

# Coping

with crisis

ISSUE 2/2013



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Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies

# New online resource!

## Restoring Family Links and Psychosocial Support e-Learning

The Restoring Family Links (RFL) and Psychosocial Support (PSS) course is part of a Movement-wide effort to build closer collaboration between RFL and PSS practitioners working in the field, particularly in emergency situations.

Experience has shown that beneficiaries who approach the Red Cross Red Crescent looking for family members are often in need of psychosocial support. Similarly, those accessing psychosocial support may also have tracing needs.

However, RFL and PSS practitioners sometimes fail to identify beneficiaries' secondary needs, either due to a lack of awareness or simply as a result of a narrow focus on what they perceive to be the priority "task in hand." Furthermore where practitioners do identify needs outside their strict remit they sometimes lack the skills and/or confidence to respond appropriately.

The goal of this e-learning course is to increase the awareness and knowledge of PSS and RFL practitioners with respect to each other's area of expertise, so they are able to address the needs of beneficiaries more holistically. Specifically, this e-learning aims to:

1. Enable PSS and RFL practitioners to identify and provide a basic response to beneficiary needs related to each other's field of expertise
  2. Strengthen the collaboration between PSS and RFL practitioners
  3. Encourage the development of effective referral systems in emergency
- You can access the RFL and PSS e-learning course by visiting the Red Cross Red Crescent Learning platform at [www.ifrc.org/learning-platform](http://www.ifrc.org/learning-platform). The course is open to all; you will just need to create an account and log in before proceeding.



*The Restoring Family Links and Psychosocial Support course was developed in collaboration with and co-authored by the RFL & Missing Unit of the Protection Division, the MHPSS Health Unit of the Assistance Division of the ICRC and the IFRC PS Centre.*

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Front page photo: Turkish Red Crescent

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Sometimes it's difficult to imagine that another natural disaster could ever happen again, leaving massive destruction

in its wake like the 2004 Indian Ocean tsunami or the earthquake in Haiti. But then with incredible force, typhoon Haiyan struck, creating a catastrophe of almost incomprehensible proportions.

As this issue is on its way to print, the whole world has turned its attention to the Philippines. The magnitude of the devastation is overwhelming, and relief efforts will surely be long-term. Though the immediate focus is of course on saving lives, before long, individuals affected by the typhoon will require help in recuperating and getting back on their feet, and volunteers will also need support. Protecting children and early-stage violence prevention are already focal points in local communities, as well as on an international level.

Meanwhile in Syria, the conflict rages on, claiming more human casualties with each day, including Red Cross Red Crescent employees and volunteers who have lost their lives in their efforts to help. The conflict has also driven millions from their homes, refugees who have fled to the relative safety of the surrounding territories. This is one of the themes in this magazine.

IASC MHPSS group communicates regularly on the progress of the interventions, and updates can be found on MHPSS.net. International cooperation on guidelines and best practices in catastrophes is helping involved organisations to provide the best possible psychosocial support in both Syria

and the Philippines, and proves once again the great value of working together.

The emergencies, conflicts and disasters highlighted in this issue have in common the fact that many people have been separated from family members, and their most pressing need – aside from survival – is to re-establish contact with their loved ones. On the facing page is information about the Restoring Family Links (RFL) online course, and in this issue you can read about RFL in connection with the attack on Westgate Mall, where many people were in dire need of this service.

Restoring links to one's family after a disaster is a vital component of early intervention, as we have also seen in the Philippines. If you would like to know more and develop your skills in relation to supporting people who have lost contact with their relatives and who are living with the uncertainty of their loved ones' well-being, it takes just two hours to complete the RFL module online.

Also in this issue is a guidance note for European National Societies (developed in collaboration with Europe Zone Office and available for download on our website) for helping those affected by the economic crisis, which rendered large groups of people unemployed, homeless, or financially ruined. I hope you will find these and the other tools included here both useful and inspirational.

With best regards,

*Nana Wiedemann*

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.**

## Bulgaria.....

The Bulgarian Red Cross Youth conducts psychosocial support activities in schools for children in the fourth and eighth grades. The aim of the activities is to help the children better identify emotions and basic emotional states in themselves and in others, to recognize early signs of cumulative stress and to handle their daily interactions with their peer in a constructive way.



Last year the Bulgarian Red Cross Youth, in collaboration with psychosocial support professionals and child psychologists, developed a handbook to be used in workshops about emotions, stress and relationships conducted by trained volunteers.

A second annual training was conducted in November 2013. The participants were all workshop facilitators in schools and have practical experience using the handbook. In the training, they built on their knowledge and experience with more advanced training to equip them to disseminate their knowledge and support other young volunteers in their peer-education based work in the schools.

## Egypt.....

Violent protests erupted in Egypt on Wednesday 14 August 2013, following the ousting of President Mohamed Morsi. The escalations led to the deaths of more than 638

people and injury of thousands of civilians. The Egyptian Red Crescent (ERC) scaled up emergency health activities in several cities around the country, mainly in Cairo, Alexandria, and Port-Said.

ERC deployed more than 849 trained and equipped volunteers in 35 sites (seven of which were inside Cairo), where demonstrations took place. All ERC volunteers have received basic training in psychosocial support and many also a more specialized psychosocial support training relating specifically to their field of volunteer work. As several protests took place in different governorates of Egypt, ERC has been doing its best to respond to the needs of thousands of affected people in need of emergency health services, such as on-site first aid, evacuation to hospitals and other kinds of needs such as psychological support and Restoring Family Links. *Source: 17.08.2013. DREF. Civil unrest in Egypt.*

## Haiti.....

In Haiti, the long-term response is still ongoing to enable the Haitian population to effectively recover from the devastating effects of the earthquake in 2010, and to become more resilient as well as be prepared for future calamities.

The health department of the Haiti Red Cross Society (HRCS) has been implementing various activities with the aim of strengthening the capacity of target populations in preventing and managing injuries and common health problems in emergency and non-emergency situations. Through financial support from United Nations Children's Fund (UNICEF), the psychosocial support programme has been able to train its volunteers in psychosocial activities. The volunteers in turn conducted various activities in the communities reaching 580 people. The violence prevention unit conducted several activities targeting women and youth, including

raising awareness on violence prevention, campaigns during key international days and dissemination of Information, Education and Communication (IEC) materials.

*Source: Haiti: Earthquake (MDRHT008) Operations Update n°35.*

## Indonesia.....

On 2 July 2013, a 6.2 magnitude earthquake occurred in Indonesia's Aceh province on the island of Sumatra causing the deaths of 42 people and displacing 53,403.

During the holy month of Ramadan in July, many local mosques and schools provided shelter and food to the displaced, helped to occupy and entertain children, and provided counselling services. These efforts contributed to reducing and mitigating the number of psychosocial cases through various community support services and activities.

The earthquake had damaged many schools and mosques causing disruptions in local education and religious practices. In addition, with the loss of livelihoods, the financial status of many families had been drastically reduced. These factors are a few of many stressors that created considerable trauma and distress among the affected groups. As a way of helping to reduce some of these stressors, Indonesian Red Cross (PMI) implemented psychosocial support services in parallel with its non-food item distribution and health promotion activities



such as improved hygiene and safe usage of water. Ten volunteers worked on a daily basis to assist these groups in addressing some of these issues. In total, 964 people were reached consisting of 418 children, 331 women (including mothers accompanying children) and 215 men.

*Source: 13-09-2013. DREF operation update: Indonesia: Central Aceh earthquake.*

**Italy**.....

On the morning of 3 October, a boat carrying more than 500 migrants sank off the Italian island of Lampedusa. 359 passengers were confirmed dead. The Italian Red Cross provided assistance and psychosocial support to the 155 survivors and those affected.

On the island of Lampedusa, the Praesidium Project monitors the arrival of immigrants. "We are always there for landings," said Alessandra Diodati of the Italian Red Cross shortly after the disaster. "These days, we have decided to increase our provision of psychosocial support, together with other organizations operating here on Lampedusa. From now on, a psychologist will be available at the reception centre, both for the survivors as well as any of those working here who need psychosocial support following the tragedy."

"People experience a variety of states, from disbelief to feelings of guilt for having made it while not being able to help others," Diodati said. "Managing these feelings becomes all the more difficult when you arrive in a country where people speak a different language. The Italian Red Cross will provide an Eritrean interpreter to help overcome the language barrier."

*Source: <http://www.ifrc.org>*

**Philippines**.....

Autumn 2013 has been a difficult time for the Philippines. While typhoon Haiyan (locally known as Yolanda) was the most powerful and devastating typhoon ever to hit the Philippines, it was far from the only disaster the country has been battling this season. Armed conflict, a

serious earthquake, several heavy rainfalls and typhoons also plagued the country. In all cases the Philippine Red Cross has provided psychosocial support to those affected by the disasters, setting up welfare desks in evacuation centres for support and referral and Restoring Family Links services.

"The PRC psychosocial support program entails comprehensive casework designed to help people in distress regain their social functioning or overcome a crisis situation to enable them to deal positively with the emotional impact of this stand-off," said PRC Chairman Richard Gordon.

