

## **Social Promotion Foundation**

### **REBAHS – Reducing Economic Barriers to Accessing Health Services in Lebanon, “The MADAD Fund”**

**Beirut, Lebanon**

**Training Report**

**Training of Trainers on Emotional Crisis Management**

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**Date: February, 2020**

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## Table of Acronyms

CP: Child Protection

ECM: Emotional Crisis Management

FPS: Fundación Promoción Social (Social Promotion Foundation)

GBV: Gender-Based Violence

MHPSS: Mental Health and Psychosocial Support

MT: Master Trainer

M&E: Monitoring and Evaluation

NGO: Non-Governmental Organization

NMHP: National Mental Health Programme

PHCC: Primary Health Care Centre

REBAHS: Reducing Economic Barriers to Accessing Health Services in Lebanon

SGBV: Sexual and Gender-Based Violence

ToT: Training of Trainers

ROS: Roll Out Session

## 1. About ECM ToT Training

### 1.1 Training Overview

The Training of Trainers (ToT) on Emotional Crisis Management (ECM) is designed to build the capacities of participants to be able to train frontline humanitarian staff on how best to aid persons who are in a state of emotional crisis. The training provides an understanding of emotional crisis events, related risk factors, warning signs, early intervention measures, and self-management tips. It also describes the mechanism for engaging persons in crisis in a safe and supportive manner (de-escalation techniques), identifying personal triggers and priority concerns, and activating important workplace policies to prevent future emotional crises.

The ToTs were implemented after an updated Emotional Crisis Management draft manual was agreed with the NMHP, who are collaborating with FPS. These trainings targeted specifically professionals working with and managing frontliners that had previous experience as trainers. After a total of around 140 applications interested in becoming future trainers of ECM, two ToTs of 21 participants were implemented, with further details being provided along this report.

#### Dates:

Two ToTs took place during January and February 2020:

ECM-ToT A was held on the 30<sup>th</sup> and 31<sup>st</sup> of January, 2020.

ECM-ToT B was held on the 3<sup>rd</sup> and 4<sup>th</sup> of February, 2020.

#### Venue:

Tamar Lancaster Hotel, Hazmieh.

The agenda of the ToTs is available in Annex 1. The attendance list is available in Annex 2.

### 1.2 Training Objectives

The aim of the ECM ToT is to provide the knowledge and skills to trainers to be able to train frontliners on the ECM protocol.

### 1.3 Training Purpose

By completing this training, trainers will be able to:

- Train frontliners on ECM protocol.
- Define emotional crisis, workplace violence and de-escalation.
- Identify individual, organizational, environmental, social and economic risk factors for emotional crises.
- Describe different types of emotional crisis and their potential burden.
- Recognize warning signs to be able to intervene early.
- Identify organizational and personal actions to prevent emotional crises.
- Use effective verbal and non-verbal communication skills to prevent or manage emotional crisis.
- Demonstrate effective crisis management and de-escalation techniques.
- Apply specific guidelines when dealing with adults or minors survivors of sexual and gender based violence or persons in crisis at risk of suicide.
- Identify effective response and crisis closure actions to be taken by frontliners including effective referral and follow up when needed.
- Identify organizational and personal actions to be taken following a crisis event.

### 1.4 Training Methods

A trainer's guide and Microsoft PowerPoint presentation were prepared and used during the two ToTs. The guide included a lesson plan for each section. The lesson plan highlighted the specific objectives of each session, the material needed, the activities and the Microsoft PowerPoint slides to be used (if needed). Multiple interactive activities were used such as role plays, brainstorming, small and large group activities. The trainer's guide is available in Annex 3. A list of the material shared with the participants is available in Annex 4. Information shared included:

- **Manuals:**

Emotional Crisis Management Protocol – user guide for frontliners and managers.

Emotional Crisis Management Protocol – Training manual.

- **Microsoft PowerPoint Presentation**

Slides used during the training was shared with the trainees.

- **Useful sources to send to participants once finalized:**

Self-care manual.

### 1.5 Trainers

The ToT was delivered by Sandra Hajal (ECM Master Trainer).

Other team members from FPS were present: Ana Guimarães (MHPSS Project Coordinator at FPS Lebanon), George Frangi (Logistics, Security and Fleet Officer at FPS Lebanon), Shaymaa Al Khatib (Monitoring and Evaluation Manager at FPS Lebanon), and the NMHP also visited the second ToT.

### 1.6 Participants

The selection criteria of participants for the ToTs included experienced trainers from different organizations who manage a team or frontliners and are willing to provide a one-day training in the upcoming weeks of February following the ToT.

Table 1 and Figure 1 shows distribution of technical participants' numbers per sex across training days.

*Table 1. Number of participants*

Date	# Participants		
	Males	Females	Total
Thursday 30 of January 2020	<b>6</b>	<b>18</b>	<b>24</b>
Friday 31 of January 2020	<b>6</b>	<b>15</b>	<b>21</b>
Monday 3 <sup>rd</sup> of February 2020	<b>2</b>	<b>19</b>	<b>21</b>
Tuesday 4 <sup>th</sup> of February 2020	<b>2</b>	<b>19</b>	<b>21</b>

42 technical participants were reported with 21 participants from each ToT training.

### # Technical participants - ToT A

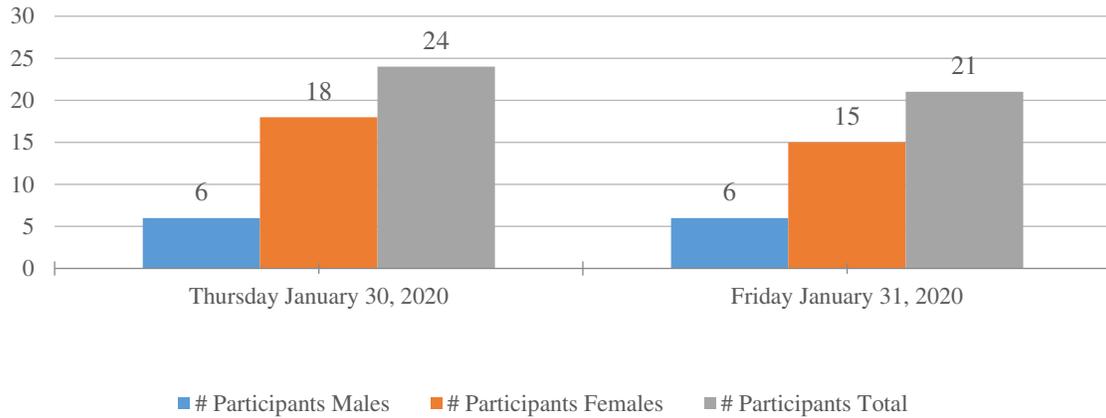
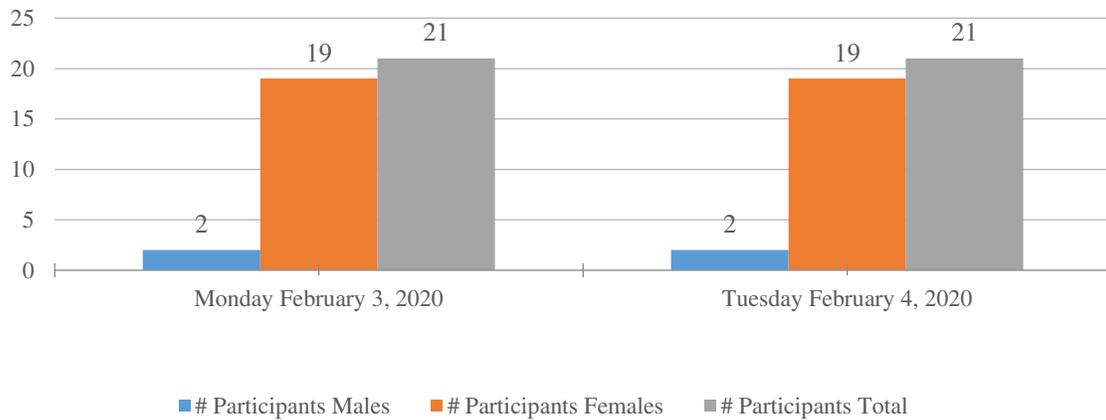


Figure 1. Number of Participants across training day

### # Technical participants - ToT B



## 2. ECM ToT Training Satisfaction

### 2.1 Overall Training Workshop Rating

#### ECM-ToT A:

Overall, 58% (n=11) of participants rated the training as excellent, 42% (n=8) found it to be very good. Figure 2.a shows percentage of trainees' overall satisfaction of ECM ToT A.

