

SESSION 1: ADDRESSING STRESS IN EMERGENCIES



LEARNING OBJECTIVES

1. Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed
2. Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts
3. Apply self-care strategies to manage your own stress and regulate your emotions as a counselor



COUNSELING SKILLS FOCUS*

- Show that you understand how mother or caregiver feels (showing empathy).
- Recognize and praise what the mother or caregiver and baby are doing right.
- Use simple language.

**Reminder: The full 3A process and counseling skills set remain essential. The focus on these particular three skills is for practice and learning purposes.*



Material and preparation:

Role-play cards – Hana (Step 4): Cut cards for approximately one-third of participants from Annex 1.1 (at the end of this session).



2 hours

STEP 1: Set the Scene



15 min

1 Why this topic (1 min)

Key Points:

- Stress affects how caregivers **think, make decisions, and interact** with their children.
- Stress can **reduce a person's ability to learn, reason, and make decisions**.
- IYCF-E counselors need strategies to **adapt counseling** in stressful contexts.

Bridge: "Stress is everywhere in emergencies. Let's look at common causes."

2 Stress factors in emergencies (3 min)

Action:

- **Show:** *Figure: Sources of stress in emergencies* (Participant handbook).
- **Explain each category briefly:** Emergencies create multiple, overlapping stressors that affect caregivers in different ways.
 - **Environmental factors** can create insecurity and constant alertness.
 - **Social factors** like isolation or loss of loved ones make stress harder to cope with.

- **Health system disruptions** trigger fear and worry about children's well-being.
- **Financial strain** pushes families into "survival mode," making care and feeding more difficult.
- **Individual vulnerabilities**, such as disability or increased GBV risk, can magnify the impact of all other stressors.



Facilitator Tip Keep it high-level, do not read word for word, just summarize.

Bridge: "These stressors shape the experience of every family. Remember, the emergency context creates stress, and that stress can influence how caregivers feed their infants and young children. Let's see what this looks like in real life."

3 Scenario discussion (7 min)

Action:

- **Ask:** Volunteer reads *Scenario: Stress Impacts Feeding* (Participant handbook).
- **Discuss:**



How might the stress caregivers experience in these conditions impact IYCF-E practices?

- **Write:** Capture ideas on flipchart.
- **Add:** Use key points if missing.
 - **Stress can reduce a caregiver's confidence in breastfeeding**
 - When mothers feel anxious or believe stress reduces milk supply, they may shorten feeds or feed less often.
 - Emotional distress can make it harder to focus on a child's cues and feed responsively.
 - **Stress may increase reliance on bottles or BMS**
 - Crying babies in crowded spaces can cause anxiety and pressure, leading caregivers to introduce BMS for quick relief.
 - Caregivers under stress may see formula as a "safe" or "easier" option, despite having less access to safe drinking water and cleaning supplies.
 - **Stress combined with disrupted routines leads to feeding challenges**
 - Emotional and physical fatigue from long queues and crowded shelter conditions can result in missed feeding opportunities.
 - High stress can make mothers feel they have "no time" or "too many things to manage."
 - **Stress combined with lack of privacy creates barriers**
 - Mothers who feel self-conscious or judged in shared spaces may avoid breastfeeding or shorten feeds.
 - **Stress can make decision-making harder**
 - When anxious and tired, caregivers may follow incorrect advice or adopt unsafe practices (e.g., improper BMS prep).

Bridge: "Now let's think about families who face even more challenges."

4 Disability focus (3 min)

Action:

- **Ask:**



What additional stress might caregivers with disabilities experience?

- **Summarize:**
 - **Overcrowding and mobility barriers:** Crowded spaces make movement difficult and exhausting for caregivers with physical and/or sensory disabilities.
 - **Privacy challenges:** Lack of private spaces for breastfeeding can be especially stressful and undermine a person's dignity, particularly for women facing cultural stigma.
 - **Greater physical strain:** Completing daily tasks or moving through the camp may require extra energy. Caregivers of children with disabilities may also have to carry or assist their child more frequently.
 - **Feeding and food access difficulties:** For infants who relied on BMS before the emergency, shortages and unsafe supplies and drinking water add more anxiety. Children with disabilities may require specific foods or have sensory sensitivities, making emergency rations or crowded feeding centers stressful. Bridge: *"These challenges are on top of the stress everyone else faces. Being aware helps us provide inclusive support."*

5 Learning objectives (1 min)

Action:

- **Say:** *"To guide our session today, let's review the learning objectives together."*
- **Read learning objectives:**
 - Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed
 - Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts
 - Apply self-care strategies to manage your own stress and regulate your emotions as a counselor
- **Highlight counseling skills focus:**
 - In this session, for learning and practice purposes, we are focusing on the three key skills:
 - Show that you understand how the mother/caregiver feels (empathy).
 - Recognize and praise what a mother or caregiver and baby are doing right.
 - Use simple language.

