

Module Five

# Psychosocial Support

Total hours needed – 6.5 hours

Total days needed - 01



## Table of Content

### Each session Comprises of

1. The Topic
2. Objectives of the session
3. Session Plan (includes time, sub topic and methodology)
4. Tools and Resources required
5. Actual Content

### The Topic and the content elaboration

1. Introduction to Psychosocial support in RCRC Movement
  - a. Introduction to Psychosocial support
  - b. What is psychosocial support (the definition)?
  - c. What is psychosocial well being?
  - d. Contextualization of services
  - e. Why are psychosocial services needed?
2. Basics of providing psychosocial support services
  - a. Understand the psychological needs people may have during an emergency
  - b. Identification of the affected population in need of psychosocial support services
  - c. Providing services as per the needs of the people (Assessment)
3. Providing psychosocial support by the FMR during the immediate phase
4. Community based psychosocial support
5. Psychological First Aid and Supportive Communication
6. Essential things to keep in mind while providing Psychosocial support in a community
  - a. Who can provide psychosocial support services
  - b. Helping the helper (essentials for the FMR providing psychosocial support services)
  - c. Dos and don't for volunteers providing psychosocial support services



## Introduction to Psychosocial Support in RCRC movement:

### Objective of this session

This session will build a holistic understanding of psychosocial support and its elements, among the volunteers. After attending this session the volunteers will know the concept, the elements of psychosocial support and psychosocial well being. This session will also encompass the topics of different situations that call for provision of psychosocial support and different stages of providing psychosocial support.

### Session Plan

Time	Topic	Methodology
15 minutes	Introduction to psychosocial support	Classroom training and Q&A
15 minutes	Definition of psychosocial support	Classroom training, sharing experiences and Q&A
15 minutes	Definition of psychosocial support	Classroom training, sharing experiences and Q&A
30 minutes	Contextualization of services	Classroom training, brainstorming/ group work and open session
15 minutes	Why are psychosocial services needed?	Brainstorming, Classroom training, sharing experiences and Q&A

### Tools and Resources required

Flipcharts; Cut pieces of cards; Markers; Tape and chart stands

### Key Messages

FMR through adequate early psychosocial support –

1. Prevent distress and suffering developing into something more severe
2. Help people cope better and become reconciled to everyday life
3. Help beneficiaries to resume their normal lives
4. Meet community-identified needs (community knows the best and provides best solutions for any problem for that particular community)

### Content:

#### Introduction to Psychosocial support

Psychosocial support should be an integral part of any emergency response and Health Programs. It helps individuals and communities to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims.

Disasters, conflicts and health problems have severe psychosocial consequences. The emotional wounds may be less visible than the destruction of homes, but it often takes far longer to recover from emotional impact than to overcome material losses.

Early support and adaptation processes - which respect local customs in mental health or psychosocial healing - allow an affected population to cope better with a difficult situation.

Social effects are the shared experiences caused by disruptive events and consequent death, separation, sense of loss and feeling of helplessness.

The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. Psychosocial support can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it.

This module will build the capacity and sensitivity of the volunteers to identify individuals in need of Psychosocial Support and provide adequate support to them that they become active and resilient change makers and not passive victims.

### **What is psychosocial support?**

The Psychosocial Framework of 2005 – 2007 of the International Federation defines psychosocial support as *“a process of facilitating resilience within individuals, families and communities”* [enabling families to bounce back from the impact of crises and helping them to deal with such events in the future]. By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure”.

In other words, psychosocial support helps people recover after a crisis has disrupted their lives. Red Cross and Red Crescent National Societies implement community-based psychosocial support interventions which concentrate on strengthening the social bonds of people in affected communities, by improving the psychosocial well-being of individuals and of communities as whole entities. This approach is based on the idea that if people are empowered to care for themselves and each other, their individual and communal self-confidence and resources will improve. This, in turn, will encourage positive recovery and strengthen their ability to deal with challenges in the future. Psychosocial support can be both preventive and curative. It is preventive when it decreases the risk of developing mental health problems. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises. These two aspects of psychosocial support contribute to the building of resilience in the face of new crises or other challenging life circumstances.

### **What is psychosocial well-being?**

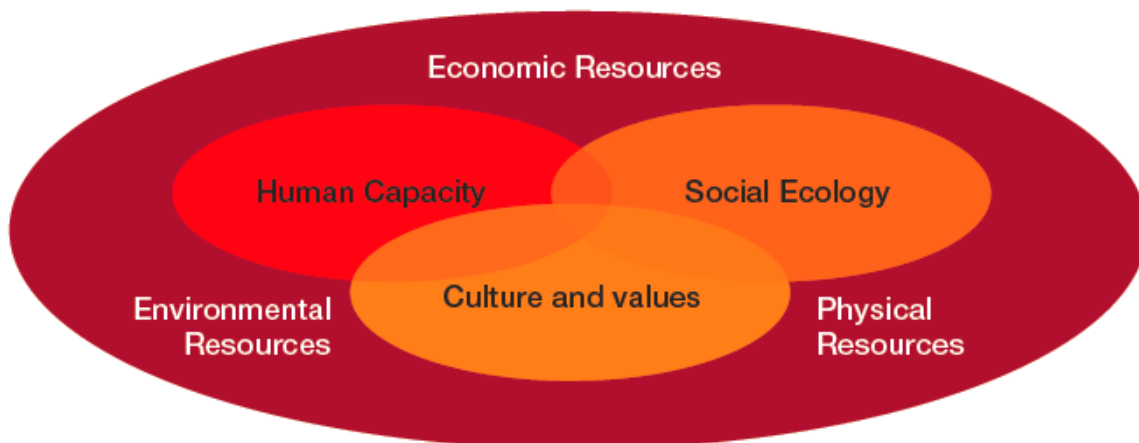
The Constitution of the World Health Organisation defines health as “a state of complete physical, mental and social well-being” and not merely “the absence of disease or infirmity”.