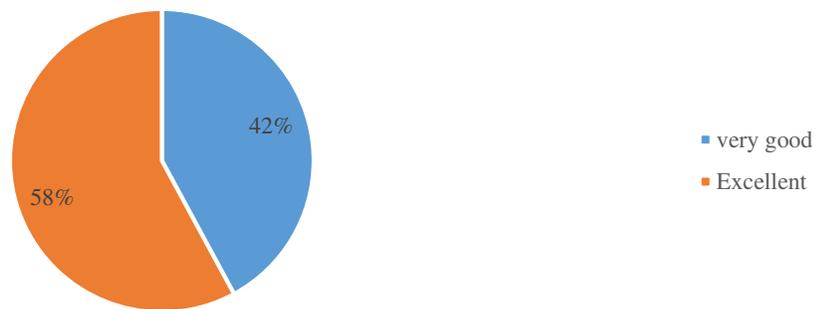


Figure 2.a Overall Assessment of ECM TOT A training

#### ECM-ToT B:

From ToT B, 43% (n=9) of participants rated the training as excellent, 52% (n=11) found it to be very good and 5% (n=1) stated it was good. Figure 2.b shows percentage of trainees' overall satisfaction of ECM ToT B.

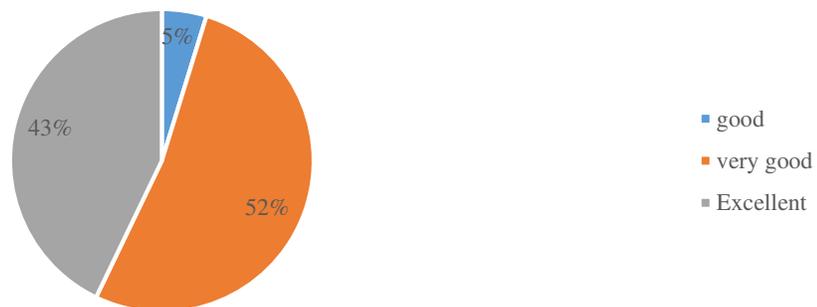


Figure 2.b Overall Assessment of ECM TOT B training

## 2.2 Training Evaluation Outcomes

### ECM-ToT A:

To summarize the training evaluation outcomes, as shown in Figure 3.a, all participants agreed that they would be interested in attending a follow-up and more advanced workshop on the same subject and they all stated that the training experience will be useful in their work. The majority (95%) found that the number of participants was adequate, while 5% were neutral about it. Most participants (70%) agreed that the meeting room and facilities were adequate and comfortable, 15% disagreed and 15% were neutral about it. The majority agreed that the training materials distributed were helpful. More than half of participants (55%) disagreed that the allotted time for the training was sufficient.

All participants agreed that the training objectives were met and that the training topics covered were relevant and that content was organized and easy to follow. Regarding the participation and interaction, all participants reported that participation and interaction were encouraged and the training methods used were useful and helpful. Most participants mentioned that they would recommend this training to others (95%), while the remaining 5% did not answer.

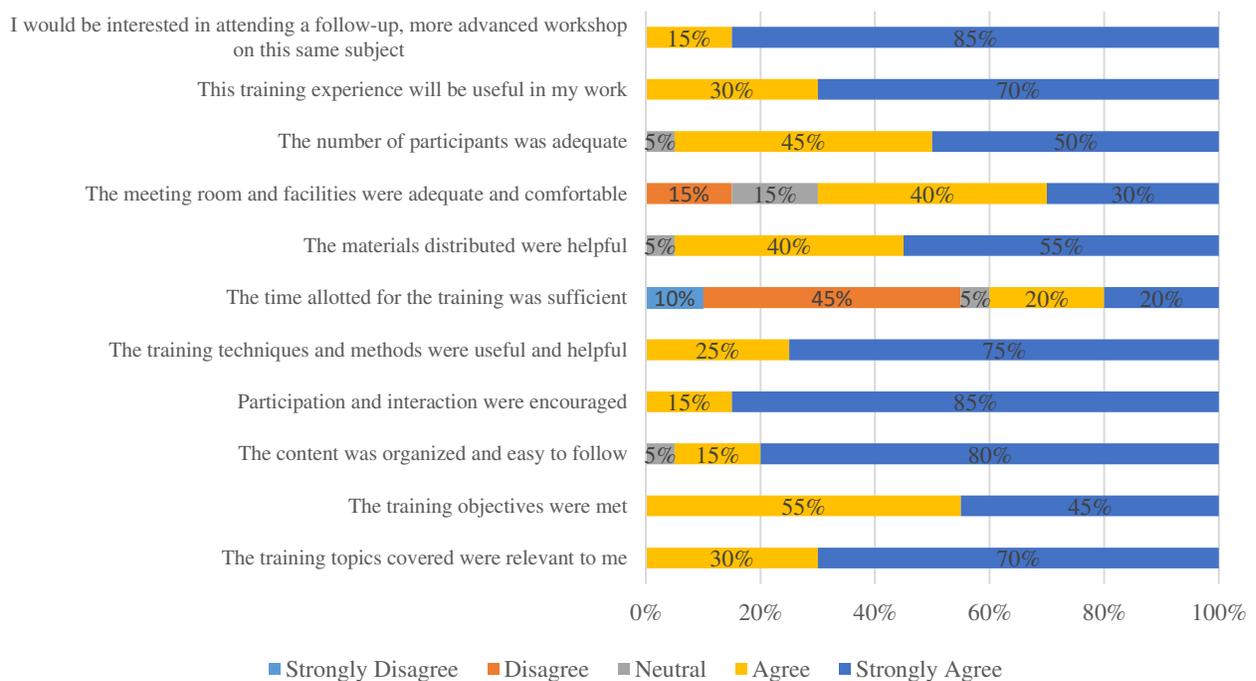


Figure 3.a. Training Evaluation Questions – TOTA

**ECM-ToT B:**

To summarize the training evaluation outcomes, as shown in Figure 3.b, all participants agreed that they would be interested in attending a follow-up and more advanced workshop on the same subject and they all stated that training experience will be useful in their work. The majority (86%) found that the number of participants was adequate, 10% were neutral about it and 5% disagreed. Only 43% of participants agreed that meeting room and facilities were adequate and comfortable, 48% disagreed and 10% were neutral about it. The majority (95%) agreed that training materials distributed were helpful. Half of participants (52%) agreed that the allotted time for the training was sufficient, 20% disagreed and 29% were neutral about it. All participants agreed that the training objectives were met and that the training topics covered were relevant and that content was organized and easy to follow. Regarding the participation and interaction, all participants reported that participation and interaction was encouraged and the training methods used were useful and helpful.

All participants agreed that the training objectives were met and that the training topics covered were relevant and that content was organized and easy to follow. Regarding the participation and interaction, all participants reported that participation and interaction was encouraged and the training methods used were useful and helpful.

Regarding recommendation of the training, 90% of participants said that they would recommend it to others, while 10% of the answers were left in blank.

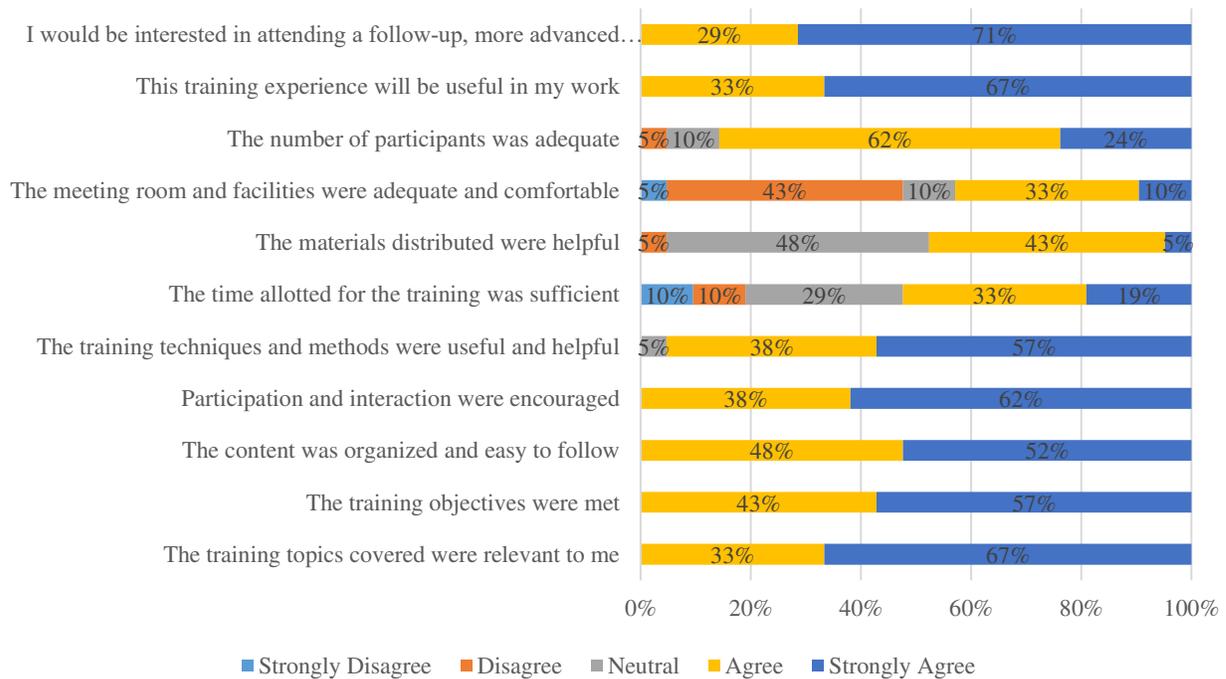


Figure 3.b. Training Evaluation Questions – TOT B

When asked about what the participants of both ToTs liked the most during the training, they mainly stated the interactive learning methods, overall approach of the trainer and the different kind of training techniques and activities used. They also highlighted the importance of this topic within the current situation in Lebanon, which has been of civil unrest since late October. In addition, they also pointed the content and the structure of the information as positive aspects.

