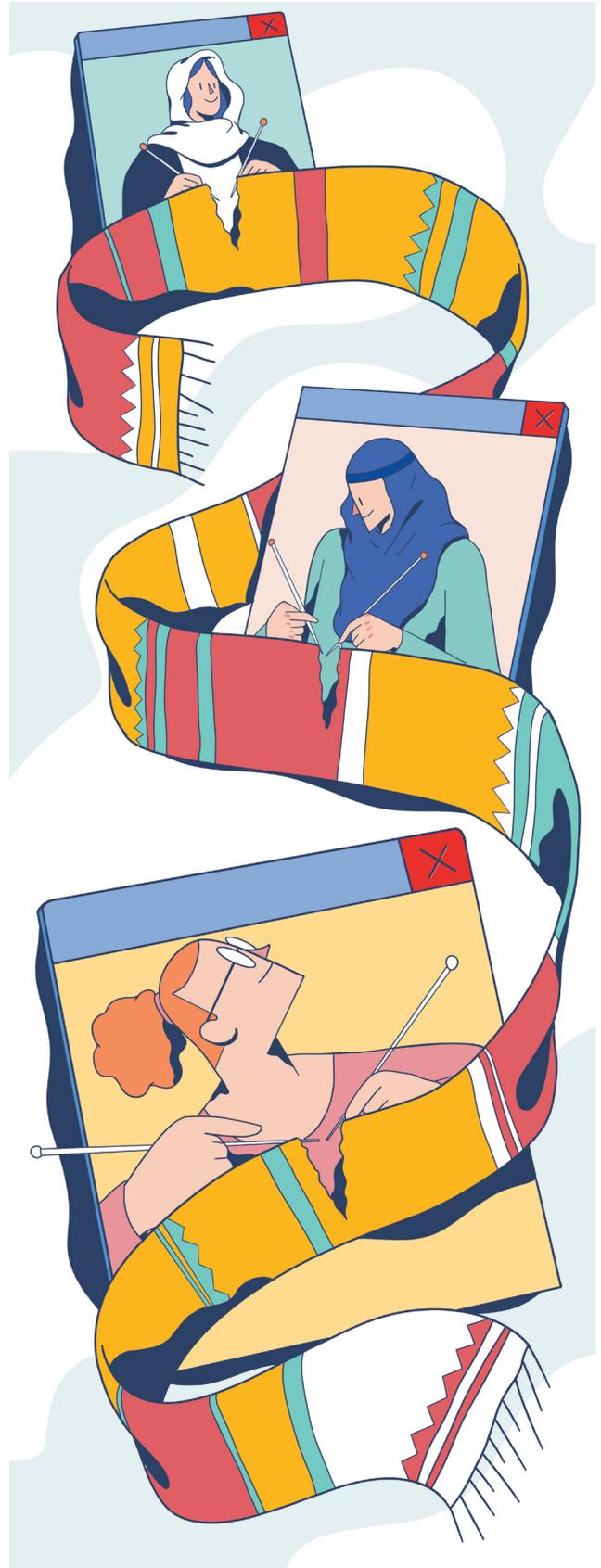
- a. Use your communication skills in de-escalating the situation.
- b. Inform the beneficiary that receiving specialized help is of their best interest.
- c. Even in cases where consent is not required such as risk of harm to self or others, you must inform the beneficiary of your intentions.
- d. Mention the pathway of referral you recommend.
- e. Establish contact with the emergency contact person to inform them with the proposed referral pathway.

## WORKING ONLINE WITH GROUPS

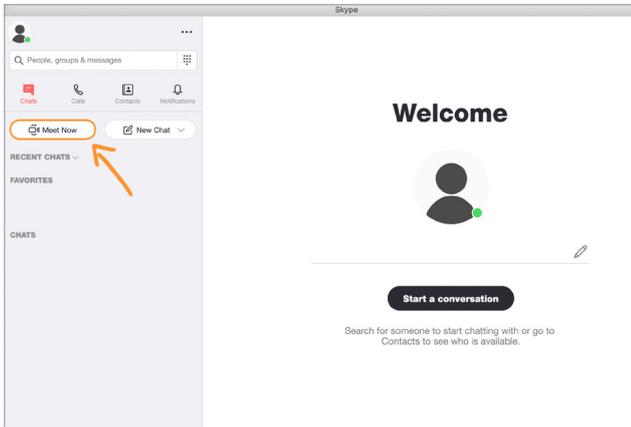
There are a number of MHPSS services provided in a group format. They could be quite diverse from awareness raising sessions to sessions on learning a new skill.

