

Coping with Crisis

Federation Reference Centre for Psychosocial Support

Learning from Success

By Fayege Hussein, Deputy Director General, Palestine Red Crescent Society

Since the outbreak of the second Intifada five years ago living conditions for children and their families have changed dramatically in the West Bank, Gaza Strip and East Jerusalem. The conflict has become an integral part of daily life for most Palestinian families.

Children continuously witness horrible scenes of the conflict where people are killed, hurt or humiliated – not only on TV but also in the streets in their home towns. Even during their daily lives, some Palestinian children become part of such events.

Fear for the future

Because of the occupation many family breadwinners are jobless which causes a deteriorated economical, social, and psychological situation for the whole family.

These conditions are leaving their mark on the children and their families and in that way change their outlook on life as well as on their ambitions for the future.

However, these families and children are still normal families and children who live under extraordinary circumstances.

Children and their families are to a considerable extent marked psychosocially. Typical reactions to this situation are fear for the future – for the next act of violence – for possible killing of family members – for the economical outcome. Some children are be-

coming introverted, others are reacting more violently. Some adults and even children have serious psychological problems.

The schooling of the children is also marked by the situation. Children often lack concentration in the classroom. This affects the child's learning abilities, thus the future of the child as well.

CABAC

As a humanitarian organisation, The Palestine Red Crescent Society (PRCS) has a long experience in the field of dealing with psychosocial problems. Since January 2003 PRCS in partnership with the Danish Red Cross (DRC) has prepared a School Based Psychosocial Project based on a DRC experience in the Balkans in 1996. The psychosocial experience and CABAC – Children Affected By Armed Conflict – methodology is now transferred to the Palestinian context and adapted to the local culture.

The project started with a pilot phase in two schools in the Tubas district in the north of the West Bank. By 1 August 2003 the project expanded to include eight schools in the area and during the next year to 16 schools in Tubas. In 2004 four schools in Qalqilya were chosen for a pilot phase. Qalqilya is a city which is greatly suffering both socially and economically from the West Bank Barrier, which circles the city cutting it off from the rest of the

No. 3 / October 2005

Contents

Learning from Success
By Fayege Husein

Towards a Regional Psychological support Plan for South America
By the IFRC Regional Delegation for South America

How we Spent the Summer
By Rita Plotnikova

Helping Beslan Overcome
By Slava Otchyk

News from the psychosocial support centre
By Janet Rodenburg

Book announcements:

Children of the Forgotten War

In the aftermath of war and torture – Coping with long-term traumatization, suffering and Loss

Published quarterly by:
Reference Centre for Psychosocial Support

Disclaimer:
The opinions expressed are those of the contributors and not necessarily of the Danish Red Cross and International Federation of Red Cross and Red Crescent Societies.

E-mail:
psp-referencecentre@drk.dk

Internet:
<http://psp.drk.dk>

ISSN: 1603-3027



International Federation
of Red Cross and Red Crescent Societies

Danish Red Cross 

West Bank. The project is now being implemented in 36 schools in Tubas and Qalqilia Districts. Thousands of school children, as well as teachers and parents, have benefited from the psychosocial workshops conducted in the schools by the school teachers during the school year.

Objectives

The specific objective of the School Based Psychosocial Project is to enhance the psychosocial well-being of Palestinian children and their families through psychosocial workshops in the schools.

With the intention of rooting the project methodology in the local community a local Project Committee has been established. The committee members consist of people from Tubas concerned with children's welfare and well-being as well as local authorities and religious leaders.

The School Based Psychosocial Project consists of:

- Psychosocial workshops conducted in schools after school hours. The workshop methodology is based on group dynamic processes performed such as social interactions and various art themes facilitated by teachers for groups of children.
- Training of teachers and social workers from both the Ministry of Education (MoE) and PRCS enable them to facilitate psychosocial workshops. Preliminary 32 hours basic training and monthly three

hour follow-up training is compulsory.

