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Psychosocial Care of Tsunami-Affected Populations

Manual for Trainers of Community Level Workers



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MESSAGE FROM THE REGIONAL DIRECTOR

December 26, 2004 will forever be a date that haunts our memory. It will always be associated with the massive earthquake in the Indian Ocean which generated the destructive Tsunami waves which battered the shores of many countries. Unfortunately, the WHO South-East Asia Region bore the brunt of the devastation. Among our Member States, Indonesia, Sri Lanka, Thailand, India and Maldives were affected the most. Myanmar and Bangladesh were also affected, but to a lesser degree.

WHO immediately responded to the disaster. During the early phase of the crisis, our priority was the provision of technical advice to governments of affected countries to help them take care of the immediate threats to human health.

Given its sheer magnitude and scope, no single organization can adequately cope with the disaster alone. WHO is supporting national health authorities of the affected countries in close coordination and cooperation with other agencies. Never before have organizations of the UN system demonstrated such an ability to respond to the immediate needs during a crisis with unity, professionalism and speed.

In addition to providing technical support on health issues, we were very cognizant of the psychosocial needs of those affected by the Tsunami disaster. Technical guidelines were immediately made available to governments and disseminated widely to agencies working in the field. It was widely recognized that impairment in psychosocial rehabilitation can impair efforts in physical rehabilitation.

Providing psychosocial support to communities affected by the Tsunami disaster is a key component of the Organization's long-term strategy to rehabilitate the damaged public health infrastructure.

I am confident these manuals will be found useful by community-based workers who will ultimately provide the psychosocial support to those affected by this unprecedented tragedy.

Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director

PREFACE

The Tsunami disaster has imposed a huge burden on communities, not only physically but also in terms of the psychological trauma inflicted on them. It should be noted that EACH AND EVERY PERSON in the population is psychologically affected to some extent. Thus, in terms of numbers, the magnitude of the problem of psychological trauma of the disaster affected population is as large as the size of the population. It is imperative that psychosocial interventions be made accessible to each person in the community, because psychological distress can hamper rehabilitation and resumption of normal life.

WHO's policy on mental health/psychosocial support to disaster victims is that it should be community-based and culturally appropriate and take into account the needs of special groups such as children, women, the elderly, etc. WHO recommends that psychosocial support be provided to affected communities by community-based workers who understand the needs of disaster victims and are trained by experts in psychosocial support methodologies.

The role of the WHO lies in defining the psychosocial needs of the community, establishing technical guidelines to be used, providing technical support to governments, NGOs and other stakeholders involved in psychosocial support, as well as training people for implementation of psychosocial support strategies, monitoring and evaluation of programmes. Actual implementation in the field can be done by community-level workers, NGOs, self-help groups and other UN groups, etc, using WHO guidelines. All activities should be in collaboration with the Ministry of Health and the WHO Representative office.

This set of manuals, prepared by a group of experts has been developed for use by community-level workers entrusted with the responsibility of providing psychosocial support to the community. The manuals recommend increased community outreach, taking into account the needs of special groups such as children, women and the elderly, while offering a culturally appropriate approach to support.

It is hoped that the training these workers receive will enable them to reach each and every member of the community and provide them with the appropriate level of psychosocial support needed. In addition, relief workers can learn how to care for their own emotional well-being, so that they can handle the stress of relief work and serve the community better.

1. INTRODUCTION

The Tsunami disaster has imposed a huge burden on the community not only in physical terms but also in terms of the psychological trauma they have suffered. A major challenge that faces communities and their governments is to cope with adverse physical and psychological conditions effectively. Although disaster-affected individuals do need and benefit from the material assistance and physical healthcare provided to them as part of relief work, they also need appropriate psychosocial care to help them cope better with the psychological trauma they undergo during and after the disaster. Psychological support should be available from the acute phase immediately after the disaster, and extend till the community is rehabilitated both physically and psychologically.

It should be noted that EACH AND EVERY PERSON in the population is psychologically affected to some extent. Thus, in terms of numbers, the magnitude of the problem of psychological stress is as large as the size of the population affected by the disaster. It is imperative that psychosocial interventions are accessible to each person in the community.

Immediately after the disaster, there is an outpouring of concern, sympathy and the desire to assist the victims as much as possible. Money, material and personnel are mobilized to help the disaster victims. Unfortunately, such assistance, although well meaning, is sometimes lacking in professional standards and is often based on the belief that doing something is better than doing nothing. Psychological interventions provided by untrained or unsupervised workers can even be harmful.

The international community has witnessed several major disasters in recent decades and their response is getting better and more streamlined over time. However, there can be no one 'universal formula' for dealing with the needs of all Regions and for all type of disasters.

The term 'social intervention' is used for interventions that primarily aim to have social effects, and the term 'psychological intervention' is used for interventions that primarily aim to have psychological effects. It is acknowledged that social interventions have secondary psychological effects and that psychological interventions have secondary social effects as the term psychosocial suggests.

The term 'psychosocial interventions' in the context of disaster management does not refer only to highly specialized interventions by mental health experts. In fact most psychosocial interventions for disaster-affected people can be carried out effectively by community level relief workers, if they are trained and supervised to do so.

For dealing with the loss of a loved one under normal circumstances, there are social support systems that are built into community life, like prayers, rituals, a role for each family member and neighbours sitting with the family members in support. However, in the unique circumstances of the present disaster, we need to address the need of people who have not only lost loved ones, homes, livelihood, but their entire

neighbourhood and with it their life's context which essentially defines every individual. A good approach to helping these people is to find others in neighbouring villages or communities, people who come from similar cultural backgrounds, who understand their cultural norms, to help them.

Psychosocial support should be provided by community-based workers who understand the needs of disaster victims and have been trained in psychosocial support strategies. It is essential to ensure that psychosocial support to disaster victims is not trivialized by permitting any untrained /unsupervised person to do 'counselling', but that such services are provided only by those trained and supervised to do so.

