

Coping

with crisis

ISSUE 1/2015



Focus: Volunteers

Capacity building

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Saving lives, changing minds.

Psychosocial Centre



International Federation
of Red Cross and Red Crescent Societies

PS Academy

Fall 2015 trainings in Copenhagen

The PS Academy is the collective term for the trainings and training tools offered by the PS Centre to the National Societies. All training tools are freely available on the PS Centre's website, and National Societies are welcome to contact the PS Centre for advice and assistance in arranging psychosocial support trainings on national and regional levels. In addition to this, the PS Centre offers semi-open trainings regularly in Copenhagen, Denmark.

The trainings in the PS Academy range from a basic training in psychosocial support over short, specialized trainings to training of trainers for experienced psychosocial support practitioners.

The aim of the PS Academy is to provide a capacity building resource for National Societies. The trainings in Copenhagen offers an opportunity for them to have staff or volunteers trained without having to arrange a full training. For this reason, priority for the limited number of spots available in the trainings are given to staff and volunteers from the Red Cross Movement.

Introduction to the Children's Resilience Programme,

1 to 3 September 2015

Psychosocial support in emergencies

21 to 25 September

Introduction to monitoring and evaluation of pss interventions

October - exact dates to be confirmed.

Read more on www.pscentre.org



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Capacity building matters

On a Saturday around noon in April the earth shook violently in Nepal. Buildings collapsed, infrastructure was destroyed

and thousands of lives were lost. In the coming days and weeks the earth kept shaking with aftershocks and even a new earthquake.

Such massive loss of lives and property and continual fear will invariably have psychosocial consequences for the affected population, and there will be a need for psychosocial support for a long time. This is also true of the situation in Nepal. Fortunately Nepal Red Cross Society and its partners in the IFRC and ICRC were well prepared for such a disaster, and psychosocial support was a part of the response from the very beginning. In collaboration with other agencies and the Inter-Agency working group on MHPSS the response quickly took form, and we saw that important tools were shared and assessments done together.

Support efforts were strengthened by the fact that the National Society was able to deploy volunteers with psychosocial support and psychological first aid training working together with psychosocial support delegates on several ERU health teams.

Without dedicated staff and volunteers in the Movement there will be no psychosocial support or indeed no Red Cross Red

Crescent disaster response at all. In Nepal, West Africa, the Middle East and everywhere else people are in desperate need of help, brave men and women of the Movement do their very best to help. It is second nature to them, but it is not without consequence. We know that humanitarian staff and volunteers are vulnerable and at risk of developing mental health and psychosocial problems. Taking good care of staff and volunteers - before, during and after a crisis, is an obligation agencies must take seriously. It is not only the responsibility of the individual to practice good self-care, it is also of utmost importance that the management, from the team leaders to the Secretary Generals take the responsibility to foster an environment where the care of staff and volunteers is available and encouraged.

Capacity building and psychosocial support in emergencies are two corner stones in the work of the PS Centre. A wide range of tools and support are available, produced to enable the National Societies and IFRC operational units to build knowledge and capacity before and after disasters in order to provide the best possible response to the psychosocial needs in disasters and crisis.

In this issue of Coping with Crisis we turn the spotlight on capacity building and how these tools from the IFRC PS Centre are being used in a variety of crisis and disasters around the world.

Nana Wiedemann

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4 Psychosocial Support Around the World

Highlights from the world on psychosocial support provided by National Societies, based on the IFRC Appeals and Reports and contributions from health and communication staff. Many other National Societies are continuously delivering and expanding their psychosocial support activities.



Belarus Red Cross

Belarus

A large number of people, displaced by the conflict in Ukraine have come to Belarus, and Belarus Red Cross are responding to the need and providing various forms of support, including helping the Ukrainians find works and housing. The National Society has several volunteers and staff trained in psychosocial support and psychological first aid, and they are working hard to support the Ukrainians. In order to prevent stress and burnout among the very dedicated staff and volunteers, the Belarus Red Cross are also carrying out "Caring for Volunteers" activities.

Chile

On 23 March northern Chile was hit by extensive flooding causing serious damage and loss of life. 26 people died, 150 people were reported missing and more than 2.500 people had to live in emergency shelters. Chilean Red Cross staff was immediately deployed to the affected areas to analyse needs and provide psychosocial support, first aid, health and hygiene assistance and the reestablishment of contact with relatives. On 29 March a multidisciplinary team from the National Society, accompanied by integrated logistics support from IFRC, the International Committee of the Red Cross (ICRC) and the American Red Cross, carried out an assessment in the Atacama-Coquimbo region. The Regional Committees and Affiliates conducted assessments and implemented initial response actions in the Tarapacá-Antofagasta zone. This has led to the formulation of a strategic operations plan to reach 1.300 affected families through the provision of, among other important things,

psychosocial support, cash transfer and the re-establishment of contact with relatives.

France

On the morning of 7 January 2015 two armed men forced their way into the offices of the French satirical weekly newspaper Charlie Hebdo in Paris. They killed 11 people and injured 11 others in the building. After leaving, they killed a French National Police officer outside the building. Several related attacks followed in the Île-de-France region, where a further five were killed and 11 wounded. From 10 to 11 January a series of marches took place all over France bringing people together to honour the victims of the attacks. In Paris alone an estimated two million people participated in the march.

In response to the crisis and in coordination with authorities French Red Cross rescue teams transported the injured to the nearby hospital. French Red Cross also set up two reception centres close to the site of the attack where relatives of the victims as well as eye-witnesses distressed by the experience received psychosocial support.

As attacks continued, French Red Cross reinforced its presence at other locations in and around Paris. As the "Vigipirate" - the national security alert system in France - came into force the French Red Cross informed emergency and first aid departments in the area about the safety instructions and anticipatory measures. French Red Cross activated the regional action plan ARAMIS, which allows for the coordination of immediate response in case of simultaneous emergencies. The work of the Red Cross volunteers continued after the crisis ended as hundreds of Red Cross volunteers were on standby to offer first aid and psychosocial support at the Unity Marches attended by millions of people across France.

Source: www.ifrc.org

Germany/France/Spain

Following a plane crash in the area of Digne-les-Bains southern France on 24 March, French Red Cross (FRC) mobilised over 50 volunteers in its emergency operation. FRC called for assistance from German and Spanish Red Cross psychosocial

teams to provide emotional support to around 800 relatives who had lost loved ones in the accident.

"We are shocked about this disaster and will do everything we can to support the affected people," said Rudolf Seiters, President of German Red Cross. He pointed out that in recent years providing psychosocial support to the relatives of victims has become a priority for German Red Cross.

The German, Spanish and French Red Cross teams are also involved in advising the emergency health staff and police on how to handle the psychosocial aspects of the crisis. German Red Cross has also activated its tracing service.

The Germanwings Airbus A320 carrier took off at the El Prat airport in Barcelona on 24 March heading for Düsseldorf with 150 people on board. The passengers included a class of 16 German high school students and two teachers who were returning from a study programme near Barcelona.



Kazakhstan Red Crescent Society

Kazakhstan

In the end of February the ICRC Regional Delegation in Central Asia arranged a Community-based psychosocial support training of trainers workshop in Almaty, Kazakhstan for participants of Kazakhstan Red Crescent. The training was conducted by two Belarusian psychologists, one of whom is a member of the PS Centre roster group. Following discussions in December at the PS Centre roster meeting about teaching methods for ToT's, it was decided to structure the training in way that gave participants the opportunity to show their skills as PSS trainers. The first three days were a basic training in community-based psychosocial support – with

the added challenge that the participants should simultaneously plan and create a mini training for their fellow participants, noting in which areas they perceived the greatest need for further training. On the two last days, the participants conducted mini trainings for each other. Thus, the process of creating the training was close to reality. In order to plan a useful training, they had to assess the real needs



Atsuhiko Hata/Japanese Red Cross Society.

of the participants and understand their level of prior knowledge and experience.

Nepal.....

