

Coping with Crisis

Federation Reference Centre for Psychosocial Support

Support to Earthquake Survivors

By Vibeke Thamdrup and Virginie Roiron, Danish Red Cross

On 8 October 2005 a powerful earthquake shook northern Pakistan and northern India, with tremors felt across the region from Kabul to Delhi. In less than a minute, whole towns were reduced to rubble and land slides took away roads and villages on the mountains.

More than 79,000 people died, 73,000 were injured, 2.6 million are homeless and 145,000 are displaced in official and ad hoc created camps. Both the North West Frontier Province and Kashmir are still in urgent need of support to rebuild the future of its affected people. The initial assessment, which was carried out immediately after the earthquake struck found that the disaster had caused enormous psychological distress. The assessment showed that it was difficult for the affected population to cope with the traumatic experience, the death of relatives and the loss of shelter and livelihood.

The government of Pakistan and all stakeholders involved in the relief operation recognizes the urgency of addressing the psychosocial needs of the affected population. The Danish Red Cross (DRC) and the Pakistan Red Crescent Society (PRCS) supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) initiated a psychosocial programme in four camps in the North West Frontier Province and in Islamabad on 15 November 2005. The programme receives

financial support from the European Commission Humanitarian Office (ECHO). The first phase of the programme will end on 15 May 2006. It is planned to extend the programme with a second phase of 11 months.

Focus on Immediate Concerns

The first month after the earthquake was a chaotic period. In a short moment life had changed dramatically for a large number of people living in the North West of Pakistan. The majority of the people in this area live in very remote and scattered villages. They are used to a simple and self-contained livelihood. The small communities often have their own way of understanding and interpreting legal and social networks. Few of the peasants have proper title deeds to their land. They maintain the right to the land by living and working on it. The literacy rate in most of the affected areas is very low and women tend to lead very secluded lives, rarely



It is important that people are involved in the decisions regarding the psychosocial initiatives and are able to express what they regard as helpful in the healing process and how these initiatives should be organised.

Photo: Courtesy of Virginie Roiron and Vibeke Thamdrup

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interacting with the world outside the extended family. Additionally some of the affected areas have been isolated due to the long lasting conflict in Kashmir.

The initial reaction to the disaster by most people was one of chaos. Many people felt paralysed and the whole situation seemed unreal. Some people did not really believe what had happened. They found it difficult to take in the situation and assess what consequences the damages would have for themselves and their families. Initially most people concentrated on practical issues. This meant recovering the remains of loved

cured and there was some kind of overview of the damages, the reality of the situation and the efforts required to get back to normal life seemed overwhelming for many people.

The harsh winter is hampering immediate actions for reconstructions, regaining livelihood and other day-to-day activities. A large part of the affected population will have to spend the winter months in tented camps far away from their place of origin. As a consequence, they have a lot of spare time with very few practical things to do.



*The earthquake occurred in an area, which is characterized by remote mountains, scattered villages and homesteads and a very harsh climate. The relief operation was made more difficult by the fact that many roads had been destroyed, leaving large parts of the mountains accessible only by foot, donkey or helicopter. The onset of winter with low temperatures and heavy snowfalls has forced many survivors out of the mountains to spend the winter in tented camps in the low lands.
Photo: Anders Ladekarl, Danish Red Cross*

Different Ways of Coping

We see the different ways in which the population copes with the situation. Some people are aware of their reactions and emotions and realise that the way they manage their daily lives has changed. Others are not aware of their reactions. They may start having different complaints. They might think they are going crazy or have lost the capability to manage things they could easily manage before the disaster. Often they consult a clinic with all sorts of diffuse complaints that cannot be con-

tributed to any physical cause. ones, arranging burial ceremonies, getting shelter and other necessary commodities for the survival of the family, organizing their livelihood and securing the right to keep their land. During this period people were able to act and participate in the organisation of their immediate life situation. They might have felt a difference in their pattern of reactions such as increased aggressiveness, confusion, lack of concentration, apathy or similar feelings, but they rarely related these feelings to the event.

