

# **Psychological First Aid and Psychosocial Support In Complex Emergencies (PFA-CE)**

## **Psychosocial support for volunteers and staff Trainer Manual for helper**

January 2019



This trainer manual has been produced within the Psychological First Aid and Psychosocial Support in Complex Emergencies (PFA-CE) Project funded by the European Union.

The objective of PFA-CE is to reach improvement of Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers; Enhancement of disaster response capacities of emergency and volunteer organisations in Europe; Involvement and active participation of affected communities, families and groups in emergency response; Coordination and support for new volunteer types including spontaneous volunteers. This is specifically done through structured experience exchange between the partners from Italy, Serbia, Croatia, Macedonia, Slovenia and Austria,

Implementation period is from April 2017 – March 2019.

#### Project countries and leading partners

Austria: Austrian Red Cross

Croatia: Croatian Red Cross

Italy: Italian Red Cross

Macedonia: Red Cross of Macedonia

Serbia: Red Cross of Serbia

Slovenia: Slovenian Red Cross

#### Partners from Academia

University of Innsbruck

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## Abbreviations

CPS	Civil Protection System
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental organization
PFA	Psychological First Aid
PSS	Psychosocial support
SUV	Spontaneous Unaffiliated Volunteers
SV	Spontaneous Volunteers
ToT	Training of Trainers
VRC	Volunteer Reception Center
WHO	World Health Organization

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## **1. Introduction**

### **1.1 Background**

In times of more frequent and long-term disasters and crises, the project aims at improving Mental Health and Psychosocial Support (MHPSS) of disaster response capacities in European emergency and volunteer organizations by strengthening Psychological First Aid (PFA) and Psychosocial Support (PSS) competencies of staff and volunteers.

The term complex emergencies<sup>1</sup> may be a little bit confusing, as is normally used in a different meaning. In this project, we refer to complexity in the sense of long lasting and repeated disaster situations that pose a special challenge to European MHPSS management systems.

### **1.2 Aims and objectives of the PFA-CE project**

With our project, we aimed at the following improvements to be reached.

- Improve involvement and active participation of affected communities, families and groups in emergency response by training staff and volunteers and by developing community activation interventions
- Improve coordination and support for staff and volunteers
- Improve coordination and support for new volunteer types such as spontaneous volunteers
- Improve experience exchange and networking regarding long lasting repeated and ongoing disasters, like earthquakes, flooding and the migrant crisis in Europe

Humanitarian work can be challenging for volunteers and staff, especially in the field of psychological wellbeing. Organizations working in this field have the responsibility to protect and enhance the health of their people. Resilience – the ability to recover from an abnormal event and sustain recreation and strength is a key factor for physical and psychological health.

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<sup>1</sup> The IFRC defines complex emergencies as emergencies involving violence. Such “complex emergencies” are typically characterized by: extensive violence and loss of life; displacements of populations; widespread damage to societies and economies; the need for large-scale, multi-faceted humanitarian assistance ; the hindrance or prevention of humanitarian assistance by political and military constraints; significant security risks for humanitarian relief workers in some areas .

### 1.3 Aims and objectives of the training material

This trainer's handbook gives the facilitators a short introduction about caring for volunteers and staff. Taking care within the teams and that personnel is paying attention for themselves are the main parts to fulfill an organization's duty of care. To establish a good support system it is necessary to give information and education beforehand.

Personnel should be trained to realize the liability that working for a humanitarian organization can bring to them. During the training, they should learn how to deal with stress and keeping their mental health and well-being.

As part of the PFA-CE project, funded by the European Commission, this handbook is developed in order to enhance activities in disaster response through better

This handbook contains a training of staff and volunteers seeking to psychosocial support (module 2). A second handbook is available for the training of team leaders. This trainer's handbook is supplemented by PowerPoint slides to be used for trainings. The training for volunteers and staff will take minimum 2 hours.

Module 2 contains an introductory training for volunteers and staff that focuses mainly on the organizational structure of the National Society, the command and communication structure in the field, safety issues, registration process, and instructions on what to do when leaving the affected area. The focus in this part of the training modules lies on basic information about stress, self-care and coping strategies, available support structures and aftercare.

Module 1 contains basic information about the framework of support – before, during and after an emergency, information about psychosocial support, recommendations for team leaders and recommendations about psychosocial interventions that could be delivered.

Both modules contain comprehensive materials including instructions, information, good practice examples and ideas for exercises aiming for better preparation of the respective target audience.

#### Instruction

*Blue boxes contain Instructions for trainers, overview of main topics of the chapter*

#### Good practice example

*Green boxes contain Best Practice examples*

#### Exercise

*Yellow boxes contain Instructions for exercises*

All materials have been developed within the scope of PFA-CE exploiting and using several approaches to collect materials that reflect the state of the art in research conducted on staff and volunteer support, incorporates existing guidelines and training handbooks on an international basis, draws on experiences and best-practice examples from recent complex emergencies in Europe, such as the Migration crisis and floods that occurred in the last decade, and also takes into account expert opinions, while involving partners and Red Cross Societies from all over Europe, that have been actively involved in psychosocial support in recent years.