What was least appreciated by the participants was mainly the limited time of the training and the large and condensed material that was delivered. Around one third of the participants also complained about the unavailability of Arabic material provided. The venue was also criticized by several participants, specifically participants of ToT B, as the training took place in a very small conference room with a high number of trainees, which happened due to several logistical constraints in finding venues.

Recommendations given from the participants included extending the training duration to three or four days to be able to allocate more time for practice, translating the material to Arabic, conducting supervision sessions, and delivering the training to administrators and managers from different organizations. Many participants also suggested delivering the training to Lebanese ministries, banks and others public and private organizations, understanding that the content was useful for all work sectors that had interaction with the public and people in need.

## 2.3 Trainer Evaluation Outcomes

### **ECM-ToT A:**

In terms of satisfaction with the trainer, as reflected in Figure 5.a., the feedback was overwhelmingly positive. All participants agreed that that the trainer was knowledgeable about the training topics, that the trainer was well prepared and had the ability to communicate with the participants.

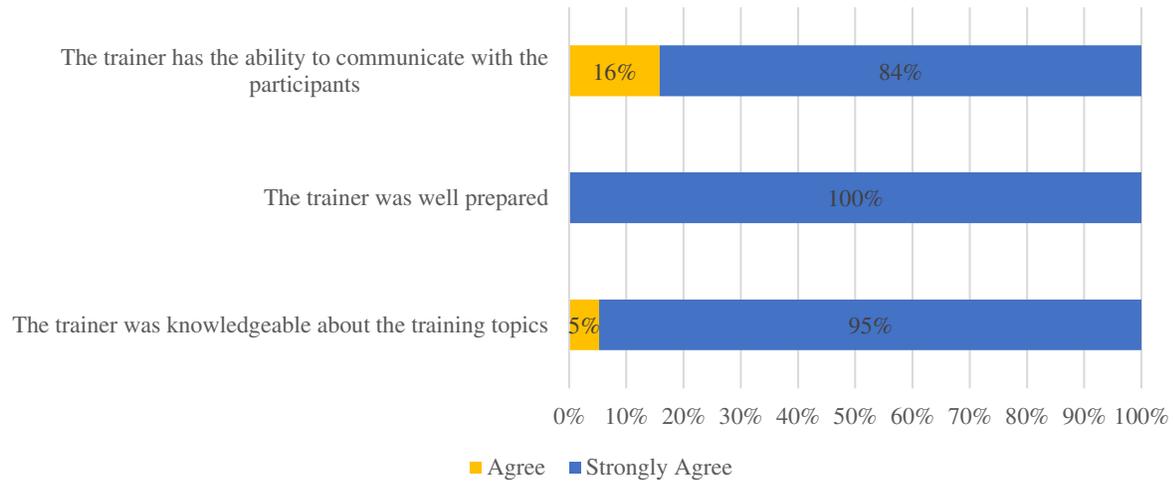


Figure 5.a. Satisfaction with the Trainer

### ECM-ToT B:

Regarding satisfaction with the trainer, as reflected in Figure 5.b., the feedback was extremely positive. All participants (90%) agreed that that the trainer was knowledgeable about the training topics, that the trainer was well prepared and that the trainer had the ability to communicate with the participants (10% was no answer).

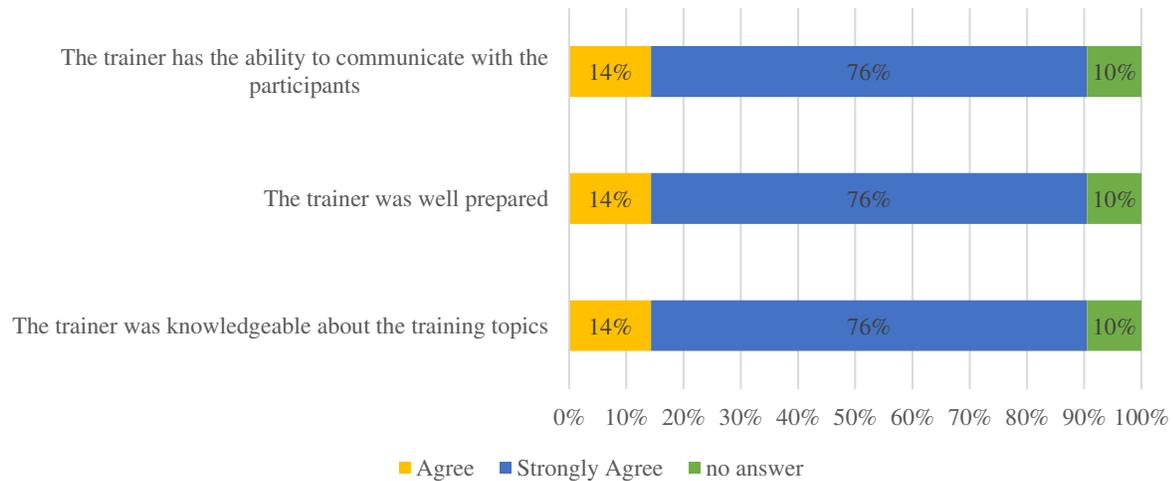


Figure 5.b. Satisfaction with the Trainer

### 3. Improvement of Skills Outcomes

Training participants were asked to fill a Pre/Post-test before and after the training workshop to assess the effectiveness of the training in improving the knowledge of the participants. The questions for the Pre/Post-test comprised 30 questions.

#### ECM-ToT A:

Table 3.a summarises the results of the Pre/Post-tests of ECM ToT A. As shown, 85% of participants showed improvement in their knowledge, whereas 15% participants did not show any improvement. Additionally, there were four absentees in the post-test, i.e. four pre-tests that could not be compared.

*Table 2.a ECM TOT A pre/post-tests info summary*

<b>ToT A</b>	Persons who sat for pre-test	24
	Persons who sat for post-test	20
	Number of people who sat for both tests	20
	Improvement	85%
	No improvement	15%
	People who showed improvement	17
	People who showed no improvement	3
	Absentees on post-test	4

As shown in Figure 6.a, results show that the average total score of pre-test was 22 while the average total score of pre-test was 26, reflecting an overall increase of knowledge.

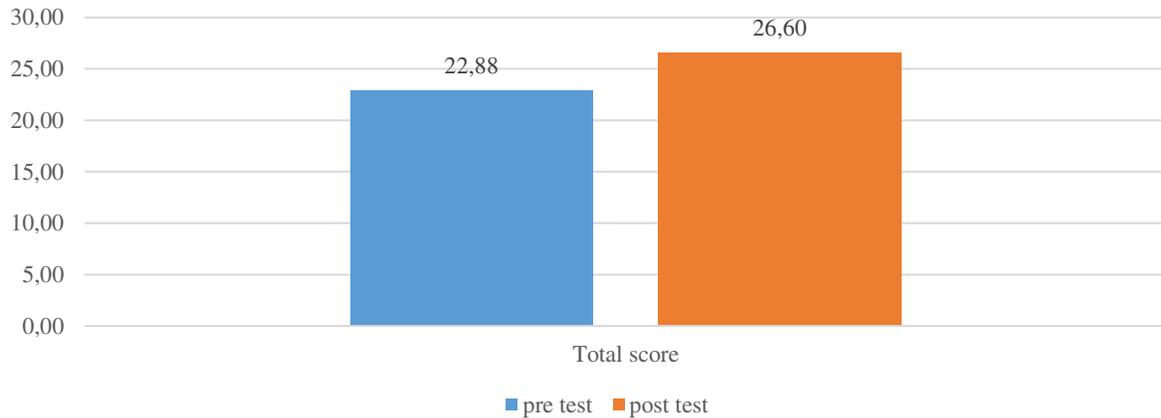


Figure 6.a. Total Average score in Pre/Post tests ECM ToTA

Figure 7.a shows a further in depth analysis comparing pre- to post- scores per question item. Some questions had noticeable higher differences in post-tests, such as Q3, Q7, Q26 and Q27, while others had smaller differences. In general, there was an increase in the post-scores across most of the post-test questions.