- A Referral System assisted by psychologists or psychiatrists from PRCS and other local stakeholders to which a child in such need for professional treatment can be referred.
- A small food component and juice have been distributed to the children during the workshop sessions.
- Small scale refurbishment in all schools is included in the project.
- Parents meetings. Parents are invited together in the group to ventilate and share experiences from their difficult lives. The parents are invited to try some of the psychosocial workshop themes together with their children.
- Summer activities. During summer holiday's children have been participating in PRCS activities and psychosocial workshops conducted in some of the schools and other public locations such as sport centres and playing fields.

Evaluation of the activities depend on the feed back the project staff bring back from the teachers and parents as well as following up the impact of the workshops on the children. Indicators such as violence, playfulness, self esteem, joyfulness etc have been used as hints for the progress of the project. A baseline study has been implemented at the beginning of each project year and an evaluation at the end of the year. ■

Towards a Regional Psychological Support Plan for South America

Disasters in South America and the need for permanent psychological support

By the Regional Delegation for South America

The Regional Delegation for South America of the International Federation of Red Cross and Red Crescent Societies services 10 countries: Argentina, Bolivia, Brazil, Colombia, Chile, Ecuador, Paraguay, Peru, Uruguay and Venezuela.

The region has a combined population of 375.33 million inhabitants and an area of 17.87 million square kilometres. South

America is extremely prone to earthquakes, landslides, tsunamis and volcanic eruptions because it sits atop three active tectonic plates (the Nazca, South American and Caribbean Plates) and is located within the so-called "Pacific Ring of Fire", the site of 80% of all seismic and volcanic activity. The region is further characterized by climatic extremes which take the form of successive and prolonged droughts, floods and gales, leading to great loss of life and property.

In Latin America and the Caribbean, between 1900 and 1999 there were 1309 natural disasters, that is 19% of all disasters reported worldwide, making the region the second most disaster-prone area after Asia (44%). Between 1970 and 1999, Latin America and the Caribbean were struck by 972 disasters, which it is estimated claimed 227,000 lives, left approximately 8 million homeless and indirectly affected almost 148 million.



and heighten the risk of emergencies.

These complex situations can lead to loss of life and property, impacting on the psychological well-being of those affected. To mitigate these consequences, there is a need to focus on the psychological effects of such situations. Accordingly, the Regional Delegation and the National Societies must make advance efforts to identify and assess threats, pinpoint vulnerabilities and implement public policies for

In addition to the risks from geological and weather-related events, there are man-made risks stemming from the development of industrial, technological and health processes, such as those which occur in conjunction with fires, oil spills, chemical contamination, epidemics, crisis, etc.

managing psychological support. Little is being done at present and it will be necessary to strengthen key initiatives, enabling the Red Cross to play a major role in the region.

Moreover, five of the ten countries concerned face unresolved issues relating to governance, democracy and a lack of opportunities for public participation, which lead to confrontation and permanent social crisis. To top it off, uncontrolled migration and the forced displacement it generates are creating more poor zones in areas that are at risk or dangerous. One key element in evaluating a population's vulnerability is its degree of urbanization: due to social, economic and political/institutional factors, an increase in population and its concentration in urban centres without sufficient planning result in environmental degradation

The Psychological Support Policy (PSP) is based on the International Federation's Strategy 2010 and its Health Policy. The PSP was approved by the International Federation's Governing Board in May 2003 in Geneva, Switzerland. It establishes a basis for action both in emergency response operations and in the implementation of long-term developmental programmes. The programme is primarily designed to enhance the resilience of the population and to maintain the health, well-being and effectiveness of volunteers, based on active involvement of the public, networking and community-level contacts. The NS develop psychological support projects and activities as part of their regular emergency operations. However, this component should also be included in health programmes, providing staff and the groups affected with psychosocial support that strengthens their capacity to cope with emergencies.



