



# Psychosocial Support to Wenchuan Earthquake Survivors Project Core Information Cards

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## MOH-UNFPA

Project of Psychosocial Support to Survivors of the Wenchuan Earthquake  
Core Information Card 1  
Psychosocial Support to Wenchuan Earthquake Survivors Project  
Core Information Cards

# An Introduction to China MOH/UNFPA's Project of Psychosocial Support to Survivors of the Wenchuan Earthquake

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### The Mission of UNFPA

UNFPA, the United Nations Population Fund, works to deliver a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

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Since 1979, UNFPA has worked in partnership with the Government of China to address cross-cutting issues of population, reproductive health and gender.

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The China Ministry of Health (MOH) and United Nations Population Fund's (UNFPA) Project of Psychosocial Support to Survivors of the Wenchuan Earthquake lasted for one year from the 1st of January till the 31st of December, 2009.

With financial support from the Government of Finland, the project was managed by the UNFPA and implemented by the MOH/Peking University Institute of Mental Health (PKUIMH), the All China Women's Federation (ACWF) and the China National Committee on Ageing (CNCA).

As a part of the Project, core information cards were developed through a series of community trainings and were pre-tested by a team of national experts. The end-users of the core information cards are trained community and village managers working in health, the Women's Federation, civil affairs, ageing and other areas.

The core information cards cover eight areas including:

- i) An overview of communication skills specifically for youth, women, and the elderly,
- ii) Cognition and treatment of common psychological problems,
- iii) Psychological counseling and intervention skills,
- iv) Post-disaster and public health education
- v) Self-protection strategies for those assisting in post-disaster situations,
- vi) Responsible and safe sexual behaviors for young people,
- vii) Interventions against gender based violence.

Natural disasters cause significant psychological and social suffering to affected populations. The Wenchuan earthquake on the 12th of May, 2008 affected approximately 46 million people.

In response to the Government of China's request for assistance following the earthquake, the UNFPA's initial response was to provide support to national counterparts in a multitude of areas including the provision of emergency reproductive health kits to those in affected areas and the distribution of personal hygiene kits to women. In the subsequent three months, UNFPA focused its efforts on capacity building in the areas of reproductive health and psychosocial support through a series of trainings with national partners. In October 2008, UNFPA, in collaboration with the World Health Organization (WHO) and national partners including China's MOH and the CNCA, organized two training workshops on psychosocial support and mental health in Beijing and Sichuan.

This Project was the first time that the UNFPA had responded to an emergency crisis in China by providing both reproductive health and psychosocial support. Global experience in emergencies has shown that psychosocial support is critical for the long-term recovery of communities, and as such protecting and improving people's mental health and psychosocial well-being has become a priority in such emergencies.

In 2009, through a timely donation from the Government of Finland and in line with the State Council's September 2008 circulation on the 'Overall Planning for Post-Wenchuan Earthquake Restoration and Reconstruction', the UNFPA maintained close partnerships with the MOH/PKUIMH, the ACWF and the CNCA to facilitate the provision of psychosocial support to earthquake survivors. Vulnerable groups such as the elderly, women and youths were a specific focus of the project. The project was conducted in six counties of Sichuan province - Beichuan, An, Shi Fang, Qing Chuan, Mian Zhu and Du Jiang Yan counties. The scope of the project included: i) joint community training in sectoral clusters; ii) provision of psychosocial support to vulnerable groups in a sectoral cluster approach; iii) identification, management and referral of common mental disorders; and, iv) joint assessment of mental health and psychosocial issues. As a demonstration project, this Project endeavored, through community mobilization to formulate an inter-agency psychosocial support network.

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United Nations Population Fund  
China Ministry of health

**Source:** United Nations Population Fund, China Ministry of health

## Helpers:

Those assisting in recovery efforts after the earthquake (i.e. emergency workers etc.). This population is also at high risk of suffering from psychological trauma.