### Preparing for the Group Session

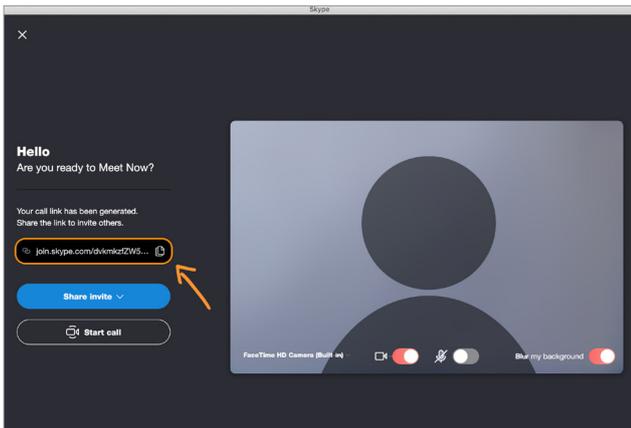
1. Decide the composition of the group (age, gender, literacy level, skills level, interests).
2. Maintain similarities of the group in terms of age, gender, skills levels, and interests as much as possible.
3. Compile material to be delivered to the group.
4. Deliver the material through:
  - a. Videoconferencing where the staff delivers the material real-time to beneficiaries.
  - b. Pre-recorded videos of information/ skills to be sent to the group prior to the group session or during the session through the share-screen option.
  - c. Sending links of available online material.
5. Prepare participants (physical and platform setup) pre-session:
  - a. Contact the beneficiary individually before recruitment to the group.
  - b. Have an idea about their skills using technology.
  - c. Refer to the section “on getting the beneficiary started”.
6. Choose your platform.
  - a. **Skype**
    - Install Skype.
    - Establish an account on Skype.
    - Launch the program.



- Below are illustrations on how to start a meeting.
  - Sign into your account.
  - Click on “Meet Now” as indicated by the arrow.



- Copy the link in the box indicated by the arrow.



- Share the link with participants through agreed upon means (ex: text message or Whatsapp).
- Send a reminder on the day and time of the meeting, that is when the beneficiary will click on the link to join the meeting.
- Share with the group any material required for the session (ex: paper, pencils, needles, thread).
- Participants **do not need to have a Skype account** (they can sign in as guest), but they do need the Skype application to be installed on the device they are using (phone / tablet / computer).

**b. Zoom**

- Install Zoom.
- Establish an account on Zoom.

- Sign into your zoom account.
- Click on “Schedule meeting”
- Set the date and time of your meeting.
- You have a link now for your meeting.
- As for Skype, participants do not need to have a Zoom account to join a meeting, but they need to have the application installed on their device.
  - Proceed as stated previously.

**TIP**

If you have not started a group meeting on Skype or Zoom before, have a test call with a group of family members or colleagues to familiarize yourself with the application.

**★ SPECIFIC FEATURES IN ZOOM**

- As a host, you can mute all participants or disable all videos.
- Raise hand option should be introduced to participants to facilitate turn taking in the session.
- Chat option should be kept to a minimum to avoid distraction.
- Use the share screen option/ share content to share with the participants session material.

**Guidance on Operating an Online Group Session**

1. Start the call five minutes earlier to prevent delay and to prepare.
2. Wait for all group members to join on time.
3. Introduce yourself, the organization, and the objectives of the group.
4. Inform the group with the estimated duration of the session.

**TIP**

It is recommended to have a short test call with the group prior to starting- especially if participants are new to the application.

- To familiarize participants with the modality.
- To agree on group rules.
- To give an overview of the session.
- To answer any inquiries participants may have.

5. Inform participants about the group rules which include:
  - a. Being punctual.
  - b. Listening to each other.
  - c. Respecting each other.
  - d. Respecting taking turns speaking and listening.
  - e. Keeping whatever is shared in the group confidential.
  - f. Follow through on assignments.
6. Ask participants to introduce themselves (you may call out on them alphabetically or ask them to use the raise hand option in Zoom).

 **TIP**

- At first, you may find beneficiaries hesitant to participate before getting to know each other.
- It may usually take a session or two for beneficiaries to gain confidence in participating without being asked to.

