Community-based psychological support

A training manual

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Contents

Foreword _______________________________________________ 5
Acknowledgements ________________________________________ 7

Guide to the training programme
G.1 Who this training manual is for _________________________________ 9
G.2 How the manual is organized __________________________________ 10
G.3 Starting out __________________________________________________ 10
G.4 The main programme _________________________________________ 15
Table one ____________________________________________________ 16
G.5 Final session: summary, review and evaluation ____________________ 20

Module 1: Psychological support _________________________ 23
1.1 What is psychological support? _________________________________ 23
1.2 The role of volunteers _________________________________________ 24
1.3 The evolution of psychological support programmes _______________ 26
1.4 Basic principles in the implementation ______________ 27
of a psychological support programme __________________________ 27
1.5 Summary ____________________________________________________ 31

Module 2: Stress and coping _____________________________ 33
2.1 People under stress ___________________________________________ 34
2.2 Coping with stress ____________________________________________ 36
2.3 Loss and grief ________________________________________________ 38
2.4 The meaning of trauma ________________________________________ 40
2.5 Guiding principles in the provision of psychological support ________ 41
2.6 Crisis intervention _____________________________________________ 43
2.7 Summary ____________________________________________________ 44

Module 3: Supportive communication _____________________ 45
3.1 Communication values ________________________________________ 45
3.2 Interpersonal communication skills _______________________________ 47
3.3 Ways of responding __________________________________________ 49
3.4 Stages of constructive communication ____________________________ 51
3.5 Assisted coping ______________________________________________ 52
3.6 Working with groups __________________________________________ 53
3.7 Referral _____________________________________________________ 54
3.8 Summary ____________________________________________________ 55

Module 4: Promoting community self-help __________________ 57
4.1 Defining a community _________________________________________ 57
4.2 Promoting self-help __________________________________________ 60
4.3 Summary ____________________________________________________ 65

Module 5: Populations with special needs ____________________ 67
5.1 Groups with special needs _________________________________________ 67
5.2 Children ________________________________________________ 68
5.3 Elderly ______________________________________________________ 72
5.4 Persons with mental illness _____________________________________ 73
5.5 People living with HIV/AIDS ___________________________________ 74
5.6 Summary ____________________________________________________ 76

Module 5 slides (full and thumbnail versions)

Module 6: Helping the helpers _____________________________________ 79
6.1 Stress in the lives of helpers ____________________________________ 79
6.2 Warning signs of burnout ______________________________________ 80
6.3 Caring for the psychological needs of helpers ____________________ 81
6.4 Self-help techniques ___________________________________________ 82
6.5 Supportive supervision ________________________________________ 83
6.6 Peer group support ___________________________________________ 83
6.7 Summary ____________________________________________________ 85

Module 6 slides (full and thumbnail versions)

Annex 1: Terminology of stress and coping _________________ 87
Annex 2: Glossary of typical emotional reactions ___________ 89
Annex 3: Examples of Red Cross - Red Crescent interventions in promoting community self-help ____________ 93
Annex 4: References and further reading ________________ 95
Evaluation questionnaire __________________________________ 99
Critical events, such as disasters, conflicts, wars, accidents and health epidemics bring with them social and psychological consequences that often undermine people’s ability to carry on with their lives. Traditional approaches to disaster and emergency assistance have often neglected the psychological impact of crises on affected populations.

There is a growing recognition that psychological wounds heal slowly and often go unrecognized and untreated after crises and disasters. Psychological support programmes in disasters and emergencies attempt to redress this issue by focusing on restoring the affected population’s capacity to cope with the new situation. Addressing the psychological as well as the physical needs of populations affected by crises has become a prominent concern in international humanitarian assistance, and is now a component of many development programmes, disaster preparedness and relief operations.

The International Federation of Red Cross and Red Crescent Societies has been a pioneer in the development of psychological support programs. Since 1991, the International Federation has been developing the Psychological Support Program. A Federation Reference Centre for Psychological Support was established in 1993 and has since then been a partner in the development of psychological support activities and in assisting National Societies in providing an essential service: psychological support to people in need.

The demand for psychological support is reflected in the increasing number of requests received by the Reference Centre from National Societies wanting to develop psychological support responses. Today, we see that National Societies are implementing psychological support activities as part of disaster response, disaster preparedness, HIV/AIDS or social welfare programmes.

This training manual builds on the experience of psychological support gathered in many different critical events over the last decade by National Societies, and covers more recently developed technical areas as well as recommended methodologies. The manual contains information on the skills and techniques required to provide the kind of support which helps people function under the extraordinary level of stress found in most disaster or critical event situations.

Psychological support is about mobilizing the power of humanity. With a basic understanding of the psychological issues faced by those they will serve as well as the challenges to their own psychological well-being when dealing with people in distress, volunteers will be more prepared for successful interaction, feeling more confident and less anxious about encountering difficult circumstances.

I hope that this publication receives the widespread attention it deserves and that training on psychological support becomes a significant component of Red Cross and Red Crescent efforts whether that is in development, disaster preparedness or relief operations.

Didier J. Cherpitel
Secretary General, International Federation of Red Cross and Red Crescent Societies
Acknowledgements

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Guide to the training programme

G.1 Who this training manual is for

Critical events, such as disasters, conflicts, wars, accidents and health epidemics bring with them social and psychological consequences that often undermine people's ability to carry on with their lives. Red Cross - Red Crescent volunteers have historically provided support to people affected by these critical events, responding to human suffering in many different practical ways. More recently, the need for support which helps to relieve emotional suffering has been recognized as vitally important if people are to begin the process of recovery, picking up on everyday lives and coping with the hardships they will face in the near future. This kind of support, called psychological support, requires trained volunteers who will be able to meet the challenge of providing emotional help to vulnerable people at the time they need it.

This manual then is intended for those who would like to train Red Cross - Red Crescent volunteers in psychological support. For the trainer, a mental health background is not mandatory, but a good understanding of social work, psychology, or psychiatry is crucial. More specifically, the trainer should possess the following skills/knowledge:

- Thorough knowledge of the Red Cross - Red Crescent and the working conditions in the field
- Training/facilitation skills and knowledge of adult education
- Skills in caring for others and sound self-confidence.

If the National Society is not able to appoint a local trainer, the Reference Centre for Psychological Support at the International Federation of Red Cross and Red Crescent Societies can be contacted. This Centre is charged with putting into effect the Psychological Support Programme (PSP), a recent innovation that builds on the traditional mission and practices of the Red Cross - Red Crescent. The Programme works in partnership with other services of the Red Cross - Red Crescent in order to serve the holistic needs of individuals and their communities. The Centre has produced a number of publications on psychological support which can be obtained directly from the International Federation.

The manual may be used as an aid for trainers, who can translate and adapt it to the language and customs of their particular region. Training on psychological support can be given as a separate programme or may support already existing programmes as a component of disaster preparedness, first aid or social welfare. The goal in both instances is to strengthen the quality of care for beneficiaries and provide adequate support for the helpers themselves.
G.2 How the manual is organized

The training manual contains a guide to the programme for trainers, plus six modules covering different topics, which together make up a training programme of 30 hours. The modules can either be used as a package to assist in the development of a Psychological Support Programme, or single modules can be chosen for more specific training needs. For instance, volunteers who are working on home-based care for people living with HIV/AIDS might concentrate on Module 3: Supportive communication, whereas first-aiders would benefit particularly from training in Module 2: Stress and coping.

In developing this training manual, the aim has been to build on experience that the Red Cross - Red Crescent has gathered over the last decade. The framework that has been developed builds on many different situations from all over the world, and is designed to be applicable both geographically and operationally wherever it is used.

Trainers are given guidance and suggestions for planning training sessions, while the overall aim of the training materials gives participants opportunities to:

- Become familiar with psychological and social needs and interventions, respecting relevant and appropriate cultural frameworks
- Plan and apply a variety of interventions sensitive to local circumstances.

There are, in addition, specific learning objectives for each module. The text which makes up each module is designed to satisfy these learning objectives, which are reinforced by the use of activities, group work, often based on role-play, suggested discussion points and handout materials.

G.3 Starting out

As experienced group facilitators, Red Cross - Red Crescent trainers may well find that the suggestions given below have been incorporated in their working practices for some time. The suggestions are repeated here, however, in order to reinforce those practices and to remind trainers of the good educational reasons behind them.

Research over the years has shown that adults learn best in the following circumstances:

- When the learning starts from the strengths of individuals, ensuring that they acknowledge and value their own experiences and their existing strengths and capabilities
- When they have a degree of control over what they are learning
- When the learning is well supported
- When the learning is relevant to their daily lives or is meaningful for the future
- When the learning can be put into effect immediately
- When the learning method is flexible
- When the learning achieves identified outcomes.

Trainers will note just how similar these circumstances are to those for effective psychological support. In fact, the situations are similar. Your group of participants comprises a community, and while you are not dealing with people in disaster situations with stress reactions, they have many of the same needs, particularly concerning supportive communication and the promotion of community self-help and use of resources.
You, the group and the programme

If you are all to work together as a community, with some degree of trust and mutual sympathy, participants need to be given time to get to know each other. They also need to be comfortable in their surroundings, to be aware of the ground rules of the group and to feel confident and able to contribute fully.

Consequently, early information on basic essentials, such as where the toilets are, when breaks will occur, and the timing of sessions allows participants to concentrate on the content of the training.

Getting to know you and each other can be handled in a number of different ways:

- Welcome participants personally as they register, introduce yourself and introduce them to other participants
- Ensure participants label themselves clearly. This will depend on culture and tradition, but if possible, try to remain informal, with first names used
- Begin the first session with an “icebreaker” activity, designed to elicit a small amount of information about participants’ experience and current interests
- Ensure that your own details are clearly communicated: your role during the course, your field experience, what they should call you, and so on.

The agenda, and how the group will work together

Participants need to have a clear indication of how the sessions will be run. This is where it is important to explain that you expect each participant to have a major input to the training, since the experience and skills that each one brings to the sessions will be of value. Your own training style should be explained, and participants given information on what you expect of them. This will again depend on culture and traditions, but as an example:

- Participants should ask questions immediately they occur, rather than wait until the end of a session
- The schedule is flexible up to a point, and may occasionally be modified within certain limits
- The trainer will act as referee and may intervene in discussions with valid ideas and points of view.

Remaining “learner-centred” means that participants themselves have responsibility for what they learn, but as the trainer, your role is to ensure that they take full advantage of that responsibility.

Explain how participants will work on the activities, sometimes individually and sometimes in smaller or larger groups. Explain the way that discussion will follow work on activities, and that they will be given an opportunity to think about and prepare future action on an individual basis.

When participants work in small groups (3 or 4 people suggested), it is recommended that membership of the group is varied from activity to activity. This will allow wider interaction, and will give group members a broader perspective.

Expectations of participants

As well as giving information on what participants should expect of the training, it is important to find out what their expectations are before they begin. Often, the purpose of training is not well enough explained, and participants arrive with a number of
unrealistic expectations. There are a number of ways of eliciting this information:

- Include it as part of the introductory activity, i.e. say who you are, what you do, and what you are hoping to get out of this training
- Prepare a pre-training questionnaire, which asks about expectations of the training
- Give a clear explanation of what you expect participants to learn, and ask if this is what they expect.

Be prepared to modify the agenda if participants have valid expectations that you can meet, which are not currently included in the content.

**Supporting learners**

The support of the trainer is essential if participants are to be empowered to take full advantage of the training on offer. Trainers should be aware of their role as facilitators of learning, rather than as teachers. They act as open doorways into the process of learning, giving help where necessary, guiding and nurturing. Trainers can help ensure that the content of the training is:

- Relevant and necessary, and aimed at providing knowledge that will be useful in real life situations
- Based on participants’ knowledge and experience
- Action-oriented, i.e. it leads to practical action.

Trainers should treat the training materials in a flexible way, adapting suggestions made in the manual and adding to them according to local conditions and priority needs.

It is, furthermore, the responsibility of the trainer to ensure that:

- Participants are engaged in the process of learning, by being encouraged to air their views and discuss different points
- Participants understand the vocabulary and the words used
- Participants who show signs of discomfort are offered reassurance, support or advice, as appropriate.

**Providing handouts**

The handout material contained within this pack of materials is of two kinds:

- Useful information, such as a glossary of terms
- Thumbnail versions of overhead projector slides used during the presentation of material.

The useful information will serve as a resource for participants. The slides have a dual purpose, acting both as a reminder of main points made during the session, and as a trigger for going over any information or points which need further clarification.

In order not to distract attention from your presentation, it is advisable to give handout material immediately after a session. If you combine the provision of handouts with a short period of summary and review, you will give participants a good opportunity to check their understanding of specific points. You may also find that the slide handouts serve as a starting point for their own notes, and are useful in periods spent reflecting on action to be taken in the future.

**Taking action**

You will recall that two of the circumstances in which adults learn best are:
When the learning is relevant to their daily lives or is meaningful for the future
When the learning can be put into effect immediately.

To meet these objectives, it is suggested that a short period of time at the end of each session is used for private reflection and the opportunity for participants to note down any points which are directly relevant to their own work, and about which they might wish to find out more, or to plan for future action.

**Activities**

Each module contains a number of activities. These are designed to help participants understand the relevance of the training to their own situations, and to broaden their view of their work through interaction with other group members. Activities may be based on individual experience, but the majority of them use group discussion as a means of widening the focus.

Note that these activities are adaptable to your own situation and to the culture and traditions of your group of participants. The content and timing of activities may vary from those suggested in the text, but their purpose is to achieve the best circumstances for adult learning, i.e.:

- When they have a degree of control over what they are learning
- When the learning is relevant to their daily lives or is meaningful for the future
- When the learning method is flexible.

**Content of the materials**

A brief description of the different sessions in the training course, and what they will contain, will be of interest to participants. The following gives an overview of the contents of each module, which make up the main background material to each training session.

**Module 1: Psychological support**

Module 1 gives a definition of psychological support and shows how volunteer helpers provide support to communities, following critical events whose consequences often undermine people’s ability to carry on with their lives. The module also provides background information on the International Federation’s Psychological Support Programme and presents the basic principles that guide a successful programme. The module focuses on providing psychological support in disasters, but the approach is applicable and relevant to other Red Cross - Red Crescent contexts as well. This module is intended as reference material, and as a foundation on which the other modules build. Much of the information may be familiar to participants, but the module gives them an opportunity to reflect on and discuss issues to do with psychological support which may otherwise be taken for granted.

Most of the material in this module was inspired by the *Best practice compilation*, which was launched by the International Federation on World Health Day 2001. The material was also presented at the 4th International Conference on Psychological Support held in Denmark, 2001.
Module 2: Stress and coping
This module looks at how volunteers can be trained to help people manage stress. Stress represents a central theme in Red Cross - Red Crescent activities. First aid, disaster relief and other emergency assistance services, like ambulance service and search and rescue activities come immediately to mind. Other services, such as social or psychological services designed to help people in need, have equally strong associations with stress. Volunteers are generally better equipped to handle their job both for the benefit of people affected and for themselves, if they understand the basic components of stress and coping.

Module 3: Supportive communication
This module provides the basic foundation for supportive communication. Red Cross - Red Crescent volunteers will often find themselves in challenging situations, where feeling confident about how to communicate well with other people is vitally important. For instance, first aid volunteers need to feel confident informing relatives about injuries of their loved ones, and volunteers working with people living with HIV/AIDS need knowledge of how to communicate with people who have just received their positive status or who will soon be facing death.

Module 4: Promoting community self-help
Module 4 explores how to engage communities in their own recovery process, and shows the beneficial effects of community self-help on the psychological consequences of critical events. The more a community is involved, the more the people feel a sense of worth that helps to reduce feelings of powerlessness. Subsequent improvements in cooperation and collaboration help achieve more effective solutions. Community ownership or investment may also lead to more sustainable programmes.

Module 5: Populations with special needs
Module 5 describes populations that are likely to be particularly vulnerable with respect to psychological needs and who may require specific attention. It explores the psychological needs of vulnerable groups, while at the same time recognizing the vital role they play in social and community structures.

Module 6: Helping the helper
The final module pays special attention to the helpers themselves, because timely and adequate support to helpers is a prerequisite for providing quality care and relief to people directly affected. Helpers are clearly affected by their jobs and may leave a situation with a feeling of not having done enough, because the need exceeds their capabilities. The volunteer giving psychological support might be troubled by tormenting stories of disaster survivors, first aid volunteers may feel guilt over the death of a patient, and volunteers in HIV/AIDS programmes are faced with the distress of the repetitive cycle of death.

Annexes: Useful information
Annexes contain useful information to be given to participants, for example, a glossary of the terminology of stress and coping.
**Overhead slides/Handouts**

At the end of each module, a set of slides is included. These slides summarize the main topics, and are intended as a resource for the trainer, giving direction and cohesion to the commentary provided. The slides appear also in thumbnail form, to be used as handouts for participants. They serve as reminders of work that has been covered, acting as a checklist of major topics. It is suggested that these are given to participants at the end of each session, and that participants are encouraged to make their own notes in addition.

**Activities**

Activities occur within the text at points which seem most appropriate. Activities may take the form of group discussion, preparation of plans, or role-play scenarios. It is suggested that trainers adapt these activities to suit their own group of participants and the local conditions.

**Discussion points**

During activities, trainers should encourage participants to contribute to the discussion, based on their own personal experience. The intention is to stimulate critical debate, to raise reflection and awareness rather than come to conclusions. There are also a number of areas in the text where Discussion Points have been flagged; these follow issues which would benefit from critical debate and from the different perspectives which participants will bring.

**Taking action**

It is intended that there should be some clear and active results from the activities and discussions. For this purpose, at the end of sessions, participants should be encouraged to find an appropriate way of noting down specific action they wish to take. This might take the form of further research on certain aspects of psychological support, or positive action in a defined situation.

End of introductory session.

**G.4 The main programme**

The following table will give you an indication of the way the modules are organized, the major elements in each module, and learning objectives for each part of the module. Activities are shown in this table where they may be most appropriate, but there is an in-built flexibility, where you, as trainer, should use your own judgement and initiative in fitting activities and discussions in at the most convenient time. The purpose of each activity is described, so that you may adapt it to suit local custom and culture if needed.
<table>
<thead>
<tr>
<th>Day</th>
<th>Essential elements</th>
<th>Sections</th>
<th>Learning objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Starting out</td>
<td>Personal introductions</td>
<td>▪ Familiarize participants with the trainer and with each other</td>
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<td>The agenda</td>
<td>▪ Share individual training goals</td>
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<td></td>
<td></td>
<td>Supporting learners</td>
<td>▪ Be aware of what is expected of participants during the course</td>
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<td>Content of the materials</td>
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<tr>
<td>Day 1</td>
<td>Module 1:</td>
<td>1.1 What is psychological support</td>
<td>▪ Describe the purpose of psychological support and the role of volunteers in the provision of psychological support</td>
</tr>
<tr>
<td>Session 1</td>
<td>Psychological</td>
<td>1.2 The role of volunteers</td>
<td>▪ Analyse attributes and attitudes of helpers</td>
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<tr>
<td>3 hours</td>
<td>support</td>
<td>Activity 1A: Attributes and attitudes of helpers Brainstorming and group discussion</td>
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<td></td>
<td>1.3 The evolution of psychological support programmes</td>
<td>▪ Outline steps in the evolution of psychological support programmes</td>
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<td></td>
<td>1.4 Basic principles in the implementation of a psychological support programme</td>
<td>▪ Describe the basic principles involved in the implementation of a psychological support programme in a disaster situation</td>
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<td></td>
<td>Activity 1B: The basic principles of psychological support programmes Individual contribution followed by group discussion</td>
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<td></td>
<td>Discussion Point</td>
<td>▪ Reinforce reasons behind the basic principles</td>
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<td></td>
<td>▪ Stimulate critical debate and discussion using own knowledge and experience</td>
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<td>▪ Raise awareness of the broad spectrum of experience in the group</td>
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<tr>
<td>Day 2</td>
<td>Module 2:</td>
<td>2.1 People under stress</td>
<td>▪ Analyse strengths and weaknesses of specific interventions</td>
</tr>
<tr>
<td>Sessions 1 and 2</td>
<td>Stress and coping</td>
<td>2.2 Coping with stress</td>
<td>▪ Act as permanent resource and reminder of the session’s main topics</td>
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<tr>
<td>6 hours</td>
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<td>Activity 2A: Coping strategies Individual work</td>
<td>▪ Act as trigger for reinforcement of topics</td>
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<td></td>
<td>Discussion Point</td>
<td>▪ Describe the terminology of stress and coping</td>
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<td>▪ Describe how people react to and cope with stress</td>
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<td></td>
<td>▪ Analyse individual responses to stress</td>
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<td>▪ Share coping strategies with other members of the group</td>
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## Day 2