This handbook on Helping the helpers is part of a series of training material developed through PFA-CE. Further training material is available for *Psychosocial support and psychological first aid* and *Spontaneous Volunteers*. All resources, supplementing this handbook, are available for download at: <http://www.pfa-ce.eu/>

The content PFA will be mapped in the present training module at a basic level only. For further information use the training material on *Psychological First Aid!*

The content SUVs will be mapped in the present training module at a basic level only. For further information use the training material on *Spontaneous Volunteers!*

## 2. Course Preparation

### Facilitators

The facilitators conducting the workshops for volunteers and staff should have a basic understanding of psychosocial support.

### Participants

Participants of this training may come from different parts of the Red Cross and work with the Red Cross as a volunteer (pre-registered) or staff.

After completing this training participant should be able to, communicate the reason for and the how psychosocial support will be provided and to choose the best way of support for themselves.

### Training materials

Name tags for facilitators and participant, material for training activities (flipchart paper, markers, ...), Power point slides, handouts.

## 3. Welcome and introduction to the training

### Instruction

The introduction begins with a welcome and an icebreaker (a round for knowing one other), followed by an overview about the training. The trainer should share their own background and why they believe that this an important topic.

### Exercise

Icebreaker – Introducing my partner

Divide the group into pairs (Eg. take candies or chocolate which is packed in different colors – prepare two pieces of each color and let the participants choose out of a box or bag.)

Give them five minutes to interview one another – where are you from, are you experienced in working in disasters, what is your profession, what color has your toothbrush,....?

Every participant has to introduce the partner to the whole group.

### 3.1 Training overview

1. Welcome at the Red Cross and introduction
2. Basic information about disasters
3. Organization's structures
4. Command, control and communication in the field
5. Disaster – before – during – after
6. Basic information about stress, coping and self-care
7. Support structures and offers



## 4. Basic information about disasters

### Instruction

In this chapter give your participants an overview what does it mean to be prepared for disasters when working with a disaster relief organization.

If we are aware how disaster affects health it is clear that we must not forget to focus more than nowadays to the psychosocial well-being of the affected populations as well as the group of helpers.

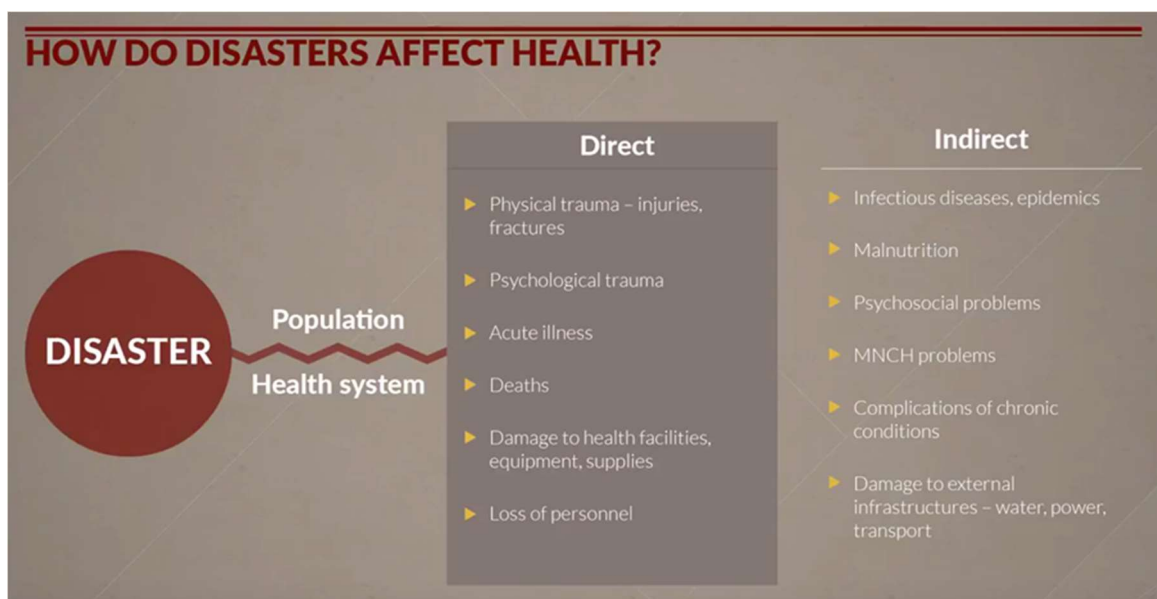


Figure 1 How do disasters affect health?

Disaster management refers to all efforts to deal with a disaster before, during and after it has occurred. Decisions are made in uncertainty a high risk situations. It is vital to provide an authoritative account of what is going on as soon as possible. Command and communication structures must be available at any time.