Bridge: *"Now that we've explored how stress affects caregivers, and how it shapes feeding practices, let's build on this understanding."*

STEP 2: Strengthen key knowledge, concepts, and skills

 55 min



LEARNING OBJECTIVE 1:

Describe how the timing, duration and frequency of IYCF-E counseling is adapted to support caregivers who are stressed

Time: 15 min

1 Introduction (1 min)

Action:

- **Explain:** *"In emergencies, usual counseling schedules often break down. Services are disrupted, families may wait long hours, and caregivers are under stress. Three things about counseling need to be adapted:*
 - When you provide it (timing)

- How long you spend (duration)
- How often you meet (frequency)
- **Show:** *Table: Adapting counseling in emergencies – Timing, duration, frequency* (Participant handbook).

Bridge: "With this first objective, we will explore how to adapt these three aspects, so that counseling still supports caregivers, even through very short sessions or in stressful situations such as overcrowding, loss, or uncertainty."

2 When: timing challenges and adaptations (3 min)

Key Points: Why timing matters

- Disrupted services mean counseling may happen **too late** (e.g., no prenatal counseling) or **too early** (e.g., complementary feeding advice during newborn care).
- When this happens, caregivers can feel **overwhelmed**, lose **confidence in themselves** ("I don't know how to do this"), or in the **system** ("Why didn't my midwife tell me this before?").
- These feelings often lead to **self-blame**, **anger**, or **shame**, which can cause hopelessness and inaction.

Action:

- **Ask:**  "Why might it be harmful to give advice that a caregiver can't act on yet?"
- **Sample answers:** 'It confuses them', 'They feel like they failed', 'They might give up on all advice', 'It increases stress instead of helping'.
- **Wrap-up:** "Exactly, advice that can't be used now often leads to frustration or hopelessness. So, always prioritize what they can act on today."

 **Facilitator Tip** Keep the discussion above very brief (1–2 quick answers). Do not turn it into a full discussion.

Key Points: Adaptations

- **Acknowledge feelings:** Validate frustration or shame caused by missed information or services.
 - Example: "It's understandable to feel this way. The situation has been difficult for everyone."
- **Address self-blame:** Shift the focus to what caregivers can do now:
 - Example: "The past was beyond your control, but here's what you can do today for your baby."
- **Prioritize the present:** Focus on **immediate needs** rather than future or past gaps.
- **Avoid overload:** Do not give advice that the caregiver cannot act on right now.
- **Highlight strengths:** Reinforce what the caregiver is already doing well to build confidence.

 **Facilitator Tip** Keep it high-level, do not read word for word, just summarize.

3 How long: Counseling duration challenges and adaptations (3 min)

Key Points: Why duration matters

- Caregivers under stress may be facing additional feeding challenges and need **more time to express concerns** but may have a **reduced attention span** for new information.
- Counselors face **time pressure** and **high caseloads**, making balance difficult.
- Sessions that are too short **miss context**; those that are too long **overwhelm caregivers**.

Action:

- **Ask:**  "If you only had 3 minutes with a caregiver, what would you do first?"
- **Sample answers:** 'Listen to their main concern', 'Give one key message', 'Show one thing like positioning'.
- **Wrap-up:** "Yes, keep it simple, set one goal, and leave them feeling confident they can do it."

Key Points: Adaptations

- **Start with emotional connection:** Even in a short interaction, begin with a supportive tone and welcoming body language.
- **Set one clear goal:** Agree on the main issue to address and a simple step to take.
- **Break information into smaller steps:** Give one point at a time and repeat key messages at the end to help with memory under stress.
- **Plan next steps:** End with a realistic plan, even if it's just "We'll talk again at the distribution tomorrow."
- **Positive closure:** Always leave caregivers feeling supported and hopeful.

4 How often: frequency challenges and adaptations (3 min)

Key Points: Why frequency matters

- Six recommended contacts may not be feasible in emergencies.
- High stress reduces the ability to **remember and apply information**, so **repetition of information during each session is critical**.

Action:

- **Ask:**  "What are some places or moments where you could give quick advice in an emergency?"
- **Sample answers:** 'At distributions', 'While waiting in line', 'During health visits', 'Home visits if possible'.
- **Wrap-up:** "Every interaction counts. One message, many times, many places."

Key Points: Adaptations

- **Seize opportunities:** Provide counseling wherever possible (e.g., at food distribution points, health post queues).
- **Short and focused:** Give **1–2 key messages per contact** instead of trying to cover everything.
- **Repeat and reinforce:** Use multiple brief interactions to build understanding over time.

5 Why stress matters for timing, frequency, and duration (2 min)

Key Points:

- **Stress impacts thinking:** It reduces memory, decision-making, and problem-solving capacity.
- **Keep it simple and repeat:** Short, focused messages that are repeated across contacts are more effective than one long session.
- **Use multiple messaging formats:** Combine verbal, written, and visual communication to support recall under stress.
- **When time is extremely limited** (e.g., in a transit point):
 - Give simple, visual handouts with key points.
 - Focus on one or two immediate actions.
- **For caregivers with disabilities:**
 - Provide adapted formats (large print, pictorial cards, braille) and allow extra time if possible.
 - Involve a trusted support person who knows their needs.