<table>
<thead>
<tr>
<th>Essential elements</th>
<th>Sections</th>
<th>Learning objectives</th>
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</table>
| Review and revision | 2.3 Loss and grief | - Describe common reactions to loss and grief  
Activity 2B: Loss and grief | - Discuss within the group varying emotional responses and different ways of coping  
Discussion Point | - Share ideas on emotional states and ways of coping with loss and grief  
2.4 The meaning of trauma | - Distinguish between a normal stress response and signs of trauma  
2.5 Guiding principles in the provision of psychological support | - Assess guidelines for the provision of psychological support  
Discussion Point | - Share experience and observations on the guiding principles  
2.6 Crisis intervention | - Describe the steps to take in crisis intervention  
Thumbnail version of slides as handout | - Act as permanent resource and revision of slides as handout reminder of the main topics  
2.7 Summary | - Act as trigger for reinforcement of topics  
Annex 1: Terminology of stress and coping | Handout material | - Ensure that all participants have an equal understanding of the terminology of stress and coping, and the exact meaning of words used  
Annex 2: Glossary of typical emotional reactions | Handout material | - Ensure that participants are aware of the emotional reactions to stress and understand how terminology is used within this course  
Day 3 Sessions 1 and 2 6 hours | Module 3: Supportive communication | 3.1 Communication values | - Analyse the values which accompany the most effective communication style  
Activity 3A: World view Small groups | - Share with the group the perception of values and their effect on communication  
3.2 Interpersonal communication skills | - Practise communicating effectively in challenging situations  
3.3 Ways of responding | - Evaluate the effects of good/bad communication on a personal basis  
Activity 3B: Listening and responding Role-play | - Practise techniques used in being a good communicator
## Day 4 Module 4: 4.1 Defining a community

**Session 1 Promoting a community supportive and healthy for its members**

**Discussion Point**
- Discuss different approaches to support in the community
- Act as permanent resource and reminder of main topics in the session
- Act as trigger for reinforcement of topics

**Activity 4A: Defining community participation**
- Brainstorming
- Identify characteristics of community participation
- Share ideas about community and membership

**Activity 4B: Social structures and leadership**
- Small group discussion
- Identify social structures/power/leaders within a defined community
- Share experience and knowledge of participatory methods
- Give details of how communities can be helped to use their own resources to solve problems

**Activity 4C: Planning action**
- Small group role-play
- Prepare an action plan for a specific community problem
- Discuss different approaches to support in the community
- Act as permanent resource and reminder of main topics in the session
- Act as trigger for reinforcement of topics

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<tr>
<th>Day</th>
<th>Essential elements</th>
<th>Sections</th>
<th>Learning objectives</th>
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<td></td>
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<td>Discussion Point</td>
<td>Discuss techniques used in being a good communicator</td>
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<td>3.4 Stages of constructive communication</td>
<td>Focus on stages of constructive communication in order to foster resilience and self-help</td>
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<td>3.5 Assisted coping</td>
<td>Practise working with groups of people in a community setting</td>
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<td>3.6 Working with groups</td>
<td>Discuss techniques to use when working with groups of people</td>
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<td>Discussion Point</td>
<td>Analyse when and how to refer people to other professionals or organizations.</td>
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<td>3.7 Referral</td>
<td>Act as permanent resource and reminder of the main topics in the session</td>
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<td>Thumbnail version of slides as handout</td>
<td>Act as trigger for reinforcement of topics</td>
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<td>Review and revision</td>
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<td>Sections</td>
<td>Learning objectives</td>
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| Day 4        | Module 5: Populations with special needs                | 5.1 Groups with special needs                                          | ■ Identify and describe the characteristic reactions of certain groups affected by disaster  
 ■ Share emotional reactions of helpers when children are suffering  
 ■ Describe effective types of intervention to assist certain groups at risk                                             |
| Session 2    | 3 hours                                                 | 5.2 Children                                                            |                                                                                                                                                      |
|              |                                                          | Discussion Point                                                        |                                                                                                                                                      |
|              |                                                          | 5.3 Older persons                                                       |                                                                                                                                                      |
|              |                                                          | 5.4 Persons with mental illness                                         |                                                                                                                                                      |
|              |                                                          | 5.5 People living with HIV/AIDS                                         |                                                                                                                                                      |
|              | Activity 5A: Special needs Small group role-play       | 5.6 Summary                                                             | ■ Assess special needs and plan appropriate action  
 ■ Reinforce many of the main principles of effective psychological support 
 ■ Act as permanent resource and reminder of main topics in the session  
 ■ Act as trigger for reinforcement of topics                                                                                      |
|              |                                                          | Review and revision                                                     |                                                                                                                                                      |
|              |                                                          | Thumbnail version of slides as handout                                   |                                                                                                                                                      |
| Day 5        | Module 6: Helping the helpers                           | 6.1 Stress in the lives of helpers                                      | ■ Describe how reactions to stress may impact on helpers  
 ■ Give details of warning signs of stress or burnout among helpers                                                                                           |
| Session 1    | 3 hours                                                 | 6.2 Warning signs of burnout                                             |                                                                                                                                                      |
|              |                                                          | Activity 6A: Burnout signs Small group discussion                        | ■ Identify signs of burnout  
 ■ Describe how to provide psychological support for helpers  
 ■ Examine and assess different methods of caring for the psychological needs of helpers  
 ■ Give details of self-care methods for helpers                                                                                                             |
|              |                                                          | 6.3 Caring for the psychological needs of helpers                       |                                                                                                                                                      |
|              |                                                          | Discussion Point                                                        |                                                                                                                                                      |
|              |                                                          | 6.4 Self-help techniques                                                |                                                                                                                                                      |
G.5 Final session: summary, review and evaluation

All experienced trainers will be aware that one of the objectives of a good training programme should be to leave participants feeling invigorated and refreshed, wanting to go out immediately and implement all the good ideas that have come from the course. Leaving group members exhausted through information overload is not conducive to enthusiasm for tackling the job.

Ensuring that each individual member of the group feels valued and part of the decision-making process helps the training not just to be useful, but to be enjoyable, empowering and exciting. Through their contributions to the group discussions, participants should feel a sense of ownership of the process. This has many parallels to the community participation process recommended for psychological support programmes.

Participants need to feel that the experience has been “rounded off”, or completed. For this purpose, this final session of summary, review and evaluation is essential, and should not be rushed.

Review and revision
Give a summary of the whole programme, inviting participants to revisit any parts of the programme where they feel additional attention might be usefully given. The summary allows the trainer to check understanding, as well as to ensure that all points have been covered adequately. If you have a mixed group, then take care not to allow...
one member of the group to monopolize the discussion, concentrating only on the parts in which he or she is most interested.

**Taking action**

Encourage participants to think about and to plan future action, taking into consideration what they have learned. This might be an ideal opportunity for small group work, asking people to get together to make an action plan of some kind to cover the next six months or a year of their work. This kind of planning will obviously depend on what their work is and whether they are currently involved in any psychological support programme, but encourage them to plan to put some kind of action into effect as soon as they return to work.

**Evaluation**

Evaluation of the training programme needs to be seen to be meaningful, with points made taken into consideration when the course is run again. Evaluation is the most useful way in which necessary changes can be made. The kind of questions that participants need to answer are:

- What pleased them during the course?
- What feelings did they experience?
- Did they find that participation in group activities was easy?
- What did they learn about themselves?
- What did they learn about other participants?
- Are there any areas in which more training is required?
- Do they have any suggestions for improving the course?

An evaluation questionnaire is included in the training materials, and this can be used to invite anonymous comment, and to give a statistical overview of how participants received the course. It can also be used for a more qualitative analysis of some aspects of the course. The device of a questionnaire is useful, but there is also a case for trying to elicit more immediate and personal feedback, particularly for the kinds of question listed above. A good relationship with participants allows the trainer to ask for comments, and to encourage constructive criticism.

Evaluation concerns the trainer and the delivery of the materials as well as the content. The trainer needs to ask: How do I know I am doing a good job? While there are some questions in the questionnaire about the trainer, a more personal response can help the trainer in his or her own professional development. Do not be afraid to ask.

**Completing the process**

If you are to leave participants feeling still very much part of, and close to, the small community in which they have been involved during the training programme, ensure that they receive full contact details for the trainer and all participants. Encourage them to keep in touch as far as they are able, and to continue to exchange news, views and challenges. Giving the group a name (such as the January Group) can help maintain group identity. The purpose of this is to try to ensure that helpers working on psychological support programmes are not isolated. They may have their own peer group support mechanisms, but this wider group forms an extension to that support and can provide them with a broader field of focus in which they may find a stimulus for further professional development.
This module introduces psychological support, shows why it is needed and explains the role of volunteers in helping to relieve emotional suffering by mobilizing the power of humanity and helping people to rely once more on their own resources to rebuild shattered lives.

While the module focuses on the provision of psychological support in larger-scale critical events, the approach is also applicable and adaptable to many other Red Cross - Red Crescent settings.

**Learning objectives**

At the end of this module, participants should be able to:

- Describe the purpose of psychological support
- Describe the role of volunteers in the provision of psychological support
- Outline steps in the evolution of psychological support programmes
- Describe the basic principles involved in the implementation of a psychological support programme in a disaster situation.

### 1.1 What is psychological support?

Disasters, conflicts, wars and health epidemics are numerous and are by their very nature a serious threat to the health and well-being of the people involved. The World Disaster Report 2001 states that 256 million people were affected by disasters in 2000. According to the United Nations, there are currently more than forty million refugees, internally displaced persons and other victims of violence, and at the end of 2001 an estimated forty million people globally were infected with HIV/AIDS.

The big disasters make the newspapers, but the less well-publicized, smaller disasters are just as devastating in their effect on the lives and health of the local population.

Critical events, such as disasters, conflicts, wars, accidents and health epidemics occur with social and psychological consequences that often undermine people’s ability to carry on with their lives. Characteristic of the problems faced by these people is a feeling of loss, i.e.:

- Loss of personal relations and material goods
- Loss of opportunity to generate an income
- Loss of social cohesion
- Loss of dignity, trust and safety
- Loss of a positive self image
- Loss of trust in the future.
The mission of the Red Cross - Red Crescent has historically been to improve the lives of vulnerable people by mobilizing the power of humanity, to try to help people come to terms with the sense of loss, and to rebuild their lives. Psychological support helps to relieve emotional suffering so that beneficiaries are sooner able to rely on their own resources and cope more successfully with the hardships they face on the road to recovery. Psychological support, then, describes any activity that improves a person’s ability to function under the extraordinary level of stress observed in the context of a critical event.

Red Cross - Red Crescent volunteers are an indispensable part of the organization’s mission. As members of the community concerned, they are in a better position to provide support to people affected by tragedy. They cannot, however, be expected to give efficient and effective support without themselves being supported. One of the main ways that the International Federation can provide this support is through training.

This training manual has therefore been developed to assist Red Cross - Red Crescent trainers to equip volunteers to meet the challenge of providing psychological support to these vulnerable people, and to help them contribute to the improvement of their health and well-being.

1.2 The role of volunteers

Volunteers form a critical group in the achievement of the Red Cross - Red Crescent mission to respond to all aspects of human suffering. People in a crisis situation generally benefit from a friendly and compassionate helper who is supportive but not intrusive. This psychological support in a Red Cross - Red Crescent setting is most often provided by minimally trained volunteers in community-based programmes. The type of help must be restricted to activities that do not exceed the helpers’ level of training. This often means simply being emotionally available and listening to how a distressing event has affected people. Once the situation has been adequately assessed, activities should be aimed at mobilizing and empowering communities to care for themselves.

Volunteer activities include various forms of social support, grief counselling, education about normal and abnormal stress reactions, stress management training, groups for parents of affected children, and other community-oriented interventions. Because it is recognized that individuals are often best served by members of their own communities, psychological support activities directed at improving community functioning are often the most efficient way of supporting the largest number of people. This leaves open the option of more individually tailored interventions for those whose needs are more extreme or unique.
Psychological support is designed to:

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve people’s short-term functioning</td>
<td>In the immediate aftermath of a crisis, people may have reactions or make decisions with serious long-term implications. Helping people to function well in the short term has a preventive function.</td>
</tr>
<tr>
<td>Reduce long-term negative psychological effects</td>
<td>Early psychological support can relieve stress to a substantial extent and decrease the chance that a person will develop a long-term stress reaction. By helping people to develop self-help skills and self-confidence, the process of feeling helpless and hopeless, which otherwise might lead to depression, is interrupted.</td>
</tr>
</tbody>
</table>

In other words, psychological support:
- Provides immediate relief
- Reduces the risk of so-called normal reactions developing into something more severe
- Can help to meet the physical and material needs confronting many disaster survivors.

Those who offer psychological support must basically have good people skills and show concern, willingness and interest in helping those in need.

**Activity 1A: Attributes and attitudes of helpers**

*Brainstorming. Ask the group:*

What do you think the main attributes and attitudes of a volunteer offering psychological support should be? Spend 5 minutes brainstorming and writing down on a flipchart those characteristics which are likely to be required or to be developed.

Encourage all participants to contribute and to comment freely on the contributions of others.

*Purpose of this Activity:*
- To involve participants at an early stage in the process of critical debate and group discussion.

The following are examples of characteristics that may have come up in the discussion, and which are considered to be essential.

- Listening skills
- Patience
- Caring attitude
- Trustworthiness
- Approachability
- Empathy
- Non-judgemental approach
- Kindness
- Commitment

The training provided in this manual, together with the more local priorities that the trainer, with knowledge of local conditions and culture, can add, will help volunteers and helpers to be more aware of some basic ideas and techniques which will aid them
in their work. Most people have what it takes to be supportive to another person, but recognizing explicitly what the skills used are, and learning how to enhance and apply them more effectively is one of the aims of the training. Once training has taken place, it is important to use and refine the skills and techniques learned. Since psychological support can be valuable in critical events of any size, from a single-family house fire to enormous catastrophes like earthquake, floods, wars and epidemics like HIV/AIDS, most volunteers will find many opportunities to put new ideas and enhanced skills into action.

1.3 The evolution of psychological support programmes

Psychological support, guidance, advice and care have traditionally been carried out by family or community members. In today's world, however, community bonds are changing and in many cases weakening. The breakdown of large, extended family or community networks and the loosening of links between people have meant that, when disaster strikes and help is needed, the traditional support mechanisms are not nearly as efficient as they once were.

Even where these traditional support mechanisms function well, they are likely to break down in the aftermath of disaster or crisis. The Red Cross - Red Crescent involvement in psychological support is an attempt to meet this eventuality.

The need to provide psychological support to victims of disaster was recognized following a number of natural and technological disasters in the late 1980s and early 1990s. The Red Cross - Red Crescent was challenged by a group of beneficiaries with different needs from the more traditional ones; they were not hungry or in need of a place to stay, but rather distressed and troubled by the insecurity and losses that destructive events had caused. It was in the aftermath of these disasters that the International Federation realised there was a need to include response mechanisms in emergency relief related to psychological needs.

The first consultation on psychological support was held in Copenhagen in 1991, and two years later the International Federation and the Danish Red Cross established a Reference Centre for Psychological Support. The main purpose of the centre is to provide technical support and to help develop the capacity of the National Societies to provide psychological support to people affected by disaster in order to prevent the development of severe psychological reactions.

Another turning point came with the emergence of new types of conflict and greater exposure than ever of humanitarian workers to large-scale atrocities (e.g. in Somalia, Liberia, Croatia, Bosnia-Herzegovina and Rwanda). During these crises millions of people suffered, and that suffering affected humanitarian workers who came back feeling completely exhausted, depressed, lost, isolated, and suffering from nightmares and flashbacks. They often found it difficult to talk about their feelings of helplessness and horror to family, friends and colleagues, who sometimes:

- Could not fully understand what they had been through
- Were not interested
- Were unable to tolerate seeing a friend in such pain.

It became increasingly clear that relief workers are also victims of disasters.
Gradually, psychological support to humanitarian workers has gained wide recognition within the International Federation and among humanitarian workers themselves. It has been understood that relief work is not only extremely stressful and may lead to burnout and vicarious victimization, but may also lead to limited operational capacity at a time when the skills of these workers are most needed.

The International Federation, together with its member National Societies, today represent an important pool of knowledge in the field of psychological support to victims of disaster. Since the early 1990s knowledge of humanitarian support and psychological care has been accumulating. Today, 10 years on, psychological support is increasingly integrated into many first aid, social welfare, disaster preparedness and response operations around the world.

1.4 Basic principles in the implementation of a psychological support programme

The organization and provision of psychological support will depend entirely on the critical event for which support is needed. It must be clear that there are no simple solutions. A number of guiding principles have, however, been identified, which should be considered before and during the implementation of a psychological support programme. In addition, evaluation of the support programme after the event should be based on these guiding principles:

- Community-based approach
- Use of trained volunteers
- Empowerment
- Community participation
- Care with terminology
- Active involvement
- Early intervention
- Viable interventions.

Community-based approach

The Red Cross - Red Crescent experiences in implementing psychological support programmes have shown that a community-based approach, i.e. building on local resources, providing training and upgrading local structures and institutions, is crucial to success. This approach allows for trained volunteers to share their knowledge with fellow community members, and because the majority of emotions (e.g. distress and sorrow) do not require professional treatment, these local resources often become instrumental in providing successful relief. By working with groups rather than individuals and focusing on strengthening networks in the community, a much larger number of people can be helped. In addition, involving the community with its knowledge, values and practices makes a culturally appropriate response more likely.

Trained volunteers

As already indicated, another basic principle is to base psychological support programmes on voluntary work. The training of volunteers aims at teaching them to share and apply basic psychological skills with victims of crisis, shock and loss. Volunteers are a precious resource, because they are part of the community affected by the disaster and can react immediately in times of crisis and continue providing long-term support to the survivors. They have easy access to, and the

2- International Federation of Red Cross and Red Crescent Societies (2001) Psychological support: Best practices from Red Cross and Red Crescent programmes, IFRC.
confidence of, the disaster survivors. A major benefit of their inside knowledge of the local culture is that they are more able to provide appropriate and adequate assistance to the affected population.

**Empowerment**

There is always a risk in a disaster context of the helper humiliating and making the recipient passive. The motivation to help others can be triggered by compassion, protest against injustice, love, or other equally well-meaning emotions, but it may also be triggered by superiority, arrogance, power and the need for gratitude. Accepting help may start a positive process and solve a crisis. However, it may also emphasize inability and dependency, leading to bitterness or anger about being a victim in the eyes of others. In general, humanitarian organizations should be aware of the fact that quality relief and assistance is based on helping others to regain self-respect and autonomy, in other words on empowerment. It is as important to focus on the abilities and strengths of recipients as on their problems and weaknesses.

Empowerment can be accomplished through various means, and it is certainly affected by the initial approach to those concerned. A high degree of community participation is generally accepted as one way to encourage empowerment of the people.

**Community participation**

Basing projects on ideas developed by the concerned people themselves will promote empowerment and local ownership and help facilitate and consolidate a long-term capacity for problem solving. Through participation people gain an increase in control over their lives, as well as the life of the community. Participation in collective decision-making about their needs, as well as in the development and implementation of strategies, is based on their collective strength to meet those needs. This aspect must be reflected all through the programme cycle.

Hence, community participation is instrumental in reintegrating individuals and families within their communities, as well as identifying and restoring natural community networks and coping strategies.

The international community needs to be guided by the people we aim to serve. If this does not happen, passivity and dependence may result.

**Care with terminology**

Words can have a powerful effect on situations. The terminology used to describe people needs to be carefully chosen. For example, describing large numbers of the population as traumatized, meaning that they are helpless and will not recover on their own, is inaccurate and counterproductive to healing. Not only could it encourage the development of a passive victim identity, but it also tends to deflect attention from the broader social environment. To be distressed, troubled, angry or preoccupied with a destructive event does not necessarily justify the trauma label in itself.

The word trauma has a powerful, emotional appeal, but it is a clinical term that calls for specific clinical responses which are impossible to provide on a mass scale and which may have little relevance to the local concepts of suffering and misfortune. When the trauma discourse is largely based on generalizations and assumptions it not only loses sense, but more importantly it may well have the unintended, but devastating effect of giving people a frame of reference which keeps them vulnerable. Wording such as “active survivor” is far more likely to enhance empowerment and to help people feel more able to help themselves.
Active involvement

One way to prevent further victimization and to promote empowerment is to focus on competence rather than on symptoms and deficits. Existing resources, coping mechanisms and the resilience of beneficiaries should be built on. The goal for intervention therefore becomes:

- The identification and strengthening of mechanisms that will contribute to better coping
- The active involvement of people in sorting out their problems
- The recognition of people’s skills and competence.

It is imperative that humanitarian workers appreciate survivors’ efforts to deal with and come to terms with stressful experiences. Self-help actions and strategies adopted by the affected populations themselves are a key to their successful recovery. Crucial in the planning of interventions are questions like:

- What are culturally appropriate ways of helping people in distress?
- To whom do people traditionally turn for support and help?
- How can those people and structures best be supported?

It is, however, recognized that in some situations, original support structures have broken down as a consequence of the disaster, and these will have to be rehabilitated. Finally, the focus on people’s positive efforts to deal with and come to terms with their experiences must not lead to the opposite approach where people’s concerns are minimized or disregarded.

Early intervention

Early and adequate psychological support is a preventive factor when it helps people to cope better with their situations. It enhances the capacity of people to react effectively and to start reorganizing their lives. Neglecting emotional reactions may result in passive victims rather than active survivors and as a result the recovery process will be slower for both the individual and the community.

Viable interventions

Disasters create both immediate and long-term psychological needs. The problems that people experience after a disaster may not surface immediately, and the time needed for healing differs from one person to another. Consequently there is a need to make support programmes sustainable by including local resources, training local people, and monitoring the situation. Because of the time element, initial training is not sufficient alone, but needs continuing mentoring and follow-up if it is to remain effective in the long term.

Traditional clinical approaches are still very much in the foreground, but the community-based approach is gaining ground as many more people are being helped to come to terms with disasters in simple and sensitive ways. The Red Cross - Red Crescent experience has shown that the challenges of working in a multicultural environment are best met this way.

