

Coping with crisis

Reference Centre for Psychological Support

The Federation Reference Centre for Psychological Support continues

By Anders Ladekarl, Head of the International Department, Danish Red Cross

New priorities and structure discussed in Copenhagen

The day before the royal wedding in Copenhagen representatives of interested National Societies, the International Federation of Red Cross and Red Crescent Societies Secretariat (IFRC Secretariat) and the International Committee of the Red Cross (ICRC) met in the Queens Capital to discuss the future of the Federation Reference Centre for Psychological Support (PS Centre).

The PS Centre was established in 1993 and has for the last ten years been hosted by the Danish Red Cross. According to the co-operation agreement between the Secretariat and Danish Red Cross, the tasks of the PS Centre were supposed to be fully integrated into the Secretariat and delegations' structure by 2005. However, it became clear by the end of 2003 that the Secretariat was not in a position to take over the activities of the PS Centre, let alone to pay for the costs. Following this realisation, many societies urged the Danish Red Cross to continue hosting the PS Centre. And Danish

Red Cross agreed to do so, provided that a few conditions were met, and that key stakeholders agreed.

The meeting in Copenhagen was a gathering of key stakeholders. All agreed that the work of the PS Centre was important and added value to the Red Cross priorities. The offer of the Danish Red Cross to continue hosting the PS Centre was welcomed, as was the suggestion to strengthen the capacity of the Centre so that operational support to psychological support programmes could be offered in the future.

The participants had a thorough discussion about the three pre-conditions that Danish Red Cross had set to continue hosting the Centre: (1) The Centre should be able to render operational assistance to psycho-social programmes run by Danish Red Cross and eventually other National Societies; (2) While prepared to increase the present level of funding to cover, among others, the operational capacity of the PS Centre, Danish Red Cross will pay no more than 50 percent of the total costs for the IFRC related activities (against ca. 70 percent at present); (3) A new governance structure

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Danish Red Cross

will be established with Danish Red Cross as the formal legal entity of the PS Centre in order to avoid confusion on liabilities and decision-making.

Questions were raised regarding the commitment by other National Societies to contribute to the PS Centre, Danish Red Cross' contribution to the core costs as well as the Centre's ability to "serve all" in the future. The IFRC Secretariat and Danish Red Cross stated their clear commitment to continue the present core activities of the Centre and to make operational support available to National Societies on a cost recovery basis while also taking into account the individual National Societies ability to pay. More National Societies pledged their intention to support the core cost of the PS Centre.

The participants supported the suggestion to establish an Advisory Committee existing of representatives of the Federation Secretariat, Danish Red Cross, a donor representative, as well as an ONS representative to guide the work and priorities of the PS Centre.

Following the very constructive PS stakeholders meeting, the IFRC Secretariat and the Danish Red Cross are currently developing a Memorandum of Understanding on the continuation of the PS Centre. The Danish Red Cross is willing to integrate the PS Centre in the International Department, while acknowledging the IFRC Secretariat as the deciding body on policy and strategies. The PS Centre will be a tool to implement our common policies and strategies on psychological support. Danish Red Cross will contribute 50 percent of the core costs, with pledges from other National Societies to cover the rest. On top of this, the Danish Red Cross guarantees to buy services from the PS Centre to secure a critical mass of operational capacity within the Centre.

As soon as a Memorandum of Understanding is signed, we will start to reconstruct the PS Centre with additional staff and a new Advisory Committee. To the outside world the difference might not seem very big. We will continue issuing "Coping with Crisis", maintaining and strengthening our web page, providing experts for training and serve as a reference point for "best practice" and contemporary thinking on psychological support. However, the PS Centre will also add capacity to support programming and integration of psychological support programmes in development and relief activities.

I am very pleased by the fact that the PS Centre will continue and will be strengthened to take on even more tasks. I believe that by delegating the task of hosting the PS Reference Centre to a National Society, the IFRC Secretariat is living out the spirit of the "change strategy" and thereby showing that we can work together in new and innovative ways to the benefit of all.

It is my hope that the many stakeholders within the Movement on psychological support issues will support and contribute to the work and funding of the PS Centre. The Danish Red Cross shall in return do its utmost to serve all of you in meeting the psychosocial needs of those vulnerable we are here to serve. ■

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Stakeholders meeting on 13 May 2004 in Copenhagen

Psychological Support in Central Europe region

By Annamari Raikkola, Regional Health and Care delegate, Budapest, and Henriett Koos, Health & Care/Disaster Management Assistant

In March 2001 a regional Health and Care programme was established in the Regional Delegation in Budapest, Hungary, covering 15 National Societies in Central Europe region. During the past years the National Societies in the region have experienced a variety of traumatic events; the war in the Balkan with post-war effects is the most difficult. The region is also prone to natural disasters such as floods, earthquakes, snowstorms etc. Therefore the National Societies have developed skills in the field of Psychological Support (PS).