People who assist in relief efforts following earthquakes and other such mass disasters may witness tragic and horrific events which can lead to shock. In addition, the combination of insufficient resources and difficulties during disaster relief, and the intense emotional burden encompassing grief, sympathy, and empathy with other survivors, can result in physiological and psychological reactions. One such reaction is a state of psychological exhaustion resulting from excessive consumption of emotional and mental energy over an extended period of time. The predominant syndrome of psychological exhaustion is extreme mental, physical and emotional fatigue which can manifest through symptoms including: an aversion to

work, anxiety, depression, loss of sympathy and a feeling of inferiority. In order to better help the victims of the disasters, relief workers must be aware of their own psychological status and be equipped with certain skills and knowledge which will enable them to protect their own mental and physical health.

### Self-evaluation Scale for Relief workers with Psychological Discomfort

- Extreme fatigue, lack of rest and sleep, resulting in physical discomfort (such as nightmares, dizziness, difficult or laboured breathing, gastrointestinal discomfort, etc.)
- An inability to concentrate and/or memory loss
- Feeling numb or unable to feel emotion in daily life
- Worry and fear that you may break down or exhibit a lack of self-control
- Feelings of sadness, exhaustion, or even anger and rage at the limitations of the relief work
- Feeling unduly sad and depressed for the painful experience of the victims
- Thinking that you are not doing the relief work well, leading to feelings of guilt and remorse towards the victims
- Increased consumption, or reliance on alcohol, tobacco or prescription medicines.

**Do not forget to take care  
of yourself while helping  
others!**

## Solutions

### 1. Self-isolation techniques

We all know that vehicles cannot drive continuously without stopping to refuel. Isolation strategies are like gas-stations in that they allow relief workers breaks where they can recharge and refuel from their stressful work. Relief workers should ensure that they do not use all of their time and energy focusing on helping others, but also reserve time for their own mental and physical health.

#### A. General methods of isolation

- Arranging work schedules into shifts, with mandatory rest breaks if possible
- Ensuring that relief workers take regular rests and leave the workplace when doing so. Also while working, relief workers should not spend all of their time working together with those who have been rescued
- Separating rest areas from the rescued people as much as possible
- Ensuring that workers maintain contact with their own family and friends
- Encouraging participation in appropriate relaxation and entertainment activities
- It is important for relief workers to remember that when they are listening to and empathizing with what happened to the affected people, they should not forget that they are a rescuer and not the same as the people who were rescued.

#### B. Special Isolation Techniques

This is an imaginary exercise with which you can temporarily “pack away” unpleasant emotions and feelings by following these instructions:

1. Firstly, find a comfortable position and close your eyes; imagining that there is a safe or box in front of you, which is impregnable,
2. Now open the safe and put inside all the things that are causing you to feel stressed and pressured such as sensory and physical discomforts, thoughts and sounds that repeatedly discomfort or entangling you, bad smells, tastes and sights,
3. Now lock the door of the safe and put it in a place of your choice where it is not too close but still within your reach.
4. Now, has the burden been lifted? Enjoy the sense of relaxation.

## 2. Relaxation Technique

This exercise can help you to temporarily break away from noisy and stressful surroundings. Firstly select a comfortable position, close your eyes or look up or at a comfortable place around you. Now picture a place or scene that has made you feel relaxed, warm and happy before. Recall with whom you were at that time, and once again allow yourself to experience the good feelings you had then.



## 3. Team Support

Another strategy is to organize a group sharing session after a work-shift or rescue effort. This can allow team members to talk spontaneously about their experiences in the disaster. You should allow at least 30-45 minutes for each session, following the format below.

- Team members should greet each other and talk about the results achieved in their work. They should listen to each other's experiences and offer encouragement and praise to their peers for their hard work and the good job that they are doing.
- They should discuss "what is the worst part" of the tasks that they have each been involved in, allowing catharsis and sharing of feelings. It is important to ensure that no rescue team members are criticized for how they feel or how their work has been performed.
- The aim of the group is to offer support and comfort to members who are suffering from psychological stress and to assure them that their reaction is normal and can happen to anyone. Supportive gestures such as patting each other on the back or hugging are also an appropriate way of supporting those who are suffering from mental anguish and stress.
- The team leader should affirm the efforts in the rescue work of all of the relief workers and stress that their contribution is very valuable. Presenting relief workers with a small present or souvenir may make them feel appreciated.
- When members leave the team for various reasons, they could exchange photos and contact information so that they may keep in touch in the future. Another good idea is to give members who are leaving a memorial card or photo and to write on the back of it some of the specific achievements or contributions of the team member.

