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## INTRODUCTION TO PSYCHOSOCIAL RECOVERY



## CHAPTER 1: Introduction to Psychosocial Recovery

“There are **two types of trauma – physical and mental**. Physical trauma includes the body’s response to serious injury and threat. Mental trauma includes frightening thoughts and painful feelings. They are the mind’s response to serious injury.

Mental trauma can **produce extreme behavior**; such as intense fear or helplessness, withdrawal or detachment, lack of concentration, irritability, sleep disturbance, aggression, hyper vigilance (intensely watching for more distressing events), or flashbacks (sense that event is reoccurring)

- Case 1: Impact on children, NGO efforts, Indian Ocean Tsunami, 2004
- Case 2: Integrating psychosocial programs into recovery , Healing the invisible scars of the Haiti earthquake: 1 February 2010
- Case 3: Role of psychosocial programming in community recovery, NGO involvement, Tsunami recovery programme for the survivors of Kanyakumari District by Indian Red Cross Society
- Case 4: Role of government, building mental health infrastructure to provide disaster mental health services, California Center of Mental Health Services role in disasters
- Case 5: Communicating with the community, Aceh, Indonesia, 2005
- Case 6: Developing a mental health monitoring and evaluation (M&E) system, El Salvador, 2001
- Case 7: NGO recruit and train psychosocial volunteers, Sri Lanka, 2005

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### Case 2: Integrating psychosocial programs into recovery , Healing the invisible scars of the Haiti earthquake

#### Topics: Work in Haiti post earthquake

For the first time ever, psychosocial support is integrated into the wider Red Cross Red Crescent relief operation. Psychosocial delegates and volunteers are working alongside doctors, nurses and paramedics. “I don’t understand why this hasn’t been done before,” muses one Magen David Adom paramedic.

#### Lessons

- In disasters, many doctors and nurses rush to the scene to treat physical injuries but few psychosocial staff are available at a disaster scene
- Need to train volunteers in psychosocial support
- Psychosocial support should be integrated into the overall medical treatment of disaster victims
- Children traumatized by a disaster have a difficult time explaining their fears and anxieties
- Time and personal attention are needed to help traumatized children to cope with a disaster

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### Case 4: Role of government, building mental health infrastructure to provide disaster mental health services, California Center of Mental Health Services role in disasters

The State of California looks to the Center of Mental Health Services (CMHS) to provide directions for policies, programs and activities designed to improve disaster mental health crisis counseling services following major disasters in California.

#### Lessons

- Important to support **pre-disaster community mental health programs**
- Conduct a **survey pre-disaster to identify preparedness** status of community mental health programs
- Promote **training** for community mental health staff
- Include mental health issues** and requirements in **emergency planning** at all levels

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### Case 5: Communicating with the community, Aceh, Indonesia, 2005

#### Topic: Communications tools and mechanisms

Staff from an international NGO were trained to **conduct focus groups** to identify what people were going through (common reactions) and what activities people used to cope with the stress.

An **artist** was contracted to draw pictures depicting people from Aceh in local dress, portraying concepts that the community had identified. Another set of pictures illustrated the deep breathing relaxation technique.

The brochures were explained and distributed during community gatherings, e.g. after evening prayers at the mosque. Brochures were also distributed to other organizations, which in turn distributed them through their intervention programs.

#### Lessons

- Identify mental health issues** and **copng mechanisms** by talking to **community members**
- Create materials that** help people cope with the impacts of a disaster
- Work together with local NGOs to implement mental health programs

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Case 6: Developing a mental health monitoring and evaluation (M&E) system, El Salvador

**Topic: Action items**

Local authorities and a **psychosocial community team** from a local university set up an M&E system in a camp of 12,000 people affected by an earthquake.

The system gathered quantitative and qualitative data on mutual support, solidarity, security, leadership, decision-making processes, perception of authorities, perception of community cohesion and perception of the future. The system involved a **baseline survey** with regular **three-month follow-ups** in a random sample of 75 tents. On each occasion, data were collected within a 24-hour period by five volunteers.

**After three months**, the M&E system detected a **substantial decrease in perceived mutual support and solidarity**. **Appropriate measures** were taken (e.g. rearrangement of the distribution of tents and cooking facilities, group activities). Three months later the survey showed an increase in confidence in leadership and decision making processes, indicating that the trend had been reversed.