It is necessary to plan before disasters occur and update plans regularly. Planning includes identifying risk areas and corresponding risk reduction. Preparing an initial disaster responses so that decision-making during a disaster is more efficient and identifying necessary response resources makes the response quicker. Significant case-based evidence exists, for example, that it is essential to conduct risk analysis and assessment for the management of risk and the prevention of crisis. All organizations should identify the potential hazards they face.

Every aspect of an organization's functioning including recruiting and assignment procedures, contract terms, procedures for decision making, policies regarding communication and information sharing, support, rules and regulation and the culture of the organization itself has an impact on the stress experienced by staff and volunteers. It is in the organization's responsibility to care for their personnel.

According to UNISDR (United Nations Office for Disaster Risk Reduction, 2009, p. 9): a disaster is a “serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources”.

## 5. Command, control and communication

In the different memberstates of the EU there are different command structures for disaster management existing. Be informed about the structures in your country! The important thing is that the responsibilities are clear and all commanders/team leaders are trained in those structures. Below the example how Slovenia built up the structures:

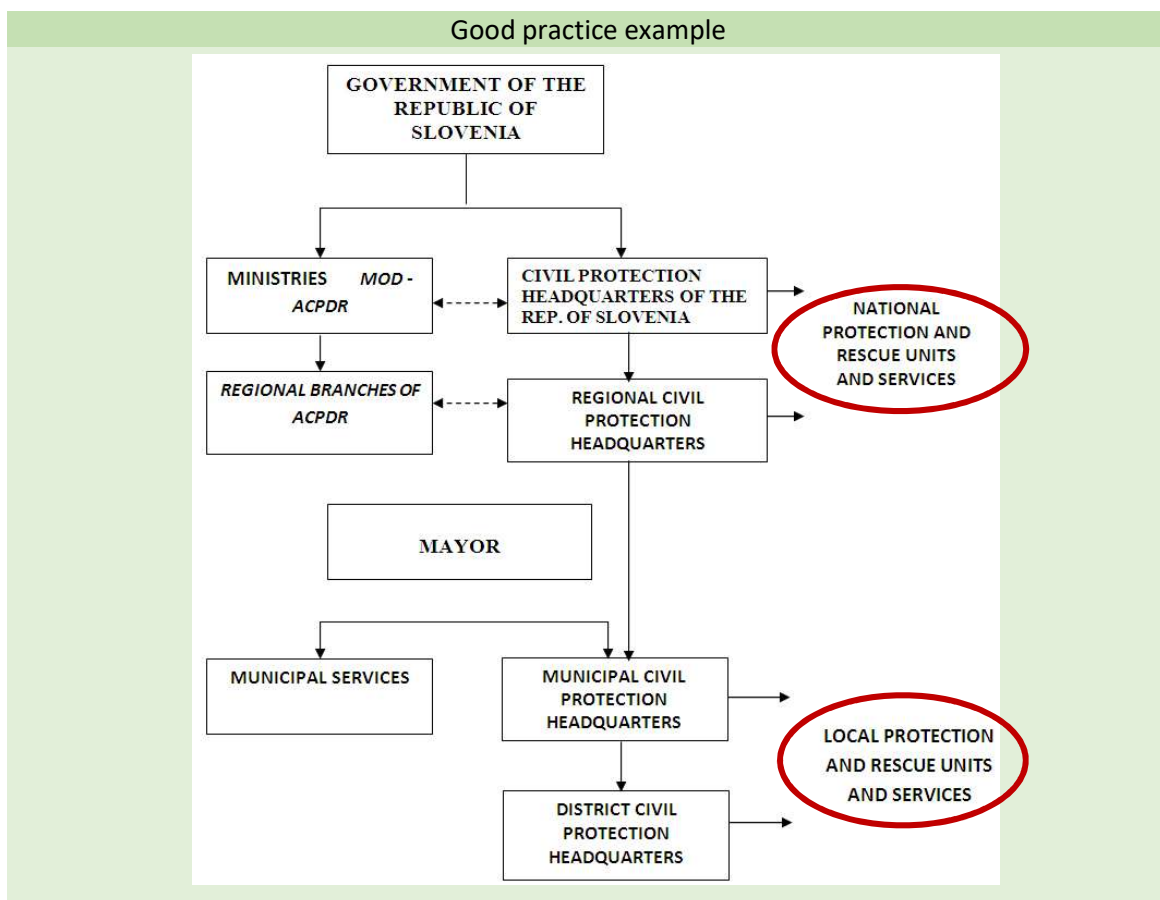


Figure 2 Disaster management structure Slovenia

In the same way as command structures there have to be communication structures: who is communicating to whom, for which topic, at what time, over which devices/ways?

Integrate the communication strategy into the decision-making process and link the communication strategy to the ongoing process of crisis development: When crisis communication follows a process model, it is more comprehensive and systematic in addressing the entire range of strategies from pre- to post-event.