*Towards a Regional Psychological Support Plan – NS Working Group
Annual Meeting of Health and Relief Managers - Cartagena*

The South American NS are working to this end. Some NS already have psychological support teams and offer outpatient care, or are preparing to launch psychological support training programmes. One noteworthy example is the work which the Colombian Red Cross (CRC) is doing in communities where a state of violence has made it necessary to alleviate emotional damage by providing displaced populations with group therapy. Moreover, the Ecuadorean Red

Cross has established a support team that has successfully applied the "return to happiness" methodology aimed at facilitating the psychological recovery of children who have been exposed to violence.* In yet another successful experiment, the Venezuelan Red Cross is currently providing psychological support training to 20 young people to help them care for patients suffering from HIV-AIDS.

Despite these efforts, the majority of NS have not yet introduced comprehensive psychological health care programmes. In accordance with the PSP, the NS should include a psychological perspective in every area of intervention: programme design, disaster preparedness, relief work and service delivery. Moreover, they should acknowledge the valuable role played by volunteers in the provision of psychological support by taking steps to facilitate stress management and enhance safety, with a view to improving emergency response.

The latest Annual Meeting of Health and Relief Managers which took place from 16 to 19 September 2005 in Cartagena, Colombia enjoyed the backing of the International Federation's Reference Centre for Psychological Support. The keynote speaker, Ms Margriet Blaauw, presented the IFRC's activities, experiences and goals worldwide. She further explained the benefits and difficulties for NS staff and volunteers responsible for providing psychological support.

One of the main aims of this joint meeting was to work out lines of action for the implementation of the Regional Psychological Support Plan. After working in groups, the participants finalized the results. The Coordination and Policy line mentioned the need for awareness-building programmes, basic diagnosis, better structure, programmes tailored to fit levels of intervention (both internal and external) and coordination. The Human Resources Policy and Management line envisaged systematic psychological support before, during and after emergency situations, stressing the importance of providing protocols for NS volunteers. The Disaster line underscored the necessity of increasing the resilience of those affected during disasters through the inclusion of initial psychological support in overall relief schemes in the future. Also stressed was the need to design protocols for each type

of emergency situation (earthquakes, conflicts, airplane crashes, natural disasters, population displacements) and design tools to ascertain the necessary requirements or care and establish a permanent psychological support network.

Within the field of Health and HIV, PSP guidelines should be followed and each NS should be urged to set up psychosocial support groups. Moreover, there is a need to include a psychological support component in pre- and post-HIV screening and counselling, tailoring activities to fit the situation on the ground and providing the necessary follow-up.



Margriet Blaauw at the Meeting of Health and Relief Managers Cartagena - Colombia 2005

Psychological support training is designed to make RC volunteers in the field better able to meet the psychological needs of individuals or groups. It will be necessary to run workshops, applying guidelines that are standardized but can be tailored to fit individual situations; moreover, teaching materials will have to be designed for the intermediate and basic levels. With regard to the Communication line, plans call for placing the topic on the agenda of meetings on all levels and ensuring active involvement in all programmes executed by the NS.

These are the elements that will have to be comprehensively fleshed out and developed in a Regional Psychological Support Plan. In the short run, we hope to set up a working meeting with officers from some South American NS who have experience in this field and finalize the Plan together. After the document has been sent to our NS for consultation and approval, the implementation phase will commence. With regard to the development of these activities which are being promoted by the Regional Delega-

tion, we are counting on the advice of the International Federation's Reference Centre for Psychological Support as well as the grassroots experience of each NS.