Following a questionnaire, one of the priorities mentioned by most National Societies was to increase the capacity for integrating PS in disaster response and other ongoing programmes. According to the needs for further training in PS, the National Societies have participated in several trainings in order to increase the capacity for providing PS services.

In May 2002 the Regional Delegation in Budapest hosted a training to pilot the manual Community Based Psychological Support, facilitated by the Federation Reference Centre for Psychological Support. A total of 11 National Societies participated. During a follow-up meeting in November 2002 experiences were exchanged and the further strategic development of psychological support programmes in the National Societies was discussed.

In the Regional Delegation the collaboration between the Disaster Management (DM) and Health & Care (H&C) programs went extremely well and as a result two sub-regional workshops on PS were organised in 2003. The National Societies were asked to send two DM and two H&C participants to the workshops. The Federation Reference Centre for Psychological Support provided the facilitators. The overall goal of these workshops was to introduce PS and crisis management during major accidents and disasters. More specific objectives included:

- Enhancement of the participants' knowledge to alleviate stress and psychological suffering resulting from disasters or accidents involving victims and volunteers.
- Improvement of staff capacity to integrate PS components in their DM and First Aid programs and activities.

The workshops were held with the aim of introducing efficient ways to implement PS into existing DM programmes by using interactive methods such as lectures, case studies and group works.



Sub-regional Health & Care/DM workshop in Baile Herculane, Romania in 2003
Photo: Sune Follin, Regional DM delegate

Since the groups varied in background, profession and in knowledge of PS issues, it was necessary to start with the basics and explain what we mean when we talk about PS and why good PS is crucial in times of disaster (e.g. Stress and Coping, What makes an event traumatic, Children and Trauma, Helping the helper). The approach was very well received and clearly understood. It was obvious that the will to implement PS into DM was there, but the question had become how to do it.

A few months later a questionnaire was given to the National Societies with the aim of getting information about the extent to which PS is integrated in DM, the impact of the above-mentioned workshops and the needs related to further training on specific topics. 9 National Societies returned the questionnaire completed. All the people who had filled out the questionnaire had participated in the joined PS and DM workshops. The results led to the following conclusions:

- Many of the National Societies have implemented PS in programs such as First Aid, Social Welfare, etc, but only a few have integrated PS in DM program.
- The PS activities are mostly run by professional volunteers or by employees with psychological background. The volunteers have undergone specialized training.
- The implementation of a psychological support programme for relief workers and other helpers is considered to be very important and necessary.

- Training with specific topics from the field of PS in disaster are considered to be crucial. Among the specific topics listed in the questionnaire, Helping the Helpers and PS for children were indicated as priorities. PS for parents and elderly was also considered important.

After analysing the questionnaires, the two programs, Health & Care and Disaster Management, together with the Federation Reference Centre for Psychological Support, developed the concept of a future Task Force on PS in disasters. Potential members were identified on the basis of their educational background, experience in PS and disaster management activities, and commitment to their work. As a result the following members have been selected:

- Mr. Ali Samet (Macedonian Red Cross)
- Mr. Chavdar Yankulov (Bulgarian Red Cross)
- Mr. Kaspars Einats (Latvian Red Cross)
- Ms. Barbara Bartha (Hungarian Red Cross)
- Ms. Sanja Pupacic (Croatian Red Cross)
- Ms. Hristina Ivanovic (Red Cross Society of Serbia and Montenegro)

The objectives of the Task Force are the following:

- provide more qualified psycho(social) care to vulnerable groups after a disaster or in a crisis situation
- coordinate and advocate PS in Central Europe region
- train others to address both the abilities of volunteers to cope with the stress and trauma of crises, as well as provide them with required skills to be able to offer support to victims and vulnerable groups
- promote the integration between the programmes (health, social welfare, disaster management/preparedness and PS)
- establish a network for sharing the experience and best practices on psychological support activities
- strengthen and further develop the activities in order to meet the PS needs of the people and communities in the region with focus on specific target groups e.g. elderly people, ethnic minorities, HIV/AIDS infected, homeless people etc.