On 25 April, a massive 7.8 Richter scale earthquake struck Nepal, with the epicentre in Gorkha District (north-west) of Kathmandu. This earthquake, the most powerful disaster to strike Nepal since the 1934, has affected areas that are densely populated, causing not only tremendous human and economic loss, but also deep grief and distress. Further to the loss and devastation there have been numerous powerful aftershocks, which cause widespread fear.

The Nepal Red Cross Society has quickly mobilized and trained volunteers to provide psychosocial support to affected communities in several districts. In

the first round of mobilization of PSS volunteers, they were trained in providing psychological first aid and deployed to four rural districts outside of Kathmandu. With time, and based on detailed assessments, more volunteers will be given training in community-based psychosocial support and psychosocial support in emergencies, building the capacity of the Nepal Red Cross Society in psychosocial support response significantly. Information, education and communications (IEC) materials from the PS Centre are being translated into relevant local languages.

To supplement the psychosocial support response, Canadian and Japanese Red Cross Societies have deployed psychosocial support delegates with their basic health emergency response units (ERU). The IFRC has deployed a field assessment

Nigeria.....

Since May 2013 three states in northeast Nigeria have experienced multiple security incidents such as car bombs and civil unrest. More than 8,000 people have lost their lives in the unrest and an estimated 5-600,000 thousand people have fled their homes to either other parts of Nigeria or neighbouring countries Cameroon, Chad and Niger. Increased stability in some give hope to displaced people of someday being able to return home and reunite with missing family members. Evelyn Dogara, a 23-year-old mother of two, hopes to re-uniting with her husband. "I don't know if my husband is alive or not. Because of the violence, we have been separated for ten months," says Evelyn. "I want to go home but I don't have transportation fare and from what we hear, there is nothing left for us; shelter, food, clothes, all were either destroyed or carted away," she laments. Her story is the same of thousands of other women, children, youth, and even men, who have spent almost one year in camps or host communities.

However, not all IDPs want to go back home. "Going back is definitely going to be more traumatizing. Some of us here are not ready to see the damage done to our houses and our livelihoods. Remembering the massacre, living through the nightmares and fear of another attack, having nothing to fall back on create fear in our minds," says Edris Abdullah, chairman of a community that moved from Gwoza and is currently trying to settle in Adamawa State.

The Nigerian Red Cross Society in conjunction with the International Committee of Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC), continues to assist the IDPs in several ways but what they need to regain and live their normal lives again is much more than what they had received or are receiving in camps. "These people will not remain IDPs forever, they need our help to go back home. We are ready to do more to help them rebuild their homes and livelihoods," says Bello Hamman Diram, Secretary General of the Nigerian Red Cross Society.

Source: www.ifrc.org

Mexico.....

In recent decades the number of missing persons all over the world as a result of situations such as armed conflict, violence, natural disasters and migration has increased dramatically. Disappearances create psychosocial and emotional problems and wear the social fabrics of communities. Since "the war on drugs" begun in Mexico in 2006, it has been estimated that more than 100,000 people have been killed and at least 23,000 people are missing. The major efforts of ICRC are focused on raising awareness and provide guidance and capacity building for government institutions and civil society organizations to ensure assistance, support and prevent re-victimization of families suffering from the disappearance of a loved one. Currently, ICRC and the government of Mexico are working together in the implementation of the new AM/PM Database, software that facilitates tracing missing persons. They are also joining efforts to strengthen the cooperation and exchange on matters of mutual interest. "We are determined to continue to make that difference, slowly, steadily, but with perseverance and determination" said Peter Maurer, President of the International Committee of the Red Cross in a speech given at UNAM Law Faculty in Mexico City last April.

Source www.icrc.org

Banishing Ebola

from body, mind and soul

By Helena Humphrey, International Federation of Red Cross Red Crescent Societies

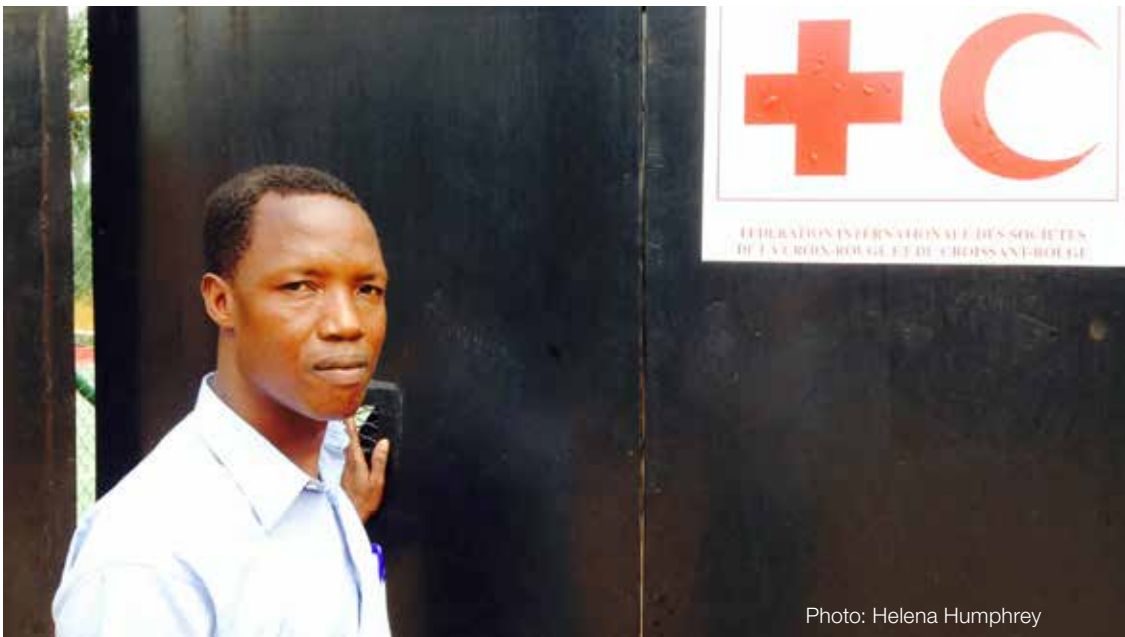


Photo: Helena Humphrey

“Little by little, men dressed in white suits invaded my dreams,” explains Antoine Kovana Kolié, the former nurse from Conakry turned Safe and Dignified Burial team leader for the Red Cross, recalling the nightmares which began to plague him months after he arrived in Guinea’s forest land, the epicentre of the Ebola epidemic. He rubs his eyes as he remembers the sleepless nights, deprived of the rest that he desperately needed to get through the most testing of days, burying up to 12 bodies a day, young and old alike, struck down by the Ebola virus disease.

“The first nightmare came after a community burial I will never forget,” he says, pausing as he puts into words memories which are clearly difficult to revisit. “The Red Cross had been called because there had been a death from suspected Ebola in a village. When I arrived, I saw a little girl asleep on the ground. But then I realized that she was not sleeping. It was as if the disease had struck her down,” he bangs the table

with his hand, “right where she should be playing. That’s when I realized how merciless this disease is. Even an innocent little girl could not escape.”

A little white lie

A husband and father of two children, Antoine’s thoughts turned to his own family, which he had left to fight the epidemic. “I had the choice whether or not to go, but I couldn’t bear to see my own population destroyed. I admit that I didn’t tell my wife what I was going to do. I

said I was going to hand out soap and chlorine.” It was a white lie that would not stand up for long. “She worked it out,” he laughs, and when his interrupted sleep made his working days even more challenging, it was Antoine’s wife who was his first confidante. “I had been asking myself, why is this happening? Was it because I was burying the dead when it is traditionally the family’s role? Were their ancestors angry with me?”

It was then that his colleagues at the International Federation of Red Cross and Red Crescent Societies (IFRC), with his wife’s persuasion, convinced Antoine that he needed some time out to get better.

By the time Antoine took a much needed break six months after he had arrived on the ground, he had supervised almost 80 per cent of safe and dignified burials in the region.