The work plan for South America is under way and there is a need for a document that brings together and validates these activities. The future looks promising as far as South America is concerned. In the immediate future, the aim is to maintain a continuous dialogue between the NS of Central America and the Caribbean with a view to preparing a future Continental Plan that strengthens the activities of the Latin American NS. ■

**This methodology is part of the UNICEF project "Return to happiness", which can be viewed in Spanish at: www.unicef.org.co/conocimiento/retorno.htm*

For more information:

Regional Delegation for South America

Francisco Vallejo F - Regional Health Delegate
francisco.vallejo@ifrc.org

Carolina Cossio M - Health Officer carolina.cossio@ifrc.org

Magda Pinilla S - Regional Disaster Preparedness Delegate magda.pinilla@ifrc.org

Milagros López - Disaster Preparedness Officer
milagros.lopez@ifrc.org

"How we spent the summer"

By Rita Plotnikova, programme coordinator, International Federation

The Russian Red Cross summer camp in Tamisk was packed with activities, including sports, competitions and learning about the Red Cross. Russian Red Cross psychologist, Larisa Kudzieva, was on hand to help those children scarred by the Beslan crisis.

Ten year-old Zaur was one of the children taken hostage in Beslan in September 2004. His younger brother died in the siege. Almost a year later, he was still withdrawn, avoiding contact with other children.

From 6 to 26 July 2005, Zaur was one of 60 children attending a summer Red Cross camp in Tamisk, 11 had been hostages. "When inviting children to the camp, we did not distinguish between those who had been held hostage and those who had not," explains Irina Kusova, from the Russian Red Cross. "But we could not ignore the fact that these children were psychologically scarred. That's why we asked our psychologist, Larisa Kudzieva, to come too."

Difficult first days

The first days of the camp were very difficult. Some children were nervous about being away from home, some couldn't sleep at night, and many were frightened by the noise of fireworks from a nearby camp.

"It was difficult," remembers Larisa. "But the camp counselors and the children got used to each other very quickly. The children's psychological condition began to change and they started making friends."



Mairbek (right) and his younger brother attend the summer camp. Mairbek's mother was killed in front of him. He had asked the gun-men to release her and had offered them a five rouble coin that he found in his pocket.

Photo: Russian Red Cross

Soon Zaur became favourite of the other children. He gradually began to come out of himself, even giving an interview to local television journalists about what he was doing at the camp.



Larisa Kudzieva (right), Russian Red Cross psychologist helped the teachers take care of the distressed children during the camp term. Teachers Raisa and Zarina stand next to her.
Photo: Russian Red Cross

The children's time at the camp was packed with activities. Sport, competitions and outings will long stay in their memories. On one day, they wrote their dreams on small pieces of paper, which they folded and pushed into balloons. All the balloons floated high into the sky carrying the children's dreams far and wide. On another day, they learned about the Red Cross through games, poems and puzzles.

Welcoming the families

One of the highlights was a family day, when mothers, fathers, grandmothers and grandfathers traveled from their homes in Beslan to join the children. The camp was decorated with small hearts made by the children and the day was filled with fun and laughter. The families enjoyed themselves and some could grieve together with camp counselors. At the end, the children gave a concert specially rehearsed for the occasion before drinks and traditional Osetian cakes were served.

After such a wonderful day, it was a huge disappointment to Larisa and the other children to find that Zaur had sneaked on to the bus taking his mother home. The children missed him and were delighted when a day later they saw him emerge from a Red Cross car with his suitcase. "To tell you the truth, I missed you all," he told them.

"By the end of the camp, we did not want to be separated from the children," says Larisa. "But we are not saying goodbye really because we will all be back in Beslan together."

Larisa was right: after two more terms of the Red Cross camps in Tamisk and in Alagir the Red Cross brought many of them together at a party in Beslan called "How we spent the summer" on August 25. Izolda Kokaeva, 10 did not go to the camp, but for her this was a good opportunity to spend some time with friends after a long summer at home when she was afraid to leave her mother and her younger brother with whom she had lived through the siege a year ago.

Lasting wounds

Now a Red Cross nurse visits this family weekly helping them return to normal social life. Izolda's mother Veta says: "Before being taken hostage, the children were so cheerful. They would play in the garden and run up and down our street for hours. Now the house is so quiet. They barely talk and they are afraid of going out. The sound of a fire cracker is enough to make them tremble with fear." Her son Ilya, 7 suffers from headaches. The blast left the boy with permanent hearing loss. To this day he rarely speaks and is constantly scared, says Veta. "The children were so thirsty in the school that now they are obsessed with water. Ilya cannot go to bed if he does not have a full glass of water on the nightstand."



