

COPING WITH CRISIS

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Editorial

A decade of challenges and opportunities

In a new decade, humanitarian actors are facing immense challenges. The number of people affected by climate disasters will continue to rise, having a huge impact on migration and livelihoods of millions of people, as was reported in our latest issue of *Coping with Crisis*. Furthermore, as of 2008, 16 major armed conflicts were active in 15 locations around the world, an increase from the year earlier. The Red Cross Red Crescent will be called upon to meet the challenges of a new decade, and in our efforts lie an opportunity for improved humanitarian action.

Therefore, it is of great pride that psychosocial support is high on the agenda in Strategy 2020, recently adopted at the General Assembly of the International Federation of Red Cross Red Crescent National Societies. In this issue of *Coping with Crisis*, we invite you to read more about the strategy and how psychosocial support is intertwined into it, as a cross-cutting issue in the strategy's three strategic aims. This is a great step forward and bears witness to the increasing recognition of the humanitarian benefits of psychosocial support as a tool to promote human wellbeing.

Physical activity can have

an enormous positive influence on one's wellbeing and it is likely to build bridges between individuals, communities and cultures. Sport can be an important tool to promote child and youth development since the space and time for play is one of the first things to disappear in conflict and disaster settings. That is why the Psychosocial Centre of the International Federation of Red Cross Red Crescent Societies has partnered with the International Council of Sport Science and Physical Education. The collaboration will hopefully result in new programme components and practical tools to include sports in psychosocial responses in disaster and recovery operations.

Moreover, this issue brings you stories of psychosocial support from different corners of the world and poses some challenging questions. How up-to-date is the International Federation of Red Cross Red Crescent Societies in its psychosocial responses with regards to recent research findings? To answer that question we dig down in the latest guidelines and literature in the field of psychosocial support. What were the psychosocial responses of the Spanish Red Cross when confronted with a plane crash



that claimed more than 150 lives in 2008? How did survivors move on, after the most destructive hurricane season ever in the Atlantic, during the summer of 2005? And what were the biggest obstacles psychosocial experts of the Turkish Red Crescent had to overcome when assisting victims of floods in the summer of 2009? I hope you enjoy the read, whether you are many of our new readers, or someone who has followed the work of the International Federation Psychosocial Centre for quite some time. ■

Yours sincerely,

Nana Wiedemann

Nana, Wiedemann,
Head, Psychosocial Centre of the International Federation of Red Cross Red Crescent Societies

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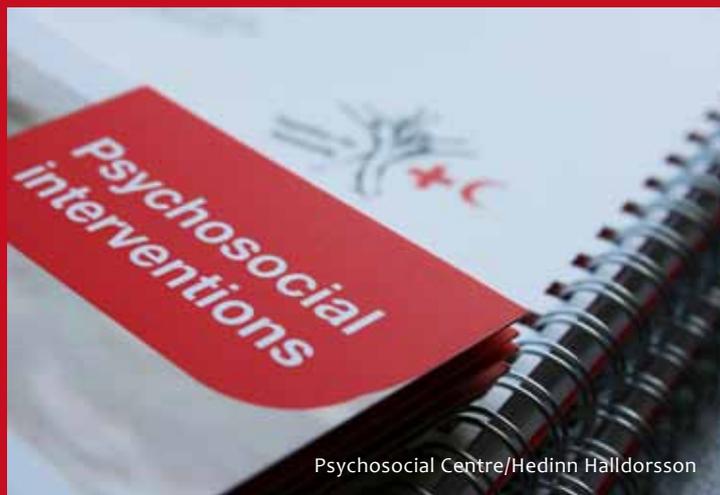
The translation into French of *Coping with Crisis* has kindly been made possible by the Belgian and the French Red Cross, while MENA has graciously translated the Arabic version. Amelia Morales has kindly contributed to the Spanish translation.

Global reach - Psychosocial Centre products to more than 80 countries

In the last couple of months, since our Training Kit and Handbook on Psychosocial interventions were published and made accessible on our web site, we have experienced interest that has far exceeded our hopes and expectations. We have now managed to send our products to organizations, National Societies and psychosocial practitioners in more than 80 countries. Moreover, the handbook and the training kit have been downloaded more than 500 times.

The material is now being used in psychosocial programmes all over the world. What is more, the products have been used in recent disaster settings and are fulfilling their role as practical hands-on tools when implementing psychosocial support.

The Training Kit is currently being translated into Tamil, Chinese and Arabic, by Red Cross Red Crescent National Societies or regional/zonal offices. In some cases, they are also adapted to suit the cultural context in which they are used. We encourage you to get in touch if you think there is a need for our products in your language, and if you think that your National Society or zonal office can assist with the translation. Simply e-mail us at psychosocial.centre@ifrc.org. As before, the products can be downloaded or ordered in hard copies, on our home page, www.ifrc.org/psychosocial



Psychosocial Centre/Hedinn Halldórsson

In case you are interested in hard copies, we would like to inform you that due to the number of requests, processing your order can take several weeks, so we kindly ask you to be patient.

These are some of the places where the new products of the Psychosocial Centre are in use:

Italy, Switzerland, Tunisia, France, Belgium, Finland, Bermuda, Myanmar, Denmark, Portugal, United Kingdom, Austria, Peru, USA, Ethiopia, Philippines, Burkina Faso, Sweden, Pakistan, Vietnam, Canada, Greece, Sri Lanka, Kenya, Malaysia, Norway, Iceland, Netherlands, Swaziland, Romania, Nigeria, Hungary, South Africa, Seychelles, India, Maldives, Ghana, Gambia, Liberia, Mongolia, Germany, Bulgaria, Indonesia, Jamaica, Hong Kong, Thailand, Sudan, Spain, Slovenia, Namibia, Turkey, Barbados, Monaco, Tajikistan, Laos, Nepal, Argentina, Zimbabwe, Croatia, Palestine, Australia, New Zealand, Lebanon, China, Rwanda, Uganda, Mauritius, Costa Rica, Paraguay, Romania and Fiji.

