

Coping with Crisis

Reference Centre for Psychosocial Support

"Bam is still alive"

By Margriet Blaauw, Psychosocial Officer

When arriving in Bam ten months after an earthquake destroyed almost the entire city, the first images are of total devastation: piles of stones and rubble, as far as the eye can see. An IFRC poster of a little girl playing hopscotch in front of a tent, between the ruins of what once used to be her home greets visitors with the message "Bam is still alive".

Approximately 31.000 people were killed, 17.000 injured, 1522 women were widowed, and 2732 children became orphans*. More than 85 % of the buildings, including houses, schools, and health care centres were destroyed. Behind the statistics approximately 75,000 survivors are trying to find ways to carry on, to get some normality back in their lives.



Photo: Anne Sophie Dybdal, November 2004

The consequences of the earthquake left the entire population of Bam severely affected. According

to a needs assessment survey, conducted by the IRCS many people suffer from insomnia, nightmares, disturbing thoughts and anxiety. A large part of the population lives in container camps in the surroundings of the city. There is very little to do in the camps. The Iranian Red Crescent Society (IRCS) has ample expertise in the provision of psychosocial support to survivors of disasters. With support from the Danish Red Cross (DRC), the Icelandic Red Cross (ICRC) and ECHO they developed a psycho-social programme to reduce the suffering of the survivors of the Bam earthquake. From October 30-November 9 a mission was conducted to evaluate the programme. This article is based on the findings of this mission.

The programme in Bam consists of a counselling programme to alleviate the psychological suffering combined with an activity programme to reactivate social networks. Play activities are organised for children, adults have the possibility to join sewing, embroidery, knitting, doll making, computer, karate, aerobics, and painting classes. So far more than 20.000 people have been reached.

People feel that the programme has helped them getting back to their normal life. One of the beneficiaries mentioned that right after the earthquake she didn't want to

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speak with anyone. She wanted to see everything black. The activities have helped her to think less about the earthquake. She made new friends and realised that she was not the only one with these feelings. She learned new skills that have given her a feeling of pride and hope for the future.

A group of 55 children took part in a workshop, learning the basics of photography. With disposable cameras they took pictures from their perspective of the earthquake. The workshop resulted in the book "With Different Eyes" and a poster exhibition. The images are extremely sad, but some of the texts supporting the pictures are a powerful indication of the children's hope for the future.

The community itself is also seeking possibilities to help each other, to provide emotional and social support to those most in need. An elderly woman, who had lost almost all her relatives and spent most of her days alone, was "adopted" by her new neighbours. She now helps to peel vegetables for several families and feels part of a community again.

Despite the devastation some normal daily life seems to take place in Bam. Schools have started again; in the afternoon people gather around the food stalls and little shops along the main roads. It is recognised that the need for psychosocial assistance after a major disaster is likely to persist over a much longer time than the usual intervention period of emergency services**. Bam is alive, but its population still needs support. I would like to express my gratitude to the co-ordinators, staff and volunteers of the IRCS for their cooperation, patience and hospitality during this mission. ■

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*Data provided during the presentation of Dr Dafteri, Head of the Relief and Rescue Department of the IRCS, during the 'Lessons Learned Workshop' held on November 4, 2004, in Bam.

** Psycho-Social Support in Situations of Mass Emergency. European Policy paper, 2001. <http://europa.eu.int/comm/environment/civil/pdfdocs/cpact03h-en.pdf>

Staff Support Mission to Haiti

By Maureen Mooney-Lassalle, French Red Cross

The situation in Haiti over the last twelve month period has been very unstable. Political unrest was heightened in February 2004. As a result, the Federation delegates, together with the delegates of the Netherlands and French Red Cross, were temporarily evacuated to the neighbouring Dominican Republic. Meanwhile, the ICRC delegates remained in Haiti and monitored the situation from Port-au-Prince.

Last May a new crisis appeared as devastating floods hit the Haitian/Dominican Republic border in the South of the island. Local staff and volunteers of the Haiti Red Cross were actively involved in the response to this disaster, assisted by delegates from the ICRC, the Federation and PNS. This disaster response appeared to be very stressful for the parties involved and a formal request for psychological debriefing of both national and international workers active in the operation was sent to the Federation Secre-

ariat in early June. A proposal for psychological support over a three month period was forwarded by the delegation.

This article will essentially look at the psychological support for delegate staff and local workers. A psychologist of the French Red Cross with experience in psychological debriefing was contacted who left early July, one month after the initial request. The mission lasted 10 days.