Immediately following the typhoon, Restoring Family Links was a high priority for the Philippine Red Cross. The typhoon severed communication lines and many people were desperate to find their loved ones or to connect with them. One was Carlito Gaytos. He had travelled from his home in Samar Island to the neighbouring



Philippines. Patrick Fuller / IFRC

city of Tacloban where his 18-year old daughter is a student. "I'm here for my daughter, I don't know where she is," he said. "We haven't heard from her since before the storm. We are so worried but I came here because I just have to know, is she dead or is she alive?" Philippine Red Cross set up tracing services in affected areas where people could show up in person, but also made use of electronic communications channels such as email, a website and twitter.

At the time of this magazine's publication, emergency relief efforts after typhoon Haiyan are still in the first stages. Japanese, Norwegian and Canadian Red Cross Societies have deployed

basic health emergency units, which all include a psychosocial support component. The International Federation regional psychosocial support delegate has travelled to the Philippines to help assess the psychosocial needs and assist Philippine Red Cross and other National Societies responding to the disaster in planning psychosocial support interventions.

**Hong Kong**.....

In responding to typhoon Haiyan and its subsequent impact towards 140,000 Filipinos working and residing in Hong Kong, Hong Kong Red Cross (HKRC) ran a psychological support hotline service for nine working days and worked together with the emergency tracing service in providing emotional support and psycho-education on stress management to the Filipinos and their Hong Kong employers.

Hong Kong Red Cross also worked together with the Philippine Consulate in Hong Kong and conducted a psycho-education session for 180 participants. They also did an outreach at usual gathering locations and approached another 80 Filipino maids and prepared psycho-education pamphlets on self-care and mutual support in Chinese, English and Tagalog for distribution. Some employers who called the hotline told the counsellors they gave extra work for their maids to do so that they wouldn't have time to think about their lost family members. As a result, the HKRC did several interviews with local media to enhance the awareness of the Hong Kong employers and educate them about some good ways in taking care of their Filipino maids if they lost contact with family in the Philippines.



Jarkko Mikkonen/Finnish Red Cross



Report from Syria

# Bringing smiles back to children's faces

As the International Federation Psychosocial Support Coordinator in the Middle East and North Africa (MENA) region, Ea Suzanne Akasha frequently comes in contact with Syrian refugees, Red Cross Red Crescent staff and volunteers in the region.

When the PS Centre asked her if there was one particular thing that stood out for her during her time in the region, Ea remarked upon the young people. "They feel guilty for fleeing," she said. "For leaving behind their homes, their friends and their families, for being alive and for being safe, while so many others were not so lucky. It is a very heavy burden to bear."

Psychosocial support helps these young people deal with feelings of guilt, and after a while many of them want to use what they have learned from their experience and give back by volunteering in psychosocial support activities in the National Society of the country where they are temporarily residing. Being a volunteer helps the young refugees in various ways. Perhaps most importantly, it helps them stay active and gives them a sense of purpose and something to do. Secondly, the young people learn skills about coping, stress management, and how to put their own reactions into perspective through the training that all psychosocial support volunteers undergo.



*By Ea Suzanne Akasha, International Federation Psychosocial Support Coordinator, MENA*

"I got out of the car and stood for some moments to look back at my once-beautiful and now destroyed city when we had to flee. My father had to call me, as it was time to move on. I told my city: 'I will return and help restore you to your former glory.' And I believe I could hear the city answer. The city told me to come back one day."

These are the words of Tamara, a 21-year-old Syrian refugee who had been in Jordan for a month and wanted to enrol as a volunteer in Jordan National Red Crescent Society.

"Now I feel so bad about having left, as I know of so many others who couldn't leave," Tamara told me. She is clearly distressed as she explains how she is constantly urging her father to let the

family go back to Syria. He says it is not safe to return, and points to the fact that their house was in the line of fire, that educational institutions are closed, and that food is scarce.

Many young Syrian refugees feel extremely guilty for having fled their country. The theme keeps coming up in psychological first-aid conversations. The young people ruminate about having left family members, friends and colleagues behind. They constantly ask themselves – and me – whether they did the right thing. They wonder if they should have stayed, and think about the fate of those who did stay behind. They find it very difficult to allow themselves any kind of enjoyment. An example of this is finding it hard to enjoy the games they play with children when volunteering in psychosocial activities.



Volunteers in training to work with children learn activities using clay. Courtesy of Ea Suzanne Akaasha

Guilt stands in the way of coping positively with new and life-changing circumstances. No one ever dreams about becoming a refugee deprived of everything, save maybe a single suitcase containing some pieces of clothing and memorabilia. But once this situation occurs, simply accepting it as fact, and as something over which they have no control for the time being, can be helpful to people in this situation.

Simple psychological first-aid questions for clarifying content and emotions made Tamara realize the guilt she felt, and that this feeling stood in the way of her acceptance of her losses and also of her adaptation to this new reality. She even came to the conclusion that leaving had been the best option for her and her family. After a slight pause, she began talking about the invasive memories that haunted her: when going to sleep, she would see images of dead bodies outside her home. She was particularly disturbed that some bodies were those of adolescents. I proposed techniques for dealing with the disturbing images, so Tamara would get some much-needed sleep, and I reassured her that she could now feel safe. When she felt prepared, she could talk to other volunteers about her distress at witnessing abnormal scenes.

At the end of our conversation she remarked that she was now ready to volunteer for as long as she was staying in the host country. We agreed that this was a meaningful way of supporting other refugees until the time came for her to return to rebuild her own country.

A month before, I was at a Lebanese Red Cross training on psychosocial support activities for children. Not all of the volunteers were Lebanese. Sami and Ghufuran are refugees from Syria who now live in Lebanon and are trying to build a life for themselves, where they can balance their dreams and hopes for the future with their past experiences and the harsh realities of refugee life.

is a refugee. "I was studying business administration at the university in Syria and was supposed to graduate next year. Now I am trying to find a way to support myself, to help my family and others."

Sami is volunteering for the Red Cross because he wants to give children the best future possible. Besides volunteering for the Red Cross, he has gathered other young Syrian refugees in a group to do work for their community. "Refugees may have lost everything and may not know when they can go back, but we also have many resources to build upon."

Ghufuran is a focused Palestinian woman of 20. She left Syria with her family six months ago. She shows me pictures of bombsites from a demolished neighbourhood where she used to live. The pictures clearly illustrate how there was nowhere and no way to stay there. Ghufuran has completed the second year of her studies at the university, but now she is unsure of how to finish her degree. She is, however, determined to find a way.

Now, she says, she is walking in her grandfather's shoes. He had to flee Palestine in 1948, and became a refugee in Syria when he himself was 20 years old. "As a child, I often used to blame him. I would ask him why he had left Palestine, his home country. He would never answer me, only had this faraway look in his eyes." Recently, Ghufuran told him that now she understands how he felt, and what may have made him leave. Her grandfather answered that one should never judge another person without having walked a mile in his shoes. "And he is right. One should never judge," she says. So why does Ghufuran volunteer? "Well, for one thing we have lots of spare time, and I would rather use this time to help humanity; especially I want to help the children. At the same time I want to be active and learn new skills myself."



# SARC Support Centre:

## Providing psychosocial activities for all ages

By Vivian Tou'meh, Communications Officer,  
Syrian Arab Red Crescent



The Syrian Arab Red Crescent (SARC) centre for psychosocial support in Rural Damascus has transformed itself into a hub of creative commotion. Moving from room to room, one is met with people of all ages engaged in all kinds of activities.

In the so-called “mothers’ room,” which is decorated with handicrafts, one can frequently find Amal Utri. Displaced from her home-town and now living in Duwaila, Rural Damascus, Amal usually visits the centre with her son Abdallah, to participate in activities like English lessons, handicrafts and workshops for mothers. During her many visits to the centre, Amal has learned skills like handloom spinning and needlework, and has finished a number of hand-made pieces.

“I love to come here,” says Amal. “In the past, I was distressed and even the most minor issues would make me angry, and I would hit my son. Now, I count to ten before doing anything, and I do not hit Abdallah at all, she says.

Like all other displaced persons, Amal has a great deal of problems, not least of which is that she spends 90 per cent of her income on rent alone. She and Abdallah live in squalor, and are completely dependent on help from relatives. For the past year, she has not been able to provide her son with meat or any food other than basics. She hopes that with the skills she has learned at the centre, selling her handicrafts can provide her with a small source of income.



“We have workshops for women, adolescents and children. They include defusing activities, dynamic activities, where the team participate together, and handicraft activities. We also teach people about how to deal with stress,” says Maram Habashiah, the coordinator of the centre. “Of course we face difficulties. For example, some of our trained volunteers are leaving the country or stopping because they need to find paid work. We would like to have a bigger place so we can accommodate the numbers of children we receive daily.”

Lovely paintings executed with indescribable intricacy adorn the walls of the children’s room. All the children are concentrating on their tasks, including Abdallah, his dreamy blue eyes focusing on one of the pictures.

“I would like to eat croissants,” he says, “but every day my mum cooks Mujadarah,” (a Damascene dish containing lentils mixed with rice). Just a child, Abdallah is not aware of how much his mother struggles to provide him with even the simplest meal for lunch.