The first meeting was held in March 2004 in Budapest. The Terms of Reference, as well as the request for permission from the Secretary Generals of the respective National Societies had been sent prior to the meeting. During this first orientation meeting the members were informed about the objectives of the Task Force and the expected results of their activities.

Further to this discussion the members agreed, first to collect information about the ongoing PS activities in the region by visiting each National Society and interviewing the person in charge; then to work out a plan of action based on the results of the visits. The interviews would cover the following topics:

- Existing activities/programmes considering Disaster Management, Health & Care and Psychological Support, integration of the programmes etc.
- Target groups (elderly people, HIV/AIDS, TB infected, other marginalized groups in the community etc.), who is providing services (RC staff, professionals, volunteers)
- Training on PS issues (previous trainings, training needs, future plans etc.)
- Helping the helpers (debriefing, supervision etc)
- Problems, obstacles in implementing PS
- Expectations, suggestions, recommendations

The deadline for sending the reports to the Regional Delegation was on 31 May 2004. The next meeting is scheduled for June 2004, where the next steps will be decided.

The outcome of the first meeting clearly shows that the members are really committed to the Task Force and to its objectives. The enthusiasm, professionalism and the great amount of knowledge and experience in the field of PS and DM shared by this group ensure that the above-mentioned objectives will be met and that the Psychological Support program will develop to the level, at which both the National Societies and the vulnerable people will benefit from it. ■

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Sub-regional Health & Care/ DM workshop in Baile Herculane, Romania in 2003
Photo: Sune Follin, Regional DM delegate

Partnership with families of missing persons – ICRC experience

By Dr. Vesna Petrovic, Department of psychology, University of Novi Sad, Serbia and Montenegro

Introduction

The conflict in Kosovo and Metohija between the Kosovo Serbs and Kosovo Albanians has been going on for about six years and many persons have gone missing on both sides (about 4,500 persons). The issue of the missing persons represents one of the most tragic long-term consequences of this and other conflicts on the territory of former Yugoslavia. According to its mandate, in every single case of disappearance the International Committee of the Red Cross (ICRC) will, first of all, contact the family, register the identity of the person and the circumstances leading to the disappearance and actively look for the missing person. This process requires meetings between the ICRC staff and members of families of the missing persons. Such meetings are, as a rule, psychologically very difficult.

Based on the stated experience, it has become clear that the process of working with the families of missing persons requires co-ordination, structure and structured participation of families in the entire process of identification and the actual finding of the missing persons. Also, it is necessary to allow for more significant participation of the society as a whole in solving the problem of the missing persons.

The structured involvement of Families with Missing Members

That is how the idea of setting up the Association of Families of Kidnapped and Missing Persons from Kosovo and Metohija came about. It was established and financially supported by the ICRC in early 2000. Such associations are organized in local communities, i.e. in cities in FR Yugoslavia with a large number of internally displaced persons (IDPs). By setting up a local organization, ICRC recognized the specific needs of families of the missing in the context of local community.

Identifying exhumed human remains is very difficult because of the size of many of the mass graves.



The process becomes ever harder as years go by.
Photo: Shirley, Clive. ICRC

A very important psychological reason for setting up such a Family Association was to involve the families by giving them an active role in the process of identification and finding of the missing persons. Therefore, the Association of Families was a partner in organizing the display of photographs from the Book of Belongings, in setting up teams for ante-mortem data (AMD) collection, in organizing the display of belongings found during exhumations of unidentified persons, in being educated to collect AMD, and in forming the reference network for support to the families with missing members. The active involvement of family members contributes to overcoming the grave problem imposed by living with ambiguous loss.



Photo Books of Belongings are one tool for identifying missing persons. For families searching for their loved ones, looking at these books can be emotionally hard to bear. Photo: ICRC

The Dynamics of Ambiguous Loss in the Context of Violence in the Wider Social Milieu: How to Live With it?

We need to recognize several facts:

- Families of missing persons have lost their relatives due to mass social violence, which differs in feature from individual loss. Mass social violence implies a series of losses: of place and home, of familiar environment, familiar institutions and people, one's own identity.
- The ambiguous loss (Boss, P., 1999) represents the gravest form of loss according to the psychological dynamics. There is no possibility of es-

establishing the loss and therefore the grieving process cannot even start, thereby preventing the healing effect, i.e. the acceptance of loss and the starting of new psychological investments in life here and now.