2. WHO CAN USE THIS MANUAL?

This training manual is meant for personnel involved in organization and management of disaster relief work and in the training and supervision of CLWs. These personnel may include but are not restricted to the following:

- (1) Community leaders
- (2) NGO leaders
- (3) Nurses
- (4) Social workers
- (5) Psychologists
- (6) Physicians as available
- (7) Psychiatrists and other mental health professionals as available

This manual provides specific instructions on how to train CLWs.

3. AIM OF THIS MANUAL

The basic aim of this manual is to equip 'trainers' to impart training to Community Level Workers (CLWs) in providing psychosocial care to disaster-affected populations.

The manual also aims to:

- (1) Provide an overview of the various psychosocial responses of disaster-affected people and sensitize CLWs about the need for psychosocial intervention.
- (2) Provide an overview of various psychosocial interventions required in disaster-affected areas.
- (3) Impart training to CLWs in minimum counselling skills for providing psychosocial care to disaster-affected people.
- (4) Train CLWs in identification and referral of cases that need treatment from a mental health specialist.

- (5) Train CLWs in providing psychosocial care to especially vulnerable groups among the disaster-affected people.
- (6) Train CLWs in taking care of their own emotional well-being while carrying out relief work.

4. ORGANIZATION OF THIS MANUAL

This manual is organized in three modules:

1. **Module 1:** Psychological responses of disaster-affected population
2. **Module 2:** Psychosocial interventions for disaster-affected people
3. **Module 3:** Psychosocial interventions for special groups

These modules are similar to the modules in the manual for CLWs. The trainers can choose any one or more modules for training CLWs according to the felt need (based on CLWs skills and experience) and the time/resources available. However, it is recommended that a complete package of training in all the three modules should be offered to the CLWs working in Tsunami affected areas.

Each of the three modules consists of the following sections:

Summary of the contents of CLWs manual

A summary of the contents of the module in the CLWs manual is provided to explain to the trainers about the topics and information to be covered during the training of CLWs in each module. The trainers are advised to be familiar with the corresponding modules of the CLWs manual.

Learning objectives

They indicate the knowledge, skills and attitude that CLWs are supposed to acquire after the training in each module.

Overview of the training methods

This is a brief description of the training methods that should be used to impart training of each module.

Details of specific training methods

The details of specific training methods like role-play, group activities etc., are given to help trainers in using these methods wherever applicable in each module. A broad range of suggestions and activities have been provided in this manual. Trainers should select those which they consider appropriate to the situation and their own ease in using them.

Training audiovisual aids

Text is provided for each module in order to help trainers prepare audiovisual training material like overhead transparencies, slides or flip charts. The material can be prepared according to the facilities available in the field/training place. The content may be selected according to the previous level of knowledge/experience of the CLWs.

5. HOW TO USE THIS MANUAL

This manual should be used as an aid by the trainers, who will need to train and prepare CLWs for providing psychosocial care to disaster-affected people. Trainers can use the training material provided in this manual as it is (after translating it into the local language if needed) or with appropriate modification for local adaptation. Further, they may develop their own versions of training exercises, vignettes etc.

Trainers will be responsible for organizing and conducting training sessions for CLWs, who will deliver psychosocial care to the survivors recovering from the impact of the disaster. It is recommended that a full-day training programme should be organized with four training sessions – one for each module. The training will consist of interactive lectures, group discussions, specific training exercises and group work. The training will aim at information delivery and skills development, with more emphasis on the latter.

Trainers should use this manual as their resource book for the training of CLWs. They should also acquaint themselves with the contents of the manual prepared for CLWs to decide the scope and contents of the training before planning to train CLWs. They are also advised to go through the details of various training methods and learn the concept behind each method so that they can use these methods with appropriate modification without changing the impact of training by these methods. Some trainers, particularly if they do not have experience in mental health, may not be very comfortable with some of the psychosocial interventions to be used in the field. However, with some training and backup of mental health professionals they should be able to familiarize themselves with the techniques of psychosocial interventions.

MODULE 1: PSYCHOLOGICAL RESPONSES OF DISASTER-AFFECTED POPULATIONS

Summary of the contents of CLWs manual

In this module the following are described:

- Psychological responses of disaster-affected people during various post-disaster phases.
- Information about normal and abnormal responses.
- Common mental problems occurring after a disaster.
- Coping skills of people that affect their psychological responses.

Trainers may note that disaster-affected people can be divided into three broad categories based on their psychological responses to disaster and the intensity of psychosocial care they need:

- (1) Those who display normal psychosocial reactions to the disaster and require no psychological intervention.
- (2) Those who display psychological symptoms resulting in distress, or dysfunction lasting from a few days to many weeks and who would benefit from minimal, but specific, psychosocial intervention by CLWs.
- (3) Those who require treatment from a mental health professional because they suffer from either (a) an acute anxiety reaction that is so severe in that it limits basic functioning (such as being able to talk to people) or (b) they suffer from severely distressing or disabling psychological symptoms that do not improve over time and that do not improve through psychosocial interventions by CLWs.

Trainers should highlight the difference between the three categories of people mentioned above and should train CLWs to differentiate between categories. They should specially highlight the difference between psychological symptoms (category 2) and symptoms that indicate mental disorder (category 3).

Learning Objectives

At the end of the training session, the CLWs will be able to:

- (1) Enlist various psychological responses and problems of disaster-affected people.
- (2) Enlist positive and negative coping skills adopted by disaster-affected people.

Overview of the training methods

This module should be taught primarily through an interactive lecture with the help of audiovisual aids, if possible. The lecture should be followed by experience-sharing by CLWs and the group activities described here.

Details of specific training methods

Experience-sharing: Encourage the CLWs to share their experiences regarding the psychological and behavioural responses of disaster-affected people either during the current disaster or earlier. Motivate them to tell the success stories and the way people have been able to cope with the stress associated with disasters. Add your (trainer's) experiences wherever relevant. At the end, summarize the experiences narrated by the CLWs.