Objectives

This mission to support staff and volunteers in the field was the first of its kind for the Federation.

The objectives, as formulated in the Terms of Reference were as follows:

- (1) To psychologically debrief international delegates from Federation partners on a voluntary basis as per expressed need.
- (2) To psychologically debrief local staff and volunteers directly involved in the Mapou operation on a voluntary basis.

(3) To assess needs for and recommend on how similar operations can set up support structures for staff and volunteers in the future

The mission

The delay of the mission was unfortunate. One of the consequences was that some volunteers and local staff could not be seen by the psychologist. Moreover, an intense conflict among the workers was not dealt with when needed and, as a result, some delegates experienced added stress.



Professionals and volunteers assisting in times of emergencies are often exposed to extreme physical and emotional stress. Photo: Reuters / Guillermo Flores, La Prensa. Courtesy of www.alertnet.org

Psychological Debriefing

Clear communication was given about the objectives of psychological debriefing along with information about the psychologist's mission.

Psychological debriefing is an active and temporary support process for individuals or groups who are experiencing an acute state of emotional distress. It should be adapted to different cultural situations, but has a common objective. It is not therapy. It permits an initial support and has a preventive aspect in that it allows people who may be fragile or strongly affected by the situation to be detected early on. It should be carried out by a person, or preferably a dyad, trained in the technique, with appropriate groups or individuals and within a certain time frame. The debriefing is voluntary and confidential. It should be noted, however, that psychological debriefing is only one aspect of a support structure.

As many people and organisations as possible were contacted and an offer was made to all staff and volunteers still in Haiti or Panama who were involved in this critical event. All accepted the offer. Because of the tense situation, people were largely seen individually.

As is often the case, few people were seriously affected by the critical incident stress. However several delegates were suffering from accumulated stress, which makes individuals more prone to develop physical illness and emotional distress. The causes of this accumulated stress were multiple:

- some delegates had been overwhelmed by the requests for assistance
- there was a high level of aggression and conflict between certain delegates without support from a person qualified in conflict resolution or defusing
- many people experienced the overall disaster response as slow and inefficient. This touched several areas: reaction to the disaster, choice of delegates, briefing of delegates and length of missions. Many perceived that co-ordination of the operation and communication at all levels was lacking. Delegates did not feel supported; either materially or emotionally. Roles were not clearly defined.

Recommendations for support structures for staff and volunteers

In order to be effective, a support structure for delegates and local workers needs to be in place before, during and after a mission.

Before the mission:

Bearing in mind that field operations are usually intense and/or potentially stressful situations, the recruitment or selection of individuals is important. The two most important criteria are technical know-how and being a good team player. It is vital too to show respect for one's colleagues and for one-self. Moreover, successful candidates need to be psychologically stable. This may vary over time and that is why regular assessments are necessary. As far as possible, the CV of a proposed candidate should be forwarded to the field managers or coordinators in advance to see to what extent the candidate complements the existing team.

It is too late to start learning about stress management, team-work, Red Cross princi-

ples, communication skills, technical debriefing and so on when one is already in the field. It is important that delegate staff and local workers be trained in advance in these areas to prepare them for the inevitable stresses in the field and to give them an idea of how to work in a team. This training is especially important for managers and co-ordinators that have important facilitating and defusing roles.

During the mission:

Clear support in the field reduces the possibility of excessive stress reactions. This support needs to have a multiple approach.

- clear definitions of roles and hierarchy with someone clearly designated as a co-ordinator
- communication that is clear and structured. Managers or facilitators need competence in facilitating group meetings for exchanges, information and eventual defusing
- in situations where suffering/stress noted in the field goes beyond the capacities of mutual team/managerial support, professional help can be brought in.

After the mission:

It is important that the delegates and local workers are seen by a professional (psychologist) on their return and two to three weeks after their return as a routine support structure. Coming home is not necessarily easy and if there are additional stress related symptoms, these may take a few weeks to surface.

Supporting delegates and local workers is part of the Red Cross movement's ethical approach of alleviating human suffering. In this case the suffering is amongst the staff and volunteers. In this mission, psychological debriefing was requested and accepted. The need for this type of intervention is underlined by the fact that past traumatic work situations, that had never been defused, were also aired and a positive feedback from the interventions took place. Supporting delegates in an integrated programme will diminish staff turnover and prevent possible future symptoms. Moreover, it will lead to more efficiency in field operations where stress and difficulties are more the rule than the exception. ■

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News from Copenhagen

By Janet Rodenburg, Head of Psychosocial Reference Centre

As of the first of October, our Centre has been supplemented with three new staff members: Margriet Blaauw, psychosocial officer; Beate Simonsen, administrative assistant; and Louise Juul Hansen, info-doc assistant. We are grateful to the Danish Red Cross and other donor societies for making this expansion possible and we are committed to improve the Centre's services in the future.