The Psychosocial Working Group suggests that the psychosocial well-being of individuals and communities is best defined with respect to three core domains:

**Human capacity** refers to physical and mental health and specifically considers individuals' knowledge, capacity and skills. Identifying an individual's own human capacity is the same as realizing his or her own strengths and values.

**Social ecology** refers to social connections and support, including relationships, social networks, and support systems of the individual and the community. Mental health and psychosocial well-being are dependent on cohesive relationships that encourage social equilibrium.

**Culture and values** refers to cultural norms and behaviour that are linked to the value systems in each society, together with individual and social expectations. Both culture and value systems influence the individual and social aspects of functioning, and thereby play an important role in determining psychosocial wellbeing. Psychosocial well-being is dependent on the capacity to draw on resources from these three core domains in response to the challenge of experienced events and conditions. The Psychosocial Working Group suggests that challenging circumstances, such as crises, deplete these resources resulting in the need for external interventions and assistance to rebuild individual and communal psychosocial wellbeing. Psychosocial well-being is experienced both in the personal individual and the social interactive domain, and is also influenced by external factors, such as livelihood, shelter and physical health, as shown in the model below.



Source: The Psychosocial Working Group. (2003) Working Paper. 'Psychosocial Intervention in Complex Emergencies: A Conceptual Framework'

### Contextualization of services:

An individual's experience of psychosocial well-being is determined largely by the context he or she lives in. If an individual's immediate surroundings and community are disrupted, whether in the immediate impact of a critical event or in the aftermath, family and neighbours will be in distress. It is unlikely in these circumstances that individuals will

experience positive psychosocial well-being. Since contexts and influential factors are always changing, so will the experience of psychosocial well-being.

This dynamic nature of the experience of psychosocial well-being makes it very difficult to provide a standard definition of what psychosocial well-being is, or how to recognize it. A common understanding of what defines psychosocial well-being may differ not only from country to country, but even in different populations within the same country.

It is therefore very important to learn and understand what psychosocial wellbeing means locally for the particular affected population before planning a psychosocial response. This is the only way to ensure that the planned and implemented activities are indeed relevant to the target population and not merely a replication of psychosocial activities that worked elsewhere. In the process of defining psychosocial well-being, it will be necessary to find a local and culturally appropriate way to explain what is meant by psychosocial well-being and psychosocial support when training and working with others who do not know the concept. More details on this are given in the chapter on assessments.

Give two different situations and ask questions to the groups about the different kinds of psychosocial support required by Individuals, families and communities at large in these situations. The situations may, but not limited to –

1. A Natural disaster (Flood, Earthquake etc.)
2. An Epidemic Outbreak (Diarrhoea, H1N1 etc.)
3. A Mass accident (Fire, Stampede etc.)

Give two different groups in the same situation and ask questions to the groups about the different kinds of psychosocial support required by them. The population may be, but not limited to –

1. Children who lost parents in a disaster
2. Old women who is survivor of a mass accident
3. HIV positive individual in a Dengue outbreak

### **Why are Psychosocial service needed?**

Crises typically disrupt a person's life in many different ways. They can lead to the loss of:

- Near and significant loved ones
- Control over own life and future
- A sense of security
- Hope and initiative



- Dignity
- Social infrastructure and institutions
- Access to services
- Property
- Prospects of a livelihood

Everyone who has experienced or witnessed crises is likely to be affected in one way or another. Reactions may be shock from the actual event; grief reactions to having lost loved ones; feeling a 'loss of place' and feeling distress due to other consequences of the crises. The extent of reactions varies between individuals and whole communities, as does the need for responding interventions.

Psychosocial support activities should be planned for whole communities, focusing both on individual and community needs, and on their resources to cope and recover. Such activities can help individuals, families and communities to overcome stress reactions and adopt positive coping mechanisms through community-based activities.

Psychosocial support services play a crucial role in responding to crises that involve large populations, as they cater for the needs of the majority of the affected population. They help in the recovery process and reduce the development of mental health problems. In this way, psychosocial support services contribute to broadening outreach services, whilst also easing the overload on health systems.

Psychosocial support activities also include identifying and referring individuals requiring specialized support through professional mental health services, besides addressing the psychological and social factors mentioned earlier.

Resource material:

1. PowerPoint presentation '1. Psychosocial Support in emergencies'

### **Principles of Psycho Social Support**

- Community –based approach
- Use of volunteers
- Empowerment
- Community participation
- Care with terminology
- Early interventions

## Basics of providing psychosocial support services

### Objective of this session:

This session will build understanding about the context and enhance skills of the volunteers to roll out different tools in order to realize the psychosocial needs existing in a disaster hit community. After completion of this module the FMR will be better able to assess, understand and plan more methodical and feasible psychosocial support program with the community.