Group activity: To demonstrate various categories of psychosocial consequences of disaster

Ask each CLW to describe the psychological and behavioural responses of disaster-affected people which they may be aware of. Then ask them to categorize these responses into three groups:

- (1) Those who display normal psychosocial reactions to the disaster and require no psychological intervention.
- (2) Those who display psychological symptoms resulting in distress or dysfunction lasting from a few days to many weeks and would benefit from minimal psychosocial intervention by CLWs.
- (3) Those who require treatment from a mental health professional because they suffer from either (a) an acute anxiety reaction that is so severe in that it limits basic functioning (such as being able to talk to people) or (b) they suffer from severely distressing or disabling psychological symptoms that do not improve over time and that do not improve through psychosocial interventions by CLWs.

The trainer should write down the responses on a blackboard or flip chart under category a, b or c, and then follow this with a discussion with the CLWs to re-categorize the responses correctly.

Group Activity: To demonstrate the coping capacity/resilience of affected persons

Give each CLW a rubberband. Ask each one of them to stretch it to about two to three times its length and then release it. Ask the CLWs to form three groups:

- (1) Those whose rubberband was intact
- (2) Those whose rubberband broke
- (3) Those who felt that a little more stretch would break the rubberband

Lessons drawn from this activity

Group (i) shows that, just like the intact rubberband, a majority of people among the disaster-affected population are able to cope well with their post-disaster emotional responses due to their innate coping capacity and resilience.

Group (ii) shows that, just like the broken rubberband, there are some people among the disaster-affected population, who may develop disorders that need specialist mental healthcare.

Group (iii) shows that, just like the rubberband, there are some people among the disaster-affected population who are more vulnerable to the disaster situation and may need some minimal psychosocial care from trained CLWs in order to cope with the emotional responses to the disaster situation.

Frequently observed mental disorders after a disaster

Discuss each of the disorders described in the CLW manual.

MODULE 2: PSYCHOSOCIAL INTERVENTIONS FOR DISASTER-AFFECTED PEOPLE

Summary of the contents of CLWs manual

In this module the following are described:

- Various psychosocial interventions to be carried out by CLWs.
- The general psychosocial measures during acute disaster phase as well as during the post-disaster (consolidation) phase.
- The specific psychosocial techniques in a simple and easy to implement manner.
- Information about certain useful field procedures like communication skills.
- Identification and referral of cases requiring specialist mental healthcare.

Learning objectives

At the end of training session, the CLWs will be able to:

- (1) List general psychosocial measures to enhance the emotional well-being of disaster-affected people during the acute phase after a disaster, and also in later stages.
- (2) Deliver minimal counselling to the disaster-affected people suffering from psychological symptoms.
- (3) Identify people who may be suffering from mental disorders and refer them to the mental health professionals available.

Overview of the training method

The training on this module should begin with an interactive lecture with the help of audiovisual aids, if possible. The lecture should be followed by various training exercises comprising of group work, role-play exercises and case vignettes. These training exercises should be considered the most important component of the training.

Details of specific training methods

Group work: For training in general psychosocial measures to enhance emotional well-being

Divide the participants into three groups

- (1) Identify one trainee in each group as group leader.
- (2) Ask the groups to list activities, which will emotionally benefit disaster-affected people.
- (3) Ask them to make another list of those activities which they will encourage people to perform.

The group leaders present the outcome and the trainer provides clarifications.

Role-Play: For differences between empathy and sympathy

- One trainee volunteer to play the role of disaster victim.
- The trainer plays the role of a relief worker.
- Trainee provides a description of some recent events that happened to him.
- Trainer demonstrates the differences between empathy and sympathy through his/her responses.

Role-Play: For demonstration of effective communication with disaster-affected people

- One trainee volunteer to play the role of disaster victim.
- The trainer plays the role of a relief worker.
- Trainee provides a description of some recent events that happened to him.
- Trainer demonstrates the procedure of attentive listening.
- Trainee describes the event again.
- Trainer this time demonstrates the procedure of reflective listening and highlights the difference between the two.

Example of Active and Reflective Listening

Active listening

This is a conversation between a CLW and a Tsunami survivor (respondent) who narrowly escaped death himself but witnessed his child being washed away.

Respondent: "I saw my only child being washed away in front of my eyes. I was unable to do anything to save him. I just cannot come to terms with what has happened..."

(Respondent starts weeping)

While the respondent is talking, the CLW:

- Maintains eye contact with the respondent without making him feel uncomfortable
- Listens attentively to what is being said
- Occasionally nods
- Occasionally utters "Hmmm..." but does not interrupt

The CLW maintains silence while the respondent weeps.

The above is an example of attentive listening. While attentive listening is helpful, in many cases, it would be better if reflective listening is attempted.

Reflective listening

In addition to the above process, in reflective listening the CLW will check the correctness and completeness of the conversation by clarifying as below.

CLW: "Let me clarify if I have understood you correctly..." OR

"Do I understand you correctly, that you said..." OR

"Let me summarize what you have told me...and if I have got you correctly..."

The advantages of reflective listening are:

- Respondent gets more satisfaction and is certain of having been understood
- The counselor is more certain about having correctly understood the respondent's feelings
- It conveys more care and concern

Role-play: For counselling techniques to be used by CLWs

Psychosocial first aid

Emotional first aid is the psychological support which is provided to a victim immediately after a disaster and as usually administered by a trained CLW. Some of the interventions which can be used are enumerated in the CLW manual.