After a few months when the survival of the remaining family members had been se-

tributed to any physical cause.

In these remote areas of Pakistan religion plays an important role and people tend to have very traditional lifestyles. It has been a challenge for the psychosocial programme to find activities to support coping mechanisms, which are culturally appropriate. For example, women are not used to going outside the compound and will therefore find it very difficult to participate in activities organised some distance from the family ground. Some women also find it hard to relax and open up to people which they regard as strangers, even if they come from

the same valley. On the other hand, most people find relief in religion, and in that sense Koran reading and prayers for all age groups both men and women are seen as a useful supplement to most activities.

For people who are used to the harsh living conditions in the remote mountains, life in a camp far away can seem very different and threatening. It is therefore of great importance that people are involved in the decisions regarding the psychosocial initiatives and are able to express what they regard as helpful in the healing process and how these initiatives should be organised.

Psychosocial Programme

The programme started on 15 November and is being implemented in Battagram/Besham, Gari Habibula, Balakot/Abbotabat and Islamabad. 16 PRCS field workers, a programme manager and a field team coordinator have been recruited and trained. Context specific psychosocial modules and training sessions have been developed in collaboration with a local NGO, Rozan, and a Turkish consultant. PRCS has agreed to a partnership with Rozan who will provide training and professional supervision to the fieldworkers during the project period.

At the time of writing this article – two and a half months after the start of the programme – the four teams have generated awareness about psychological reactions to trauma, established social activities and organised volunteers in four big tented camps. When the volunteers feel capable and comfortable to run the activities on their own, the PRCS field workers will start



*The programme started on 15 November and is being implemented in camps in Battagram/Besham, Gari Habibula, Balakot/Abbotabat and Islamabad.
Photo: Courtesy Virginie Roiron and Vibeke Thamdrup*

similar activities in the surrounding villages and communities. The volunteers will be supervised, trained and guided by the PRCS staff. The activities are all based on participatory assessments with knowledge gained through focus group interviews and multiple meetings with the target communities. One of the activities is psycho-education sessions for different groups – children of different ages, women and men. Social activities aim at creating a safe environment where different groups can meet, share problems and concerns and at the same time be actively involved in self selected activities.

Psychosocial Support is New to the PRCS

The PRCS has not previously been involved in psychosocial activities and therefore they did not have any staff on board who could be transferred to the programme. Thus, all fieldworkers are new employees and have been introduced to the PRCS and the Movement and have received intensive training in the required skills.

As some of the target areas are very remote and difficult to reach – both in a practical sense and culturally – it has been hard for the staff and volunteers to gain confidence and to create a positive working environment to be able to implement the activities in the right spirit. The nature of the work requires the staff and volunteers to go to remote places and work very independently to find solutions to problems and make decisions themselves. This is for many a different way of working than they are used to, and thus adapting to this can be a challenge. It has been particularly difficult to get female staff to go to the remote areas, as there is little tradition for Pakistani women working outside their homes.

Learning from New and Past Experiences

Based on experiences and lessons learned from other psychosocial programmes we have found that it is important to create modules specifically designed for each project area. For example, women in the affected areas are not used to attending groups where they share feelings and receive strength. Groups of women must be guided by women, but arranged through men. Women and children do not go to the distribution points – this task is undertaken

by the men. This means that it is not possible to use distribution points to reach a large number of people by organizing simple activities there. Widows and orphans are absorbed in the extended families and are not seen as specifically vulnerable groups. The social, emotional and economic situation in the new family setting can be extremely problematic and often result in abuse and violence.

The project is very well received among the beneficiaries and all partners involved. The

PRCS field workers have now been trained and have started to gain some experience in working with the communities. In this context where the beneficiaries have been difficult to reach both culturally and practically, it is important to continue the project for some time and to further develop the expertise of the staff, to strengthen PRCS at management level and to link the psychosocial activities to the PRCS Health Department. ■

Visitor

By Kathinka Steenstrup, criminologist and advisor, Norwegian Red Cross

Every week volunteers from the Norwegian Red Cross gladly go to the prison. Not because they have committed any crimes, but because they are part of the Norwegian Red Cross Visitors Service Programme. They visit prisoners in Norwegian prisons to offer a listening ear and to be a contact from outside the corrective system.