### Session Plan

Time	Topic	Methodology
30 minutes	Understand the psychological needs people may have during an emergency	Classroom training, Myth busting and Q&A
30 minutes	Identification of the affected population in need of psychosocial support services	Classroom training, sharing experiences and group work with presentation
30 minutes	Providing services as per the needs of the people (Assessment)	Classroom training, group activity and open session

### Tools and Resources required

Flipcharts; Cut pieces of cards; Markers; Tape and chart stands

Props for the group activities (generally arranged by the participants)

### Key Messages

- Psychosocial needs of people vary in an emergency situation. Be prepared to provide support to people as per their needs and not what you want to do with them
- Identify different sub groups with the same population with varied needs of services
- A Rapid Assessment involving community is the best way to plan and address a groups of psychosocial needs in a given situation
- Try to see the unseen and be prepared to do things beyond what appears at the peripheral level. The psychosocial wounds many be much deeper that it appear. Try and understand the Thoughts, feeling and behaviours of the target population and act as per their actual needs

### Content:

#### Understand the psychological needs people may have during an emergency

To provide holistic psychosocial support program it is important to –

- Identify the mental health effects of disaster
- Identify special needs group
- Describe emotional and cognitive preparedness of personnel prior to the disaster, and,
- Use self-help techniques

Things to be accepted before entering into an emergency situation for providing First Medical Support –

- People lose their lives/ property and as a result are under maximum stress and grief
- Emotional effects may manifest immediately or later
- More severe the disaster, more negative outcomes
- Stress experienced by both victims and disaster workers so there can be massive personal burn out in terms of supporting the disaster victims

**Framework for psychological response in a disaster situation**

<b>Thoughts</b>	<b>Feelings</b>	<b>Behaviours</b>
<ul style="list-style-type: none"> <li>• Recurring dreams / nightmares</li> <li>• Reconstructing the events in mind</li> <li>• Difficulty in concentration</li> <li>• Repeated thoughts or memories of the disaster</li> </ul>	<ul style="list-style-type: none"> <li>• Fear and anxiety when reminded of disaster</li> <li>• Lack of involvement and enjoyment</li> <li>• Depressed</li> <li>• Feeling irritable</li> <li>• Sense of hopelessness/emptiness</li> </ul>	<ul style="list-style-type: none"> <li>• Overprotective about safety and self and family</li> <li>• Having problems getting sleep</li> <li>• Tearful for no apparent reason</li> </ul>
<b>Support to the Bereaved</b>		<b>Challenges</b>
<ul style="list-style-type: none"> <li>• Information about what happened</li> <li>• Option to see the body of a loved one</li> <li>• Help to avoid unceremonious disposal of bodies</li> <li>• Protect from media intrusion</li> </ul>		<ul style="list-style-type: none"> <li>• Mass casualties</li> <li>• Unfamiliar conditions</li> <li>• Gruesome deaths</li> <li>• Deaths in children</li> <li>• Long hours of work</li> </ul>
<b>Training and Mental Readiness to deal with the situation</b>		
<ul style="list-style-type: none"> <li>• Simulation of possible scenarios prior to going to field</li> <li>• Education about potential psychological effects seen in survivors, self and co-workers <ul style="list-style-type: none"> <li>• Educate about simple self care techniques</li> </ul> </li> </ul>		

## Common Myths and Realities (PAHO, 2000)

- Myth: Foreign medical volunteers with any kind of medical background are needed.
  - Reality: The local population almost always covers immediate lifesaving needs. Only medical personnel with skills that are not available in the affected country may be needed.
- Myth: Any kind of international assistance is needed, and it's needed immediately!
  - Reality: A hasty response, not based on an impartial evaluation contributes to the chaos. It is better to wait until genuine needs have been assessed. Victims themselves and their local government and agencies meet most needs, not by foreign interveners.
- Myth: Epidemics and plagues are inevitable after every disaster.
  - Reality: Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public.
- Myth: Disasters bring out the worst in human behavior (e.g., looting, rioting).
  - Reality: Although isolated cases of antisocial behavior exist, most people respond spontaneously and generously.
- Myth: The affected population is too shocked and helpless to take responsibility for their own survival.
  - Reality: On the contrary, many find new strength during an emergency,
- Myth: Disasters are random killers.
  - Reality: Disasters strike hardest at the most vulnerable groups—the poor, especially women, children, and the elderly.
- Myth: Locating disaster victims in temporary settlements is the best alternative.
  - Reality: It should be the last alternative. Many agencies use funds normally spent for tents to purchase building materials, tools, and other construction -related support in the affected country.
- Myth: Things are back to normal within a few weeks.
  - Reality: The effects of a disaster last a long time. Disaster-affected countries deplete much of their financial and material resources in the immediate post-impact phase.

## Identification of the affected population in need of psychosocial support services

It is obvious that people with psychosocial difficulties should be targeted when planning a psychosocial response. However, depending on the definition of psychosocial well-being that is being used, it may appear that everyone in the affected population has psychosocial difficulties.

Coordinating with other active psychosocial stakeholders at this time to prioritize identified needs is recommended, as a joint effort will reach a wider population. Coordinating planning also means services can be focussed on target groups to which a high quality response can be committed, rather than trying to reach everyone with poor quality services.

### Acknowledge Specific needs

Subgroups, such as children, men, women, young and older people, have different needs that have to be considered in all activity and programme planning. Make sure that activities targeting children of different age groups, for example, consider the children's development stages. Also recognize special needs within groups such as the specific needs of children who are separated from their guardians or families, child soldiers, child-headed households, widows, widowers and people with disabilities.

Engage the group in small group works by dividing them into 3 – 4 sub groups and by telling the sub groups to come up with specific psychosocial needs of different people in a situation of emergency (flood) where most of the adults working in the fields are missing. The groups can be divided by different target groups such as –

1. Wives of the people missing in the flood
2. Children who were caught up in the school for 3 days
3. Male agricultural workers and survivor of the flood
4. A woman who lost her husband and children in the flood

The group can be given 20 minutes for brainstorming and 5 minutes each to present their findings

### Providing services as per the needs of the people (Assessment)

Assessments play a critical role in determining what activities are planned in a psychosocial response. Before planning can begin, it is necessary to find out what has happened and how people have been affected. This chapter explains what assessments are, and why they are needed in a psychosocial response. It gives an overview of what kind of assessments are done at the different stages of planning and implementation, and gives guidance on how to do assessments. Attention is paid to who is involved in assessments, both in terms of who conducts them and who provides the data needed to create information.