In one corner of the room, a group of boys and girls aged 12 to 18 are rehearsing a small play. They have written the script and made the costumes themselves. The play brings out all sorts of different expressions in the faces of the children participating .

“This form of activity encourages relationships among children and enables them to create experimental performances based on their own interests,” explains Rasha Kurbaj, a psychosocial support trainer. “Those, in turn, often address the complex social issues they face.”

“Some of the children have problems with speech. Some have physical problems caused by beatings by one of their parents, and some boys try to be like old men,” adds Firas Fateh, another psychosocial support trainer,

“Activities such as a masquerade party give self-confidence to adolescents and raise their spirits, whereas doing handicrafts enables them to invent and be innovative,” says Nour Salah al-Asbahi. Nour joined SARC three years ago and fills two different volunteer positions. In addition to her vital role in the centre’s psychosocial support team, Nour works as a first aid volunteer on the night shift in the Damascus emergency response center. “I cannot stop working with first aid during these sensitive times. My colleagues in the first-aid team need help and we have to be together,” she says.



*Above: SARC psychological support center in Dwela (Rural Damascus). Monia Bilal, a SARC volunteer, teaches handicrafts to a Syrian displaced mother to give her a new job opportunity. Ibrahim Malla / IFRC*

*Opposite: Syrian displaced children in a psychosocial support activity while their families are waiting for medical check-ups at SARC mobile health clinic. Ibrahim Malla / IFRC*

In July, two of Nour’s colleagues in the first aid team were injured in a mortar shelling on the first-aid centre in Damascus. “We were very sad to see our friends suffering from their injuries. It was so difficult to us to see them in distress and in pain”. Sadly Nour’s colleagues in the first-aid team were not the only SARC volunteers to be injured in the conflict. On 27 August 2013, two SARC volunteers were killed when a mortar shell landed in front of the SARC branch office in Homs. These tragic deaths brought the total number of SARC volunteers killed on duty to 22 since the beginning of the conflict. (As of November 2013, the total has risen to 31.)

Despite all the challenges, Nour has donated her time to volunteer work in order to serve her community. Although there are happy moments, there are also moments of intense sadness, especially when losing a colleague in the line of duty.

“Those are the hardest times for us. We, as a psychosocial support team, are trying to help our colleagues and support them during times of mourning. Now we are also trying to raise awareness about this side of volunteer work among people we meet inside the psychosocial support centres as well.”

# Dreams of rebuilding Syria

By Louise Juul Hansen, PS Centre

**Dear Mom and Dad,**

***I'm writing to tell you that tomorrow we are going on a field trip to a fun fair and the zoo...***

Like millions of children all over the world, thirteen-year old Sara is writing a letter to her parents from summer camp. In many ways, Sara is a typical teenage girl – she enjoys hanging out with her friends, dreams of seeing the world and of getting a good education, and perhaps, someday, even a dog. In other ways, though, Sara is not so typical. Two years ago, she fled with her family from the war in Syria to neighbouring Lebanon and her summer camp is a psychosocial support project for Syrian and Lebanese children run by Lebanese Red Cross.

According to estimates by the United Nations Refugee Agency (UNHCR), by the end of 2013, there will be 1.2 million Syrian refugees in Lebanon, making more than one in five persons in Lebanon a Syrian refugee. The influx of refugees is a challenge for Lebanese society, infrastructure, health care and social systems. As the strains on the society as a whole is felt more acutely by the Lebanese, tensions are on the rise.

## Old and new friends

There were 56 children in Sara's summer camp in Tyre – most were Syrian refugees, but Lebanese children also participated. In Lebanon, there are no official refugee camps and most of the Syrian refugees live in Lebanese communities with host families or relatives, or are renting rooms or flats in residential areas. This means that the refugees live close together with their host society, often in poor areas where living costs are lower. Mixing local children and Syrian refugee children in the psychosocial support programmes serves two purposes: firstly, it aims at reducing tensions that may arise in a community when one group receives more support than other groups which may also be in need of support; secondly, it is a way of integrating the Syrian and Lebanese children, helping them to forge relationships and friendships.

As with most 13-years-old girls, friendships are important to Sara, and the hope of meeting new friends is a large part of the reason she is attending the summer camp.



"I don't have many friends in Lebanon, so I am here today to be with other children. In Syria, I had many friends, and I miss them," Sara relates. "I especially miss Fatma. We were good at playing together, and I miss talking to her, going for walks with her; just being with her." Sara has not talked to her friend Fatma for two years and does not know where she is. In fact, she does not know about any of her friends, nor does she have a way of contacting them.

## Remembering fear

Sara's mother is not Syrian, and after the war started, it became increasingly difficult to be a foreigner in Syria. The family was harassed, and Sara's father eventually had to close his business. He left for Lebanon with Sara's brother in order to seek work. Sara and her mother stayed behind, intending to join them in Lebanon when they had settled.

Soon, however, the security situation deteriorated where Sara and her mother lived – there was fighting in the streets. Sara and her mother sometimes stayed at home, sometimes at Sara's grandparents and sometimes with other relatives. One night, fighting broke out in the building where her grandparents lived, and a child was killed. Sara heard the shots, but her mother kept her from seeing the dead child.

"I remember fear," recalls Sara about her last months in Syria. "Before my brother left for Lebanon, my mother was afraid that he would be recruited to participate in the regime's demonstrations.



She forbade him to leave the house because she was so scared he would be killed. My mother was afraid, so I was afraid.”

### Adjusting to the new life

The Syrian children participating in the summer camp have mixed feelings about being in Lebanon. On the one hand, they feel much safer than they did in Syria. On the other hand, they miss their homes, they worry about those they left behind and about what the future has in store for them and for Syria.

Amir is also 13 years old. He has been in Lebanon for three years. “In the beginning, it was exciting to go to a new country. We live with my uncle in a new house, and there are many beautiful places in Lebanon. But sometimes I am sad, because I miss my home. I miss my grandmother and her love and care very much. She is still in Syria. I remember when the tanks came to our neighbourhood at night and the fighting would start. The army would cut the electricity, so they could see in the dark from where the shots were fired. My sister was scared by the shooting and couldn’t sleep.”

Both Sara and Amir think about their home country a lot, and are saddened by the destruction and loss of life. They both want peace in Syria and to be able to go back and rebuild their country. When asked about what they want to be when they grow up, they both answer “architect.”

“When I think about Syria, I am sad. So many people have been killed and there is so much destruction. My biggest dream is to become a great and famous architect and go back to Syria. If I were to become the next president of Syria, I would help the poor and rebuild their houses. I would not oppress anyone, but be good to all the people,” says Amir.

Sara also dreams of going back to Syria, but first she wants to see the world – especially her mother’s home country.

“My biggest dream used to be to go to my mother’s home country and meet my grandmother. But she is dead now, so that is not possible. Now I want to travel and visit all the countries in the world. I would be so happy if I could gather all my relatives in one place – anywhere in the world. It doesn’t matter where, as long as we are all together.”

This article is based on interviews conducted in Lebanon by Julie Lorenzen of Danish Red Cross, who has kindly shared her notes and pictures with the PS Centre. Psychosocial support delegate Despina Constandinides provided the picture texts.

## Resilience-building activities

Home-made clay made into tiles with free association paintings. The children first made the clay out of flour, salt and oil. Then they were asked to shape and paint it any way they wanted. The exercise allows the children to express themselves creatively and at the same time, it shows them a way of making their own toys out of cheap, accessible materials.



Clay sculptures. The purpose of creating a statue or three dimensional object is to relieve tension, using both our hands and our minds, while demonstrating the ability to take ideas or thoughts and change them into physical objects. Clay can also symbolize the ability to turn emotions such as violence and anger into productive art. Clay is a tactile material that engages the senses—sight, touch, sound, and smell. Children were asked to sense the clay, treat it and shape whatever was on their mind.



On the first day of the camp, the children were asked to decorate their room and the camp. Here they were asked to write a welcoming note for any visitor of the camp. Both drawings say “welcome in our club.” This activity contributes to team building and increases the children’s sense of belonging and ownership of the camp and camp properties.

The shoe game. The children are put in two teams. Each team piles their shoes in a corner. The children then have to cooperate to get their shoes back on, without the use of violence. The first team to wear shoes again wins. The aim of the game is to teach the children about team-building, cooperation and non-violence.



# The Heart of the Intervention

## Psychosocial Support is central in Kenya Red Cross's response to deadly mall attack

**Kenya, Saturday 21 September:** Hellen Mwangovya had just returned to Nairobi from a trip to the Dadaab refugee camp. Going to Dadaab is always a hard experience, and Hellen was looking forward to a weekend of rest and reflection. She had just sat down to lunch, when she saw a news flash that something was happening at the fashionable Westgate mall in Nairobi.

Checking her telephone, the social services manager at Kenya Red Cross Society (KRCS), saw that she had two missed calls from the KRCS Deputy Secretary General. "I need you at Westgate, and I need counsellors," was the message when she called back. "I need ten counsellors to start with." Leaving her lunch uneaten at the dining-room table, Hellen left for Westgate, making phone calls on the way. By early evening, she had mobilized seven counsellors to the scene.