6 Key takeaways and questions (3 min)

Action:

- **Refer:** *Key learning points – Objective 1* (Participant handbook).



Facilitator Tip

Point participants to the Key learning points in their handbook. If needed, quickly summarize from the handbook to reinforce.

- Ask if participants have any questions before moving on.



Facilitator Tip

If you have an extra minute or want more discussion, ask:
"Which of these adaptations do you think will be most challenging in your setting?"

Bridge: "We've just looked at adapting when, how long, and how often we provide counseling. Another key challenge is how caregiver stress affects feeding itself. In the next session, we'll look at how stress impacts responsive feeding and strategies to support both caregivers and infants."



LEARNING OBJECTIVE 2:

Explain how stress impacts responsive feeding and describe strategies to mitigate those impacts

Time: 30 min

1 Activity: Common beliefs and practices: TRUE or FALSE (8 min)

Action:

- **Introduce:** "Very often, long-standing beliefs and practices around infant and young child feeding are passed down through generations. These beliefs may sometimes differ from current recommended guidelines. It's important to approach these cultural practices with respect and understanding, while providing evidence-based information that supports the health and well-being of both mothers and children."

Key Points: Why this matters?

- Beliefs often **shape caregiver confidence and behavior**, especially in stressful emergency settings.
- These beliefs can **increase anxiety** and lead to changes in feeding behavior (e.g., stopping breastfeeding, introducing foods too early).
- Our role: **affirm the caregiver's feelings**, acknowledge the context, and gently provide accurate information.



TRUE or FALSE activity: Common beliefs and practices

Instructions:

- **Refer:** Activity: Common beliefs and practices (Participant handbook).
- **Read:** Each statement aloud to the group.
- **Say:** "Stand if you think it is TRUE, sit if you think it is FALSE."
- **Explain:** Share the correct answer using the facilitator notes below.

TRUE or FALSE activity: Common beliefs and practices - Facilitator notes

Milk production can continue even in very stressful situations.

TRUE

- **Fact:** Stress does **not** stop milk production. Milk remains nutritious even when the mother is worried or upset.
- **Additional details:**
 - Stress may affect let-down temporarily, but not overall milk supply.
 - Skilled support can help mothers manage stress and maintain feeding.
 - Reassuring mothers that their milk is sufficient is important.

Maternal adrenaline inhibits the let-down reflex, slowing milk flow at the beginning of a feed.

TRUE

- **Fact:** Stress hormones (adrenaline) may make milk flow a little slower at the start of a feed, but it does **not** reduce the amount of milk.
- **Additional details:**
 - Adrenaline can interfere with oxytocin (which triggers milk release), temporarily slowing milk ejection (“stressed breastfeeding cycle”).
 - Mothers may misinterpret slower flow as low milk supply and try unnecessary interventions (breast milk substitutes, early weaning).
 - A counselor can reassure the mother that slower milk flow or fussiness is normal and guide effective feeding techniques, even when she feels stressed

Infant behavior, such as crying or acting unsettled, during emergencies does not necessarily mean the baby is not getting enough milk.

TRUE

- **Fact:** Crying or fussing is often a normal response to stress, change, or discomfort, not just hunger. These behaviors are **not reliable** signs of inadequate milk intake.
- **Additional details:**
 - Infants also respond to environmental stressors (noise, separation, emergency conditions).
 - Frequent crying does **not** reliably indicate insufficient milk intake.

Breastfeeding while stressed or sad can harm the infant, physically or emotionally.

FALSE

- **Fact:** Breast milk remains nutritious even if the mother feels stressed, sad, or has experienced trauma. Breastfeeding can calm both mother and baby.
- **Additional details:**
 - Breastfeeding itself supports emotional regulation for both mother and child.
 - Reassure mothers that feeding while stressed is **safe and beneficial**.
 - Avoid language that might reinforce guilt or fear.

Fathers and other family members have little influence on feeding practices.

FALSE

- **Fact:** Fathers and family members commonly influence a mother’s beliefs and practices around feeding. While they are exposed to many of the same beliefs as mothers, they may have fewer opportunities to correct their understanding.
- **Additional details:**
 - Fathers and other family members may hold the same beliefs, affecting maternal confidence.
 - Mothers may feel pressured to stop breastfeeding or introduce BMS.
 - Counselors can engage family members to provide support and correct misconceptions.

Debrief:

- **Ask:**  “How might these beliefs affect a mother’s confidence and feeding behavior?”
- **Sample answers:**
 - **Increase stress and anxiety:** Mothers may feel guilty, incompetent, or worried that their milk is insufficient.
 - **Change feeding behavior:** Mothers or caregivers might shorten or skip feeds, supplement unnecessarily with formula, introduce complementary foods too early, or misinterpret normal infant cues.
 - **Affect mother-child bonding:** Less responsive feeding and reduced skin-to-skin time.