“Psychological stress from carrying out burials is not surprising, and does need dealing with,” explains Babacar Sanoko,

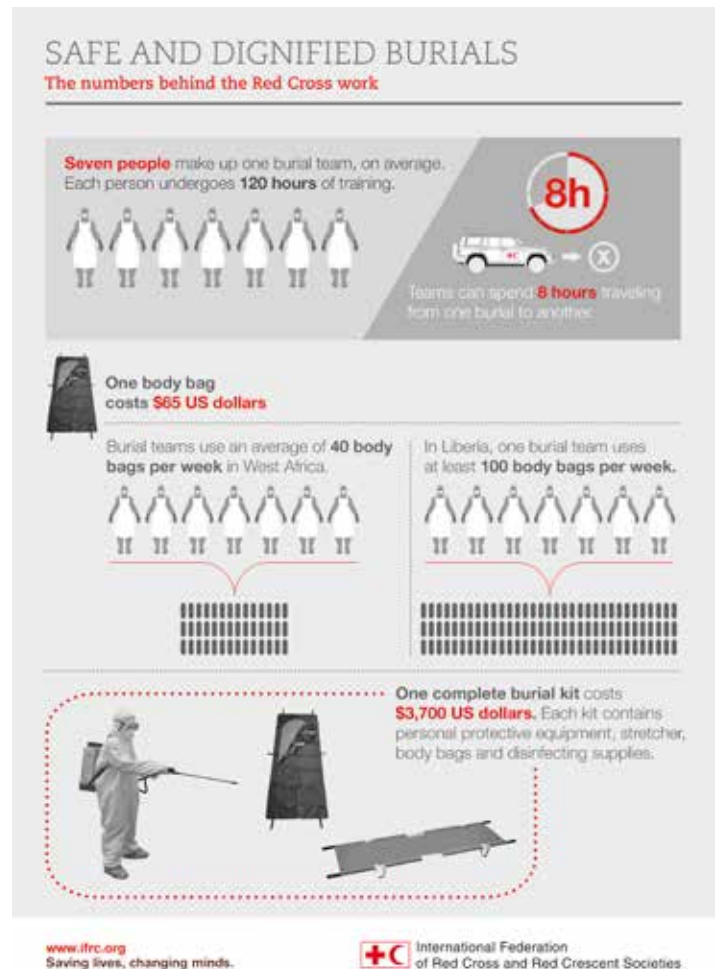
clinical psychologist and IFRC's psychosocial support delegate for the Ebola response in Guinea. "Nightmares are a response to trauma, and the mind's way of processing difficult things it has witnessed. But if this trauma is not dealt with within three months, it can turn into post-traumatic stress syndrome." Babacar, as one of the architects of IFRC's psychosocial support response, has trained Red Cross volunteers in the three main affected countries, so they can train their fellow volunteers to look after the mental well-being of their colleagues and compatriots. To date, over 78,000 people have received psychosocial support. "Whether it is being there for someone who has lost a loved one to Ebola, has a sick family member, or is being monitored after coming into contact with someone who has Ebola, listening is vital to mitigating the long term effects of this outbreak," explains Babacar, adding that treatment can take different forms.

For Antoine the first port of call was a local, well-known traditional healer in Conakry. "When I walked into his house I saw candles burned to the ground. I could see he had been working all night to prepare for our meeting, but I didn't know what to expect." Laid out on the table for Antoine, a bowl of perfumed water filled with leaves. "The healer then just added a few final drops of liquid from various little bottles, swirled the mixture together and told me to wash myself with the water. As I did, he told me to talk about everything that was wrong."

Better, but no time to sleep easy

Antoine admits he was a little dubious and made a conscious decision to suspend disbelief. "I had to give it a go, so I spoke about whatever came to mind – my nightmares of being surrounded by men dressed in white, that little girl, the bodies we found decomposing by the borders with Sierra Leone and Liberia, unidentified people seeking care, those we had to bury where we found them, in the presence of the authorities." Five out of seven sessions later, Antoine reports that his sleep is no longer disturbed by visions of men in white suits, and that once he has finished his treatment he plans to return to the forest area and continue his work. "I am too engaged to give up this fight and my body and soul are well again," he says.

Antoine's night traumas may have come to an end, but Ebola means that for many, this is not a time to sleep easy. "Like lots of Guineans, I worry. Our schools were closed for many months, there are food shortages, hospitals have been put under such strain by this disease. I know we will banish Ebola from our land, but I also wonder, what then for Guinea?"



The Ebola virus disease outbreak was declared in Guinea by the World Health Organization in March, 2014. In conjunction with Médecins Sans Frontiers and other partners, the Red Cross quickly mobilized volunteers and mounted a response on the ground.

Ebola subsequently spread to a number of countries - notably Sierra Leone and Liberia - in West Africa and has claimed the lives of more than ten thousand people to date. Together with National Red Cross Red Crescent Societies and international partners, IFRC has been actively engaged in the response, using a five pillar response. This includes safe and dignified burials, social mobilization and beneficiary communication, tracing and monitoring contacts, psychosocial support and clinical case management.

Liberia was declared Ebola-free country on 9 May 2015.

Blogging to fight tuberculosis

By Andrea Young, PS Centre

In South Africa, the Red Cross supports patients and communities affected by Multidrug resistant tuberculosis (MDR-TB). Project manager Ruth Mufalali showcases how stigma and fear of MDR-TB can be treated with hope and efficacy in her blog entitled, “South African Red Cross MDR-TB project: overcoming the burden of MDR-TB in the Eastern Cape Province, South Africa.”

Offering support

According to Mufalali, providing social support to affected persons promotes patient well-being and demonstrates that social networks are available in their community.

“TB patients [...] can live healthy, normal and productive lives, yet many are stigmatized and

discriminated against; this leads to obstacles to accessing testing and [...] adherence to treatment.”

Mufalali blogs about how stigma and discrimination can have devastating social and psychological impacts. Those who seek out treatment experience social disapproval, isolation, rejection and shame, which can lead to psychosomatic stress, loneliness and feelings of hopelessness. In some cases, these reactions affect whether patients adhere to their treatment.

Those who continue their treatment and overcome MDR-TB are proof that hope exists. One powerful story features a recovered patient and her motivational messages to those still fighting the disease: “I would tell them to listen to the nurses and doctors as MDR-TB is curable...Look at me.”

Sometimes all it takes is a little encouragement. When the Red Cross MDR-TB team went to get tested for HIV and TB, Mufalali encouraged their attempt to motivate project caregivers and community members to come forward and be tested. “Let’s continue to practice what we preach,” she wrote.

Other ways in which the Red Cross MDR-TB programme provides consistent support is showcased throughout the blog. In one instance, food parcels and seeds are distributed to patients in an effort to promote a proper nutritional diet and healthier lifestyle. Moreover, provisions were supplied to a day care centre in Port Elizabeth that cares for children



Tuberculosis (TB) is a contagious airborne disease caused by bacterial infection, usually affecting the lungs. Of the nine million who fell ill with TB in 2013, the WHO estimated that 480,000 people developed multidrug resistant TB (MDR-TB) (WHO, Tuberculosis Fact Sheet N 104). Where TB is typically treated with a cocktail of prescription drugs, those infected with MDR-TB require treatment that can take up to two years, is less effective, more toxic and much more costly.

infected with HIV/TB. Finally, to ensure that MDR-TB caregivers were capacitated in providing efficient and effective HIV/AIDS counselling and testing (HCT) to local communities, HCT training was facilitated.

Providing psychosocial support during epidemics

Epidemics and communicable diseases are primarily addressed through public health campaigns and medical treatment; however, psychosocial support interventions also play an important role in the response efforts. Fear and stigma may prevent patients from seeking timely treatment. It may also cause some patients and their families to become isolated or even ostracized from their communities. In some cases, like with MDR-TB, the treatment itself can be so difficult, long lasting and expensive that it in itself is a cause of psychosocial distress.

Red Cross Red Crescent MDR-TB activities in Kazakhstan, India and South Africa demonstrate a close link between the community and the formal health system. The Red Cross Red Crescent targets those at highest risk when affected by MDR-TB: HIV-positive patients, detainees, single mothers, children and particularly orphans, illicit drug users and alcohol-addicted patients, homeless, patients with other chronic diseases and immigrants who may be in a precarious situation. Also among the most vulnerable are those who have already been diagnosed with TB and are at risk of defaulting from their TB treatment if not given enough support.