Late October a Steering Committee meeting was held in Geneva. An important decision taken was to change our name from "IFRC Reference Centre for Psychological Support" to "IFRC Reference Centre for Psychosocial Support", underlining not only the psychological factors, but also the social aspects affecting a person's quality of life. The term "psychosocial" refers to the close relationship that exists between the individual



The staff of the Reference Centre (from top left): Beate Simonsen, Louise Juul Hansen, Janet Rodenburg and Margriet Blaauw.

Photo: Bo Sørensen

and the social aspects of disaster and armed conflict, given that they mutually influence each other. In our opinion this re-

flects more the approach of the Red Cross/Red Crescent movement.

Rather than being a reference or resource centre, the Steering Committee expressed the clear wish that the centre become more operational, both in terms of bilateral and Federation activities. At the same time, the position of psychosocial officer in Geneva will expire by the end of the year, so that overall strategy and integration issues will also be handed over to the Psychosocial Support Centre. While this multitude of tasks is interesting and challenging, this will require careful planning and prioritisation of activities. Moreover, it is foreseen that the present roster group needs to undergo some fundamental changes in order to meet the operational demands. At the meeting, the Centre's strategy paper, work plan and budget were approved. They can be found on our website: <http://psp.drk.dk/sw3074.asp>

Also in October, the North Atlantic Ocean was crossed to visit the Canadian Red Cross Society (CRCS). It was extremely useful to learn about the Canadian international programs and to discuss possibilities for collaboration. Moreover, the CRCS committed itself to join the donor group of National So-

cieties supporting the core activities of our Centre. The extension and diversification of our donor base is of vital importance for the continuation of the Centre. The visit was concluded in Vancouver where we had a planning meeting to discuss the next roster gathering, which the CRCS kindly offered to host in Autumn 2005. A possible topic to be explored during the meeting will be community resilience after a disaster or crisis, taking the recent discussions in the World Disasters Report 2004 as a point of departure. One of the basic tenets is that getting individuals and communities involved in their own recovery enhances the healing process.

Margriet conducted her first mission to Bam, Iran, to look into the psychosocial program of the Iranian Red Crescent Society. Her impressions and findings can be found elsewhere in this issue. You might also have discovered that Louise already made some revisions to the website and that new online documents have been added. If you have any suggestions for improvement, please let us know. ■

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Impressions from the Field: A Psychosocial Needs Assessment in Beslan, Russia

By Rikke Gormsen, Psychosocial Consultant

During the opening ceremony on the first day of the school year, the 1st of September 2004, 32 masked armed fighters stormed School no. 1 in Beslan, North Ossetia. They took around 1200 children, parents, relatives and teachers as hostage and held them in an extremely overcrowded gym and other rooms in the school.

The siege ended Friday 3rd of September in a carnage when bombs accidentally exploded, collapsing a part of the roof in the gym where most children and women were kept. Russian armed forces moved in and fierce fighting and fire broke out. During the chaos that followed, anxious relatives rushed forward to help the fleeing hostages who had been held for two days without food and water. The local hospital received

599 injured people within three hours, approximately 340 people were killed and two months later around 100 people were still in hospitals mainly in Moscow.

Visiting the school one month later was a heartbreaking and emotional experience. The school was completely destroyed by explosions, fire and fighting, and the remains of the school and especially the gym was filled with flowers, bottles of water, toys, candles, sweets, and religious icons set up as small alters. Many people were paying their respect. The wall around the main entrance was covered with pictures of missing children and adults.

North Ossetia is one of the republics of the conflict-stricken North Caucasus striving for independence from Russia, with Chechnya

and Ingushetia being the best known examples of on-going fighting. The republics are characterized by an extremely high unemployment rate, serious human right violations, and regular terrorist attacks.



Photo: Rikke Gormsen

The assistance

Public support to the people of Beslan has been overwhelming. Aid has been pouring in through different channels – mainly directly to the victims of the crisis - both in kind and in cash and many organizations, governmental and NGO's, have been and still are active in supporting Beslan.

ICRC, which was already operating in the area, rapidly assessed the capacity of the local hospitals and ensured the supply of necessary material. The Russian Red Cross (RRC) managed to receive and distribute a huge amount of donations.