Assessments are, simply put, the processes and tools that help to find the facts. They measure and report the needs of a given population and in this way establish the status of well-being of that group. They also help identify particularly vulnerable sub-groups such as

children, women, men or older people. Assessments pave the way for deciding where, when and how to start an activity.

Impact assessments are also there to understand the impact of the programs in the lives of vulnerable communities but in this session we will discuss about the Needs Assessment, which should be carried out by the volunteers in the realm of providing contextual and quality psychosocial services to the affected communities –

Needs assessments generally include information on

- Demographics – how many people are affected, where they are, how old they are, and so on
- Impact – how the disaster has affected the population physically, emotionally and socially
- Problems – what potential problems are likely to arise in the near future
- Resources and capacities – what is the capacity of the affected population to help themselves including the normal coping mechanisms
- Assistance – what is needed to help the population to achieve psychosocial well-being

#### **Why are assessment done –**

Assessments provide the information needed to plan good responses, ensuring that programme design and activities implemented are a response to the actual needs of the affected population. Assessments also explore the resources and strengths of the population, which are as important as identifying the needs, when planning a good psychosocial intervention. Assessments lay the groundwork for realistic expectations of what results the planned psychosocial interventions can lead to.

1. Making assumptions – It can be damaging to assume knowledge of how people react to a situation, or their needs following a crisis, due to having responded to a similar crisis event before. Every situation will be different and unique, as good assessments demonstrate. It is therefore important to make assessment as neutral as possible, and not to ask questions through a predefined model of understanding.
2. Assessment leads to specified actions which are most needed and acknowledged by the community
3. Participatory in nature thus there is community involvement from the beginning
4. The volunteers get to familiarize with the beneficiaries, which help them provide in depth psychosocial support, tailor made to the needs of each individual, family and community

#### **Different tools to be used in the Assessments:**

**Identifying secondary information resources** - Collecting information that already exists about the community and the disaster is an important task. Information from newspapers, reports from resource groups working in the community, national censuses, health surveys, or knowledgeable local people can help develop information that will form the background for PSS activities.

Information that already exists for a different purpose is called “secondary information” or “secondary data”. Secondary information will help the volunteers get an overview of the situation, magnitude of the problems and grief and anger existing in the community. It will also help them cross-check information that they collect during the community assessment.

**Direct Observation** – Volunteers are knowledgeable sources of information about the community in which they live. As such, they are a valuable resource to begin the community assessment process. Direct observation of community members, events and relationships can gather information about how people interact with situations and how they respond to it. Additionally, direct observation can fill in gaps in information or help to reconcile differences when information does not agree, or support the observations and conclusions made while performing other PS needs assessment activities.

Direct observation is a good starting activity for the psychosocial assessment. With direct observation, as with all of the psychosocial assessment tools, it is important to have a structured method for recording information. It may be helpful to take notes at the time and develop a format for recording information: who was observed, under which conditions, at what time, and why was it important.

**Focused Group Discussion** – A focus group discussion gathers information from a group of selected individuals who, guided by a volunteer, with the support of the facilitator and local branch staff, are asked to give their thoughts and opinions on a specific issue. The volunteer, supported by the facilitator and local branch staff, develops questions, planned in advance, that will guide the discussion. Participants, however, should be allowed to express themselves freely and may therefore wander off the point when answering questions.

A focus group discussion is useful in identifying causes and possible solutions to problems. For

PSS work the focus group can help to prioritize the psychosocial needs and priorities at the community level. During the discussion it is important to record information expressed by participants accurately. The participants in the focus group must be in agreement with the conclusions and the information that is recorded.

The role of recorder may be shared by several people. The volunteer should stimulate and support discussion. S/he is not expected to be an expert on the topic under discussion. The participants themselves should be considered the experts.

**Household visits** – Household visits work well with a semi-structured interview or discussion. This means that the volunteer does not use a formal survey questionnaire, but instead prepares just a few questions on relevant topics (such as specific psychosocial support issues) to cover during the discussion with a household or community member. As the household visit progresses the volunteer will want to ask additional questions that have not been prepared in advance. Many or even most of the questions will be developed during the course of the discussion.

Volunteers will need to use the effective communication skills in order to talk over and discuss sensitive issues with household members. Household visits will provide a chance for

the volunteers to learn about the home condition and psychosocial support needs of individuals and families.

**In depth Interview** – This tool focuses on interacting in detail with a person either survivor or family members of any deceased person. This needs superior skills as we work around social and sensitive institutions and touch upon their most sensitive and dark emotional spots at times. It is better not to record but remember information shared during discussion and helping the individual coming out and expressing needs for psychosocial support. Being non judgemental and empathizing dealing yield best results in this tool. Controlled emotional engagement provides the volunteers deal better with the situation and help the victim come up with self help measures.

The group can be divided into four sub-groups and briefed on a disaster situation and then asked different groups to exercise different tools to come up with the hypothetical issues to focus on. Through this exercise, the group will develop understanding of the tools and get used to actually administering those in emergency situations. The tools for the group work may broadly encompass –

1. Direct Observation
2. Focused Group Discussion
3. Household visit
4. In Depth Interview

The sub groups may be given the opportunity to present their recommendations after the group work through innovative medium such as Role Play, Group Activity, Reconstruction of situation and Mind games etc.



## Providing psychosocial support by the FMR during the immediate phase

### Objective of this session

After attending this session the FMR will understand the board psychosocial needs of different groups just after the disaster and sensitivities attached to it. This session also prepares the FMR in minimizing personal shock and trauma in an extremely stressful situation.