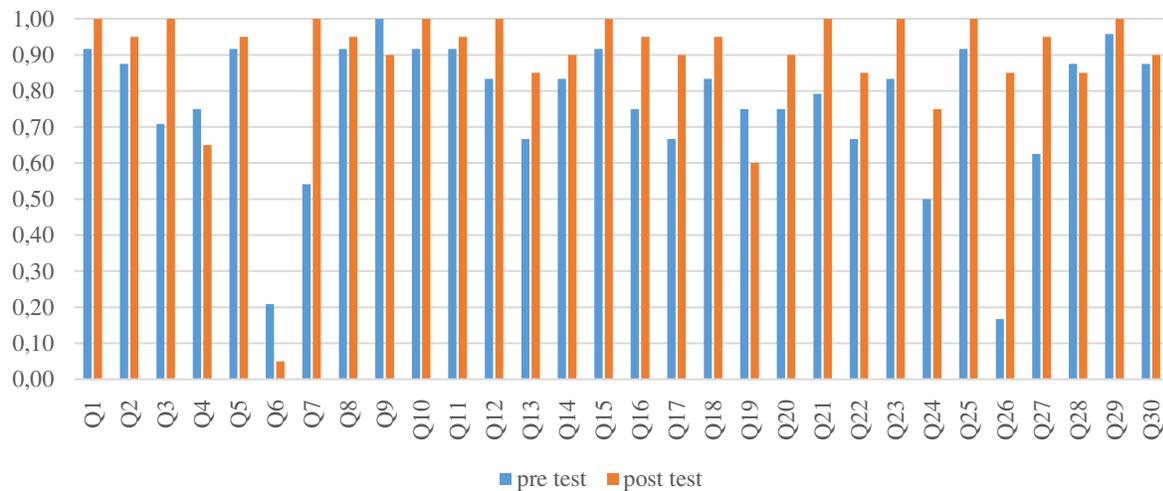


Figure 7.a. Average scores in Pre/Post-test per question in ToTA

## **ECM ToT B:**

Table 3.b summarizes the results of the Pre/Post-tests of ECM ToT B trainees. As portrayed below, there was an improvement rate of 86%, with only three participants not demonstrating improvement of knowledge.

*Table 3.b ECM ToT B pre/post-tests info summary*

<b>ToT B</b>	Persons who sat for pre-test	21
	Persons who sat for post-test	21
	Number of people who sat for both tests	21
	Improvement	86%
	No improvement	14%
	People who showed improvement	18
	People who showed no improvement	3
	Absentees on post-test	0

As shown in Figure 6.b, results show that the average total score of pre-test was 22 while the average total score of post-test was 26, reflecting an increase of knowledge.



*Figure 6.b. Total Average score in Pre/Post tests in ECM ToT B*

Figure 7.b shows a further in depth analysis comparing pre- to post- scores per question item. Similarly to ECM ToT A, some questions had a noticeable higher differences, including Q7, Q26 and Q27. Also some other questions were different to ToT A results, such as Q13 and Q20.

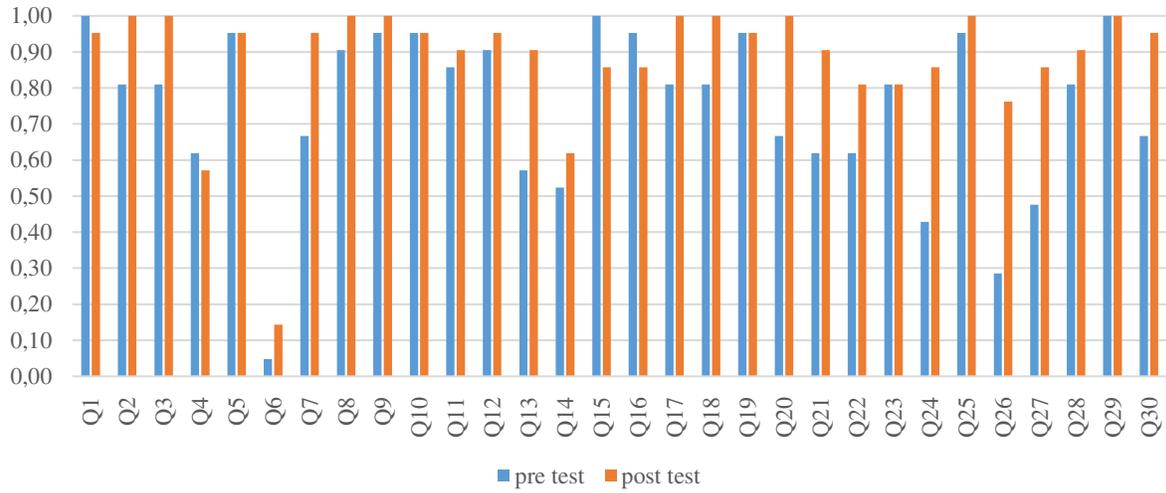


Figure 7b. Average scores in pre/post-test per question in ToT B

## 4. Conclusion

In summary, participants were very satisfied and ready to implement the roll out sessions, except for a small portion of participants who expressed difficulty understanding and delivering English material. Many important field experiences were shared during the training, which was appreciated by the participants, since this helped understand situations that might have needed knowledge of ECM, including emotional crises, SGBV and suicidal cases.

The participants from both ToTs were overwhelmingly satisfied with the trainer, as seen in the results of the trainer satisfaction section. The vast majority of attendees agreed that the Master Trainer, was knowledgeable about the training topics, that the trainer was well prepared and that the trainer has the ability to communicate with the participants.

Overall, the training objectives were met and participants increased their knowledge on ECM, specifically 85% of participants in ToT A and 86% of the attendees in ToT B. However, in ECM ToT A there were four absentees in the post test, which means some pre-tests knowledge could not be tested through post-tests evaluation. Additionally, when analysing the average scores in the pre/post-tests questions, some answers had similar higher average scores differences and other questions were deemed possibly easier by the participants, or of which they possessed higher knowledge. The evaluation of these results lead the MT and FPS Project Coordinator to assess if the questions were too difficult or clear enough, which they assured, and analyse and modify any questions that possibly were not clear from the participants' feedback, or that had higher scores in the pre-test than in the post-test, which was the case for four questions in ToT A and ToT B, although the average score was not significantly higher in the pre-test than the post-test. These modifications and overall feedback from the training were taken into consideration when preparing the material for the next phase of the ECM capacity building component: the ECM roll out sessions.

In addition, since it was part of the selection criteria that all ECM ToT participants provide their availability for roll out sessions, the MT and FPS Project Coordinator discussed and organized this component from the first day of the training, explaining what would be needed from the trainees. When doing so, some participants had lesser availability than others or had specific concerns.

The challenges which will be presented in the next section, with recommendations provided from the participants and the MT and FPS Project Coordinator.

## 5. ECM ToT Training Outcomes

### 5.1 Challenges

The challenges faced during this training are listed below:

- English language: ECM material, presentations and the Pre-Post test were in English. Around one third of participants raised this issue and preferred to have the material in Arabic. The trainer had to assist some participants and translate some questions to participants who had difficulty understanding the test.
- Venue: During both ToTs, several participants complained about the venue and its services, ToT B unfortunately was held in a very small room which hindered the quality of interaction and activities. However, FPS attempted to provide the best quality services, which was difficult since the availability of rooms of the venue was not compatible with the needs of the training.
- Duration of the training: The current ECM material needs more than two days of ToT. The schedule was very condensed and did not allow enough time for discussion and experience sharing. When the training duration was set at the beginning of the project the material consisted of 20 pages. However, after multiple edits and updates, the material included more than 60 pages which explains the need for a longer duration. This part was also stated by the participants, who found the two-day ToT not sufficient to go in depth in all the material. The MT and FPS Project Coordinator explained this issue, and most participants understood that since it was an on-going process the organization would take into consideration their feedback and provide it to the NMHP.
- Participants requested additional information on self-care.
- Repetitive clarifications and questions were asked related to the suicide, SGBV and CP sections.