- One trainer should play the role of a disaster victim and the other should play the role of relief worker.
- They interact with each other to enact a possible real field situation depicting the identification of the disaster victim as a needy candidate for emotional first aid and delivery of the emotional first aid by the relief worker. The procedure of delivery of various components of first aid should be demonstrated. The trainer then invites comments from the trainees about their observation of this enactment and then explains the whole process in detail. He also explains a few more conditions where emotional first aid will be required.
- Trainees playing the role of disaster victim and relief worker should repeat the same exercise. The other trainees should give their comments and the trainer will summarize at the end.
- The trainer explains methods to deal with difficult situations encountered by CLWs in the field.

Trauma and grief counselling

Role play: A similar role-play exercise may be performed to demonstrate trauma and grief counselling as described in the CLW manual.

Role Play: For anticipatory guidance

One or two trainers should act as relief workers and 8-10 trainees (and 1 – 2 trainers if possible as disaster victims). They will enact a real life field situation wherein the relief worker is providing anticipatory guidance (as described in the CLW manual) to the group through discussion about the natural psychosocial outcome of the disaster and provide guidance to the group regarding various measures which people can undertake for their psychosocial needs. The enactment should be followed by comments from the other trainees and a summary by the trainers.

Role-play: For crisis counselling and problem solving counselling

- One of the trainees will be asked to play the role of the relief worker while another (or many others) will play the role of 'disaster survivors' and the trainer will be an observer.
- The relief worker and disaster survivor(s) will enact their respective roles and at the end, the observer will provide feedback on the performance of the relief worker.
- Emphasis is to be placed on the demonstration of empathy, sympathy and good listening skills by the relief worker.
- After two to three such role-play exercises you can ask one or two trainees to play the role of observer and ask for their comments followed by your overall comments.

Role play: For identification and referral of cases requiring specialist care

- Divide the trainees into pairs.
- Ask one partner of the pair to name a mental problem (relevant to the disaster situation).
- Ask the other partner to describe the identifying features of the problem.
- Repeat the exercise for all the pairs.
- Discuss at the end.

Case vignettes

- Provide case vignettes to the trainees (display on overhead projector if available).
- Stimulate discussion on the questions raised by each vignette (answers to these questions are provided for the information of trainers).
- Summarize the discussions at the end of each vignette.

Acute Stress Reaction

Mrs. X is a teacher in a local private school. After the Tsunami, she has been reporting difficulty in breathing and fast heartbeat. She also sweats a lot. She feels as if she will collapse. She becomes terrified that something awful is about to happen. These symptoms come suddenly, sometimes 'out of the blue'. She feels in a daze and can hardly talk to people.

Q.1: What problem do you think this person is suffering from?

A.1: The person is suffering from Acute Stress Reaction.

Q.2: What kind of intervention will you recommend/carry out?

A.2: CLWs can try one of the specific psychosocial interventions, failing which the person should be referred to a physician or a mental health professional.

Grief and Bereavement

Mr. X, an office assistant in a local travel agency, lost his spouse in the recent Tsunami disaster. He has reported feeling sad, irritable and frequent bouts of crying on remembering his wife. He often bursts into tears when asked about his well-being. He has been keeping his belongings, his marriage photographs etc., in his possession and often weeps in isolation. He prefers to remain aloof and restricts himself indoors. He still neglects to eat his food and carry out other activities of daily living, although it has been three weeks since the disaster.

Q.1: What problem is Mr. X suffering from?

A.1: He is going through Grief/Bereavement reaction.

Q.2: What will you do for such a person?

A.2: Counselling (grief counselling) by CLW will help this person. In case symptoms persist beyond 6 weeks or worsen despite counselling, a referral to a specialist should be considered.

Post-Traumatic Stress Disorder

32 years old Ayub was working in a local fishing company. In the recent Tsunami disaster, he lost his house, and saw three of his family members being washed away in the sea. He spent a few nights and days on tree tops. It is more than one month after the disaster, and he is still reporting nightmares and vivid flashbacks where his family and sister are yelling for help and he is unable to do anything to save them. He then becomes acutely anxious, screams and becomes agitated. These symptoms become even more intense while watching news clippings on the Tsunami in the relief camp.

Q.1: What problem do you think Ayub is suffering from?

A.1: He is suffering from Post-Traumatic Stress Disorder.

Q.2: What kind of intervention will you recommend/carry out?

A.2: CLWs can try grief counselling and general psychosocial measures. If not successful, he should be referred to a mental health professional.

Alcohol Withdrawal

Mr. S, a 40 year old male, had been drinking alcohol on a regular basis for the last 10 years. For the last 2 years, he has been drinking round the clock, to the extent of neglecting all other responsibilities. In the recent disaster, he lost his house, family and also did not have access to alcohol. On the second day after the disaster, the relief workers found him in a restless, agitated and markedly disoriented state. The relief workers were also told by other people in the relief camp that he had a fit in the morning.

Q.1: What problem do you think the man is suffering from?

A.1: He is suffering from Alcohol Dependence (addiction) and is in withdrawal state.

Q.2: What kind of intervention will you recommend/carry out?

A.2: He should be referred to a physician/mental health professional immediately as this can become a serious medical emergency.

Psychosis (Relapse of pre-existing mental problem)

John worked as a storekeeper in a shipping company and now after the recent Tsunami disaster, he lives in a relief camp. He lost his family and some of his friends in the Tsunami disaster. A few days after the Tsunami disaster, he was seen resuming his duties and he complained that "strange things were going on in his office". He noticed that people in the office and neighbourhood were talking about him. He was convinced that he has been put under surveillance and someone in office was listening to his telephone conversations. He became increasingly anxious, agitated and frightened over the next few days and was unable to sleep. He was found looking out of the window many times in the night. He pointed to the birds on nearby trees and said that they were conversing with him. He also reported to his wife that he was on a special mission; that his boss was a criminal and there were spies around and something terrible would happen soon. Sometimes he would suddenly calm down, laugh or shout at imaginary people.

His neighbours reported that he did have similar problems a year ago and was probably taking some treatment for the problem.

Q.1: What problem do you think John is suffering from?

A.1: He is suffering from Psychosis.