Giving back

The most inspirational stories Mufalali shares involve MDR-TB-infected patients educating their peers. Having first-hand insight about MDR-TB and understanding the challenges that patients experience is invaluable in assisting others with their treatment.

“Many patients have verbalized that it is easier talking to someone who either has been or is going through the same situation; being able to identify similar experiences makes it easier for them to listen to advice.”

Blogging for a difference

The South African Red Cross MDR-TB project blog shows the resources available to communities affected by the disease and how they are being engaged. Through education, training, communication and support, caregivers and patients are better equipped to manage MDR-TB. And by sharing these powerful stories, stigmatization and discrimination can be overcome.

Read more on Ruth Mufalali's blog here: www.redcrossecmdrproj.wordpress.com

See the PS Centre's briefing note (2014) for health care workers working with communicable disease, which provides information about the psychosocial consequences of epidemics and communicable diseases and suggests psychosocial interventions. Available on www.pscentre.org.



Volunteers bring experience to the job

By Simone von Burgwald, PS Centre

When crisis broke out in Syria in 2011, Sabeen* contacted the Jordan Red Crescent Society (JRCS) and offered her services as a volunteer.

“She was timid, very polite and did not talk much,” recalls JRCS Psychosocial Programme Manager Razan Obeid. Now, four years later, Sabeen is a confident leader among the volunteers, excelling at training them and helping beneficiaries. Recently Razan was chatting with her, recalling the early days. “Remember how you were when you started here!” she laughed with Sabeen. “See how far you’ve come.”



Photo: Ibrahim Malla, IFRC

Helping others to help oneself

Sabeen is originally from Syria, but has lived in Jordan since 1998. She is one of six dedicated psychosocial volunteers with JRCS, all of whom are themselves refugees – or “guests” as is the preferred term – from Syria and Iraq.

Volunteers who have themselves been through an ordeal may find helping others rewarding, even therapeutic. Providing support to others who are going through a situation they themselves have been through can be empowering, as it allows them to apply their own past experiences toward something good, and gives them an outward focus. “Having lived through such an ordeal as leaving your

entire life behind is extremely tough,” says Ea Suzanne Akasha, Danish Red Cross psychosocial delegate in Syria. “Regaining control and having a sense of purpose are some of the most important factors in overcoming trauma and hardship. Helping others gives a person some control over his or her own life. It gives meaning and purpose to the new life and thereby helps recovery.”

The fact that they have experienced trauma, disaster or loss gives these volunteers special insight when offering psychosocial support to others. “The beneficiaries will often feel understood and at ease with someone who knows firsthand what they have been through, and seeing how others have overcome hardship and trauma can be an inspiration,” according to Ea Suzanne Akasha.

A history of helping

Jordan has a history of opening its arms to refugees; of its population of roughly 12 million it is estimated that around 5 million are originally refugees and migrant workers – Palestinians, Iraqis and most recently Syrians. Like many other countries affected by the crisis in Syria, Jordan has seen an increase in the influx of refugees during the past four years; currently there are over 600,000 Syrian refugees living in Jordan.

The psychosocial support programme in Jordan Red Crescent Society was started in 2008 to provide services for the 700,000 Iraqi “guests” it was home to as a result of the Iraqi war. When the Syrian crisis broke out, JRCS recruited more volunteers and began to integrate Syrian refugees into the programme.

PS for all ages

The JRCS psychosocial programme includes activities for both adult men and women, for adolescents, and for children, who are grouped from ages four-to-six, seven-to-eight, and 9-12. Workshops for children focus on indicators of trust, tolerance, playfulness and communication with peers. Activities for adults focus on indicators such as protection, early marriage, and child labour, while for adolescents, the focus is on hope and the future.

Psychosocial staff and volunteers employ a manual which Razan has compiled from various psychosocial training materials, including Community-based Psychosocial Support. The manual is translated and adapted to fit the cultural context. Parts of the Children’s Resilience Programme have also been incorporated into the activities for children. There are 12 sessions in the manual, each of which comprises an activity. Facilitators focus on one activity per

The JRCS has compiled their own set of psychosocial support training material from several of the PS Centre’s tools. By doing so, the JRCS has tailored and combined generic and specialized tools to fit the specific needs they have. All PS Centre tools are freely available on www.pscentre.org, and the PS Centre encourages National Societies to translate, adapt and combine materials to suit their specific purposes.



session – it can be modelling clay, storytelling, drawing or singing – and use these activities to work on the indicators for each group.

Invested volunteers

All of the psychosocial volunteers have been trained in community-based psychosocial support and in psychological first aid, as well as in Caring for Volunteers. They work five days a week for seven hours a day.

An important part of their duty is to help create an atmosphere of trust, comfort and safety. The volunteers are trained to work with beneficiaries on levels two and three of the PS interventions pyramid, providing community and family supports through psychosocial activities, and focused non-specialised support when necessary, such as individual and family or group interventions. There is a referral system in place by which volunteers can refer individuals to case managers for assessments for specialised services.

Support for volunteers

JRCS also has volunteer support systems in place. As Psychosocial Programme Manager, Razan Obeid holds regular meetings with the psychosocial volunteers, and there are supervision meetings with a specialist once a month to talk about any issues the volunteers may be having. Razan believes this helps the volunteers to feel supported and gives them a forum to air their concerns. Judging by their tenacity, Razan is right – all of the volunteers have been with JRCS for more than two years, some of them for five years.

Volunteer well-being is everyone’s responsibility – the managers, the staff and the volunteers themselves. Working together, making sure that everyone understands what is expected and that everyone feels appreciated are ways to increase volunteers’ resilience. These measures also help ensure that the volunteers can go on helping others in need.

JRCS psychosocial volunteers bring something special to their job; in fact, volunteers who have similar experiences to those they are assisting may be the best equipped to help others in a particular situation. Frehiwot Worku, Secretary General of the Ethiopian Red Cross, has said: “It is only when you have been in a disaster that you will fully understand the need for psychosocial support, both for those affected and those who helped the affected.”

*Name changed to respect privacy.

This article is based on an interview with Jordan National Red Crescent Society’s psychosocial coordinator, Razan Obeid

“I was sick and this training was like CPR”

By **Ea Suzanne Akasha, Danish Red Cross, Damascus, Syria**

This is how a volunteer in Syria evaluated the new IFRC training in Caring for volunteers. In 2014, the IFRC PS Centre developed a new training manual on this important topic and it was field tested in Jordan and Syria.

In Damascus participants from all branches, that were able to travel to Damascus, gathered for three days of intense discussions and reflections on how best to support their peers. The Syrian crisis is going into its 5th year, it is extremely unpredictable and violent, and 42 volunteers have lost their lives since the beginning of the crisis.

Volunteers are most often motivated by their altruistic values; values that can allow a volunteer to go on even under very difficult circumstances. At the same time, the tendency to put others first can lead to stress and exhaustion unless self-care is practised. Self-care was therefore high on the training agenda, which included exercises that can be applied to everyday life as well as discussions challenging the idea that a volunteer has to be brave, and that showing signs of being affected means a person is weak. Another notion the facilitators wanted to bring across was the importance of establishing safe relationships when it is not possible to establish safe surroundings. Safe relationships for volunteers are based on developing a culture of sharing, supporting and trusting.

The Movement's Health Care in Danger (HCiD) project has come up with recommendations for Health care personnel working in dangerous contexts and some of the recommendations were implemented in the training. Participants were paired with a buddy whom they had to watch out for during the training. Some branches in Syrian Arab Red Crescent have now implemented the system. It does make a

difference knowing that someone is keeping an eye on how they are doing, participants say.

Another recommendation from HCiD is to develop peer support systems. Setting up such systems builds personal coping skills for volunteers and enables them to discuss what they are facing and how they are feeling; provided this is done in a forum where volunteers can feel safe and confidentiality is maintained. This recommendation was agreed upon but as it takes training to facilitate peer support groups, a two-day refresher training is now organized and will take place soon. In this training, participants will practice facilitating peer group meetings, and more concrete peer support techniques will also be taught.