Collaborate and coordinate with credible sources: Collaborative relationships allow agencies to coordinate their messages and activities. Developing a pre-crisis network is a very effective way of coordinating and collaborating with other credible sources. To maintain effective networks, crisis planners and communicators should continuously seek to validate sources, choose subject-area experts, and develop relationships with stakeholders at all levels. Coordinating messages enhances the probability of consistent messages and may reduce the confusion the public experiences. Consistency of message is one important benchmark of effective crisis communication

Not only the hard skills of communication should be available, every team leader has to provide an appreciating communication to staff and volunteers.

Communication during a crisis shall be taken in three steps

- Establish a trustful relationship
- Explore needs and listen carefully
- Collaborate with the affected person in order to cope with immediate needs and threats

Guiding principles are

- Empathy, respect, genuineness
- Sincere, positive regard and trying not to be judgemental
- Empower the affected people
- Try to maintain confidentiality

Also nonverbally, trust has to be established by an open and calm manner, the correct and culturally appropriate distance as well as appropriate eye contact.

## **6. Working in a disaster – before**

There should be

- terms and conditions/job descriptions for staff and volunteer work
- a staff code of conduct and ethical guidelines available
- registration procedures for volunteers are established
- a reimbursement of expenses related to their volunteer engagement
- an appropriate insurance policy is in place for volunteers
- volunteers who understand the culture of the affected population
- balance gender and include representatives of key cultural and ethnic groups
- every person will be used on its competencies
- work carried out in pairs and look out for each other

#### Good practice example

*The Red Cross Code of conduct*

<https://www.ifrc.org/Global/Publications/disasters/code-of-conduct/code-english.pdf>

During disasters, a large number of people rely on humanitarian actors to meet their needs. The potential for staff and volunteers to cause harm, either by abusing their position or as an unintended consequence of interventions, must be recognized, considered and addressed by all organizations.

The Code of Conduct for the IFRC Movement and NGOs in Disaster Relief outlines the approaches of standards of behavior that promote independence, effectiveness and impact to which the Red Cross aspire. Inform and regularly remind staff and volunteers about the minimum required standards based on CoC and ethical guidelines. The information of their responsibilities should not be done only in writing but also through a face-to-face dialog that ensures understanding and allows questions.

In connection to CoC the organization has to secure that, all concerns must be reported as soon as possible and that disciplinary action for confirmed violation against CoC or ethical guidelines are taken.

There should be briefing before deployment to the field:

- information about the organization and the work
- scale and the nature of the emergency
- the part and responsibility to the common picture
- where to register, food, drink, shift, breaks, team-meetings, support, debriefing, go-home
- information about the minimum required standards of behaviour
- a psychosocial briefing and give information about what staff and volunteers can do in order to prevent and release stress
- identification material (ID-Cards, vests, T-shirts, caps)
- if necessary give protecting materials (shoes, vests,...)
- ensure reasonable working hours

## 7. Working in a disaster – during/after

- Attend routine meetings for staff and volunteers,
- Make use of offers for psychosocial support if you have the feeling that will help
- Make us of timely, confidential referral to a professional psychologic supporter, if needed
- Attend team and individual reflection

## 8. Psychosocial support - excursus

Psychosocial support (PSS) is an umbrella term for a community-based approach to facilitate the resilience of the affected population whilst at the same time Maintaining health and well-being of staff and volunteers.

Psychosocial support refers to the actions that address both – the social and the psychological needs of individuals, families and communities. The psychological domain includes feeling, emotions, thoughts, beliefs, perceptions and behavior. The social domain includes traditions, values, upbringing, relationships and family and community networks. The psychological and the social domains intersect and interact – our emotional well-being affects our social life and vice versa.

Psychosocial support aims at enabling people to draw on their own resources, it enhances to restore normality after adverse experiences.

The organization should have a concrete (written) plan that accepts the responsibility and shows the ways to promote the well-being of staff and volunteers, for reducing the sources of stress, to prevent the effects of stress and to respond unavoidable effects of stress. This plan should reflect the organization's understanding of the impact of stress on staff and volunteers.

Staff and volunteers should be able to attend trainings in mental health and psychosocial support

General principles for psychosocial support in disasters

Provide support according to the five essential elements of psychosocial support (ensuring safety, self and community efficacy, connectedness, calming and maintaining hope)

- Human rights and cultural sensitivity
- Provide general support
- Assessment should take place before any specific intervention is offered and consider people's emotional, social, physical, and psychological needs
- Identify appropriate resources
- Involve local community leaders into planning
- Approach ethnic minorities as regularly as possible and as culture-specifically as necessary
- Have a clear communication strategy including a clear publicity strategy (including a media outreach strategy) to inform the affected about where the rest and reception centres have been set up and what support they can get from them
- Triage based on needs
- Promote the support from colleagues (peer support)
- Provide access to specialist mental health assessments
- Do early risk assessment
- Planning for sustainability

## 8.1 Five essential elements of psychosocial support (Hobfoll 2007)

Five elements of effective psychosocial support that were collected by Hobfoll and colleagues presented a review of literature on the effectiveness of psychosocial interventions in 2007. These five elements are: safety, connectedness, self and collective efficacy, Calm and Hope.