**Lessons**

- **Establish** an effective **Monitoring & Evaluation (M&E)** system in the field in order to detect problems and identify solutions
- Use M&E system to **measure results**



WHO MAY NEED PSYCHOSOCIAL PROGRAMMING



Case 8: Integrated, holistic care is required to heal individuals impacted by a disaster, Victims of the Great Hanshin-Awaji Earthquake

**Topic: Team care to disaster victims at Kobe Red Cross hospital**

In 1996, the Kobe Red Cross Hospital established the Department of Psychosomatic Internal Medicine, in response to the health needs of the victims of the Earthquake who were experiencing psychosomatic symptoms.

A close examination of the 10th year survey showed that 65% of those who had received large damage reported their illness as “largely related” to their experience of earthquake damage. These results may infer the large possibility of an existing undiagnosed and unrecognized group of psychosomatically ill patients due to the Earthquake after so many years.

The victims experience continuous generalized or integrated pain: Psychological pain such as fear, anxiety, anger or depression.

Lesson we learned out of the disaster is the necessity of providing integrated **long-term intervention**.

**Lessons**

- Individuals who experienced significant property damage were also the most stressed by the disaster
- Necessary to provide **long-term integrated approach** to psychosocial intervention



Case 11: Disaster workers energy levels, Relief worker’s Self-Care

**Topic: Workers tire after 1-2 weeks in disaster**

(health work activity in the disaster situation)

“I think the fatigue of staffs would peak about one week after the earthquake. I thought we should not have felt “I have to be here” and took rest.”

“We felt that we had to be a leader and act because I am the health worker in the area. We were totally tired just after two weeks. We held conference with assistant health workers from outside areas. I said that we had no energy to continue. Replies from assistants were warm. They said “How can we assist you to continue your work?”

**Lessons**

- Emergency workers work until they are very tired – they are also stressed
- Outside mental health staff needed to help identify and solve **worker fatigue issues**
- Perceived failure in saving lives can cause stress among disaster workers



## SYMPTOMS

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## CHAPTER 4: Symptoms

### Who will need help?

“No one who sees a disaster is untouched by it. All the people affected, need help to recover from the disaster. Helping people to come to terms with the disaster and normalizing the impact are the key aspects.

Pay special attention to:

People having symptoms/problems like restlessness, panic, sleep disturbances, nightmares, frequent recollection of traumatic events and frequent crying.

- The ones who are seen to remain isolated/withdrawn most of the time and show no overt interest in the activities going on around them.
- Individuals showing reluctance to communicate when approached.
- People who have significant losses (like death of family members)

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### Case 19: Alcohol Consumption in the Aftermath of Disaster, Tornadoes in Minnesota, USA

#### Topic: Developing interventions to curb adolescent drinking in response to a disaster

On 29 March 1998, a series of category F-3 and F-4 tornadoes caused wide-spread destruction in four rural southern Minnesota counties in the United States.

Developing interventions to curb adolescent drinking in response to disaster or other trauma exposure is important.

Based on risk factors identified in this study, interventions might be most effective if **targeted at older adolescents** who are already drinking or experiencing negative alcohol-related consequences. Moreover, it is important that prevention and intervention efforts target adolescents with **previous trauma histories**, since the results of this study suggest that recent disaster exposure may serve to exacerbate symptoms related to earlier traumatic experiences.

#### Lessons

- Binge drinking** among adolescents can increase post-disaster
- Target** adolescents with **previous drinking issues** and alcohol-related consequences for treatment for binge drinking post-disaster
- Also target adolescents with **previous trauma** because disasters can exacerbate previous traumas

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SYMPTOMS

## CHAPTER 5: Psychosocial Programming

### General Guidelines

Provide **practical help** - Help friend or family pack or clean up. Help with arranging the meals. Parents may be very busy, offer to spend some time with children to play and listen to their concerns.

**Listen.** One of the best ways you can help is to listen. You don't have to come up with solutions or answers. It's okay if someone breaks down and cries. Others will ask “Why me?” They are not really looking for an answer but expressing their hurt.