At Westgate, a group of terrorists had entered the mall and attacked members of the public with grenades and automatic rifles. The attack lasted for three days, leaving 72 people dead and many more injured.

Hellen Mwangovya and her team started working, calming hysterical people down, providing psychological first aid. Amidst the chaos, they pulled through the night, and the next morning re-enforcements arrived.

"At this point in time, what we needed was, first of all, a high number of counsellors and their skills," Hellen recalls. "We have Red Cross volunteers who are trained in psychosocial support, but they had been part of the search and rescue operation throughout the night and were highly affected by the situation and in need of psychosocial support themselves."

"The best thing for us to do was to acknowledge that we had people out there with skills and that we should tap into those skills by immediately converting them into volunteers, delivering services to the people." About 200 members of the Kenya Psychology Association – psychologists, counsellors, para-counsellors and child therapists – turned up. They were screened, selected, briefed and divided into teams providing psychological first aid to survivors at the hospitals, at the morgue, at the tracing desk, to volunteers, and to others affected by the crisis.

### Caring for volunteers

In the operations centre, there were teams working in shifts just to address the needs of volunteers and staff. Before they went in for search and rescue, the volunteers and staff had a briefing session with a counsellor. The briefing sessions had two aims: to prepare and to assess.



Image courtesy of Kenya Red Cross

The volunteers were given as much information as possible about the tasks they were about to undertake so that they would have a realistic expectation of what they may experience in the process. The mental states of the volunteers were also assessed. They had to be strong enough to be exposed to the extreme levels of stress that the search and rescue work entailed. One volunteer had been retrieving dead bodies from the mall, and the psychosocial support team felt that he seemed down. He was referred to a clinical psychologist who deemed him fit to go on duty again, but they kept an extra eye on him from then on, ready to pull him out if he showed further signs of distress. Another time, the team had to bring in a psychiatrist to help with a case which they could not manage alone. Hellen Mwangovya explains: "We know our limits in terms of what we can do and what we cannot do, and we were lucky to have good opportunities for referral."

When the volunteers came back, they were put through the same process, making sure that the staff and volunteers received the support they needed.



### Restoring Family Links and Psychosocial Support

Near the mall, the KRCS set up a reception centre with Restoring Family Links services and psychosocial support. “We normally have the two components working closely together, so tracing services and psychosocial support services are set up at the same time,” Hellen explains. “Normally people will first go to the tracing table looking for information about their loved ones – have they been found or identified? At the tracing desk, they often get distressing information: maybe there is no news for them, or the news is bad, or they are told to go to the morgue to look further. That is where the psychosocial support team comes in. Often it will be the psychosocial support team that breaks any bad news, because the tracing services do not have the capacity to do so themselves. So we work very closely.”

### Reaching out to all

During the entire attack, social media like Facebook and Twitter were alive with updates about what was going on inside the mall and in the rescue operation. The constant updates had both a good and a bad side, Hellen Mwangovya thinks. On the one hand, it provided people with information about what was happening, but on the other hand it created extra anxiety and prompted many people to come down to the site, either to offer help, to look for loved ones or merely out of curiosity. Some of the people coming to the site were clearly distressed, but the security situation around the mall was very sensitive, so the security forces had to keep people at a distance.

“We had people with a lot of anxiety waiting outside. But the security told them they could not get in to see the Red Cross counsellors because it was unsafe. So we set up services outside the operations centre to make sure we could help more people. We didn’t want to leave anyone out.”

### The morgue

Another team was at the morgue, where the dead were brought from the mall. The team of psychologists was given a tour of the morgue, so they would know what it was like in there. This was important in order for the team to be able to talk to the bereaved and prepare them for what they would see when they went into the morgue to look for their loved ones.

“The people who came to the morgue were in great distress, so we put a lot of effort into preparing the team to support them in the best possible way,” recounts Hellen. She later described the experience in the morgue as one of the most difficult of her life. “We got the grand tour of the morgue, seeing everything, the cooling rooms, how the bodies were stored and some of the dead bodies from Westgate. I have been in the morgue before, but this time it was different. And when we came out, the press was waiting for us. They wanted to know every little detail about what we had seen and felt.”

Dealing with the media turned out to be a stressful part of the work throughout the operation. “The media people were really pressing us and being very intrusive. The survivors just wanted peace and privacy but the journalists kept wanting to talk to the survivors and to take pictures. We have protocols about who talks to the media, but the journalists disregarded this. They didn’t want to talk to a press officer; they wanted to talk to me, because I was closer to the

survivors. And when I refused to talk to them, they would become very angry with me.”

### Lessons learned

The Westgate Mall attack mobilized large parts of Kenyan society and brought the nation together in a shared desire to help. A nationwide blood drive was launched and thousands of people turned up to donate blood for those injured in the attack. Members of the Kenyan Psychological Association turned up in force and donated their time and skills to provide psychosocial support to the affected population.

“We used available resources of the entire public. People were giving back to their country and their own people. This was very motivating,” Hellen relates. At the same time, the magnitude of the operation and the large number of people who turned up to help underlines a point that is often made when looking at lessons learned after emergencies: that good preparedness, good coordination and good logistics are key to a good response.

Hellen explains: “When it comes to psychosocial support, we need to harmonize our strategies both at a national level and at the level of the Red Cross. I also realized that we need to scale up on training our volunteers. We already train a lot, but in an emergency situation like this, we need a large number of volunteers. During the attack, we had good logistics. This made a huge difference for us. I was able to move around from place to place and talk to the counsellors and fix their problems immediately so they could go on with their work.”

After the West Gate mall attack, Kenya Red Cross Society has launched an emergency appeal to assist people affected by the attack for a year. KRCS wants to focus on preventing long term psychological consequences for those affected, and to promote resilience in the form of improved disaster preparedness and risk reduction. The interventions will incorporate supportive communication on trauma healing and peace building and will strengthen the response and coordination capacity of KRCS with government ministries and other stakeholders.

*Kenyans turn out in droves to donate blood to Red Cross in Uhuru park in Nairobi. Riccardo Gangale/IFCR*



## Adapting Psychosocial Training

*By Zara Sejbjerg, International Federation regional psychosocial support delegate, Southeast Asia*

Being part of psychosocial support trainings throughout Southeast Asia over the past year has been an inspiration and a positive learning experience. For me, the biggest learning experience has been in relation to cultural adaptation: as a trainer I have found that the “universality” of psychosocial support, and in particular psychological first aid, needs to be further explored. Only through a deeper understanding of the respective cultures and social contexts we live and work in, will we be able to make a genuine difference.

One way to highlight the need for cultural adaptation is through role play on psychological first aid and supportive communication, where participants explore various ways of communicating— both verbally and non-verbally. For example, how the concepts of “staying close” and “active listening” are played out in role plays varies from country to country and from city to village. Observing Red Cross Red Crescent staff and volunteers performing role plays in Thailand and Hong Kong during trainings has been a wonderful learning experience and highly entertaining. The acting skills of staff and volunteers were truly impressive and moved many of us to tears, and certainly also heartfelt laughter.

There have also been deeply touching moments during the trainings. One moment that really stands out was after we had discussed the subject of “loss and grief.” I was about to join the participants for a coffee break, when I noticed that one of the participants had stayed behind in the room. I asked him to join me for a coffee and he hesitantly walked up to me and said, “There is something I would like to tell you: when my father died two years ago I felt a little sad, but most of all I felt a great sense of relief. I have never said that to anyone before, not even my wife, but now I feel I can say it and it doesn’t mean I am a bad son. Thank you for that.” It is moments such as this that I cherish the most as a trainer; knowing that something stirred or shifted - on a personal level - for someone during the training.

The look of relief on his face also reminded me of something else I feel very passionate about: taking care of family. Taking care of Red Cross Red Crescent staff and volunteers and providing them with psychosocial support when they are working under stressful conditions should be our first priority. Not only when they are working in the field, but also at headquarters of National Societies



Thai Red Cross Psychological First Aid carry out different role plays as part of training. Images courtesy of Thai Red Cross Society.

and in International Federation offices - from Beijing to Tehran to Copenhagen. We tend to forget our humanitarian values within the family – not out of indifference, but simply because in emergency situations, staff and volunteers are so focused on trying to save and protect lives. As a trainer, I have been deeply inspired by the interest and eagerness of staff and volunteers to learn about psychosocial support, but I have also sensed that that interest stems, at least in part, from a strong personal need to better understand and cope with the stresses of working in a humanitarian setting. It is therefore my hope that more and more Red Cross Red Crescent employees, from the management and down, will feel inspired to read the International Federation psychosocial support toolkit “Caring for Volunteers” and to implement its valuable tools on all levels of the Movement. If we all make an effort to “walk the talk,” we can ensure the safety, well-being and continued commitment of our staff and volunteers throughout the world. It will only make the Movement stronger.

Over the past year, the IFRC Regional Delegation has conducted trainings on psychosocial support and PFA in Myanmar, Cambodia and Thailand in collaboration with the National Societies and the Red Cross Society of China (Hong Kong Red Cross). Sessions about psychosocial support have also been successfully integrated in regional and national emergency health trainings.