7. Proceed with the session.
8. Engaging participants in group work:
  - a. For any given activity requiring the participation of beneficiaries, call out first for volunteers, wait for 15 seconds, if no one volunteers you may want to encourage them to participate by calling out on their names (alphabetically or randomly).
  - b. Throw in some ice breaking activities halfway through the session (ex: find differences between two pictures, a small crossword puzzle, etc.).

 **TIP**

Connecting from a smart phone is not recommended as you cannot see all the group members on the screen. It is preferable to use a tablet or laptop.

9. Five minutes before the end of the call, remind participants that the session is shortly coming to end.
10. Summarize the main skills/information delivered during the session.
11. Remind participants of any assignments requested during the session.
12. Inform them on how to reach to you in between sessions for any inquiries.

 **TIP**

The following are some examples for icebreaker activities that can be introduced during the group session to keep beneficiaries engaged and make the session more fun.

- **Get moving.**
  - Ask participants to move their head in all directions, up, down, right, and left.
  - Move their arms up, down, sideways.
  - Move their legs up, down, sideways.
- **Look around.**
  - Ask participants to look around for things in the place they are at.
  - Give three seconds.
  - After three seconds, call out “STOP”.
  - Ask participants to share what they found:
 

*ex: Three things with the color green, two things having a round shape, five nonliving things, four edible things.*

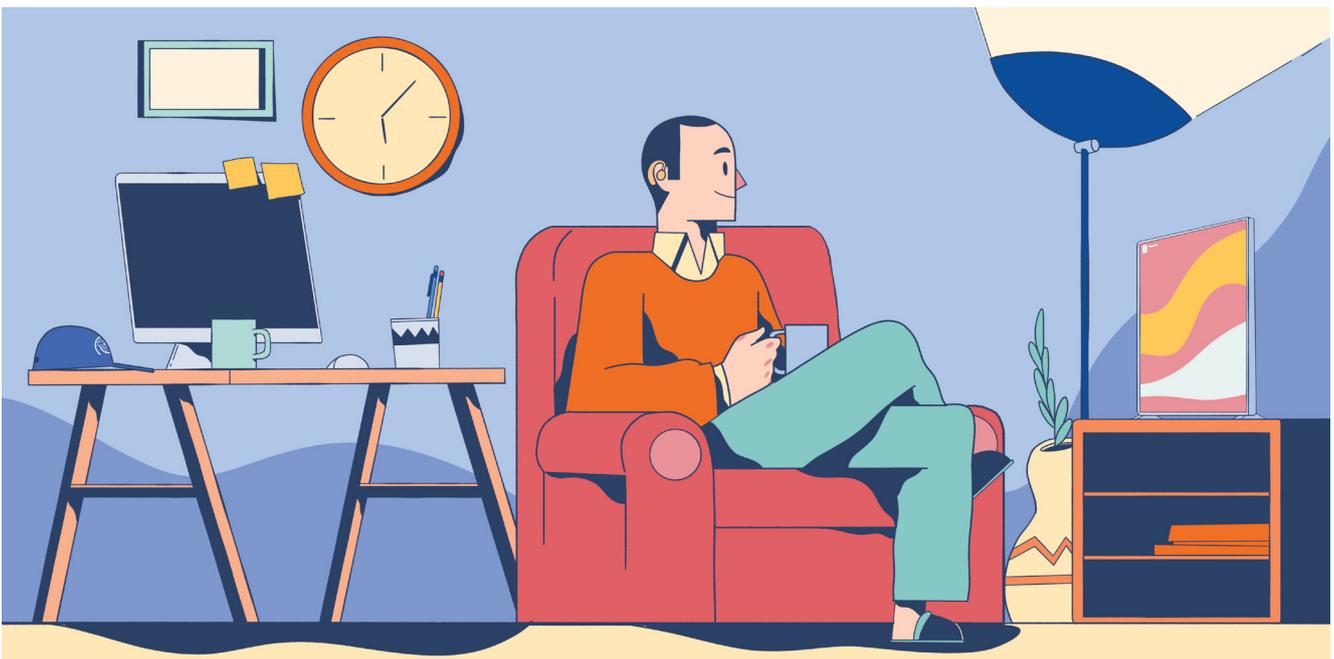
 **TROUBLESHOOTING**

- If a beneficiary passes judgmental / aggressive comments during the group session:
  - Draw the attention of the speaker.
  - Give a gentle reminder of the group rules.
  - Ask the beneficiary to avoid using such statements / words in the future.
  - Inform the group that failure to conform to group rules might lead to the exclusion of the participant from the group.
 