**Show** by words and actions you care. Go ahead and act. A friendly arm around troubled shoulders or a few words of support and encouragement can help in a time of crisis. Small, kind deeds and sincere expressions of affection or admiration also will mean a lot.

**Keep helping.** The disruptions caused by the disaster may continue for some time. Recovering may take even longer. Survivors will need regular, small acts of kindness to maintain their morale and to put their lives back together.

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Psychosocial programming

## Sub Issue 1: Communities/Individuals

## Options

- Case 22: Assessing each case of stress and identifying actions to relieve stress, Role & Responsibilities of Community Level Workers (CLWs)
- Case 23: Community activities support community resiliency, Community activities (Myanmar: Cyclone Nargis)
- Case 24: Community members working together, Facilitate conditions for community mobilizations, ownership and control of emergency response in all sectors
- Case 25: Counseling for disaster survivors, Sri Lanka
- Case 26: Measures for Psychosocial Support and Coping with Trauma, Tsunami, Thailand, 2004
- Case 27: Community recovery from earthquake, Following the Great Hanshin-Awaji Earthquake
- Case 28: Engaging with other people and cultural activities is a source of strength, Post Great Hanshin-Awaji Earthquake
- Case 29: Alternative livelihoods, Andaman Islands
- Case 30: Embroidery center Assistance rooted with tradition and livelihood, Tokouen city Sichuan province, China
- Case 31: Waiting for aid instead of organizing self-help, Earthquakes in El Salvador
- Case 32: Migrant Farm Workers Employed as Outreach Workers, El Nino in California 1998

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## Case 25: Counseling for disaster survivors, Sri Lanka

## Topic: NGO provision of trauma counseling and psychosocial programming

Indian Ocean Tsunami devastated three quarters of the coastline of Sri Lanka. At its worst, in the early stages, there were nearly a million displaced persons.

MERCY Malaysia began response with their Psychosocial Support programs, which covered trauma counseling as well as psychosocial activities. MERCY Malaysia made efforts to deploy Tamil speaking mental health support volunteers in order that the help would fully benefit the beneficiaries.

Five hundred out of the 2,000 survivors who were counseled by their volunteers were children. With the children, MERCY Malaysia volunteers provided counseling through art and play therapy. MERCY Malaysia's volunteers visited the communities living in IDP camps. Psychosocial intervention was given on an individual basis, in family groups as well as in the form of community counseling sessions. Their volunteers also developed artwork and informative posters illustrating facts on tsunamis. MERCY Malaysia conducted a Mental Health Support Training Programme to better equip mental health workers as well as family support workers to assist those affected.

## Lessons

- Deploy psychosocial volunteers who speak the local language
- Art and play therapy used with children
- Psychosocial intervention took place on individual, family and community levels
- Knowledge of the risk and lessons on preparedness help individuals and communities to deal with their experiences in a disaster

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## Case 26: Measures for Psychosocial Support and Coping with Trauma, Tsunami, Thailand 2004

## Topic: Actions of the Department of Mental Health

The tragedy of tsunami that struck Thailand on 26 December 2004 took a psychological toll on both adults and children. The Department of Mental Health launched a sustained effort to support those who were affected in dealing with the trauma and stress of having lived through the disaster.

It mobilized staff response teams with psychiatrists, psychologists, social workers, nurses and pharmacists covering each affected district. These teams provided individual and group counseling as well as medication for those in need. Home visits are currently conducted on a weekly basis, and the programme is scheduled to continue with monthly visits for two years.

DOMH also arranged outreach to schools to expand psychological education to assist in coping with trauma. Counseling, drugs and treatment have been provided to victims.

## Lessons

- Team approach includes psychiatrists, psychologists, social workers, nurses and pharmacists
- Interventions include home visits, and individual and group counseling
- Opening a mental health center expanded the reach of the psychosocial interventions

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## Case 32: Migrant Farm Workers Employed as Outreach Workers, El Nino in California 1998

## Topic: Helping migrants recover

In 1998, El Niño caused a series of storms that devastated many California communities. The storms affected a large number of migrant farm workers. The migrant workers were unwilling to seek help because of cultural proscriptions and language barriers. Some were illiterate. To improve its ability to assist the migrant workers, Ventura County's disaster crisis counseling project hired peer farm laborers. These workers, who had contacts and credibility within the migrant community, enabled the project to establish a unique communication model to reach farm laborers.