- **Influence from family:** Conflicting advice can worsen stress through increased pressure and confusion.

Transition:

- **Emphasize that these beliefs can indirectly affect milk supply through affecting feeding-related behaviors.** This can be addressed with respectful counseling.
- Understanding this helps the counselor approach a mother **with empathy and practical guidance.**

Action:

- **Ask:**  "How can we, as counselors, approach a mother or caregiver who holds these beliefs?"
- **Refer:** Job Aid 1.1: Addressing common beliefs and practices in emergencies (Participant handbook) for examples and sample sentences.

Key Points:

- Acknowledge and respect the caregiver's feelings.
- Provide accurate information gently.

! Facilitator Tip

Keep time on this activity as it is easy to veer into a lengthy discussion about common beliefs. Use a flip chart as a "parking lot" to capture questions or comments that are outside the scope of this session, and return to them later if time allows.



Bridge: "We've just seen how stress, beliefs, and practices can influence what mothers believe about breastfeeding. Now let's look at another important part of feeding and care: responsive feeding. This is key to both nutrition and emotional well-being."

2 Responsive feeding (2 min)

Action:

- **Ask:** Volunteer reads *Definition: Responsive care* (Participant handbook).
- **Explain:** "Responsive feeding means watching for your baby's signs of hunger and fullness and responding with warmth and care. It's about feeding when the baby needs it, not on a strict schedule, and offering comfort, not just food, such as soothing or holding the baby."
- **Ask:**  "When caregivers respond warmly and promptly to their child's needs, what positive effects do you see for the child?"
- **Sample answers:** 'feeling safe', 'mother-baby bonding', 'improved sleep patterns', 'better attainment of developmental milestones', 'reduced stress and improved ability to self-soothe', 'leading to improved emotional regulation in the future.'
- **Refer:** Key points (Participant handbook).

Bridge: "When caregivers respond warmly and promptly, babies feel safe and calm. This reduces stress for both the baby and the mother. But in an emergency, stress can make it harder for caregivers to respond in this way. We'll now look at how stress affects responsive feeding and what that means for our counseling work."

3 How stress impacts responsive feeding (5 min)

Stress and missed cues in responsive feeding

Action:

- **Introduce:** *"When a caregiver is stressed, their attention is divided. They may be worried about safety, food, shelter, or their other children. This can make it harder for them to notice their child's early hunger cues or to stay calm during feeding. The child may also feel stressed, which can lead to more crying or fussiness. This combination can reduce responsiveness during feeding."*



Mini-Exercise: The mental load

Instructions:

- **Read:** *"Think about being at work with an urgent deadline. You're trying to finish quickly, but tasks keep piling up, and your phone keeps ringing."*
- **Pause:** Give 10 seconds for participants to imagine the situation.
- **Ask:** *"While focused on this, if someone raised their hand nearby, would you notice immediately? Probably not. When your mind is busy, small signals are easy to miss."*
- **Explain:** *"This is what happens for a mother under stress in an emergency setting: her mental load is heavy, so early cues from her baby may be missed. Feeding happens later, when the baby is already upset, making the experience stressful for both."*
- **Show:** *Diagram: How missed cues affect breastfeeding over time (Participant handbook).*
- **Explain:** ***Why does milk supply decrease?** Breast milk production works on a supply-and-demand system: the less milk is removed from the breast, the less is made. Stress does not directly reduce milk but missed cues and disrupted feeding behavior can gradually impact supply over time.*



Additional ways stress impacts feeding behaviors:

- **Refer:** *Section: Additional ways stress impacts feeding behaviors (Participant handbook).*
- Stress affects behaviors of both caregivers and their children.
- These are normal reactions in emergencies. All these behaviors can reduce effective milk removal, responsive breastfeeding, and affect the timely introduction of complementary foods, which can gradually impact nutrition.
- What matters is supporting behaviors that protect positive feeding opportunities.

Key Points:

- Stress does not directly reduce milk supply, but affects responsive feeding behaviors and the introduction of timely, appropriate complementary feeding.
- Supporting caregiver behaviors can maintain milk supply, ensure appropriate complementary feeding practices are in place, and protect infant and young child nutrition.

Bridge: *"Stress can change how mothers and caregivers behave. These behaviors, which can affect feeding, can be supported and improved. Let's explore how to do this next."*

4 Strategies to mitigate impact (12 min)



Small group discussion: Strategies to mitigate the impact of stress

Instructions:

- **Introduce the activity:** *"We've seen how stress can make responsive feeding harder. But there are things we can do to support mothers and caregivers. In groups, you'll brainstorm practical strategies that you can apply during counseling sessions."*
- **Divide participants into three groups:**
 - Group 1 → Support caregiver emotional state
 - Group 2 → Strengthen responsive feeding
 - Group 3 → Engage family and community
- **Refer:** Activity: *Strategies to support mothers under stress* (Participant handbook).
- **Explain the task:** *"You have 5 minutes to discuss and write down as many ideas as possible. Then we'll share highlights."*
- **Monitor and support:** Walk around, encourage quieter participants, and prompt with examples if needed.