**Safety** – create a safe place, establish a trustful relationship, stay with them, give open and honest information (give regular information about facts, rescue and how to proceed as well as anything else that is needed, keep it short and simple, tell the truth, do not give too detailed information in the beginning but let yourself be guided by the persons' questions)

**Connectedness** – help them to connect to each other, reunite families as soon as possible, strengthen social networks, and try to connect with relatives and friend who can support

**Self and collective efficacy** – help them to regain control, let them be active, wherever possible, give them tasks they are able to fulfill

**Calm** – help them to get distance to the event for some moments, reestablish routines and normality

**Hope** – help them to take small steps into the future

Depending on the type of disaster, context and characteristics of the affected people themselves each of these elements may involve different strategies. Therefore the elements have to be translated into the given context. This is a task for the leadership as well as for the helper in a face to face interaction. Only if the leadership provides structures that are shaped according to the principles, staff and volunteers on the basis can provide adequate support to the affected persons, groups and communities. The best practice examples in the ANNEX show this on the level of face to face interaction as well as on a structural level.

The organization has a concrete (written) plan that accepts the responsibility and shows the ways to promote the well-being of staff and volunteers, for reducing the sources of stress, to prevent the effects of stress and to respond unavoidable effects of stress. This plan should reflect the organization's understanding of the impact of stress on staff and volunteers.

Staff and volunteers should be able to attend trainings in mental health and psychosocial support.

## 9. Psychosocial support - before

Preparing volunteers and staff for their job: not everyone who is willing to support the Red Cross during the disaster response phase or after an emergency is able to do this. After a comprehensible recruiting and selection process the recall ratio should be eligible (see above).

Even if there is a preselected group of volunteers and staff it is necessary to prepare them in an easy understandable way for their deployment.

### 9.1 Experience

Try to prepare them that sometimes it is hard to work after an emergency or disaster. They will hit into scenarios and maybe see injured, wounded people, people in need, children without their relatives... things they have never seen before.

It depends also to the personality of the volunteer or staff how affected he/she will be. There are different circumstances that have impact and may raise the stress level. Maybe they are feeling guilty at the death of someone they were helping. Some of them may have unrealistic or too idealistic expectations what they can do to help, or they have the feeling that they have to solve all the problems the beneficiaries may have.

Working conditions and organizational issues have impact to the performance and the stress level of personnel. Physically difficult, dangerous, long working hours, overwhelmed by the needs of beneficiaries, unclear conditions, no job description, lack of information-sharing, poor briefing for the task,... put a strain on staff and volunteers.

### 9.2 Psychoinformation

Psychoinformation is focused at increasing the practical self-efficacy of staff and volunteers. Important in this respect is the acknowledgment and recognition of the (shocking) experience. Psychoinformation also emphasizes the importance of aspects like watchful waiting (which reactions are normal, when are they a cause for concern?), risk assessment and the promotion of adequate help-seeking behavior. This form of information should not only be provided directly following an incident, but should be brought to the staff's and volunteer's attention at an earlier stage (e.g. during training). Prepare some written information about stress, its impacts and good coping strategies beforehand.

### 9.3 Stress

Stress is a normal reaction to a physical or emotional challenge and occurs when demands are out of balance with resources for coping.

#### Exercise

*What is stress?*

*Give every participant a post-it and a pen. Ask them to think about their definition of stress and write it down. They should put their post-it on a pinboard. The trainer has to cluster the answers and create an abstract with a few bullet points.*

Stress has an impact physically, emotionally, socially, spiritually and on our behavior and well-being.

## Signs of stress

- Physical signs, e.g. stomach ache, tiredness, headache
- Mental signs, e.g. difficulty in concentrating, losing track of time, confusion
- Emotional signs, e.g. anxiety, being sad, feeling useless
- Spiritual signs, e.g. life seems point-less
- Behavioral signs, e.g. alcohol abuse, trouble sleeping, appetite changes
- Interpersonal signs, e.g. withdrawn, in conflict with others

## Types of stress

Normal stress (day-to-day)

Cumulative stress – occurs when the sources of stress continue over time and interferes with regular patterns of functioning and every day's life.

Critical stress represents situations where individuals are unable to meet the demands upon them and suffer physically and/or psychologically.

## Causes of stress for helpers

See point 7.1.