## Lessons

- Some individuals are unwilling to seek help because of cultural or language barriers
- Recruit and train psychosocial volunteers from the peer group because they have credibility and contacts within that peer group

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## Sub Issue 2: Families

Case 33: Assistance to parents, Hanshin-Awaji earthquake

Case 34: Workshop for mother and child, Post Earthquake Kobe 1995-1996

## Sub Issue 3: Youth Volunteers

Case 35: Youth helping families to recover, IFRC Youth Award - Together for humanity: Reducing the impact from disasters - Return of Happiness - Costa Rica Red Cross

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## Case 35: Youth helping families to recover, IFRC Youth Award - Together for humanity:

## Topic: Programming involving young people

“Return of Happiness”, the programme presented by the youth of the Costa Rica Red Cross was winner of the **Youth Award 2007**. In the response to a disaster, **youth volunteers are mobilized to ensure psycho-social support** to the vulnerable groups, especially children, with a particular focus on child protection.

The special attention given to the **training** of youth volunteers, close cooperation with **UNICEF** as well as with the **Psychosocial Support Unit of the National Society**, and the **prompt mobilization** of the youth volunteers in the local communities together resulted in increased motivation of the youth volunteers. This makes the programme highly sustainable and contributes to rebuilding the material and social aspects of the local communities.

## Lessons

- Youth volunteers can be mobilized to help provide psychosocial support to vulnerable groups especially children
- Youth volunteers must be trained
- Support from UNICEF motivated youth volunteers and helped the community recover

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## Sub Issue 4: Children

- Case 36: Play areas for children in IDP camps, Angola, 1999–2000
- Case 37: Helping children cope with earthquake, China Sichuan Earthquake One Year
- Case 38: Psychosocial health education in school of the affected area, Menchiku city, China
- Case 39: Help children to recover, Post-earthquake – Takarazuka, Japan
- Case 40: Psychological recovery of children, Social Protection Measures for Children of Tsunami Thailand
- Case 41: Programming to help children recover, Sichuan Earthquake
- Case 42: Group work for children, After Great Hanshin-Awaji earthquake
- Case 43: Helping students cope with change in economic status, divorce and other consequences of earthquake, Great Hanshin-Awaji Earthquake
- Case 44: Using an animal to help children to recover, Sichuan Earthquake

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- Case 44: Using an animal to help children to recover, Sichuan Earthquake

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ACTIVITY SUGGESTIONS WITH CHILDREN

1. **Facilitate expression** : Children can find it difficult to express emotions and difficult feelings. Various mediums can be used to help children feel less vulnerable and safer

- Drawing
- Writing
- Group Discussions
- Use puppets and stories

2. **Goal oriented activity**: such activities help foster confidence and directed behavior

- Collage making
- Small repairs



Topic: Child Friendly Spaces

Field missions by UNICEF and counterparts in the days following the earthquake found an urgent need for professional psychosocial support and community-based protection services for children affected by the earthquake.

Based on these findings, UNICEF and the National Working Committee on Children and Women decided to establish 34 **Child Friendly Spaces** in **camps and temporary shelters** to provide children with integrated psychosocial support and protection services. UNICEF has provided the Child Friendly Spaces with toys, library books, sports equipment, furniture, and prefabricated structures. UNICEF has also worked to provide extensive **capacity building to the staff** of the Spaces, helping them to **deliver psychosocial support** and implement structured play and recreation activities for earthquake-affected children. As of the end of 2008, **42,000 children** have received services at the Child Friendly Spaces. Through the Child Friendly Spaces, UNICEF is also **reaching parents** and communities on core issues such as **health, immunization, injury prevention, and child protection**.

Lessons

- Children **displaced** by a disaster and with little supervision are exposed to high risk of abuse, neglect and danger
- Child friendly spaces provide children with **integrated psychosocial support** and protection services in a safe and healing environment
- The **security and continuity** that Child Friendly Spaces provide are critical to the long-term psychosocial recovery and well-being of children



Topic: Puppet show for children to settle their mind

February 11th, soon after the earthquake, puppet show “Kurarute” was held in Takarazuka city. Five hundred families attended the theater and it was full of laughter and shouts of joy. One mother said “it has been first time to laugh since the earthquake occurred”.