Q.2: What kind of intervention will you recommend/carry out?

A.2: He should be referred to a physician/mental health professional.

Depression

Sita, a 38 year old housewife, reported having headache, body-ache and difficulty in sleeping. She admitted to having suicidal ideas for a few weeks duration. She has lost many of her relatives and neighbours in the recent disaster. She was lucky that her family survived the disaster. She reported that she was unable to enjoy anything and, lacks energy and initiative to do anything at home. She would often burst into tears while talking to family members. She would express fear and hopelessness as if something terrible were about to happen to her. She was unable to sleep soundly as she used to earlier. She lost interest in worldly matters. The symptoms persisted even after repeated assurances by CLWs.

Q.1: What problem do you think Sita is suffering from?

A.1: She is suffering from Depression.

Q.2: What kind of intervention will you recommend/carry out?

A.2: She should not be left alone. She should be referred to a physician, clinical psychologist or another mental health professional immediately.

Teaching audiovisual aids: Attached as slides

MODULE 3: PSYCHOSOCIAL INTERVENTIONS FOR SPECIAL GROUPS

Summary of the contents of CLWs manual

The vulnerability of certain specific groups (like children, women and the elderly) is described. The common psychological responses of each group are provided along with the group specific psychosocial interventions which can be carried out by CLWs.

Learning objectives

At the end of training session, the CLWs will be able to:

- (1) List certain groups of people who are more vulnerable to the psychosocial effects of the disaster.
- (2) List psychosocial responses/problems of each group.
- (3) Provide psychosocial care to these groups.

Overview of the training methods

The training will comprise of an interactive lecture followed by role-play and group discussion.

Details of specific training methods

Role-play: For special groups

The trainers should conduct the following role-play exercises to demonstrate the psychosocial problems specific to children, women and the elderly. Details of role-play exercises are not given here as these can be carried out as described in the module 2 for specific psychosocial intervention.

- The trainer will be the moderator/ group leader and 68 trainees will be the participants in the group discussion.
- They discuss the psychosocial problems of special groups and measures crucial for their psychosocial care.
- Each group discusses one special group (e.g. children, elderly) while other trainees observe the discussion and supplement it with their comments.

Special groups

- Relief worker with an orphaned child in the presence of two or three other people.
- Relief worker with a woman in the presence of her sister-in-law/ husband.
- Relief worker with a group of three elderly people in the presence of one young person.

Teaching audiovisual aids: Attached as slides

Training of Community Level Workers

Psychosocial Care of Tsunami-Affected Populations

Teaching slides

Training of CLWs

Introduction

- Magnitude
 - ◆ Everyone is affected in some way
 - ◆ Approximately 50% require some support
 - ◆ Approximately 5 – 10% require professional help

- Social intervention
- Psychological intervention
- Psychosocial intervention

Training of CLWs

Introduction: Psychosocial Interventions

- Health issue, but not necessarily medical
- Implement only appropriate interventions
- Appropriate training of CLWs extremely important
- Many methods are available
- Coordination is important

Training of CLWs

Introduction: Psychosocial support

- Each affected person should be reached
- Government estimates of persons affected
- Number of CLWs needed?
- Who will the CLWs be?
- Field supervisor for CLWs

Training of CLWs

Manual for trainers of CLWs:

- Who can use this manual
- Aim of this manual
- Organization of this manual
- How to use this manual

Trainers should be familiar with the contents of the CLW manual

Training of CLWs

Respect for local culture

- Programmes must be culturally sensitive
- Culture affects response of the society
- Culture may affect the choice of interventions

Training of CLWs

Social support

- Attention to simple social issues
- Strategies to improve social well-being
 - ◆ Issues which are relevant immediately and locally
 - ◆ Social support should be culturally appropriate

Training of CLWs

Need for external psychosocial support

- Mutual social support built into community life
- Entire support system destroyed

Training of CLWs

Inter-agency collaboration

- Initial out pouring of humanitarian assistance
- Many people and agencies are concerned
- Doing something is better than doing nothing
- Too many people doing the same thing

Training of CLWs

Getting started in the community

- Establish contact with community leaders
- Integrate with other ongoing activities
- Establish contact with backup mental health services
- Establish contact with the community
- Get a feeling of the suffering of the community

Psychological responses of disaster-affected population

Teaching aids for Module 1

Psychological reactions seen among the victims

Responses of affected people can be divided into 3 broad categories

- ◆ Normal psychosocial responses, requiring no specific intervention
- ◆ Psychological responses resulting in short duration distress or dysfunction, people will benefit from psychosocial first aid by CLW
- ◆ Severe distress or dysfunction needing help from a mental health professional

Psychological reactions seen among the victims

Immediate reactions (within 24 hours)

- ◆ Tension, anxiety, panic
- ◆ Stunned, dazed, shocked, disbelief
- ◆ Elation or euphoria among survivors (in people suffering lesser losses)
- ◆ Restlessness, confusion
- ◆ Agitation, crying and withdrawal
- ◆ Survivor's guilt

These reactions are seen in nearly everybody in the affected region and can be considered as a *Normal reactions to an abnormal situation*.

These needs no specific psychological intervention.

Psychological reactions seen among the victims

After about three weeks of disaster:

The previously noted reactions may persist and involve symptoms such as:

- Restlessness
- Panic feelings
- Continued deep sadness, unrealistic pessimistic thoughts
- Outward inactivity, isolated and withdrawn behavior
- Anxiety manifested as physical symptoms like palpitations, dizziness, restlessness, nausea, headache

These responses do not necessarily amount to a mental illness.

The individuals reporting the symptoms can likely be helped by the CLWs trained in providing some basic psychological intervention.