In Cambodia, the Cambodian Red Cross is currently integrating psychosocial support components into their community-based health development programme, as well as into the programme in Thailand, and health staff have been trained in psychological first aid. In Hong Kong, the IFRC Asia Pacific training on Emergency Health provided a great example of how a holistic and integrated approach to Emergency Health can better serve vulnerable populations. Another wonderful example of integration is underway in Myanmar, where efforts to integrate psychosocial support and child protection components into Restoring Family Links are progressing with the technical support of the Danish and Australian Red Cross.



# PROVIDING PSYCHOSOCIAL SUPPORT FOR PEOPLE AFFECTED BY THE ECONOMIC CRISIS

## ⌘ Guidance Note for European National Societies

Prepared by Europe Zone Office in collaboration with IFRC Reference Centre for Psychosocial Support

Since the onset of the economic crisis in 2008, millions of Europeans have fallen below the poverty line and are struggling to make ends meet. What was perceived to be a temporary phenomenon has now taken root in countries and communities, and the number of people at risk of poverty has reached 120 million.

Many National Red Cross Red Crescent Societies have increased their domestic social activities in response to the increasing number of people in need – of everything from food aid to job training to psychosocial support. Whether in social centres, branch offices or during visits to families, psychosocial support is often an integrated part of other programmes provided by Red Cross Red Crescent staff and volunteers to people affected by the crisis.



Image courtesy of Albert Nicomedes



**Europe  
in Crisis**  
think differently.



International Federation  
of Red Cross and Red Crescent Societies



## ⌘ Guidelines for Psychosocial Support after Economic Crisis

A number of European National Societies have provided psychosocial support to people affected by the crisis – from Iceland, where the crisis first struck, to Cyprus, which was hit five years later, in early 2013. Several of the National Societies have presented their activities at psychosocial conferences and have made their presentations available in the ENPS section of the Austrian Red Cross website, linked here: <http://bit.ly/1hzDp8E>

“Think Differently,” an International Federation report published in October 2013, about the humanitarian consequences of the crisis, draws attention to the fact that after years of sustained low suicide rates, suicide, attempted suicide and mental health problems are again on the rise.

Written in connection with this report, these guidelines are intended to provide information about standard reactions to crisis and how best to deal with them, and can be applied to crises anywhere in the world. Included also is a list of resources for accessing further information.

## ⌘ Normal reactions to abnormal situations

Losing your job, losing your home, realising that you are no longer able to provide for yourself or your family, and having to ask for help. This is the desperate situation in which many Europeans have found themselves in recent years, and we have come to realise that it could happen to any of us.

Society’s poorest, as “Think Differently” points out, have been hard hit by the crisis, sinking further into desolation with little hope of pulling through. At the same time, middle class families have faced enormous challenges making ends meet and returning to their position in mainstream society. Loss of employment was not the only factor – students and people with jobs have also been affected and unable to pay their bills, as prices for food, rent, transportation and all else, rise faster than salaries or grants.

Whether it happens suddenly or is a more gradual process, the situation is dire and distressing. Though each individual will react in a different way, it is good for staff and volunteers to be aware of common reactions to extreme stress when working with beneficiaries.

Although children, single parents and the elderly are often identified as the most vulnerable, it is important to be aware that other groups can also be vulnerable. Traditional breadwinners, for example, middle-aged men and women, may suffer from loss of pride and a feeling of uselessness, if they are suddenly no longer valued in the workplace. There is also extreme stress associated with no longer being able to provide for one’s family. Young people may also be afflicted with depression or loss of hope for the future, if prospects are bleak for entering the job market after completing their education. Some studies have shown that special attention must be paid to children in economic crises, as they will often blame themselves for their family’s hardship, or when their parents have had to give up something for their children’s sake.

### ⌘ Common reactions to extreme stress:

- Anxiety
- Constant watchfulness
- Startled responses
- Poor concentration
- Re-experiencing the event
- Guilt
- Sadness
- Anger
- Emotional numbness
- Withdrawal
- Disappointment
- Mental avoidance
- Behavioural avoidance.



## ⌘ Planning or revising psychosocial support

Psychosocial support can and often should be integrated into other programmes. Some National Societies, however, also offer effective psychosocial activities in Red Cross and Red Crescent social centres.

To enable staff and volunteers to provide the best support, it is advisable to provide them with some training, such as in psychological first aid and lay counselling. This will also make it possible for them to identify more severe cases that may need to be referred to a professional, for example, if an individual shows signs of being suicidal.

When integrating psychosocial support into other programmes or creating stand-alone activities, consider building them around these five pillars:

### Safety

Being in actual danger or the feeling of not being safe is very distressing. In the context of economic crisis, lack of safety can relate to losing one's home, not having a place to sleep, not being able to get adequate medical care, or not being able to provide for one's family. Suggested activities for fostering a feeling of safety include:

- Psychological first aid
- Lay counselling
- Referral to mental health professionals if needed
- Providing shelter and other basic necessities
- Support to pregnant women and small children to promote and maintain good nutrition and healthy lifestyle.

As an example, some National Societies are helping with the provision of shelter, distributing relief, and supporting people with below-standard living conditions by talking to them, as well as by providing meals to children before, during, or after school hours.

### Calming

Stressful or dangerous situations can trigger reactions in people which may actually increase their distress. Even though they are perfectly normal, reactions such as anxiety, anger, sleeplessness, etc. may be perceived by the individual as a sign that they are "losing it," going mad, or are no longer able to cope. Calming people down and helping them recognize these reactions as natural and normal is an important step in psychosocial support. Suggested activities for fostering a sense of calm include:

- Psycho-education (teaching about normal reactions to crisis and advising on how to cope)
- Psychological first aid
- Sharing of information
- Recreational activities such as playing games, handicrafts, physical exercise
- Stress-relieving exercises such as yoga, meditation, mindfulness, etc.

## ⌘ Different ways of coping

Just as we react to crisis in different ways, we also have different ways of coping with new life situations. Some people may demonstrate what can be termed as negative or even harmful ways of coping, which can include:

- Self-medication
- Alcohol and drug abuse
- Sustained avoidance, including denial, seeking excessive distraction, refusing to talk about the crisis, inability to face reality
- Social isolation
- Chronic depression
- Aggressive behaviour

It is important to note, however, that when given the necessary support, most people will find they have the strength and resources to adapt to new life situations. Assistance from Red Cross Red Crescent staff and volunteers can help generate more positive coping mechanisms. These include:

- Admitting that something distressing is happening and that the present situation is difficult
- Finding a good balance between feelings, thoughts and knowledge about the situation
- Maintaining a connection to family, friends and others
- Seeking actively to solve problems or better one's situation.

## ⌘ Taking care of staff and volunteers

Assisting people affected by crisis can at times be very stressful for staff and volunteers as well, whether beneficiaries are neighbours, friends or complete strangers. Remember to take good care of your staff and volunteers by ensuring they have the necessary knowledge, support and appreciation, as well as time-off, to enable them to be as effective as possible. You will find a multitude of useful tools in *Caring for Volunteers – A psychosocial support toolkit*, available on the PS Centre website.

## ⌘ Suggested resources

*Community-based Psychosocial Support Training Kit*, by the International Federation Reference Centre for Psychosocial Support. Read more on <http://www.pscentre.org/library/>

*Caring for Volunteers – A psychosocial support toolkit*, by the International Federation Reference Centre for Psychosocial Support: <http://www.pscentre.org/library/>

*Lay counselling – A trainer's manual*, by the International Federation Reference Centre for Psychosocial Support: <http://www.pscentre.org/library/>

Think Differently – Humanitarian impacts of economic crisis in Europe, report, by the International Federation: <http://bit.ly/15ssl05>

In a Better World – a film, by the International Federation: <http://bit.ly/19V9w9r>

Impact of economic crises on mental health, report, by the World Health Organization, Regional Office for Europe: <http://bit.ly/dYXUOJ>

## Self- and collective efficacy

The term efficacy refers to a person's or a community's ability or capacity to produce the results they want. Being able to influence one's own situation is very important for well-being. Sudden unemployment or the loss of housing or daily routines can severely threaten the feeling of being in control of one's life. It is therefore important to provide activities that help people regain or remain in control of their lives. Suggested activities to strengthen the sense of self-efficacy include:

- Assistance with debt-counselling, job training and seeking, filling in forms for benefits, etc. (already carried out by many National Societies, see <https://fednet.ifrc.org/en/ourifrc/offices/europe/what-we-do/economic-crisis/updates/> – only for RCRC staff)
- Support children to stay in school
- Promote healthy coping mechanisms and life skills
- Support healthy life styles
- Lay counselling.

## Connectedness

Having a dependable network of people, including family members, friends, neighbours and others in similar life situations provides invaluable social, emotional and practical support. But just as feelings that may arise from loss of job and livelihood can lead to self-imposed isolation and social exclusion, withdrawing from others is a common sign of distress. Suggested activities to support feelings of connectedness with other people include:

- Participating in support groups
- Playing games, engaging in sports and other social activities (for children and young people)
- Organising activities that bring families together and give them positive experiences and memories in times of adversity
- Raising awareness, for example on solidarity and against discrimination of people affected
- Focusing on particularly vulnerable groups who are not likely to seek support.