Whether the prison has any rehabilitative potential is an issue of controversy. The current prison philosophy is based on a punitive perspective. However, there is to a large extent political consensus about the Scandinavian model of imprisonment as a concept where humanitarian ethics are fundamental. Holding prisoners securely, reducing the risk of prisoners re-offending, but also providing safe and well-ordered establishments in which they treat prisoners humanely, decently and lawfully are the main objectives. The penitentiary system must also fulfil the task of re-socialization, and must work towards a general and individual re-offending deterrence. Retribution is an implicit consequence and one of the arguments for incarceration is to protect law abiding citizens. It serves functions of both a moral, political and an ideological character.

The humanitarian concept of the Red Cross is a parallel world. Because of the Red Cross' privileged position it is possible to make a difference in the lives of individual prisoners. It has a very positive effect on prisoners to be visited by someone who does not represent the penitentiary system. It is vital for them to have someone from

the outside world willing to listen; someone who shows an interest in the prisoner's plight and offers an "outside ear".

Working in a Controlled Environment

The visitors from the Norwegian Red Cross have broad access to the prison institutions. We offer this service primarily to prisoners who are serving sentences in closed or high security prisons. To a limited extent we also visit prisoners in semi-open prisons, but our main priority is to visit those prisoners who serve their sentence under the most difficult circumstances.

There are strict rules imposed by the ministry of justice and the penal authorities when entering the penitentiary system from outside. Prisons are closed institutions and staff members have a legal right and duty to control the offenders' behaviour. The Norwegian Red Cross has a tremendous privilege of being accepted by the authorities to play an important role in the reduction of loneliness of prisoners and to contribute to rebuilding their social skills. We therefore require that the volunteers attend thorough training provided by the Red Cross.

Who is the Visitor?

The potential visitor is interviewed and the motivation for being a Red Cross volunteer is scrutinized. The Norwegian Red Cross has strict selection criteria. The minimum age is 25 and a 12 hour visitor course is compulsory, as well as frequent meetings and guidance from professionals. Securing the quality of the volunteers is of the up most importance. One can never underestimate

the intrinsic sensitivity within this area. We have established a very strong link to the criminal justice authorities in order to create a climate of mutual responsibility for the well-being of the prisoner. The volunteers are to a large extent involved in the organisation of activities. They contribute at all levels and in all ongoing decision-making processes. In our experience, the volunteers who choose this activity become very interested in the whole area of crime and attempts to prevent crime.

Two Different Approaches - the visitor versus the therapist

The role of the visitor has to be very clear. We emphasize the difference between professionally trained therapists and social workers on one hand and the role of the volunteers on the other. The essence of the prison visit by a volunteer is a friendly meeting; a change from the monotonous

routines. The aim is to reduce loneliness and to offer a break in the prison life routines. The relationship is based on mutual respect and a confidential dialogue – in contrast to the unequal relationship existing between guards and prisoners. The agenda for a visitor is different to the one those in uniform are obliged to follow. The volunteers visit the prisoners once a week or every fortnight and sometimes arrange social events. However, the main task for the volunteer is to provide regular visits, and to create an atmosphere where they can talk about things that the prisoner introduces. The volunteers are trained in how to listen and how to contribute in a positive and neutral way. This interaction between the closed society and representatives from the world outside seems to be a concept that the prisoners embrace. One of the absolute rules is that the relationship between the prisoner and the volunteer ceases to exist



In high security prisons the prisoner will usually live in a ward with a number of individual cells, a kitchen, where they can make tea and coffee and a common area. During the day the prisoners will be occupied by working in prison workshops, kitchens or with maintenance of the buildings. Evenings are spent in the ward and during the night the prisoners will be locked in their cells. The prisoners are given a minor amount of money to buy hygiene items, cigarettes, snacks etc.