A new partnership - Healing emotional wounds through sport

Time and space to play are the first things that disappear from the life of a child when there is a conflict or a natural disaster. Past experiences, be it in the wake of the Indian Ocean Tsunami or working with earthquake survivors in China, have shown that sport can be an effective tool to rebuild dignity and faith in life, to overcome trauma and build resilience. Whether it is Iranian girls doing Karate or Darfurian children playing football - what they have in common is that physical activities have facilitated their recovery.

The International Federation of Red Cross Red Crescent recognizes that sports promote learning, health and personal development. Sport can be an immensely important factor in early phases of disaster relief, to rebuild and reunite communities. The social benefits of sport include fostering a team spirit, building trust, mutual respect and social cohesion. Experience has shown that physical activities can make significant and immediate contribution towards creating a stabilizing milieu for individuals in a volatile situation.

This is the context in which the IFRC Psychosocial Centre partnered with the Germany based International Council of Sport Science and Physical Education (ICSSPE), in November 2009, with the aim of improving psychosocial wellbeing of beneficiaries through greater focus on sports and physical activities in disaster responses. ICSSPE, established in 1958, works to raise awareness of human values inherent in sports and physical activities.



The main objective of the cooperation between the IFRC and ICSSPE will be to raise the quality of programmes by introducing new and innovative components in psychosocial initiatives and sports programmes. The first step in this direction will be a handbook on how to deploy sports and physical education in disaster and recovery operations.

“Anger is a normal reaction”

Floods in Turkey, September 2009

By **Hedinn Halldorsson**, communications advisor, Psychosocial Centre and **Petek Akman**, social psychologist, Turkish Red Crescent

Between 8 and 10 September 2009, 34 people lost their lives and thousands were affected in the heaviest rains and floods Turkey has seen for decades. The Turkish Red Crescent, as a member of the Union of Psychosocial Services in Disasters (UPSD), took part in planning and implementing a thorough psychosocial support programme. In an interview with Petek Akman, a social psychologist involved in the process from the very start, she speaks of how anger was a strong feeling among those affected.

“We started by setting up crisis desks and contacted our volunteers. We are members of the UPSD which means that we don’t respond on our own but as a union; we are all professionals with different backgrounds. The UPSD was established in 2006 and has since shown its weight when responding to both natural and human made disasters”.

What were the next steps when people were realizing how critical

the situation was?

“On 10 September, two days into the floods we had a UPSD coordination meeting where we planned our responses. We started by carrying out needs assessments and were present during distribution of emergency items to give out general information on how the floods occurred, as well as information about normal psychological reactions and symptoms in the aftermath of a disaster. But the physical needs were the needs that had to be urgently

met. After disasters, people can be angry while trying to make sense of why and what happened to them so it was sometimes difficult to explain to disaster survivors what kind of support a psychologist might provide, that it wasn’t simply about physical relief.

Which psychosocial activities were carried out?

“Most of the disaster survivors were staying with their relatives or neighbours in the first weeks,





Turkish Red Crescent/Erdem Coplen

and as a consequence they were hard to reach. In the shelters we conducted activities for children, such as painting and drama. In the whole, we had 18 people working with psychosocial support. What we always do after a disaster is to disseminate information. People needed information on where to apply to compensate for their physical loss so we gave information related to social assistance, besides general information on psychological effects of disasters. Many were in shock for days, but now most have accepted the current situation. We also talked to the families of the flood victims and we still go on visits to families and conduct activities for children and for women. We are planning to give psychosocial trainings to teachers so that they get to know more about trauma and psychological reactions and they can understand children's reactions and feelings better. We also plan to give disaster preparedness trainings both to students and teachers in

schools to raise awareness and increase their capacity to respond to disasters."

What about care for your staff, the workers in the field?

"We had one meeting to share our experiences, where we talked about how we felt, what went well and what could have gone better. For some volunteers it was their first

"At first the strong sense of anger surprised me and saddened me. It is normal to sense rage in all disasters, people may look for someone to blame".

disaster response so talking helped them to cope better with what they had experienced."

And in hindsight, what did you succeed with and what could have been improved?

"My opinion is that we managed to really quickly coordinate activities and get them started. The activation of volunteers was really rapid. The flood affected vast areas so it was difficult to cover all areas and give psychosocial support to disaster survivors in all regions. In terms of

improvement, with more volunteers I believe it would be easier to coordinate the activities and to reach more people.

How are people coping now that weeks and months have passed?

"As of today, everyone is back in their homes and the government has provided some with flats. In the first two weeks after the floods, people were frightened and worried that it would happen again but then realized they had to go on with their lives. It is a fact that the affected were mostly poor people, the most vulnerable, and their situation has worsened since. Many are in financial difficulties.

Was there anything that surprised you, in the whole operation, something that you hadn't expected?

"At first the strong sense of anger surprised me and saddened me. It is normal to sense rage in all disasters, people may look for someone to blame. But it can be difficult to help people cope with their anger." ■

Meeting the emotional needs

Personal account of a responder

By Petek Akman, social psychologist, Turkish Red Crescent

“When talking to a disaster survivor, you need to be honest about what you can offer. One should only give promises that he can keep”. Sündüz Atay, psychologist.

Sündüz Atay is one of the UPSD (Union of Psychosocial Services in Disasters) volunteers that gave support to psychosocial activities in the field. She is an experienced psychologist and a psychodrama co-therapist. The response to the floods was the first disaster work she has participated in. “I like volunteering, giving support to others using my expertise. Volunteering means learning while sharing knowledge”, says Atay. “I wanted to be a volunteer of UPSD since it has a structured response system”, explains Atay. “UPSD volunteers are mental health professionals and it seems they can easily adapt their previous experience into disaster work.”