- Families of the missing persons are “frozen” (Boss. P., 1999) in the situation as it was there and then, they cannot reach decisions and complete the processes from there and then and live here and now. They are left in a state of great ambiguity and they are unable to move on in the psychological sense and to seek constructive help.
- Therefore, the attempts to go on with their normal everyday activities, the healing routine, is seen by these families as betrayal of the missing person which leads to a feeling of guilt.

Based on the above mentioned, it is clear that, although the problem of the missing takes a heavy psychological toll, it cannot be solved by psychological support alone. The support to such families includes at least the social level and is thus called *psycho-social* support. This support is unmistakably linked with the social aspect since the psychological effects of the unresolved loss came about on the basis of social violence and not on the basis of individual pathology.

Strategies for the Support to the Families

We used various strategies that served as basis for developing the project of the ICRC Belgrade office and the Association of Families of Kidnapped and Missing Persons from Kosovo and Metohija.



There are strong local initiatives to look for missing persons. Here, children ask where their parents are through a poster exhibition organized by a family association.
Photo: ICRC

The used strategies were:

The expectation that families will come to us and seek psychological support is not realistic. The families are frozen in their uncertainty, massive losses and helplessness. At the same time we acknowledge that they are normal people who have gone through numerous abnormal losses as a result of social and political violence. Therefore, we thought that the Association of Families should be supported and promoted as it should remain a link in the society also after the humanitarian organizations have left the field when their mandate expires because the conflict will (we hope) have ended. We also believe that the idea of self-help, activation and turning grief and destruction into constructive action is extremely important.

In order to be able to reach out to the families and attend to their needs, we believe that direct contact with the families, i.e. sending out mobile teams to visit them in the local community and identifying their needs, is the first step in the structured assistance to the families.

Connecting the non-governmental and governmental sectors is also, we believe, a necessary step in networking, i.e. the support to the government sector and the society as a whole. The principle “United we Stand” is very important for the families, the society and humanitarian organizations. Therefore, the mobile teams are attached to a non-governmental organization that is in constant contact with the families in the field on the one hand and the Centers for Social Work on the other*. The mobile teams are also connected with other relevant governmental institutions, such as health-care centers, the local Red Cross, etc. At the same time, they have information on possible sources of assistance for the families in their particular social environment.

We organized sessions of psycho-social support to the families with missing members twice a month in the local community. They were attended by the following resource persons: one representative each of the Association of Families, the local Red Cross, the mobile team from NGO dealing with refugees and IDPs, the Center for Social Work and the ICRC. The meeting was moderated by two consultants from the ICRC (a psychologist and a psychiatrist). In addition, we invited guests from the local community, according to family’s needs (legal, medical, administrative, etc). Then the question was raised what to call this kind of assistance. The families suggested to call it Moral Support. This concept refers to the fact that providing hope and giving meaning to the loss are an important backing for such families.

Aims of the programme

Apart from the already mentioned strategies, particular goals of the programme were: 1. promote self-help among the group, 2. turn away from the problems of there and then re-orientate towards real life and integration into the present social context.

We offered the following framework of topics for 6 meetings, lasting for three months: 1. We Grow Stronger When We are Connected; 2. Who can I Refer to Mitigate Grief; 3. Ways of Offering Moral Support to Each Other; 4. How to Mitigate the Experience of Ambiguity Pressure; 5. To Live Here and Now in Spite of Constant Uncertainty; 6. What does Here and Now Mean. The choice of topics itself indicates the effects we want to achieve by this programme.

The effects we expected were: 1. Supporting the construction of a new social network, including a referral system for the families with missing members; 2. Better communication and integration of the Family Association into the social network; 3. Better integra-

tion of the families themselves into the social network; 4. A higher degree of living in the present on the part of the family members.

Finally, we would like to point out that the experiences from various communities and cultures are invaluable as a reference to various interventions. But local particularities of the society and the culture represent *conditio sine qua non* in defining strategies for offering adequate and successful assistance to the families of missing persons in the situation of mass and massive social and political violence. ■

*In our country the Centers for Social Work regarding governmental institutions catering for the social needs of the population, including refugees and IDPs.