The psychosocial assessment

The psychosocial needs assessment took place after the acute emergency phase. The main objective was to assess the actual and expected needs for psychosocial assistance and identify in which way and by whom these needs could be covered. Moreover, the assessment should result in input for the IFRC emergency appeal for Beslan, and in a draft plan for future psychosocial activities, including emotional support to staff

and volunteers.

At the time of the assessment, around 500 persons had been transferred to sanatoriums at the Black Sea, and another 300 were still in hospitals, mainly in Moscow. This made it difficult to meet with the victims. Also the language was a problem, which was largely solved when a Russian-speaking consultant from the Reference Centre for Psychosocial Support arrived to join the team. While I attended meetings with NGO's and official bodies, he facilitated defusing sessions with staff and volunteers and had in-depth discussions with the Russian-speaking professionals.

Initially, it seemed that the need for psychological and psychosocial support in Beslan was covered and that there was no immediate reason for IFRC to intervene. However, through discussions with survivors and local psychiatrists it seemed that the psychosocial needs of the population were not fully met and that it was uncertain whether that would be the case in the future.

Perspective of the assessment and considerations

Psychological versus psychiatric approach

The traditional health system in Russia is rather clinical, and is less focussed on primary healthcare and community-based interventions. During the assessment it was obvious that normal reactions on severe stress and trauma were treated as psychiatric cases. The IFRC concept of community-based psychosocial support is new in Russia, where there traditionally has been a strong psychiatry orientation. The victims who had been received in the sanatoriums were mainly treated for physical symptoms, with only limited psychological services. Moreover, treatment in sanatoriums takes place outside the community, which is where the real healing process should take place. Many of the psychologists and psychiatrists working in Beslan do not have training and experience in dealing with the psychological trauma and loss. It will take some time to develop qualified psychologists to work in complex settings like Beslan.

Vulnerable groups

Main focus has been on the children of Beslan, but there is reason to raise special

concern about the adult men. So far, they have not utilized the available services - they bring their family to the hospital, but do not ask for personal help. However, there are indications that some of them have serious psychological problems and are going around with strong feelings of revenge. It is believed that psychosocial interventions targeting adult men could have a preventive function.

The need for supporting the men was recognized everywhere, but so far no concrete activities had been developed, as the men traditionally are very difficult to reach. One way to get in touch with the men could be through their children, as a father's concern for his children is fully accepted in the society. For example, during the assessment visit a father asked for advice on how to handle his two sons who had been taken hostage. Apparently, the population had received conflicting messages about how to cope with the horrible experiences. The father was especially concerned about educational problems in the future, as the children did not want to go to school. One way to involve men in a psychosocial program might be to address them as fathers wanting to support their children.

The hostage taking has also created some divisions in the society. The hostages who survived with all their family intact were envied by the ones who lost one or more family members. Similarly, the people who were not referred to the sanatoriums at the Black Sea felt resentment towards those who were. Finally, the media attention on Beslan has taken away the focus on the ongoing political conflict in the Caucasus as a whole.



Photo: Reuters / Victor Korotayev, courtesy of www.alertnet.org

Security

The security situation in Northern Ossetia is very volatile. This has been the case for many years, but the tension has increased over the last 6 months and after the Beslan crisis it has become even worse. The only way to conduct field trips was to accept armed escorts, which the team rejected, as this would not go together with talking freely with the survivors. The general population suffered from anxiety of new attacks, there were armed guards at all schools in most of Northern Caucasus and fear of retaliation was prominent.

One outcome of the mission was a clearly identified need for designing psychosocial programs adaptable to on-going conflict situations. A psychosocial program for Beslan and surrounding is presently being developed, and discussions are going on between the RRC and IFRC about the final set-up. ■

Towards an Integrated Humanitarian Approach

ENPS Meeting, Innsbruck 17 -19 September 2004

By Maureen Mooney-Lassalle, French Red Cross

The Secretariat of the Red Cross/Red Crescent European Network for Psychological Support (ENPS) and a working group made up of the Austrian, British, Danish and Swiss National Societies organised a two-day forum for the 52 European Red Cross/Red Crescent (RS/RC) National Societies.

An initial brief questionnaire had been sent

out to the National Societies (NS) to map their psychological support and training activities. 27 replies have since been received and put into the final document sent out from the forum.

(Supporting documents can be obtained from the author. For a selection of documents and questionnaires see: <http://psp.drk.dk/sw24905.asp>)

The forum, entitled "Working Together in

Psychological Support: Towards an Integrated, Humanitarian Approach" was held in Innsbruck University. 20 National Societies attended, including a representative of the IFRC Reference Centre for Psychosocial Support and a representative from the Middle East North African (MENA) Psychological Support Network. Other participants included members of the IFRC Central European delegation, a consultant used by the ICRC and several partner universities.