Psychological reactions seen among the victims

Group Activity

To demonstrate various categories of psychological consequences of disaster

- Ask each CLW to describe the psychological and behavioural responses which they may be aware of
- Ask them to categorize the responses into three categories as discussed before

Common coping skills of the disaster affected populations

Healthy Coping Skills

- ◆ Ability to orient oneself rapidly
- ◆ Planning and execution of decisive action
- ◆ Appropriate use of assistance resources
- ◆ Appropriate expression of painful emotions
- ◆ Tolerance of uncertainty without resorting to impulsive action

Not all emotional consequences of the disaster among the survivors are maladaptive.

A majority of people demonstrate healthy and mature coping responses to the situation.

Common coping skills of the disaster affected populations

Unhealthy Coping Skills

- ◆ Excessive denial and avoidance
- ◆ Impulsive behaviour
- ◆ Over-dependence
- ◆ Inability to evoke caring feelings from others
- ◆ Emotional suppression
- ◆ Substance abuse

Psychological reactions seen among the victims

Group activity

- To demonstrate the coping capacity/resilience of affected persons:
- Conduct the group activity as described in the trainers manual

Frequently observed mental disorders after a disaster

- ◆ Acute stress reaction
- ◆ Bereavement and grief
- ◆ Diagnosable mental disorders
 - Depression (vs sadness)
 - Anxiety disorders (vs anxiety)
 - Adjustment disorders (vs adjustment difficulty)
 - Somatoform disorders
- ◆ Alcohol and drug abuse
- ◆ Post-traumatic stress disorder (PTSD)
- ◆ Exacerbation/ relapse of pre-existing mental disorders
- ◆ Psychosomatic illness

These mental disorders need specialist mental health intervention and require referral.

Psychosocial interventions for disaster-affected people

Teaching aids for Module 2

Psychosocial interventions for disaster-affected people

Interventions during the acute emergency phase (first 3 weeks)

- ◆ Provide uncomplicated and accessible information on location of corpses
- ◆ Discourage unceremonious disposal of corpses
- ◆ Provide family tracing for unaccompanied minors, elderly and other vulnerable people
- ◆ Encourage people to organize group activities like prayers, collective performance of rituals and other socio-religious activities
- ◆ Encourage members of field teams to actively participate in grieving

Psychosocial interventions for disaster-affected people

Interventions during the acute emergency phase (first 3 weeks)

- ◆ Encourage recreational activities for children
- ◆ Inform people about the normal psychological reactions that occur after disaster. Assure them that these are **NORMAL, TRANSIENT, and SELF- LIMITING and UNIVERSAL.**
- ◆ Religious leaders, teachers and other social leaders should be involved actively

Psychosocial interventions for disaster-affected people

Interventions during the acute emergency phase (first 3 weeks)

- ◆ Encourage people to work together for looking after their needs
- ◆ Involve healthy survivors in relief work
- ◆ Motivate community leaders and other key persons to engage people in group discussions and share their feelings
- ◆ Ensure equitable distribution of the relief aid
- ◆ Deliver services in a 'healing manner' empathizing with the people and showing no callousness towards any section (e.g. weaker or minority) of the community

Psychosocial interventions for disaster-affected people

Summary of interventions during the acute emergency phase (first 3 weeks)

- ◆ Listen
- ◆ Convey compassion
- ◆ Assess needs
- ◆ Ensure basic physical needs are met
- ◆ Do not force talking
- ◆ Provide or mobilize company preferably from family members
- ◆ Encourage but do not force social support
- ◆ Protect from further harm

DO NOT FORCE VICTIMS TO TALK ABOUT THEIR EXPERIENCES

General suggestions to individuals for their own psychosocial well-being

- ◆ Remain in familiar surroundings
- ◆ Begin reconstruction
- ◆ Avail of bonafide assistance
- ◆ Get back to daily routine
- ◆ Express your emotions
- ◆ Try to help others
- ◆ Take time to relax
- ◆ Eat right and sleep well
- ◆ Do not consume excessive alcohol or sedatives

Psychosocial interventions for disaster-affected people

Training in general psychosocial measures to enhance emotional well-being

Group activity

As described in the trainers manual

Communicating with disaster-affected people: Important Do's and Don'ts for CLWs

DO's

- ◆ Approach the people actively
- ◆ Listen attentively
- ◆ Be empathetic, avoid sympathy
- ◆ Respect people's dignity
- ◆ Accept and appreciate people's views on their problems
- ◆ Be aware of the need for privacy and confidentiality
- ◆ Ensure continuity of care

Communicating with disaster-affected people: Important Do's and Don'ts for CLWs

DON'Ts

- ◆ Do not force your help/ support
- ◆ Do not interrupt people when they share their emotions
- ◆ Do not pity them
- ◆ Do not be judgmental
- ◆ Don't allow rumors to spread
- ◆ Do not label people with psychiatric diagnoses
(Rather refer to a medical doctor or mental health professional)

Communicating with disaster-affected people: Difference between Empathy and Sympathy

Empathy

- "I can understand what you are going through."
- "I can understand that you are feeling angry at what has happened to you."
- "I accept that you are very scared, almost anyone can feel scared."
- "I understand how you are feeling about what has happened to you."

Communicating with disaster-affected people: Difference between Empathy and Sympathy

Sympathy

- "Poor you, it is really bad that this happened to you."
- "I am also angry and we will deal with it together."
- "Don't be scared, I am here to help you, whatever it takes."
- "How could it have happened to you. I will make sure it does not happen again."

Communicating with disaster-affected people:

- Role-play for difference between empathy and sympathy

Not described in trainers manual – use example from CLW manual

Effective communication with disaster-affected people

Active listening

- Establish eye contact with the person while talking to him/her in a culturally appropriate manner
- Listen attentively to everything a person says
- Do not interrupt as far as possible
- Indicate your being attentive by verbal gestures, e.g. "Hmmm..., I see..., I understand...."
- Let your body posture and position convey your interest
- Reassure the person at the end of the meeting.