7. Evaluation Report, Kosovo
8. IFRC, Best practices
9. IFRC, Best practices
Discussion point

In the whole group, ask participants to discuss some of the interventions that they heard about in the activity, paying particular attention to the strengths, weaknesses and limitations of the approaches made.

Review and revision: taking action

Provide handout resource material in the form of thumbnail versions of your overhead projector slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them to focus on basic principles in future work.
1.5 Summary

- Critical events such as disasters occur with social and psychological consequences that may undermine people’s ability to carry on with their lives. Feelings of loss may be characteristic of problems faced by these people.

- Red Cross - Red Crescent volunteers are an indispensable part of the organization’s mission to improve the lives of vulnerable people by mobilizing the power of humanity, to try to help people come to terms with the sense of loss, and to rebuild their lives.

- Volunteer activities include many forms of support. Activities directed at improving community functioning are often the most efficient way of supporting the largest number of people. The involvement of volunteers in their own communities brings trust and credibility.

- Psychological support provides immediate relief, reduces the risk of reactions developing into something more serious, and can help to meet the physical and material needs of many disaster survivors. Volunteers require a number of humanitarian characteristics if they are to be able to supply this support.

- Community networks, extended family and other traditional support mechanisms may not be sufficient in the aftermath of disaster or crisis. Red Cross - Red Crescent involvement in psychological support is an attempt to meet this need by supplementing, not replacing other sources.

- The basic principles that provide a framework for implementing psychological support in disasters are:
  - A community-based approach
  - Use of trained volunteers
  - Empowerment
  - Community participation
  - Care with terminology
  - Active involvement
  - Early and viable interventions.
Learning objectives

• Describe the purpose of psychological support
• Describe the role of volunteers in the provision of psychological support
• Outline steps in the evolution of psychological support programmes
• Describe the basic principles involved in the implementation of a psychological support programme in a disaster situation
Critical Events
Characteristic = Loss

• Loss of personal relations and material goods
• Loss of opportunity to generate an income
• Loss of social cohesion
• Loss of dignity, trust and safety
• Loss of a positive self-image
• Loss of trust in the future
Psychological support

Psychological Support

- Mobilizes the power of humanity
- Relieves emotional as well as physical suffering
- Improves a person’s immediate ability to function under stress
- Reduces long-term negative psychological effects
Psychological support

Essential skills for those offering psychological support

- Listening skills
- Patience
- Caring attitude
- Trustworthiness
- Approachability
- Empathy
- Non-judgemental approach
- Kindness
- Commitment
Evolution of psychological support programmes

- Traditional support mechanisms in many cases weaker
- Natural and technological disasters in 1980s and 1990s brought recognition of need to provide psychological support to victims
- New types of conflict and large-scale atrocities (e.g. Somalia, Liberia, Croatia, Bosnia-Herzegovina, Rwanda) brought new challenge
- Humanitarian workers themselves need psychological support
Psychological support

Basic principles in the implementation of a psychological support programme

- Community-based approach
- Use of trained volunteers
- Empowerment
- Community participation
- Care with terminology
- Active involvement
- Early intervention
- Viable interventions
Psychological support

Community-based approach

• Builds on local resources, providing training and upgrading local structures and institutions

• Allows for trained volunteers to share their knowledge with fellow community members

• Focus on strengthening groups and networks within the community

• Involvement of the community, with its knowledge, values and practices, enhances the appropriateness of the response
Psychological support

Trained volunteers

- Training aims to help them share and apply basic psychological skills with victims of crisis, shock and loss
- Have easy access to, and the confidence of, disaster survivors
- Benefit from cultural insight in provision of assistance
Empowerment

- Helping other people carries the risk of humiliating and making the recipient passive.
- Quality relief and assistance is based on helping others to gain self-respect and autonomy (empowerment).
- Abilities and strengths of recipients are as important a focus as their problems.
- High degree of community participation enhances empowerment.
Community participation

- Will promote empowerment and local ownership
- Control over their own lives as well as the life of the community
- Mobilization of collective strength to restore natural community networks
- Helps reintegrate individuals and families within their communities
Care with terminology

• Care needed in describing people: words can have a powerful effect on situations

• Describing large numbers of the population as traumatized is inaccurate

• “Trauma” is a clinical term requiring specific clinical responses. Its general use counterproductive to healing

• Terminology such as “active survivor” enhances empowerment
Psychological support

Active involvement
Focus on competence rather than symptoms and deficits

- Identification and strengthening of mechanisms that will contribute to better coping
- Active involvement of people in sorting out their problems
- Recognition of people’s skills and competence
Psychological support

Early intervention

- Preventive factor when it helps people to cope better with their situations
- Enhances capacity of people to react effectively and start reorganizing their lives
- Neglect of emotional reactions may result in passive victims
Psychological support

Viable interventions

- Problems may not surface immediately – disasters create both immediate and long-term psychological needs
- Sustainable programme more likely if local resources in training included
- Training should be followed by mentoring and follow-up
Psychological support

Summary 1/3

• Critical events such as disasters occur with social and psychological consequences that may undermine people’s ability to carry on with their lives. Feelings of loss may be characteristic of problems faced by these people.

• Red Cross - Red Crescent volunteers are an indispensable part of the organization’s mission to improve the lives of vulnerable people by mobilizing the power of humanity, to try to help people come to terms with the sense of loss, and to rebuild their lives.

• Volunteer activities include many forms of support. Activities directed at improving community functioning are often the most efficient way of supporting the largest number of people. The involvement of volunteers in their own communities brings trust and credibility.
Psychological support

Summary 2/3

• Psychological support provides immediate relief, reduces the risk of reactions developing into something more serious, and can help to meet the physical and material needs of many disaster survivors. Volunteers require a number of humanitarian characteristics if they are to be able to supply this support.

• Community networks, extended family and other traditional support mechanisms may not be sufficient in the aftermath of disaster or crisis. Red Cross - Red Crescent involvement in psychological support is an attempt to meet this need by supplementing, not replacing other sources.
Summary 3/3

• The basic principles that provide a framework for implementing psychological support in disasters are:
  • A community-based approach
  • Use of trained volunteers
  • Empowerment
  • Community participation
  • Care with terminology
  • Active involvement
  • Early and viable interventions
Stress and coping

Stress represents a central theme in Red Cross - Red Crescent activities and volunteers are generally better equipped to handle their job both for the benefit of people affected and themselves if they understand the basic components of stress and coping. Disaster relief and other emergency assistance services, like first aid, ambulance service and search and rescue activities, commonly encounter situations with very high stress. Other services that may prove equally stressful are social or psychological services designed to help people in need, such as services for street children, orphans, famine victims, people living with HIV/AIDS, etc.

According to an old saying, into every life a little rain must fall. That is to say, none of our lives will be so simple and sunny that we will not be challenged to adjust to an occasional rainstorm. For that matter, although the rain can become a problem, we also cannot do without it. So we have developed ways to keep the rain from interfering too greatly in our lives while making use of it to improve our lives. In this analogy rain equals stress (a challenge we must adapt to). When it is raining devices like umbrellas and raincoats are ways we have learned to cope (adjust our behaviour to reduce the negative effects of the rain). Stress can also be coped with. However, should it rain very hard without pause for a long time, we will have a flood to cope with. A flood can be so powerful that it will kill many people and destroy homes, businesses, and villages. Entire landscapes can be rapidly transformed and people’s lives become a struggle for survival and recovery. While rain is seen as a normal component of life, flooding is not. The same applies to stress.

This module describes typical stress reactions and how different people cope with stress. It goes on to describe how reactions to loss and grief can be recognized and to show the distinction between normal stress response and trauma. Finally, it lists the guiding principles in providing psychological support and intervention in a crisis situation.

Learning objectives
At the end of this module, participants should be able to:

- Describe the terminology of stress and coping
- Describe how people react to and cope with stress
- Describe common reactions to loss and grief
- Distinguish between a normal stress response and signs of trauma
- Assess guidelines for the provision of psychological support.
2.1 People under stress

Disasters and health emergencies are by their definition disturbing and often unexpected. Suddenly the world is turned upside down and the way problems are normally dealt with may no longer be sufficient. Most people react to a perceived threat or challenge in the environment with stress: a state of physical and/or psychological arousal (see Annex 1: Terminology of stress and coping).

Reactions may differ and obviously depend upon the severity of the situation. In addition, predisposing factors such as personality traits or previous history of mental disorders may make reactions more serious or intensify their course. Stress reactions are experienced at both the physical, cognitive (how we perceive and “think” about events), emotional and behavioural level. A person exposed to severe stress may pass through four stress reaction phases:

- **Acute phase** (lasting minutes, hours or days)
- **Reaction phase** (lasting one to six weeks)
- **Repair phase** (lasting one to six months)
- **Reorientation phase** (after approximately six months and continuing).

There is a gradual transition from one phase to another depending upon the duration and severity of the earlier phase. It is, however, important to note that these phases do not always occur, nor do they always appear in a specific order. They are rather an expression of a typical reaction pattern by a normal person to an extraordinary event.

**Acute phase**

If a person is confronted with a strong stressor, he or she is likely to start a “fight or flight” response. A fight or flight response prepares the body for physical activity and is linked to physical changes, such as the release of adrenaline, an increased heart rate and blood pressure, rapid breathing and sweating. Other bodily stress reactions that can occur are shaking lips and hands, upset stomach, nausea and chills.

A fight or flight response also affects the way people think, feel and act. It makes them “narrow-minded” in the sense that it decreases their ability to think rationally. It is often hard to concentrate while thoughts race around in the head, and the first solutions which come to mind may be selected to solve a problem. It is harder for the stressed person to communicate with other people and to remember things; he or she might be disoriented as to person, time, and place. During stress, facts which seem to be heard and understood may quickly be forgotten, and are likely to need repeating.

The immediate emotional reaction is often described as disbelief or consternation, like a dream or rather a nightmare. What happened might seem irrelevant to the person concerned, but the lack of reactions or detachment should be understood as a state of shock. Other common emotional stress reactions are anger, fear, and grief (see Annex 2: Glossary of typical emotional reactions to stress).

Stress reactions also affect the way people act. The stress-created narrow-mindedness makes behaviour more rigid. The loss of flexibility can cause irritability, anger or in some cases, excessive high spirits. Irritation and anger cause suspicion and the need to look for a scapegoat, or someone to blame when something goes wrong. The rigid behaviour also complicates communication with other people and this may lead to withdrawal. Feelings of uselessness and helplessness may also lead to restlessness.
Panic is a phenomenon that seldom occurs. It must, however, be attended to immediately, as it seems to be contagious and can put both the people panicking and others at risk.1

**Reaction phase**

The most striking characteristic of the reaction phase is that disturbing feelings that were previously repressed or denied are now surfacing. These feelings may be so overwhelming that they render the person powerless. It is important that these feelings are allowed to come out. This way, they are processed and worked through (see Module 3: Supportive communication). Characteristic stress reactions of this phase are:

- Fear of returning to the site of the event
- Dreams and nightmares about the stressful event, anxiety, restlessness, insomnia
- Muscular tension, tremors, and exaggerated startle response
- Increased irritability and isolation, depression
- Disturbing thoughts about survival, relief, guilt, grief.2

**Repair phase**

The stress reactions are basically the same as in the reaction phase. The difference lies in that the reactions are no longer as intense and overwhelming as they were; that is the person has begun to "repair" the very strong and disturbing feelings.

Characteristics of this phase are

- Feelings of hurt continue, but can now be coped with
- An interest now taken in everyday life
- Plans made for the future.3

**Reorientation phase**

Six months after a distressing event has occurred, there should ideally be no more stress reactions. That implies that the affected person is able to think back to the event without stress reactions, that he/she has now accepted the experience and is better prepared to cope with another stressful activity.4

Most of these reactions will diminish progressively, insofar as the event is integrated in the individual’s history. This largely depends on coping capacities and social support. To determine whether a person needs more extensive help, he must be observed to see whether he is doing something meaningful, taking care of himself, or behaving in an unusual fashion or acting out of character (see section 2.4: The meaning of trauma).
2.2 Coping with stress

While the stress reactions outlined above are normal, they can also interfere with recovery. By providing compassionate support for people affected by a critical event, we can help reduce their stress and make an essential contribution to their recovery.

Coping is what people try to do to overcome negative effects, when exposed to stressful events. Thus coping is a way to prevent, delay, avoid, or manage stress.

Coping mechanisms can be placed in three broad categories:

<table>
<thead>
<tr>
<th>Change the source of stress - emotional as well as physical</th>
<th>The person is focused on changing the situation before the stress occurs, and therefore avoiding the threatening situation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change the view of the situation</td>
<td>The person is redefining the situation and concludes that it is not important enough to be upset about, or that things could have been worse.</td>
</tr>
<tr>
<td>Tolerate the stressor until it passes or becomes less troublesome</td>
<td>The person is adjusting to the stress without being overwhelmed by the situation through denial, avoidance, passive acceptance, excessive optimism, or even magical thinking.</td>
</tr>
</tbody>
</table>

Coping effectively with adversity often requires a balance between changing the negative conditions, either through confrontation or avoidance, and adjusting to those things that are beyond anyone's power to change.

Examples of ways people cope with a critical event:

- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Gathering their remaining belongings
- Beginning to repair the damage
- Burying or cremating the dead
- Following their religious practices
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the perceived impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it.

In some way each of these is an attempt either to reduce the anxiety brought on by stress or alter the situation so that the stress will not be sustained.
Activity 2A: Coping strategies

Individual work. Ask participants to imagine themselves in one of the following situations:

- There is a flood in your community. Your family’s income is based on farming, and you lose all your crops and animals in the flood.
- There are strong political factions in your country. Your father is taking an active part in the resistance. He disappears following a political uprising. You have not heard from him for the last three weeks.
- The job you have had for the last three years suddenly disappears with the closing of the organization. You are left with no clear prospects of new work in the area.

Give participants about 10 minutes to write down three (or more if they wish) actions, thoughts, beliefs, personal characteristics or strengths that would help them to cope, deal with, or get through the situation.

Purpose of this Activity:

- To reinforce the section on Coping with stress
- To broaden the perspective of coping strategies among individual members of the group
- To reflect on how knowledge of coping mechanisms employed by different people can be used effectively in their support.

Discussion point

Ask participants to share their coping strategies with the group. Use a flipchart to record their responses. Ask each person to say why they chose a particular scenario (e.g. personal experience, particular interest). Encourage the group to discuss some of the points, and to note in particular any similarities or differences in responses.
2.3 Loss and grief

Loss is a common theme in most disaster settings. Loss is mainly associated with the death of a loved one, but it also results from property destruction, unemployment, and so on. Loss and grief are concepts of particular relevance in HIV/AIDS programmes, where volunteers risk being overwhelmed by the continuous stream of losses. As HIV progresses, people lose their physical strength and mobility, their ability to function in their jobs and to contribute to their communities. They lose their physical attractiveness and their sexual ability, and eventually they lose their lives.

Common reactions to loss

| Denial, numbness, and shock (preoccupation with matters that do not include mentioning the loss) | Temporarily reduces the intensity of the loss |
| Should not be confused with "lack of caring" |
| Should diminish as the ability to acknowledge the loss develops. |
| Bargaining | Thinking about what could have been done to prevent the loss |
| Imagining all the things that will never be |
| Making deals with god, e.g. exchange good behaviour with something else. |
| Depression | Sleep and appetite disturbance |
| Lack of energy and concentration |
| Crying |
| Loneliness, emptiness, isolation and self-pity. |
| Anger | Feeling abandoned in cases of loss through death |
| Generalised resentment toward life/god for the injustice of this loss |
| Guilt over certain feelings (e.g. anger). |
| Acceptance | Requires time |
| Signals healing. |
| Reorientation (integration of the loss into a new reality)|

Trouble Signs

- Avoiding or minimizing one's emotions
- Using alcohol or drugs to self-medicate
- Using work to avoid feelings
- Hostility and aggression towards others.

Coping with loss and grief

People normally react to the loss of those things they hold valuable by grieving. Grieving is a necessary emotional process for anyone who must recover from a loss.

All forms of irretrievable loss, such as a death or an amputation, require some degree of adaptation so that people are eventually able to accept themselves as someone who
has survived a loss. In this process, both the directly affected person and their families can benefit from the support of others to cope with loss. In the case of HIV/AIDS, they need assistance in planning for the future, including making plans for the continuing care of their children. They also need psychological support to help them deal with the prospect of death and manage the grief that results from the death of a loved one (see Module 3: Supportive communication). Spiritual activities are often beneficial and increase hopefulness, acceptance, and forgiveness when circumstances are beyond human control. Communities also provide important support by bringing food to the family, being with the family at difficult times and participating in funerals. Other people’s expressions of sympathy and support generally improve the ability of affected families to cope with their loss and grief.  

**Activity 2B: Loss and grief**

Small groups (3 or 4). Ask participants to examine the situations of the following three people:
- A poor widow. Your husband has just died of AIDS. You are yourself HIV positive.
- A grandmother. Your daughter has died of AIDS. You must raise your grandson, who was born HIV positive.
- An orphan. Both your parents died of AIDS. You are HIV negative.

Ask each group to discuss what they think the emotional responses of these people might be. What would each member of the group feel in their place? How would they cope? What might be the difference between the people in their emotions and coping strategies?

**Purpose of the Activity:**
- To give participants an opportunity in a smaller group to make a larger contribution and to discuss in depth potential emotional responses.

**Discussion point**

Bring the whole group back together, and ask them to examine any new ideas that have come up about emotional states and ways of coping with loss and grief.

---

2.4 The meaning of trauma

Sometimes people receive such a strong dose of stress that they have a very difficult time recovering. Surviving such stress can mean a longer time to recover, recurring symptoms of stress-related illness, and occasional set-backs whenever exposure to extreme stress occurs. Troublesome memories or dreams make it particularly difficult for people to get on with their lives because they feel stuck in the past. Furthermore, because they have little or no control over these intense and unwelcome memories, they may feel that they have lost control of their minds.

Signs of a traumatic stress reaction:

- Being unable to stop thinking about the event
- Being easily reminded of the event by things that are not very related
- Continuing to react fearfully even when the danger has passed
- Increased difficulty controlling emotions
- Nightmares about the event
- Being easily irritated
- Having a low tolerance for stress
- Being easily startled
- Losing a sense of reality.

Immediately following a critical event, some people may appear dazed or in shock. This usually subsides quickly, but if it does not the person may be having a difficult reaction. An opposite response is also possible, where the person becomes extremely emotional and seems unable to regain control of his or her emotions. Either of these extremes, emotional numbness or extreme agitation deserves immediate attention and coping assistance.

After the danger has passed and the other sources of stress in the situation are reduced to normal, people usually show some signs of a stress reaction, which gradually reduces over a period of weeks or even months. However, if the stress symptoms remain high for a few weeks and do not show gradual reduction, this is a sign of a sustained traumatic reaction that might require referral for professional care. Making such a decision is, of course, difficult for a Red Cross - Red Crescent volunteer and should be made in consultation with the programme coordinator or supervisor.

It is important to recognize that such a referral could receive a very negative reaction from anyone who understood the referral as meaning that she/he was mentally ill, and could also lead to stigmatization and victimization within the community. This is unfortunate, as professional help should not be equated with mental health illness, but as another step towards health. It is therefore important to inform the person concerned about your intentions; let him/her know that you care, explain the reasons for referral, and specify the kind of professional to whom he or she is being referred (see Section 3.7 in Module 3: Supportive communication for a more detailed discussion of referral).
2.5 Guiding principles in the provision of psychological support

Coping depends upon a person’s individual characteristics, strengths and weaknesses, but it is also made easier, hampered, or prevented by the person’s relationship with other people. It is therefore important to provide coping support to help affected people respond with resilience. By identifying not only the problems and needs of people in crises, but also their strengths and resources, we can contribute to their recovery without simultaneously fostering dependency or a sense of helplessness.

The following are general principles of psychological support that specifically apply to the immediate situation, and are sometimes referred to as psychological first aid:

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary focus on physical and material care and protection from danger</td>
<td>Immediate care for physical necessities, treatment of injuries and provision of warmth, food and clothing. Protection from disaster threat/damage of which the person is relatively unaware because of his/her stunned mental state.</td>
</tr>
<tr>
<td>Intervene immediately: be direct, active and remain calm</td>
<td>The sooner the person begins coping with a critical event, the better are the chances of restoring equilibrium. The longer the person remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to recover. Therefore, it is important to provide support as soon as possible after exposure to a critical event.</td>
</tr>
<tr>
<td>Focus on the “here and now” situation</td>
<td>Help the person to accept that the event has occurred by encouraging him/her to express the facts of the situation as well as his/her feelings.</td>
</tr>
<tr>
<td>Provide accurate information about the situation</td>
<td>People have an urgent need for information after a critical event whether that is a health emergency, disaster or any other event. They need to know what happened and why. Assist in giving them a realistic view of what has occurred, and what the expected outcomes might be.</td>
</tr>
<tr>
<td>Do not give false assurances</td>
<td>Always remain truthful and realistic. Recognize the anxiety, depression or tension, but at the same time provide some sense of hope and expectation that the person will ultimately overcome the crisis.</td>
</tr>
<tr>
<td>Recognize the importance of taking action</td>
<td>Generally crisis intervention should aim at enabling some action that the individual is able to take. Restoring the person to the position of actor rather than victim is critical to success. This should, however, be done with the understanding that there is a time simply to provide support. People need time to take in the impact of a critical event. They need to come to an understanding of it before they begin taking action to respond.</td>
</tr>
<tr>
<td>Reunite with family members</td>
<td>Search for and reunite with primary group members. Increased anxiety may be experienced if safety and whereabouts of family members are not established.</td>
</tr>
</tbody>
</table>
Provide and ensure emotional support

Be present and listen to people and also engage other community members to provide both support and assistance. Make sure no one is left alone. Work with health professionals and other partners, and link people to systems of support that will operate on an ongoing basis.