Debrief:

- **Ask** each group for 2–3 key strategies.
- **Summarize and reinforce key points.** If any important strategies were not mentioned, refer to the facilitator notes below to ensure they are covered.
- **Explain:** Participants are encouraged to use the counseling cards during sessions to support caregivers. For example:
 - **Card 28 – Teach your child to eat with patience and love:** supports responsive feeding.
 - **Card 33 – Take care of yourself to manage stress and fatigue:** encourages caregiver well-being.
- **Refer:** *Job Aid 1.2: Practical strategies to support mothers under stress* and *Job Aid 1.3: Counseling cards* (Participant handbook).

Wrap-up message

- *"Stress can make feeding harder, but with the right support—emotional care, practical tips for feeding responsiveness, and family support—mothers can continue to breastfeed successfully."*



Small group discussion: Strategies to mitigate the impact of stress - Facilitator notes

Group 1 – Support a caregiver's emotional state: *"What practical things can you do to help a mother or caregiver feel calmer, more supported, and less alone in this situation?"*

Possible answers:

- Sit in a calm, safe space with the mother.
- Listen without judgment and validate her feelings.
- Normalize stress response: *"It's normal to feel this way; your milk is still good."*
- Encourage skin-to-skin for calming both mother and baby.
- Encourage calming techniques before feeding: deep breathing, grounding exercises, supportive positioning.

- Reassure her that stress does not stop milk production.
- Encourage care-seeking when needed: *"If these feelings do not go away, you can visit the health facility. Depression and anxiety are common after birth and can be treated."*
- Connect her with peer support or mother groups.

Group 2 – Strengthen responsive feeding: *"What tips can you give a mother to help her respond to her young child's feeding cues, even when life is stressful?"*

Possible answers:

- Explain early hunger cues (e.g., rooting, hand-to-mouth movements) vs. late cues (crying).
- Show her how to watch and listen for cues while holding baby close.
- Minimize distractions: Find a quiet corner or use a privacy screen if possible.
- Encourage skin-to-skin to promote bonding and relaxation.
- Support comfortable positioning to reduce stress for both mother and baby.
- Reassure her that feeding frequently, even for comfort, is normal during stressful times.
- Offer tips to keep the baby close (baby-wearing, safe room-sharing) to make cue recognition easier.

Group 3 – Engage family and community: *"What can you do to involve family or community members, so they support the mother and do not pressure her with myths or recommend harmful practices?"*

Possible answers:

- Invite family to counseling sessions if possible.
- Address common myths in a respectful way.
- Encourage family members to reduce pressure and give emotional support.
- Suggest practical help: share household chores, prepare food, and/or care for older children.
- Promote positive messages within the family: *"Breastfeeding is still best, even when stressed."*
- Involve fathers in creating calm feeding spaces and supporting skin-to-skin.
- Encourage the mother: When feeling exhausted or overwhelmed, reach out for help from partner, family, or friends.
- Suggest sharing experiences with a trusted confident, both successes and challenges.
- Where possible, link to community mother-to-mother or peer support groups.

5 Key takeaways and questions (3 min)

Action:

- **Refer:** Key learning points – Objective 2 (Participant handbook).
- **Ask** if participants have any questions before moving on.



Facilitator Tip

If you have an extra minute or want more discussion, ask:

"Which of these strategies to support mothers under stress do you think will be most challenging to implement in your setting?"

Bridge: *"We've explored how stress affects mothers and infants, and how responsive feeding can be supported even in challenging situations. Now, think about this: as frontline workers, your own stress and mental load can influence the effectiveness your support to mothers and young children. Just as stress can change a mother's responsiveness, your stress can affect your listening, patience, and counseling. In the next session, we'll focus on strategies for self-care and stress regulation, so you can remain calm, present, and effective while supporting others."*



LEARNING OBJECTIVE 3:

Apply self-care strategies to manage your own stress and regulate your emotions as a counselor

Time: 10 min

1 The concept of stress regulation (2 min)

Action:

- **Introduce:** *"In this session, we will explore how stress affects us and learn practical strategies to regulate our own stress, so we can stay calm, focused, and effective when supporting caregivers."*
- **Explain:**
 - "Regulation means managing your stress response so you can return to a calm, balanced state. This is called being regulated.
 - We all have a **nervous system** that helps us respond to stress. When we are calm and balanced, we can think clearly, make decisions, and connect well with others.
 - When stress becomes too much, our mind is not able to be clear and we often take on different behavior reactions:
 - **Fight or Flight response:** Feeling impatient, restless, or frustrated.
 - **Freeze response:** Feeling stuck, unsure, or disconnected.
 - These reactions are normal. But if we stay dysregulated too long, it affects our **health**, our **relationships**, and our **counseling work**."