***“I am kindly reminding you that it is unacceptable to use such comments or statements. Using such statements could lead to your exclusion from the group session.”***
- If group participants speak over each other during the session:
  - Pause the session for a moment.
  - Remind participants with the group rule of respecting turn-taking.
  - **Zoom:** Introduce / remind the participants to use the “raise hand” option to take their turn to speak.
  - **Skype:** Call out on beneficiaries alphabetically when engaged in an activity that requires their active participation.

## SELF-CARE WHILE WORKING ON REMOTE MHPSS ACTIVITIES FROM HOME

1. Stick to working hours: Try setting your daily schedule beforehand and keep work limited to the conventional working hours.
2. When working, put on your professional attire. Changing into the more comfortable home-wear can help give the sense that working hours are over and quality time for the self or the family has started.
3. Management supervision is crucial in feeling supported and to help with difficult cases that you may encounter. Keeping in touch with work colleagues can also be very helpful and supportive.
4. Do things that you enjoy doing like reading, cooking, or watching a movie. You can even try learning new skills that you previously did not have the time for.
5. Spend quality time with the family or friends:
  - a. Play a game together, such as board games, chess, backgammon, etc.  
Note: there are many games that could be played using only paper and pen.
  - b. Watch a movie or a TV series suitable for all ages.
  - c. Have a warm gathering sharing happy or funny memories, childhood or family pictures, you can even share stories from the past or set future plans to do after the movement restrictions are lifted.
6. Stay connected to family and friends through the phone or online platforms.
  - a. Group chat and conversations help cope with the sense of isolation.
7. Avoid being overloaded with information from different sources about the pandemic and its repercussions. Seek out reliable sources of information and for a limited time of the day.
8. Maintain a healthy lifestyle:
  - a. Eating healthy food and drinking enough water.
  - b. Getting sufficient hours of sleep.
  - c. Daily physical activity even if it is a short 15-minute walk around the block keeping in mind the precautionary methods such as physical distancing and hand hygiene.
9. It is important to take care of your psychological wellbeing in times of stress. Reach out for help whenever you feel stressed out or overwhelmed.
10. Refer to IOM guidelines produced at the mission level or regional level for more detailed information on maintaining your wellbeing while working from home.



## REFERENCES

1. APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>
2. Attending a consultation with your patient using telehealth [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0011/573266/ACI\\_Atending-a-consultation-using-telehealth-clinicians-0224b.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0011/573266/ACI_Atending-a-consultation-using-telehealth-clinicians-0224b.pdf)
3. Attending your appointment using telehealth [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0004/573268/ACI\\_Having-a-telehealth-appointment-patient-fact-sheet-393.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0004/573268/ACI_Having-a-telehealth-appointment-patient-fact-sheet-393.pdf)
4. Chambers D and Murphy F, 2015. Technology, Mental Health and Suicide Prevention in Ireland – a Good Practice Guide. ReachOut Ireland.)
5. Child-Helpline-International-and-UNHCR-Training-Module <https://www.childhelplineinternational.org/child-helplines/tools/supporting-responding-forcibly-displaced-children>
6. Cukor, P. and Baer, L. (1994) 'Human factors and issues in telemedicine: a practical guide with particular attention to psychiatry', *Telemedicine Today*, 2(2): 9–18.
7. Effective therapy via video; Top tips <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Effective%20therapy%20via%20video%20-%20top%20tips.pdf>
8. Fussell, S.R. and Benimoff, I. (1995) 'Social and cognitive processes in interpersonal communication: implications for advanced telecommunications technologies', *HumanFactors*, 37: 228–50.
9. Good Practice in Action 047 Fact Sheet: Working Online in the Counselling Professions is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB.
10. Goss, S., & Anthony, K. (2003). *Technology in counselling and psychotherapy: A practitioner's guide*. Macmillan International Higher Education.
11. Goss, S., Anthony, K., Jamieson, A., & Palmer, S. (2001). *Guidelines for online counselling and psychotherapy*. Rugby: BACP Publishing.
12. Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., ... & Ford, T. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*.
13. IASC reference group, 2011; Sierra Leone Ministry of Social Welfare, Gender and Children's Affairs, 2015).
14. information-guide-for-community-pss-workers-sierra-leone <https://www.trocaire.org/sites/default/files/resources/policy/information-guide-for-community-pss-workers-sierra-leone.pdf>
15. IOM (2019), *Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement*.
16. IOM, Geneva.
17. Key points about telehealth <https://www.aci.health.nsw.gov.au/make-it-happen/telehealth>
18. Kirkwood, K. (1998) 'The validity of cognitive assessments via telecommunications links', PhD Thesis, University of Edinburgh.
19. McEwen, F. S., Bosqui, T., Chehade, N., Saad, S., Rahman, D. A., Skavenski, S., ... & Pluess, M. (2020). *Delivering Psychological Treatment to Children via Phone: A Set of Guiding Principles Based on Recent Research with Syrian Refugee Children*.
20. *Mental Health and Psychosocial Support for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus* [https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020\\_ENG-1.pdf](https://pscentre.org/wp-content/uploads/2020/02/MHPSS-in-nCoV-2020_ENG-1.pdf)
21. Online tools [https://kayaconnect.org/pluginfile.php/212373/mod\\_resource/content/5/tools.pdf](https://kayaconnect.org/pluginfile.php/212373/mod_resource/content/5/tools.pdf)
22. PIPSIG Guidelines for the use of telepsychiatry <https://www.rcpsych.ac.uk/docs/default-source/members/sigs/private-and-independent-practice-pipsig/pipsig-telepsychiatry-guidelines-revised-mar16.pdf>
23. PSI Guidelines on use of Online Therapy. <https://www.psychologicalsociety.ie/source/PSI%20Guidelines%20on%20use%20of%20Online%20Therapy.pdf>