From mid February to early April, the show was held 70 times. The show excited the children, but also cheered up the adults.

Lessons

- Puppet show is a good means for helping children cope with a disaster
- Adults also enjoy and relax in such events, forgetting their worries



Topic: Qiuqiu the panda lends to psychosocial support

The urgent noise of a pair of chopsticks drumming on a large enamel food basin stops and a teenage girl, muffled up against the winter chill in a yellow anorak, stands up. Holding the furry **toy panda** in her hands, she begins the **narrative session**.

“After his parents died in the earthquake, Qiuqiu (the panda’s name) wandered around for a while, before deciding to rebuild the family’s house with his own two hands,” she says. Then it is time for the next student, here at Minzhu Hongda Middle School in the heart of Sichuan’s earthquake zone, to take up their own narrative of Qiuqiu.

The name means Little Ball, “which is significant in itself, giving the idea of rolling on with life,” says IFRC Health and Psychosocial Support Delegate Dr Jeya Kulasingam, who’s brought the activity to the school today. “The panda is an animal with which the community here identifies, especially as pandas were themselves caught up in the disaster – they’re survivors too,” he adds.

This method of second party story telling can still play a useful role in allowing the children to move forward with their narratives without having to revisit their pain and grief. “It’s all about their recovery process; how they recovered from the pain and grief”.

Lessons

- Second party story telling can help children to recover
- Using animals such as pandas to help children to communicate their feelings
- The rate of recovery among children is a good measure of community recovery as the community invests a great deal in the children’s’ recovery



## Sub Issue 5: Elderly

### “When helping the old-age population.....”

Ensure **medical aid** and **physical well-being**.

Guard against extreme feelings of hopelessness and helplessness.

Encourage **healthy grief reactions**, such as crying, talking about losses.

Allow elders to talk about their fears, anxieties and guilt.

Encourage **group meetings** with elderly survivors.

Encourage **participation** in community decision making.”

### Options:

- Case 45: Isolation in temporary housing, Hanshin-Awaji earthquake
- Case 46: Programming for elderly victims, Recovery from Hanshin-Awaji Earthquake 1995, Japan

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## Sub Issue 6: Special Needs Populations

Case 47: Helping hearing impaired individuals, Hurricane Floyd (US) 1999

## Sub Issue 7: Crisis Counseling for Adults

### “When helping an adult...”

“Allow crying and **sharing of grief**.

“Encourage the **establishment of social support groups** (religious groups, work communities). Get people to interact with groups and communities with which they feel safe and understood.

“**Facilitate going back to the normal daily routine activities**. Even if it is difficult to re-establish routines as before try to structure some daily activities. Start with simple activities such as time of sleep and waking up, meal times, etc.

“**Educate** (information about the disaster, caring for oneself and the community, health practices. Reconstruction).

“**Encourage gainful employment in reconstructive tasks**. This fosters a feeling of control and hope.

“Discourage the spreading of any rumours.

“Facilitate sharing of community responsibilities by adults.”

### Options:

Case 47: Helping hearing impaired individuals, Hurricane Floyd (US) 1999

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## Activities Suggestions With Adults

### ACTIVITY SUGGESTIONS WITH ADULTS

- **Group Mourning:** let people come together in groups and mourn the losses as a community.
- **Group Discussion:** open communication and encourage people to talk and express their pain and loss in group setting. This will help build soliaarity and lessen the feeling of 'I am the only sufferer'.
- **Cultural community activities:** such as folk songs, participation in community activities etc.
- **Relaxation and Exercises.**



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## Sub Issue 8: Disaster Workers and Volunteers

The World Health Organization provides the following guidance to disaster workers on how they can take care of themselves in disaster events:

“Along with all the work in the field it is **important to know when you need to refer and consult professionals** to handle certain particularly difficult situations. Also, it is very essential to **maintain personal physical and psychological well-being**.