### Good practice example

*March, 11<sup>th</sup>, 2004 between 7.37 a.m. and 7.40 a.m., ten bombs were detonated on trains arriving at Atocha, Madrid's main train station. 14 explosive devices had been prepared and put in rucksacks and sports bags which had then been placed inside 4 different commuter trains. A total of 10 bombs were detonated during the terrorist attack in Madrid on March 11, 2004. Each bomb contained explosive material and a detonator which was connected to the alarm function of a mobile phone.*

*The first call concerning the attack came in to the emergency service center Madrid (112) at 7.39 am on March 11. The alarm was then forwarded to the police and SAMUR-PC as well as to other concerned authorities. At about 8.30 am an emergency response regional command center was set up in Madrid. A little later, at about 10.00 am the Spanish government established co-ordination at a national level.*

*This incident was the most serious that has occurred in an European country in peacetime. A total of 191 people were killed and more than 1,500 injured. The magnitude of the attack called for the mobilization of resources from several municipalities in the region. This resulted in not only the regional but also the national command organization being activated – something which has previously never happened.*

*The attack occurred inside 4 trains departed from Alcala de Henares station between 07:01 and 07:14. The explosions took place between 07:37 and 07:40*

*Interventions with first responders:*

*In situ psychological assistance was given at IFEMA with numerous professionals from other institutions. After the event, psychological support was given to fire-fighters (individual and group therapy)*

- *Groups of debriefing were organized*
- *Documents with relevant information of symptoms of acute stress, guidelines for coping, etc. were distributed.*



*Results: 81 fire-fighters attended to the scheduled sessions of debriefing. The evaluation carried out so far was that 4 people had symptoms of acute stress disorder (ASD) symptoms, 5 people had symptoms associated with PTSD (subsyndromal symptoms) and 72 people had no ASD symptoms.*

*After the event, psychological support was also given to SAMUR-CP first responders (individual and group therapy)*

*o A total of 75 people were assisted. According to the acute stress assessment, the most relevant symptoms were:*

- *Increased anxiety- activation: 96%*
- *Intense feelings of anger and guilt: 92%*
- *Re-experiencing symptoms: 84%*

*6 weeks after the event, no one had ASD symptoms so far.*

*There were psychological interventions during the funerals and memorial services celebrated afterwards.*

## **9.4 Recommended Intervention forms**

Interventions shall help to

- minimize negative effects of the event
- enhance individual understanding without re-traumatization
- help to recognize and acknowledge one's own contribution
- normalize reactions and give back security
- explain positive functions of reactions and positive coping strategies
- promote early recovery and help-seeking behavior
- assess needs
- show that the organization cares
- help recognize risks and resources

### **Self-care**

Staff and volunteers should be diligent in caring for themselves in order to be fully available for others. That means committing to the things that keep them physically and mentally healthy on a daily basis. In addition, team leaders must understand the importance of supporting their staff and volunteers in practicing self-care; if they do not pay attentions on their own stress and know how to take care of their own psychosocial well-being, the system of support break down.

### Exercise

#### *Self-care tips*

*Divide the participants in groups of 4 or 5 member. Give them flipchart paper and pens. They should answer the following question:*

*What do you do to reduce stress when times are tough?*

*They should collect coping strategies of their daily basis. The trainer wraps up the outcome in the plenary and completes it with another examples of self-care/coping/stressmanagement. Every participant should know what she/he can do to reduce stress.*

#### Examples of coping

- Setting goals and make a plan to accomplish them
- Try to keep on regular routines
- Talk about experiences
- Get enough rest and sleep
- Limit your intake of alcohol, tobacco,... avoid coffee before going to sleep
- Eat healthy food and try to keep regular meal times
- Keep in touch with loved ones
- Play games or sports and take time for fun
- Consciously try to relax by doing things you enjoy, such as yoga
- Seeking help from others
- Trying to make sense of what happened
- ...

## 9.5 Peer support

Peer support means offering assistance to someone at the same level as the supporter. It is an effective approach helping volunteers and staff to cope with stressful situations.

The actual deployment of organized peer support is comprised of a first interview, followed by further follow-up interviews if these are necessary. The timing of the first interview with a peer supporter is relevant. If this is too soon after the incident, it can be harmful for the natural recovery. It is also important that staff and volunteers are not 'kept' too long within the peer support system – if more professional (mental) help is needed, the individual should receive such help as soon as possible. It is therefore recommended to carry out a maximum of three interviews; if problems persist, the staff or volunteer must be advised to seek contact with professional assistance.

The peer support program should be regularly promoted throughout the organization to ensure awareness and clear explanation of the peer supporter role in assisting colleagues.

### **Provide organized Peer Support**

The task of organized peer support is to support colleagues who have experienced a shocking event. In executing this task, attention must be given to the following

- The provision of practical assistance
- The stimulation of a healthy recovery process
- Early identification of possible (psychosocial) problems and timely referral to professional help
- Monitoring of the recovery process
- Activation of the social network
- Buffering (negative) reactions from the environment

### **Steps to be taken**

In the execution of organized peer support, four basic steps can be identified

- identification of the need for the use of peer support (i.e. establishing that there was exposure to a shocking event);
- calling in peer support/appointing a peer supporter;
- supporting a colleague in accordance with the above-mentioned aspects;
- if necessary, advising staff and volunteers to contact professional help

### **Peer supporter**

In order to become a peer supporter, the individual should

- be a member of the 'target population'
- be someone with considerable experience within the field of work of the target population
- be respected by his/her peers (colleagues)
- undergo an application and selection process prior to appointment that should include interview by a suitably constituted panel

Peer supporters should

- provide an empathetic, listening ear
- provide low level psychological intervention
- identify colleagues who may be at risk to themselves or others
- facilitate pathways to professional help

Peer supporters should be trained in basic skills to fulfil their role, meet specific standards in that training before commencing their role and participate in ongoing training, supervision, review, and accreditation. Peer supporters should not limit their activities to high-risk incidents but, rather, should also be part of routine employee health and welfare not generally see 'clients' on an ongoing basis but should seek specialist advice and offer referral pathways for more complex cases and maintain confidentiality.