Sports and games were part and parcel of the "How we Spent the Summer" party for the children of Beslan.
Photo: Russian Red Cross

Although they all survived, Izolda will always carry scars from gunshot wounds on her arm and leg. "I am afraid of starting the new school year," Izolda said. "And what's more I am sure that I won't be able to find a white dress better than the one I bought myself last year."

According to a study carried out by the Russian Red Cross, a third of the 578 affected families still need on-going home care and psychological support to overcome the mental and physical scars of the tragedy.

A year on from the tragedy, the Russian Red Cross has a list of individuals and families who continue to need help. Summer camps are just one example of how the Red Cross is working to provide that support.

Fear is king in Beslan

Alyona Rubaeva, a Red Cross psychologist from Beslan says that a year was not enough time for healing. "Only about one percent of the 700 former hostages have gotten over the crisis. Most people are still grieving. They are deeply depressed and

remain afraid that something like this might happen again," she said. "Even those who were not involved in the seizure are haunted by fear. Today fear is the king of this town," she said. Rubaeva said families were going through crisis of their own. Many parents are considering divorce, while children have become aggressive and difficult to live with," she said.

The Red Cross staff will work with them to meet their mental and physical needs through the visiting nurses service, social clubs at the RRC Centre in Beslan and through weekly so called "family meetings" that have become a tradition in the Centre. "How we spent the summer" was one of them. ■

Helping Beslan to overcome

By Slava Otchyk, psychologist, Russian Red Cross

In the beginning of September 2004 more than 1200 people were taken hostage in a school in Beslan in North Ossetia.

The terrorists kept the hostages, including children of various ages, under inhuman conditions for three days. As a result of the terrorists' actions, 331 people died including those that died from their wounds afterwards. Many survivors suffered severe burns and other injuries.

Needs assessment

After the hostages were rescued it became clear that people did not only need medical attention and material goods. The survivors were in great psychological distress, but they were not the only ones affected. The whole community of Beslan has dramatically changed after the tragedy. Many of the affected people are still in great distress; they do not see any hope for the future and many do not even want to return to their earlier routine lives.

In 2004 the Federation conducted two psychosocial needs assessments of the population and realized that the affected population was unable to continue their day-to-day lives. Based on the results of the assessments, and in agreement with Russian

Red Cross, a psychosocial programme was launched.

Restoring normality

The overall aim of the programme was to provide the affected population in Beslan with psychosocial support and assistance to cope with their anxiety.

After the tragedy normal social functions were disrupted and psychological distress had increased in the politically tense region. Thus, in order for the population to return to normal life, major tasks of the programme included diminishing psychological suffering, restoring social relations, and preventing disease and social deviation.

In general, people are able to overcome emotional crises and traumatic circumstances. However, in some cases lack of psychological resources, combined with external factors may impede the process of coping and recovery. In Beslan the trauma was so prolonged and deep that many of the affected people were in need of additional help.

Services to the people of Beslan

Within the framework of the programme the local branch of the Russian Red Cross (RCC) created the Beslan Community Centre to deliver social and psychological services to the people affected by the tragedy. This is a



*The Kokaevs family with Marina Kudukhova, RRC Visiting nurse (right) who comes to visit the family and helps the mother, Veta to bring the children back to social life. Veta and the children Izolda and Ilya were all among the hostages at School no. 1
Photo: Russian Red Cross*

new multi-functional centre which will be used by RRC in the future to cope with the consequences of various emergency situations. More than 30 staff members provide assistance to the population. The majority of them are Beslan citizens themselves. They are therefore all familiar with the local conditions and cultural context and many of them know the victims and survivors. One of the main services is provided by 20 Visiting Nurses. Additionally, four professional psychologists and five social teachers take part in the programme.