Focus on strengths and resilience

Emphasize how the person has coped with the situation so far and has already begun to use strategies for moving forward. Encourage the individual to implement solutions or strategies that have a high probability of success.

Encourage self-reliance

Provide constructive activities that the person can undertake to assist with the situation, such as providing food and drink, setting up tents etc., tasks that can help shift focus away from the immediate incident. Reinforce problem-solving skills shown by the person up to the present.

Respect feelings of others

Accept the people’s right to their own feelings. Your purpose is to help them, and not to be their critic. People do not want to be upset and worried, and would stop being so if they could. When they seek help, they need and expect consideration of their fears. They need your patience, reassurance, encouragement and support.

Discussion point

Ask the group to make observations on the general principles of psychological support which are linked to any experience they have, or to situations that they know about. Encourage discussion which gives a clear indication of the many different circumstances in which these principles should be operated.

2.6 Crisis intervention

In some instances the Red Cross - Red Crescent volunteer may encounter a person who is extremely agitated and seemingly unable to calm down. Such people may become a danger to themselves or a threat to others. For instance, thoughts of suicide are a common theme. While psychological support is not intended to be a solution for such situations, it is still important that volunteers have some understanding of how they can respond. Above all, you should remember to observe safe practices by showing concern for your own safety.

It is important for the helper to remain calm and to appear relaxed, confident, and non-threatening. To compensate for the tension that may be present, your role is that of a calming influence. Be careful not to exaggerate your responsibility for the course of action, since you will typically have very little control over the outcome of the intervention. Your goals should be to keep the situation stable until the person has time and resources to regain normal composure. The following seven steps are a well-accepted sequence for resolving a crisis:

1. Assess the situation
2. Establish contact
3. Identify the main problem
4. Address feelings and concerns
5. Explore alternative coping strategies
6. Formulate an action plan
7. Follow up.

Module 3: Supportive communication and Module 4: Promoting community self-help describe further intervention possibilities that help people to cope.

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2.7 Summary

- Stress represents a central theme in Red Cross - Red Crescent activities. Volunteers need to understand the basic components of stress and coping.
- Most people react to a perceived threat or challenge in the environment (such as a natural disaster) with stress. Commonly, there are four stress reaction phases: Acute, Reaction, Repair and Reorientation.
- Stress reactions affect the way people think, their emotions, and the way they act. A “fight or flight” response is likely.
- Coping mechanisms are those which people operate in order to try to prevent, delay, avoid or manage stress.
- Loss is a common theme in most disaster settings. Common reactions to loss include denial, numbness and shock, depression, and anger. People normally cope with loss by grieving. Psychological support at this time is important.
- Traumatic stress reactions are serious and need immediate attention. Referring such people on for professional help is vital.
- There are a number of principles which guide the provision of psychological support. These are sometimes called psychological first aid:
  - Primary focus on physical and material care and protection from danger
  - Immediate intervention
  - Focus on the current situation
  - Provide accurate information
  - Do not give false assurances
  - Recognize the importance of taking action
  - Reunite with family members
  - Provide and ensure emotional support
  - Focus on strengths and resilience
  - Encourage self-reliance
  - Respect the feelings of others.
Stress and coping

Stress is a central theme in Red Cross - Red Crescent activities

Into every life some rain must fall ..... 

But what happens when there is a flood?
Stress and coping

Learning objectives

• Describe the terminology of stress and coping
• Describe how people react to and cope with stress
• Describe common reactions to loss and grief
• Distinguish between a normal stress response and signs of trauma
• Assess guidelines for the provision of psychological support
Stress and coping

People under stress

• Perceived threat or challenge often brings stress: a state of physical and/or psychological arousal

• Four stress reaction phases:
  • Acute phase
  • Reaction phase
  • Repair phase
  • Reorientation phase
Stress reactions - Acute phase

- Lasts minutes, hours or days
- “Fight or flight” response: preparation for physical activity
- Narrowing of focus: decreases ability to think properly
- Emotional reaction: disbelief or consternation, lack of detachment
- Rigid behaviour: irritability, anger, etc. affects communication
- Panic rare but immediate attention needed
Stress reactions - Reaction phase

- Lasts one to six weeks
- Delayed reactions: previously repressed or denied feelings may surface
- May be overwhelming, bringing powerlessness
- Characteristic reactions are:
  - Fear of returning to the site of the event
  - Dreams or nightmares
  - Anxiety, restlessness, insomnia
  - Muscular tension, tremors and exaggerated startle response
  - Increased irritability and isolation, depression
  - Disturbing thoughts about survival, relief, guilt, grief
Stress and coping

Stress reactions - Repair phase

• Lasts one to six months
• Difference: reactions less intense, and not so overwhelming
  • Feelings of hurt continue, but can be coped with
  • An interest now taken in everyday life
  • Plans made for the future
Stress reactions - Reorientation phase

- Approximately six months after a distressing event and continuing
- Heightened stress reactions substantially reduced
  - Grief reaction may not be resolved but is accepted
  - Most reactions will diminish gradually
- Assessing ongoing needs is important
Coping with stress

- Coping is a way to prevent, delay, avoid or manage stress
- Coping mechanisms in three broad categories:
  - Change the source of stress
  - Change the view of the situation
  - Tolerate the stressor until it passes or becomes less troublesome
Stress and coping

Examples of coping 1/2

• Seeking help from others or offering help to others
• Talking about their experiences and trying to make sense of what happened
• Hiding until the danger has passed
• Seeking information about the welfare of their loved ones
• Gathering their remaining belongings
• Beginning to repair the damage
Examples of coping

- Burying or cremating the dead
- Following their religious practices
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the perceived impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it
Loss and grief

- Loss is a common theme in most disaster settings
- Common progression of reactions to loss:
  - Denial, numbness and shock
  - Bargaining
  - Depression
  - Anger
  - Acceptance
  - Reorientation
Stress and coping

Loss and grief

Trouble signs

• Avoiding or minimizing one’s emotions
• Using alcohol or drugs to self-medicate
• Using work to avoid feelings
• Hostility and aggression towards others
Stress and coping

The meaning of trauma

Signs of traumatic stress reaction

- Being unable to stop thinking about the event
- Being easily reminded of the event by things that are not very related
- Continuing to react fearfully even when the danger has passed
- Increased difficulty controlling emotions
- Nightmares about the event
- Being easily irritated
- Having a low tolerance for stress
- Being easily startled
- Losing a sense of reality
Stress and coping

The meaning of trauma

Emotional numbness or extreme agitation

- Immediate attention and coping assistance needed
- Referral for professional care might be necessary
- When referring:
  - Important to inform the person concerned about your intentions
  - Recognize that such referrals may receive very negative reactions
  - Mental health referral may cause the affected person to be stigmatized and victimized
Stress and coping

Guiding principles in the provision of psychological support

- Primary focus on physical and material care and protection from danger
- Immediate intervention: be direct, active and remain calm
- Focus on the “here and now” situation
- Provide accurate information about the situation
- Do not give false assurances
- Recognize the importance of taking action
- Reunite with family members
- Provide and ensure emotional support
- Focus on strengths and resilience
- Encourage self-reliance
- Respect feelings of others
Crisis intervention

- Observe safe practices by showing concern for your own safety
- Remain calm and appear relaxed, confident and non-threatening
- Keep the situation stable until people have time and resources to regain their normal composure
Crisis intervention
Seven steps for resolution

1. Assess the situation
2. Establish contact
3. Identify the main problem
4. Address feeling and concerns
5. Explore alternative coping strategies
6. Formulate an action plan
7. Follow up
Summary 1/3

- Stress represents a central theme in Red Cross - Red Crescent activities. Volunteers need to understand the basic components of stress and coping.

- Most people react to a perceived threat or challenge in the environment (such as a natural disaster) with stress. Commonly, there are four stress reaction phases: Acute, Reaction, Repair and Reorientation.

- Stress reactions affect the way people think, their emotions, and the way they act. A “fight or flight” response is likely.
Summary 2/3

- Coping mechanisms are those which people operate in order to try to prevent, delay, avoid or manage stress.

- Loss is a common theme in most disaster settings. Common reactions to loss include denial, numbness and shock, depression, and anger. People normally cope with loss by grieving. Psychological support at this time is important.

- Traumatic stress reactions are serious and need immediate attention. Referring such people on for professional help is vital.
Summary 3/3

• There are a number of principles which guide the provision of psychological support. These are sometimes called psychological first aid:

  • Primary focus on physical and material care and protection from danger
  • Immediate intervention
  • Focus on the current situation
  • Provide accurate information
  • Do not give false assurances
  • Recognize the importance of taking action

  • Reunite with family members
  • Provide and ensure emotional support
  • Focus on strengths and resilience
  • Encourage self-reliance
  • Respect the feelings of others.
In times of crisis, “supportive communication” is the recommended communication style. This implies communicating empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information. The most basic skills for supportive communication with affected people are covered in this module. While it is likely that you already know and practise many of the ways of communicating, even experienced psychologists can benefit from an occasional refresher course in this area.

A skilful helper must use every available tool to help people in need. Because you will encounter people at various levels of distress, of various ages and backgrounds, different genders and under varying conditions, this section attempts to anticipate and address those differences with helpful suggestions. However, situations will always arise that defy expectations where you will need to be flexible, confident, and creative as required.

Learning objectives
At the end of this module, participants should be able to:

- Analyse the values which accompany the most effective communication style
- Practise communicating effectively in challenging situations
- Focus on stages of constructive communication in order to support resilience and self-help
- Practise working with groups of people in a community setting
- Analyse when and how to refer people to other professionals or organizations.

3.1 Communication values

Red Cross - Red Crescent volunteers will often find themselves in a challenging situation, where feeling confident about how to communicate well with other people is vitally important. For instance, first aid volunteers need to feel confident informing relatives about injuries to their loved ones, or volunteers working with people with HIV/AIDS need to communicate effectively with people who have just learned about their positive status or who will soon be facing death.
The following set of values have been consistently found to accompany the most effective communication style:

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>A helper must communicate an ability to see and feel from the affected person’s point of view. This usually includes a quality of personal warmth, as opposed to someone who is aloof, mechanical, or all business.</td>
</tr>
<tr>
<td>Respect</td>
<td>A helper must communicate sincere respect for the dignity and worth of the affected persons.</td>
</tr>
<tr>
<td>Genuineness</td>
<td>This is about more than factual honesty or sincerity. In working with people who may find it difficult to trust others, the helper must be a very genuine person who can earn trust under difficult conditions. This means saying what you mean and meaning what you say. Anything less can lead to a sense of betrayal.</td>
</tr>
<tr>
<td>Positive regard</td>
<td>A helper must demonstrate a sincere regard for the welfare and worthiness of the affected person. Such people may struggle with a sense of being unworthy and flawed. The helper’s positive regard for them is often the seed of a renewed sense of self-esteem.</td>
</tr>
<tr>
<td>Non-judgemental stance</td>
<td>People are often concerned that they will be judged by others to be at fault for the crises that befall them. A good helper can relieve this tension by carefully avoiding judging the affected persons. Otherwise, empathy, respect, and positive regard may be undermined.</td>
</tr>
<tr>
<td>Empowering</td>
<td>A helper is temporarily in the affected person’s life. Therefore, it is crucial that you leave the person feeling more resilient and resourceful than when you met him/her.</td>
</tr>
<tr>
<td>Practical</td>
<td>Being practical about what can and cannot be accomplished for a person in crisis is necessary, if we are to succeed in leaving behind a strengthened and functionally whole person even after support is withdrawn.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>This refers to the helper’s duty to keep private those things that are shared by a client. However, certain information must be shared when the good of doing so outweighs the bad. Information, such as knowledge about child abuse, requires socially responsible action by the helper to protect others, and should lead to the helper disclosing the information.</td>
</tr>
<tr>
<td>Ethical conduct</td>
<td>Ethical codes of conduct vary from context to context. They also, however, have certain principles in common:</td>
</tr>
<tr>
<td></td>
<td>- Do no harm</td>
</tr>
<tr>
<td></td>
<td>- Be trustworthy and follow through on your words with appropriate deeds</td>
</tr>
<tr>
<td></td>
<td>- Never exploit your relationship</td>
</tr>
<tr>
<td></td>
<td>- Respect a person’s right to make his/her own decisions</td>
</tr>
<tr>
<td></td>
<td>- Never exaggerate your skills or competence</td>
</tr>
<tr>
<td></td>
<td>- Be aware of your own biases and prejudices</td>
</tr>
</tbody>
</table>
3.2 Interpersonal communication skills

Skilful communication can be challenging under any circumstances. The following may help to improve your ability to understand and support affected people:

- Non-verbal communication
- Listening and responding
- Giving feedback.

Non-verbal communication

While conversation is often the dominant form of communication, many studies find that most of a message is sent non-verbally, through posture, facial expressions and non-verbal sounds like sighs or gasps. Every culture has its own set of meanings for different body movements and sounds. The ones listed below may need adapting to your own culture.

The following behaviours generally tend to promote increased trust and communication:

- Face the speaker
- Display an open posture, especially with your arms
- Keep an appropriate distance: proximity reflects interest, but may also communicate intimacy, informality or pushiness
- Make frequent and soft eye contact, but be particularly aware of different cultural practices with this behaviour
- Appear calm and relaxed.

Listening and responding

Skilful listening is more than just paying attention to what is said. It is also important to be responsive and to communicate that you are following what the person speaking means.

- Seek first to understand, then to be understood
- Concentrate on what is being said
- Be an active listener by responding non-verbally (attending, nodding, affirming)
- Be aware of your own biases or values; they may distort what you hear

Activity 3A: World view

Small groups (3 or 4). Ask participants to reflect on their own world view, and the social, cultural, political and economic dimensions of their lives, and then to discuss the following questions:

- When you are acting as a helper, what do you value most?
- How do you like to be approached and supported when seeking help for a personal problem?
- Do your values and expectations differ from those listed above, and if so, how?
- Which of the values listed are the most important to you?

Purpose of this Activity:

- To reinforce the values behind the most effective communication style.
- To give an indication of a hierarchy of values, which may differ from person to person, helping participants to accept differences.
Listen and look for the feelings and basic assumptions underlying remarks
Do not rehearse your answers while the other person is talking
Do not interrupt, especially to correct mistakes or make points
Pause to think before answering
Do not judge
Use clarifying questions or statements to check your perception
Avoid expressions of approval or disapproval, but affirm that you understand
Do not insist on having the last word
Ask mostly open-ended questions
Ask for additional details, examples and impressions.

Giving feedback
People will be curious and value your feedback on what they share with you. Therefore, how you give feedback is a crucial element of the effectiveness of your communication style.

- Be sure the person is ready to receive feedback
- Speak in a calm, not high-pitched, tone of voice
- Describe observed behaviours, as well as the reactions they caused
- Describe, rather than interpret
- Focus on recent events or actions that can be changed
- Give sincere praise whenever possible to support constructive coping
- Use personal statements that reflect your own views (called "I" messages) and rely on descriptions of:
  - The problem or situation
  - Your feelings about the issue
  - The reason for the concern.

Discussion point
In the whole group setting, ask participants to make some points (flipchart these) on times when they felt that they were really being heard or attended to. What were the characteristics of these times? What did the other person do for them?

Go on to ask about times when they felt that the other person was not attending when they spoke. What happened on these occasions? How did they feel?

2- Loughry and Ager
3- Loughry and Ager
3.3 Ways of responding

It is natural for people to respond to someone in crisis either with questions (to assess their situation) or with answers (e.g., advice) as a way of being helpful. While there is nothing wrong with this approach in general, it can be inefficient and interfere with good communication. Try instead to ask fewer questions and make statements like:

- That is very helpful to know.
- I would like to know more about that.

Nevertheless, this is not to say you should never ask questions, but rather that you should try to develop a variety of ways of communicating your sincere interest in understanding and helping people. When questions are used, they can be divided into open-ended and closed types. Open-ended questions can be answered in a variety of ways at varying levels of detail. Closed questions require either a yes/no response or are otherwise limited to very few options. Of course, sometimes a closed question gets all the information you need.

Examples:

- Open-ended: How are you feeling today?
- Closed: Are you feeling better today?

Another way of responding is to address the person’s thoughts or feelings. For instance, you might say:

- That sounds like a very frightening situation to have experienced.
- After hearing what you’ve been through, I can really understand why you would feel angry.

Another approach is to rephrase (or paraphrase) what the person has said. This shows the person that you are listening carefully and accurately. A step beyond this is to share your own reaction to their experience, or your interpretation of the meaning of what they have said. If done with care this can help support the affected person in telling his or her story and making sense of feelings and the changing situation.

As far as possible avoid giving outright advice because this suggests that you know better than the affected person what is right for him or her. For instance, if the person asks what he should do, you might reply: I am still not sure what your alternatives are. Perhaps you can tell me more about your concerns and the options open to you and decide for yourself which would be best.

Above all, remember that you are in the role of a supportive helper, transmitting a sense of concern and respect for people’s ability to cope and recover. To the extent that you appear confident of their abilities, they may draw from that a renewed sense of self-confidence. In the process they may gain a clearer sense of their needs and resources for future action.
Guidelines for responding

There are a number of practical ways of responding which show supportive communication.

Give subtle signals (verbal and non-verbal) that you are listening and following the flow of what is said

Nodding and other facial expressions of understanding

“1 see”

“Yes”

“Right”

“Please continue”.

Ask questions sparingly and use mostly the open-ended type

“How are you feeling today?”

“How can you tell me more about your idea?”

Never appear to interview the person

Address the content (especially feelings) of what you hear without applying judgements

Focus on responding to what the person is really saying or asking. Do not hijack the conversation by going off into your own interests and agenda.

Activity 3B: Listening and responding

Role-play in groups of 3. Ask participants to each take a turn at role-playing the following:

- Helper
- Client
- Observer

The Client needs to spend about 5 minutes sharing an issue of moderate concern, either related to his or her Red Cross - Red Crescent activities, or to his/her private life. The Helper should practise all the skills discussed so far. The Observer should provide feedback to the Helper.

Purpose of the Activity:

- To give participants first hand practice at listening and responding
- To provide a deeper understanding of the role of the Helper
- To give deeper insight into how effective communication works.

Discussion point

Back in the large group, ask participants to make some general comments about the role-play, about how they felt and what they learned from the exercise.
### 3.4 Stages of constructive communication

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop mutual comfort (rapport)</td>
<td>This is where a sense of trust and understanding are formed, which are crucially important elements for making progress.</td>
</tr>
<tr>
<td>Clarify issues of importance (problems and concerns)</td>
<td>Gather necessary information about the person’s situation and set the stage for identifying needed changes.</td>
</tr>
<tr>
<td>Examine options for positive change (alternatives)</td>
<td>Most people in a crisis can see many fewer options than they would normally. You can help them to regain their ability to consider a number of possible solutions, thus increasing their coping capacity.</td>
</tr>
<tr>
<td>Identify methods with the highest potential for success</td>
<td>This is where decisions for change begin to be agreed on. By encouraging people to evaluate their own potential you are empowering them to regain a sense of control and self-determination.</td>
</tr>
<tr>
<td>Clarify potential costs of each method</td>
<td>It is important to recognize that any solution will have some degree of cost and uncertainty. By supporting this process of considering the costs you can help keep the person realistically connected to the situation and to his/her own limits.</td>
</tr>
<tr>
<td>Select and implement the best plan of action</td>
<td>At this stage a decision is made and the plan is put into action. This is often the most difficult step for a person in crisis because it is the point at which he is most vulnerable to new disappointments. Thus, he may require substantial support from you or from his support network during this transition.</td>
</tr>
<tr>
<td>Evaluate the outcome of the action and lessons learned</td>
<td>This phase brings a sense of closure by allowing the person to reflect on the decision-making process and the outcome achieved. It is important at this stage to reinforce people’s sense of ownership over the process and the outcome so that they do not come away feeling helpless or dependent. The goal has always been for them to regain their sense of confidence in making their own decisions.</td>
</tr>
<tr>
<td>Follow up</td>
<td>This step is somewhat idealistic because it is mostly never done. Nevertheless, the reasoning is sound. Whether the follow-up interval is a day or a year, it sends a validating message to people that they are still important and allows the volunteer to draw important lessons about the effectiveness of his/her work. Failing to follow up does not allow for evaluation of the process, an important element in any work of this kind.5</td>
</tr>
</tbody>
</table>

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5. Loughry and Ager
3.5 Assisted coping

Once you have advanced to the stage where you can effectively influence how a person copes, you can begin by matching the problems you have identified with one of the following coping styles. You will often find that a mixture of both approaches to coping offers the best solution.

Remember that the goal is not for you to cope for people, but to provide the necessary assistance to help them cope by themselves. In this way assisted coping is a type of capacity building, and is in the best interests of the affected person.