Literature: Boss, Pauline (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard University Press

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Moving Memories – Psychosocial Support for Children and Families Affected by Armed Conflict

By Stephen Regel, Senior Behavioural Psychotherapist, Director, the Centre for Trauma Studies, Nottinghamshire Health Care NHS Trust

The past decade has seen a proliferation of armed conflict across the globe. Inevitably, it is the most vulnerable populations, such as children, who are affected by forced migration, displacement or being coerced into armed conflict. This one-day Conference brought together an international group of practitioners who have extensive experience in working in conflict affected areas and developing support programmes to address the mental health needs, by placing both an emphasis on the social as well as the psychological aspects of well-being. The Conference addressed a range of issues, including the relevance and importance to practitioners and policy makers, as well as raising awareness of creative and culturally appropriate practice. It provided an invaluable insight into different working practices which sought to integrate both conventional and traditional methods. Given that there has been a significant increase in refugees to the UK and other European countries, many of whom are children and families, this was a timely opportunity to discuss the needs of this vulnerable group.

The Moving Memories Conferences preceded the Annual Meeting of the IFRC's Reference Centre for

Psychological Support Roster Group, an international group of consultants who are involved in assessment and training in psychological support for the International Federation. The Conference and Roster Meeting was hosted jointly by Nottinghamshire Healthcare NHS Trust (Centre for Trauma Studies/Traumatic Stress Service) and the International Federation of Red Cross and Red Crescent Societies (IFRC). As this was the first time the Roster had met outside of Denmark, it seemed appropriate that the event be preceded by a Conference which would address many of the pressing issues which are at the heart of many humanitarian missions and interventions.

The Conference Programme was opened with a keynote address by Dr. Janet Rodenburg, who gave an outline of the activities of the Reference Centre for Psychological Support and provided a contextual frame of reference for the speakers who were to follow. The breadth and range of the presentations gave an indication of the diversity and range of work carried out in different settings and contexts around the world. Dr. Anica Kos, Programme Director for the Together Foundation (a regional centre for the psychosocial wellbeing of children in Slovenia) spoke on

healing and coping resources in children affected by war and post-war adversities. Dr. Kos brought her extensive experience and involvement in the development of psychosocial mental health problems in Bosnia, Kosovo, not to mention her work as a consultant with the WHO, UNICEF and UNHCR, to the Conference. Dr. Alison Strang, Co-ordinator of the Psychosocial Working Group at Queen Margaret University College, Edinburgh, spoke on the value of providing psychosocial support for children and families affected by armed conflict and addressed some of the challenges presented by the lack of consensus on goals, strategies and best practice in the area. She presented a conceptual model of psychosocial interventions and considered some of the emerging implications and challenges. Arlene Healey, Director of the Family Trauma Centre in Belfast, Northern Ireland, presented the work of the Family Trauma Centre, a regional service set up in Belfast, Northern Ireland, as a result of the recommendations put forward by Sir Kenneth Bloomfield in his report on the Victims of the Troubles. She was able to give extensive examples of the work of the Trauma Centre and their involvement with children and families exposed to continuous trauma as a result of civil conflict. Professor Peter Berliner, Consultant Psychologist at the Rehabilitation and Research Centre for Torture Victims in Denmark and Associate Professor at the University of Copenhagen, presented the work of the RCT in Guatemala and Honduras where he has been involved in conducting community based programmes for war affected families. Mark Smith, Director for Development for Action for Children in Conflict, a UK based charity, spoke on many of the issues affecting children and families who are asylum seekers and refugees in the UK, and some of the challenges that are presented to statutory and voluntary services in the UK. Sadly, Ibrahim Masri, who has been leading Save the Children's work and implementing a schools based programme for support of children in Gaza and the West Bank, was unable to attend as he was unable to leave Gaza due to a sudden escalation

of the conflict. He was due to speak on the psychosocial needs of children affected by ongoing conflict and the use of a school based approach. Ibrahim's contribution would certainly have given a unique perspective of this work in a most challenging and difficult circumstance.



Participants at the one-day conference.
Photo: Ewa Maryl

The feedback on the Conference was excellent and this particular initiative may have set a precedent for future Roster meetings as there was unanimous agreement from Roster Members that this provided unique learning and networking opportunities. I would like to take this opportunity to thank all of those contributors to the Conference programme for their excellent and stimulating presentations and for making the event such a great success.

On a brief social note, the Conference was followed that evening by a Civic Reception in the Long Gallery of Nottingham Castle, hosted by Mr Jeremy Taylor, Chief Executive of Nottinghamshire Healthcare NHS Trust, and attended by the Sheriff of Nottingham. This was seen as a fitting way of thanking both the Conference speakers and welcoming the Red Cross Roster delegates to Nottingham for the following 2½ days of meetings and discussions regarding the work of the Roster Group. ■

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Roster meeting in Nottingham

By Janet Rodenburg, head, the Federation Reference Centre for Psychological Support

One grey and rainy afternoon late March some 20 people got together at the Holiday Inn in Nottingham, UK, to attend the annual roster meeting. What could have been the onset of a gloomy and boring meeting, miraculously turned into a bright and cheerful event when the next morning the sun appeared, not to leave us during the following days. In fact, Nottingham turned out to be an excellent setting, with the Nottingham Castle, the Galleries of Justice and the oldest pub in England offering some welcome distractions.....