## Hope

The loss of hope may lead to apathy and depression. It is important to actively involve people affected by crisis in finding solutions by discussing options, showing they are not alone and that their concerns and fears are shared by others. Fostering hope – while maintaining a realistic outlook on the future – will enable individuals and families to find solutions and adapt to new life situations. Suggested activities for instilling hope in individuals include:

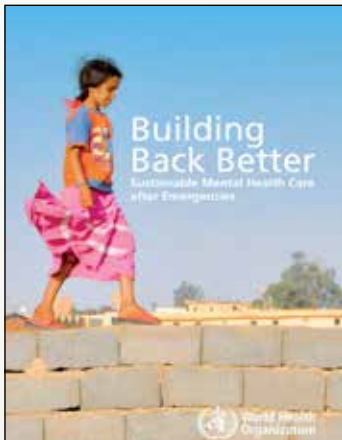
- Vocational training
- Life planning activities
- Meetings with people who have overcome similar situations
- Mentoring
- Help people find hope in rituals, spirituality, hobbies, etc.



# The PS Centre is reading...

In order to keep up-to-date with current developments in psychosocial support in the field and in academia, we read a lot at the PS Centre. In this new section of *Coping with Crisis*, we would like to inspire you by sharing some of the titles we've been reading.

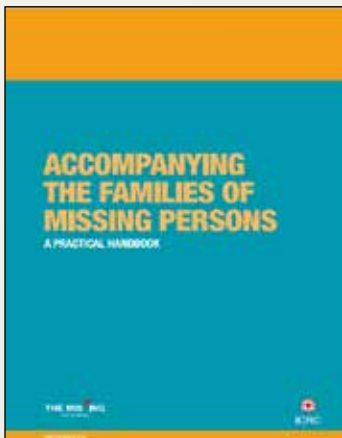
***Building Back Better – sustainable mental health care after emergencies***,  
World Health Organization



Emergencies, in spite of their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need. This WHO publication shows how this was done in 10 diverse emergency-affected areas. Download: <http://bit.ly/1dtbK3p>



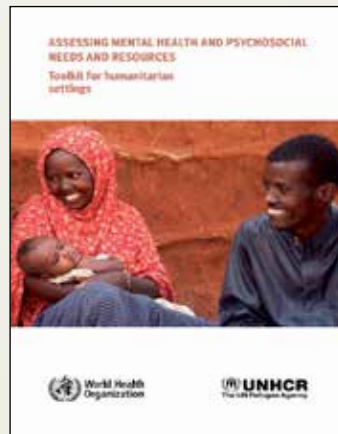
***Accompanying the Families of Missing Persons: A practical handbook***,  
International Committee of the Red Cross



This 158-page handbook brings together the experience and knowledge gained through support programmes for families of people who went missing during conflict. The programme began in 2000 to help the families of the missing deal with their anguish and the resulting psychological and social consequences of conflict in Bosnia and Herzegovina. Projects providing holistic and wide-ranging assistance to the families of the missing soon developed in Serbia and Kosovo. Download: <http://bit.ly/1crC2Sz>



***Assessing Mental Health and Psychosocial Needs and Resources – Toolkit for humanitarian settings***,  
World Health Organization and UNHCR

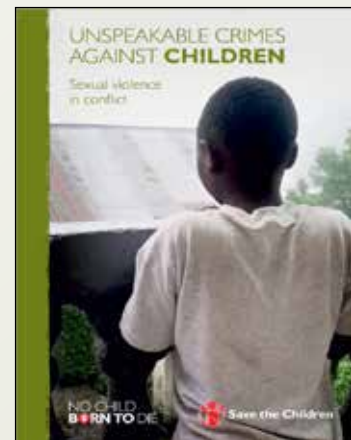


The WHO-UNHCR publication *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings* was developed because of frequent requests from the field to advise on assessment. Although a range of assessment tools exist, what has been missing is an overall approach that clarifies when to use which tool for what purpose. This document offers an approach that should help assessors review information

that is already available and only collect new data that will be of practical use. Download: <http://bit.ly/1fDMtVG>



***Unspeakable Crimes against Children – Sexual violence in conflict***, Save the Children



Addresses key questions to understanding sexual violence against children in conflict: What's the scale of the problem? Who suffers? Where does it happen? Who are the perpetrators? Why does it happen? What's the impact on children? The report looks at how we can protect children in these situations and identifies gaps in funding. It makes recommendations to G8 countries to tackle these horrific crimes against children. Download: <http://bit.ly/187uplp>

# Four new insights about overcoming crisis

*In examining the latest developments in psychosocial support research, four recent insights may be of importance to our work. Highlighted here are the notions of grief research, the role of positive emotions, resilience as a social process, and growth as an outcome of crisis, as well as some recommended intervention forms.*

**By Barbara Juen University of Innsbruck, Austrian Red Cross  
and Monika Stickler, Austrian Red Cross**

## 1. Grief Research

Grief research has shown that psychosocial support is a good way to help grieving people and that psychotherapy interventions at too early a stage can be harmful to the individual's natural grieving process.

Recent grief research shows that grief is largely determined by cultural norms, that grief stages cannot be empirically proven, and that there is no "normal" grief, in the sense that stages or phases can be anticipated or have a specific course or duration. Grief is normally shared with others and the whole process of bereavement lasts longer than it is assumed in our western societies.

Phase or stage models do not have an empirical basis and assume a determined course of grief: for example, disbelief, intensive emotions and acceptance. In working models of grief, the tasks that have to be accomplished are also conceptualized, in phases such as realization, working through emotions, and reuptake of emotional life.

An example of this is the research conducted by Maciejewski et al, (2007), which analysed a group of 233 grieving persons and found that disbelief was not the dominant response in the beginning, that (struggling for) acceptance was most dominant in all phases, and that yearning was the most prominent negative grief indicator in the first months. Over time, disbelief and yearning decreased and acceptance increased.

In attachment theory, grief is the biologically determined reaction that follows the breaking of an attachment bond. Grief reactions

can be observed in humans as well as in social animals. When a loved one dies, we have to redefine our relationship to that person, and how we do that may vary significantly depending on our culture and religious beliefs.

Today most researchers prefer applying coping models of grief to phase or stage models, which indicates a broad acceptance that grieving persons have to cope with new and overwhelming emotions as well as with new life circumstances.

Hansjörg Znoj showed in his study on parents who had lost a child that if this process is completed in a positive way, the individual may be more able to cope with extreme negative emotions (Znoj, 2006).

Loss is a life-event that has a specific, even biologically-determined course of reaction and takes time. According to Znoj, therapeutic help is not always needed and does not shorten the course of the reaction. It may even hinder the natural healing process ("too much grief"). Psychotherapy only works when there are complications in the bereavement process (e.g. Shear et al, 2001, Wagner et al, 2005).

How then, can psychosocial support help grieving persons? In a study analysing 376 cases of sudden death, we found that grieving persons have very specific needs that may be well met by psychosocial support. The families or groups received acute crisis intervention in their homes from one to three times, by members of the Acute Team in Lower Austria. The families' most important needs and resources were the following:



- Connectedness with family and friends
- Social integration (to have a network of friends, school, broader social network)
- To be able to take responsibility for the family
- Personal resources (creativity and rituals)

Psychosocial support has as one of its goals the enhancement of connectedness and of self- as well as collective efficacy – needs which the affected persons themselves confirmed. We also asked those who were grieving how they felt about the efficacy of talking to somebody from outside the family. Their responses showed that a person from outside the family who listens to them in an empathic manner had the following positive effects:

- Reduction of stress and enhancement of feelings of self-efficacy and safety (provided that the person to whom they talked could be trusted and was able to provide psycho-education)
- Enhanced feelings of safety were fostered by being able to talk about traumatic events and share with others who were also witness to the events (especially in cases of violent trauma)
- Alleviated feelings of guilt and fear, through verbalising difficult emotions
- Feeling that time and space were given to talk about the whole story in detail, and to summarise events (whereas in daily interactions with friends and family, episodes tend to be recounted piecemeal)
- Decreased feelings of loneliness, and feeling of getting one's thoughts in order

Based on these findings, we can give the following recommendations as to what should be done in psychosocial support:

- Listen to the grieving person and support the natural grieving process:  
For the grieving family, the ability to talk to an outsider who is present, interested and attentive is key, especially when dealing with difficult emotions.
- Give information and psycho-education:  
Information and psycho-education is vital to enhancing feelings of competence and ability to cope with extreme negative emotions.
- Accompany and support the grieving person in an understanding and non-intrusive manner:  
Being able to talk repeatedly and at length about the event and the deceased helps those affected by an event to come to a better understanding of events, and is seen as the most important aspect of talking to somebody.
- Promote connectedness:  
It is crucial not only to be connected to family and friends, but also to a broader social network.

- Encourage fostering personal resources and rituals:

Returning to a routine is imperative, but also accessing personal resources like creativity and rituals is seen as helpful in the grieving process.