Atay talks of the way you introduce yourself to a disaster survivor and how that defines the rest of your relationship with the beneficiary: “You need to clearly explain why you are there. The emotional needs are usually not asked nor met. So, when I explained that I was not there to give them any physical support but emotional, they seemed overwhelmed with my approach. You can reach people easily if you just let them express themselves,” says Atay. Talking to others is a help as well. “Based on my experience, I knew that it helps to share emotions with people who go through the same experience. So, I encouraged people to talk to other disaster survivors”.

What affected Atay most while in the field, was this little girl she saw a couple of times: “Her mother said that she normally liked dressing and wearing necklaces. But the times I met her it seemed she didn’t mind being covered with mud”. The traumatic experience she had been through had deeply affected her so she wasn’t being herself.

The necessity of hope

Personal account of a responder

By Petek Akman, social psychologist, Turkish Red Crescent

“It was great to spend time with the children. In the shelters they did not have a chance to play, so simply providing them with a space to play made them happy”. Sevil Yüksel, psychologist.

Sevil Yüksel is an experienced psychologist working with Turkish Red Crescent for over 4 years. She was one of the first people to respond to the disastrous floods affecting Istanbul. Yüksel explains how moved she was by a simple question, posed by a young boy, “We were busy with a needs assessment and a boy came to me out of nowhere and asked me if the rest of Istanbul was just as damaged as where we were standing.”

His question did not only arise from the curiosity of learning about the damage. “It seemed that he needed to hear that people were fine and that they would receive help.” The flood wiped out houses and people’s hopes so one needs to know that there is some help to get.

Yüksel tells of how the survivors expected their physical needs to be met first in the acute phase. “People lost everything they had in that flood so they expected you to give furniture, clothes and so on”. The flood-affected areas were socially disadvantaged districts of Istanbul, which means that pre-existing problems were exacerbated. Yüksel therefore talks of the need for long-term psychosocial activities and livelihood projects to be conducted to improve both social and economic conditions of the neighborhoods.

Psychosocial support in the next decade

A cross-cutting issue in Strategy 2020

By **Hedinn Halldorsson**, communications advisor,
and **Mette Fjalland**, strategy advisor, Psychosocial Centre

For the first time, psychosocial support is introduced as a cross-cutting theme in all three strategic aims in a strategy that will guide the work of the Red Cross Red Crescent till 2020. Strategy 2020 will provide a solid basis for continuing and strengthening psychosocial work in the future.

Strategy 2020, unanimously adopted at the 17th General Assembly in Nairobi, Kenya, in November 2009, provides a streamlined framework to guide the work of the Federation towards 2020. It is directly relevant to all 186 National Societies, that were actively consulted and given the opportunity to participate at all stages. The new strategy, builds on a review of Strategy 2010 and goes beyond by drawing on lessons learnt and analyses of future trends and opportunities. Strategy 2020 should be seen as the reflections of National Societies and what they would like to achieve in the future.

Advocating for psychosocial support

An extensive consultation process over several months has involved inputs from National Societies, Secretariat staff, members, volunteers and several others. Views of external partners were also sought, as well as peer comments from selected academic circles. Six drafts were prepared in the consultation process, until the seventh and final one was presented.

During the consultation process several National Societies, as well as the Psychosocial Centre, worked hard to advocate for an increased focus on psychosocial support in

the Federation work of 2010-2020. The Psychosocial Centre argued that the psychosocial dimension was highly relevant, based on past experiences and evidence, and that it should not be underestimated when seeking to strengthen community resilience. Building a 'culture of safety' is closely connected to an individual's psychological health

"This strategy reflects our commitment to ensure that we are collectively and individually positioned to support those who need us and pre-empt, wherever possible, suffering and despair.

IFRC newly elected President, Tadateru Konoé

and a community's social cohesion. From this perspective, psychosocial interventions can be highly relevant in disaster risk reduction and in adaptation to climate change.

To strengthen recovery

Taking a closer look at Strategy 2020 and how it portrays the psychosocial work of the Red Cross Red Crescent in the next ten years, the first strategic aim is to save lives, protect livelihoods and strengthen recovery from disasters and future crises. Since recovery is to be carried out in such a way so as to rebuild inclusive societies and reduce vulnerability, psychosocial support is crucial. The aim is and will be to prevent further damage and loss,

to reduce the impact of disaster and to speed up recovery. Psychosocial support is at the core.

To enable safe living

The second aim is to enable healthy and safe living. The Strategy states that IFRC's specific contribution to sustainable development is through strengthening community resilience.

This is done by preventing or reducing risks where possible, or as stated in the Strategy: "...adapting ways of living to a changing world also requires us to advocate for supportive

public policies, influence psychological and social attitudes, and reach out to help all those who are most vulnerable because they have the least means to cope." More integrated health systems should include psychosocial health needs at community level.

To promote social inclusion

The last and third strategic aim is to promote social inclusion and a culture of non-violence and peace. According to the Strategy, the Red Cross Red Crescent is to "provide protection when needed and make psychosocial interventions that influence attitudes towards violence in certain settings". The aim includes an important recognition that



Philippines, October 2009. IFRC/ Yoshi Shimizu

psychosocial interventions can help promote inter-cultural communication and understanding and rebuild trust in communities. In this context, psychosocial support is seen as a tool to promote social inclusion.