Photo: Maureen Mooney-Lassalle

The Programme

The two-day programme covered four themes:

1. The needs of the European community for psychological support (PS).

Presentations included the EU/RC project led by the British RC, the Spanish RC response to the March 2004 bombing, psychological support within the human trafficking programme and the community-based psychological support programme undertaken by the Turkish RC. Workshop conclusions and recommendations are cited in the final document. Psychological support needs cover a wide range of activities being an integral part not only of disaster response but also of health and social programs.

2. The specificity of the Red Cross/Red Crescent movement regarding psychological support. The participants followed presentations on the structure of PS in the Red Cross. We noted that the ENPS and MENA networks keep a close contact with the IFRC Reference Centre for Psychological Support. Other presentations examined such subjects as the development of PS from the framework of the RC/RC movement principles, the co-ordination of PS in an international setting and an example of psychological support for traumatised refugees.

3. The integration of psychological support

activities within National Societies.

The presentations dealt with methods and examples of integration within the national department of the Danish RC, the psychological support task force in Central Europe and the activities in the Middle East/North Africa (MENA).

A General Assembly of the ENPS was established and a new steering committee was constituted. The committee is made up of Austrian, British, Danish, French, Italian and the Swiss RC national societies, as well as a representative from the Central European societies. A decision was taken to have an annual meeting of all European NS on the subject of PS.

4. PS training and support for volunteers, staff and the general public.

It was acknowledged that it is vital to adequately recruit, train and support our helpers, be they volunteers or staff. Participants were especially keen on exchanging training ideas and other developments.

Final recommendations

- To continue to push the integration of psychological support in all Red Cross/Red Crescent activities
- To collaborate with the Reference Centre for Psychological Support with the further development of assessment and evaluation tools for psychological support
- To continue to emphasise participatory, community-based assessment in PS whilst respecting cultural diversity. That we emphasise high standards and not standardisation.
- That we aim to develop PS activities as a result of need assessment and not due to available funding.
- That the specificity of the ENPS be:
- An experienced network working from Red Cross principles and collaborating with actors within and outside the RC movement
- A global approach (based on the WHO definition of health*)
- Locally based (using a community approach and taking into account cultural diversity).
- Psychosocial, rather than narrow psychological approach
- That it is important to assess needs before designing training modules or programmes with PS aspects
- That all volunteers and staff benefit from PS training and PS support when neces-

sary

- Within the European RC/RC Network for PS we wish to :
- Raise the profile of the RC/RC contribution to PS
- Increase management support in our National Societies in order to promote integration, funding and exchange in PS and support of ENPS (European RC/RC Network for Psychological Support).
- Formulate a data base for the ENPS to include: training, volunteer selection, assessment and evaluation tools, innovative programmes, etc.
- Organise yearly meetings to increase reflection, exchange and cohesion of the European network. This task is to be undertaken by the ENPS steering committee

Conclusion

Participation was maximal in the forum. Many participants either gave presentations or took turns to facilitate workshops. An atmosphere of respect for others and their cultural diversity reigned. Several participants spontaneously translated for others. This excellent participation allowed for an active exchange and reflection of our activities, methods and future projects. Despite a rich, intense programme, all involved were able to make contacts and reflect together. It was an enjoyable and enriching experience. ■

*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is a fundamental human right.

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Upcoming Events

Training on Community Based Psychological Support, 22 November—29 November, 2004, Magway Division, Myanmar Red Cross Society, Myanmar.
PSP-Consultant from the Roster of the Reference Centre.

RESILIENCE IN CHILDREN AND YOUTH: International Conference

15-17 June 2005, Halifax, Nova Scotia, Canada

Organized by the International Resilience Project

For further information, registration and abstract submission:

<http://www.resilienceproject.org/cmp%5Fconference/?strCompname=theconference>

The 9th European Conference on Traumatic Stress (ECOTS)

18-21 June 2005, Psychotraumatology, Stockholm, Sweden

Organized by The Swedish National Assoc. for Mental Health

For further information, registration and abstract submission:

<http://www1.stocon.se/ecots2005/>

"Living with HIV Partnership", October 9-14, 2005, Lima, Peru. The 12th International Conference for People Living with HIV/AIDS and the 7th International Conference on Home and Community Care for People Living with HIV/AIDS.

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