Key Points: Link to counseling

- **Refer:** First column of the *Table: Effects of regulation and dysregulation on counseling* (Participant handbook).
- Being regulated matters for effective counseling and well-being.
- As IYCF-E counselors, being regulated allows you to:
 - **Build** trust and rapport with caregivers.
 - **Listen** actively and **make** good decisions.
 - **Support** mothers in feeling calm. Because calm is contagious!

2 Effect of dysregulation on counselling (2 min)

Action:

- **Ask:**  *"When you are stressed or anxious, how does it impact the way you engage with the families that you are supporting?"*
- **Collect:** 2-3 short answers.

Key Points: Link to counseling

- **Refer:** Second column of the *Table: Effects of regulation and dysregulation on counseling* (Participant handbook).
- During IYCF counseling, dysregulation might look like:
 - Impatience when a mother doesn't follow your advice.
 - Avoiding a difficult conversation.
 - Feeling stuck when a mother has many problems."
- Learning to regulate is essential for providing effective IYCF-E counseling.

3 Self-regulation vs co-regulation (1 min)

Action:

- **Say:**
 - “When we are calm, caregivers feel it. Our **emotional state influences theirs**. This is called **co-regulation**.”
 - “But here’s the key: **you can’t calm others if you are not calm yourself**. That’s why we focus on **self-regulation** first.”
- **Refer:** *Table: Self-regulation vs co-regulation* (Participant handbook).

Key Points:

- **Self-regulation** = calming and grounding yourself to stay focused and resilient.
- **Co-regulation** = using your calm presence to help others (caregivers/babies) feel calm.
- Co-regulation **can be taught** to mothers and caregivers to use with their children.
- We focus on **self-regulation** first, then build toward **co-regulation**.

4 Regulation techniques (2 min)

Action:

- **Explain:** “Some techniques help calm us when we feel tense (**soothing**), others give us energy when we feel tired (**activating**). We’ll practice one example now, but there are many more in your handbook and annex.”
 - **Soothing** → Slow breathing, grounding, self-hold
 - **Activating** → Stomping feet, shaking, gentle movement
- **Refer:** *Two types of regulation practices and Different styles of practices* (Participant handbook)



Practice: Breathing (short version)

Instructions:

- **Introduce:** “Let’s try one technique together.”
- **Guide:**
 - “Place one hand on your chest.
 - *Inhale* for 1, 2, 3, 4...
 - *Hold* for 1, 2...
 - *Exhale* slowly for 1, 2, 3, 4, 5, 6.
 - Let’s repeat this 3 times together.”
- **Ask:** “How do you feel now compared to before?”
- **Refer:** *Annex 1: Emotional regulation practices* (Participant handbook).



Facilitator Tip

If time allowed, this practice could be extended. This is just one example. There are many others that participants can try during the training and afterwards.



5 Integration regulation techniques in daily work (2 min)

Action:

- **Ask:**  "When could you use this in your day as a counselor?"
- **Collect:** 2-3 short answers.
- **Summarize:**
 1. **Before a counseling session:** Take a few breaths, notice your state, set aside distractions.
 2. **During a session:** Model calmness, speak slowly, listen fully. Your calm presence helps regulate caregiver, which in turn helps their baby (co-regulation).
 3. **After a difficult session:** Reset before moving to the next caregiver.
- **Conclude:** "These techniques take just a minute or two, but they make a big difference for you, for the caregiver, and for the infant or young child."

6 Key takeaways and questions (1 min)

Action:

- **Refer:** Key learning points – Objective 3 (Participant handbook).
- **Ask** if participants have any questions before moving on.
- **Wrap up:** "We will continue to practice these techniques throughout the training—before breaks, after intense sessions, and during role-plays."



Facilitator Tip

If you have an extra minute or want more discussion, ask:

"Which self-regulation or co-regulation practice(s) do you think will be easiest to use in your daily counseling work?"

Bridge: "We are now moving into a demonstration where you will see how to apply what we learned in Step 2."

STEP 3: Demonstrate

 15 min

1 Introduction (2 min)

Action:

- **Introduce:** "In this demonstration, we will continue from the context we discussed in Step 1 and apply the knowledge and skills from step 2, with a focus on the following 3 counseling skills:
 - Show that you understand how the mother/caregiver feels (empathy).
 - Recognize and praise what a mother or caregiver and baby are doing right.
 - Use simple language.
- **Refer:** Case study: Hana and Mariam (Participant handbook).
- **Summarize** the case:
 - Setting: Mother–Baby Tent in the transit camp
 - Counselor has been referred to the mother, Hana
 - Baby Mariam is 4 months old and has been exclusively breastfed until now
 - She is considering introducing breastmilk substitute (BMS)

2 Script (10 min)

Action:

- **Act out** the script below as a team of 3.