### Session Plan

Time	Topic	Methodology
10 minutes	What is the Immediate stage of emergency	Q&A
10 minutes	What psychosocial support required in the immediate phase	Sharing experiences and Q&A
40 minutes	Different psychosocial support in different situation	Classroom training, Role Play and open session

### Tools and Resources required

Flip charts, Markers, Photographs, Case studies, Props for Role Play etc

### Key Messages

1. Provide only basic services and emphasize more on actual need of the person
2. Please remember that you are there to reduce anxiety and stress of the person(s) affected by the incident
3. Don't disobey the dead bodies, it may create major socio cultural tensions
4. Protect the weak hearted and vulnerable population by reducing exposure to the situation (like not letting the children watch live TV feed etc.)

### Content:

In the immediate aftermath of a disaster, people involved can have a wide spectrum of practical, medical, social, emotional and psychological needs. Some of the core issues that need to be considered in the response are as follows:

- There is a consensus that the emphasis of psycho-social support in this phase should be on offering safe and comfortable surroundings; adequately answering questions about the whereabouts of loved ones, or about the disaster itself; attending to practical and social needs such as reuniting family and friends.
- Relatives, partners and close friends can form a large group with a wide range of needs including: practical arrangements (food, place to sleep, transport etc.), information, emotional and psychological support. If carefully planned and

coordinated, many of the relatives' and friends' needs could be dealt with by volunteers.

- Screening for the purpose of identifying people who may be at risk of developing psychological disturbances is important, and a process for screening should start within the first week. All people affected by the disaster should be included in the screening process. Screening instruments/measures should be well validated, brief and as non-intrusive as possible. It is recommended that instruments and measures be selected on the basis that they can be used to evaluate the reaction as a process over time. The general professional consensus is that the following measures fulfil the above criteria, although this is not an exhaustive list and other measures may be useful for specific groups (i.e. children)
- The FMR is responsible for ensuring the co-ordination of the psycho-social response throughout the acute phase but also in preparation for the transition phase. This is particularly important in relation to the organisation of follow-up for those people who develop psychological and/or social difficulties, and who may need specific referral on to specialist services. It is important that people are made aware of the arrangements and know-how, and when they can access this service.

These core issues are likely to apply to the needs of non-hospitalised, slightly or non-injured people, and family and friends of non-hospitalised survivors or missing people. For other groups, in addition to core issues there may be specific issues that need consideration.

### **Hospitalised persons**

FMR prioritise survivors according to their immediate medical needs and available resources, and some physical traumas such as serious burns, haemorrhages, fractures, etc. require urgent treatment in hospital. But disaster – induced stress can also trigger acute myocardial infarction or even obstetrical problems that require hospitalisation.

In addition to physical injuries, some of these people may need emotional first aid as well as assistance with specific practical or social needs, and hospitals may not be able to provide this. Finding and informing their relatives and friends, assisting in practical arrangements for visits (e.g. transport facilities). If survivors are severely injured, it may be better to postpone psychological screening until the transition phase. Consideration also needs to be given as to how the follow-up care is organised so as to ensure that seriously injured people are given the same access (during the transition phase) as those who were uninjured or had minor injuries.

### **Missing persons and survivors who leave the disaster scene**

In most disasters, experience has shown that people do not passively wait to be triaged or to follow pre-established mechanisms of response organisations. They act spontaneously and/or get help from bystanders. A certain proportion of non-injured or even injured survivors will leave the scene of the incident without coming into contact with any of the rescue service or other organisations. Some of them, needing urgent medical care, may present to a hospital hours or days after the event.

## **Deceased**

Each country has legislation for handling bodies, on-scene, during transport or within the morgue and/or treatment facilities. Body handling, but also identification (DVI), video & photo opportunities, mourning and burial arrangements should take into account ethical values, as well as the cultural and/or religious diversity (for example, Islam and Jewish religious rules prescribe time limits for burial).

## **Family and friends of hospitalised survivors/Family and friends of deceased**

Information as well as practical, emotional and other psycho-social support services should be provided within the hospital, by the hospital staff or by a hospital based FMR.

Relatives, partners and close friends of persons deceased, during or in the aftermath of a disaster, may need a different approach concerning information and support. Experience suggests that staff should attend to their needs during the acute phase, separately from survivors and their relatives. The bereaved should have the opportunity to see the bodies of their deceased relatives together with support personal or other family members. Viewing the body can be very important in the process of mourning the deceased.

Group work on a situation and response across three different stages:

The group can be sub divided into three sub groups and a situation is given with specific number of people traumatized at different phases. The three sub groups will be given to task to identify practical steps of action to be taken for different target groups (e.g. Survivors, Hospitalized people, Dead bodies, family members of the deceased person, Missing person who left the scene etc.

### **The situation**

## **Resource Materials**

2. PowerPoint Presentation '2. Crisis Events and PSS'

## Community based psychosocial support

### Objective of this session

This session will build a holistic understanding of psychosocial support and its elements among the volunteers. After attending this session the volunteers will know the concept, the elements of psychosocial support and psychosocial well being. This session will also encompass the topics of different situations that call for provision of psychosocial support and different stages of providing psychosocial support.

### Session Plan

Time	Topic	Methodology
10 minutes	Basic Understanding of Community based Psychosocial Programming	Classroom training and Q&A
10 minutes	Different models of Community based Psychosocial Programming	Classroom training, case studies and Q&A
10 minutes	Integration and Coordination	Classroom training, case studies and Q&A
30 minutes	Group work on designing a Community based Psychosocial Programming	Group work and presentation

### Tools and Resources required

Flip charts, Markers, Photographs, Case studies etc

### Key Messages

1. Community based Psychosocial Programming is the best way to address the needs of people in need for Psychosocial support
2. Believe that the Community knows the best
3. Coordination and integration of services play a major role in providing psychosocial services at the community level
4. There are four basic models of service delivery and the one provide holistic solution with emphasis on Psychosocial aspects is the best model to consider in a Disaster situation