A growing recognition

Strategy 2020 confirms the ever growing recognition that psychosocial support is needed and should be integrated in all disaster, early recovery, health and social welfare programmes. It reflects the increasing recognition by national societies of the humanitarian benefits of psychosocial support as a tool to reduce the human impact of a disaster and to speed up recovery, to decrease vulnerability and strengthen community resilience. Psychosocial support targets beneficiaries through their social context and effectively promotes the restoration of social cohesion and infrastructure.

Challenges ahead

To deliver the strategic aims, National Societies need to provide a safe workplace and protect

and promote both physical and psychosocial wellbeing of staff, volunteers and beneficiaries. This will then contribute to building stronger National Red Cross Red Crescent Societies, able to reach goals written into a document such as Strategy 2020 as well as living up to external expectations to the world's largest humanitarian network. The environment Red Cross Red Crescent volunteers work in demands them to be provided with training, supervision, protection and last but not least, psychosocial support.

Further strengthening the capacity of National Societies to deliver quality psychosocial support programmes will be a challenge, as well as integrating psychosocial support effectively into early recovery, health and social welfare programs. Documentation of successful psychosocial approaches and gathering of lessons learnt is of big importance. These are challenges that the Psychosocial Centre is already addressing and will be doing

even more in the coming decade.

Psychosocial visions

Strategy 2020 provides an important platform to strengthen the psychosocial work of the International Federation. The Strategy partly reflects what many National Societies are already doing. The Psychosocial Centre was originally established to provide global expertise in the delivery of psychosocial support and to facilitate knowledge-sharing and capacity-building of National Societies. The Strategy provides an important foundation to step up this work. One of the projects in the Psychosocial Centre's work plan for 2010 about support to volunteers, is a good example. The project's objective is to raise volunteer's personal security and wellbeing before, during and after deployment. It is our hope that Strategy 2020 will not only be a strong advocacy tool for raising awareness but will also provide strong guidance for psychosocial support in the coming years. ■

Strategy 2020 lays out the collective commitments of the 186 members of the International Federation of Red Cross Red Crescent National Societies. It aims to better fulfill the potential of the Red Cross Red Crescent at all levels, and to develop sustainable approaches in addressing three key areas: disasters, health risks and social exclusion.

The Indian Ocean Tsunami – five years on

By **Silvia Exenberger and Barbara Juen**

A little more than five years have passed since the Indian Ocean tsunami caused large scale destruction and death. Psychosocial responses were enormous; psychosocial programs have helped entire communities back up on their feet and provided useful information when responding to disasters in the future. This is the story of one of these projects, based on fieldwork in Tamil Nadu and UT Pondicherry, five years on.

On December 26, 2004 the Indian Ocean tsunami struck. Triggered by a severe undersea earthquake measuring a magnitude of 9.1 to 9.3 on Richter scale, the tsunami hit 14 countries across two continents. Indonesia, Thailand, Sri Lanka and India were worst affected. Statistics show that 1,744 children in India, under the age of 18 were orphaned and it is estimated that 1,450 lost one parent. In the worst hit part of India, the Southern state Tamil Nadu, 530 children lost both their parents.

Focus on mental health

In the project “Post-tsunami”, funded by the 7th Framework Programme of the European Commission, the general focus is on mental health and psychosocial support over long periods of time for individuals that live with chronic problems, something that has rarely been assessed². The project concentrates in particular on how people recover in bad circumstances such as impoverishment in developing countries¹. Moreover, the project averts from a deficit-oriented approach, and views children as active survivors instead of passive victims. Through the support of “culture-brokers”; well informed intermediaries whose inputs are brought to bear on the intervention process, a culture-sensitive way of working is guaranteed.

It is in this context that a high aim was formulated: the enhancement of children’s psychosocial well-being in Tamil Nadu and UT Pondicherry, India.

Since October 2008, this high aim has been approached with well considered steps. The National Institute of Mental Health and Neuro Sciences (NIMHANS) and the Universities of Pondicherry and Madras are partners in the project, headed by SOS Children’s Village of India, an independent non-governmental organisation that focuses on neglected and abandoned children and orphans in 132 countries worldwide. The project has benefitted immensely by the knowledge and contacts provided by the SOS Children’s Village.

An increase in child marriages

Before starting to work with tsunami-affected children and caregivers, experts and key informants were interviewed to obtain an overview of support systems and cultural, as well as gender specific, information. After the expert interviews and literature review it became clear how carefully help had to be provided and with best intentions in mind, if unintentional negative consequences were to be avoided. For example, the provision of new houses for families whose homes had been destroyed due to the tsunami inadvertently caused an increase in child marriages. Thankalakshmi, a social worker in Nagapattinam explained this unexpected situation: “When the construction started of the houses, they were giving a house to one family. If the boy, he is seventeen years old, the girl, she is sixteen years old – immediately they arranged marriage, this is then one family.

Because this seventeen year old boy, if he gets married after two, three years he won’t get any house at all. This is the time to take this opportunity. So immediately the child-marriages increased in that particular period, you can say 2005, 2006 the number is increased.”

Child rights

Many child rights specialists successfully gave children an understanding of their rights. In some villages even a Panchayat (a political system on a village level) consisting of children was established so that children had the possibility to participate in the community in an active way. It was stated during interviews that many changes for the affected population had occurred due to relief actions.

Culturally salient information was also given in interviews which shed light on child rearing practices. The interviewees made it very clear that children are strongly raised around obedience, reliability, duty, cleanliness and order; all signs of a collectivistic culture. The mother carries the main responsibility of bringing up the children and strong preferences are generally given to boys, particularly to the oldest son. The following statement was made during a focus group discussion with mothers in Narambai, UT Pondicherry: “We give more preference and care to first child. They take more advantage. Yet, we are not giving that much care and affection to the younger ones, so the younger child

will listen to our words more than the older child. Why? Because the older child gets less beating.”