Facilitator Tip

- **Act, don't read:** You are encouraged to perform the counselor or mother naturally rather than reading the script word-for-word. Use the dialogue as a guide.
- **Use prompts sparingly:** You may not have time to ask all prompts during the demo. Pauses should be realistic but brief.
- **Set the tone:** Model calm, patient, and supportive behavior throughout; this helps participants see how emotional safety is created.



Counselor

Hello Hana, my name is [Counselor]. Welcome. Please come sit down, and I can bring you a cup of tea if you'd like. Let's take a moment to breathe. It's busy out there.



Hana

Oh yes, thank you.



Counselor

You're welcome! [pause]



Facilitator

Prompt:

- What did you notice the counselor did at the very beginning?
- How do you think Hana might feel after this kind of welcome?

Explanation:

The counselor creates emotional safety by greeting Hana warmly, offering comfort (bathroom, tea), and pausing calmly. These small gestures help reduce stress and show care before discussing feeding.



Counselor

I understand from my colleague that you're thinking about using formula for Mariam. Can you tell me more about what's happening?



Hana

Breastfeeding has been fine until now, but it's been so hard. When we were walking, our whole group had to stop every time I fed her, so I tried to delay feeding her until she was really crying or my breasts were very full and painful. Here, I've been stressed. I spend my day in queues for every little thing. There are people everywhere and I can't find a quiet place to sit, even at night. I didn't plan to use formula, but I feel like my milk isn't enough. Mariam acts like she is starving.



Counselor

What a difficult few weeks you've had! I hear you saying you're exhausted, with so many things to do and so little time to rest. These feelings are normal. This is a very stressful situation.



Hana

Yes, I feel like I'm never calm, and Mariam cries so much.



Counselor

That must feel overwhelming. Sometimes babies cry more when things around them are noisy or stressful. Crying doesn't always mean they're hungry.



Hana

Really? I thought it was because I don't have enough milk.

	Counselor	It's a common concern for many mothers in this situation. But your milk is still good. Stress does not stop your body from making milk, even with everything you are going through. Mariam is healthy. Look how she is watching you and listening to your voice right now.
	Facilitator	Prompt: • What words or tone did the counselor use to show empathy? • How did the counselor respond when Hana worried her milk wasn't enough? Explanation: The counselor validates Hana's stress by naming her feelings and linking them to the difficult situation. This shows Hana she is heard and understood. Then, the counselor debunks the myth that stress stops milk production, while praising Hana's mothering and highlighting Mariam's healthy behavior. This combination reassures Hana and builds her confidence.
	Hana	But I want things to go back to how they were before. She used to feed every few hours and only once in the night. Now she wants to feed all the time, and I don't understand it.
	Counselor	This is hard. The changes you're describing are very common when life changes so quickly as it has been for you and your family. At home, you may have had more time and space to feed Mariam whenever she wanted. Here in the camp, with so many demands and little privacy, it makes sense that feeding has felt more difficult. Your milk is still nutritious and enough for Mariam. What makes the difference is how quickly you're able to feed her when she's hungry. If feeds are delayed, she may cry more, take less milk, and seem unsettled. But if you notice her signs of hunger early and put her to the breast right away, feeds go more smoothly, and your body keeps making the milk she needs.
	Hana	I usually wait until she cries. Isn't that the sign she's hungry?
	Counselor	Crying is usually the last sign of hunger. By then, she's already very hungry and harder to calm. Before that, babies give smaller signals. For example, Mariam might root around looking for your breast, move her hands to her mouth, or fuss a little. Watching for these early signs helps you feed her before she gets upset, and feeds are calmer and more effective.
	Hana	Oh, I didn't know that. So, if I catch it before she cries, she'll feed better?
	Counselor	Exactly. The sooner you respond, the calmer Mariam will be, and the easier the feed. The more you watch her eyes, mouth, and movements, the easier it gets to understand what she needs. Try to keep her close so you can notice those little signals as they are happening. And remember, it's important to put her to the breast often, even if it feels like many times in a day.
	Facilitator	Prompt: • What advice did the counselor give about when to feed Mariam? • What signs of hunger were mentioned before crying? Explanation: The counselor explains that crying is a late hunger sign and shows how to look for earlier signs that make feeding easier and calmer. She keeps her language simple, avoids jargon, and gives

clear, practical examples. By encouraging Hana to keep Mariam close and feed her often, the counselor supports her confidence and helps protect her milk supply.



Hana

Well, that makes sense! But what am I supposed to do? There's nowhere to feed her that is private or comfortable. And the tent is open to everyone. So, I don't feel comfortable feeding her, especially at night.



Counselor

I understand that your privacy and safety is important. I have noticed that some families have made screens out of sheets that can be used to create a private space. Would that be possible to do?



Hana

It might. I can try. At least it would be worth trying to see if she cries less.



Counselor

That sounds like a good step. So, for now, you'll try to make a little private space with a sheet and keep Mariam close so you can notice her signals early. I'll check in with you tomorrow to see how it goes and what else might help. You're doing a great job caring for Mariam in such a difficult situation.