## 5.2 Recommendations

The recommendations for future trainings, as suggested by the participants but also the MT and FPS Project Coordinator, are listed below:

1. In addition to the English version, have the ECM material in Arabic (the document has been translated).
2. Increase the ToT duration to three days or more if possible. If the ToTs will remain two days, it is advisable to select highly experienced trainers since not enough time will be allocated to training techniques in the ToT.
3. Disseminate the self-care manual to participants if available.
4. Organize at least a one-day orientation session for managers and head of organizations to discuss organizational preparation to ensure appropriate crisis management and prevention.
5. Provide support and supervision for future trainers.
6. Have clear criteria for certificates distribution and communicate it to participants (*Who can receive the certificates? Is it mandatory to provide a roll out session? Are internal trainings in their organizations considered as a roll out training?*).
7. Ensure large training rooms for future trainings with better quality of services, as the ToT involves a high number of activities
8. Adjust CP, SGBV and suicide sections to be easily applicable by any frontliner.

Overall, as mentioned above, the training was successful and reached the objectives outlined in its inception. The organizational team was pleased with the results and emphasizes the need for additional ECM trainings in the future, for frontliners working in the field of mental health but also to cross-sectoral professionals from different backgrounds.

## 6. Annexes

### Annex 1: Agenda

#### Emotional Crisis Management - Training of Trainers Agenda

##### Day 1:

8:30 - 8:45	Registration & Coffee
8:45 – 9:45	Session I: Opening Session <ul style="list-style-type: none"> <li>- Welcome statement</li> <li>- General introduction about the training</li> <li>- Pre-test</li> <li>- Icebreaker</li> <li>- Ground rules</li> <li>- Expectations</li> </ul>
9:45 – 10:45	Session II: Background about emotional crisis
10:45 – 11:00	Coffee Break
11:00 – 12:45	Session III: Preparation for emotional crisis management
12:45 – 13:30	Session IV: Crisis management
13:30 – 14:15	Lunch Break
14:15 – 15:00	Session IV: Crisis management
15:00 – 15:45	Group division – Preparation for simulation
15:45 – 16:00	Recap & evaluation

##### Day 2:

8:30 - 8:45	Registration & Coffee
8:45 – 9:00	Day 1 quick overview
9:00 – 9:45	Session V: After the crisis incident
9:45 – 10:30	Simulation exercise: Group 1
10:30 – 10:45	Coffee Break
10:45 – 11:30	Simulation exercise: Group 2
11:30 – 12:15	Simulation exercise: Group 3
12:15 – 13:00	Simulation exercise: Group 4
13:00 – 13:45	Lunch Break
13:45 – 14:30	Simulation exercise: Group 5
14:30– 15:30	Discuss roll-out sessions (agenda, implementation, recommendations, material)
15:30 – 16:00	Closure, Post-test & Evaluation

## Annex 2: Attended Participant Details

### ToT A: Day 1

#### ECM ToT Training

Social Promotion Foundation in collaboration with the National Mental Health Programme and funded by the European Union.

Sandra Hajal : اسم المدرب: Lancaster, Tamara: المكان: Beirut : المنطة: 30 Jan 2020 التاريخ:

الرقم	الاسم	العمر	الجنس	الصفة والمؤسسة	الجنسية	رقم الهاتف	التوقيع
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2	Melina Naoufal	24	F	MHPSS AAH	Lebanese	70-157937	[Signature]
3	Sara Amharz	30	F	PHC-Mechthazar	Lebanese	70-910393	[Signature]
4	Malak Charanek	29	F	Actionaid-Protection	Lebanese	03-950192	[Signature]
5	Houry Bassam	46	F	UNHCR-MH	Lebanese	03-470377	[Signature]
6	Jeanne Mangiel	45	F	HDA/Director	Lebanese	03-406888	[Signature]
7	Rania Zaatar	46	F	President of Daweer Head of MCHB	Lebanese	03/944170	[Signature]
8	Ajida Karkafi	25	F	Doccos-Psychologist	Lebanese	70/904402	[Signature]
9	Ali Faraj	25	M	Homeless Liaison Officer	Leb.	03/679149	[Signature]
10	DiBijette Khoury	25	F	AUS-AC	Lebanese	03/607531	[Signature]
11	Hiba El-Turk	25	F	Care manager	Lebanese	78-850254	[Signature]
12	Shaima Abbas	44	F	Medecin du monde Snr. Practitioner Assistant	Lebanese	03-457913	[Signature]
13	Joyce Abdallah	29	F	Care worker HON	Lebanese	70248122	[Signature]
14	Nacire Abdel Akad	34	F	Psychologist Roster	Lebanese	03 150656	[Signature]
15	Nadia Dshas	35	F	UNHCR, Protection	Lebanese	70700736	[Signature]

**ToT A: Day 2**

**ECM ToT Training**

Social Promotion Foundation in collaboration with the National Mental Health Programme and funded by the European Union.

التاريخ: 30 Jan 2020 المنقطة: Beirut المكان: Lancaster Tamer اسم المدرب: Sandra Hajal

الرقم	الاسم	العمر	الجنس	الصفة والمؤسسة	الجنسية	رقم الهاتف	التوقيع
16	ليلا دحيه فليحة	36	أنثى	معالجة نفسية مركز الدراسات والبحوث F&C	لبنانية	03/532 949	<del>Handwritten signature</del>
17	السعيدة ك...	28	F	Protection officer D.H.C	لبنانية	03/585644	Handwritten signature
18	Jonathan Harb	25	X	Protective risk	Lebanese	76/582249	Handwritten signature
19	علاء ص...	31	M	مستشار تغذية المهنية العامة	لبنانية	70/68026	Handwritten signature
20	محمد عبد النبي	31	M	م/إخصائى أطفال UNHCR	لبناني	03/035386	Handwritten signature
21	نورا الين صبران	35	F	الشيخ المراهق UNHCR	لبنانية	71/584562	Handwritten signature
22	Pamela Sayegh	39	F	Senior Prot Ass	Lebanese	76-172 863	Handwritten signature
23	Fadi Hamdi	37	M	Staff Counselor	Jordanian	71910565	Handwritten signature
24	Rabi Ahmad	32	M	Protection tech manager	Swedish/palestinian	70307698	Handwritten signature
10							
11							
12							
13							
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**ToT B – Day 1:**

**ECM ToT Training 'B (day 1)**

Social Promotion Foundation in collaboration with the National Mental Health Programme and funded by the European Union.

التاريخ: 3<sup>th</sup> Feb, 2020 المنطقة: Hazmieh المكان: Lancaster اسم المدرب: Sandra Hajal

الرقم	الاسم	العمر	الجنس	الصفة والمؤسسة	الجنسية	رقم الهاتف	التوقيع
1	Haya Barhamed	34	F	Mental Health Coordinator - R.I	Lebanese	07-545016	[Signature]
2	Harwa Ojeir	31	F	Senior C.H. F.P.S	Lebanese	03-822075	[Signature]
3	Sayadeh Hameche	37	F	AtBNC - Coord	Lebanese	02-087712	[Signature]
4	Hona Iba	38	F	Image Sadr Bankat	Leb.	71.171460	[Signature]
5	Harvam Hassan	45	F	M. Health nurse	Leb.	71-151773	[Signature]
6	Mostafa Rkein	30	M	Nursing Supervisor (SST)	Leb	70-697466	[Signature]
7	Anaïlle Saadeh	29	F	supervisor NSP	Leb	70375575	[Signature]
8	Sandy El-Chaar	26	F	Psychologist - WCH	Leb	03919337	[Signature]
9	Nadine Hady	28	Female	CM (P.A.) - JMC	Lebanese	76-600708	[Signature]
10	ghada Hawaly	45	F	sheild/ psychotherapist	Lebanese	46-719571	[Signature]
11	Nidal Mortada	42	F	psychotherapist / psychotherapist	Lebanese Canadian	70-967812	[Signature]
12	Rima Mohsen	30	F	Alternative Care specialist	Lebanese	71-781457	[Signature]
13	Am bishara	28	F	save the children	Portuguese		[Signature]
14	Sandra Hajal	35	f	Trainer	Lebanese	03.570312	[Signature]
15							

**ToT B: Day 2**

**ECM ToT Training (B) يوم 2**

Social Promotion Foundation in collaboration with the National Mental Health Programme and funded by the European Union.

التاريخ: 3 Feb 2020 المنطقة: Beirut المكن: Lancaster اسم المدرب: Sandra

الرقم	الاسم	العمر	الجنس	الصفة والمؤسسة	الجنسية	رقم الهاتف	التوقيع
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## Annex 3: Trainer's guide

# **Emotional Crisis Management Protocol**

## **Trainer's guide**

## Introduction

The following guide has been developed to support trainers in delivering the Emotional Crisis Management Training to frontliners using the Emotional Crisis Management Protocol – Users guide for Frontliners and Managers. This guide highlights the methodology used in the facilitation of the lessons, in addition to the material needed, activities to be used and timeline.