The roster meeting was generously hosted by the Centre for Trauma Studies, Nottinghamshire Healthcare Trust, one of the collaboration partners of the Psychological Support Centre. A one-day conference on Children and Families Affected by Armed Conflict preceded the business meeting (see above article). This conference was organised to sensitise the roster members to the particular challenges in post-conflict situations, indicating the Psychological Support Centre's increased attention for war-affected populations.

The next two and a half days were spent on exchanging experiences from last year's assignments and on discussing concepts and methodology in an attempt to develop a clearer understanding of the effective basis of psychosocial intervention.

After a general introduction on needs assessments in emergency situations, including the dos and don'ts, the group discussed the recent psychosocial assessments conducted in Iraq, Iran and Lebanon in more detail. The PS-MENA team had arrived fresh from the field and provided an excellent overview of the latest developments, as well as the specific dynamics and challenges of working in the MENA region.

Based on our experience with the Community-based Psychosocial Training Manual during the past year, some gaps and weaknesses were identified. Provisional interest groups were formed that will suggest revisions for some of the modules and/or develop additional training material.

A central focus of the meeting was how to ensure a well-functioning working relationship between the individual roster members, the PS Centre and the National Societies requesting assistance. How to safeguard regular dialogues with roster members scattered all over the globe? How to ensure proper planning when most requests are ad hoc and when the majority of the consultants have other full-time commitments? How to guarantee a certain level of conformity and quality in the services performed? How

to better involve the National Societies and other partner organisations that are lending their staff or delegates to the Centre - both in terms of financial and logistical support, as well as sharing information and training opportunities?



Mr Jeremy Taylor, Chief Executive of Nottinghamshire Healthcare NHS Trust (first row to the left) and participants in the roster meeting in front of Nottingham Castle

The next roster meeting will take place in spring 2005 and will again be hosted by one of our partners, thus enhancing a shared ownership of the Psychological Support Programme. In the meantime, it is a challenge to maintain the cooperative spirit we experienced in Nottingham and to promote further practice development in the RC/RC Movement. ■

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Spanish Red Cross' Psychosocial Response Teams for Emergency

By Dori Moreno Sánchez, Health and Relief Department, Relief and Emergency Response Plan, Spanish Red Cross

Spanish Red Cross Psychosocial Support following the 11 March terrorist attack in Madrid

Since 1996 Spanish Red Cross has been creating Immediate Response Teams (ERIES) specialized in psychosocial support and setting them up all over the country.

In conformity with recommendations from the International Federation of Red Cross and Red Crescent Societies, the focus is twofold:

Training in psychological first aid for all the Society's first aiders so as to improve the human aspect of its activities to alleviate the suffering of victims.

Creation and development of immediate response teams (ERIES) specialized in psychosocial support. Each team is multidisciplinary and comprises 14 volunteers – psychologists, social workers, doctors, nurses and first aiders.

This prior planning and organization made it possible to respond to the 11 March attacks in Madrid.

The Facts

At 7:39 in the morning on Thursday, 11 March 2004, a series of explosions in several trains, which appeared to be a deadly terrorist attack, took a toll of 191 lives and more or less seriously injured some 1,900 others in Madrid. Chaos and confusion immediately took grip of the city.

Spanish Red Cross activities

From the very outset, Spanish Red Cross activities focused on:

- Health care and evacuation of the injured
- Blood collection
- Telephone lines to inform families and friends
- Psychosocial assistance for victims and their families
- Helping the forensic teams identify the bodies
- International tracing

Arrangement for Psychosocial Response for the Victims of 11-M

Following the first reports and as the number of known deaths rose, it was felt that arrangements had to be made for psychosocial support for victims and family members.

The places where the ERIES Psychosocial Response teams would work were identified prior to planning our response.