The HCiD project also recommends that managers ensure clear, honest and frequent communication and that they make sure information is available. A way to counteract the stress of not knowing and not having access to information is to have good relations to peers. SARC is using its websites to communicate, unless of course this might endanger the life of volunteers.

One practice that can reduce a high turn-over of volunteers is to create an understanding of the need for peer support and the need for recognition of the volunteers' efforts. Participants in the training therefore drafted a plan to conduct a meeting for staff and volunteers on the need for volunteer care, and they also thought about ways to create a culture of appreciation.

The experience of being with the lively and innovative group of volunteers in Syria was not only enjoyable but enriching and highly recommendable. As facilitators, Christina Bitar from Lebanon and I urge our colleagues in other countries to conduct this training in their host National Societies.

Learn more about HCiD on www.icrc.org

Caring for volunteers

a high priority for National Societies in 2014 and onwards

Syria, Ukraine and the Central African Republic. Three emergencies, in which Red Cross and Red Crescent volunteers were on the spot in 2014 to help those in need at great personal risk – and too often also at great personal cost. The challenges in the emergencies were different, but one thing was the same: An understanding on management levels that supporting and caring for the volunteers must be highly prioritized.

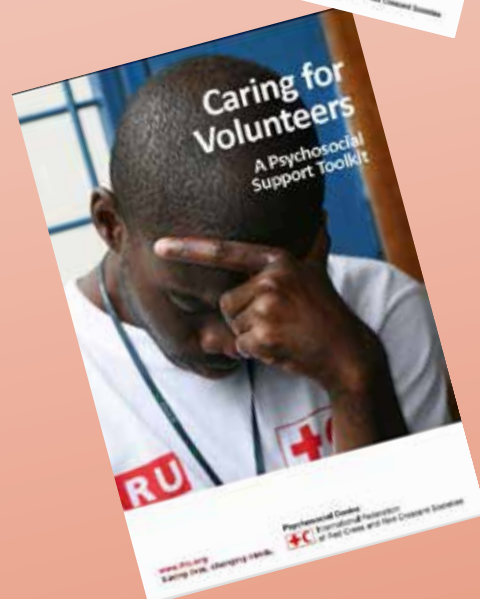
In Syria and neighbouring countries several “Caring for Volunteers” workshops were conducted by the National Societies, and demand for the “Caring for volunteers: A Psychosocial Support toolkit” has been so great that it has been necessary to reprint the Arabic version.

In the Central African Republic the security situation was so tense that only a handful of delegates were allowed in the country at a time. Still, admitting a psychosocial support delegate was prioritized to support the CARC staff and volunteers.

In Ukraine, there was very little capacity for psychosocial support when violence broke out in the beginning of the year. Very quickly, the Ukraine Red Cross asked for assistance in supporting the volunteers who were providing first aid services during the clashes in Kiev. Throughout the year, the National Society has rapidly built a large capacity for psychosocial support training staff and volunteers in numerous branches in caring for volunteers and community-based psychosocial support. (From the PS Centre Annual Report 2014)

Caring for volunteers remains a strong focus for the PS Centre, and in mid-2015 the training material mentioned in the article on the left will be available for download in English, French and Arabic from the PS Centre website.

Follow us on Facebook to be the first to know about the launch!



Psychosocial support for young men



Photo: Leslie Otto Grebst, Danish Red Cross

By Hans Storgaard, Danish Red Cross

Whenever there is a breakdown or dramatic change in a community or country, the population is subject to increased vulnerability. Disaster or conflict, violence, poverty, unemployment or migration affect individuals in different ways, depending upon various factors such as age, gender, health and social standing. Disruptive events may lead to negative behaviour and perceptions, depression, and even addiction or trauma. Especially for young people, making positive life choices can be more difficult at a critical time of transition from childhood to adulthood. The Danish Red Cross has together with Palestine Red Crescent, the Roskilde Festival Foundation and the IFRC PS Centre launched a new handbook that focuses specifically on the needs of young men.

We believe that young men have many competences and that they should have the best possible opportunities to learn and grow, to express their views and form ideas about their future lives in order to participate fully in their communities. The Resilience Programme for Young Men features activities that support increased self-esteem and self-perception which are vital to psychosocial well-being. It aims to strengthen social interaction, creativity and peer support by encouraging good communication, group collaboration, mutual

trust, respect, understanding and appreciating each other's differences. In this way, the programme seeks to build resilience among young men, boost their self-image and thereby increase the positive impact they have on society. This encourages the young men to take responsibility for their own actions.

During the programme, they are invited to think about and discuss their feelings and reactions in their current situation and to share with one another in a safe setting. We use activities that build trust in fun, active and creative ways, and which provide opportunities for participants to broaden their views, strengthen competences and enhance their resilience. This contributes to restoring social cohesion after tumultuous events and to building resilient communities.

Focus on young men

This group has not previously received much attention. As a result, young men are sometimes neglected and cause problems for their communities due to frustration and boredom. Focusing resources on young men and differentiating their needs from other groups, such as young women or adult men, helps to tailor activities and make them more effective. The Resilience Programme for Young Men aims to fill a gap in the range of resources available.

In most cultures, boys are expected to grow up to be strong and protect and support their families. In times of hardship, they might find themselves in a situation where the culture demands they take responsibility at an early age for family members. They are often expected to be the breadwinner, but in situations of chronic unemployment, they are particularly vulnerable. These circumstances present tremendous challenges and may lead to decisions made 'in survival mode' that have negative consequences for their futures.

Increasing the resilience of young men in Palestine through creative activities

Um al-Rehan, November 2014. Our activities take place in the small Palestinian village in the Barta'a area in the North-Western part of the West Bank. The village

is located in the West Bank, but geographically separated from the Palestinian territories due to the Israeli Separation Barrier. The consequences are significantly limited mobility for the young men in the village which have a damaging effect on their everyday life, hindering them from attending classes in the Universities in Jenin and Nablus. The limited mobility creates growing frustrations for the young men, which occasionally lead to clashes with Israeli settlers or security forces in the area. In the ongoing conflict, which has affected generations of Palestinians, psychosocial interventions are a necessity for many in order to cope with the current situation. The situation for young men is particularly difficult: not only do they face the frustrations of not being able to pursue their dreams and goals in life, but they also have to deal with expectations from society that they cannot live up to. Although the initial pilot phase of the Resilience Programme for Young Men was conducted in this village, it can be applied to all societies around the world.

Graffiti as a tool for psychosocial interventions

The concept aims at developing creative settings in Um al-Rehan where young men can express their views and ideas. We wanted to create a physical space where the young men could be challenged through creative activities that support them and increase their social well-being, thereby encouraging them to become positive male role-models in their communities. Two world-class graffiti artists were recruited as volunteers to help facilitate a graffiti workshop together with the local youth. The aim was to help the youth in decorating the environment in the village and to give the young men a platform to express themselves through art.

The graffiti workshop attracted many people from the local community and was proudly presented by the young men. Using graffiti, they created a number of unique pieces to display for the rest of the village. Through the project, the young men came to feel that they have a voice and can influence the local community by expressing their thoughts and ideas.

“Art is important because the young men have the opportunity to express themselves and their thoughts individually and to process the emotions which are hard to express.” – Leslie Otto Grebst, Programme Manager, Danish Red Cross

“We have seen graffiti before, but to be able to express one’s own ideas and being trained by these top-class

artists has been inspiring.” – Abdala Kelani, participant in graffiti workshop

Export activities to other parts of the world

The concept is to promote a culture of non-violence to youth affected by armed conflicts. The crisis in Ukraine has resulted in more than 1.1 million Internally Displaced People, and many of them are youth with an uncertain future and in need of psychosocial support. The Resilience Programme will be implemented throughout 2015 together with Ukrainian Red Cross Society. It touches upon the sensitive issues concerning future prospects and dreams, and helps the affected youth in establishing creative spaces with the possibility of expressing ideas and thoughts.

The concept has also been exported to Armenia, where Armenian Red Cross Society supports Syrian-Armenian refugees who have fled to Armenia in the wake of the Syrian crisis.

As Leslie Grebst explains: “We need to ensure that youth have the opportunity to learn and be creative and to live with peace and hope.”