## 2. The role of positive emotions

Positive emotions play a vital role in coping with crises including grief and trauma. When psychosocial support includes the elicitation of positive emotions like solidarity and thankfulness, it is shown to benefit affected people.

For a long time the focus of disaster research was mainly on negative emotions evoked by disaster, such as emotional lability, guilt, and so forth. Emotions that are prominent after man-made disasters often missing: anger, loss of dignity, shame, fear, anxiety. More recent research has begun to explore negative and positive emotions related to trauma, and has found that positive and negative emotions can coexist even in extreme situations.

For example, Vasquez et al (2005) found that after an earthquake in El Salvador, 72 per cent of survivors sought meaning for the disaster, while 88 per cent relied on their religious beliefs for support. Positive emotions and posttraumatic growth were attributed to positive learning (67 per cent), useful leisure activities in the shelter (94 per cent), being able to make friends in the shelter (80 per cent), and moments of happiness after the

Nzinizirira Angeline of Burundi has survived overwhelming grief, having buried her husband and seven of her eight children. At 67, she can now afford a smile, thankful that she has one surviving daughter who has given her three grandchildren. Nancy Okwengu / IFRC



disaster (including thankfulness for being alive, protected, etc.) (72 per cent).

Consider this study, involving the comparison of two shelters, one of which was characterised by the presence of numerous NGOs and less participation, and the other with fewer NGOs present and more participation. In the former example, the beneficiaries reported feeling more humiliated, and having fewer moments of happiness, as well as being less active in the community.

Participation and collective efficacy are shown here to be key aspects of positive emotion regulation among beneficiaries, as are the sharing of emotions in collective rituals. Additionally, perceived benefits could be correlated positively to positive emotions and negatively correlated to feelings of hate. Based on this study, Vasquez gives the following recommendations for working with survivors:

- Focus on normal reactions and resilience
- Focus on directly exposed persons/groups
- Use different Intervention tools (PSP and specialised according to needs)
- Pay attention to positive emotion
- Focus on weakness and strength
- Reinforce positive projections into the future
- Detect resources
- Reinforce positive comparisons

### 3. Resilience as a social process

Resilience is increasingly understood as a social process that can be promoted by psychosocial support (especially aiming at safety, connectedness, calm, self- and collective efficacy and hope, as stated by Hobfoll et al, 2007).

Recent resilience research defines resilience not only as an individual ability or trait, but foremost as a social process during which groups and communities make use of resources in order to return to normality after critical events, and can even profit from these experiences, owing to the fact that social cohesion is strengthened and competence in dealing with future crises increased.

Psychosocial support can promote this process especially in times of crisis and major change. In their review of studies on psychosocial support and early psychological interventions, Hobfoll et al (2007) found the following five core elements of support to be efficient in enhancing resilience: safety, connectedness, self- and collective efficacy, calm and hope. Therefore in all psychosocial interventions these five principles should be taken into account.

### 4. Posttraumatic growth and wisdom

Growth is seen as one important outcome of dealing with crisis that defines resilience. Posttraumatic growth is a concept that is rather old but which is coming increasingly into focus in trauma



Returning to normality after a catastrophe, Pakistan, 2005. Jakob Dall, Danish Red Cross



research, which has for a long time placed too much emphasis on the negative outcomes of trauma and disaster. More recent studies show that crisis may lead not only to negative outcomes like mental health problems, but also to positive outcomes like a subjective positive change in the following five domains: (1) Relating to others, (2) Personal strength, (3) Appreciation of life, (4) New possibilities, (5) Spirituality (Tedeschi, Park, Callhoun, 1998).

Stephen Joseph describes the process of adversarial growth as a mix of positive and negative changes after crises that may lead to a different self-and world view. Positive change does not exclude negative changes like the loss of unconditional trust in others; suffering and positive change can coexist. A certain tolerance of uncertainty and limitation is an integral part of what defines wisdom, where wisdom may be defined as a person's expertise in the fundamental pragmatics of life, (Baltes & Staudinger, 2000), and includes three dimensions: (1) Recognition and management of uncertainty; (2) Integration of affect and cognition; (3) Recognition and acceptance of human limitation (Linley, 2003).

The role of meaning is a vital factor in positive adaptation to trauma or critical life events (Frankl, 1984). Finding meaning requires rational thought but emotion also plays a significant role in the creation of personal meaning (Greenberg & Pascual-Leone, 1997). By integrating emotion and cognition in the adaptation process, we may gain wisdom and the experience of growth. Having someone to talk to who will listen to our story is one important element in this process. Experiencing social support and the positive emotions resulting from sharing experiences and receiving support is another key factor.

## Summary

As a summary of recent research we can state that loss and critical events are normal human experiences that may lead to development in individuals and groups as well as communities. If circumstances allow for safety, positive social support, participation, processes of finding meaning, integration of emotion and cognition, and future orientation, growth is more likely to develop. In offering psychosocial support we may be able to provide an essential element in the social process of resilience and in the long term, allow for posttraumatic growth and the development of wisdom after adverse experiences. Psychosocial support, psychological first aid and psycho-education are the recommended intervention forms.

## Recommended intervention forms

Psychosocial support (PSS) is an umbrella approach, following the intervention principles named by Hobfoll et al, (2007) with the aim of promoting resilience of individuals, groups and in crisis.

Psychosocial support includes a broad variety of interventions promoting the resources of individuals, families or groups as well as the community as a whole. It can prevent distress and suffering from developing into something more severe, help overcome adversity, and foster a return to normality and recovery after crisis.

Psychosocial support activities range from psychological first aid in the phase immediately following a disaster or other critical event, to psycho-education, family and community support after crisis, and more focused non-specialised services, such as special programmes for children and adolescents to overcome the death of a caregiver.

### Psychological First Aid

**(PFA)** is an element of psychosocial support that can be effectively applied by trained lay-people, including volunteers, but is also used by professionals. According to Sphere (2011) and IASC (2007), Psychological First Aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA is an intervention form that contains the following elements:

- Providing practical care and support which is not intrusive;
- Assessing needs and concerns;
- Helping people to address basic needs (for example: food and water, information);
- Listening to people but not pressuring them to talk;
- Comforting people and helping them to feel calm;
- Helping people connect to information, services and social support;
- Protecting people from further harm. (WHO, 2011)

### Psycho-education

Education refers to the provision of knowledge and skills to a given target group which involves teaching that can be done in a broad variety of ways. Psycho-education means the provision of information to the affected persons and groups as well as the initiation of a dialogue about the nature of stress, posttraumatic and other symptoms, and what to do about them. The provision of psycho-education can either occur before possible exposure to stressful situations or after exposure. The intention is to ameliorate or mitigate the effects of exposure to extreme situations. Educational information can be imparted in a number of ways and should not be given only as one-way information, but also in the form of a dialogue. It may include the provision of knowledge as well as skills training. Interventions may involve discussion groups, briefings, informational leaflets, dialogue with peers, possibilities for dialogue, answers to FAQ on the internet and many other methods (Wessely, S. Bryant, R.A., Greenberg, N. Earnshaw, M. Sharpley, J., Hacker J. Hughes, J. 2008, p. 287).



## Youth in Post-Conflict Situations: New handbook pilot-tested in Uganda

By Anne Lomholt Lei Hansen,  
PS Centre

***"I think the training has empowered both me and the team," says Samuel, a participant in the training of trainers in psychosocial support for youth in post-conflict situations.***

For more than 20 years an armed conflict between the so-called Lord's Resistance Army and the Ugandan government raged in Northern Uganda. During the conflict, countless children were abducted and forced into being child soldiers, labourers or sex slaves. Even though the conflict came to an end in 2007, many young people in Northern Uganda are still deeply affected by the remaining physical and emotional scars.

In 2011, Uganda Red Cross (URC) and Danish Red Cross Youth (DRCY) started the Life Planning Skills programme in Northern Uganda, helping young people achieve their personal best in life by inspiring them to pursue healthy and productive behaviours.

One of the volunteers in the Life Planning Skills programme is Samuel. He is 26 years old, studies business administration and has been a volunteer for six years. He describes some of the difficulties for youth in post-conflict settings. "Due to the war, most of the young people in Northern Uganda are not able to resolve even small conflicts amongst themselves and within their communities. We provide support by teaching them about resolving conflicts and coping with trauma."

Psychosocial support should always be implemented in a way that takes into account

the specific needs, situation and cultural context of those receiving support. In recognition of this important fact, Danish Red Cross

Youth in collaboration with the PS Centre has developed a trainer's handbook in psychosocial support for youth in post-conflict situations. The handbook is based on the Community-based Psychosocial Support Training Kit.

In May 2013, the new handbook was pilot-tested in Gulu in Northern Uganda in a five-day training of trainers workshop with participants from Northern Uganda, South Sudan and Liberia. All the participants in the training were young people who were strongly affected by armed conflicts.

The training was composed of six modules:

- Introduction to basic principles of psychosocial support and emotional reactions to armed conflicts
- The concept of youth
- Psychosocial support programmes for youth in post-conflict situations
- Facilitation in practice
- Supportive communication
- Planning a training workshop in psychosocial support for youth, reflecting the needs of their local communities.