As imprisonment has a clear purpose of re-socialization, prisoners with substance abuse problems will be offered treatment for their addiction. Often it is also possible for the prisoners to improve their education on primary and secondary level. Foreign prisoners can also participate in Norwegian language classes.

after the prisoner has been released. This rule is strictly followed.

Major Challenges

The volunteers find that this work is quite demanding because we tend to offer visits to the prisoners who are the most vulnerable. These may be:

- foreign prisoners
- prisoners who are having mental health problems
- young offenders
- prisoners in custody who have not yet received their sentence
- prisoners placed in maximum security units, where they experience long periods of isolation
- prisoners with children

Prisoners with extra needs and prisoners who are never visited by friends or relatives will also be on the priority list. Each volunteer visits one prisoner. The need for a non-judgemental person to confide in is articulated as a very strong need from the prison population. One of our tasks is to recruit bilingual visitors who are familiar with the languages spoken among the prisoners, as the prison is indeed a cultural melting pot.

Social Training and the Essential Role of Outside Contacts

One of the great effects of the visitor meeting is the social training aspect. Norwegian Red Cross has a unique mandate to visit the imprisoned in their cells. Any other visitors (lawyers, family etc.) can only see the prisoner in a special visiting room. It is a great advantage to have access to meeting

the prisoners in their individual cells. The atmosphere is quite private and less controlled. The prisoner will serve a cup of coffee and perhaps clean the cell before the visit. He may show drawings and photos of his children and the conversation will be more relaxed – as opposed to the meetings that will take place in a visiting room with other people. The visits may have psychological benefits for the prisoner and approaching a “normal human being”, is often less scary than confiding in a professional who is inevitably part of the correctional system. What is remarkable about the relationship is the fact that the prisoners will receive unbiased support, and the relationship may be helpful in the process of coping with long-term detention. The visitor will often be a helping hand – in the efforts of regaining self-respect and dignity. The Prison Visitors Service of the Norwegian Red Cross is very much appreciated by the prisoners, the volunteers and the prison institutions.

The prison visitors service is based on the strong belief that human beings can make a difference – even in a difficult climate and in an environment full of obstacles. A moral stigma may hurt as much as the physical detachment from the free world. A moral rejection from society, family and friends, has a strong emotional effect on most prisoners. The visitors from the Red Cross are neutral and don't judge. The idea is rather to understand and accept the complexity of the human psyche, and to help release other aspects and features than the criminal behaviour. ■

All photos in this article were taken by prisoners in Bergen, Ålesund, Vik and Trondheim prisons.

The Norwegian Red Cross Visitors programme was launched in 1952. Today 500 visitors pay regular visits to prisoners in 33 prisons.

The minimum age for a volunteer is 25 years, and each visitor must go through a thorough screening process and undergo 12 hours of training with the Norwegian Red Cross.

All meetings between the volunteers and the inmates are confidential and all contact between the two must cease when the inmate is released from prison.

For more information, please contact Kathinka Steenstrup: kathinka.steenstrup@redcross.no

A Common Approach to Psychosocial Support

By Margriet Blaauw and Louise Juul Hansen

24 experts working with psychosocial support programmes attended the IFRC Psychosocial Support Centre's Annual Roster Meeting at the premises of the Canadian Red Cross in Victoria. Participants had flown in from all corners of the world to meet colleagues, share experiences from the field, and develop a plan of action for the coming years.

In the past years many national and international organisations worldwide have undertaken psychosocial support programmes. Many of these organisations have different approaches to the work. One of the objec-



Photo: Louise Juul Hansen

tives of the Roster meeting was to ensure a common approach for psychosocial work within the different Red Cross/Red Crescent National Societies.

With the IFRC Mission "To improve the lives of vulnerable people by mobilizing the power of humanity" and the four core areas of the work of the Red Cross and Red Crescent defined in Strategy 2010 (Promotion of humanitarian values and principles; Disaster Response; Disaster Preparedness and Health and Care in the Community) as point of departure, the group agreed on the following four guiding principles for their psychosocial support work:

Active partners, active participation of affected populations – Psychosocial support should involve affected people at all stages, from assessment to evaluation, of a programme. The beneficiaries should not be seen or become passive recipients of help,

but be actively involved in their own process of recovery.