Contained love

With regard to love, which itself is assumed to be a pan-cultural emotion, the interviews gave a hint that the Western idiom for understanding either the expression or the importance of love fails to hold true in the Tamil way of life. This was confirmed by the anthropologist Margaret Trawick who lived with a family in Tamil Nadu for an extended period of time³. She found that love grows in hiding and needs to be contained, especially the love of the mother, the most crucial love. Moreover, physical affection for children is expressed more often than not by slaps, pinches and tweaks. Key informants confirmed that beating is meant only in the best intentions for the child.

Turning to nature

“When I feel sad I look at flowers. In those flowers, I am able to see my father’s face. After funeral of my father, they made many flowers in that place, so it reminds me. My father and I like flowers. Also I am able to see my relatives’ face, so I like flowers. I become jolly when I look at flowers.”

-Ten year old girl who lost her father in tsunami, Puducherry

With the gained background information in mind, focus groups with mothers and children respectively were carried out. About 112 boys and girls spoke in focus group discussions about what made them feel happy and sad, and what helped them feel better when they felt bad. Many children apparently turn to nature to share their sorrows.

In addition, 56 adult key informants answered similar questions regarding their children’s wellbeing. The children have lost one or both parents, either living with their biological parent or in an out-of-home care organisation providing family



“Looking at flowers”. A drawing by a 10 year old girl, Puducherry. Silvia Exenberger

based care such as the SOS Children’s Villages. When the transcribed focus group discussions were analysed on the basis of the qualitative research

of indicators based on knowledge about 220 children. All participants are either living in Pondicherry or Nagapattinam, the worst affected district in Tamil Nadu. In addition, 60 mothers gave answers about the worst experience of two of their children in a village away from the seaside. They serve as a control group to the tsunami-affected population. Presently all 220 tsunami-affected children and 120 non tsunami-affected children are questioned individually with two short questionnaires about their symptoms and resources.

So far, no concrete results are available but it is obvious that the tsunami left its marks. Mothers get surprisingly sad when they are asked to answer questions about their own well-being and children cannot forget the pain of having lost one or two parents, siblings, relatives and friends. Memory hurts, but both some mothers and children tell us that it is a relief for them to talk about the tsunami since they are not used to. Eventually, in a relaxing atmosphere, having tea or cool drinks and sweets they are carefully brought back to their daily life. ■

methodology called “Grounded Theory”, the categories that emerged were social life, coping strategies, health, tsunami related issues and future perspectives. The complete list of indicators of children’s wellbeing consists of 72 statements for caregivers about their child, 13 statements about the caregiver’s own rearing practices and 5 statements to be answered by SOS Children’s Villages mothers.

Healing the scars

Symptoms, problems and resources of children and their caregivers were surveyed via standardised psychological questionnaires and the developed list

Literature

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The importance of psychosocial support

Spanair plane crash, August 2008

By Maria Abengózar, team leader of the Psychosocial Support Unit, Spanish Red Cross

Photos by Spanish Red Cross and Reuters/Paul Hanna and Borja Suarez

On August 20, 2008, Spanair Flight JK 5022, from Barajas Airport in Madrid to Gran Canaria Airport in Spain crashed just after take-off. The tragedy claimed 154 lives and around 18 injured. Spanish Red Cross (SRC) received the alert immediately and activated all available health teams as well as the Immediate Emergency Response Team, specializing in psychosocial support.

Once the identities of the injured were known, it meant that the remaining families had to be taken care of while waiting for identification of their relatives that had died in the crash. While DNA testing was taking place, the families were moved to a hotel, in order to make the waiting time more bearable. The psychosocial team was there to give support and to share the latest information on the DNA tests.

One of the most difficult moments was the delivery of dead bodies. Sorrow and peace were some of the feelings the relatives of the victims experienced, exhausted after days of waiting. After 7 days of intense work, the psychosocial team conducted a psychological debriefing session for all the volunteers involved. The debriefing was highly appreciated by all those who attended.



A psychosocial team member was assigned to respond to media requests, giving out information about the psychosocial measures and responses being taken, as well as recommendations for the public.



While the remaining bodies were being identified, the results increasingly started showing signs of fatigue. The entire psychosocial team was involved in the identification of all the victims.
REUTERS/ Borja Suarez



The main tasks were to keep the families involved informed on the latest news, assess and meet their psychosocial needs, and to advise other emergency actors about how to treat families with dignity and in a calm manner.

A passenger jet takes off as smoke rises from the scene of the crash where the Spanair MD-82 jet skidded off the runway. REUTERS/Paul Hanna.



Around 100 families moved to the Madrid Airport while waiting for information about their relatives. The first psychosocial interventions therefore took place at the airport.



...being identified, those waiting for
...knowing symptoms of anxiety and
...am was called upon to work until
...ns could officially be announced.

What is the current state of the art in the

By **Barbara Juen**, University of Innsbruck/Austrian Red Cross

The IFRC defines psychosocial support as a community-based approach to facilitate the resilience of the affected population whilst at the same time maintaining health and well-being of staff and volunteers. Now the question is, is this view consistent with what the latest research has found out about psychosocial support and how it should be provided? Are the above mentioned factors still at the core of good psychosocial support? The following article will show that that seems to be the case; the focus on strengthening communities as well as a focus on group and individual resilience, is still among the main issues of best practices within psychosocial support.

If we are to take a quick look at the state of the art in psychosocial support we first have to distinguish between psychosocial support for the beneficiaries and for the helpers.

Helping the helpers

A closer look on the interventions used in order to help the helpers in the aftermath of trauma shows us that peer support as in CISM (Critical Incident Stress Management)⁹ still is the most

A debriefing is a group intervention shortly after a critical incident, where emergency personnel talks about the event in seven stages (introduction, facts, thoughts, reactions, symptoms, teaching, re-entry)⁹.