A week after the training of trainers, Samuel and some of the other participants facilitated a basic training in psychosocial support for youth in Apach in Northern Uganda. Samuel describes his experience: "The most important thing I learned while I was a trainer was the approach of the training.



Some of the topics in the training were very sensitive for the participants, but the training provided the participants with a safe space to share experiences and to learn from each other. I learned a lot of icebreakers and energizers during the training of trainers that are absolutely vital for facilitating community-based trainings, and I gained new knowledge of how to support other volunteers."

The training of trainers has confirmed the need for more material and trainings on the subject of psychosocial support for youth in post-conflict situations. As Samuel profoundly put it: "Supporting young people is fundamental because young people are the ones who will develop the country in the future."

The material "Psychosocial Support for Youth in Post-Conflict Situations. A trainer's handbook" is still in production. It is expected to be published and made available on the PS Centre's website in late spring 2014. The publication will be announced on our Facebook page ([www.facebook.com/psychosocial.center](http://www.facebook.com/psychosocial.center)) and in Coping with Crisis.

Photos 1 & 4: Energizer: Participants were asked to form a circle standing so close to each other that they could sit on each other's laps and maintain the circle. The purpose of this energizer was to enhance the cooperation and trust between the participants. Photos 2 & 3: Group work and discussion. Photo 5: The newly trained trainers facilitate their first training in an open-air setting in Apach the week after the Training of Trainers in Gulu. Photos courtesy of Anne Lomholt Lei Hansen, PS Centre.



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## Relief and Self-Reflection: Survivors learn from visual documentaries

By Gloria Chang, Senior Communications Officer,  
Red Cross Society of the Republic  
of China (Taiwan)

Four years after Typhoon Morakot devastated areas in southeast China and Taiwan, a series of visual documentary presentations about the events provides psychosocial support to survivors by allowing them to appreciate their own progress.

Living with the repercussions of disaster is like the nature of disaster itself: unpredictable. In the face of a natural disaster, we cannot possibly predict how we will react, how we will deal with grief and loss, how we will go about rebuilding our lives, or how long it will take us to recover.

Four years after typhoon Morakot hit Taiwan and mainland China in August 2009, the inhabitants of the region are still living with painful memories. Estimated to be the worst in the area in nearly five decades, the typhoon affected millions, claimed hundreds of lives, and swept away countless homes –even an entire village.

Inhabitants of Lai-Yi village in Pingdong County have been through separation, evacuation and reconstruction. Pingdong and Kaohsiung Counties in southern Taiwan were among the hardest hit by torrential rains. For safety reasons, many were evacuated to suburban areas where they had to start their lives all over again.

The government and NGOs cooperated to help survivors rebuild new homes. After Typhoon Morakot, Taiwan Red Cross Society (TRCS) initiated a six-year plan involving completing the reconstruction in the first three years, and thereafter assisting survivors to develop their livelihoods and strengthen their resilience along with psychological support.

In the immediate aftermath of the typhoon, TRCS focused all efforts on life-saving, disaster relief and temporary housing. By 2012, in the third year following the disaster, recovery and reconstruction phases were nearly completed – as planned. But as rehabilitation of the mind is seldom so obvious, few channels exist for psychosocial support.

“They weren’t aware that trauma is like a kind of disease and it needs medical treatment. Most of them are inhibited because of culture and their expected roles,” said a member of TRCS on-site staff.

Research shows that it takes time to deal with loss and sorrow. People need to accept facts in order to move on. Red Cross staff who are at

the temporary housing site to accompany survivors in the long-term have observed the general mood among the affected population turn as dark and damp as the physical atmosphere when typhoon season rolls around or when it rains heavily. Instead of fading with time, it is as though these people’s grief has accumulated, compounded, and become more and more obvious over the years. In fact, the number of cases of insomnia and depression increases dramatically during typhoon season.

Group trauma in communities is hard to assess and to treat effectively. Individuals within the community may react differently to the events, and monitoring the well-being of a group is more complicated. Adding to the difficulty of the situation is the fact that the survivors in Lai-Yi village are indigenous peoples with a different cultural background than that of the TRCS staff, making it even harder to judge the effect of traditional counselling.

Because of the cultural differences, alternative interventions can be useful. Art therapy is the practice of applying art, painting, and storytelling to help individuals to express unspoken or unresolved conflicts. It is often used as a suitable method for treating cases of trauma, loss and grief, as it transcends the boundaries of language, opening channels of communication and possibilities for discussion.

With this in mind and based on previous experiences, TRCS on-site staff initiated a project entitled, “You Are Never Alone,” together with Mei-Ho University’s Social Work Department and the local church. The event involved showing several documentary films about the 2009 typhoon Morakot in a group setting.

The project applied a four-stage resiliency theory which includes: looking back, retreat, acknowledgement and recovery. For the ‘Looking back’ stage, participants viewed and discussed a slideshow entitled “Come Home,” which documents the survivors’ transitional period from temporary housing to new homes. Some of the individuals who appeared in the slideshow also attended the event. ‘Retreat’ was illustrated by two slideshows showing the support from Taiwan Red Cross Society after the Great East earthquake and tsunami in 2011, and Cyclone Nargis in Myanmar in 2008. The ‘Acknowledgment & Recovery’ phase was marked by the showing of the documentary film, “Lai-Yi’s Song.” Here again some familiar faces turned up in



the film, and the traditional song struck a chord among the elder participants.

After the hour-long showing, a priest made a brief statement about how the films illustrated the participants' past, the disasters and even reconstructions in other countries. He expressed hope that participants would regard this moment as a new starting point, advising them to take a positive attitude toward what they have been through. He then led the group in prayer and worship.

After the showings and ensuing prayer session, participants spent a further half hour sharing their stories with the group. This gave them an outlet for their grief and affirmed for them that they in fact have the ability to deal with pain and sorrow. It also helped them to transform negative energy into positive thinking through their religious beliefs.

In Taiwan, many indigenous people are practicing Christians who attend church regularly. With respect to long-term healing, indigenous Christian Taiwanese have generally reacted positively when their religion is brought into focus. For these communities, the Christian faith is an important part of the recovery process.

Watching the documentaries together and sharing afterward provided survivors with a release for their pent-up tensions and accumulated worries and grief. The event was originally planned for 30 inhabitants of Lai-Yi village, but more than double that number turned up – 63 participants in all. According to the questionnaire they filled out, 92% reported liking the event, while 97% felt satisfied with it; all participants claimed to have enjoyed the film.

This method seems to have been successful in overcoming issues of cultural difference because it limits the need for external affirmation – that is, you don't need other people to tell you how much better you are now; the camera tells it all.

The positive feedback of this project can largely be attributed to two factors:

1. The activity is combined with the survivors' belief system, with the priest playing a key role in leading the path toward positive thinking;
2. People can clearly see the progress they have made through the documentary and how much love and help they received from others.

The "You Are Never Alone" project demonstrated that the documentary is a mirror which reflects the process that survivors have been through: when you see yourself in a film about past events, you subconsciously construct a dialogue with yourself in the past. It is a tool that has allowed survivors of the typhoon to see clearly the progress they have made, by comparing "then" with "now" after a significant amount of time has passed. By sharing their stories and hearing the opinions and observations of others who lived the events, the survivors' own experiences and feelings are affirmed.



### Sharing and feedback from participants

"When Typhoon Morakot struck us, I felt it's like the end of the world. I didn't know what to do. I had a lot of negative thoughts like unfairness and blame. Along with the journey of reconstruction, I can feel love from Taiwan Red Cross Society and appreciate Red Cross for accompanying us continuously since we have been in temporary housing. By watching the documentary and video slideshows, I realize that some people in the world suffered like me. In the aftermath of Typhoon Morakot, Japanese people assisted us a lot, and Taiwanese also gave numerous supports after the tsunami in Japan. We all moved on with each other's love and care. We shall cherish everything we owned and try to help others in need."

"We are so moved when we recall our lives by watching the documentary "Lai-Yi's Song." The video slideshow "Come Home" reminds us of the process from loss to rebuilding our new lives. Another video slideshow showing Taiwan's assistance to the Great East Japan Earthquake and tsunami make us feel that we have strength to help others."

"These films are touching and real. When watching them, we can feel love and see other people's situations in the aftermath."

## Join us online!

[www.mhpss.net](http://www.mhpss.net)

The Mental Health and Psychosocial Support Network is a growing global platform for connecting people, networks and organisations; for sharing resources and for building knowledge related to mental health and psychosocial support, both in emergency settings and in situations of chronic hardship.

The platform offers a wealth of resources and opportunities to connect with other practitioners of psychosocial support in specific geographic areas, in organisations, or according to thematic interest.

The International Federation Psychosocial Centre has a group on mhpss.net, where we invite you to join us. Together we can make the group a lively place for debate, networking and exchange.

Just go to [www.mhpss.net](http://www.mhpss.net), create a user account, and join the group "IFRC Psychosocial Centre."

[www.facebook.com/psychosocial.center](http://www.facebook.com/psychosocial.center)

You can also follow us on Facebook. We post psychosocial news, events, cases and pictures every week, and we invite you to participate in the conversation and share with us!



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