Inclusivity – all groups in the population. Great care should be taken to include all groups of the affected population – not only in terms of age and gender, but also religion, ethnicity and social standing.

Sustainability and capacity building – The programme should build on existing social infrastructure and strengths within the community. It should be possible to sustain the changes produced by the programme – in the branches and headquarters of the National Societies and in the local communities after external and financial support has come to an end.

Shared community ownership – Community ownership is pre-requisite for the above principles.

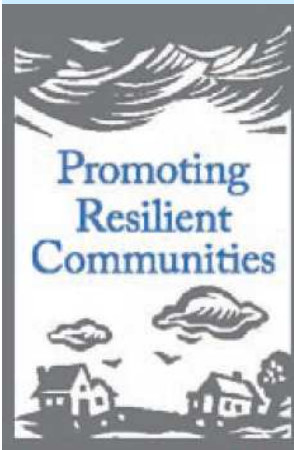
Working groups were established to prepare guidelines and tools for the four key activities: Worker care, Assessment, Monitoring and evaluation tools, Psychological First Aid and Programme development for psychosocial delegates.

Sharing Experiences

The annual roster meeting is an important forum to share experiences and lessons learned with colleagues from all over the world. This forum is a valuable source of knowledge and inspiration. Many of the participants had been involved in the South-east Asia tsunami operation, and there were interesting presentations about the work with developing psychosocial support in Costa Rica, Japan, the Caribbean, the Middle East and North Africa. Other subjects were the Federation work on the prevention of Sexual Exploitation and Abuse, worker care and psychosocial assessment in Beslan.

The meeting was generously hosted by The Canadian Red Cross, BC Coastal Region Branch. The director of the branch, Kimberly Nemrava, facilitated the meeting. ■

The minutes of the meeting are available upon request to psp-referencecentre@drk.dk



On 31 October all the participants were invited and attended a conference on resiliency, *Promoting Resilient Communities Locally and Globally* at the Royal Roads University in Victoria organized by the British Columbia branch of the Canadian Red Cross and the Royal Roads University. The conference was attended by local Red Cross staff and volunteers, academics, representatives from First Nation* communities, disaster relief workers and the Roster Group. The recurring themes throughout the speeches and the workshops during the day were the importance of active involvement of affected communities, community ownership and taking point of departure in the strengths rather than the weaknesses of the community. Without active community involvement, promoting resilience is very difficult. The conference with its inspirational speakers and the dynamic group work proved to be a great back drop for the following days' intense Roster meeting.

* First Nation is the Canadian term for indigenous people

Continental Plan on Psychosocial Support for Latin America and the Caribbean

By Margriet Blaauw, IFRC Reference Centre for Psychosocial Support

Latin America and the Caribbean have suffered many natural disasters and armed conflicts. These events occur in a context of poverty, inequality and an increasing number of people affected by HIV/AIDS.

In the region several National Societies have developed experience in psychosocial support programmes. There are many lessons learned. IFRC delegations in Lima and Panama are in the process of collecting these experiences, systemising them and integrating them in a Strategic Continental Plan for Psychosocial Support.

The aim of the Continental Plan is to make the existing IFRC Policy operational, to ensure that the Red Cross Societies are well prepared to promote resilience within communities and to contribute to the psychosocial well-being of vulnerable populations, while at the same time maintain the well-being and efficiency of staff and volunteers. The regional delegations

aim at facilitating the development of psychosocial programmes and the process of capacity building, and to ensure that psychosocial support is integrated in the different aspects of the work of National Societies.

National Societies in the region have been consulted and have provided input to the plan. Two workshops with representatives from National Societies have taken place in the preparation for this plan: one hosted by the Colombian Red Cross and one hosted by the Costa Rican Red Cross. A third workshop in the Caribbean was postponed to March 2006 due to the severe hurricane season last year.