## 4. Self-decompression

Self-decompression means to remove pressure/stress from yourself. The following techniques and strategies are helpful in doing so:

- Using positive "self-dialogue". For example, you can say positive affirmations such as "I'm pretty good", "I am doing a good job", or "I am achieving good results" as a means of assuring yourself of your own achievements.
- Self-protection is an innate human mechanism that should have been learned when you burnt your finger or hurt yourself in the past. Try to avoid excessive self-criticism and eliminate guilt by telling yourself that "I have worked hard and done my best" and "No man is omnipotent".
- Stay with a trusted colleague and pay attention to each other's function, fatigue levels and stress symptoms. When necessary, remind each other that a break is needed.
- At the end of a day's work, spend a few minutes talking with colleagues about your thoughts and feelings of the day so as to prevent a bad mood that night.
- It is beneficial to participate in group sharing sessions or workers' support groups on a regular basis to talk about the emotional impact of your work on yourself and your colleagues. Learning some stress management exercises or attending a course is also a good idea.
- Ensure that you get adequate sleep and learn some relaxation techniques to help fall asleep if needed.
- Eat as regularly as possible and drink enough water. Avoid consuming too much sugar, fat, tea, coffee and alcohol. Try not to increase the amount you smoke.
- Limit work to 12 hour shifts and take a rest every four hours unless in special circumstances. When you are sick or unwell do not force yourself to continue working.
- If you feel that the pressure is becoming suffocating or making it hard to breathe, a good exercise which will gently stretch and release tension from the muscles associated with breathing is to take a deep breath and to hold it for as long as you can and then allow the breath to be forcibly exhaled.
- When conditions permit, make a conscious effort to treat yourself. For example, taking a shower, having a good meal and enjoying leisure activities can help you to lift the emotional and physical burden of your work. Also try to find and nourish some activities which will support your mental and physical health such as having quiet time alone, reading a good book, listening to beautiful music, playing chess with friends and doing some form of physical exercise.
- Put pictures of your loved ones close-by when you are away from home. Keep in close contact with your family and keep them updated on your safety and whereabouts so that they can also support you. When you have the chance, return home and spend time with your friends and family. Try to make new friends who are working or living in the disaster zone with you. Do activities that normally make you feel relaxed. Record your experiences in a diary or by video.

### Sources:

"Theory and Practice of Psychotherapy"  
"Disaster: From occurrence to recovery -  
Workbook of mental health professionals"

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**The basic skills of clinical communication are:**

- Observation, listening, questioning
- Affirmation and clarification
- Non-verbal communication

**Comprehensive skills of clinical communication include:**

- Discussing the diagnosis with patients and their families, encouraging them to accept treatment and communicating with them on their prognosis
- Treating and talking with the patient and patient's family differently
- Communicating bad news with patients and their families

## Basic skills

### Observation

#### 1. The principles of observation

- A. Observation with reflection – collection of information via observation as well as through the consideration and analysis of observed behaviours, actions, symptoms or speech
- B. Responsive observation – giving appropriate verbal and non-verbal responses to the observed information to ensure effective communication
- C. Observing through conversation – giving feedback and making adjustments
- D. Observation combined with listening – carefully watching what is done and said

#### 2. The contents of observation

- A. Expression, attitude, action
- B. Gait, posture, clothing
- C. Mode of talk and contact
- D. Methods of response
- E. General state and consciousness

### Listening

#### 1. The principle of listening - listen carefully with the heart and head and not just with your ears

- A. Listening with reflection- considering implications of actions and looking for clues or things that may reveal other symptoms
- B. Listening with observation – considering the speaker's emotion and any other psychological and social factors which may be of importance
- C. Combining the findings with the visual observations

#### 2. The contents of listening

- A. Tone
- B. Intonation
- C. The actual contents of the conversation

### Questions and answers

The role of asking questions is to clarify issues, to guide and control the conversation, to exchange thoughts and to give feedback. Some points to remember when asking questions are:

1. Questions can be used to control the conversation through the asking of ordered questions or through asking questions after conclusions have been made
2. It can be useful to combine open-ended and closed questions
3. Questions should have a strong focus and a clear meaning.
4. Only one question should be asked at a time.
5. Instead of asking "why?" it is better to ask more questions that ask about concrete details such as "where?", "who" "when".