All staff and volunteers of the programme were trained in various issues of psychosocial assistance. The major topics of the seminars and workshops were: social and psychological consequences of crisis situations; traumatization; needs of those affected; professional psychological assistance and psychological support; active listening; burnout prevention and engagement of the affected people in social activities, etc. The training of staff and volunteers is a continuing process.

Visiting nurses

In the Beslan Community Centre the visitors can meet with social teachers who provide consultations and facilitate a variety of creative activities, such as folk dance, photography and computer skills. The Centre also offers good opportunities in different kinds of sport, rest and just talking to other people in a similar situation. These activities are meant to restore people's psychological stability and personal strength, and to help them to cope with the loss of relatives and

provide comfort.

The Visiting Nurses Service (VN Service) is a community outreach programme. The staff of the VN Service performs psychological support to the affected families at home, but also gathers people at the Centre.

Assessing the problems and needs of the visited families is an important part of the tasks of the visiting nurses with special attention to people with special needs. Based on the assessments, which follow a set of criteria developed by the Russian Red Cross, the nurses then work closely with the psychologist to form groups in which the affected people can receive help. The groups are supervised by the visiting nurses.

The programme was based on a sound methodology and was well presented to the public. It met the needs of the population and was approved by the local inhabitants, as well as by the local authorities and branch ministries. At the moment the programme is the only large-scale project, which tries to assist the affected community to cope with its psychological problems. The fact that the RRC nurses and psychologists visit the people in their homes is very important. Many people are reluctant to leave their homes, so they cannot receive help unless the help comes to them. In addition, people attend the informal meetings in the Centre, which are co-organized by former hostages themselves. The children can participate in sports and folk dances, foreign language courses and computer training, as well as photography classes. Professional psychologists give consultation on request. There are good possibilities for art therapy as well. The RRC centre activities were evaluated positively by its visitors. The Centre has become a real community centre where people want to come.

Challenges

It is worth mentioning some circumstances, which can be considered as the factors hampering the rehabilitation process. One of the significant problems is that the local authorities, and even some representatives of the local Red Cross branch, do not acknowledge the necessity of providing the community with information. The refusal to inform the inhabitants about, for example, the way medical and humanitarian aid is being distributed destroys the confidence in

the authorities and creates additional tension. More important, this further contributes to an atmosphere of injustice and helplessness.

Another big problem lies in the lack of training among local specialists and the deficiency of qualified staff who could be the trainers in the psychosocial programme. The training offered by the local trainers does not meet the needs and requires dramatic improvement. It is necessary to pay a lot of attention to the development and distribution of information and training material, as well as to the training of the local people to perform psychological support and self-help.

In addition to their work in the psychosocial programme, most of the local psychologists and psychiatrists are also engaged in other projects, which puts them at a greater risk of suffering from burnout.

The difficulties in recruiting and training qualified staff, combined with delayed organizational preparation and problems in the NS and Federation cooperation, have meant that the programme could not be launched before February 2005 – six months after the tragedy. This does not mean, however, that the RRC has not been very active from the beginning in providing psychosocial assistance and is still engaged in other activities in Beslan.

Providing assistance to the male population has proven problematic. It has been noted that there is an increase in alcohol addiction, avoiding contact and depression among the men of Beslan. Despite the fact that also the men have been greatly affected by the tragedy, few of them request or accept assistance, so they are difficult to reach.

The selection and level of training of the local staff engaged in the short-term projects also requires additional attention. The experience of the summer camp for the affected children demonstrated that some of the social teachers did not understand the needs of the children.

Further challenges

It is clear that one of the reasons for the tension among the population is lack of information. We therefore need to pay very serious attention to the access of information on the crisis and its consequences, re-

habilitation measures, and NGOs assistance.