A first draft of the Continental Plan is being finalised. All stakeholders will be consulted and asked to provide input before approval of the plan will be sought from the relevant authorities. All National Societies in the region will be key actors in the implementation, monitoring and evaluation process. ■

Building Resilience: Improving Care through Psychosocial Support

European National Red Cross/Red Crescent Societies / European National Psychological Support Forum

By: Moya Wood-Heath, Civil Protection Advisor, British Red Cross and Red Cross/European Union Office, Member of ENPS Steering Group

The European Network for Psychological Support (ENPS) held its Annual Forum at Gerbeaud's in the centre of Budapest, Hungary from Friday 23 to Sunday 25 September 2005. The Forum was organised by the ENPS Steering Group (SG) with substantial support from the Hungarian Red Cross (RC) and the International Federation of the Red Cross and Red Crescent (IFRC) Regional Delegation in Budapest. The language of the Forum was English.

Who was there?

The ENPS was delighted that forty-nine participants attended the Forum, as many people as could be accommodated comfortably at the prestigious venue. The participants included representatives from: twenty five European National Societies; seven different areas of the IFRC structure, including the Reference Centre for Psychosocial Support; there was a consultant from Switzerland and a member of ERNA. Some participants had been part of the first ENPS Forum which took place in Innsbruck, Austria in September 2004 and looked forward to building on their knowledge and renewing friendships; for others, participating in an ENPS forum was a new experience.

What was the Forum about?

The principle of the ENPS can be described as 'Towards an integrated humanitarian approach'. The ENPS hopes to achieve this by:

- facilitating the exchange of experience
- co-ordinating resources, and
- helping the exchange of best practice.

The overall theme of the Forum in 2005 was "Building resilience: improving care through psychosocial support."

What was included in the Forum Programme?

The programme included presentations, practical workshops and discussions on the following subjects which are of relevance to individuals interested in psychological support in the RC/RC Movement:

- building resilience through PSP community-based models for the field
- training
- support for the helpers
- the meaning of resilience.

A General Assembly of the ENPS was integrated into the Forum programme on Sunday morning.

The Forum began on Friday afternoon with a session titled 'Building resilience: psychosocial support within the European RC/RC National Societies' chaired by Maureen Mooney of the French Red RC. Maureen is the Secretariat of the ENPS.

There were welcome addresses from: Mr Georg Habsburg, President of the Hungarian RC; Ms Anja Toivola, Head of the Regional IFRC Delegation; and Maureen Mooney, Secretariat of the ENPS. To complete the welcoming activity, each participant was then invited to introduce himself or herself briefly to the Forum.

Six National Societies (NS) offered fascinating and very varied examples of Psychosocial Support (PS) in their NS activities and these could be summarised as:

- Belgian RC (French section) - European Union/RC project in PS: promoting resources for victims of terrorism
- Bulgarian RC - PS training for youth
- Hellenic RC - training and deployment of volunteers in PS programmes
- Hungarian RC - Budapest branch: psychosocial training activities
- Norwegian RC - networking programme: PS to vulnerable groups (former drug addicts, former prisoners and people dealing with mental health issues)
- Spanish RC - "one year on": psychosocial intervention in an emergency situation, one year after the Madrid bombings.

Participants were then invited to select one of five workshops, each workshop dealing with a situation needing a psychosocial response or a programme and facilitated by members of the ENPS SG. The task for each workshop was to work out the most appropriate psychosocial response for their given situation, identifying such aspects as: what are the needs; what should be the response; the RC/RC contribution; recruitment; co-ordination/organisation of activities; capacity building; information; and media organisation. The five workshops were:

- building a psychosocial programme for families dealing with the vulnerable, including people with disabilities and

chronic illnesses

- a fire in a hotel having illegal immigrants as guests -14 people died, including several children. Your NS is called to provide PS
- you need to set-up a psychosocial programme for a population in difficulty, specifically directed at people suffering from HIV/AIDS and tuberculosis
- you are working to put together a psychosocial programme in a situation where flooding has occurred in 2 neighbouring countries. This could be either in your country and a neighbouring country, or in an international setting where you are sent out to set-up the PS programme
- you are called to set-up PS following a terrorist attack.