Focus on problem-solving

<table>
<thead>
<tr>
<th>Help the person to define the problem</th>
<th>Try to keep it limited and manageable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help the person to formulate multiple solutions</td>
<td>Consider the benefits and costs of each solution realistically</td>
</tr>
<tr>
<td></td>
<td>Do not over-help, so that people have a chance to regain their decision-making abilities</td>
</tr>
<tr>
<td></td>
<td>Eliminate impractical solutions, but understand if people need to consider some miraculous (i.e. impractical) solutions. They may not yet be able to accept their predicament.</td>
</tr>
<tr>
<td>Formulate a plan of action and implement the solution</td>
<td></td>
</tr>
<tr>
<td>Reflect upon the plan to evaluate its effectiveness and make appropriate adjustments</td>
<td></td>
</tr>
</tbody>
</table>

Some examples of this approach to coping include social support, self-help activities, self-advocacy (standing up for oneself), rehabilitation activities, skill building, and other activities that tangibly alter the distressing circumstances. Be careful not to settle too quickly on a coping solution. The best help you can give is not necessarily the quickest answer. Remember, people are slow to learn new ways of coping, so subtle variations on familiar ways often work best. Avoid the tendency to consider only individual solutions. Collective or social solutions have the great advantage of supporting helpful group relationships among members of the same family or community in ways that may endure long after your intervention.

Of course, not all problems can be directly solved or changed. In these cases it can be helpful to focus on the long-term emotional adaptation of the affected person. For instance, if thinking about particular losses in the past keeps leading to painful emotions, the person may benefit by avoiding those thoughts and instead thinking about more hopeful prospects in the present. Similarly, if a person has adopted a perspective that locks them in a cycle of painful emotions, it may help them to consider adopting other perspectives that would lead to better emotional outcomes. People sometimes accomplish this by focusing on positive lessons they have gained from a painful situation. However it is done, it must be done sincerely and with the intent of helping the person to accept certain losses so that he or she may again move forward. This is sometimes called moving from the victim role to the survivor role.
3.6 Working with groups

You will recall that a psychological support programme should rely primarily upon assisting people at the community level. Because of this, you will need to become comfortable and effective in working with various sizes of groups. A good first step is to define a target group around an issue for which there is sufficient apparent interest to motivate significant participation. It is also preferable for the group to be action-oriented so that a tangible result can be achieved.

This is not to say that groups focused on sharing their stories or on processing emotions or other psychological issues are not valuable. These are also valuable in their way, especially under proper guidance from mental health professionals. But psychological well-being often flows from experiences of community participation and cooperative effort.

People who feel a sense of belonging within an effective group derive a sense of membership and worth. What is more, these activities signal a return to a more normal state of affairs where people work together constructively to improve conditions for the members of their group. Therefore, it makes good sense to focus these groups toward goals that can achieve practical results in the short term, and yet will indirectly pay substantial psychological benefits in the long term.

Establishing a support group is inexpensive and relatively simple. The following factors are critical in this process:

- Regularly scheduled meetings at an accessible location
- A good facilitator who is aware of the particular theme of the group, skilful in managing discussions, objective and in general has good people skills
- Groups should be based on community members’ need and desire for one, and group members must together:
  - Determine what the goals of the group are
  - Decide what actions need to be taken to accomplish these goals
  - Know the criteria by which the group can tell when it has reached its goals.

Every individual within the group must also be aware of how his own behaviour can contribute to the group’s goals, and thus has the responsibility to take action to accomplish them.

Discussion point

Ask participants to talk about any experience they have of working with groups. You might lead the discussion by asking them to say:

- What was the target group, and why was it necessary?
- How was the group established?
- What were the main goals of the group?
- What were the critical factors leading to success or failure of the group?

Go on to discuss any main points that occur commonly. What are the lessons learned from the experiences that people have already had, and how might the points made above help them in the future?
3.7 Referral

Referral means the act of recommending that a person should speak to a professional who is more competent to handle the difficulties and complexities of his or her needs. Try to refer to professionals or organizations with whom the Red Cross - Red Crescent has cooperation or contact. For this purpose, you should know in detail what has been done by your National Society regarding cooperation and collaboration with others. Always refer in consultation with your supervisor or programme manager.

When to refer

- When you realise the problem is beyond your capability, level of training, and the purpose of the psychological support programme
- When you have difficulty maintaining real contact with the person
- When a person hints or talks openly of suicide
- When a person seems to be socially isolated
- When a person presents imaginary ideas or details of persecution. Be aware though that it might be the truth
- When you become aware of child abuse or any criminal activity
- When you see persistent physical symptoms developing
- When you become aware of dependency on alcohol or drugs
- When you see the person engaging in risk behaviour (showing carelessness towards one self/others)
- When you yourself become restless, confused and have recurring bad thoughts or dreams about the case.

How to refer

<table>
<thead>
<tr>
<th>As a rule, inform the person concerned about your intentions</th>
<th>Let him/her know that you care for him/her and then explain the reasons for the referral.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have the option, you should present different possibilities of referral to the person concerned</td>
<td>Discuss matters such as fees, location, accessibility, etc.</td>
</tr>
<tr>
<td>Assure the person that you will continue your support until the referral is complete</td>
<td>You might even suggest accompanying him/her to the first visit with the professional.</td>
</tr>
</tbody>
</table>

Review and revision: Taking action

Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them about supportive communication in future work.

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7. Torres A and Oosterling F (1992) Helping the helpers. How Red Cross - Red Crescent youth leaders can better support volunteers, Institut Henry-Dunant, Geneva
8. Torres and Oosterling
3.8 Summary

- In times of crisis, supportive communication, implying empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information, is the recommended communication style.

- A number of values have consistently been found to accompany the most effective communication style:
  - Empathy
  - Respect
  - Genuineness
  - Positive regard
  - Non-judgemental stance
  - Empowering
  - Practical
  - Confidentiality
  - Ethical conduct.

- Interpersonal communication skills include non-verbal communication, skilful listening and responding, and giving feedback.

- A variety of ways of responding can be an effective communication technique, e.g. giving subtle response signals, asking questions sparingly, addressing the content of what you hear.

- The stages of constructive communication are as follows:
  - Develop rapport
  - Clarify important issues
  - Examine options for change
  - Identify high success potential
  - Clarify costs
  - Select the most appropriate plan
  - Evaluate the outcome of action
  - Follow up.

- Helping people to cope by themselves is your goal. You can help to do this by focusing on problem-solving, and on the long-term emotional adaptation of the affected person.

- When working with groups aim for a sense of belonging. Groups should be based on community members’ need and desire for one, and group members should together work on goals and action to achieve those goals.

- Referral means recognizing specific needs and passing a person on to professionals who are more competent to address those needs. The affected person must be kept informed about what is happening and why.
Supportive communication

- Recommended communication style implies empathy, concern, respect and confidence in the abilities of the affected person
- All levels of distress, all backgrounds, ages, gender, require supportive communication methods
Supportive communication

Learning objectives

• Analyse the values which accompany the most effective communication style
• Practise communicating effectively in challenging situations
• Focus on stages of constructive communication in order to support resilience and self-help
• Practise working with groups of people in a community setting
• Analyse when and how to refer people to other professionals or organizations
Supportive communication

Communication values

- Empathy
- Respect
- Genuineness
- Positive regard
- Non-judgemental stance
- Empowering
- Practical
- Confidentiality
- Ethical conduct
Supportive communication

Interpersonal communication skills

- Non-verbal communication
- Listening and responding
- Giving feedback
Supportive communication

Interpersonal communication skills

Non-verbal communication

• Messages often non-verbal, through posture, facial expressions, body language

• Every culture has meanings for different body movements

• General behaviours (depends on culture) to increase trust and confidence:
  • Face the speaker
  • Display an open posture
  • Keep an appropriate distance
  • Frequent and soft eye contact
  • Appear calm and relaxed
Supportive communication

Interpersonal communication skills
Listening and responding

• Skilful listening more than just paying attention to what is said
• Be responsive
  • Seek to understand first, then to be understood
  • Concentrate on what is being said
  • Be an active listener (nod, affirm)
  • Be aware of your own biases or values
  • Listen and look for feelings
  • Do not rehearse your answers
  • Do not interrupt
• Pause to think before answering
• Do not judge
• Use clarifying questions and statements
• Avoid expressions of approval or disapproval
• Do not insist on the last word
• Ask mostly open-ended questions
• Ask for additional details
Supportive communication

Interpersonal communication skills

Giving feedback

• Feedback valued when people share their experiences with you

• Effective feedback crucial
  • Be sure the person is ready to receive feedback
  • Speak in a calm voice
  • Describe observed behaviours and reactions
  • Describe, rather than interpret
  • Focus on recent events or actions that can be changed
  • Give sincere praise where due
  • Use personal statements that reflect your own views
Supportive communication

Ways of responding

- Ask mostly open-ended questions
- Address thoughts or feelings
- Paraphrase
- Avoid giving outright advice
- Remember your role as supportive helper
Supportive communication

Guidelines for responding

- Give subtle signals that you are listening
- Ask questions sparingly
- Never appear to interview the person
- Address the content (especially feelings) of what you hear without judging
- Focus on responding to what the person is really saying or asking
Supportive communication

Stages of constructive communication

• Develop mutual comfort (rapport)
• Clarify issues of importance
• Examine options for positive change
• Identify most promising options
• Clarify potential costs
• Select and implement the best plan of action
• Evaluate the outcome of the action and lessons learned
• Follow up
Supportive communication

Assisted coping

• Goal = provide assistance so that people cope for themselves, not for you to cope for people

• Focus on problem-solving
  • Help to define the problem
  • Help to formulate multiple solutions
  • Formulate a plan of action and implement solution
  • Reflect on the plan to evaluate effectiveness and adjust if necessary

• Examples: social support, self-help activities, self-advocacy, rehabilitation activities, skill building

• Collective or group solutions support helpful group and community relationships and endure longer

• Focus on the long-term emotional adaptation of the affected person
Supportive communication

Working with groups

- Rely primarily on assisting people at the community level
- Define a target group with an issue which will motivate active participation
- Psychological well-being comes from community participation and cooperative effort
- Sense of membership and worth derived from belonging within an effective group
Supportive communication

Referral 1/3

- Try to refer to professionals or organizations with collaborative ties to the Red Cross - Red Crescent
Supportive communication

Referral 2/3

• When to refer:
  • The problem is beyond your capability, level of training and the purpose of the psychological support programme
  • You have difficulty maintaining real contact with the person
  • When a person hints or talks openly of suicide
  • When a person seems to be socially isolated
  • When a person presents imaginary ideas or details of persecution
  • When you become aware of child abuse or any criminal activity
  • When you see persistent physical symptoms developing
  • When you become aware of dependency on alcohol or drugs
  • When you see the person engaging in risk behaviour
  • When you yourself become restless, confused and have recurring bad thoughts or dreams about the case
Supportive communication

Referral 3/3

• How to refer:
  • Inform the person concerned about your intentions
  • Present different possibilities to the person concerned
  • Assure the person that you will continue your support until the referral is complete
Supportive communication

Summary 1/3

- In times of crisis, supportive communication, implying empathy, concern, respect and confidence in the abilities of the affected person, as well as practical information, is the recommended communication style.

- A number of values have consistently been found to accompany the most effective communication style:
  - Empathy
  - Respect
  - Genuineness
  - Positive regard
  - Non-judgemental stance
  - Empowering
  - Practical
  - Confidentiality
  - Ethical conduct
Summary 2/3

- Interpersonal communication skills include non-verbal communication, skilful listening and responding, and giving feedback.

- A variety of ways of responding can be an effective communication technique, e.g. giving subtle response signals, asking questions sparingly, addressing the content of what you hear.

- The stages of constructive communication are as follows:
  - Develop rapport
  - Clarify important issues
  - Examine options for change
  - Identify high success potential
  - Clarify costs
  - Select the most appropriate plan
  - Evaluate the outcome of action
  - Follow up.
Summary 3/3

- Helping people to cope by themselves is your goal. You can help to do this by focusing on problem-solving, and on the long-term emotional adaptation of the affected person.

- When working with groups aim for a sense of belonging. Groups should be based on community members’ need and desire for one, and group members should together work on goals and action to achieve those goals.

- Referral means recognizing specific needs and passing a person on to professionals who are more competent to address those needs. The affected person must be kept informed about what is happening and why.
Community-based psychological support – Module 4

Promoting community self-help

Community participation conveys an active and functioning view of human interaction. People working together in groups, whether in an emergency or developmental setting, with helpers supporting the group’s values, needs and aspirations, are less likely to suffer feelings of helplessness and dependency. In addition, community participation helps to establish community ownership of support or relief initiatives and may lead to more sustainable programmes.

This module describes how to engage communities in their own recovery process, with the underlying beneficial effects on the psychological consequences of critical events. Community self-help is relevant to all relief operations and humanitarian interventions and therefore to all Red Cross - Red Crescent programmes. It is not a new approach, and has been used as part of methods relevant to Vulnerability and Capacity Assessment (VCA) and Participatory Rural Approach (PRA)123 where the intention is to enable communities to identify their own vulnerabilities and capacities.

You are experiencing community participation in this course. The learning method used underlines participation by encouraging participants to take an active role in their own learning. Activities are primarily focused on communication and dialogue among participants, and on collaboration, using their own experiences, skills and capabilities to achieve joint goals.

Learning objectives
At the end of this module, participants should be able to:

- Describe the factors that make a community supportive and healthy for its members
- Give details of how communities can be helped to use their own resources to solve problems
- Develop ideas and methods to engage people and achieve community participation.

4.1 Defining a community

A community can be defined as a group of people having a common identity relating to certain factors. An obvious example of aspects held in common might be geography, or in other words, a group of people who all live and work in the same area.

3- Disaster Preparedness Department, Toolbox for vulnerability and capacity assessment, International Federation of Red Cross and Red Crescent Societies.
**Discussion point**

To gain a broader understanding of the definition of community through exposure to the experience of others in different communities, ask the group to analyse those communities of which they are members in order to define key aspects held in common that make people members of that community.

Flipchart responses, and see if they add to the common aspects of community membership shown below.

The discussion may have discovered that a community can be defined as a group of people having a common identity relating to factors such as:

- Geography
- Language
- Values
- Attitudes
- Behaviour patterns
- Interests, etc.

The group of participants on this course can thus be described as a community - they are likely to have language, values, attitudes and interests in common.

**A community approach**

Disasters vary from those affecting a single family to those affecting entire regions of the globe. In general, however, most disasters affect at least one or more communities of people who share many of the same resources and capacities. Therefore, interventions conducted at the community level can offer better results by making the most efficient use of local resources and capacities to support the recovery of the affected population.

An example:

A group of young people living with HIV/AIDS feel depressed about their futures. They express to the Red Cross - Red Crescent volunteers that they do not see themselves as having anything of value to offer in their community, that their lives have become meaningless, and that they are merely biding their time until the end arrives. One of them points out that he also sees his younger brothers and sisters becoming sexually active and beginning to face many of the same dangers that he and his friends did. Another of them shares that she feels less depressed since she began singing and dancing with members of a youth theatre in her community.
From this information the Red Cross - Red Crescent volunteer has assessed several things:

<table>
<thead>
<tr>
<th>Needs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>■ A problem of depression among the HIV positive youth in these communities</td>
<td></td>
</tr>
<tr>
<td>■ Need for the HIV positive young people to feel useful in their communities</td>
<td></td>
</tr>
<tr>
<td>■ Need to prevent further infections among the young people of these communities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>■ HIV positive young people may have time, energy, and interest in contributing to their communities</td>
<td></td>
</tr>
<tr>
<td>■ HIV positive youth have valuable life experiences with which to make a contribution</td>
<td></td>
</tr>
<tr>
<td>■ Community youth theatre has much to offer the local communities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Red Cross - Red Crescent volunteers serve to encourage the HIV positive young people to work with youth theatre groups to develop songs and short plays that inform the community in valuable ways about HIV and AIDS. They go on to perform their show to people of all ages throughout their communities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Provision of information and encouragement to younger people about preventing the further spread of the virus</td>
<td></td>
</tr>
<tr>
<td>■ Provision of information about living with HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>■ Provision of information and inspiration to other people living with HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>■ Reduction of stereotypes and stigma that surround HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>■ Attraction of other HIV positive youth who were too withdrawn to become involved in community action</td>
<td></td>
</tr>
<tr>
<td>■ Less depression and hopelessness now that the young people feel they contribute to their communities.</td>
<td></td>
</tr>
</tbody>
</table>

The scenario above may be a hypothetical example, but it does indicate ways and means, advantages and options inherent to a community approach.

**Community participation**

Community participation, here meaning self-help, assumes:

- Basing projects on ideas developed by the concerned people themselves. They determine a common aim and work together to achieve it.
- A planned process, where local groups participate in collective decisions about their needs as well as the development and implementation of strategies based on their collective strengths to meet those needs.4

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4.2 Promoting self-help

Red Cross - Red Crescent volunteers are in a good position to promote the process of community self-help. In many instances they are part of the affected community, they share the same language and often cultural background, and as such are better able to provide support to affected people. Action that the volunteer takes must be guided and coordinated by the programme manager, but for the process to be successful it is crucial that the volunteer empowers community members to:

- Define the community’s role and responsibility to design and implement self-help strategies
- Define an acceptable role for the volunteer
- Assess their own problems based on community knowledge and values
- Initiate dialogue to share information leading to potential solutions.

The following are essential elements in the process of aiding community self-help:

- Identification and involvement of community leaders or influential persons
- Establishment of a sense of ownership by the community
- Identification of community resources
- Promotion of psychological well-being
- Mobilization of resources
- Joint decision-making and consensus.

Identification and involvement of community leaders

All communities have leaders, official and otherwise. Trust in and respect for leaders is very important, since leaders represent their communities and should be seen to be working towards helping the community to achieve its collective goals. Therefore, involvement of respected leaders is an essential part of community participation.

Some communities are more active than others and some members of a community participate more than others. One characteristic which influences community action is status. Status is found in all societies and
seems to function as a guide to expected behaviour of members. For instance, we can expect some group members to participate in some activities but not others because of their status. Thus, understanding and respecting how a community views the status of its members can be of key importance in setting up any cooperative projects.

To give an example, a letter from the Red Cross - Red Crescent National Society requesting community members to participate in a project might be successful, because of the status of the organization. An anonymous letter is likely to be less successful. People respond, to a large extent, based on the status of who is making the appeal. So if the request is to be effective, it helps if people with sufficient status to influence other community members are prominently involved.

Activity 4B: Social structures and leadership

Small groups (3 or 4). In this activity, people belonging to the same community may usefully work together. Ask them to respond to the following questions:

In your main community:
- How do you know about the social structures in the community?
- How are leaders identified?
- Is there a difference between formal leadership and informal leadership?
- How do you know that leaders use their power for the good of everyone in the community?

Back in the main group, ask a representative from each small group to give a very brief overview of their responses.

Purpose of this Activity:
- To discover common elements in the social structures of different communities
- To consider how social structures such as leadership are identified by community members
- To gain insight into how helpers might approach communities of different kinds.

Establishment of a sense of ownership

In working with people to promote community self-help, it is important to pay attention to the amount of ownership they feel for a particular issue or problem. Generally it can be stated that we tend to take better care of things we own. Think of household toilets as opposed to public toilets. Private toilets are often better maintained simply because their owners value them.

The same applies to community projects. When people feel ownership regarding community issues/problems, they are interested in solving these. When they feel the solution to their problems are their own solutions people are more likely to implement them.6

Identification of community resources

Following critical events, social structures are often destabilized and traditional support mechanisms are weakened or sometimes lost. Thus, many affected people experience a temporary sense of loss of control over their lives. They miss things the way they were before, however imperfect that might have been.

In order to facilitate self-help and enhance coping mechanisms, knowledge about the traditional and cultural resources in the concerned community is important. Finding the answers to the following questions may ease the process:

- What are culturally appropriate ways of helping people in distress?
- Whom did people traditionally turn to for support and help?
- How can those people and structures be supported?

Repairing and re-establishing social structures also includes an understanding of the roles of the social networks, families, traditional leaders and others in the community. From the people concerned you will get first-hand information. It is important to talk to a large number of people to get a reliable picture and consistent information about the social structures in the community.

Promotion of psychological well-being

We know that there are certain protective factors in life that provide people with a psychological “cover” and therefore reduce the likelihood of severe psychological effects when encountering hardship or suffering. Some protective factors are:

- Belonging to a caring family or community
- Maintaining traditions and cultures
- Having a strong religious belief or political ideology.

Some protective factors for children are:

- Stable emotional relationship with adults
- Social support both within and from outside the family.

Red Cross - Red Crescent volunteers can help strengthen these protective factors by empowering people and giving them a sense of control and predictability over their lives. This is mainly done by acknowledging that people are not helpless and by setting up structures that allow people to participate in community activities. In other words, it can be done by building on or strengthening resources in the communities.

People are social beings with a natural wish to belong to and contribute to a larger social group, whether that is their family or community. Things people do together, such as religious ceremonies, social gatherings, meeting over tea, playing games or simply exchanging news, serve as important ways of coping with a critical event. Engagement, whether it is in daily activities, recreational or educational activities, helps promote psychological well-being. More specifically the benefits are:

- Helping people to meet basic needs
- Regaining a feeling of control over some aspects of life
- Supporting a feeling of belonging
- Serving as an outlet for tension
- Providing opportunities to be distracted from more uncomfortable matters
- Providing chances to feel useful.
Mobilization of resources

Once the Red Cross - Red Crescent volunteers have assisted in identifying the resources in a given community, the next step is to mobilize those resources and strengthen the community's own capacities.