## Communication process

### The communication process includes three stages, the introduction/beginning, in-depth questions in the middle of the interview, and the conclusion/ending

#### The initial stage of communication

##### 1.Objectives:

- A. Establishing trust in the relationship
- B. Looking for and gathering clues which may help to determine symptoms
- C. Deciding the way in which to conduct the interview (i.e. style of speech etc)
- D. Dealing with the emotion of topics of conversation

##### 2.The main techniques which are utilized

- A. Observation
- B. Listening

##### 3.Specific strategies

- A. Doctors should prepare themselves psychologically and make an appropriate space/environment available
- B. When the doctor meets the patient they should shake their hand and start the conversation by introducing themselves and preparing the seating arrangements. They should also observe the patient while doing this.
- C. Based on their observed findings, the doctor should then determine the best way in which to start the communications including beginning with:
  - Greetings and general questions, e.g. about everyday life
  - Discussion about the patient's current environment or situation
  - Discussion about the patient's chief complaints and pressing concerns
  - Discussing the patient's daily functions such as sleep, eating status etc.
  - Other conversation starters
- D. Doctors should attempt to deal with emotional problems that they observed at all times through-out the consultation
- E. A doctor should observe the patient's personality, characteristics, communication style, emotional and behavioral impulses and background in order to decide on the best way in which to facilitate continuous and open conversation.

F. Doctors should deal with the earthquake survivors with feeling and emotional sensitivity.

G. Doctors should attempt to find verbal, physical and behavioural clues that will alert them to the patient's symptoms and lead to more in-depth conversation.

#### Second, in-depth phase of communication

##### 1.Objectives:

- A. To clarify and verify the problem
- B. To approach the conclusion
- C. To continue to build relationships

##### 2.The main techniques utilized

- A. Observation - listening - response
- B. Asking question – asking for clarification – providing feedback

##### 3.Specific strategies

- A. Control - guidance
- B. Define core clinical problems accurately
- C. Decide the way in which to continue the conversation

#### Third, the final stage of communication

##### 1.Objectives:

- A. To summarize and verify the problems
- B. To provide necessary explanations and encouragement for facilitating future communications

##### 2.The main techniques utilized

- A. Summary and conclusion
- B. Control
- C. Guidance techniques

##### 3.Specific strategies

- A. Symbolic questions: "Do you have anything to say?"
- B. Arrange the next meeting when making conclusions.
- C. "Method of time limit"
- D. Giving the patient assignments and offering them encouragement at all times.

# Communication Skills with Adolescents

## Characteristics of Adolescents

- Immaturity
- Lack of ability to protect and support themselves
- Lack of effective problem-solving methods and resources
- Lack of competence in autonomy and independence
- Unable or unwilling to directly express their emotions and needs
- Their emotions and needs can easily be overlooked

## How to better communicate with adolescents

1. Building a warm, trusting, understanding and respectful relationship with adolescents and deciding upon appropriate treatment objectives using the following strategies:
  - Saying hello to the young people first when they come with their parents
  - Allowing the young people to talk about their motivation for coming to the consultation (i.e. their ideas about changing themselves, their home and school)
  - Patiently treating a variety of negative emotions in young people and attempting to understand the causes, and express a desire to help them
  - Not forcing the young people to talk when they are nervous or not willing to talk, and allowing them to say when they want to talk
2. Understanding and eliminating the sense of shame and fear from young people's families when they receive psychological help. The support for young people can be increased with attention to the following points:
  - Concern about the worries of parents, as well as their aspirations and goals of treatment for their children
  - Understanding the various negative emotions and concerns of the parents when they see doctors
  - Limiting parents negative evaluation of young people and encouraging them to comment and support their children in a positive fashion.
3. Determining who to interview and in which sequences - recommendations and the principle of flexibility
  - Arrange an individual interviews with the young person and their parents separately and then conduct a group discussion with the whole family
  - Interview the young person first, then their parents, and then everyone together, but allowing the young person to choose the conversation topics
  - Structuring interviews and sessions as described above will not only assist parents to understand their children but will also maintain a young person's privacy
4. Give supportive feedback at the end of the conversation to facilitate:
  - Understanding of the adolescent's emotions, thoughts and behavior, and their difficulties
  - Giving optimistic and positive recommendations in line with the issues to be resolved.