The Forum then came together to share the main points and recommendations from the five workshops in a plenary session.

Saturday morning began with a session titled 'Community-based psychosocial support: a working model for operations in the field (both National and international)' chaired by Conrad Frey of the Swiss RC and a member of the ENPS SG.

The session focussed on two incidents, the terrorist hostage incident in the school in Beslan and the Tsunami in South Asia on 26 December 2004, highlighting examples of RC/RC PS programmes established in response to those incidents.

The presentation about the Beslan PS programme was very powerful and delivered by the IFRC Russian delegation and the Russian RC.

The NS responses and PS programmes following the Tsunami were dealt with in a Round Table discussion facilitated by Nana Weidemann of the Danish RC, and a member of the ENPS SG. Part one included Austrian, British and Swedish RC Societies focusing on the following:

bullet begin

repatriation of European citizens present in the disaster situation

support of nationals of affected countries and of nationals from European countries having lost family members in the Tsunami affected countries.

bullet end

Part two included presentations from, and discussion with, the Icelandic, Italian and Turkish RC/RC Societies and the IFRC PS co-coordinator from Sri Lanka, focusing on the lessons learnt, and the positive and negative aspects of the PS programmes in the affected countries.



All participants then joined Workshops to discuss the Co-ordination of community-based PS programmes in disaster response and in long-term PS with vulnerable groups, and shared their main points and recommendations in a plenary session.

In the afternoon, Barbara Juen of the Austrian RC, and a member of the ENPS SG chaired the session titled 'Training volunteers and supporting the helpers'. In part one on training, the IFRC Reference Centre for Psychosocial Support described how the Reference Centre functions, especially in evaluating and organising training; the Icelandic RC focussed on 'Training: challenges and requirements', and the Hungarian RC Szabolcs-Szatmar branch on 'Training and preparing helpers.

In part two on helping the helpers, there were three perspectives and programmes presented by a freelance consultant, the British and the Finnish RC.

In Workshops, participants then had the opportunity to explore training needs, follow-up for trainers, cultural differences and the care of care givers (volunteers and staff). They then shared their key findings in the Plenary Session.

The chair on Sunday was Moya Wood-Heath of the British RC and the RC/EU Office and a

member of the ENPS SG. The day began with the ENPS General Assembly in which everyone was invited to contribute to discussions on:

- rules for electing a new secretariat
- creation of special interest groups
- possible financial adhesion to the ENPS, to set up a fund for NS needing assistance to attend the annual meetings, cover organisational costs, etc
- how to support geographical balance in the ENPS
- upcoming events: RC/RC European Networks and Regional Conference (Brussels September 2005 and Moscow 2006).

There then followed a short and useful presentation from the ERNA representative.

The final session was on 'Resilience'. The first presentation was from the Austrian RC on "What is resilience and how can we promote it" followed by a presentation from the Swiss RC focussing on "Resilience and children".

Participants then broke into final Workshops on two subjects that had been identified of particular interest during the Forum:

bullet begin

Psychological support in national and international situations - are we working with

the community or with individuals?

The Tsunami – the variations in the responses and the implications for NS from the short, medium to long term.

bullet end

What was the outcome of the Forum?

A rich, extensive range of detailed comment was recorded on the following points:

- a working model of PS for the field to include three themes: structure, documents, planning
- training, with the points focussing around two axes: planning of training structures and actual training
- helping the helpers/caring for the carers
- promoting resilience.

A full report on the Budapest Forum is available on the ENPS website:

<http://www.redcross-eu.net/internet/en/detail.asp?doss=B&SM=409&AI=181>

and on disc. For further information contact Maureen Mooney email Maureen.mooney@croix-rouge.fr or Moya Wood-Heath email Mwoodhea@redcross.org.uk.