People who have an interest or concern in common can easily mobilize their resources and capacity, and take action for a desirable change or development (as illustrated earlier in the example of young people who are HIV positive). Mobilization of resources can, however, only be done in a positive way if people are motivated or see the value in participating.

In order to enable Red Cross - Red Crescent volunteers to become facilitators in this process, the volunteers' role or position has to be explained clearly to everyone. When key people in the community (both resourceful and vulnerable people) have been identified, the facilitator must take the time to listen to and understand what people are most concerned about. The facilitator's main concern is to help meet the needs of the whole community in realistic ways that yield tangible results and that address mutual interests.

Thus, the role of the facilitator is:

- To support community initiatives
- To assist with the process of transforming needs and goals into action.

Every new activity starts with somebody sharing a vision with others. The likely success of the activity depends on how many people share the vision and their commitment to making it a reality. The basic premise is that a group of people together identify a problem, share a vision and believe that change is desirable and possible.

Steps in activity planning

The following indicate the questions to be asked in the process of planning:

- What is the vision or goal (the aim or end towards which the activity is directed)?
- What are the objectives (what we intend to achieve)?
- What are the ways of achieving these objectives (what we intend to do)?
- What are the advantages and disadvantages of these ways? How many resources do we have (time, money, human resources)?
- Which plan do we accept? Do we all accept it?
- Who will do what, when, where, and how?
- At what point do we need to evaluate?
Joint decision-making and consensus

Decision-making is a key element. It is, however, not always a smooth process. People are likely to have differences of opinion, and might have difficulty deciding on a common goal. Facilitators must be aware of early signs of conflict or tension, and bring their observation to the attention of the concerned group. This should be done with a view to finding mutually acceptable ways of resolving the tension. In bringing observations to the group, avoid pointing out individuals, but rather assist the group in recognizing its responsibility to the whole community.9

In conclusion, the goal of the community self-help approach is to reintegrate individuals and families within their communities, and identify and restore natural community networks and coping strategies. This is only done through a continuous community dialogue, with the affected people, local counterparts, and health and social representatives.

Activity 4C: Planning action

Small groups (4). Role-play. Ask participants to imagine the following situation and to divide between them the roles of:

- Community leader
- Concerned parent 1
- Concerned parent 2
- Red Cross - Red Crescent facilitator.

Ask them to imagine themselves at a meeting discussing the following situation:

Ethnic violence in the Visalia region has included the burning of several local schools. This has led to fear and dread among school-aged children in the affected community. A group of citizens is now meeting to discuss ways to help the children cope with the situation.

The Red Cross - Red Crescent facilitator should try to use the information in the session and to make an effective contribution.

Give 10 minutes for this discussion, and then a further 10 minutes for the group to suggest what the facilitator might do, or might attempt to do.

Purpose of this Activity:

- To gain insight into how an Action Plan might be prepared for a specific community
- To practise facilitation skills in a simulated situation
- To share in a response that would be appropriate for the given situation.
Discussion point

Ask the whole group to share some of the insights that have come from the last activity, and then to go on to look at situations where people were coerced rather than encouraged to participate as a community. Discuss what the main difference, in both approach and consequences, might be. With the benefit of their own experience of participatory methods, ask participants to share either positive or negative experiences with the rest of the group, and to analyse why some programmes are more successful than others.

Review and revision: Taking action

Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them to focus on the promotion of community self-help in future work.

4.3 Summary

- Community participation and self-help is relevant to all relief operations and humanitarian interventions. It implies an active and functioning view of human interaction.
- A community is defined as a group of people with some kind of common identity, such as geography, language, values, and interests.
- The community approach requires the volunteer to assess needs and resources, and help to put into action projects which meet those needs and use those resources. Community participation means basing projects on ideas developed by the affected people.
- Volunteers play a vital role in helping to promote the process of community self-help. The following elements are essential:
  - Identification and involvement of community leaders or influential persons
  - Establishment of a sense of ownership by the community
  - Identification of community resources
  - Promotion of psychological well-being
  - Mobilization of resources
  - Joint decision-making and consensus.
Promoting community self-help

- Community participation = active and functioning view of human interaction
- Groups within the community work together in their own recovery process
- Community self-help relevant to all relief operations and humanitarian interventions
Learning objectives

• Describe the factors that make a community supportive and healthy for its members

• Give details of how communities can be helped to use their own resources to solve problems

• Develop ideas and methods to engage people and achieve community participation
Defining a community
Common identity factors

- Geography
- Language
- Values
- Attitudes
- Behaviour patterns
- Interests
Promoting community self-help

Community participation

• Base projects on ideas developed by the concerned people themselves
• People determine a common aim and work together to achieve it
• Local groups make collective decisions, and work together on development and implementation
• Action based on collective strengths and abilities to meet needs
Promoting community self-help

Community self-help

- Volunteers must be guided and coordinated by the programme manager
Empower community members to:

- Define the community’s role and responsibility to design and implement self-help strategies
- Define acceptable partnership roles for Red Cross - Red Crescent volunteers in their community
- Assess their own problems based on community knowledge and values
- Initiate dialogue to share information leading to solutions
Promoting community self-help

Aiding community self-help

- Identify and involve community leaders or influential persons
- Establish a sense of ownership by the community
- Identify community resources
- Promote psychological well-being
- Mobilize resources
- Encourage joint decision-making and consensus
Identify and involve community leaders

- Involvement of local leaders is an essential part of community participation
- Identify leaders who:
  - Are locally accepted, trusted and respected
  - Accurately represent their communities
  - Will work towards helping the community to achieve its collective goals
  - Have sufficient status to attract other members to be involved
Establish a sense of ownership

- Successful community programmes require a local sense of ownership
- Solutions which come from the community are more likely to be implemented
Identify community resources

- Knowledge of traditional and cultural resources in the community is important. Need to find out:
  - Roles of social networks, families, traditional leaders etc.
  - Culturally appropriate ways of helping those in distress
- Identify best way of supporting those people and structures
Factors promoting psychological well-being

- Belonging to a caring family or community
- Maintaining traditions and cultures
- Having a strong religious belief or political ideology
Promoting community self-help

Protective factors for children

- Stable emotional relationship with adults
- Social support both within and from outside the family
Promoting community self-help

Promoting psychological well-being

Red Cross - Red Crescent volunteers can:

- Empower people with a sense of control and predictability over their lives
- Encourage people to do familiar things together
Promoting community self-help

Mobilize resources

Strengthen the community’s capacities

- Role of volunteer as facilitator needs careful explanation
- Listen and understand concerns of community members
- Support community initiatives
- Assist with transforming needs and goals into action
Steps in activity planning

- Identify vision or goal and define objectives
- Identify ways of achieving these objectives
- Identify advantages and disadvantages of possible ways
- Check resources (time, money, human resources)
- Establish an acceptable plan
- Establish who will do what, when, where and how
- Establish a timeframe and criteria for programme evaluation
Promoting community self-help

Encourage joint decision-making

• Decision-making is a key element
• Differences of opinion may obstruct achievement of a common goal
• Be aware of conflict or tension
• Find mutually acceptable solutions
Summary 1/2

• Community participation and self-help is relevant to all relief operations and humanitarian interventions. It implies an active and functioning view of human interaction.

• A community is defined as a group of people with some kind of common identity, such as geography, language, values, and interests.

• The community approach requires the volunteer to assess needs and resources, and help to put into action projects which meet those needs and use those resources. Community participation means basing projects on ideas developed by the affected people.
Promoting community self-help

Summary 2/2

- Volunteers play a vital role in helping to promote the process of community self-help. The following elements are essential:
  - Identification and involvement of community leaders or influential persons
  - Establishment of a sense of ownership by the community
  - Identification of community resources
  - Promotion of psychological well-being
  - Mobilization of resources
  - Joint decision-making and consensus.
Populations with special needs

The mandate of the Red Cross - Red Crescent is to care for the world’s most vulnerable people. Such care includes meeting their material, social and psychological needs, while at the same time recognizing that all people have a vital role to play in social and community structures, and no matter how vulnerable, they still have resources to offer in terms of knowledge, skills and experience.

This module describes those populations that are likely to be particularly vulnerable with respect to psychological needs, and who may require specific attention.

Learning objectives
At the end of this module, participants should be able to:
- Identify and describe the characteristic reactions of certain groups affected by disaster
- Describe effective types of intervention to assist certain groups at risk.

5.1 Groups with special needs

The characteristics of certain groups will obviously influence their responses and needs. As an example, younger children and older adults appear to be vulnerable in unique ways and are subject to a higher proportion of emotional and physical difficulties when compared with the general population.

The following groups may be particularly at risk:
- Children
- Older persons
- Persons with mental illness
- People living with HIV/AIDS.

This list is clearly not comprehensive: other groups which need to be considered as having special needs are:
- Persons with physical or developmental difficulties
- Parents with dependent children
- Bereaved spouses
- Economically disadvantaged groups
- Socially disadvantaged groups.

The module will, however, concentrate on the four main groups identified above, but many of the points made are general and will be applicable to any group. Clearly, each group with whom you work will need to be considered in terms of cultural, socio-economic and other factors.

Generally, in working with populations whose culture is not familiar to you, help and information is often available from other community members. For example, with...
children, you might want to ask how people care for their children, what rituals and celebrations they have, and what hopes they have for the future.

5.2 Children

Experiencing an earthquake, a conflict or loss of a family member is upsetting for anyone. A critical event is not easily understood, since something unexpected and new has been experienced and there is no known and tried pattern of actions to follow. This is especially true for children. They are more vulnerable than adults and lack ability to judge which fears are realistic and which are not. It is nevertheless important to remember that with adequate support most children will be able to recover. The following section will help you recognize and respond to children’s needs.

Recognizing stress in children

To recognize stress in children, it is necessary to listen and observe. Listen to what children say both in words and through their behaviour. Observe what children do as you talk to them or as they play alone or with others.

- Talk with parents and other adults who know the child. Is the child behaving differently in any way? Has the child’s personality, mannerisms or outlook on life changed greatly? Do the adults think the child needs help?
- Talk to the child about everyday things and observe how the child responds. Does the child listen to you and understand what you are saying? Does the child’s understanding seem satisfactory for its age?
- Does the child appear upset and confused? Is he or she unable to concentrate or respond to questions?
- Compare the child’s behaviour to that of other children in the same setting. Is it about the same as the behaviour of other children?
- Observe the child at play. Does the child play appropriately for his or her age? Is the playing typical of other children or is it somehow different?

Children’s typical reactions

<table>
<thead>
<tr>
<th>Fear and anxiety</th>
<th>Children are often afraid that the event will happen again. A child’s most dominating fear is that he or she will be left alone. Therefore, it is common for children to become more “clinging” and to protest about the absence of a loved one.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Childish” or regressive behaviour</td>
<td>Children’s fear and anxiety may cause them to act younger than their age. They may begin behaviour such as bedwetting, thumb-sucking, and being very clingy or afraid of strangers.</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>Frequently children show their anxiety and fear through having nightmares or being afraid of sleeping alone. They may develop fears of the dark or have difficulty falling or staying asleep at night.</td>
</tr>
</tbody>
</table>

1 World Health Organization in collaboration with the Office of the United Nations High Commissioner for Refugees (1996), Mental health of refugees, WHO
### Physical reactions

Some children have stomach-aches, headaches, nausea, eating problems or other physical symptoms of distress. These can be in response to fear, guilt, anger or feeling vulnerable to future tragedies.

### “Trigger” responses

Sometimes a child will associate a particular smell, sound, object, or activity with the trauma. Whenever he or she is exposed to that reminder, anxiety, avoidance of the trigger, and sometimes physical reactions will follow.

### Difficulty concentrating and thinking

Children of all ages can experience difficulties with concentration. Many find that they are easily distracted and feel confused and disoriented.²

### Typical reactions related to age groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 2 years</td>
<td>Even though small children do not have the words to describe the event or their feelings, they can, however, retain memories of particular sights, sounds or smells. Infants may react by crying more than usual, showing clinging behaviour, being irritable, passive or emotional.</td>
</tr>
<tr>
<td>Pre-school, 2 to 6 years</td>
<td>Pre-school children often feel helpless and powerless following a critical event. They typically fear being separated from parents, and return to behaviours exhibited at earlier stages like thumb-sucking, bedwetting, or fear of darkness. In the weeks following a critical event, a pre-schooler’s play activities may involve aspects of the event. He or she may re-enact the event over and over again.</td>
</tr>
<tr>
<td>School age, 6 to 10 years</td>
<td>The school-age child has the mental ability to understand more complicated issues, and this can result in a wide range of reactions, such as guilt, feelings of failure, anger that the event was not prevented, or fantasies of playing rescuer. Some children become intensely preoccupied with the details of the event and want to talk about it continually. This preoccupation may interfere with a child’s concentration at school and lead to poor performance.</td>
</tr>
<tr>
<td>Preadolescence to adolescence, 11 to 18 years</td>
<td>As children get older, they may exhibit responses similar to those of adults. However, particular reactions like irritation, rejection of rules and aggressive behaviour are also common. Some teenagers may become involved in dangerous, risk taking behaviour, such as reckless driving, alcohol or drug abuse. Others become fearful of leaving home as the world can seem dangerous and unsafe.³ Teenagers who appear withdrawn and isolate themselves from family and friends may be depressive and some may even attempt suicide. Such reactions require immediate reaction and professional assistance (see When a childcare specialist is needed).</td>
</tr>
</tbody>
</table>
Helping a child

Following critical events, children and their parents may face separation, loss, uncertainty, stress and hardship. Normal roles and daily routines will be lost. Parents lose their means of earning and providing for their families, and they may lose their traditional ways of caring for their families and rearing their children. These difficulties may influence parents’ ways of caring for their children, and it can disrupt the normal growth and development of children.

It is normal for people to look around at others for guidance about how to react in a situation. This is especially true for children. Younger children in particular look to parents and other family members for clues as to how they should be reacting. That is probably why we often see that children are only doing as well as their parents. Because of this, one of the best ways to help a child to do better is through helping the parent.4

Other factors that could improve the well-being of children include:

<table>
<thead>
<tr>
<th>Keep familiar routines</th>
<th>Maintain familiar daily routines in and around the home, as close to normal as possible, as this will give the child a feeling of security and control. Encourage families to continue their children’s schooling. Attendance at school and playing with other children helps them to continue with the familiar aspects of their life. Teachers may also be in a good position to recognize the needs of children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamper and care</td>
<td>Allow children to be more dependent on you for a period of time. This may involve more physical contact than usual, not sleeping alone, having the light on, etc. Allow time and opportunity to grieve and recover after their experiences.</td>
</tr>
<tr>
<td>Talk about what happened</td>
<td>Provide children with appropriate information about their situation and an environment where they feel safe enough to express their feelings. Children express their feelings in different ways. Some children will be withdrawn and unable to talk about the event. Others will experience intense sadness or anger over what has happened, and others will suffer periods of denial when they act as if the event has not occurred. Children are often confused about the facts and their feelings. Talking can help clarify what they understand and what they need to hear.</td>
</tr>
</tbody>
</table>

Find opportunities for children to influence positively what happens to them

When a childcare specialist is needed

If you have any doubts at all, seek further information, talk to your supervisor, colleagues or someone in the community that knows the child.

Seek professional help if a child is experiencing any of the following reactions for longer than one month following a critical event:

4- WHO, Mental health of refugees.
5- DeWolfe
Hyperactivity | Inability to sit still, difficulty concentrating, learning difficulties, dangerous risk taking behaviour
Hopelessness/helplessness | Feels sad and cries a lot, does not eat, wants to stay in bed, talks about ending his or her life
Constantly thinking about the event | Nightmares, withdrawal from usual social activities or play with other children, intense anxiety or avoidance that is triggered by reminders of the event
Physical problems | Nausea, headaches, weight gain or loss, for example
Alcohol or drug use problems

Note should be taken on reported cultural differences in children’s symptoms.

**Sexual abuse of children**

Child sexual abuse occurs when a child is used for sexual purpose by an adult or adolescent. It involves exposing a child to any sexual activity or behaviour. It is a betrayal of trust and an abuse of power over a child.

Children are being abused sexually all over the world. However, children who have physical or mental disabilities as well as children who are isolated from their families are at greater risk of being sexually abused. Children are vulnerable because they are less powerful and more naive, and adolescents or adults have many opportunities to abuse children by virtue of their more powerful positions.

Children’s reactions to sexual abuse are both age, gender and culturally specific. It is, however, common that they demonstrate or talk about inappropriate adult sexual behaviour, show sudden specific fears or mistrust of males, females or particular places and that they have physical signs or get diagnosed with a sexually transmitted disease. Sexually abused children will from an early age tend to feel guilty about what has happened to them and therefore full of shame. The shame may explain some of the more self-destructive behaviours observed in sexually abused adolescents.

If you believe you have reasonable grounds to suspect that a child is being sexually abused, promptly report your concerns to your Red Cross - Red Crescent supervisor as well as the child welfare agency, social service department or police force in your community. For further information see *The Convention on the Rights of the Child*. Article 19 commits governments to protect children from all forms of physical or mental violence, including sexual abuse.

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7. DeWolfe
Discussion point

Helpers need to be prepared for their own emotional reactions when supporting children in crisis, and to be aware that their reactions are quite normal. Being with people who have experienced a critical event will often cause feelings in the helper, such as sadness, anger, helplessness and fear, that parallel those affected. This is particularly true when dealing with children because of their vulnerability. Share in the group any first-hand experiences that participants might have, and discuss how seeing children in pain touches the helper.

5.3 Elderly

Older people may be particularly vulnerable during and immediately after critical events. They are more likely to be physically disabled, they may live alone and lack help and other resources. Furthermore, they may have to face the shock of losing all that they had attained in life, their home, family, employment and security.

Older people’s typical reactions

- Increased memories of and wish to reconnect with past and friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Depressing view of the future (it will never be as good as it was)
- Regression (generally a temporary return to a former, usually worse condition)
- Feeling of multiple losses (personal, material, dignity, hope for future)
- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration when unable to control a situation
- Concentration and communication difficulties
- Physiological responses (especially sleep and appetite disturbances).

Helping an older person

It is necessary to ensure that older people have access to aid and support services which are available for the rest of the population, and that they are not isolated. This is particularly so in the case of older women, who may have been marginalized in their own communities and face even more difficulties after a critical event. However, in situations where communities are displaced, older people can also provide a sense of continuity, culture and history, which can assist displaced groups to maintain their sense of identity and preserve the cohesion of the community.
The following activities will help reinforce coping mechanisms for older people:

<table>
<thead>
<tr>
<th>Secure attachments and relationships</th>
<th>Let people identify who they want to be close to. Do not, however, assume family relations are friendly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Secure a safe environment, but respect wishes if the older person prefers to remain in his/her home.</td>
</tr>
<tr>
<td>Talk about the event</td>
<td>Reactions, thoughts and feelings are influenced not only by the critical event itself, but also by past memories. Allow time and space to talk about the past as this will provide trust and strength to deal with current concerns.</td>
</tr>
<tr>
<td>Be aware of cultural difference</td>
<td>Older people may have different cultural and traditional backgrounds; services that are suitable for the majority may not necessarily fit every minority group.</td>
</tr>
<tr>
<td>Information</td>
<td>Factual information about what happened and what is likely to happen (who will help the older person, where the person will stay at night etc.) gives a feeling of security and control. Information may need to be repeated a number of times.</td>
</tr>
<tr>
<td>Establish old routines as soon as possible</td>
<td>Routine is normal and comforting.</td>
</tr>
<tr>
<td>Reassure about normal reactions</td>
<td>It is reassuring to be told that concentration and communication difficulties, physical complaints etc. are what can be expected in the aftermath of a critical event.</td>
</tr>
<tr>
<td>Be supportive and build confidence</td>
<td>Older people can naturally contribute a great deal, and can be encouraged to use their strengths and abilities at the same time as preserving their dignity.</td>
</tr>
<tr>
<td>Create opportunities for older people to feel useful and valued</td>
<td></td>
</tr>
</tbody>
</table>

### 5.4 Persons with mental illness

Most people with mental illness function best under conditions of low to moderate stimulation, firm structure, and high predictability. Critical events are characterized by quite the opposite. Persons with mental illness may need special help. Although the number of persons with mental illness most likely will be small, they require skilful handling and care with an understanding of their particular vulnerability.
When to seek advice

People who show behaviour that appears inappropriate for the situation should be closely observed. A basic rule is always to link up with existing health services, as the skills and knowledge needed to interact adequately and care for mentally ill require special training. Furthermore, a number of these people are dependent on psychotherapeutic medications.

The following emotional problems are too severe for Red Cross - Red Crescent volunteers to handle by themselves; advice from health professionals should be sought:

- Depression lasting longer than two weeks, with a tendency to attempt suicide
- Mental disorder, e.g., hallucinations (auditory or visual) or delusions
- Other strong emotions that are beyond volunteers’ and relatives’ ability to cope, such as rage, aggression, intense fear or worry, etc.

5.5 People living with HIV/AIDS

People living with HIV/AIDS present a special challenge, as myths and misunderstandings about them make many people unduly worried about disease transmission. This may lead to victimization within the community.