Facilitator

Prompt:

- How did the counselor respond when Hana raised concerns about privacy?
- What steps did they agree on together?

Explanation:

The counselor has shown empathy for Hana's concern about privacy and offered a practical suggestion and waits for Hana's feedback. Mothers who are stressed may take longer to get into problem-solving mode. The counselor also summarizes the plan, praises Hana, and sets a follow-up for the next day. This leaves Hana supported and gives her clear next steps.

3

Debrief (3 min)

Action:

- **Ask:**  "What did you notice that the counselor did that helped Hana feel supported?"

Bridge: "Thank you for observing the demonstration. Now it's your turn to put these skills into practice through a role-play."

1 Regulation technique (5 min)



Practice: 5-4-3-2-1 method

Instructions:

- **Introduce:** *"Before we begin, let's try another regulation technique. Counselors can use this kind of practice before or between sessions to reset. It's called the 5-4-3-2-1 method."*
- **Guide:** Ask participants to notice: 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste (or imagine tasting).
- **Refer:** Activity: 5-4-3-2-1 method (Participant handbook).



2 Introduction (5 min)

Action:

- **Explain:** The role-play is a continuation of Hana's story from Step 3: she returns the next day.
- **Organize:** Ask participants to form groups of 3: **Counselor, Hana, Observer**.
- **Distribute:** Hand out the role cards to each "Hana" (*prepared in advance the role-play card – Hana from the Annex 1.1*).
- **Option:** Invite counselors to choose a regulation technique from the annex 1, if they would like to use one in the role-play.
- **Explain:** The observer uses the Counseling Skills Checklist to note strengths and areas for improvement.
- **Remind:** Counselors should practice using the three key skills demonstrated in Step 3:
 - Demonstrate empathy by showing that you understand how the mother/caregiver feels
 - Recognize and praise what a mother or caregiver and young child are doing right.
 - Use simple language.
- **Allow:** Give groups 2–3 minutes to get ready before beginning their role-plays. Participants can review the Counseling Skills Checklist to refresh their memory of the key recommendations discussed during the session.
- **Time:** The role-play lasts about 10 minutes.

3 Role-play practice (10 min)

Action:

- **Encourage:** Ask groups to start quickly and use their full time.
- **Support:** Move quietly between groups, observe, and answer questions if needed.
- **Manage time:** Give a **5-minute** and **2-minute** warning so participants can pace themselves.
- **End:** Stop the activity on time, even if some groups have not finished the full role-play.

4 Debrief (10 min)

Action:

- **Gather:** Bring everyone back together and thank participants for their role plays and effort.
- **Ask to observers**  :
 - “What strengths did you notice in the counselor’s approach?”
 - “What areas could be improved?”
- **Ask to counselors**  :
 - “How did it feel to be in the counselor role?”
 - “What was most challenging? What worked well?”
- **Ask to “Hana’s”**  :
 - “How did it feel to be in Hana’s place?”
 - “What kind of responses were most supportive?”
- **Refer:** Role-play debrief: Hana (Participant handbook).
- **Add:** Highlight key points if they do not come up. Use the debrief box from the participant handbook to add practical advice that should have been applied during the counseling session (acknowledging progress, empathy, addressing the stress/milk myth, family support, co-regulation, clear next steps).

Facilitator Tip

Manage time: Keep the discussion practical and focused; aim to complete the debrief within 10 minutes. Participants can continue reading the box ‘Role-play debrief: Hana’ afterwards in the Participant Handbook for further reflection.

Bridge: “These skills take time and practice. Each conversation is an opportunity to improve. In Step 5, we’ll reflect individually on your own counseling experiences and think about how to apply these lessons in your daily work.”

STEP 5: Self-reflection

 5 min

Action:

- **Invite:** Ask participants to take a quiet moment to reflect and note their answers in the Participant handbook.
- **Guide:** Read the three questions aloud and give participants 2–3 minutes of silence to think/write.
- **Share (optional):** If time allows, invite 1–2 volunteers to share a key takeaway.
- **Close:** Thank participants for their reflections and emphasize that applying these insights in real-life counseling is where change happens.

Facilitator Tip

Keep the activity short and personal. This is not a group discussion but an opportunity for each participant to consolidate their own learning.

ANNEX 1.1: Role-play card – Hana

Cut the cards below and provide one to each participant acting Hana.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

Card: Hana

Progress from yesterday:

- The privacy sheet worked well; your husband helped set it up, giving more privacy for feeds.
- You've been watching Mariam more and putting her to the breast more often.

BUT, you are still thinking about using formula:

- Your husband heard other men say Mariam keeps them up at night; he suggests formula.
- Milk takes a long time to flow at the start of feeds, and Mariam is fussy and seems frustrated during this period.
- You feel this fussiness is caused by stress. Each time you feed, you feel stressed at the start of the feed because you worry Mariam will be fussy or not get enough milk. It feels like a cycle.

This page is intentionally left blank – back of cards