Meantime the next Forum is planned for October 2006 and ideas for subjects to be discussed will be drawn from the evaluation forms and developments during 2006. ■

New head of the IFRC Psychosocial Support Centre

Nana Wiedemann has now been appointed as the new head of the IFRC Reference Centre for Psychosocial Support. Nana started in her new position at the PS Centre on 15 February 2006. She is a licensed psychologist with a speciality in the field of psychotraumatology. She has worked in the National department of the Danish Red Cross since 1999 with psychological support and disaster mental health. She has also worked as manager of a na-

tionwide psychological network and she is a member of several working groups on disaster mental health. Nana was responsible for the development of innovative psychological programmes such as Victim Support Service for victims of criminal acts and a new Psychological Support Programme.

We would like to welcome Nana and we are looking forward to working with her. ■

Goodbye and Thank You

By Janet Rodenburg

As of 1 December 2005 I resigned from my position as Head of the IFRC Reference Centre for Psychosocial Support. After having lived in Denmark

for ten years, I decided to return with my family to my home country, the Netherlands.

During a period of three and a half years I had the privilege of contributing to the further development of the psychosocial programme of the IFRC. While not always easy, I have greatly enjoyed the day-to-day running of the Centre. I had the opportunity of collaborating with a large number of internal and external actors, which I found professionally very rewarding.

My sincere thanks go to the Danish Red Cross for its continuing support under sometimes adverse circumstances. I am also grateful for the confidence of the donor national societies, which over the years increased their funding to the Centre. Other, less affluent societies equally expressed their moral support to the activities undertaken by the Centre. I will miss my colleagues in the Health & Care Department and the dynamic environment of the IFRC Secretariat in general. And finally, I will miss the company and the enthusiasm of the team in Copenhagen. Through this work

I have come to know some remarkable people whom I will not easily forget.

The psychosocial programme is in a continuing state of flux. A newly developed Framework, which was adopted during the last Steering Committee meeting, gives concrete guidance on how to integrate psychosocial care in IFRC's core activities. This initiative is related to the development of interagency guidelines on mental health and psychosocial support in emergency settings, in which IFRC is an active partner. During the last roster meeting in November the consultants committed themselves to contribute to the further refinement of needs assessments and training programmes. What is now needed is consistent and sound implementation in the field!

I wish the team in Copenhagen and Geneva, and my successor in particular, good luck with all the challenges ahead.

The Humanitarian Companion

A guide for International Aid, Development and Human Rights Workers

John H. Ehrenreich

Review written by Janet Rodenburg

Humanitarian workers – working in their own country or overseas – face many common challenges. *The Humanitarian Companion* deals with the many stages of a humanitarian assignment.

Many of the topics in this book are addressed especially to those facing their first assignment, but even experienced workers may find it a useful exercise to review these topics once more. The book starts with issues to consider before you set out, then deals with safety and security in the field, staying healthy, and finally discusses returning home at the end of an assignment. In between, the chapters on stress management and coping with the trauma of others, warrant special attention.

While stress is inevitable for those doing humanitarian work, Chapter 4 provides some tools to help *manage* stress, so that workers can continue to do their job well. It addresses, firstly, the need to anticipate possible sources of stress, secondly, ap-

proaches to reducing the expectable stresses of humanitarian work and, finally, methods of dealing with the stresses that cannot be avoided. The conclusion is *"It is impossible to take care of others for more than a short period of time if you do not take care of yourself."*

Humanitarian workers deal with people who have survived terrible experiences – natural disasters, famines, war, ethnic cleansing, political oppression, rape and other individual assaults, etc. Chapter 5, Working with survivors of traumatic experiences, sheds light on the emotional states that people are likely to experience. It discusses the challenges of interviewing or otherwise gathering information from the survivors of a disaster. Finally, it examines how to structure one's day-to-day work with survivors to enhance their ability to heal and, at the same time, enhance one's own effectiveness.

At the end of the book, the Resources provide supplementary materials, including a

checklist of 'what to do and what to take with you' to use as a guide before leaving for your assignment; a brief first aid manual; guidelines for agencies to follow in managing stress in their staff; sample scripts for relaxation exercises; and references and additional resources.

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