The debriefing debate

According to the British Psychological Society¹ the current models of debriefing are unhelpful and may even be harmful to trauma

not only debriefing but whole peer or other support programmes are evaluated, effects are positive^{4,8,14}. If other outcome criteria are used, the effects also are positive (for example with alcohol abuse, violence, group cohesion, work motivation and absence)¹.

The main concerns about debriefing are: Does debriefing expose traumatised persons too much to the traumatic event? Could it be seen as a step towards medicalising distress? Could it increase the expectancy of developing psychological symptoms in those who might not otherwise have done so? And finally, does debriefing create an expectancy that psychological interventions will be needed in any case?

Trauma as an opportunity

The general agreement is that one should use a model that puts a greater emphasis on the potential for growth and recovery for everyone exposed to traumatic events. The approach should be aimed at enhancing the affected person's efforts to see the traumatic experience as an opportunity for self-efficacy rather than reinforcing the belief that the outcome will be illness and the need for treatment.

So in general, the approach suggested is one of salutogenesis, which avoids a focus on reducing harm and symptoms and shifts to focusing on health and resilience. The central concern of the debriefing then should not be what is causing suffering but rather what helps people to stay healthy. Furthermore it is suggested to be careful with confrontational interventions and to improve screening and early help for persons at risk.

widely used model in helping the helpers. The model consists of a variety of one on one and group interventions based on structured talking about the event. One of the group interventions, the debriefing, has been widely criticised during the last decade, potentially exacerbating the insecurity already felt by helpers.

victims. Also the NICE guidelines¹⁰ as well as the Cochrane Review¹² come to the conclusion that a single session debriefing does not prevent the development of PTSD, anxiety disorders and depression. Nevertheless subjective satisfaction with debriefing is very high in the affected persons. Furthermore, if

Malawi. Danish Red Cross/Jakob Dall



field of psychosocial support?



Malawi. Danish Red Cross/Jakob Dall

The degree of re-exposure

According to many researchers most models of debriefing place too great an emphasis on re-exposure to the traumatic event, which results in emotional overload. According to the Cochrane Review¹² the Psychological

First Aid Model⁵ could offer an alternative approach. This model proposes a response tailored to the individual, which encompasses practical and social support. Any discussion of the event is respondent led, there is use of follow-ups and, where necessary, appropriate referral to a mental health

professional.

The NICE guidelines¹⁰ defined criteria for good support after trauma and suggested no routine individual debriefing after trauma. For individuals who have experienced a traumatic event, the systematic provision to that individual alone with brief, single-

The general components of support according to the TENTS (The European Network for Traumatic Stress) guidelines:

- The response should promote a sense of safety, self and community efficacy/empowerment, connectedness, calmness and hope.
- The human rights of individuals should be explicitly considered.
- Conditions for appropriate communal, cultural, spiritual and religious healing practices should be facilitated.
- Responses should provide general support, access to social support, physical support and psychological support.
- Responses should involve and provide support to the family as well as the individual.
- Responses should provide educational services regarding reactions to trauma and how to manage them.
- Provision of specific formal interventions such as single session individual psychological debriefing for everyone affected should not occur.
- Formal screening of everyone affected should not occur but helpers should be aware of the importance of identifying individuals with significant difficulties.
- Where local resources are limited, priority should be based on need amongst those affected by the disaster/major incident and other groups.
- Responses should provide access to specialist psychological and pharmacological assessment and management when it is required.
- Self-help interventions are required to address the needs of large affected populations.
- Local individuals who are aware of local cultures and particular communities should be involved if not already members of the psychosocial care planning group.
- General Practitioners/local doctors should be made aware of possible psychopathological sequelae.
- Efforts should be made to identify the correct supportive resources (eg. family, community, school, friends, et cetera).
- Other services should be made available, for example financial assistance and legal advice.
- Memorial services/ceremonies should be planned in conjunction with those affected.

session interventions (often referred to as debriefing) that focus on the traumatic incident should not be routine practice when delivering services. Secondly, the guidelines provide no recommendations on the use of debriefing for children, nor suggest implications of group debriefing¹². No comments at all are to be found on the use of group debriefing, or the use of debriefing after mass traumas.

Psychosocial support for the beneficiaries

In 2005, The NICE Guidelines¹⁰, recommended the following interventions:

Practical and social support - can play an important part in facilitating a person's recovery, particularly immediately after the trauma. Healthcare professionals should be aware of this and advocate for such support;

Watchful waiting - where symptoms are mild and have been present for less than four weeks after the trauma, watchful waiting, should be considered by healthcare professionals. A follow-up contact should be arranged.

The question we then pose is what has happened since 2005? And does that somehow affect the relevance of the psychosocial approach of the International Federation to contemporary situations?

New guidelines for Psychosocial support

During the last years several

guidelines have been developed on how and what kind of psychosocial support to provide to persons traumatised by mass emergencies and disasters. One of the most important guidelines is the Inter Agency Standing Committee Guidelines for Psychosocial Support^{7a, 7b}. The Inter-Agency Standing Committee (IASC) was established in 1992 in response to General Assembly Resolution 46/182, which called for strengthened coordination of humanitarian assistance. The resolution set up the IASC as the primary mechanism for facilitating inter-agency decision-making in response to complex emergencies and natural disasters. The IASC is formed by the heads of a broad range of UN and non-UN humanitarian organisations. The six core principles are human rights and equity, participation of local populations, do no harm, building on available resources and capacities, integrated support, and multilayered support.

A best practice response

In Europe, guidelines on psychosocial support have been developed during several EU projects such as IMPACT (Improving Access to Text) and TENTS (The European Network for Traumatic Stress). Leading researchers in the field of Psychotraumatology have met with field experienced people from different humanitarian organisations in order

to share experiences and define best practice in the field. The TENTS guidelines¹⁵ have been developed by Cardiff University, in Wales, United Kingdom, by J. Bisson and B. Tavakoly with contributions from the partners of TENTS.