The handbook material is available for download at the IFRC PS Centre website: www.pscentre.org.



Terror in Copenhagen:

Victim Support Denmark and Red Cross

By Else Windfeldt Bundesen, Copenhagen Branch, Danish Red Cross

In the afternoon of Saturday 14 February, a group of people were gathered at a cultural café in Copenhagen for a freedom of speech event. Without warning, an armed man opened fire on the café, killing one man and injuring three police officers. The perpetrator fled, and some hours later he shot and killed a second man standing outside a synagogue. A frantic chase ensued, and in the early morning hours of the following day the armed man was finally shot and killed by the police.

Volunteer supporters from Victim Support Denmark (VSD) were ready to provide support and psychological first aid. Within less than an hour, 30-40 victim supporters were able to show up where they were needed. However, the police transported all witnesses from the shooting area to the main police station for interrogation and debriefing. The family members of the victims were helped by professional psychologists. The witnesses received VSD's contact information in case they might need support later.

In Copenhagen, VSD is hosted by Danish Red Cross, Copenhagen branch. Working closely with, but independently of, the police, the VSD offers personal meetings and has a telephone hotline, which is open day and night, all free of

charge. VSD informs about traumatic reactions to crisis and gives psychological first aid, helps dealing with organizations, informs about other sources of help, and facilitates contact to medical doctors, psychologists, lawyers, insurance companies and others.

In the synagogue, a large group of people were gathered to celebrate a Bat Mitzvah (a religious "coming of age" ceremony), when the attack happened, and a young man from the Jewish community was killed. The Bat Mitzvah guests were not allowed to leave the synagogue for several hours until it was deemed safe by the police. This kept people together to support each other in the first shocking hours. Furthermore the Jewish community activated their own emergency response corps, and in the days following the attacks they demonstrated self-reliance, taking good care of themselves and each other through their own support network.

In the two weeks following the shootings, Victim Support Denmark received 28 telephone calls from witnesses in close proximity to the events and from family members of the victims, and arranged five-to-six personal meetings with witnesses or concerned citizens. There were calls from parents of children



who attended the Jewish school, fearful that the school might become a target for terrorism. There were also calls from people residing on the street where the suspected shooter was chased and finally shot by police. They showed reactions ranging from fear to anxiety, and generally needed someone to talk to about their experience.

Evaluating the response, Victim Support received fewer calls after the event than anticipated. This can be attributed to

several factors. Perhaps there was not sufficient information about the existence of the service, and perhaps it would also have made a difference if volunteers from Victim Support had been present at the police station where many affected people were present to help the police with their inquiries. The response and the coordination with the police are being addressed in the evaluation of the event. The goal is that, in the event something serious happens again, everybody will be better informed and the procedures of action clearly defined.

New research-based guidelines for psychosocial support after terrorist attacks

In a large European research project “Operationalising Psychosocial Support in Crisis” (OPSIC) researchers have collected 282 high quality mental health and psychosocial support guidelines and more than 600 tools. The guidelines and tools were analyzed; and the combined body of knowledge were then distilled into 51 individual planning tools called action sheets covering different areas of psychosocial crisis response. Each action sheet contains insights and recommendations for providing psychosocial support in disaster settings, as well as offering resources and examples of best practice based on the best available literature on the subject.

The actions sheet for providing psychosocial support after terrorist attacks outlines six main principles to take into account:

Expect sadness, fear, anxiety, but also anger, to be the predominant feelings of the affected

Directly and indirectly affected people usually have more difficulties to integrate and understand the horrific event due to its hostile nature. Natural disasters and more ‘ordinary’ crimes, such as robbery, are less difficult to comprehend for most people. Terrorist attacks are sometimes a series of incidents which makes everyone feel unsafe, including rescue and support personnel.

Expect effects on broad communities

Terrorist attacks are usually prominently featured by traditional and social media. Intimidating large populations is a core element of terrorism as a form of psychological warfare. Mitigating psychosocial effects of terrorist attacks therefore can be seen as an important element of a counter-terrorist strategy

Crisis management has to strongly support those affected and the general public in the process of sense-making and meaning-making

The political context is even more important in response to terrorist attacks than in other types of disaster. Everyone will need an answer to the question: “Why did this happen?” – not just those directly affected

An orchestrated communication and media-strategy is crucial

The effects of terrorist attacks can be mitigated by a well-planned communication strategy. Important elements include: one official, trustworthy voice; focus on rescue and support activities; relevant information for those affected; honest information which is not alarming (e.g. exploitation of the situation for blaming specific groups, organisations, countries etc. often strongly escalates the situation

Very close coordination between rescue services, psychosocial support and legal/administrative/investigative authorities is needed

Scene of the event is also a crime scene.

The people affected will usually need more time of aftercare and support after terrorist attacks

Set up more permanent MHPSS support, as well as other types of support (e.g. legal help, assistance centres, controlled online portals) as soon as possible. Community-based interventions are especially important after terrorist attacks.

(Excerpt from “The Comprehensive Guideline on Mental Health and Psychosocial Support (MHPSS) in Disaster Settings”, OPSIC project, 2015, forthcoming.)

The OPSIC project is funded by the European Union (FP7-SEC-2012-312783) and carried out by an international group of emergency response professionals, volunteers, academic experts and developers. The project is coordinated by the PS Centre. Learn more on www.opsic.eu

OPSIC OPERATIONALISING
PSYCHOSOCIAL
SUPPORT IN CRISIS

Altruistic identity: Humanitarians are unique!

Looking after psychosocial well-being in aid workers during re-integration

By Lynne McCormack, School of Psychology, University of Newcastle Australia and Australian Red Cross



Photos left to right: Canadian Red Cross; Ibrahim Malla, IFRC; Palani Mohan; IFRC; IFRC. Please note that none of the people depicted in the photos are participants in the study mentioned in the article

“The longer you stay in the business, there is a sort of eroding or corroding effect over time...that you can't entirely avoid... it's like carrying a weight around with you.” (-Humanitarian personnel)

Humanitarian work carries with it occupational health risks likely to affect good humanitarian practices in the field and positive psychosocial reintegration after the mission. For many humanitarian workers, there is a dual risk of primary and vicarious trauma, stemming from personal threat to one's own safety and witnessing horrific events. Strikingly, there is often no sense of closure, and many carry their experiences around like a

burdensome weight, as described above. Despite their own internal distress, however, many humanitarians return to the field, driven by an altruistic sense of responsibility to support others in crisis. These individuals are committed to a journey of ongoing engagement with the world.

However, humanitarians who are deployed multiple times without “time-out” for sense-making in between missions, or good reintegration support from deploying organisations, are at risk of burnout, feelings of shame, guilt, and emotional shutdown, all of which are well-documented in the research literature.

"I was consumed by thought and memories and... nothing mattered except the rationalization, "did I do the right thing to help ...?" So when I came home you think "why do I matter? If they don't matter, I surely don't" ... I felt anger ... I withdrew and became reclusive and on – on the drink and feeling sorry for myself". (- Humanitarian personnel)

Many individuals whose career choice places them at physical or psychological risk in the service of others, including humanitarian personnel, can be described as altruistic. An altruistic act can momentarily boost feelings of pleasure and self-worth prompting further acts of altruism. People high in altruism have been described as helpful, generous, and prosocial (benefiting other people or society as a whole). They are more willing to accept personal disadvantages for the sake of others. Although some believe that altruism is driven by egoistic as well as selfless desires, a great deal of research argues that no plausible egoistic explanation can be found for altruism.

Humanitarians, along with other career groups high in altruism, are at risk of developing Altruistic Identity Disruption (AID). AID describes the psychosocial struggle a returnee may go through due to invalidation or lack of support from their deploying organization, family, or society following a difficult deployment. AID is then manifested through feelings of isolation, doubt, and self-blame. Paradoxically, AID distress can precipitate attempts to redeploy prematurely, leaving any prior adverse or traumatic reactions unresolved.