It can also be difficult to return the schoolchildren to the learning process. A lot of children, especially those that were directly affected, are afraid to go to school. Both parents and teachers mention the decrease of motivation to study among the pupils. Many children have not attended school during the last year. At the same time some of the pupils demanded high examination grades since they saw themselves as the victims. Another important issue, which should be explored, is the practice of sending children to holiday resorts, in an effort to alleviate their burden. There is still a tense situation between the receivers of humanitarian aid and other inhabitants of Beslan, and between the relatives of the deceased and the survivors. Special measures to overcome this gap should be developed. Decreasing public attention in the future might be painful for the affected people. This is also why psychological support continues to be required in the future.



*Marina Mazurova, RRC social worker, teacher of English conducting an English class in the Center. Almost half of her 77 students are former hostages.
Photo: Russian Red Cross*

As far as we can see the psychosocial consequences of the Beslan tragedy will continue for quite a period of time and sets complicated tasks to the state and the NGOs. The Red Cross Centre already plays a significant role. The future success will depend on the timely evaluation of the psychosocial situation in Beslan and in the region as a whole, on how the needs of the most vulnerable part of the population will

evolve, and on the population's ability to be flexible when dealing with external changes.

For more information:
Coping with Crisis, no. 3, December 2004:
<http://psp.drk.dk/sw25081.asp>

Russian Red Cross (in Russian):
<http://www.redcross.ru/beslan/beslan.html>

IFRC News theme about Beslan:
<http://www.ifrc.org/news/beslan/index.asp>

News from the psychosocial support centre

By Janet Rodenburg, director

On June 16, the Steering Committee of the Psychosocial Centre met for their biannual meeting in Copenhagen. The Steering Committee is responsible for all major strategic, policy and organisational decisions regarding the Psychosocial Centre.

For the first time, the Committee was supplemented by representatives from the newly established Advisory Group that will assist the Steering Committee with its work.

Steering Committee

Head of Health & Care Department, IFRC Secretariat
Head of International Department, Danish Red Cross

Advisory group

Head of Health Unit in ICRC
Representative from Canadian RC
Representative from Finnish RC
Representative from Icelandic RC
Representative from Norwegian RC
Representative from Palestinian RC*

One of the main topics at the meeting was a discussion of the newly developed Federation Psychosocial Framework, which takes its point of departure in the Federation Psychological Support Policy (adopted May 2003). The framework sets out a model to mainstream psychosocial support by providing National Societies, Delegations and the Secretariat with professional advice, programme assistance, and guidance on how to integrate psychosocial care in

- (1) Prevention
- (2) Disaster Preparedness
- (3) Disaster Response and Rehabilitation and
- (4) Health and Care in Communities.

For each of the four programmes core psychosocial components are defined, as well

as strategic actions to be undertaken by the IFRC Secretariat in collaboration with the Psychosocial Centre.

Especially when responding to emergency operations, clear and effective coordination is required. Moreover, it was agreed that there is an ongoing need for psychosocial training as part of the Health in Emergencies programmes and in Disaster Preparedness programmes. For this to happen, collaboration with health and DP personnel within regional delegations is crucial. Likewise, potential candidates for Field Assessment and Coordination Teams (FACT), Emergency Response Units (ERU) and Regional Disaster Response Teams (RDRT) should be sensitised to the importance of psychosocial support.

The meeting clearly benefited from the presence of the advisors, allowing for a lively and in-depth discussion. The next Steering Committee meeting is scheduled for December 2005.

The Federation Psychological Support Policy and the Federation Psychosocial Framework can be found on <http://psp.drk.dk>

** The Steering Committee shall be composed of a representative of the Federation, as designated by the Federation, and a representative of the DRC, as designated by the DRC. The Steering Committee shall have as permanent advisers a representative of the donor National Societies, as nominated by the donors and a representative of a less affluent National Society which is running a community-based psychological support programme, as nominated by the Steering Committee. The Steering Committee may be further advised by outside experts as it deems appropriate and can decide to establish an advisory group if it deems appropriate and necessary.*
From "Agreement between The International Federation of Red Cross and Red Crescent Societies and the Danish Red Cross concerning the revised structure, funding and management of the "Federation Reference Centre for Psychological Support"

Book announcements

Children of the Forgotten War Brecht P. Paardekooper

A Comparison of two intervention programs for the promotion of well-being of Sudanese refugee children
Vrije Universiteit, Amsterdam 2002

Review by Margriet Blauuw

The life of Sudanese refugee children is characterised by a multitude of economic, social and political factors. The children have been through loss of possessions, loss of relatives, and sometimes through abuse and torture. They encounter daily problems as lack of food, lack of clothing, lack of clean water and sanitation. In her PhD research project 'Children of a Forgotten War' Ms. Brecht Paardekooper has studied the effects of psychosocial programmes for refugee children.