24. RANZCP-Professional-Practice-Standards-and-Guides-for-Telepsychiatry-v11 <https://www.ranzcp.org/files/resources/practice-resources/ranzcp-professional-practice-standards-and-guides.aspx>
25. RANZCP-telepsychiatry-Technical-specifications <https://www.ranzcp.org/files/resources/practice-resources/ranzcp-telepsychiatry-technical-specifications.aspx>
26. Recupero, P., & Fisher, C. (2019). Resource document on telepsychiatry and related technologies in clinical psychiatry.
27. Richmond, J. S., Berlin, J. S., Fishkind, A. B., Holloman Jr, G. H., Zeller, S. L., Wilson, M. P., ... & Ng, A. T. (2012). Verbal de-escalation of the agitated patient: consensus statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1), 17.
28. Rolnick, A., & Weinberg, H. (Eds.). (2020). *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Groups, Families, and Organizations*. Routledge.
29. Rosenfield, M. (1997) *Counselling by Telephone*. Sage, London.
30. Rosenfield, M. and Smillie, E. (1998) 'Group Counselling by Telephone', *British Journal of Guidance and Counselling*, 26 (1): 11-19.
31. Seabrook, E., Little, G., Foley, F., Nedeljkovic, M., & Thomas, N. (2020). *A Practical Guide to Video Mental Health Consultation*. Melbourne, Australia: Swinburne University of Technology. <http://videomentalhealth.org>
32. Simpson, S., Deans, G. and Brebner, E. (2001) 'The delivery of a tele-psychology service to Shetland', *Clinical Psychology and Psychotherapy*, 8: 130-35.
33. Telehealth etiquette for clinicians [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0009/574596/ACI-Telehealth-etiquette-for-clinicians.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0009/574596/ACI-Telehealth-etiquette-for-clinicians.pdf)
34. Telehealth in practice [https://www.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0008/509480/ACI\\_0261\\_Telehealth\\_guidelines.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0008/509480/ACI_0261_Telehealth_guidelines.pdf)
35. Rolnick, A., & Weinberg, H. (Eds.). (2020). *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Groups, Families, and Organizations*. Routledge.
36. Turvey, C., Coleman, M., Dennison, O., Drude, K., Goldenson, M., Hirsch, P., ... & Malik, T. S. (2013). ATA practice guidelines for video-based online mental health services. *Telemedicine and e-Health*, 19(9), 722-730.
37. Remote Psychological First Aid during the COVID-19 outbreak <https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-PS-Centre-Remote-Psychological-First-Aid-during-a-COVID-19-outbreak-Interim-guidance.pdf>
38. World Health Organization. *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. (Generic field-trial version 1.1)*. Geneva, WHO, 2018.
39. *iom\_china\_tips\_on\_coping\_with\_covid-19* [https://www.iom.int/sites/default/files/staff-welfare/iom\\_china\\_tips\\_on\\_coping\\_with\\_covid-19.pdf](https://www.iom.int/sites/default/files/staff-welfare/iom_china_tips_on_coping_with_covid-19.pdf)

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