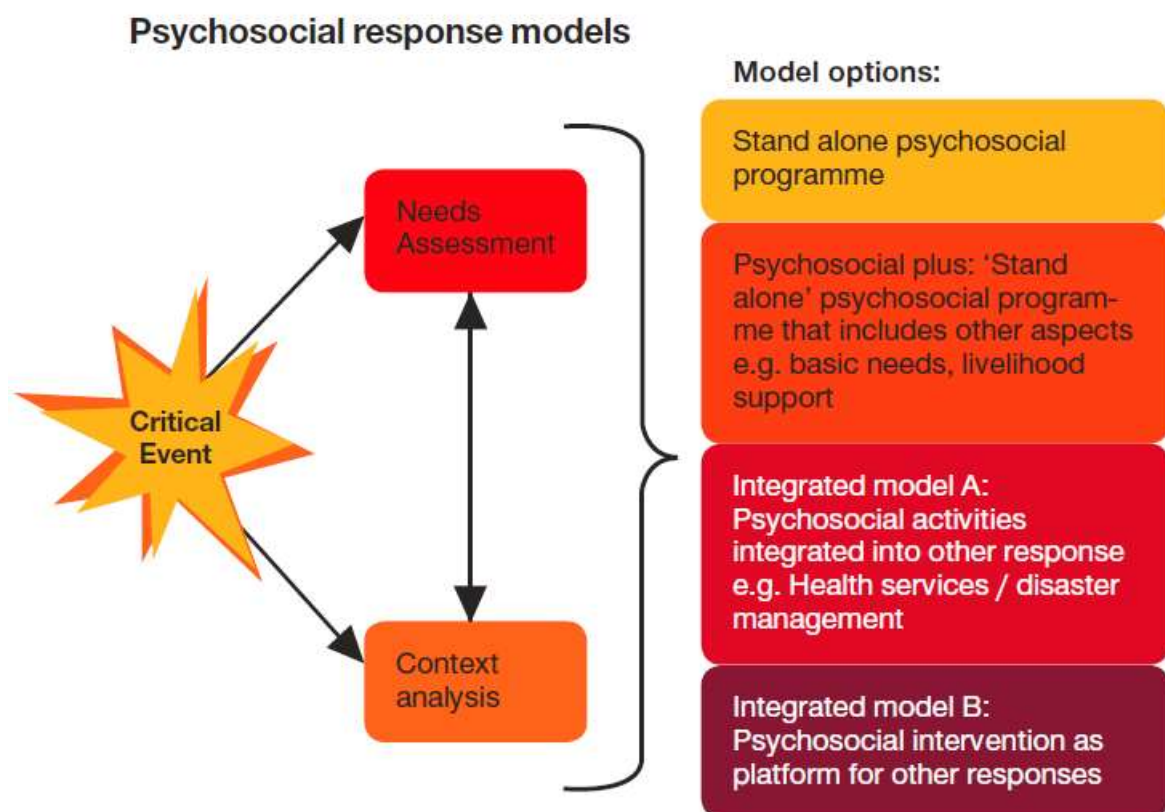
### Content:

Red Cross and Red Crescent National Societies primarily use a community-based approach in responding to psychosocial needs. This is based on the premise that communities will be empowered to take care of themselves and each other. In this way dependency on outside

resources is reduced, through community mobilisation and strengthening of community relationships and networks.

The term ‘community-based’ does not in fact refer to the physical location of activities. Rather it stresses that the approach strives to involve the community itself as much as possible in the planning, implementation and monitoring and evaluation of the response. It is an approach that encourages the affected community to gain ownership of and take responsibility for the responses to their challenges. Community participation is therefore an integral aspect of a community-based approach.

Given the uniqueness of every crisis situation, there is no blueprint on how best to respond to psychosocial needs. At present, there are four main models of psychosocial responses practised by Red Cross Red Crescent National Societies, as illustrated in the diagram on the next page.



Model 1: Stand alone psychosocial program – where only psychosocial components are taken care of in a disaster situation

Model 2: Psychosocial Plus program – where other programs (like basic health care, shelter etc.) are also taken care of along with the psychosocial components in a disaster situation (most suitable for an FMR situation)

Model 3: Integrated model A - where psychosocial components are taken care of as part of other response programs (like healthcare, Shelter etc.) in a disaster situation

Model 4: Integrated model B - where other programs (like basic health care, shelter etc.) are also built onto a psychosocial program platform in a disaster situation

Planning and implementing psychosocial interventions after a crisis is no easy task in terms of:

- Responding best to the impact of the crisis
- Working in a challenging environment
- Conforming to national and international standards
- Meeting requirements set by the Red Cross Red Crescent National Societies involved in the response
- Facing decisions at times that are taken above one's own level of operation, which poses immense challenges to the implementation of the psychosocial work

Whilst facing challenges like these, keep in mind that protecting the psychosocial well-being of adults and children caught up in crisis situations will lead to short-term and long-term benefits for individuals, families and communities.

### **Coordination and Integrated service delivery**

More and more organisations are focusing on psychosocial needs in response to crises. It is therefore very important to find out who the other active organisations are and whether a coordinating body or network group focusing on psychosocial support has been established. Coordinating efforts with other stakeholders will increase the potential coverage of psychosocial activities, and reduce the risk of duplication. Coordination meetings are a good place to discuss common issues influencing the success of activities. One example of a common issue would be how best to engage and retain community volunteers. Another is the standardisation of psycho-education training for front-line workers to ensure that they are providing the same information.

Within the organisational structure of the International Federation of Red Cross and Red Crescent Societies, psychosocial support is located in the Health and Care Department. However, other areas of assistance also impact the psychosocial well-being of individuals and communities. Examples are:

**Food distribution** - Families who have no food and are fighting for survival may get caught up in domestic or community conflicts due to competition for resources, impacting social relations and emotional well-being.