In recognition of the potential demands of the work, single peer supporters should

- not be available on call 24 hours per day
- be easily able to access care for themselves from a mental health practitioner if required

- be easily able to access expert advice from a clinician
- and engage in regular peer supervision within the programme

### Peer interview guidelines

Safe R Intervention	Reduced version	Debriefing phases
Stabilize	Facts	introduction
Aknowledge	Feelings	facts
Facilitate understanding		thoughts
Encourage positive coping	Future	reactions
Recovery/referral		psychoeducation
		coping
		closure

### One-on-one interview

Peer supporter should offer individual consultations upon the end of an assignment for staff and volunteers. They should be available confidential and in an easy way! It is the responsibility of the peer to create a calm and shielded possibility to make the one-on-one interview.

The main focus in this interview lies on

- Facts (understand what has happened)
- Feelings (regulate feelings-help protect him herself-regain control, what went not so well and why, what was difficult)
- Future (plan for immediate short-term coping-positive future orientation-focus on what went well. What have I learned for the future?)

### Exercise

#### Roleplay

*Ask participant to find a buddy. Ask the pairs to play an experience from their work (not an acute event!), not too stressful. They should go back into the acute situation and talk about this as if it just happened.*

*Reflect the experiences and the feelings in the plenary – what felt good, what was not so comfortable.*

### On-scene-support

Peers should be available at the site in break room, do also work there but not too stressful tasks. They should

- have a look on the circumstances and be available in the breaks
- do not confront anybody, do not take anybody out of work, do not enforce talking/Emotionality during work

- provide pre-demobilizations for those entering the scene at the recovery stage.
- it may be necessary to be “on scene” to provide immediate support. It may also (or alternatively) be useful to provide defusing at a demobilisation point or station.
- provide informal talks and structured debriefing for those leaving the scene. It is a procedure which allows personnel the opportunity to acknowledge their reaction before going home.
- provide written handouts for self care.
- support of managers/teamleaders in caring for staff and volunteers

#### Good practice example

*During migration crisis 2015 there was a number of transit shelters where staff and volunteers worked hard and often worked long shift. In the middle of the night buses with refugees arrived, but it was always unsure at what time and how many will arrive. Sometimes the buses did not come and all the prepared food and nonfood items have been prepared for nothing. Or there were many more people arriving than advised – both situations created stress. To cope with this the peers of the emergency ambulance and medical services took over the on-scene-support esp. for volunteers of Team Austria. They were more burdened of their feelings of helplessness than staff. That went very well and the volunteers accepted the peers from the first moment as a resource for well-being.*

#### **(Operational) Debriefing**

An (operational) debriefing is defined as a post-event discussion with an operational character where determining the facts is the main objective; the emphasis is not laid upon the emotional experience as other interventions are considered to be more appropriate for tackling this. An operational debriefing is important for eliminating factual questions (facts to get the whole pictures) and to avoid the repeating of mistakes in the future. Furthermore, it shall enhance group cohesion and mutual support as well as an understanding of the event. It is important for the staff and volunteers to have the opportunity to tell his or her own story, within which emotions can have a place. It is not advised, however, to ‘actively’ ask questions about feelings and emotions shortly after an incident. This relates to discussions about the practice of ‘psychological debriefing’. Research has shown that such interventions are not effective; there are even indications that they may worsen the psychosocial consequences. The techniques involved in a psychological debriefing are therefore not advised.

Operational debriefing should be offered on a daily basis, e.g. at the end of the shift before going home. The focus lies on facts, how did we manage the situation and the future?

#### **Monitoring and risk assessment**

Monitoring staff and volunteers who have been exposed to a shocking event is important for detecting psychosocial problems on time. It is not recommended to use clinically validated screening lists during the actual interviews by peer support – the use thereof must be left to professional (mental health) care providers. However, the topics raised in screening lists can serve as a starting point, or guidance, during the interviews by peer support. Preliminary risk assessment can be done by the peer.

### Aftercare

- Provide informal meetings to show staff and volunteers and give them appraisal of their work and signs that they and their work have been valued.
- Preliminary risk assessment by peers

#### Good practice example

*"A celebration was organized to officially mark the end of the response mission, to which all staff, affiliated volunteers and spontaneous volunteers were invited. It became clear that many helpers needed that ceremony to find closure upon their operation. For spontaneous volunteers the ceremony should be as early as possible, since it might be hard to reach them long after their deployment. At the end of the mission and during the ceremony it was permanently communicated that there is the possibility to seek help and help is available for all staff and volunteers."*

### Timely referral to professionals

Timely recognition and referral is important and recommended. Psychological triage means that after a shocking event, a distinction should be made between 1) people who are able to recover on their own, 2) people who are at risk of developing more severe, chronic complaints and 3) people who show clear signs of a disrupted recovery process and who need direct professional care. For the first and second group, a 'watchful-waiting' policy is advisable during the first four to six weeks. Also, a supportive context is particularly relevant in this phase.