## The principles of communicating with young people

- Sincerely express concern for the youth, and show regard for him/her as a human being, making him/her feel liked and that they are being taken seriously and respected
- Respect the wishes and concerns of the young people's families
- Conversations with young people should be conducted in an objective, clear, explicit and direct way
- Use communication methods suitable for young people
- Help young people to gradually build their capacity to make their own decisions
- Protect young people's right to privacy, except when they are taking undue risks, or self-harming actions

## Communication and management steps for adolescents attending psychosocial or counseling clinics:

- Let the young person know the reasons for attending the counseling clinics
- Understand the reasons for the initial diagnosis
- Focus on the young person's difficulties or problems rather than focusing on the diagnosis
- Take into account the young person's desire to contribute to their own treatment plan, and also consult their parents.

## Adolescent mental health emergencies - Identification of risk factors

1. The first priority should be to ensure the physical health and safety of the adolescent
2. Next, rapidly assess the nature of the problem and define first-aid measures including:
  - Whether to contact a Pediatrician to give treatment
  - Whether to contact a Psychiatrist to give treatment
  - Whether there is a need to refer the young person to hospital for observation to prevent suicide or self-harm etc.
  - Whether the young person presents a risk of running away from home, and if so, what restrictions should be taken
  - Whether there is the possibility of the young person being mistreated, and if so, what protective measures should be provided
3. Thirdly, conduct a comprehensive psychiatric examination including:
  - The current issue
  - Present discomfort and predisposing factors
  - Family history, family stressors and response
  - Developmental and growth history
  - Past history of disease and similar problems
  - While interviewing the youth and their family, make detailed observations
4. Physical examination  
Especially when young people have been abused or abuse is suspected or when they exhibit behaviours or there is suspicion that they are involved in substance abuse, suicide attempts or sudden behaviour changes
5. Take into account different sources of information related to the young person including:
  - History of medical treatment
  - The information provided by family members
  - The information provided by teachers

## Common psychological problems or disorders in adolescent psychiatric emergencies

1. Suicide or self-harm  
A. signs:
  - Complaining that they feel like they are dying or they wish to die
  - Reveal the idea of "wanting to leave the world" verbally
  - Making preparations for the end of their life such as preparations for their funeral
  - A sudden light-hearted change of emotionsB. Strategies to help:
  - Ask the adolescent directly if they are depressed and have thoughts of committing suicide
  - Present solutions to suicide-related problems
  - Help the adolescent find positive and optimistic resources in their daily life that will offer them support if they experience extreme or sudden changes in their family, negative life events or the negative attitudes of others
  - Family members can stay with young people to avoid them being left alone
  - Refer youth who are at risk of suicide to a Psychiatrist for further treatment
2. Aggressive behavior  
A. signs:
  - Aggressive behavior in the past
  - Tension
  - Threatening speech and actionsB. Strategies to help:
  - Remove environmental stimuli and maintain a calm and firm manner so that the young person calms down
  - Listen to the young person's ideas and be aware of their emotional changes
  - Avoid threatening or blaming them, and help young people to control their emotions
  - Protect the safety of the youth and others
  - Refer them to a Psychiatrist
3. Sexual abuse  
A. Signs:
  - Suspicious physical signs such as bruises and abrasions
  - Depression, withdrawal from interaction with others including those they are close/familiar with
  - Agitated or short tempered
  - Avoidance of a person or situation
  - Obvious changes in their attitude to and interest in sex
  - Suicidal thoughts or behavioursB. Strategies to help young victims:
  - Encourage the discussion of matters related to sexual abuse
  - Reaffirm the adolescent's value and integrity as a human being
  - Immediately contact the relevant departments to prevent them from further injury
  - Arrange for a medical and psychological examination
4. Anorexia Nervosa  
A. Signs:
  - Weight loss in the range of 25-30% of their initial body weight
  - Acts of vomiting, binge-eating or excessive exercise
  - Amenorrhea (cessation of menstrual periods) in girls
  - Chest pain, arrhythmia (irregular heart beats) and other physical discomfortB. Strategies to help:
  - Refer the adolescent for hospitalization for the length of time required to improve their physical health condition
  - Contact a Psychiatrist to provide further treatment
5. Refusal to go to school: young people can refuse to go to school because of psychological problems or disorders which will be aggravated if there is no timely assistance.  
A. Strategies to help:
  - Determine the time of onset, predisposing factors and possible psychiatric diagnoses
  - Refer to a Psychiatrist for treatment
  - Ensure the young person and their family receives timely help to return to school as soon as possible because it is conducive to their healthy growth
  - Cooperate with the family and the school to make a detailed plan to urge the youth to attend school