**Shelter** - Having no place to live and relocating to a refugee or internally displaced people's camp usually results in a complete breakdown of one's social network. The loss of one's home and personal belongings is often accompanied by strong emotions of disorientation and loss.

It is essential to join a coordination network where responses from all assistance areas are represented and advocate for the consideration of psychosocial needs in all of the differing approaches. Examples of attending to psychosocial needs are:

**Relocation** - It is important for individuals and families who are relocated due to a crisis to be reconnected with others from their previous communities. This will lead to a sense of belonging and trust in their surroundings.

**Relief distribution** - Families who have become dependent on food and relief distribution due to a crisis often experience a sense of humiliation and disempowerment. It is important that distribution is done in a respectful way, so that beneficiaries can maintain a sense of dignity.

**Health care** - Health care service points are ideal forums for psycho-education where people can learn about normal psychological reactions to crisis and self-help techniques. For example, psychosomatic reactions, where psychological problems are expressed through physical problems or pain, are very common. Being empowered with such knowledge can reduce symptoms and increase understanding of one's own and others' reactions.

**Group work:**

The group is divided into four sub groups and each sub groups is given a situation and conferred upon the responsibility to come up with 4 – 6 most critical components of a community based psychosocial program as per four different model –

Model 1: Stand alone psychosocial program – where only psychosocial components are taken care of in a disaster situation

Model 2: Psychosocial Plus program – where other programs (like basic health care, shelter etc.) are also taken care of along with the psychosocial components in a disaster situation (most suitable for an FMR situation)

Model 3: Integrated model A - where psychosocial components are taken care of as part of other response programs (like healthcare, Shelter etc.) in a disaster situation

Model 4: Integrated model B - where other programs (like basic health care, shelter etc.) are also built onto a psychosocial program platform in a disaster situation

**Resource Materials**

3. PowerPoint presentation '3. Community Based PSS'

## Psychological First Aid and Supportive Communication

### Objective of this session

This session will develop the FMR's understanding about Psychological First Aid (PFA) and role of effective communication in providing Psychological First Aid. By the end of this session the participants will have complete understanding of PFA and how to use effective communication in a PFA session

### Session Plan

Time	Topic	Methodology
10 minutes	Basic Understanding of Psychological First Aid	Classroom training and Q&A
10 minutes	Basic understanding of effective communication	Classroom training, case studies and Q&A
20 minutes	Group work and role play on dos and don'ts of effective communication in a Psychological First Aid session	Group work and Role Play

### Tools and Resources required

Flip charts, Markers, Photographs, Case studies etc

### Key Messages

1. Psychological First Aid is the first intervention in the realm of providing psychosocial support to a victim in a disaster situation
2. Effective communication is the most critical part of any Psychological First Aid session
3. Communication is not only verbal but also non verbal and based on body language
4. Active listening is the key to effective communication

### Content:

#### What is psychological first aid (PFA)?

Psychological first aid is about providing basic, human support, delivering practical information and showing empathy, concern, respect and confidence in the abilities of the individual. It is offered to individuals immediately after a critical event.

Those affected should be met with compassion, listened to and protected from their surroundings. They will need help with practical needs and problems while gradually becoming stronger and better able to care themselves.



### Basic steps of PFA

- Establish contact by introducing yourself and your role in offering assistance
- If at all possible, remove the person from the stressful situation; limit their exposure to sights, sounds and smells; protect them from bystanders and the media; provide adequate food and fluids but avoid alcohol
- Make sure that someone stays with the person at all times
- Ask what happened, how they are doing and let them talk about their experiences, concerns and feelings, without forcing anyone to talk if they are not ready to do so
- Reassure the affected person that their reactions are normal
- Assist in decision-making if necessary
- Ask them if they have a place to go. If they do not, help them find shelter. Also ask if they have someone to look after them or someone to talk to after getting home. If not, assist in establishing contact to significant others
- Provide factual information about where and how to seek specific assistance

### What is effective communication?

An effective communicator takes into account the audience or listener receiving the message and communicates accordingly.

To effectively communicate a message, the FMR must understand how a beneficiary will process the message. It is important to include visuals and verbal and non verbal effects into your communication.

### Where all effective communication can be useful?

- Community mobilisation
- Facilitating community meetings
- Identifying community needs and resources;
- Identifying psychological distress; conflict
- Resolution; implementing psychosocial activities

### What are the dos and don'ts for effective communication?

<b>Dos for effective communication</b>	<b>Don'ts for effective communication</b>
<ul style="list-style-type: none"><li>• Prepare for difficult conversations — it will help you organize your thoughts and feelings, and may reduce anxiety.</li><li>• Choose your purpose — not all problems need to be solved; sometimes you first need to discuss what happened or how the beneficiary is feeling.</li><li>• Acknowledge that different things influence our perceptions — We each have different histories and must have experiences difficult time in our lives. Even the amount of information</li></ul>	<ul style="list-style-type: none"><li>• Hit and run — Don't start a conversation with an offhand comment on the way out the door, or risk an outburst of pent-up feelings by delaying too long.</li><li>• Try to persuade — Try to understand the other person's point of view.</li><li>• Disregard the other person's perspective and come prepared only to share your proposed solution or answer to a problem.</li><li>• Fall victim to an identity quake — Your feelings about your own identity are</li></ul>