### Options:

- Case 50: Dealing with Stress, Health workers
- Case 51: Stress reactions by nurses in disaster events
- Case 52: Helping hostage victims to cope, Example: unspecified country, 1999
- Case 53: Teachers victims of stress, Hanshin-Awaji earthquake
- Case 54: CLWs are especially vulnerable to emotional disequilibriu, Stress Management for Community Level Workers (CLWs) in Disaster Rehabilitation Services

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## Sub Issue 1: Cultural Issues

### Options:

- Case 55: Designed to be culturally competent, Hurricane Response in Puerto Rico 1996
- Case 56: Disaster Strikes a Highly Diverse Community, 1994 Northridge (CA) Earthquake
- Case 57: Disaster Projects Confront Distrust, 1994 Northridge (CA) earthquake
- Case 58: Disaster Resurface Emotional Reaction to Prior Stressors, Flooding in California 1995

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## Case 55: Designed to be culturally competent, Hurricane Response in Puerto Rico 1996

### Topic: Recognizing cultural issues

Hurricane Hortense struck Puerto Rico in 1996 with devastating impact. The disaster crisis counseling program was designed to be particularly sensitive to the Puerto Rican culture. For example, recognizing that this **culture encourages strong ties with friends and neighbors**, the program **provided group debriefing sessions**. The project **also used cultural celebrations** to advance its goals. For example, the **festival of the Three Kings Day**, which occurs in early January, was used as an **opportunity for special outreach** in which project staff went door to door “giving as altos”—a tradition of singing Christmas carols and giving donated gifts—as a way to identify needs and provide information and social support. The project **also used dramatization** to inform persons in the community about disaster phases and disaster planning.

### Lessons

- Design psychosocial program that is **sensitive to local culture**
- Use local celebrations** to identify needs and provide information and social support

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## Case 58: Disaster Resurface Emotional Reaction to Prior Stressors, Flooding in California 1995

### Topic: Displacement adds stress to past stressors

Flooding occurred in Clovis, California, in 1995, when a canal overflowed. Many families, mostly **Hmong**, who lived near the canal were displaced. The Hmong population is a low-income community with immigrants from Southeast Asia who have a **history of war and severe losses**. Many were suffering from **Post-Traumatic Stress Syndrome** prior to the flood. The flood increased financial stress and anxiety, and exacerbated their existing symptoms.

### Lessons

- Disaster can aggravate existing Post-Traumatic Stress Syndrome conditions
- History of the community must be considered when devising the psycho-social intervention

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## Sub Issue 2: Training

### Options:

- Case 59: Organize orientation and training of aid workers in mental health and psychosocial support, Sri Lanka, 2005
- Case 60: Preparing children for disasters, Turkish Red Crescent and government agencies

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**Topic: Pre-planning**

A local NGO with a long history of providing psychosocial support to **war-affected populations** temporarily refocused its work to **support tsunami survivors**.

The NGO organized short **action-oriented seminars** to teach existing psychosocial field staff essential skills to better support people with specific tsunami-induced mental health and psychosocial problems, together with practical methods of intervention.

After the seminars, follow-up was provided through the NGO's existing system of weekly supervision.

**Lessons**

- **Refocus existing psychosocial programs** concerning ongoing conflicts to meet disaster-related needs



**Topic: Psycho-social interventions in drills in Turkey**

In Turkey, Turkish Red Crescent, the Directorate General of Civil Defense, Turkish Armed Forces and similar institutions often do drills and have **included psycho-social interventions** in the drills.

**Lessons**

- Include **psychosocial support** in disaster drills
- Include **psychosocial workers** in disaster drills
- Presence of psychosocial workers in disaster drills will inform all participants in the drills on psychosocial programs and their value in recovery



**Sub Issue 3: Reunifying Families**

**Attend to Children Who Are Separated from their Parents/Caregivers**

“Parents and caregivers play a crucial role in children’s sense of safety and security. If children are separated from their caregivers, **helping them reconnect quickly is a high priority**. If you encounter an unaccompanied child, ask for information (such as their name, parent/caregiver and sibling names, address, and school), and notify the appropriate authorities. **Provide children accurate information** in easy-to-understand terms about who will be supervising them and what to expect next. Do **not make any promises** that you may not be able to keep, such as promising that they will see their caregiver soon. You may also need to support children while their caregivers are being located or during periods when caregivers may be overwhelmed and not emotionally accessible to their children. This support can include setting up a child-friendly space.”