This concern about disease transmission has increased as a result of the AIDS (acquired immune deficiency virus) epidemic. AIDS is caused by HIV (human immunodeficiency virus) which breaks down the body’s immune system and can lead to fatal infections. People can carry the HIV virus for more than eight years without developing AIDS but during that time they can still infect others.

The risk of catching the transmissible disease is far less than many people think. Red Cross - Red Crescent volunteers play a critical role in both educating the population to reduce the fear of infection, and in carrying the correct message about how HIV/AIDS is transmitted, i.e.:

- Through blood and blood products, other body fluids and transplanted organs that contain the virus
- From an HIV-infected mother to her child during pregnancy, childbirth or through breast feeding
- Through unprotected sexual intercourse with someone who has HIV (man to woman, woman to man, man to man).

HIV is NOT transmitted through touching, hugging and shaking hands, coughing and sneezing, food and water, air, toilet seats or sharing clothes and bedding (see Guidelines on first aid and HIV/AIDS by the International Federation of Red Cross and Red Crescent Societies, 2001).
Caring for people living with HIV/AIDS

Develop familiarity and trust by greeting people living with HIV/AIDS and their relatives politely, warmly and in a friendly way.

Introduce yourself and inform them about your objectives in being there. Begin the conversation with general topics before proceeding to personal issues.

Deal with emotional problems in accordance with the following principles:

- Give moral support by sincerely showing your compassion, warmth and concern.
- Listen empathetically and ensure confidentiality of his/her personal information.
- Do not blame or give unsolicited advice.
- Assist people in identifying options to enable them to make appropriate decisions.

Work with family members and encourage them to accept and support the individual.

Provide information on resources, such as medical services and support groups in the community.

Activity 5A: Special needs

In small groups, give out the following role-play scenarios. Each group should choose one of the following, as far as possible choosing a special needs scenario which is most relevant to their Red Cross - Red Crescent activities.

- A family with two children aged 6 and 12 who have lost their home because of an earthquake and are living in a shelter.
- A widow who has moved in with her son and daughter-in-law after her house was flooded.
- A pregnant woman who has discovered she is HIV positive.
- A man with learning difficulties who has returned to live in the community after spending time in an institution.

Ask each group to come up with some main points about how the Red Cross - Red Crescent can most appropriately react to these situations, and to write down some recommendations for action.

Allow about 20 minutes for this activity.

Purpose of this Activity:

- To discuss and assess special needs and make recommendations for action.
Discussion point
Ask a representative from each group to summarize the recommendations made, and lead a discussion about the main points. In particular, guide participants to reinforce ideas about good communication, community participation, reactions of certain groups, and the main principles of psychological support.

Review and revision: Taking action
Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them about groups with special needs, and how they might work with them in the future.

5.6 Summary

Specific groups among people affected by critical events may be particularly vulnerable with respect to psychological needs. The following groups are generally more at risk:

- Children
- Older persons
- Persons with mental illness
- People living with HIV/AIDS.

Children are likely to be more vulnerable than adults, but with adequate support, most children will be able to recover. To recognize stress in children, listen to what they say and observe their behaviour.

Different age-groups may react in different ways. For example, infants may react by crying more than usual, pre-school children may revert to baby behaviour, school-age children may lack concentration, while adolescent children may react more like adults.

Helping the child will often involve helping the parent, since children typically are guided by the reactions of family members. In addition, it is important to keep a routine, pamper them, talk to them about the situation and seek opportunities for children to influence what happens to them.

Seek professional child care help in the following circumstances:

- Hyperactivity
- Hopelessness/helplessness
- Constantly thinking about the event
- Physical problems
- Alcohol or drug use problems.
Children may be vulnerable to sexual abuse, and will show common reactions, such as fear or mistrust of males, females or particular places. Suspicion of sexual abuse must be reported promptly to the Red Cross - Red Crescent supervisor, child welfare agency, social service department or police force in the community.

Older people may be particularly vulnerable during and immediately after critical events. Activities aimed at restoring confidence and dignity should be emphasized.

Persons with mental illness may need special help, with skilful handling and care. Advice from health professional should be sought if the following severe emotional problems are demonstrated:

- Long-term depression, with a tendency to attempt suicide
- Mental disorder, such as hallucinations
- Strong emotions, such as rage, fear.

People living with HIV/AIDS present a challenge because of fear and misunderstanding of the way the virus is transmitted. Volunteers need to carry the correct message about disease transmission, as well as care for the affected persons.

Caring for people living with HIV/AIDS requires the volunteer to:

- Develop familiarity and trust with both affected people and their families
- Deal with emotional problems using supportive communication methods
- Work with family members to encourage them to support the individual.
Learning objectives

• Identify and describe the characteristic reactions of certain groups affected by disaster
• Describe effective types of intervention to assist certain groups at risk
Groups with special needs

- Children
- Older persons
- Persons with mental illness
- People living with HIV/AIDS
  In addition:
  - Persons with physical or developmental difficulties
  - Parents with dependent children
  - Bereaved spouses
  - Economically disadvantaged groups
  - Socially disadvantaged groups
Emotional stress in children

Listen/observe/respond

- Find out about any change in behaviour, personality, outlook. Talk to parents or other adults who know the child
- Talk to the child. Observe how the child responds
- Does the child appear upset or confused?
- Compare the child’s behaviour to that of other children in the same setting
- Does the child play appropriately?
Populations with special needs

Children’s typical reactions

- Fear and anxiety
- “Childish” or regressive behaviour
- Difficulty sleeping
- Physical reactions
- “Trigger” responses
- Difficulty concentrating and thinking
Reactions related to age groups 1/2

- Birth to 2 years
  - Irritable, crying, showing clinging or passive behaviour
- Pre-school, 2 to 6 years
  - May feel intense fear and insecurity
  - Play activities may involve aspects of the event
  - Re-enactment of event over and over
Reactions related to age groups 2/2

- School age, 6 to 10 years
  - Guilt
  - Feelings of failure
  - Anger
  - Fantasies of playing rescuer
  - Intensely preoccupied with details of the event

- Preadolescence to adolescence, 11 to 18 years
  - Responses resemble adult reactions
  - Irritation, rejection of rules and aggressive behaviour
  - Dangerous, risk-taking behaviour
  - Fearful
  - Depressive
  - May attempt suicide
Helping a child

- Help through helping the parent(s)
- Keep familiar routines
- Pamper and care
- Talk about what happened
- Find opportunities for children to influence positively what happens to them
Populations with special needs

When a childcare specialist is needed

When there are continuing signs of:

- Hyperactivity
- Hopelessness/helplessness
- Constantly thinking about the event
- Physical problems
- Alcohol or drug use problems
Sexual abuse of children

- When a child is used for sexual purpose by an adult or adolescent
- Children with physical or mental disabilities or who are isolated from their families are at greater risk of sexual abuse
- Reactions to abuse may include:
  - Demonstrating or talking about age-inappropriate sexual behaviour
  - Showing sudden specific fear or mistrust of males, females or particular places
  - Signs or diagnosis of a sexually transmitted disease
  - Feeling guilty or ashamed about what has happened to them
- Promptly report any well-founded concerns to your supervisor, child welfare agency, social service department or police force in your community
Older persons

- Especially vulnerable when:
  - Physically disabled
  - Living alone
  - Lacking help and other resources
  - Having to face the shock of losing all that they had attained in life
Older people’s typical reactions

- Increased memories of and wish to reconnect with past and friends
- Increased dependence on family, refusing assistance from authorities
- Fear of mortality
- Depressing view of the future
- Regression
- Feeling of multiple losses

- Disoriented as routine is interrupted
- Use of denial as a normal defensive reaction
- Immediate fear response, followed by anger and frustration
- Concentration and communication difficulties
- Physiological responses
Helping older people

- Facilitate access to aid and support services
- Ensure that they are not isolated
- Help them to maintain their sense of identity and preserve the cohesion of the community
- Provide opportunities to feel a sense of continuity, culture and history
Coping mechanisms
Reinforcement

- Identify secure attachments and relationships
- Ensure safety
- Talk about the event
- Be aware of cultural backgrounds
- Give factual information
- Establish routine
- Reassure about normal reactions
- Be supportive and build confidence
- Create opportunities to feel useful and valued
Populations with special needs

Persons with mental illness
Function best with:

- Low to moderate stimulation
- Firm structure
- High environmental predictability
Populations with special needs

Persons with mental illness

- Link with existing health service and seek advice if:
  - Depression lasts longer than two weeks
  - There is mental disorder, e.g. hallucinations
  - Other strong emotions are shown, such as rage, aggression
People living with HIV/AIDS

Education needed because:

• Myths and misunderstandings may lead to victimization within the community

• Support required so that humane treatment is given within the community

• Risk of transmission is low if people know and understand how it happens, i.e.:
  • Through blood and blood products
  • From an HIV-infected mother to her child during pregnancy, childbirth or breast-feeding
  • Through unprotected sexual intercourse with someone who is HIV positive
Populations with special needs

Caring for people living with HIV/AIDS

- Develop familiarity and trust
- Give moral support by sincerely showing compassion, warmth and concern
- Listen empathetically and ensure confidentiality
- Do not blame or give unsolicited advice
- Assist people in identifying options to enable them to make appropriate decisions
- Work with family members and encourage them to accept and support the individual
- Provide information on resources, such as medical service and support groups within the community
Specific groups among people affected by critical events may be particularly vulnerable with respect to psychological needs. The following groups are generally more at risk:

- Children
- Older persons
- Persons with mental illness
- People living with HIV/AIDS.

Children are likely to be more vulnerable than adults, but with adequate support, most children will be able to recover. To recognize stress in children, listen to what they say and observe their behaviour.
Summary 2/5

- Different age-groups may react in different ways. For example, infants may react by crying more than usual, pre-school children may revert to baby behaviour, school-age children may lack concentration, while adolescent children may react more like adults.

- Helping the child will often involve helping the parent, since children typically are guided by the reactions of family members. In addition, it is important to keep a routine, pamper them, talk to them about the situation and seek opportunities for children to influence what happens to them.
Populations with special needs

Summary 3/5

• Seek professional child care help in the following circumstances:
  • Hyperactivity
  • Hopelessness/helplessness
  • Constantly thinking about the event
  • Physical problems
  • Alcohol or drug use problems.

• Children may be vulnerable to sexual abuse, and will show common reactions, such as fear or mistrust of males, females or particular places. Suspicions of sexual abuse must be reported promptly to the Red Cross - Red Crescent supervisor, child welfare agency, social service department or police force in the community.
Summary 4/5

- Older people may be particularly vulnerable during and immediately after critical events. Activities aimed at restoring confidence and dignity should be emphasized.

- Persons with mental illness may need special help, with skilful handling and care. Advice from health professional should be sought if the following severe emotional problems are demonstrated:
  - Long-term depression, with a tendency to attempt suicide
  - Mental disorder, such as hallucinations
  - Strong emotions, such as rage, fear.
Populations with special needs

Summary 5/5

• People living with HIV/AIDS present a challenge because of fear and misunderstanding of the way the virus is transmitted. Volunteers need to carry the correct message about disease transmission, as well as care for the affected persons.

• Caring for people living with HIV/AIDS requires the volunteer to:
  • Develop familiarity and trust with both affected people and their families
  • Deal with emotional problems using supportive communication methods
  • Work with family members to encourage them to support the individual.
Helping the helpers

For some years now, it has been acknowledged that support programmes cannot afford to focus on the affected people alone. Helpers and other people exposed to emotional stress can themselves enter a state of crisis as a result of their work. This is especially so for young and inexperienced helpers. These facts have strong implications for the Red Cross - Red Crescent Movement, where a significant part of the volunteer force consists of young people.

The traditional heroic role of helpers includes expectations that they are selfless, tireless, and somehow superhuman. Helpers are, however, also affected by their jobs. Red Cross - Red Crescent volunteers will often leave their jobs with a feeling of not having done enough, because needs in many situations are so overwhelming that they by far exceed their capabilities. A volunteer might be troubled by the tormenting stories of disaster survivors, first aid volunteers may feel guilt at the death of a patient, or volunteers in HIV/AIDS programmes feel despair faced with the repetitive cycle of death. It is not uncommon that volunteers are also infected and must cope with their own fears of death and deterioration as they assist others.

This module emphasizes ways in which helpers can support themselves and their colleagues by recognizing the signs of stress and burnout, and learning techniques which may help to alleviate or prevent severe emotional reactions. While it is not aimed specifically at programme managers, it does demonstrate the role that managers have in creating and sustaining a supportive working environment if helpers are themselves to be supported.

Learning objectives
At the end of this module, participants should be able to:

- Describe how reactions to stress may impact on helpers
- Give details of warning signs of stress or burnout among helpers
- Describe how to provide psychological support to helpers
- Give details of self-care methods for helpers.

6.1 Stress in the lives of helpers

Stress is inherent in many Red Cross - Red Crescent activities. Apart from the usual job stresses, the following situations constitute a challenge:

- Being part of the collective crisis
- Repeated exposure to grim experiences such as handling dead bodies, dealing with multiple casualties, powerful emotions and tormenting stories of people affected
- Carrying out physically difficult, exhausting, or dangerous tasks
- Lacking sleep and feeling chronically fatigued because of demanding tasks
Helpers are exposed to unusual personal demands in the desire to help meet the needs of survivors. The many feelings associated with providing services such as first aid, being close to the centre of the distressing event, and not least dealing with emotionally distressed and physically injured people, need to be addressed. The helpers’ situation and problems are often pushed into the background, but after the event they must not hesitate to draw on the support of other people.

Helpers, who are often poorly prepared for their own emotional reactions to their experiences in providing care and relief to others, can be supported at several key points to reduce the likelihood of developing stress-related problems. The primary intervention consists of good, solid information about stress and coping with emotional reactions to difficult situations. Such information educates and prepares helpers to detect their own reactions and offers active options they can take for self-care and peer support. If left unaddressed, these stress factors are likely to affect the helpers’ well-being and quality of work. Therefore, self-care is both an essential prerequisite for effectively helping others and a means of maintaining one’s fitness to continue in that capacity.

### 6.2 Warning signs of burnout

Burnout may occur after a prolonged period of time on a job. It implies that the stress factors have taken over, and that helpers are no longer able to distance themselves from the situation. Helpers can benefit from learning about burnout, so that they may recognize the signs in themselves as well as in others.

**Activity 6A: Burnout signs**

Small groups (3 or 4). Ask participants to share their own experiences and to try to identify signs of burnout in themselves and in others. Give about 10 minutes to list these signs, and then come back to the main group to share these, and to add any of the symptoms below which are not included among their lists.

**Purpose of this Activity:**
- To benefit from the experience and knowledge of participants to bring greater insight to the identification of burnout.

Among the symptoms discussed, participants may have discovered the following:
- Wounded ideals
- Cynicism
- Feeling unappreciated or betrayed by the organization
- Loss of spirit
- Grandiose beliefs about own importance
Heroic but reckless behaviour
Neglecting one’s own safety and physical needs (not needing breaks, sleep, etc.)
Mistrusting colleagues and supervisors
Antisocial behaviour
Excessive tiredness
Inability to concentrate
Symptoms of illness or disease
Sleep difficulties
Inefficiency
Excessive use of alcohol, tobacco or drugs.

In preparing for their tasks, helpers must gain a realistic expectation of what they can achieve through their work. They must understand that they cannot help being affected by the work and might need somebody afterwards reviewing what they have been through and assisting them in processing reactions. The helpers, the manager and the organization must all be aware of and respect limitations, both personal and practical. To avoid burning out valuable helpers, it is the responsibility of all concerned to treat each other with compassion and respect.2

6.3 Caring for the psychological needs of helpers

The needs of helpers are quite similar to those directly affected. A supportive environment is one of the many crucial factors in minimizing stress. This can be achieved in the following ways:

- Guidance and support from managers and peers should be accessible on a daily basis or soon after the event
- An organizational culture of openly talking and sharing problems without fearing the consequences
- Regular and frequent meetings which bring all staff together and foster a feeling of belonging to a team
- Respect for the principle of confidentiality means that people can feel safe in admitting stress and seeking help
- The creation of a culture where getting together after a critical event is the norm, e.g. a peer support system.

Sharing experiences from work has a team building effect and helps to prevent psychological problems. Reactions that are not addressed and processed might lead to a crisis, whereas sharing these difficulties with others will reduce misunderstandings, distortions and incorrect interpretations. A supportive environment where it is not only allowed but also encouraged to talk about emotional reactions and limitations will both ensure the quality and effectiveness of activities and the well-being of helpers.

Discussion point

Ask the group to comment on the above points, and to discuss their potential for success in particular known work situations. What might the obstacles to implementation be, and how might these be overcome?
### 6.4 Self-help techniques

A number of self-help techniques have been identified, including:

<table>
<thead>
<tr>
<th>Remember that your reactions are normal and unavoidable</th>
<th>Remember that your reactions are normal and unavoidable</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is useful to express even frightening and strange feelings.</td>
<td>It is useful to express even frightening and strange feelings.</td>
</tr>
<tr>
<td>Be aware of your tension and consciously try to relax</td>
<td>Be aware of your tension and consciously try to relax</td>
</tr>
<tr>
<td>Slow your breathing and relax your muscles.</td>
<td>Slow your breathing and relax your muscles.</td>
</tr>
<tr>
<td>Talk to someone with whom you feel at ease; describe to him/her what you were thinking or feeling during the critical event</td>
<td>Talk to someone with whom you feel at ease; describe to him/her what you were thinking or feeling during the critical event</td>
</tr>
<tr>
<td>You process the unpleasant experiences when you talk about them.</td>
<td>You process the unpleasant experiences when you talk about them.</td>
</tr>
<tr>
<td>Draw, paint, write, play music or take exercise. Look for a healthy outlet</td>
<td>Draw, paint, write, play music or take exercise. Look for a healthy outlet</td>
</tr>
<tr>
<td>Sometimes it is easier to express your feelings by doing rather than talking.</td>
<td>Sometimes it is easier to express your feelings by doing rather than talking.</td>
</tr>
<tr>
<td>Listen to what people close to you say and think about the event</td>
<td>Listen to what people close to you say and think about the event</td>
</tr>
<tr>
<td>It has affected them too, and they may share insight that will benefit you.</td>
<td>It has affected them too, and they may share insight that will benefit you.</td>
</tr>
<tr>
<td>Take special care of yourself</td>
<td>Take special care of yourself</td>
</tr>
<tr>
<td>Try to keep eating well and limit alcohol and tobacco. Physical exercise is good for you because it relieves tension.</td>
<td>Try to keep eating well and limit alcohol and tobacco. Physical exercise is good for you because it relieves tension.</td>
</tr>
<tr>
<td>Continue to work on routine tasks if it is difficult to concentrate on demanding duties</td>
<td>Continue to work on routine tasks if it is difficult to concentrate on demanding duties</td>
</tr>
<tr>
<td>Tell your peers and team leader/supervisor about how the distressing event has affected you, so that they can understand.</td>
<td>Tell your peers and team leader/supervisor about how the distressing event has affected you, so that they can understand.</td>
</tr>
<tr>
<td>If you cannot sleep or feel too anxious, discuss this with someone you can trust</td>
<td>If you cannot sleep or feel too anxious, discuss this with someone you can trust</td>
</tr>
<tr>
<td>Get medical advice.</td>
<td>Get medical advice.</td>
</tr>
<tr>
<td>Do not self-medicate</td>
<td>Do not self-medicate</td>
</tr>
<tr>
<td>It takes time to evaluate how you will view things after a distressing event has occurred.</td>
<td>It takes time to evaluate how you will view things after a distressing event has occurred.</td>
</tr>
<tr>
<td>Go easy on yourself</td>
<td>Go easy on yourself</td>
</tr>
<tr>
<td>Avoid inflated or perfectionist expectations, either about yourself or others</td>
<td>Avoid inflated or perfectionist expectations, either about yourself or others</td>
</tr>
<tr>
<td>These can only lead to disappointment and conflict.</td>
<td>These can only lead to disappointment and conflict.</td>
</tr>
<tr>
<td>After a few weeks if you still feel uneasy about your reactions, you should seek professional advice</td>
<td>After a few weeks if you still feel uneasy about your reactions, you should seek professional advice</td>
</tr>
</tbody>
</table>

Emotional reactions to distressing events are normal and should be expected both from the people affected and the helpers. The majority of the reactions are short-term with no lasting consequences. Both physical care and psychological support are important to successful recovery.
6.5 Supportive supervision

The traditional role of supervisors is to see that helpers perform with consistent and sufficient effort and to maintain the quality of that work within management standards. However, more recent models of supervision also place supervisors in the role of supporting the emotional and developmental needs of helpers. In other words, supervisors are now expected to nurture helpers as a human resource with limitations on how far those resources should be pushed or stretched.

This is particularly important in the instance of psychological support programme helpers who may well need some psychological support themselves. Supervisors play an important role in this regard by providing helpers with someone they can call on for additional guidance or information to solve the problems of others, or more personally with problems they may be facing. In the Red Cross - Red Crescent context it is recognized that this model will mostly be applied in an informal fashion. One promising alternative, as detailed below, is the teaming of peers into supportive groups that pool their knowledge, perspectives, and experiences for the benefit of each other.