The training is designed to build the capacities of frontliners on how best to aid persons who are in a state of emotional crisis. The training provides an understanding of emotional crisis events, related risk factors, warning signs, early intervention measures, and self-management tips. It also describes the mechanism for engaging persons in crisis in a safe and supportive manner (de-escalation techniques), identifying personal triggers and priority concerns, and activating important workplace policies to prevent future emotional crises.

### **Objectives of the training:**

By completing this training, frontliners will be able to:

- Define emotional crisis, workplace violence and de-escalation.
- Identify individual, organizational, environmental, social and economic risk factors for emotional crises.
- Describe different type of emotional crisis and their potential burden.
- Recognize warning signs to be able to intervene early.
- Identify organizational and personal actions to prevent emotional crises.
- Use effective verbal and non-verbal communication skills to prevent or manage emotional crisis.
- Demonstrate effective crisis management and de-escalation techniques.
- Apply specific guidelines when dealing with adults or minors survivors of sexual and gender based violence or persons in crisis at risk of suicide.
- Identify effective response and crisis closure actions to be taken by frontliners including effective referral and follow up when needed.
- Identify organizational and personal actions to be taken following a crisis event

## Training techniques:

Many training techniques are used to facilitate the ECM training sessions. Below is a list of these techniques in addition to some clarifications about each technique.

**1- Brainstorming:** This technique is usually be used to generate ideas. The trainer will spontaneously ask a question and gather answers from all participants in a non-judgmental way. Encourage all participants to share their ideas while making sure to stay focused on the topic of interest.

**2- Case studies:** Using case studies allow participants to apply the ECM techniques in "real life" situations. The case study used in this training describes a common situation with one positive and one negative crisis management scenario. Participants are encouraged to identify helpful and unhelpful techniques used in both scenarios. Participants will also think of how de-escalation techniques learned can be put in place in the situation. A discussion of the main ideas will follow the case study exercise.

**3- Small group activity:** this technique allows small group discussions before or after a presentation. It is a great place where participants who are not really comfortable in front of a large group, can share their ideas and experiences. When you want to use this technique it is advisable to decide ahead of time on the number of groups that you need, number of participants in each group and the specific tasks that each group will be working on. Specify a time for this activity and update participates about the timeframe i.e. "you have 3 more minutes". While participants are completing this task, make sure to monitor the work and visit each group. Let each group pick a presenter who will present the work to the larger group. When groups are presenting, make sure to always link the ideas back to the topic. It is important to note that small group activities usually take time so it is important to effectively manage the time allocated for it.

**4- Role play:** During role plays participants act out roles in order to practice some of the de-escalation techniques learned. Specific guidance needs to be given to participants about their roles. Role plays allow participants to try different approaches to ECM and to receive feedback from peers and the trainer.

### **The use of energizers**

It is important to use energizers during the training mainly when the energy of the participants is low or participants are sleepy (like after lunch sessions). Make sure that the energizer you pick is culturally appropriate (like the use of touch for instance)

Keep the energizer activity short. Move on to your next planned activity when everybody feels energetic.

You can find some energizers on the following link:

[https://resourcecentre.savethechildren.net/node/8546/pdf/alliance\\_100\\_ways\\_to\\_energise\\_groups.pdf](https://resourcecentre.savethechildren.net/node/8546/pdf/alliance_100_ways_to_energise_groups.pdf)

### **Training Material:**

Pre-tests – Post-tests

Case study copies

Definitions divided on small pieces of paper

Training evaluation forms

ECM Manual

Glue

Reusable Adhesive i.e. UHU patafix

Flip chart

3-4 Markers

Participant notebooks

Paper and pens

Masking tape

Overhead projector and screen

Laptop and Microsoft PPT presentation

## Agenda of the training

8:30 - 8:45	Registration & Coffee
8:45 – 9:45	Session I: Opening Session <ul style="list-style-type: none"> <li>- Welcome statement</li> <li>- General introduction about the training</li> <li>- Pre-test</li> <li>- Icebreaker</li> <li>- Ground rules</li> <li>- Expectations</li> </ul>
9:45 – 10:45	Session II: Background about emotional crisis
10:45 – 11:15	Coffee Break
11:15 – 12:45	Session III: Preparation for emotional crisis management
12:45 - 13:30	Session IV: Crisis management
13:30 – 14:15	Lunch Break
14:15 – 15:00	Session IV: Crisis management
15:00 – 15:30	Session V: After the crisis incident
15:45 – 16:30	Recap & evaluation & post-test

## Session I: Opening Session



<p><b>Welcome statement</b> (3-5 minutes)</p>	<p>Introduce yourself (Name, background, work details) and introduce the partners in this project (FPS and NMHP).</p> <p>Allow the focal point of each partner (FPS and NMHP) to give a brief welcome note.</p>
<p><b>General introduction about the training</b> (5 minutes)</p>	<p>Explain the purpose of the workshop and give the participants any additional information about the training sessions or about special arrangements (training material, agenda, lunch break, coffee breaks, etc.)</p> <p>Present other trainers available, in addition to the logistical team present on the days of training.</p>
<p><b>Pre-test</b> (10 minutes)</p>	<p>Explain to participants that you will be administering a pre-test to obtain an initial idea about their level of knowledge, attitudes, and skills regarding the emotional crisis management issues to be covered in this training. The same questionnaire will be administered again at the end of the training to evaluate the impact of the training.</p> <p>Highlight that this is not an individual test. Explain that it will be used to evaluate the training.</p> <p>The pre-test will be anonymous however, code for each participants are needed in order to be able to match the pre with the post-test for each participants.</p> <p>Explain the below code generation process (it would be helpful if you can prepare the below on a flipchart):</p> <p>On a separate sheet, ask each participant to write: (one letter in each square)</p>

Family name

Year of birth

Father's name

Code

1      2      3      3

Encourage the participants to answer the questions from their own perspectives. Inform them that they have 10 minutes to complete the pre-test.

You can find the pre-test in Annex 1. Make sure that all participants write their codes on the pre-test.

**Icebreaker**  
(20 minutes)

Icebreakers are important for letting participants know each other and relieving the initial tension present at the beginning of a training when meeting a new group of people. It is recommended to start your training with icebreakers and energizers.

Ask participants to sit in pairs. Each participant will gather information from their partner about:

- 1- Name, background, job
- 2- expectations from this training
- 3- One ground rule that they would like the group to follow
- 4- Something no one from the group knows about them

Allow 5 minutes from the pairs to discuss.

Ask each participant to present their partner.

Write the expectations and ground rules listed during this exercise.

**Ground rules**  
(7 minutes)

Discuss with the group the importance of setting ground rules in the training.

Go over the ground rules listed during the ice-breaker. Ask if anyone would like to add any rule.

	<p>Make sure that the main rules are listed (respect, time, active participation, phone use, listening, confidentiality, etc.)</p> <p>Post the list of ground rules in the training room and keep it for all the training duration. You might sometimes need to remind participants about it.</p>
<p><b>Expectations</b> (7 minutes)</p>	<p>Go over the listed expectations and assess which expectations are likely to be met during this training and which may not be tackled.</p> <p>You may want to go over this list by the end of the training as part of your evaluation.</p>

## Session II: Background about emotional crisis



### Session's objectives:

- Define emotional crisis, workplace violence and de-escalation.
- Identify individual, organizational, environmental, social and economic risk factors for emotional crises.
- Describe different type of emotional crisis and their potential burden.

<p><b>Definitions</b> (8-10 minutes)</p>	<p><b>Large group activity</b></p> <p>Divide the definitions of the 3 terms: Workplace violence – Emotional Crisis – de-escalation according to the number of participants. Each participant gets one piece of the definition. Ask the participants to complete the definitions by finding the person with the appropriate section. (Template for dividing the definitions is available in Annex 2).</p> <p>When all groups have completed their definitions ask them to stick the completed definitions on a flipchart paper and explain it to the participants. You can put the definitions on the screen. Ask the groups to remain together for the next activity.</p>
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	<p><b>OR</b></p> <p><b>Brainstorming</b></p> <p>Ask the participants what comes to their mind when they hear the word: Emotional Crisis – Workplace violence and de-escalation. Allow all participants to give their opinion. Then go over the definitions and clarify any misunderstanding.</p>
<p><b>Facts and Statistics</b> (10 minutes)</p>	<p><b>Presentation</b></p> <p>Go over the Facts and Statistics Microsoft PowerPoint slides while asking the questions mentioned and allowing time for interaction.</p>
<p><b>Type of events, risk factors and impact</b> (40 minutes)</p>	<p><b>Small group activity</b></p> <p>In this activity, participants remain in their groups created during the definitions activity. Ask each group to answer the below questions (15 min):</p> <ul style="list-style-type: none"> <li>• Group "Emotional Crisis": Please discuss type of emotional crisis events. When does it occur? What are the impacts of emotional crisis events or workplace violence on the individual level and the organizational level?</li> <li>• Group "Workplace violence": What kind of incidents does workplace violence include? Please prepare two possible scenarios and present them to the group.</li> <li>• Group "De-escalation": What are the possible risk factors associated with emotional crisis and potential workplace violence against frontliners?</li> </ul> <p>Make sure to pass by each group and clarify the question in case of misunderstanding.</p> <p>When all the groups are ready, ask them to present their work.</p> <p>You can use the slides when all the groups are done to make sure that no information was missed.</p> <p><b>OR</b></p> <p><b>Group discussion</b></p> <p>Discuss with the group the different types of emotional crisis events. Ask them in which situation does emotional crises happen? Elaborate multiple scenarios (i.e. person coming to the organization angry and frustrated because he was laid off, persons getting stressed inside the organization</p>

because they have been waiting for their appointment for more than an hour, etc.). Present the slide "Type of emotional crisis events" and check for any questions.