Conclusion

As a final conclusion we can say that despite the discussion about debriefing, giving practical and emotional support to the affected population after a traumatic event is still seen as crucial by researchers in the field. Much focus is on the resilience of people as well as on the strengthening of social networks. For the affected individuals and groups multilayered approaches are recommended from community and family support to non-specialized and specialised support.

Human rights, cultural sensitivity and coordination of services are widely recommended. Debriefing is not recommended as routine practice but also not completely declined if provided in a sensitive manner. Formal screening is not seen as practicable immediately after the disaster, but an early assessment of needs, resources and risk is seen as very important.

Regarding the IFRC approach to psychosocial support which is focusing on the strengthening of community, group and individual resilience as well as on participation, we can conclude that these are still main issues in good psychosocial support. ■

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Helping those affected by hurricanes Katrina, Rita and Wilma

Psychosocial and mental health support

By **Jacqueline Yannacci**, American Red Cross

Laughter is back in the life of 13-year-old Clarke. When Clarke and his family returned home after evacuating from Hurricane Katrina, he was not the happy child his mother, Sue, knew him to be. After the storms, Clarke had a difficult time emotionally, developing severe anxiety. When Sue heard about the American Red Cross Emotional Support Program (ESP), she quickly enrolled him.

Clarke's story

Clarke is enjoying life again. Thoughts about Katrina no longer cripple him with anxiety. The program helped him to channel those thoughts in productive and creative ways. Now, he expresses himself through writing. "Slowly but surely the anxiety disorder began losing its grip on my son," continued Sue. "He could go places again, be with friends and be an active part of our community again."

Rebuilding people

Clarke's story doesn't end here, however. While caring for her son, Sue herself succumbed to overwhelming feelings of anxiety to the point where she was afraid to drive, particularly crossing bridges and being near water.

"Without the program, I could not have gotten help and don't know what would have happened." She went on to say that as others were helping to rebuild the levees, houses and other structures, the American Red Cross was "rebuilding people."

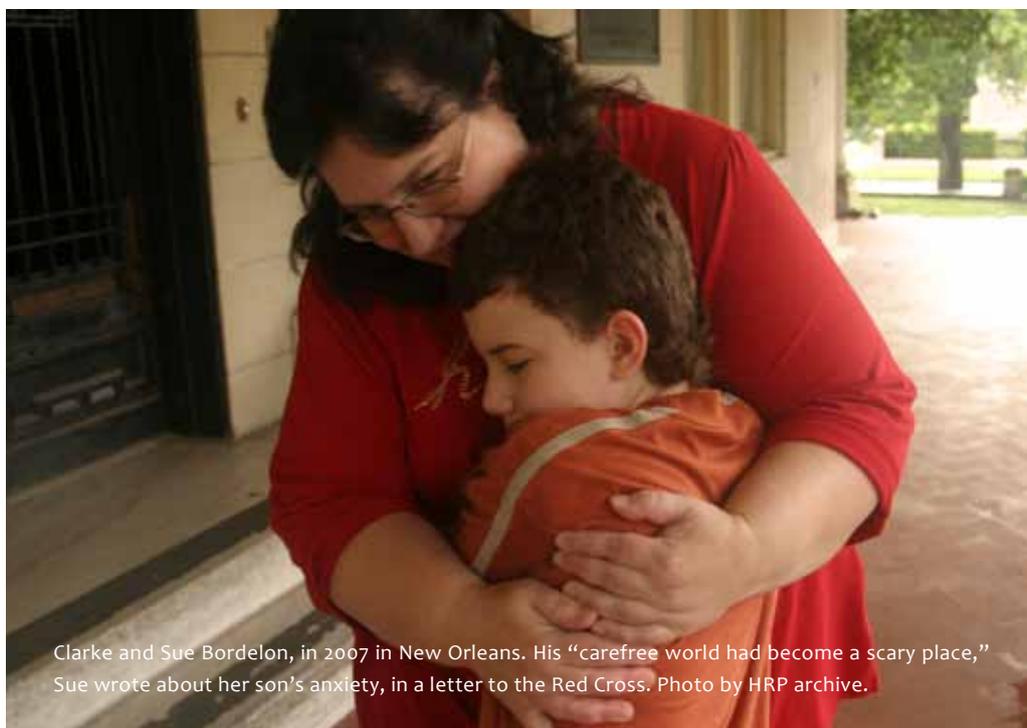
Worst Hurricane Season on Record

On August 29, 2005, Hurricane Katrina made landfall

in Southeast Louisiana and Southwest Mississippi as a Category 3 storm destroying whole communities and causing a breach of the levee system in New Orleans. Flooding 80

Stretching across six states, communities were affected either directly by destruction of homes and communities or by the migration of storm evacuees.

The American Red Cross



Clarke and Sue Bordelon, in 2007 in New Orleans. His "carefree world had become a scary place," Sue wrote about her son's anxiety, in a letter to the Red Cross. Photo by HRP archive.

percent of the city and causing more than 1,800 fatalities, Katrina was declared the largest natural disaster in U.S history^{2,3}. Hurricanes Rita in September and Wilma in October then made 2005 the most destructive hurricane season in the Atlantic.

responded immediately to all three disasters with shelter, food and emotional support. Thousands of mental health volunteers made 304,693 disaster mental health contacts during the response phase, typically in the form of psychological first aid.

Recognizing the unprecedented scale and severity of this disaster, the American Red Cross created the Hurricane Recovery Program to provide assistance with long-term recovery after the initial response phase. One of the two main programs under the Hurricane Recovery Program was the Emotional Support for Recovery. The American Red Cross wanted to help rebuild houses, but also help people maintain and rebuild their lives.