Nevertheless, post-mission reintegration processes are important in determining psychological well-being and are a duty of both government and non-government aid organisations in the care they provide. Unfortunately, disengagement from mission role identity and successful reintegration with society and family after a mission, are not uniformly -- and often poorly -- addressed by aid organisations worldwide. Returning to the field then becomes an attractive option for the worker, where empathic colleagues become the source of validation. Should organisations redeploy individuals before robust reintegration support is complete, earlier mission experiences may remain unresolved, putting the individual at risk of cumulative and long term mental health distress. This is complicated by some returnees fearing that post mission psychological assistance will be viewed as personal weakness; or impact on future selection by organisations; or that their needs are trivial in comparison to the needs of those they serve. However, without that necessary assistance, many work ineffectively in the field due to ongoing stress.

Fortunately, a socially-supportive environment will influence well-being and positive meaning-making after an adverse situation. Therefore, both humanitarian personnel and

organisations should engage in psychosocial support and reintegration strategies post-deployment. In fact, full reintegration from a previous deployment is the springboard for successful re-deployment.

"I regained my compassion ... Finally it comes to you that you're worth something and you contribute again ... it's about a life of purpose – and I feel good about what I did ... I've learned a lot about what I'm capable of – I've also learned ... my (psychological) limits". (-Humanitarian personnel)

Currently, there are no overarching psychosocial post-deployment standards of care across the sector for humanitarians. With this in mind, the Postmission Altruistic Identity Disruption Questionnaire (PostAID/Q) attempts to standardize assessment of re-integration-specific distress in individuals returning from humanitarian deployment. Developed by McCormack and Joseph (2012), the 18-item self-report screening tool recently underwent further scrutiny and demonstrated significant predictive value, high internal consistency and significant variance over and above the other measures of psychological distress for aid-specific distress after deployment. The PostAID/Q is not designed to diagnose psychological morbidity; there are other clinical tests for that. It is designed to be used by individuals and organizations to highlight early difficulties in reintegration where behaviours, thoughts, and emotions related to experiences during a recent mission are impacting on the individual's altruistic identity, and hindering reintegration with family, career, and society.

It is suggested that the PostAID/Q be used to facilitate a collaborative integration process between individual personnel and their organization to: (a) validate any distressing psychosocial responses to their work experiences; (b) value feedback from humanitarian aid personnel experiences; (c) inform and assist family on the psychosocial processes of reintegration post-mission, and (d) monitor and support personnel during the reintegration and redeployment stages. On the basis of face validity, the authors suggest that scores greater than 72 indicate further organizational support is needed, including one-on-one clinical support to address more troubling psychological distress. Importantly, early detection of any post-mission distress provides opportunities for well-being, growth out of adversity, readiness for redeployment, and the positive functioning of family and support networks.

If you would like to participate in the survey, please contact the author of this article, Lynne McCormack:

lynne.mccormack@newcastle.edu.au

Moving Together:

Promoting psychosocial well-being through sport and physical activity

If you were in Rikuzentakata, Japan, in the years after the Great East Japan Earthquake of 2011, you may have come across a group of men and women - most well past their youth - walking briskly along with long poles in their hands.

The group was part of a Japanese Red Cross Society psychosocial support programme in which Nordic walking, massage, and stretching and relaxation exercises were central components. Psychologists and other healthcare providers worried that many survivors were going through severe emotional distress in silence. In Japanese culture it is not common to speak openly about difficult feelings. Instead it is more acceptable to explain distress through a description of physical discomfort and ailments. Physical exercises thus helped give participants positive physical experiences, and as a result, they were more comfortable sharing their feelings. This in turn reduced symptoms of stress, grief and anxiety, and they found they suffered fewer physical health problems too.

From drugs to football and friendships

In Denmark, a group of former alcohol and substance abusers meet regularly for football, badminton, climbing, swimming and yoga. Volunteers from Danish Red Cross Youth, who include a number of former abusers, arrange activities that suit different abilities and needs. One of the volunteers is Michael. He is 45 years old and was a drug abuser for 12 years. He now coordinates the football activities.

"We are about 30 guys who meet once in a while in a sports centre. Most of us used to be heavy drug users and now you see us running around playing football. It's amazing. The support I received by participating in these activities when I stopped my treatment has been invaluable. Most of all, I've learned to be with other people. As an addict, you're very focused on providing for yourself, but through these activities I've learned that doing something for other people makes me feel capable and valued. But that's not all. I've

now got new friends and a sense of strength and control over my body that I haven't felt for a very long time."

Well-being through physical activity

Different types of sport and physical activities are popular all over the world and can be a powerful tool for social inclusion, creating a strong sense of community and togetherness. This is particularly important in times of hardship, whether due to economic crisis, health crisis, poverty, natural disaster or conflict.

In such circumstances, sport has become increasingly popular as an instrument for supporting psychosocial rehabilitation. Specifically, well-designed sport activities offer a safe and friendly space for expressing and addressing problems and fears in the course of which those affected can gain confidence, resilience, coping skills, hope, and a sense of cohesion within the community. Furthermore, sports and games can be easily adapted for use in different cultural contexts. The definition of sport used in this context goes far beyond competi-

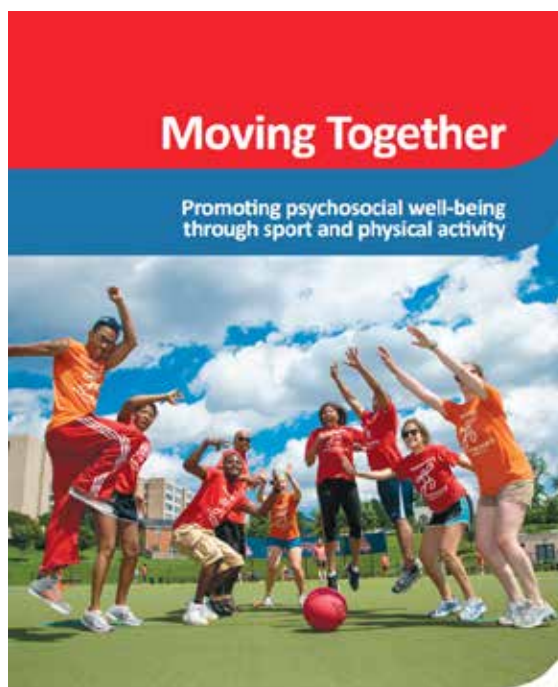
tive sports, and includes notions of play and non-competitive physical activities. The spirit of sport, in this context, is primarily one of play.

Research on non-traumatized populations has revealed a wide range of positive outcomes from participation in sport, including improved physical and psychological health, cognitive functioning and social integration.

New handbook

The PS Centre has worked in collaboration with the International Council of Sport Science and Physical Education, the Swiss Academy for Development and the Technical University of Munich to develop a handbook for experts and practitioners in sociology, psychology, social work, sport and physical education to enable them to deliver psychosocial support programmes in crisis situations around the world.

The book has been evaluated and tested in order to extend the



knowledge and skills for conducting successful sport and physical activity programmes for psychosocial support.

Moving Together: Promoting psychosocial well-being through sport and physical activity has three parts:

The first part of the handbook explains the theoretical framework for sport and physical activities in psychosocial support interventions

The second part presents 28 activity cards that can be used directly or adapted in psychosocial support interventions. The activity cards explain how to facilitate the activities, how they can be adapted to suit different circumstances and how they can be used as a basis for discussion and reflection.

The third part explains how to facilitate psychosocial interventions with sport and physical activities and how to set up interventions and programmes from the initial assessment to the exit strategy.

Different. Just like you:

A psychosocial approach promoting the inclusion of persons with disabilities

Over one billion people in the world live with disability. Despite international conventions, persons with disabilities face considerable challenges. The greatest barriers

to inclusion are caused by society: inaccessible buildings mean that children with disabilities may not be able to go to school, and negative attitudes towards differences can take the form of discrimination and stigma.