Discuss also the impacts of emotional crisis events or workplace violence on the individual level and the organizational level? Then go over the related slides.

Ask the participants to tell you about events of workplace violence they have witnessed. What kind of incidents did these events include? Present the related slide.

Discuss with the group the different risk factors related to emotional crisis and workplace violence by asking: What are the possible risk factors associated with emotional crisis and potential workplace violence against frontliners? Ask the participants to check the table of risk factors in the user guide and check if they have any question.

**Closure**  
(2 minutes)

Point out the importance of understanding the background of emotional crisis to be able to prevent it and manage it effectively.

Ask if anyone has questions.

### Session III: Preparation for emotional crisis management



#### Session's objectives:

- Recognize warning signs to be able to early intervene.
- Identify organizational and personal actions to prevent emotional crises.
- Use effective verbal and non-verbal communication skills to prevent or manage emotional crisis.

<p><b>Introduction</b> (3 minutes)</p>	<p>Start the session by highlighting the importance of preparation for Emotional Crisis Management (ECM).</p> <p>Successful emotional crisis management starts with adequate preparation for such events.</p> <p>Actors responsible for the preparation are:</p> <ul style="list-style-type: none"> <li>- Employees/frontliners</li> <li>- Employers/Organizations</li> </ul>
<p><b>Roles of different actors</b> (25 minutes)</p>	<p>Engage with the group in a brainstorming session by asking:</p> <ul style="list-style-type: none"> <li>- What do you think employers or organizations should do to prepare for ECM or prevent emotional crises?</li> <li>- What do you think is the role of employees?</li> </ul> <p>Write down the answers.</p> <p>Ask the participants to open the ECM protocol and have an individual read of the sections related to organizational actions (II-B), and employees' role (II-A-1) then go over the content to clarify any misunderstanding.</p> <p>Ask the participants to check the mapping template (Annex 1 – ECM user guide) and highlight its importance in the preparation process.</p>
<p><b>Positive and negative communication skills</b> (50 –60 minutes)</p>	<p>Group Activity:</p> <p>Ask the participants to group in pairs (Person 1 – Person 2).</p> <p><b>Provide the following guidelines to all "Person 1" in private.</b></p> <p>Person 1:</p> <p>You are a mother/father of a 1 year old girl who has been having high fever since 2 days. Today, she started to look pale, tired and refusing to eat or drink. You run to the Primary Health Care Centre (PHCC) to see the paediatrician. The waiting area is full of other sick children and you are afraid that your daughter will catch additional diseases. You insist on seeing the physician immediately. You don't care about respecting the rules or being polite all what you care for is your daughter health.</p> <p><b>Provide the following guidelines to all "Person 2" in private.</b></p> <p>Person 2:</p>

You are the receptionist working at a primary health care center. It's almost the end of your shift. Your day was very busy and crowded. You feel very tired. The paediatrician on duty arrived 30 minutes late and already has 4 overbooked appointments. The waiting area is still crowded with sick children, nagging, crying, and waiting for their appointments to see the physician. You cannot take additional appointments and you are waiting for the paediatrician to finish so you can leave home. Don't listen! You need to leave.

When you give the sign the pairs should start their interaction. Allow 2-3 minutes.

Debrief:

- What happened?
- Person 1:  
How did you feel when person 2 was not cooperate?  
What happened to your case or concern?  
What bothered you?
- Person 2:  
How did you feel?  
What bothered you?

Now give the following guidance to Person 2:

You are the receptionist working at a primary health care center. It's almost the end of your shift. Your day was very busy and crowded. You feel very tired. The paediatrician on duty arrived 30 minutes late and already has 4 overbooked appointments. The waiting area is still crowded with sick children, nagging, crying, and waiting for their appointments to see the physician. You cannot take additional appointments and you are waiting for the paediatrician to finish so you can leave home. **Try to be a good listener and try your best to help people in need.**

When you give the sign the pairs should start their interaction. Allow 2-3 minutes.

Debrief:

- What changed?

	<ul style="list-style-type: none"> <li>- Person 1: How did you feel now about person 2? What happened to your case or concern? What made you feel that person 2 was listening?</li> <li>- Person 2: How did you feel? What have you learned?</li> </ul> <p>Highlight that during this exercise we have seen many things related to:</p> <ol style="list-style-type: none"> <li>1. Non-verbal communication</li> <li>2. Verbal communication</li> <li>3. Preparation and self-awareness of the frontliners</li> <li>4. Signs of emotional crisis.</li> </ol> <p>Go over the presentation slides related to point 1, 2 and 3 and highlight key aspects.</p>
<p><b>Warning signs</b></p>	<p>Clarify that it is very rare to witness an emotional crisis erupting suddenly. Emotional crisis is usually the consequence of a gradual increase of intensity of signs over time.</p> <p>State that Emotional crisis includes 3 stages.</p> <p>Present the slides related to warning signs and then ask the participants to guess the stages of the below signs:</p> <ul style="list-style-type: none"> <li>- Mrs. Randa is refusing to fill the application needed to receive the service.</li> <li>- Mr. Sami is holding a bottle filled with fuel and is threatening to burn himself</li> <li>- Mrs. Rima is pacing around the waiting room</li> <li>- Mr. Fadi threw the laptop of the case worker on the floor</li> </ul>

	- Mrs. Marwa is not satisfied from the response for the receptionist and is talking to herself and insulting the employees
<b>Summary</b> (10 minutes)	Play the video below that summarize the main ideas discussed so far and check for questions: <a href="https://vividlearningsystems.com/safety-toolbox/conflict-de-escalation-techniques">https://vividlearningsystems.com/safety-toolbox/conflict-de-escalation-techniques</a>

## Session IV: Crisis management



### Session's objectives:

- Demonstrate effective crisis management and de-escalation techniques.
- Apply specific guidelines when dealing with adults or minors survivors of sexual and gender based violence or persons in crisis at risk of suicide.

<b>Introduction</b> (3minutes) Slide 43	Introduce this session by stating in this session you will be tackling general and specific de-escalation techniques to be used in addition to the verbal and non-verbal communication skills discussed earlier. (Slide 42)
<b>General and specific de-escalation techniques</b> (50 minutes)	Present the components of the general de-escalation principles (ONE4SAD). Explain the rationale behind each component. Ask the group about their opinion regarding the feasibility of these actions.  Present the specific de-escalation for stage 1 and 2 (CCFC). Ask the participants to have an individual read of this section and clarify any misunderstanding.