6.6 Peer group support

A group of peers can function not only as an informal support group of people who socialize both during and after work, but also in a formal framework by gathering periodically to discuss the work and problem-solve together. In this way, the more common form of social support, provided by spending leisure time together or interacting cooperatively on the job, is supplemented with a formal tool for improving the skills and effectiveness of all concerned.
Suggested guidelines for formal peer support

<table>
<thead>
<tr>
<th>Meetings lasting about one hour should be held as frequently as possible (usually every week)</th>
<th>In extreme circumstances, such meetings might be held daily.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All members should attend meetings whenever possible</td>
<td>Attending this meeting should be as important as doing good work.</td>
</tr>
<tr>
<td>Each week a different member takes the role of peer facilitator</td>
<td>All members should gain insight from being in this role.</td>
</tr>
<tr>
<td>The meeting should begin with the facilitator presenting the agenda, based on items previously requested by members</td>
<td>Members may add something to the agenda later if time allows.</td>
</tr>
<tr>
<td>Each item on the agenda is presented by the person who is requesting input</td>
<td>Each peer gives their input based on their own experiences.</td>
</tr>
<tr>
<td>Finally, the person who received the input gives each peer feedback on the effect or influence of their input</td>
<td>In this way peers are made aware of the person’s reaction to their input and communication flow is maintained in all directions. At times peers will want to discuss or debate each other’s input, which is only natural. This should not be done, however, until each peer has been given the chance to give their input without interruption and has received their feedback. Otherwise, the process will get side-tracked and never be completed.</td>
</tr>
</tbody>
</table>

Discussion point

Ask the group to consider how peer group support might function in their own work environment, and what might be the advantages. Discuss what the obstacles might be to implementing a peer group support system, and discuss how these obstacles might be overcome.

Ask individuals to recall some difficult times they may have experienced and call on other members of the group to say how they would react in a peer group support situation.

Review and revision: Taking action

Provide handout resource material in the form of thumbnail versions of your slides. These will serve as a summary of the session’s main points, while acting as triggers for any areas which participants would like to review.

Invite participants to ask questions, make comments or give feedback.

Give participants the opportunity to follow up the discussion in the way they find most appropriate. For example, ask participants to note some of the major or key issues that have come from the session, and put down some ideas to remind them of how they can help themselves and other volunteers in future work.
6.7 Summary

- Helpers and other people exposed to emotional stress can themselves enter a state of crisis as a result of their work. Support programmes need to recognize this fact, and provide support to workers as well as to affected people.
- Helpers are exposed to unusual personal demands, often finding themselves in extremely challenging situations, and may need to address their own emotional distress.
- Self-care is required in order to maintain fitness to help others. Good information about stress and coping with emotional reactions to different situations is required.
- Burnout can occur after a prolonged period of time on a job. Symptoms include:
  - Wounded ideals
  - Cynicism
  - Feeling unappreciated or betrayed by the organization
  - Loss of spirit
  - Grandiose beliefs about own importance
  - Heroic but reckless behaviours
  - Neglecting one’s own safety and physical needs (not needing breaks, sleep, etc.)
  - Mistrusting colleagues and supervisors
  - Antisocial behaviour
  - Excessive tiredness
  - Inability to concentrate
  - Symptoms of illness or disease
  - Sleep difficulties
  - Inefficiency
  - Excessive use of alcohol, tobacco or drugs.
- A supportive environment is required if the psychological needs of helpers are to be addressed. A culture of mutual support should be encouraged.
- Self-help techniques include reminding yourself that emotional reactions are normal, talking to others about feelings, and avoiding unrealistic expectations of yourself.
- Supervisory staff can play an important role in the support of helpers, providing additional guidance or information and a supportive environment.
- Peer group support can act as a formal framework within which problems and feelings can be discussed without threat. Peer group meetings require good organization, particularly in respect to information flow. Each member of the group should be allowed to contribute and receive feedback.
Helping the helpers

• As a result of their work, helpers/volunteers can themselves enter a state of crisis

• Often a feeling of not having done enough, overwhelmed by the needs

• Volunteers need to cope with own fears of death and deterioration
Helping the helpers

Learning objectives

- Describe how reactions to stress may impact on helpers
- Give details of warning signs of stress or burnout among helpers
- Describe how to provide psychological support to helpers
- Give details of self-care methods for helpers
Helping the helpers

Stress in the lives of helpers

The challenge:

- Being part of the collective crisis
- Repeated exposure to grim experiences
- Carrying out physically difficult, exhausting or dangerous tasks
- Lacking sleep and feeling fatigued
- Facing the perceived inability ever to do enough
- Feeling guilt over access to food, shelter, etc.
- Facing moral and ethical dilemmas
- Being exposed to anger and lack of gratitude
- Being detached from personal support system
- Feeling frustrated by policies and decisions of superiors
Warning signs of burnout 1/2

- Wounded ideals
- Cynicism
- Feeling unappreciated or betrayed by the organization
- Loss of spirit
- Grandiose beliefs about own importance
- Heroic but reckless behaviour
- Neglecting personal safety and physical needs
- Mistrusting colleagues and supervisors
Helping the helpers

Warning signs of burnout 2/2

- Antisocial behaviour
- Excessive tiredness
- Inability to concentrate
- Symptoms of illness or disease
- Sleep difficulties
- Inefficiency
- Excessive use of alcohol, tobacco or drugs
Helping the helpers

Caring for the psychological needs of helpers – Create supportive environment

- Guidance and support from managers and peers
- Open and sharing organizational culture
- Regular and frequent staff meetings
- Respect for confidentiality
- Creation of peer support system
Helping the helpers

Self-help techniques 1/2

• Reactions are normal and unavoidable
• Consciously try to relax
• Talk to someone with whom you feel at ease
• Express your feelings in ways other than talking: draw, paint, play music
• Listen to what people close to you say and think about the event
• Take care of yourself
Self-help techniques 2/2

- Work on routine tasks
- Discuss fears with someone you can trust
- Do not self-medicate
- Go easy on yourself
- Avoid inflated or perfectionist expectations
- Seek professional advice if reactions continue
Helping the helpers

Supportive supervision
Role of supervisors

• Support emotional and developmental needs of helpers
• Identify limitations on how far helpers should be pushed or stretched
• Act as source of advice and help with problems, personal as well as professional
Peer group support

• Peers can provide supportive groups, informally and formally

• Regular meetings of peers helpful to discuss work and solve problems together

• All members should attend as frequently as possible, taking turns to act as meeting facilitator

• Group members may request input from their peers on specific problems

• Communication flow maintained by use of formal agenda, with an agreement on lack of interruption and discussion moderated by facilitator
Summary 1/3

- Helpers and other people exposed to emotional stress can themselves enter a state of crisis as a result of their work. Support programmes need to recognize this fact, and provide support to workers as well as to affected people.

- Helpers are exposed to unusual personal demands, often finding themselves in extremely challenging situations, and may need to address their own emotional distress.

- Self-care is required in order to maintain fitness to help others. Good information about stress and coping with emotional reactions to different situations is required.
Summary 2/3

- Burnout can occur after a prolonged period of time on a job. Symptoms include:
  - Wounded ideals
  - Cynicism
  - Feeling unappreciated or betrayed by the organization
  - Loss of spirit
  - Grandiose beliefs about own importance
  - Heroic but reckless behaviours
  - Neglecting one’s own safety and physical needs (not needing breaks, sleep, etc.)
  - Mistrusting colleagues and supervisors
  - Antisocial behaviour
  - Excessive tiredness
  - Inability to concentrate
  - Symptoms of illness or disease
  - Sleep difficulties
  - Inefficiency
  - Excessive use of alcohol, tobacco or drugs.
Summary 3/3

- A supportive environment is required if the psychological needs of helpers are to be addressed. A culture of mutual support should be encouraged.

- Self-help techniques include reminding yourself that emotional reactions are normal, talking to others about feelings, and avoiding unrealistic expectations of yourself.

- Supervisory staff can play an important role in the support of helpers, providing additional guidance or information and a supportive environment.

- Peer group support can act as a formal framework within which problems and feelings can be discussed without threat. Peer group meetings require good organization, particularly with respect to information flow. Each member of the group should be allowed to contribute and receive feedback.
Annex 1

Terminology of stress and coping

Stress

This is a very broad term referring to the effect of anything in life to which people must adjust. For instance, anything we consider challenging causes stress, even if it is something we willingly choose to do. The key is that stress requires us to adjust our attention and behaviour and makes demands upon our energy.

Stressor

Quite simply, a stressor is anything that has the effect of causing stress. The Module 2 example, rain, is the stressor that causes stress.

Stress capacity

While it is unclear precisely how much stress a person can carry, since each person has some stress in their lives, we say he/she has a capacity for stress. This idea can be compared to a water jug. A small jug might have only a capacity of one litre, whereas a larger jug might carry ten litres. If you try to pour a full ten-litre jug into an empty one-litre jug, you will quickly exceed the smaller jug’s capacity for holding water. Similarly, once a person has absorbed a great deal of stress, they may have very little remaining stress capacity.

Stress-load

Everyone, even children, must carry some amount of stress in their daily lives. When we think of stress as having an amount, or quantity, we refer to this as the person’s stress-load. As in the example of the water jugs, stress-load is like the amount of water already in the jug. Any increase in a person’s stress-load will mean a decrease in that person’s remaining stress capacity.

Coping

Coping is a broad term, referring to anything people do to adjust to the challenges and demands of stress. At the very least, coping consists of any adjustments made to reduce the negative impact of the stress. In this way, coping can succeed in reducing the stress-load.

For example, if a jug is nearly full, one way of coping would be to pour some of the water into another container, drink it, or give water to plants or animals. These would all be constructive ways of coping before the jug became too full and began to spill.

Another constructive approach might be to acquire more jugs or a larger jug, a strategy that would increase capacity. In this way, no water is wasted and the total holding capacity for water (or for stress) is not exceeded.
It might also be the case that the jug is ignored and overflows. Or possibly, the water could be wasted by being poured out anywhere. In other words, the way of coping is ineffective or causes other problems. This is also an option, as not all coping is constructive. Typically, however, people cope well with stress either by reducing their stress-load or by increasing their stress capacity, which can also be called their coping capacity. Stress capacity equals coping capacity because a person can sustain the same amount of stress as they can cope with at any given time.

**Emotion-focused coping**

These are coping techniques that are directed inwards in order to strengthen the emotional response to the stressor. Examples of emotion-focused coping include:

- Body awareness (e.g. listening to the signals your body gives you about breathing, muscle tension, exhaustion)
- Giving yourself permission to feel certain emotions (e.g. it is normal to feel a little queasy)
- Give yourself positive feedback and reinforcement (e.g. I am doing fine)
- Downgrading the experience (e.g. it could have been worse)
- Redefining the experience (e.g. seeing the event as an opportunity to develop or use new skills or to shut off temporarily any overwhelming feelings).

**Problem-focused coping**

These are coping techniques that are directed outwards in order to change the environment. Examples of problem-focused coping include:

- Eliminating hazards such as clean-up following a disaster
- Rescue activities aimed at reducing risk to life and health
- Recovery activities aimed at providing affected people with resources to rebuild and replace their losses.

**Adaptation**

Much of the coping and adaptation of people affected by disaster will require some form of personal transformation before they are fully able to recover and return to their previous level of functioning. Adaptation refers to an improvement in the relationship between people and their altered circumstances. This is accomplished by forms of coping that result in people regaining their equilibrium and becoming accustomed and successful in their new reality, which may include changes in some of their previously held beliefs.
Annex 2
Glossary of typical emotional reactions

**Anger**
This is a very complex emotion, but it is related to frustration and comes about when people are denied something of great importance to them. This is why frustration often turns to anger, as a next step in the escalation of a conflict between people’s goals or needs and their circumstances. Anger is a more energetic emotion than frustration and has the advantage of making the person feel some power to overcome the situation. At its worst, anger makes us feel like annihilating or eliminating those who obstruct us from our goals, and for this reason people are often embarrassed to talk about or even admit their anger. This can appear to be a very irrational response because it is also the most misunderstood emotion. Anger does not have to make sense. It just happens to motivate us to overcome threats to our survival or our well-being. That is why people can be angry at a dead loved one for abandoning them or at an earthquake for causing such destruction.

**Anxiety**
Anxiety is a more diffuse, less intense form of fear. While it is always focused on unpleasant future outcomes, there may be no specific target for the anxiety. Anxiety can be expressed in restlessness (agitation) or an inability to act (indecision). Unrelieved anxiety can become paralysing, because it may prevent people from doing things that before were a natural part of their daily routine. Chronic anxiety is very bad for the body as well and may lead to symptoms of physical illness.

**Blame**
This is when people feel at least partly responsible for bad things happening. People are blamed for not preventing or foreseeing the event or for not having helped others enough. People fear blame because it lowers them in the eyes of others, which is very painful and can have severe consequences, including death. In most cases, feeling that you or others are to blame requires that there was some power or opportunity to have acted differently and that the outcome of those acts was predictable.

**Despair**
The person might feel so sad, heavy, and empty that all he really wants is to pull back and isolate himself from the surroundings. This is maybe because he does not want to be reminded about what happened, or because he feels so much guilt that he cannot stand being close to others.
Dread
Disasters can give people cause for dread as they look into a future that includes unpleasant events, like burials, relocating from their communities or otherwise rebuilding their lives. People with HIV/AIDS, or other serious physical ailments, may dread nauseating medications, future medical procedures, the deterioration of their health, dying, or leaving others (such as children) behind.

Fear
People often feel afraid if they are suddenly faced with something they think might harm them. This emotion is so powerful that it usually captures the full attention, leaving very little reserve for coping with anything else (also known as terror). The object of the fear is not always visible (e.g., the fear of losing one’s mind). The fear might also be concerned with the surroundings; fear of being left alone, fear for the loved ones’ lives, fear that the event will happen again, or that it will never be overcome. Fear can leave such a strong imprint on a person that they are permanently changed by it. Chronic fear can lead to panic or emotional collapse.

Frustration
When people try to accomplish something and encounter an obstacle, they experience an emotional reaction called frustration. This emotion signals to the person that they must adjust in some way to the presence of the obstacle, usually by increasing their effort or trying something else. Unrelieved frustration leads either to anger or depression.

Grief and mourning
People who have suffered a loss, especially of a loved one, experience a very painful reaction that interferes with their ability to go on with their lives. These emotions are so powerful that they seem impossible to hide and people have been known to show physical symptoms, such as shortness of breath, irregular heartbeat and fainting. Mourning often refers to the expressive or ritual behavior engaged in by grieving people or communities. Expressive rituals can be helpful or necessary for relieving these feelings.

Guilt
Guilt is felt when something unfair has happened for which the person was at least partly responsible. Often people feel guilty for not preventing or foreseeing the event or for not having helped others enough. Guilt may also be felt for not having expressed the right things to people before it was too late. One may also feel guilty of being in a more fortunate situation than others, again because it seems unfair. A specific kind of guilt found after disasters is called survivor’s guilt, in which a person feels guilty for having survived when others did not. Sometimes people feel guilty that they could not prevent the event, even though they realize that this is irrational. In this case the guilt expresses a wish to have acted differently or to have created a better outcome.

Loss
The name of this feeling actually describe the situation, for the person is reacting to losing something. Similar to grief, sorrow, and mourning, this emotion robs people of energy and leaves them feeling empty inside, as though something is missing. It is common for such a person to think almost exclusively about that which they feel is lost and to wish for its return.
### Regret
This is a painful feeling resulting from reflecting on a past decision or behaviour. People often feel some kind of regret after a disaster because they see how they might have chosen differently, though they may have had no way of knowing at the time. This can be seen as a way of wishing to have been more powerful in the face of overwhelming circumstances.

### Sadness or sorrow
These feelings share similarities with regret and grief and reveal a person who is mourning some loss. It is easy to recognise sadness because the person lacks energy and appears physically sunken in their face and posture.

### Shame
Unlike guilt, shame does not focus on an unfair situation or misdeed, but rather is a person’s feeling of being completely bad or inadequate. A person who feels this way will find it very hard to talk about it, because he/she feels undeserving of being cared for or understood by others. Sometimes people feel shameful about how they behaved in the event, even though this may be unfounded. In this case the shame expresses a sense of personal inadequacy.

### Vulnerability
When people are hurt physically and psychologically, they feel fragile or insecure. This means that they easily misinterpret their surroundings and that they generally feel misunderstood and betrayed. They may be low on patience and easily irritated.
## Annex 3 - Examples of Red Cross - Red Crescent interventions in promoting community self-help

### El Salvador

**January and February 2001**  
Two powerful earthquakes cause widespread devastation.

**Two weeks later**  
120 Salvadorean Red Cross volunteers from the affected communities were trained and travelled around the devastated areas.

**Intervention**  
Community interventions aimed at raising awareness about psychological issues were conducted, such as getting the community together and letting them cut out newspaper pictures about the earthquake, putting them on cardboard and writing a little story about what a specific picture means to them.

**Result**
- Increased community awareness and cohesiveness
- Increased community involvement in psychological coping
- Community members mobilized to identify resources and strengths
- Community participated in planning ways to transform individual helplessness into group resources and sufficiency.
Turkey

August and November 1999

Two devastating earthquakes

One year later

Three Red Crescent communities with a Turkish psychologist and social worker in each centre as well as 55 volunteers trained to provide psychological and social support to people in the affected areas.

Approach

The training is based on the understanding that the concerned communities themselves can best define activities that will respond to their needs. To encourage community local ownership of the programme, volunteers are therefore trained to involve community members in the assessment of both needs and resources. Activities are then organized through collective decision making.

Intervention

One example of the activities conducted in the community centres is the establishment of a support group for women who had become isolated as a result of the earthquakes. First the women without any social contacts met regularly as a group at the Red Crescent community centre. Eventually, they decided to meet privately, as is the custom in Turkey.

Result

Through the structure provided by the Red Crescent community centre, the community was able to re-create a traditional support structure.
Annex 4

References and further reading

Module 1: Psychological support
International Federation of Red Cross and Red Crescent Societies (2001), *World disaster report 2001*, IFRC.

International Federation of Red Cross and Red Crescent Societies (2001), *Psychological support: best practices from Red Cross and Red Crescent programmes*.


Module 2: Stress and coping


Simonsen L and Lo G (2002), *The value of human support when life is painful*. Background paper on first aid and psychological support. International Federation of Red Cross and Red Crescent Societies.


Module 3: Supportive communication


Module 4: Promoting community self-help

Disaster Preparedness Department, *Toolbox for vulnerability and capacity assessment*, International Federation of Red Cross and Red Crescent Societies.
International Federation of Red Cross and Red Crescent Societies (2001), *Psychological support: Best practices from Red Cross and Red Crescent programmes*, IFRC.


**Module 5: Populations with special needs**


**Module 6: Helping the helpers**

International Federation of Red Cross and Red Crescent Societies (2001), *Managing stress in the field*, IFRC.


**Further reading**


Center for Mental Health Services (1996) *Responding to the needs of people with serious and persistent mental illness in times of major disaster*, Publication No. (SMA)96-3077, US Department of Health and Human Services, Substance abuse and mental health services administration.


Danish Red Cross (1997), *Psychological first aid and other human support*.


International Federation of Red Cross and Red Crescent Societies (1998), *World disaster report 1998*, IFRC.

International Federation of Red Cross and Red Crescent Societies (2001), *Guidelines for the implementation of a psychological support programme in emergencies*, IFRC.


As we come to the end of the training course, we would like you to participate in a final evaluation by answering the questions below. Please circle the most appropriate answer to each of the questions using the code given, which gives the extent to which you either agree or disagree with the statements.

**A. Objectives of the training course**

1. I was given sufficient information on the objectives of the training course before my arrival.  
   
2. The training course encouraged exchange of information and expression of ideas successfully.  
   
3. The course covered the topics I needed to learn about.  
   
4. The objectives of the course were achieved.  

**B. Planning of the training course**

5. I feel that the programme drawn up for the course took into account what participants considered important to learn.

**C. Training methods**

6. I found the different training methods listed below to be relevant and of good quality:
   
   a) Lectures
   
   b) Whole group discussion/brainstorming
   
   c) Small group discussion
   
   d) Role-play
   
   e) Review and revision

Please write any other comments you may have on methods used:

7. The language used in the training sessions was easy to understand.

**D. The training atmosphere**

8. The general atmosphere during the course enhanced the learning process.

9. The course fostered teamwork and cooperation among participants.
E. Trainers

10. Trainers have sufficient knowledge. 
   1 2 3 4 5

11. Trainers communicate well. 
   1 2 3 4 5

12. Trainers are open, honest and fair to all. 
   1 2 3 4 5

Please write any other comments you may have about the trainers.

F. Benefits

13. The modules listed below were covered adequately:
   a) Module 1: Psychological support 1 2 3 4 5
   b) Module 2: Stress and coping 1 2 3 4 5
   c) Module 3: Supportive communication 1 2 3 4 5
   d) Module 4: Promoting community self-help 1 2 3 4 5
   e) Module 5: Populations with special needs 1 2 3 4 5
   f) Module 6: Helping the helper 1 2 3 4 5

G. Time management

14. Enough time was devoted to each module. 1 2 3 4 5

15. Enough time was given for feedback from the participants. 1 2 3 4 5

H. Your opinion

16. Which part of the course did you enjoy most? Can you say why?

17. Which part of the course did you enjoy least? Can you say why?

18. How will the training course be of use to you in your future work?

19. What is the most important thing that you have learned?

20. Please write briefly any suggestions or recommendations for improvements or additions to the training course?
The Fundamental Principles of the International Red Cross and Red Crescent Movement

**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.

**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.

**Neutrality**
In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

**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.

**Voluntary Service**
It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity**
There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**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.
The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.