

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

GUIDELINES FOR THE IMPLEMENTATION OF A PSYCHOLOGICAL SUPPORT PROGRAMME IN EMERGENCIES¹

1. INTRODUCTION

These guidelines are based on the International Federation's publication, *Psychological Support: best practices from Red Cross and Red Crescent programmes* (2001), and other existing literature. They are intended as suggestions only and should be considered a source of inspiration rather than a standard checklist applicable for all emergency situations. The approaches and solutions in real-life situations cannot be generalized, but have to be locally tailored.

After a listing of basic principles for implementing a psychological support programme (PSP) in emergencies, the presentation of the guidelines is phase specific, in order to facilitate their use as a reference tool. It is recognized, however, that in real life the various stages overlap.

The guidelines have been developed to help both National Societies (NS) and delegates to implement a PSP in an emergency. Some references, therefore, mainly apply to setting up and employing a PSP with international assistance, others are particularly relevant to NS applying PSP on their own.

The overall goal when providing psychological support is to reintegrate individuals and families within the community, to bring people together to combat shared problems, to increase awareness regarding psychological issues, and to restore natural networks and coping mechanisms.

2. BASIC PRINCIPLES

The general principles listed below should always be considered before and during implementation of a PSP.

A community-based approach (as opposed to a clinical and/or individual approach):

- The majority of reactions following a disaster, for example, distress and suffering, are not psychiatric illnesses (and do not therefore require professional treatment), but are reactions that can be prevented from developing into something more severe if services such as information, psycho-education and support groups are provided (see below).

¹ These guidelines have been elaborated in consultation with the International Working Group for Psychological Support, which met in Geneva, 5-8 April 2001.

- Working with people on an individual basis should be the exception, as this only responds to the needs of a few, and might lead to stigmatization. To tackle problems in isolation is expensive and is not sustainable.
- Any organized activities should relate to everyday realities and priorities that have been identified by the communities (make use of institutionalized social infrastructure).
- Target beneficiaries of PSP should be considered active survivors rather than passive victims.
 - ✓ Remember: When applying a community-based approach, some people may need more help than others. Targeting is important to ensure that those falling outside the community-based approach are identified and referred to other support systems.

Volunteers: With training and support from mental health professionals, volunteers can work in an independent, efficient and effective manner. They have the access to, and the confidence of, the beneficiaries. And, equally importantly, they benefit from the necessary cultural sensitivity to provide adequate assistance to the affected population.

Cultural sensitivity: Programmes should be designed and implemented through a continuous community dialogue. The goal is to reintegrate individuals and families within the community, and identify and restore natural networks and coping mechanisms.

- Be aware of the degree of heterogeneity of the community.
- Communicate with local partners and beneficiaries to create mutual respect for cultural beliefs and the expertise of the staff and local professional resources.

Identifying and strengthening problem-solving resources in the community: It is important to recognize that communities have the capacity to help themselves through their own support networks and coping mechanisms that existed prior to the disaster. Find out about the communities' previous and existing coping mechanisms and strategies, and support or build on these. What are culturally appropriate ways of helping people in distress? Who do people traditionally turn to for support and help? How can those people/ structures be supported?²

- In some situations, support structures may have disintegrated as a consequence of the disaster, and an alternative structure has to be introduced. This new structure should be adapted to the community's pre-disaster traditions.
- Facilitate access to communication with family and relatives and to family reunion, because these are very effective methods in promoting psychological well-being, and in reassuring people, especially children.
- Focus on people's positive efforts to deal with and come to terms with their experiences, but without minimizing their concerns.

Terminology: Be careful how you present the programme and avoid generalizations and assumptions when describing target groups.

²Overseas Development Institute. *Independent Evaluation of Expenditure of DEC Kosovo Appeal Funds*. London: ODI, 2000.

- Avoid words that imply that a specialized mental health activity (e.g., mental health groups/trauma relief group) is taking place, as distressed people will probably oppose such help.³
- Avoid labelling people as traumatized, when their reactions may be better viewed as what can be expected in light of what they have witnessed. Characterizing people as trauma victims could add to the general feeling of victimization.
- Portray people as active survivors rather than passive victims.⁴

Ethical soundness:⁵ Everyone involved in relief work should adopt and follow Red Cross Red Crescent principles, codes of conduct and ethical standards, and with the principles that govern professional practice in their own countries. At the same time, they should respect the cultural norms of the country in which they work. Compliance should be promoted through training or other effective means. This will help prevent further psychosocial damage, stigmatization, exploitation or breaches of confidentiality. When in doubt, or in situations of ethical conflict, it may be necessary to rely on peer consultation.

Early intervention: Early and adequate psychological support helps people cope better and, therefore, assists them in making appropriate and healthy decisions. Preparing people for the situations and symptoms they are likely to face not only decreases their insecurity and anxiety; it also reduces the risk of distress and sorrow developing into something more severe.