# Communication Skills with Women and Men

## Principles for effective communication with women

### 1. Respect and trust is centered on:

- Acceptance of women and recognition and respect for women with diverse and unique life experiences.
  - Acceptance and respect for women to express different views and opinions.
- A. Encourage women to express themselves and their ideas, for example, by asking them, "What do you think?", "What do you want to say?"
- B. Try to understand things from a women's point of view and try to use a variety of methods to encourage them to express themselves. For example, allow women to take photographs as a way of expressing their views and life experiences through the camera.
- C. Encourage women's participation in the decision-making of their community and home affairs through:
- Regard the experience of women as a resource. share their knowledge and experience with others in an equitable manner and learn from them.
  - Women have means and experiences to solve their own problems
  - Address and appreciate the common experience of women, and establish mutual support between them.

### 2. Avoid the negative impacts of certain social stereotypes of women

- Do not use the same standards to judge men and women;
- Do not explain women's emotions and behaviour as a factor of their biological characteristics.
- To avoid negative impressions of women, people should attempt to view situations from a woman's point of view.

### 3. Build women's capacity and improve their ability to solve problems

- Uncover women's strengths and potential – from what perspectives could they be used to their advantage?
- Utilize women's resources to solve problems
- Encouraging help-seeking when required

### 4. Women-centered/oriented approaches

A. When providing psychological support, service providers together with women can help women to reflect on their own status as a vulnerable social group through the use of social gender and culture analysis. This will assist women to see the emergence of the problem that is not their fault and thus remove self-blame.

B. The services should meet the needs of women, such as

## Post-disaster supportive counseling for women

Supportive psychological counseling for women can occur at the following different stages:

### A. Pre-disaster preparedness

- To enable women to participate in disaster mitigation and the preparedness process and to master corresponding skills to reduce the anxiety of the disaster.
- To enable women to maintain a healthy body and to learn methods of self health care
- To enable women to maintain and improve their mental health status.
- Remembering that women's health is the guarantee of family stability and community development.

### B. After the a disaster occurs

- Determine the mental health status of various groups through individual cases, group work and community work, etc. Crises should be responded to immediately.
- Focus on maintaining long-term psychological care and support for specific high-risk groups, such as bereaved families, aged women, widows and orphans.
- In addition to women, men's psychological status also needs attention because men's mental health status can affect family and marital relations.

### C. Post-disaster reconstruction

- Promoting women's employment, including participation in the social reconstruction which will also assist them to access economic income and a certain social status.
- The reconstruction of relationships: these include establishing relationships between women and the family, women and the community, women and society.
- Disasters can to some extent provide opportunities for role-remodeling: through encouraging women to actively participate in disaster relief and post-disaster reconstruction, this can present an opportunity for them to change their original stereotyped role. This will also enable them to develop new skills, enter the job market, and also minimize women's dependence on men.

## Communication skills with women

### 1. The use of symbols to communicate

- A. The use of linguistic cues: the staff should strive to speak in a clear, accurate, appropriate and easily understood manner when communicating with clients
- B. The use of physical cues: staff can add to the meaning of what they are saying verbally by using body language and non-verbal cues such as facial expressions, body posture, gestures and their appearance to make their meaning more clear
- C. The use of environmental symbols: during conversation elements such as the sense of timing, the appropriate moment to start talking, the environment where the conversation takes place, physical distance during the conversation, etc. should be considered.

### 2. The specific communication skills

- A. Good at listening: Helpers must try to be good at listening to women, not only listening to what a woman says, but also trying to understand her needs and

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