Effective communication with disaster-affected people

Reflective Listening

- “Let me clarify if I have understood correctly, what you have shared with me. You have said that....., have I understood you correctly?”
- “Let me make sure that I have understood you correctly. You have said that.....Have I understood you correctly?”
- “Allow me to double check if I have been able to understand well enough what you have said so far, before we go any further. I understand that you have said....., is that correct?”

Any one of the above or a suitable variation can be used for Reflective Listening. This increases the person’s trust and confidence.

Effective communication with disaster-affected people

Role play for demonstration of effective communication with disaster-affected people

Practice differences between active listening and reflective listening as described in the trainers manual

Training of CLWs

Specific psychosocial interventions by CLWs

Who will require help?

- ◆ Individuals reporting symptoms of distress
- ◆ People who remain isolated
- ◆ Individuals who break into irritated outburst
- ◆ Individuals extremely reluctant to communicate
- ◆ People who have had significant losses

Training of CLWs

Specific psychosocial interventions by CLWs

How to help these people?

- ◆ General psychosocial measures
- ◆ Specific psychosocial measures
- ◆ Identification and referral
- ◆ Conduct a needs assessment

Training of CLWs

How to help these people?

- ◆ General psychosocial measures
 - Pay special attention to these people during routine services
 - Establish rapport with them
 - Ask about their well-being and offer to help
 - Encourage them to talk if they so wish to

Counselling techniques to be used by CLWs

Psychosocial First Aid

- ◆ Identify people who are not coping well as evident from the psychological symptoms reported by them
- ◆ Establish rapport
- ◆ Take care of their immediate physical needs
- ◆ Mobilize social support for them (but do not force it)
- ◆ Protect them from further harm (like communicable disease)
- ◆ Start communicating; listen to their problems, convey compassion and assure your help (but never force)
- ◆ Convey that everybody in disaster affected area is facing similar distress
- ◆ Keep them under supervised care till the reaction passes off

Counselling techniques to be used by CLWs

Psychosocial First Aid

- ***Role play***

CLWs to practice psychosocial first aid as discussed in the trainers manual

Counselling techniques to be used by CLWs

Trauma Counselling

- ◆ Listen attentively
- ◆ Ask questions and clarifications to bring out more details of the experiences (never force/intrude/some people need time before they are ready to share/people who may not want to share should not be forced to do so)
- ◆ Understand and share the pain and distress felt by the survivors
- ◆ Communicate that you are with them
- ◆ Convey that anybody who undergoes similar crisis has the same feelings & distress
- ◆ Discuss ways the person has been trying to cope and brainstorm together on ways to cope better
- ◆ Reassure people that over time they will be able to cope better and deal with the new situations and problems in the aftermath of the disaster

Counselling techniques to be used by CLWs:

Trauma Counselling

- ***Role play***

CLWs to practice trauma counselling as done for psychosocial first aid

Counselling techniques to be used by CLWs

Grief Counselling

A technique similar to trauma counselling but modified to help bereaved survivors

- ◆ Approach the person in a gentle assuring manner
- ◆ Ask him about the overall welfare of his family members and then talk about the deceased person
- ◆ Encourage him to share maximum information about the deceased family member (e.g., to show and discuss a photo of the family member)
- ◆ Focus on pre-disaster relationship network, with the dead person and the personal meaning of the loss

Counselling techniques to be used by CLWs

Grief Counselling

- ◆ Enquire about 'survivor's guilt' in this context and reassure that this is a natural human reaction
- ◆ Encourage the person to perform various mourning rituals
- ◆ Ensure that survivor gets an opportunity to meet other survivors who know something more about the dead person
- ◆ If possible, arrange a meeting with people like nurses, doctors, or persons who extricated the body
- ◆ Consider using group approaches such as, the group viewing the site of death (if culturally appropriate) and holding a public memorial service to make the process of grieving easier

Counselling techniques to be used by CLWs

Grief Counselling

- ***Role play***

CLWs to practice grief counselling as discussed
for psychosocial first aid

Counselling techniques to be used by CLWs

Anticipatory Guidance

- ◆ Such guidance acts by helping the victims to accept the reactions as 'normal' and thus reducing feelings of uncertainty and helplessness
- ◆ Provide information about normal stress reactions
- ◆ You can do it by holding information meetings
- ◆ Focus not only on information about reactions but also what survivors and their close network can do to deal with these reactions

Counselling techniques to be used by CLWs

Anticipatory Guidance

- ***Role play***

CLWs to practice anticipatory guidance as discussed as in the trainers manual

Counselling techniques to be used by CLWs

Crisis Counselling

- ◆ Disaster survivors may undergo an additional crisis or stressful situation during the post-disaster period
- ◆ These situations impose additional trauma and stress on the affected person
- ◆ You may help by providing crisis counselling
- ◆ Help him/her
 - Understand the problems & difficulties generated by the crisis situation
 - Enlist various alternatives & strategies for handling the situation
 - Access the support network available
 - Help the person take appropriate decisions
 - Develop steps for implementing the decision
- ◆ Try to restore a sense of capability and optimism

Counselling techniques to be used by CLWs

Crisis Counselling

- ***Role play***

CLWs to practice crisis counselling as
discussed in the trainers manual

Counselling techniques to be used by CLWs

Problem Solving Counselling

You can help people solve specific problems

- ◆ Identify the problem
- ◆ Identify the alternative solutions
- ◆ Compare the pros and cons of each solution
- ◆ Identify the most suitable solution
- ◆ Implement the chosen solution

Counselling techniques to be used by CLWs

Problem Solving Counselling

- ***Role play***

CLWs to practice problem solving counselling
as discussed in the trainers manual

Identification and referral of cases requiring specialist care

- ◆ Previously known cases of mental disorder
- ◆ Those with significant psychological symptoms after three weeks which do not respond to CLW's intervention
- ◆ Individual who are grossly dysfunctional
- ◆ Suicidal ideation/intent
- ◆ Alcohol / Substance abuse
- ◆ Physical violence in the family
- ◆ High risk groups
- ◆ GHQ 12 positive