	<p><b>Case study:</b></p> <p>Distribute the case study (Annex 3) and ask the participants to work in pairs and try to answer the questions. Allow 10 min for the pairs to complete this exercise. Then discuss the answers.</p> <p>Present de-escalation techniques for stage 3 (Set limits, ensure safety and follow your organization's emergency plan).</p> <p>Ask the participants about what they think they should do if the person in crisis is at risk of suicide?</p> <p>Discuss the actions related to the person with a mental health condition and suicide.</p>
<p><b>Special Considerations</b> (15 minutes)</p>	<p>Ask if any participant work in the GBV sector. If yes, ask the participant what they think should be done if the person in crisis is a survivor of SGBV.</p> <p>Read the section in the user guide for validation of information.</p> <p>Ask if any participant work in CP. If yes, ask the participant what they think should be done if the person in crisis is a minor?</p> <p>Read the section in the user guide for validation of information.</p>
<p><b>Role play</b> (20 minutes)</p>	<p>Divide the participants into 3 groups. Give each group a scenario and ask them to prepare it and try to de-escalate the person.</p> <p>Scenario 1: Mr. Rami, 55 years old, is coming to the organization to get his medication for diabetes. He has been receiving this medication from your organization since 2 years. However, for the past 3 months you have been having problems with your suppliers and the medication is not available. Mr. Rami insisted that he want his medication and started shouting and insulting your NGO.</p> <p>Scenario 2: Mrs. Samira is no longer eligible to receive the cash assistance offered by your organization. She came to your office and started arguing and saying that you are stealing her money. She told you that if you won't give her the money she will kill herself as soon as she leaves the organization.</p>

	<p>Scenario 3: you are in an informal settlement distributing food services. One lady approached you and asked for a box. She is not eligible to receive this kind of support. She started yelling and crying asking for food. You tried to de-escalate and she told you that her husband is threatening her if she doesn't come back home with any kind of support. What will you do?</p>
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## Session V: After the crisis incident



### Session's objectives:

- Identify effective response and crisis closure actions to be taken by frontliners including effective referral and follow up when needed.
- Identify organizational and personal actions to be taken following a crisis event

<b>Introduction</b> (3minutes)	Now that the crisis has ended what do you think should happen next?
<b>Post crisis actions</b> (20 minutes) Slides 55-64	<p>Divide the participants into 3 groups. Ask each group to answer the below:</p> <p>Group 1: What should the frontliner do before the person in crisis leave? After they leave?</p> <p>Group 2: What should the managers do after a crisis events?</p> <p>Group 3: what should the organization do following a crisis event?</p> <p>Allow 10 minutes for the groups to answer then let each group present. Use the slides to present any missing information.</p>
<b>Report template</b> (10 minutes)	Go over the report template and try with the group to fill it based on Rima's scenario.
<b>Wrap up and closing</b>	<p>Ask the participants to sum up what has been covered in this training. Go back to the expectations list and check if they were all covered.</p> <p>Ask the participants to give their feedback and overall impression. Thank them for their honest opinion, time and active participation.</p> <p>Administer the post-test and training evaluation form and remind the participants of their codes. (you use the slide of the code generation)</p>

## Annex 4: Pre and Post test

### Emotional Crisis Management Protocol – Pre and Post Test

Date of Training:	Location of training:
<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test	Test Score: _____ out of 30
Please insert your code: ___ ___ ___	

A. Put ✓ in the correct column.	True	False
1. When dealing with a person in crisis who is shouting, it is important to use the same tone level to be able to calm them down.		
2. When you feel you can't handle the situation, always ask the person in crisis to leave.		
3. If frontliners are feeling stressed or angry, it is advisable to avoid intervening with a person in crisis.		
4. During emotional crises, persons are usually unable to think rationally or process information without the help of others.		
5. It is important to have 2 staff members interacting with the person in crisis for better management of the crisis.		
6. Long waiting times can be a risk factor to emotional crisis.		
7. Agitation is a warning sign of emotional crisis.		
8. If the person in crisis is a minor, you should refrain from conducting an interview if you are not trained to do so.		
9. If a person in emotional crisis is presenting with hallucinations or delusions the first step would be to try to challenge the delusional belief.		
10. If a person in emotional crisis is known by your organization, then you can assume you know their priority concern and act accordingly.		
11. When a person is in emotional crisis, it is always due to a situational stress that occurred inside the organization (delays of service, miscommunication, etc.).		
12. Characteristics of the physical environment, such as difficulty parking, excessive heat or cold, noise, are risk factors for emotional crisis		
13. Refusing to cooperate or disrespecting the rules is a warning sign of emotional crisis.		

**B. Please circle the correct answer. There is only one correct answer for each question.**

14. When speaking with someone who is agitated you should ALWAYS:
- Match their tone and posture
  - Send them away if they refuse to calm down
  - Ask them what is their priority concern
  - Minimize the situation or their feelings
15. When interacting with a person in emotional crisis you should NEVER:
- Provide reassurance to the person using simple language
  - Promise to fix their problems in order to calm them down
  - Take notes on the information they provide
  - Be empathetic with the feelings of the person in crisis
16. When assisting a person who is suicidal you should NEVER:
- Leave them alone to calm down
  - Talk to the person in a separate room
  - Call a mental health professional
  - Remove all possible means of self-harm
17. When facing an aggressive person with a weapon, you should:
- Attempt to disarm them
  - Tell them the police are on their way
  - Passively cooperate until you are able to safely exit
  - Try de-escalation techniques at least twice
18. Which of the following is not an active listening skill?
- Paraphrasing
  - Being attentive
  - Reflecting
  - Interrupting
19. When working with a potentially violent person, it is advisable to:
- Offer the person something to drink or eat
  - Ask them to leave if they don't cooperate
  - Leave them alone for some time to calm down
  - Threaten to call the security guards if they don't calm down
20. When trying to intervene with a person in emotional crisis, where is the best place you can place your hands?
- Behind your back
  - In your pockets
  - Visible at all times
  - Tucked into your armpits

## Annex 5: Group activity – Definitions

The below division is for a group of 15 persons. If you have more than 15 you can add the terms that needs to be defined or split the definitions more.

Emotional Crisis is defined as
an acute, time-limited event,
perceived by a person as an intolerable difficulty with overwhelming emotional reactions
and a potential of escalating to an unstable and dangerous situation.
During emotional crises, persons are usually unable to think rationally or process information without the help of others.
Workplace violence is defined by the World Health Organization as
incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work,
involving an explicit or implicit challenge to their safety, well-being or health
might occur due to an escalation of an emotional crisis.
De-escalation
is a technique used with a person in an emotional crisis
in an attempt to manage the situation
and decrease their level of arousal,
in order to reach a healthy interaction where choices can be made
and prevent potential violence.

## Annex 6: Case study

Rima is a nurse working at a Primary Health Care Centre (PHCC). One day, she was in her office preparing for her awareness session. Suddenly, she was disturbed by noise and a loud voice coming from the waiting area. She went to check what was happening. Mr. Samir, 45 years old, was coming to the centre to consult his dentist. He had been waiting for 45 minutes and did not see the dentist yet. He had asked the receptionist multiple times but the answer was "There are some delays today. Please wait." He was very angry, pacing, shouting and asking to see the dentist immediately.

### Scenario 1:

Rima arrived calmly to the waiting area and stood by Mr. Samir's side

Rima: *Mr. Samir, I'm Rima, the nurse working here. How can I help you?*

Samir: *I want to see my Dr. now (loudly).*

Rima: *I can see that you are upset. Can you tell me what happened?*

Samir looks at Rima silently.

Rima: *if you tell me what's bothering, I might be able to help you.*

Samir: *My appointment was 45 minutes ago. As you can see I'm still here waiting.*

Rima: *I understand that you are angry because of the delay in your appointment.*

Samir: *Yes exactly! (high tone of voice)*

Rima: *I see. You have the right to be angry. It is really frustrating to wait for that long.*

Samir: *The receptionist wants me to remain calm and sit! I need to see the Dr. now.*

Rima: *I apologize for that delay. Would you like to come and wait in my office until we sort this out?*

Samir: *Ok. I hope it won't take much time.*

Rima while entering the office: *Let me offer you something to drink meanwhile. Would you like a cup of tea? Coffee?*

Samir: *I will have coffee.*

Rima: *Sorry again for what happened. I believe you should be given an explanation regarding the delay. It seems that 2 patients were late to arrive to their appointment. That's why your Dr. is a bit*

*late. They told me that you should be able to see him in 15 minutes. Would you like to wait or you prefer to come back another day?*

*Samir: Thank you for your help. I will wait.*

*Rima: Thank you for your understanding. You can wait here and I will call you when the Dr. is ready.*

## **Scenario 2**

Rima was very angry because she wasn't able to concentrate and finish her tasks. She went out of the room and went straight to the waiting area moving rapidly with a clear angry face.

*Rima: What's happening here? Why all this noise?*

The receptionist starts to explain the situation.

*Rima: Sir, as you were told, you have to wait for your turn (in a firm tone of voice).*

*Samir: I don't want to wait. Let me in now (loudly).*

*Receptionist: We are telling you that we have delays and you have to wait.*

*Rima: I'm telling you, you have to wait (tone a bit high)*

*Samir: Who are you to tell me what to do? I want to see my Dr. now.*

*Rima: I'm telling you, if you don't wait for your turn calmly, I will not let you see the Dr. and I will ask the security guards to take you out.*

Samir was extremely irritable at this stage. Started shouting loudly, and pushing furniture.

Rima called the security guards who took him outside the centre.

**1- At which stage of emotional crisis is Mr. Samir at the beginning and at the end of each scenario?**

**2- Which scenario demonstrates an effective crisis management?**

**2- Highlight the helpful techniques/tips used in de-escalation**

**3- Which actions were not helpful?**