Long-term commitment: PSP may well need long-term commitment:

- Depending on the extent of preparedness and the availability of training packages, programme models, volunteers and staff, the programme may take a while to be set up and implemented.
- Disasters create both immediate and long-term psychological needs. The problems that people experience after a disaster may not surface immediately, and the time needed for healing differs from one person to another.
- Organizational development is part of the intervention, and donors need to be aware that this is normally a long-term commitment

Sustainability: Build alliances with relevant authorities or power structures. Develop local skills and integrate activities into existing structures that have proven longevity.

- Integrate programmes into existing structures, rather than creating parallel ones, e.g., address the needs of children through schools.
- Recognize that programmes will evolve and change over time

³Dyregrov, Atle. *Katastrofepsykologi*. Copenhagen: Dansk Psykolog Forlag, 1994.

⁴Op. cit., note 2.

⁵World Health Organization. *Declaration of Co-operation, Mental Health of Refugees, Displaced and other Populations Affected by Conflict and Post-Conflict Situation*. Geneva: WHO, 2000.

3. PROCESS

3.1 Planning and mobilization of resources

Collaboration NS/Federation: Collaboration is essential from the initial stage both at NS headquarters and branch levels. If no relevant counterpart can be identified, the NS should recruit one.

- Ensure cultural sensitivity, local ownership and effectiveness by encouraging collaborative programme development between staff, delegates and local counterparts

Rapid assessment:⁶ To design adequate response, an assessment of initial psychological needs and available resources should be done in the emergency phase and used to: define priorities; identify available psychological, social and economic resources; identify vulnerable groups; and take into consideration community and environmental aspects. This must be carried out in consultation with NS staff and volunteers, local professionals, other actors and beneficiaries.⁷

- Early intervention allows for assessment, planning and training for evolving psychological and social needs.
- Early and adequate psychological response is cost-effective, as it limits negative impact and speeds up coping and return to normal functioning of those affected.

✓ Remember: Needs assessment is a continuous process.

Programme design and decision-making: Identification of needs mainly form, and further designate, which of those needs are or will probably be met by other organizations, and determine which of the remaining needs are within possible areas of competence, responsibility and response for the Red Cross and Red Crescent.

- Identify target groups/vulnerable groups.
- Determine scope/objectives and identify human and financial resources.
- Indicate priority needs and how to address them.
- Identify measurable (progress and outcome) programme indicators.
- An evaluation process must be an integral part of the conceptualization and implementation of the programme.
- Formulate an exit strategy.

Contact the International Federation's Reference Centre for Psychological Support: The centre can supply technical assistance for workshops, advice and material.

⁶For more detailed information see: *Protocol for a rapid needs assessment*, American Red Cross International Service Department, developed by Gordon R. Dodge, Ph.D., L.P., and *Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations*, World Health Organization, 2000.

⁷Op. cit. note 5.

3.2 Implementation and direct service

Training: Train local health and care providers, and Red Cross and Red Crescent staff and volunteers on the psychological consequences of disaster and basic psychological intervention skills, such as active listening and stress management. Those trained (and under adequate supervision) can then reach out to community members and affected people.

- Make use of experienced professionals from the region.
- Make sure the training includes focusing on beneficiaries' resources and resilience.⁸
- Note the importance of continuity and follow-up training, to continue to build on skills and to develop training to meet identified needs.

Referral: Specialized services will probably be needed by a minority of people. Training needs to include information on how to recognize danger signs, so that professional help can be provided, if needed.

Direct service (assessment, referral and short-term interventions):

An initial assessment will generally conclude that psychological support should include services that increase community awareness and sensitivity to psychological issues, improve community relations, mediate interpersonal problems, and/or inform people about related issues. This can be carried out by volunteers provided that their work is being monitored and supervised by a mental health professional.

- ✓ Remember: Feelings like shock, loss, bereavement and powerlessness are common to most cultures. However, coping mechanisms vary. The methods outlined below might not apply to all cultures. The concerned groups must be consulted to find out what is acceptable in a given situation, for example, is it a culture where it is common to talk about personal problems?
- **Information:** Establish and maintain a flow of simple, clear and reliable information and make it available to beneficiaries. Rumours fly in disaster situations and often cause unnecessary fear. Add to beneficiaries' knowledge in areas of particular relevance to their present situation, e.g., providing earthquake survivors with knowledge on safe construction techniques.
 - Empower beneficiaries to reach appropriate and healthy solutions.
 - Reliable and available information will decrease insecurity and anxiety.
- **Psycho-education:** Teaching beneficiaries to understand the psychological mechanisms behind their worries and difficulties.
 - Teaching people about the spectrum of reactions they might experience will help them cope with difficult feelings.
 - Reassure people that reactions are normal and understandable, as people often worry that they are losing their minds, when their reactions are only normal responses to abnormal events.

⁸ Agger, Inger. *Review of Psychosocial Activities by two Danish Organisations in Kosovo, FRY*. Copenhagen: Danida, 2000.