**Options:**

Case 61: Reuniting families, Katrina Missing Persons



**Sub Issue 4: Documenting and Remembering What Happened**

**Options:**

- Case 62: Mourning the dead, The disaster of Armero (Colombia), 1985
- Case 63: Suicidal behavior, Colombia and Guatemala disasters
- Case 64: Accepting death, Hanshin-Awaji earthquake
- Case 65: Closure after a disaster, The Great Hanshin-Awaji Earthquake
- Case 66: Cultural differences concerning death, Respect for people’s beliefs



**Topic: recovering dead bodies**

The town of Armero, in the Colombian Andes, was destroyed on 13 November 1985 by a volcanic eruption that caused an avalanche of ash, boiling mud, rocks, and trees. The landslide was almost 2 km wide and reached speeds of 90 km/h. It killed 80 percent of the 30,000 inhabitants of Armero, and left almost 100,000 inhabitants homeless in the surrounding region.

It was **impossible to recover the corpses** since the vast majority were dragged a great distance and buried under tons of sand and rubble. This **situation prevented traditional ceremonies** from being carried out, and many months after the disaster, family members were excited by rumors that the dead had been seen nearby or in far-off places, or wandering like a lost madman. Each of these false reports revised new hopes that were always followed by new disappointments.

In the places where the houses stood, and which could more easily be identified later than in the immediate months after the disaster, **headstones were placed with the names of the dead**, and relatives now place flowers and say prayers there. They have become **symbolic graves** where families can conduct memorial activities, albeit belatedly.

**Lessons**

- **Corpses are often lost** in a disaster before relatives can claim them and bury them as their culture dictates
- **Symbolic sites** are identified where relatives can place **headstones** and to pay their respects to their dead relatives



**Key actions:**

- 1) Facilitate the formation of an information and communication team.
- 2) Assess the situation regularly and **identify key information gaps** and key information for dissemination.
- 3) Develop a communication and campaign plan.
- 4) **Create channels to access and disseminate credible information** to the affected population.
- 5) Ensure coordination between communication personnel working in different agencies.

**Options:**

- Case 67: Sending messages concerning the recovery to the public, Hanshin-Awaji earthquake
- Case 68: Communicating to the public, Role of Television



**Topic: Earthquake Message Project**

NHK Kobe broadcast has broadcasted “**News from Kobe**” **every 6 pm** since 2002 for Hyogo prefecture area. The largest theme was “Hanshin-Awaji earthquake”.

Characteristics of “**Earthquake Message Project**” are that following five points.

1. **Tell continuously:** to remind of the earthquake by broadcasting every Monday
2. **Tell Diversified:** cover each view point, such as professional city planner or local resident on similar topic
3. **Tell clearly:** make one message in five or six minutes to let listener concentrate
4. **Tell from the heart:** collect message from **bereaved families**
5. **Make interactive:** to receive feedback from community to input to production field



**Options:**

- Case 69: Language barriers to communications, Northridge (CA) Earthquake 1994
- Case 70: Cultural barriers to communications, Hurricane Georges 1998 – Alabama (US)
- Case 71: Language barriers to communications, Fresno County (CA) Winter Storms 1995
- Case 72: Communicating during the recovery, Aceh, Indonesia, 2005



**Topic: Multiple Methods Employed to Communication with Asian Groups**

Hurricane George caused extensive damage in Alabama in 1998, leaving many people homeless and others with major losses to their homes and businesses. Included among the disaster survivors was an Asian population. The disaster crisis counseling program used several methods to reach and serve them. For example, it developed **leaflets in the Cambodian, Laotian, and Vietnamese languages** and distributed them to churches serving large numbers of Asian immigrants. The **crisis counseling project also employed interpreters**, a strategy that was viewed as highly effective in disseminating information to these groups.

**Lessons**

- **Interpreter and translated materials** used to effectively reach non-English speaking populations



**Sub Issue 2: Media Impact**

**Options:**

- Case 73: Rumor and stigma: Who do you trust?

**Sub Issue 3: Media Multiple Stories**

- Case 74: How do people take in information? Sichuan earthquake



**ANNEXES**

- Annex 1: Check List of situation and role of governance and specialist by stage
- Annex 2: Analyzing Disrupted Health Sectors: A Modular Manual
- Annex 3: Phases in Assessing and Supporting Psychosocial Well being in Emergencies
- Annex 4: National Coordination Framework