Hospitals to which the injured were evacuated

Family members came in great numbers to identify the injured and learn about their condition. The hospitals were soon unable to cope with all these requests and asked the Red Cross to help. Its activities involved:

- Information on data available and guidance
- Accompanying family members to look for, find and visit hospitalized victims
- Supporting families of seriously injured victims and during surgery
- Preparing families who did not find their loved ones in hospital and referring them to the morgue.
- Accompanying relatives of persons who had died in hospital and relatives of missing persons to the morgue

*Pavillion within IFEMA**

In view of the high number of deaths, a pavilion at the IFEMA fairgrounds was prepared to receive the bodies and (for forensic surgeons) to carry out autopsies. Rooms in available surrounding buildings were organized to receive family members.

The functions of each assistance agency taking part in the response had to be defined in order to coordinate arrangements for psychosocial support for families. The Red Cross as well as the Autonomous Community, the College of Psychologists and the Mental Health Network provided resources. Many mental health professionals also came spontaneously, complicating the coordination of resources.

The principle activities of the ERIES Psychological Response teams were:

- Welcoming families in the hall and accompanying them to the room
- Accompanying and providing psychological support: interview with scientific police; waiting room, notice of death and removal of bodies
- Care for minors
- Seeing to the problem of migrants
- Health care
- Providing provisions for the persons participating and the family members.
- Providing blankets and hot drinks during the long night wake.



Photo: Spanish Red Cross

Friday, 12 March

The population in general was shocked by the events and many requested psychological support. The Red Cross decided to put information on its website (www.cruzroja.es) on what effects the events might have, how to handle different reactions and how to act with children.

Throughout the day, activities were concentrated in the different morgues where the coffins were being transported. The families took part in funeral wakes to say farewell to their loved ones.

The cultural mediators played an important role, as the victims came from a number of countries and their respective rituals had to be respected.

The principle activities in the morgues were:

- Inter-institutional coordination to establish a joint support procedure for the families
- Welcoming families
- Providing information for arrangements with the funeral services
- Facilitating taking leave of loved ones

- Psychological support at the request of families during the wake
- Channelling requests for psychological support at other places
- Distributing information leaflets with recommendations on how to cope with the event
- Accompanying minors while their parents were in the morgues
- Health care. Making more ambulances and health staff available to care for people suffering from anxiety and to administer medication.



Photo: Spanish Red Cross

Saturday, 13 March

As from this date, the ERIES concentrated its efforts on:

Almudena Cemetery, where unidentified bodies were transported. Coordination had to be established with the forensic teams to identify the bodies. Collaboration with the families was necessary (interviews, photographs, samples of DNA).

Part of the IFEMA fair grounds was prepared to identify and collect the personal effects of the victims of the attack. Coordination and collaboration with the scientific police was again essential in order to minimize the impact on the families. This was no doubt the most painful moment for the relatives, as picking up the objects was often the first proof of the death of their loved ones.

After the initial impact of the emergency...

Four days after the attacks, the Madrid Community Mental Health Network established a plan to care for the victims and relatives of M-11. The Red Cross informed the population.

Once our intervention was over, the Red Cross prioritized monitoring and supporting everyone who had taken part, so as to guarantee and ensure the mental health of Red Cross staff following these stressful

events. No case has so far been identified that might require medium- or long-term professional help.

Global data on arrangements

Approximately 200 persons directly took part in this operation, organized in 13 ERIES.

Some 3,000 persons – direct victims, relatives and citizens of Madrid – were taken care of.

Evaluation and main conclusions

The teams and coordination with the Red Cross national network functioned properly:

The situation demonstrated that the Red Cross has capacity in this area of activity.

The composition and multidisciplinary nature of the teams were adequate to meet the needs of those affected. Specialized and regular training is necessary for the ERIES to be operational and to carry out the entrusted tasks properly. With regard to monitoring the various participants, it was stated that relevant specialized training needs to be given in order to ensure proper implementation. These participants, however, considered the Society's interest in and support for this area positively and suggested that it would be appropriate to establish the standards followed in this response as normal for all interventions.

The relatives have shown many signs of appreciation for the support provided and the work done.

It should be highlighted that the Red Cross is able to respond to other psychosocial needs (health care provision, provision of emergency supplies, telephone information line...) in the context of emergency response.

Inter-institutional coordination was at times complicated mainly because planning had never been done for this type of situation. Coordination with the heads of the different intervening bodies was, however, satisfactory.

Finally, the Red Cross image was widely disseminated in the different national and international media (television, radio, press). ■

* IFEMA is a fairgrounds in Madrid where all types of trade shows are normally held. Given its size, it was used as a temporary morgue following the attacks.