- Give people the knowledge and skills necessary for them to improve their coping mechanisms.
- Provide information on where to turn for help if symptoms do not improve.
- **Support groups:** These groups should emphasize “action” as a means of changing a victim’s attitude through communication, cooperation and production of something concrete. Meeting with others for a tangible reason eases the process of people getting together to discuss common issues and, possibly, to develop problem-solving techniques.
 - Facilitate the establishment of support groups with the aim of promoting “positive living”: keeping active, being useful and finding a purpose in life.
 - Help psychological support groups become self-help groups (or some other form of existing or evolving community self-help structure), so that people can go from being assisted to helping themselves.
- **Expressive activities** (such as singing, dancing and drawing):
 - Expressive activities encourage cooperative and constructive interactions.
 - These activities are a useful way of working with children.
 - Expressive activities may also be a way of releasing emotions and, at times, resolving the psychological consequences of disaster.
- **Occupational training** (like computer courses or sewing classes):
 - Such training can provide new skills that can be used at home or as a way to earn a living in the future.
 - Occupational training can be an opportunity for socializing.
 - It can also help people to feel useful/functional.
- **Excursions/sports activities:**
 - Such activities are important as they are an opportunity to do “normal” things.
 - They also give people something to anticipate and to talk about other than the disaster and provide an escape from troublesome memories.

Build on local capacities: Train and enable health professionals, teachers, volunteers and other individuals who, in turn, work with large populations of beneficiaries from the targeted area to carry out psychological support.

Media: The media plays an important role by informing people about the general situation related to the disaster, and by increasing people’s awareness through information campaigns.

- By publicizing the programme, the media can help develop understanding and partnership within the community, and reach target groups.
- Another aspect of the media is its “sensationalism”; people in shock should be protected from journalists or at least informed of the consequences of seeing words in print that they may regret later on.

Coordination: Given the large number of humanitarian actors, agendas should be complementary, rather than identical or opposing. People benefiting from psychological support often suffer from other uncovered/unmet basic needs and vice versa. This undermines the impact of many relief programmes.

- Establish internal and external contacts for collaboration and support and to avoid duplication.
- Coordination and sharing of resources means complementary and more accurate programming.

Monitoring: Adequate monitoring allows for timely intervention, and strategic decisions in order to keep activities in line with original objectives or to undertake appropriate adjustments.

- Monitor developments in the community, in beneficiaries' knowledge (output) and adapt the programme in the light of these developments.
- Introduce a simple self-assessment questionnaire to be completed by beneficiaries when they enter and leave the programme in order to measure impact.⁹

Evaluation: An evaluation is an independent assessment of impact, relevance, efficiency, effectiveness and sustainability. Evaluation enhances institutional learning and improves programmes in the longer term for the benefit of the disaster survivors.

3.3 Handover

Institutionalize lessons learned from the emergency response and consolidate local capacities: Strengthening existing NS programmes by integrating a component of psychological support or explore options for development of new programmes.

- Make the group of trained and experienced volunteers a core group, who can then train others, especially branch volunteers.
- ✓ Remember: Be aware of the need for a balance between organizing and follow-up and the danger of creating dependency. The objective should always be to empower communities to be responsible for their own caring and healing.

4. PSYCHOLOGICAL SUPPORT TO RELIEF WORKERS:

Support and supervision of both national and international staff are essential prerequisites for helping others. Stress is inherent in relief work; apart from the usual job stress, humanitarian work may involve physical insecurity, moral and ethical dilemmas, caring for people with serious injuries, and handling dead bodies. Stress and compassion fatigue affect relief workers' performance and well-being. Support and supervision should therefore constitute a main part of both PSP and other relief programmes.

⁹Op. cit. note 5.

A supportive working culture: A supportive environment is crucial to minimize stress. Guidance and support from managers and peers should be accessible on a daily basis. An organizational culture of talking and sharing problems is beneficial. Regular and frequent meetings that bring all personnel together foster a feeling of belonging. Respect for the principle of confidentiality means that people can feel safe in admitting stress and seeking help, even if some do still find it hard to show vulnerability. To further reduce the negative effects of stress, it is important to:

- improve recruitment processes;
- carry out better pre-field work preparation; and
- implement rest and recuperation strategies.¹⁰

Supervision of PS staff: Supervision is needed both to ensure the quality or style of work and the well-being of volunteers. The nature of their work is emotionally draining and demanding, and very often local staff will be part of the collective crisis themselves. Supervision should be:

- arranged on a regular and continuous basis; and
- carried out together with local professionals.

Psychological debriefing: At present, the scientific disagreement of the effectiveness of this approach has not been settled. It can therefore not be endorsed as a routine model.

- If psychological debriefing is chosen, it is recommended that it be carried out by a mental health professional trained in debriefing.
- Promote development of peer support systems and enhance a culture, where “getting together” after a critical incident is the norm.

¹⁰ *Occupational Stress Management Protocol for the American Red Cross/International Services Department Delegate, presented at the International Society for Traumatic Stress Studies conference, San Antonio, 14 November 2000*