Identification and referral of cases requiring specialist care

Identification and referral of select cases:

Case vignettes (read from trainer's manual)

- Acute stress reaction
- Grief & bereavement
- Post-traumatic stress disorder
- Alcohol withdrawal
- Psychosis
- Depression

Psychosocial interventions for special groups

Teaching aids for Module 3

Emotional responses seen in pre-school children

- ◆ Irritable, crying excessively
- ◆ Clinging behaviour
- ◆ Expressing intense fear and insecurity repeatedly
- ◆ Excessively dependent behaviour
- ◆ Fearful of water – even of water used for domestic purposes
- ◆ Excessive quietness and withdrawn behaviour
- ◆ Thumb-sucking, bedwetting, excessive temper tantrums
- ◆ Play activities may spontaneously involve aspects of the disaster event
- ◆ Reporting frightening dreams & waking up frequently in between sleep

Emotional responses seen in school-going children

- ◆ Withdrawal
- ◆ Guilt
- ◆ Feelings of failure
- ◆ Anger, rage and aggressive behaviour
- ◆ Fearfulness, anxiety or suspiciousness
- ◆ Feeling of low mood, decreased activity and interaction level
- ◆ Feeling nervous, unable to concentrate
- ◆ Recurrent memories or fantasies of the event
- ◆ Fantasies of playing 'rescuer'

Emotional responses seen in school-going children

- ◆ Intensely pre-occupied with details of the event
- ◆ Dangerous, risk-taking behaviour, rejecting social rules showing aggressive behaviour (in adolescents only)
- ◆ Loss of interest in studies, refusal to go to school, significant drop in academic performance
- ◆ Psycho-somatic symptoms like medically unexplained pain in abdomen, headache, giddiness, vomiting, rapid breathing or fainting attacks

Measures to be taken by CLWs for children

- ◆ Ensure the infant/child remains close to its mother/family
- ◆ Ensure adequate nutrition and meeting of all physical needs
- ◆ Encourage and help the families to re-establish child's previous routine like eating, playing, studying, sleeping and interacting with others
- ◆ Engage children in activities: drawing, storytelling, drama, games (do not too strongly encourage children to express disaster-related feelings through these activities; allow children control over the decision whether or not to think about the trauma and to express feelings about it)
- ◆ Encourage the families (in groups) to facilitate the play activities specially the group games of the children

Measures to be taken by CLWs for children

- ◆ Advise families/community leaders to start some kind of teaching activities (even non-formal) for the school going children till the children are able to go back to their usual schools. Mobilize the help of educated youth volunteers for this
- ◆ Advise parents and families not to discourage the children when they verbalize their feelings

Referral of children to mental health specialists

Ask mothers/ teachers to report about the children who continue to show the symptoms even after one month and despite the appropriate measures listed above

These children may require specialist mental health care

Specific measures for adolescents

- ◆ Ensure privacy and confidentiality while interviewing them about their problems
- ◆ Be cautious about gender sensitivity issues (interaction with and physical touch to the persons with opposite gender)
- ◆ Help them in deciding their future course of action
- ◆ Encourage continuation of formal education especially of secondary and higher-secondary students
- ◆ Involve them in formation of community groups
- ◆ Encourage participation of older adolescents in community humanitarian activities

Measures to be taken by CLWs for children and adolescents

Measures for children and adolescents

- ***Role play***

See suggestion in trainer's manual

Psychosocial care of the elderly

Possible psychological reactions of the elderly to a disaster

- ◆ Immediate fear response followed by anger and frustration
- ◆ Feel agitated, lonely and hopeless with a feeling of multiple losses
- ◆ Increased dependence on family & refusing assistance from authorities
- ◆ Withdrawn behaviour, crying repeatedly, feeling depressed
- ◆ Sleep disturbance
- ◆ Suicidal tendency
- ◆ Disoriented (as routine is interrupted)
- ◆ Concentration and communication difficulties

Psychosocial care of the elderly

Elderly are especially vulnerable if

- ◆ Physically disabled
- ◆ Living alone
- ◆ Lacking help from other resources
- ◆ Having to face the shock of losing all that they had attained in life

Helping elderly people

- ◆ Ensure that they are not isolated
- ◆ Ensure their physical safety and day to day physical needs
- ◆ Facilitate easy access to aid & support services including health facilities
- ◆ Help them to re-establish their daily routine
- ◆ Help them maintain their sense of identity
- ◆ Keep them informed of the happenings
- ◆ Involve them in relief work by asking for their suggestions and guidance
- ◆ Interact with them about the tragedy and gently encourage them to express feelings (but do not too strongly encourage this); Allow them to cry.
- ◆ Provide opportunities to feel a sense of continuity, culture and history (e.g. through group discussion)

If the symptoms are causing gross dysfunction on almost a daily basis for two weeks then consider referral to a mental health professional (if available) or a physician.

Measures to be taken by CLWs for the elderly

- ***Role play***

See suggestions in trainer's manual

Psychosocial care for women

Women tend to be more prone to depressive and anxiety symptoms as well as to psychosomatic symptoms.

Of course, they are also able to provide higher levels of strength and ability to support others.

Some strategies to help women

- ◆ Involve them in community level activities like in community kitchen, sanitation, group religious activities
- ◆ Involve them in ongoing relief activities like arranging group games or teaching activities for the children, identifying physically ill people in the community etc.
- ◆ Encourage them to form self help groups to find ways of coping with their feelings and the current situation
- ◆ Specific intervention techniques described in previous module may be more frequently required for women
- ◆ Extend special care to pregnant and nursing mothers by ensuring adequate nutrition, appropriate medical care, physical safety and privacy (e.g. screened area for nursing)

Measures to be taken by CLWs for women

Measures for women:

- ***Role play***

See suggestions in trainer's manual

Training of CLWs

Thank you...!

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