The study uses the concept that the well-being of the children is influenced by traumatising experiences, stressors caused by the war situation, and the stress factors caused by the refugee status. Coping and social support can buffer the influence of these stressors. The research consists of two parts. In the first part, the situation of Sudanese refugee children is compared to the situation of Ugandan children from the same ethnic and cultural background, but without the experiences of war and flight. It

is no surprise that the study found that the refugee children have been through more traumatising experiences than the children of the control group. They also suffered more PTSD symptoms, behaviour problems, depressive symptoms and psychosomatic complaints.

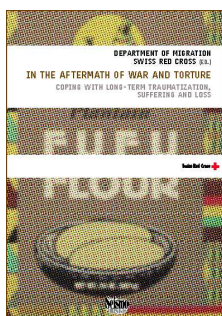
Based on the results of this first part of the study two 8-weeks intervention programmes were established for refugee children. The first was a psychodynamic oriented programme, aimed at working through traumatizing experiences. The second programme was aimed at the context the children were living in, working with the stressors of the daily life, such as poverty, lack of possibilities to pursue education etc. The results of the programmes were compared with the results of a control group.

The outcome of the research is very interesting. In general, the programme that focussed on improving the coping of the children with the daily challenges showed better effects than the psychodynamic programme; even on the group of children with a high level of PTSD symptoms. There are several explanations sought for this result.

The main conclusion of the research is that a simple psychosocial support programme and especially a simple contextual programme did make a difference. ■

In the aftermath of war and torture – Coping with long-term traumatization, suffering and Loss.

Swiss Red Cross



Seismo Press
244 pages /CHF 38/€26/
\$29.20/£16.50 + postage

Contents:

Introduction by Catherine Moser and Conrad Frey

Bosnian refugees and coping with war and traumatization

Bosnian refugees reconstructing their lives in the context of migration – An anthropological perspective on traumatization and coping processes. By Catherine Moser and Elisabeth Robertson

The refugee's risk: Coping with migration from war and other life threatening experiences. By Hans-Jörg Znoj and Ulrich Znyder

Actual situation in Postwar Bosnia and Herzegovina

MEDICA – A project in postwar Bosnia and Herzegovina. By Selena Tufek
Psychotherapist for refugees or refugee from psychotherapy? By Jean-Claude Métraux

Theoretical, practical and clinical aspects of sequential traumatization from war and torture

Traumatic neurosis, PTSD and beyond: The rise and fall of a concept. By Hans-Rudolf

Wicker

The impact of torture on victims. By Theo Van Boven

Outpatient clinic for victims of torture and war. A look back with particular focus on secondary traumatization. By Conrad Frey
"It hurts everywhere..." By Heinrich Kläui and Brigitte Ambühl Braun

Clinical supervision for counsellors in areas of armed conflict. By Guus van der Veer, Kaz de Jong and Johan Lansen ■

To subscribe to this newsletter, please write to

psp-referencecentre@drk.dk

or by post:

IFRC Reference Centre for Psychosocial Support

C/O Danish Red Cross

P.O. Box 2600

DK-Copenhagen Ø

Denmark

Telephone: +45 3525 9359

Fax: +45 3525 9366

For more information about the Centre and other Red Cross / Red Crescent psychosocial activities, please visit our website:

<http://psp.drk.dk>



International Federation
of Red Cross and Red Crescent Societies

Danish Red Cross 