Need for clinical support

As the American Red Cross was just one of many organisations that stepped in after the hurricane to provide assistance and services, the Hurricane Recovery Program conducted a needs assessment and gap analysis to determine the direction of aid so not to duplicate services of other organisations.

The common approach after a disaster is to implement broad-based, non clinical support. What the Hurricane Recovery Program found was that there were many programs like that, but no program targeted those who needed clinical services. Not everyone could afford such services. Historically, private or public health insurance only provides a smaller amount of financial coverage for mental health and substance abuse treatment compared to other



Astrodome Stadium, Houston, Texas. American Red Cross/Daniel Cima

types of medical conditions. Compounding the problem was the fact that, even when individuals had enough health insurance to cover the cost of treatment, many were unwilling to use their insurance for fear that their employer might learn of the treatment, as the stigma of mental health issues and substance abuse remains high.

With this in mind, the Emotional Support Program (ESP) was designed to provide a benefit by which individuals could receive up to \$2000 for mental health or substance abuse treatment and related medications outside of normal insurance channels. Clarke and his mother Sue took advantage of

this program along with 22,500 other individuals.

Building Community Resilience

However, providing access to clinical services was not the only gap in care. The psychosocial support activities provided by government agencies, nonprofits and other community organizations were not enough due to the large geographic area and number of people affected, particularly traditionally underserved communities, forced to abandon the lifestyles and traditions they had grown accustomed to.

The Red Cross Building Community Resilience (BCR) grant program funded community psychosocial activities specifically for needs that were otherwise unmet. For example, when a survey of clergy conducted by the University of Southern Mississippi revealed that the clergy were struggling to assist their congregation members with significant mental health needs resulting from the 2005 storms, a BCR grant facilitated collaboration between clergy and mental health professionals.

Through group training sessions, the clergy and the professionals shared with each other their unique skills, reviewed techniques for recovery and how to connect community members to one another. In the end, they better understood the critical roles each played in the emotional health of those they were helping. "Now",

A subset of Building Community Resilience was the Youth Enrichment Activity Program, available in summer 2006 and 2007. The program provided grants to summer camps so that youth affected by the disaster could have enriching summer activities while their parents focused on rebuilding. Photo by HRP archive, from a summer camp in New Orleans.





Astrodome Stadium, Houston, Texas. The stadium was used as a refugee camp. Katrina was only the first of three severe hurricanes that made landfall along the Gulf Coast in 2005. American Red Cross/Daniel Cima

said John Hosey, Coordinator, “Mental health issues are seen as important.”

Helping families

Hurricane Rita destroyed 90 percent of Sabine Pass in Port Arthur, Texas forcing hundreds of residents to rebuild their lives. To help families while they repaired their homes and community, the Port Arthur YMCA partnered with the local elementary school to provide a variety of recreational and educational activities for children. “This program was critical to the long-term recovery of children and their parents because it gave parents a peace of mind knowing that their kids were cared for and safe while they rebuilt,” said Catina Newman, Director of the Youth Enrichment Activities Program operated by the Port Arthur, Tex. YMCA.

Even with mental health and psychosocial support programs underway, academic studies and reports still showed that the mental health system in the hardest impacted areas of Southern Louisiana and South Mississippi were not meeting the needs of those struggling with ongoing recovery, nor adequately providing basic services to those with severe mental illness. For instance, local jails were serving as makeshift hospitals for those in need of mental health treatment and stable housing.

Increased capacity

The Hurricane Recovery Program had set aside funds for such unforeseen issues. The Behavioral Health Grant program increased capacity of behavioral health infrastructure in the hardest hit areas. The program

was different from Building Community Resilience program in that it allowed large grants to established providers such as urban teaching hospitals, university medical centers and research institutes. In total, all three initiatives thus far have provided activities and services to over 200,000 youth and families. Again and again, the American Red Cross hears from individuals who have been able to rebuild not only their homes, but also their lives. Agencies have built skills in program and grants management, collaboration has been fostered and resilience is being built to better prepare and respond to any future hurricanes or other types of disasters. ■

Psychosocial Centre



The **Psychosocial Centre** was established in 1993 and is a delegated function of the International Federation of Red Cross and Red Crescent Societies, hosted by Danish Red Cross and situated in Copenhagen, Denmark. Its primary function as a "Centre of Excellence" is to develop strategically important knowledge and best practice which will inform future operations of the Federation and National Societies.

The centre was established to promote, guide and enhance psychosocial support initiatives carried out by Red Cross and Red Crescent National Societies globally. The International Federation Psychological Support Policy Paper, adopted May 2003, established the basis of Red Cross and Red Crescent intervention both in emergency response operations and in the implementation of long-term development programmes. Within this policy, the mandate of the PS Centre is to mainstream psychosocial support in all National Societies. As stated in the consultation on National Society centres and networks commissioned by the Governing Board of the International Federation in March 2007, the centre provides a potentially flexible and creative structure to develop and disseminate expertise.

The Seven Fundamental Principles

Proclaimed in Vienna in 1965, the seven Fundamental Principles bond together the National Red Cross and Red Crescent Societies, The International Committee of the Red Cross and the International Federation of the Red Cross and Red Crescent Societies. They guarantee the continuity of the Red Cross Red Crescent Movement and its humanitarian work.

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples. Read more about the principle of Humanity.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress. Read more about the principle of Impartiality.

Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature. Read more about the principle of Neutrality.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement. Read more about the principle of Independence.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain. Read more about the principle of Voluntary service.

Unity

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory. Read more about the principle of Unity.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide. Read more about the principle of Universality.

Research partners:



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