<b>Dos for effective communication</b>	<b>Don'ts for effective communication</b>
<p>available today is overwhelming and impacts what we observe in contrast to others.</p> <ul style="list-style-type: none"> <li>• Share your purpose</li> <li>• Take responsibility — Be accountable for your part in the problem.</li> <li>• Choose your words carefully — Use "and," not "but."</li> <li>• Listen and be open to persuasion — Take an active listening role.</li> <li>• Be open to changing roles — Don't get pigeonholed as the bystander, sometimes confrontation also help the beneficiary ventilate the stress</li> <li>• Know when to use humour — this is a good communication trick but in an acute emergency situation it is better not try to be humorous</li> <li>• Invite the conversation — Make sure you're approachable.</li> </ul>	<p>impacting your point of view.</p> <ul style="list-style-type: none"> <li>• Assume you know the other person's intentions.</li> <li>• Resort to name calling, character casting or typecasting.</li> <li>• Place blame — It's the shortest route to defensiveness and denial.</li> <li>• Let your nonverbal signals override your words — Sometimes gestures, such as eye rolling, can have a bigger impact on the conversation than what you actually say.</li> <li>• Use words such as "always," "never" or "I feel like you..."</li> <li>• Push for a particular outcome.</li> <li>• Take it personally.</li> </ul>

**Group Work and Role Play:**

Divide the groups into two sub groups and tell them to prepare a Psychological First Aid session with a victim (specify situation) and call for presentations of the groups to the larger team. Tell the participants from the other groups to observe the positive and negative elements of communication in the conversation and help them understand the reaction given by the beneficiary in a given situation

The groups will be requested to write down on a folded paper all the negative and positive elements that they would role play in the session and submit the same to the facilitator in advance. Groups that identify most of the elements in the other group's presentation will win and receive a group gift.

**Resource Materials**

4. PowerPoint Presentation 'Psychological First Aid and Supportive Comm'

## Essential things to keep in mind while providing Psychosocial Support in a community

### Objective of this session

This session will mainly guide the volunteers in understanding their roles and responsibilities whilst providing psychosocial support in an emergency and also set rules for them to protect the community and their own selves in an emergency.

### Session Plan

Time	Topic	Methodology
10 minutes	Who can provide psychosocial support in an emergency	Q&A
10 minutes	Helping the helpers – essential steps for the FMR to protect their own selves in an emergency	Brainstorming, Experience sharing and Presentation
20 minutes	Dos and Don'ts for FMR providing psychosocial support in an emergency	Group work and Role Play

### Tools and Resources required

Flip charts, Markers, Photographs, Case studies etc

### Key Messages

1. It is pivotal not to compromise one's own safety in an emergency
2. A certified First Medical Responder is not only better prepared but authorized to provide the psychosocial support in an emergency
3. A FMR is responsible for the well being and safety of the beneficiary and him/ her self in an emergency

### Content:

#### Who can provide psychosocial support services?

Psychosocial support is typically provided to affected populations with the help of trained community members that often come from the same affected population. Ideally such people are identified through an interactive community process and are trusted and respected in the community.

The model below gives an example of the flow of support to community members from the programme managers in a Red Cross Red Crescent National Society. The triangular shape of the model indicates that whilst there are very few people at the programme management

level, there are many involved community facilitators and volunteers who work directly with a large number of affected people. The responsibility for supervision flows in a downward direction, with the overall responsibility lying with programme management.

In countries that do not have much, if any, experience of psychosocial responses, it is beneficial and often necessary to bring in external resources, such as independent consultants or experienced colleagues from within the Red Cross Red Crescent Movement, to help to plan a psychosocial intervention.



The First Medical Responders most effectively intervene at level 2 and 3 of the above pyramid.

### Helping the helper (protection of FMR in an emergency)

Responding to crises is more often than not an emotionally and physically challenging experience for everyone involved, regardless of which area of response they are involved in. This is especially so in the immediate aftermath of a crisis, but can also continue in a long-term response. Red Cross Red Crescent volunteers and staff who are part of the population directly affected by the crisis or critical event may have experienced loss of loved ones and loss of place themselves. Other volunteers and staff who have come to help from other areas or countries are often away from their families and usual support networks. A common experience of all staff and volunteers is that the initial enthusiasm and motivation to assist is challenged, as the work is more demanding, both emotionally and physically, than they were prepared for. They may experience sleep deprivation, anxiety over whether the help they are giving is adequate, frustration over things not happening the way they hoped they would and sadness or emotional reactions to the suffering witnessed. It is important to ensure that staff and volunteers are cared for and are offered the same opportunities for referrals to specialized services as the population targeted by the

psychosocial interventions. See the chapter on planning and implementation for more on helping the helper.

### **Dos and don't for volunteers providing psychosocial support services**

<b>Must Do's for volunteers in an emergency</b>	<b>Don'ts for volunteers in an emergency</b>
<ul style="list-style-type: none"> <li>• Do take time out to sleep, rest, think and be with those important to you.</li> <li>• Do try to keep your life as normal as possible.</li> <li>• Do let the beneficiaries talk about their emotions and express themselves in games and drawings.</li> <li>• Do drive more carefully</li> <li>• Do take proper precaution for any given situation as per the SOPs</li> <li>• Do be more careful around in the community</li> <li>• Do take every opportunity to review the experience.</li> <li>• Do allow yourself to be part of a group of people who care.</li> <li>• Don't bottle up feelings.</li> <li>• Don't avoid talking about what happened with other volunteers and RCRC staffs</li> <li>• Don't expect the memories to go away – the feelings will stay with you for a long time to come.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't expect the beneficiaries to understand you in the emergency situation</li> <li>• Don't get into any act of heroism</li> <li>• Don't judge people</li> <li>• Don't pass any remark or comment which are generic in nature</li> <li>• Don't be over involved with the community</li> <li>• Don't forget to carry the essentials tools and medicines for your protection</li> <li>• Don't ever compromise with security and safety measure</li> <li>• Don't wait to share your burn out status with the immediate line manager</li> <li>• Don't avoid any medical condition</li> <li>• Don't sympathize with the community – they need your empathy and compassion</li> </ul>

### **Resource Materials**

5. PowerPoint presentation '5. PSP Self Care foe CFMR'