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Working together to support individuals in an emergency or disaster

By Moya Wood-Heath, British Red Cross

The recent bomb attacks in Madrid served as a grim reminder that major emergency situations can occur anywhere, at any time, without warning. Throughout Europe, the challenge for those providing civil protection arrangements is set to become even greater with the enlargement of the EU and the likely increase in potential challenges. The publication of the British Red Cross-led report on Europe-wide civil protection issues is timely. The report will be distributed widely to governments and non-governmental organisations throughout the European Union and could prove instrumental in forging a more focused, collaborative approach to disaster management.

In April 2002, the British Red Cross submitted a report to the European Commission Civil Protection Directorate, outlining how non-governmental organisations might best assist government and statutory organisations. Its prime recommendations were two-fold: that the needs of individuals affected by an emergency or disaster should be placed at the centre of each country's civil protection arrangements, and that guidance should be available to enable European Union countries to share a common approach to delivering support.

As a result of this report, the British Red Cross received funding from the European Commission to develop a project, building upon these earlier recommendations. The new report, 'Working together to support individuals in an emergency or disaster', looks at ways in which different European community members, with varying structures and legal bases, can reach a consistency in their provision of emergency support to individuals.

The purpose of this project is to enable European member countries to better understand the psychosocial needs of individuals affected in an emergency situation. It also urges them to recognise the importance of having guidelines which establish a common approach to meeting those needs.

The key to this approach, as recommended by the British Red Cross, is ensuring that the needs of the individual are always met, whatever the circumstances. Whether an individual is caught in a bomb blast in Britain, a flood in France or an earthquake in Greece, the end result should be the same. The affected individual should "receive the same level of care they would get in their own country, irrespective of the country where the emergency or disaster occurs."

Obviously, there will be differences in the way that individual member countries approach civil protection arrangements but, regardless of these, there should still be consistency in the quality and range of support provided. One recommendation of the British Red Cross report is that European Union countries "should accept the value and adoption of common terms, common practices and shared plans at the local, regional and national level."

The British Red Cross was ideally placed to lead on the project as there is a recognition throughout the European Union that UK civil protection arrangements are at an advanced level. For example, the Police Family Liaison Service, which played such a vital supporting role following the recent plastics factory explosion in Glasgow, is a unique British service. Families waiting for news of their loved ones were afforded a degree of individual support that may not have been available elsewhere.

Similarly, many EU countries provide services particular to their national boundaries but while they rightly continue to develop country-specific responses, the project recognises how everyone benefits from sharing good practice. By identifying individual examples of good practice, an effective model has been drawn up which draws on the combined strengths of member countries.

Such a cooperative approach improves resilience as it means information is shared between neighbouring countries and organisations, leading to a uniformly high level of support on a European Union-wide level.

There is little doubt that the incidence of emergencies or disasters occurring in the European Union is likely to continue to increase. It is the British Red Cross' hope that the EU report, in being distributed so widely throughout Europe, will positively influence and inform other organisations dealing with emergency situations. Only by working together will countries all across the European Union find themselves best equipped to take care of people when the need is greatest. ■

The document will be available in mid June and can be requested from: MWoodhea@redcross.org.uk

Upcoming events:

- **26 August - 1 September**, Eremo dei Frati Bianchi, Cupramontana, Italy
Eremo Training Seminar 2004
Psychological Consequences of Organized Violence and Terror: Psychotrauma - from scientific knowledge to practical field work
Organized by Vivo Organisation
Further information can be found at Vivo's website:
http://www.vivofoundation.net/eremo_training_2004/inglese/index.htm
- **23-24 September, Geneva**, Switzerland
Emotional Debriefing: Empowering field staff to face a more and more difficult work environment, especially in insecure contexts, using the debriefing technique generally used in a Peer support programmes (Mitchell's model).
Organized by Center for Humanitarian Psychology
For further information, please contact:
info@humanitarian-psy.org
- **4-6 October, London**, UK
Train the Trainer: This course introduces participants to participative learning techniques, and the effective way to plan an event. Participants will have an opportunity to run an interactive training session and to receive useful feedback.
Organized by INTRAC, The International NGO Training and Research Centre
Further information can be found on Intrac's website:
http://www.intrac.org/Intrac/TraintheTrainer_en.html or by contacting the Training and Logistics Co-ordinator: r.blackshaw@intrac.org
- **23 - 24 October**, Oxford Course, UK
Cross-Cultural Psychology, Forced Migration, and Peace Building
Organized by the Refugee Studies Centre
For further information:
http://www.rsc.ox.ac.uk/index.html?teaching_short_crosscultural

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