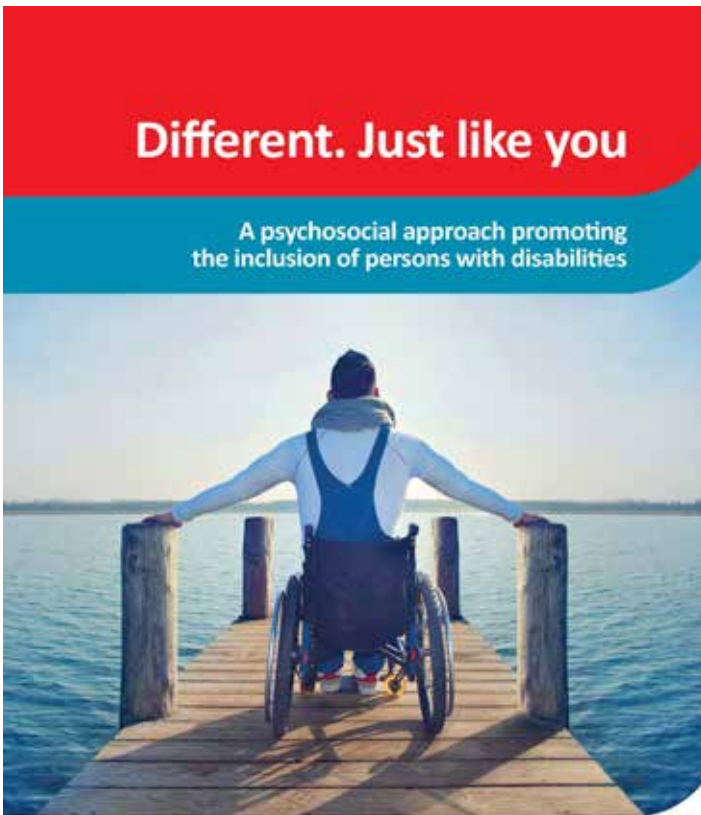
The PS Centre together with its partners, ight for the world, International Council of Sport Science and Physical Education and Juul Kommunikation, has just released a new publication, Different. Just like you: A psychosocial approach promoting the inclusion of persons with disabilities, which is aimed at professionals and volunteers who work with persons with disabilities. The concept of empowerment is central to the approach presented in this handbook which is designed to create awareness of the importance of psychosocial support and inclusion in promoting the well-being of persons with disabilities, and to provide guidance about psychosocial support and inclusion, along with practical resources for inclusive psychosocial activities in all kinds of settings.

The handbook offers best practice in psychosocial support and inclusion, and features a wide range of activities that give persons with disabilities the opportunity to reach their full potential and engage actively in society.

Available from the PS Centre or download from the PS Centre website: www.pscentre.org.



The European Commission Lifelong Learning Programme has financially supported both "Moving Together: Promoting psychosocial well-being through sport and physical activity" and "Different. Just Like you: A psychosocial approach promoting the inclusion of persons with disabilities".



“It’s easier to
build strong children
than to repair broken adults”



Photo: Armenian Red Cross Society

By Ani Mirakyan, Armenian Red Cross Society

I jotted the title quote by Frederick Douglass in my notebook a long time ago, but it’s only now that I’ve realized the essence of its meaning.

Everything began seven months ago.

Summer of 2014, Red Cross tent camp for refugee children; breath-taking nature, mild weather, numerous camping tents in the wild, excited Red Cross volunteers full of energy and motivation and lots of cheerful children from both Syria and Armenia.

We had planned our routine ahead of time and imagined everything would be wonderful and adventurous. Everything was going smoothly and everyone seemed to be enjoying their time in the camp, when suddenly there was a change in the children’s behaviour. They had difficulties in communicating and building friendships.

Problems running deep

By the end of the camp, though, everything was sorted out. We talked to the children, helping them to understand one another and to work out conflicts and reach

compromise together. Seeing many of the children hugging each other, we believed we had succeeded. But the problem ran deeper than expected.

Three weeks after the camp, there was an offer to start a new programme with a psychosocial component for Syrian Armenian refugee children. It was suggested that I be the leader of the programme, and I agreed, knowing that it would give me new skills and much more experience in the area. I could never have imagined it could be as wonderful and challenging an experience as it was.

Armenian Red Cross Society's (ARCS) psychologist and facilitators led a three-day training, which aimed to provide the volunteers and school teachers involved in the project with the knowledge and skills that would be needed for the implementation of the programme. Here I met the teacher I was going to work with and very soon I found myself to be a part of a wonderful team.

Working in schools

After the training we received the handbooks and materials to be used during the classes as the main educational tool-kits. We met the parents and got their approval to work with their children. The workshops got off to a great start. Every week Armenian Red Cross Youth volunteers visited schools and held child resilience workshops with the school children. After each workshop there was an evaluation where participants expressed their opinions and emotions by indicating "happy" or "unhappy" smiley faces. Day by day we noticed positive behavioural changes in the children as they started to communicate with each other, become more actively involved in society and trust their environment. They found it a safe space for sharing thoughts and feelings.

Apart from the school workshops we held meetings with the volunteers where they could exchange opinions and share their own stories.

Children's Resilience Programme is the brightest point in my life; when every single child feels they are being understood and listened to, as well as feeling they are in a safe environment, they feel valued and ready to cope when challenges arise.

Creating this sense of security and making the children's days more colourful is one important way of promoting the bright future they have ahead of them.

The Children's Resilience Programme



How to help children in crisis - psychosocial support in and out of schools

The Children's Resilience Programme is a resource kit that guides the planning and implementation of a children's resilience programme. The activities described in the material aim to help children build strength and resilience so they can cope positively with difficult life situations. The material has special focus on the impact of armed conflicts, disasters, abuse and exploitation and living in a community with a high rate of HIV.

The full kit comprises a booklet on understanding children's wellbeing, a handbook for programme managers, two handbooks with structured workshop activities for children in and out of school and a guide for holding meetings with parents and caregivers.

Besides the books, supporting material in the form of PowerPoint presentations, brochures and more is available from the PS Centre website.

You do not necessarily need all four books to organise great activities for children. Most of the materials can be used as stand-alone resources but, as a full set, they enable a good understanding of how to implement the Children's Resilience Programme.

All the workshop tracks are available in English and French online at <http://activitybank.net>

The material is available in English and French and all four books and additional material and activities are available online here. Hard copies can be ordered through psychosocial.centre@ifrc.org.



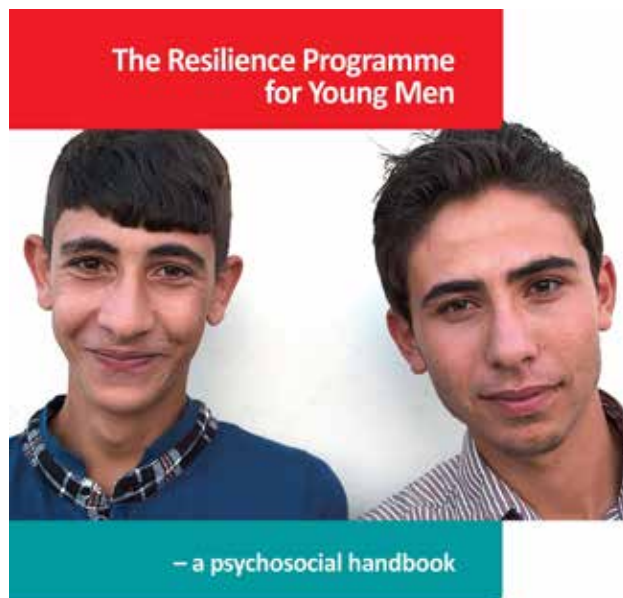
New tool: The Resilience Programme for young men

The Resilience Programme for Young Men – A psychosocial handbook is a new handbook designed specifically to help young men in unstable situations following conflict or crisis. The handbook, which is accompanied by an activity catalogue, provides resources for designing and implementing programmes that promote positive coping mechanisms and resilience in young men aged 15 to 30.


The first part deals with managing psychosocial support programmes for young men and guidance on how to arrange and conduct a training workshop. Part two covers the two-day training workshop. The handbook includes an annex with icebreakers and energizers and an evaluation questionnaire which is also available in Arabic. It is available here:

<http://www.rodekors.dk/resilience>

The handbook was created by the PS Centre and Danish Red Cross in collaboration with Palestine Red Crescent Society and the Roskilde Festival Charity Foundation.



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