Not all staff and volunteers need the same level of support, they should be able to access appropriate support if needed. Some may get enough support from regular team meetings or a supportive working environment. Other may need peer support, supervision, or referral to a professional. Team leaders are responsible for matching the need of staff and volunteers with the available support.

## 10. References

- Antares Foundation (2005). Managing stress in humanitarian workers. Guidelines for good practice. <https://cms.emergency.unhcr.org/documents/11982/45255/Antares+Foundation%2C+Managing+Stress+of+Humanitarian+Workers+-+Best+practice+guide%2C+2005/41f70ba9-c429-4d89-8263-2567d956298a>
- Australian Centre for Posttraumatic Mental Health (ACPMH), Varker, T. (2011). Development of Guidelines on Peer Support. Using the Delphi Methodology. Final Report, Available at [http://www.acpmh.unimelb.edu.au/resources/resource-peer\\_support.html](http://www.acpmh.unimelb.edu.au/resources/resource-peer_support.html)
- Australian Government (2010). Spontaneous Volunteer Management Resource Kit: Helping to Manage Spontaneous Volunteers in Emergencies. Commonwealth of Australia, Canberra. Available at: <https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/publications-articles/spontaneous-volunteer-management-resource-kit>
- Boin, A. & t'Hart, P. (2007). The Crisis Approach. In H. Rodriguez, E. Quarantelli & R. Dynes (Eds.) Handbook of disaster research, NY: Springer. Available at <http://link.springer.com/content/pdf/bfm%3A978-0-387-32353-4%2F1.pdf>
- Burger, N. (2012). Guidelines for psychosocial support for uniformed workers. Extensive summary and recommendations.
- Centre for Voluntary Sector Research and Development (Canada) & Public Health Agency of Canada (2007). MAINTAINING THE PASSION – Sustaining the Emergency Response Episodic Volunteer. Available at: [http://www.redcross.ca/cmslib/general/crc\\_disastermanagement\\_maintaining\\_e.pdf](http://www.redcross.ca/cmslib/general/crc_disastermanagement_maintaining_e.pdf)
- Emergency Support Network (ESN) & Tunnecliffe, M. (2007). Best practice in peer support. [http://www.emergencysupport.com.au/articles/PeerSupport\\_BESTPRACTICE.pdf](http://www.emergencysupport.com.au/articles/PeerSupport_BESTPRACTICE.pdf)
- Federal Emergency Management Agency & Emergency Management Institute (n.k.). Management of Spontaneous Volunteers in Disasters. *Student Manual*. Available at: <https://www.volunteerflorida.org/wp-content/uploads/2013/04/G489-Mgt-of-Spontaneous-Volunteers-in-Disaster.pdf>
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, P. R., De Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., Ursano, R. J. (2007). Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence. *Psychiatry* 70 (4), 283–315. Available at <http://mhpss.net/wp-content/uploads/group-documents/140/1330584195-Masstraumaintervention.pdf>
- Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Available at: [http://www.who.int/mental\\_health/emergencies/guidelines\\_iasc\\_mental\\_health\\_psychosocial\\_june\\_2007.pdf](http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf)
- Inter-Agency Standing Committee (IASC) (2012). Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? Available at: [http://www.who.int/mental\\_health/emergencies/what\\_humanitarian\\_health\\_actors\\_should\\_know.pdf?ua=1](http://www.who.int/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf?ua=1)

International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2009). Community-based psychosocial support. Participation's Book. Available at <http://psp.drk.dk/graphics/2003referencecenter/Doc-Man/Documents/docs/Participants%20book.pdf>

International Federation of Red Cross and Red Crescent Societies (IFRC) (2009). Managing stress in the field. Available at: <http://www.ifrc.org/Global/Publications/Health/managing-stress-en.pdf>

International Federation of Red Cross and Red Crescent Societies (IFRC) & British Red Cross (2012). Volunteers, Stay Safe! A security guide for volunteers. Annex: Volunteers, stay safe self-assessment (p. 52). Available at: <http://www.scribd.com/doc/114746357/Volunteers-stay-safe-A-security-guide-for-volunteers>

International Federation of Red Cross and Red Crescent Societies (IFRC) (n.d.). Caring For Volunteers. A Psychosocial Support Toolkit. Available at: [http://psp.drk.dk/graphics/2003referencecenter/announcements/news/volunteer%20project\\_eng\\_final.pdf](http://psp.drk.dk/graphics/2003referencecenter/announcements/news/volunteer%20project_eng_final.pdf)

International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2015). Caring for volunteers. Training manual. Available at: <http://pscentre.org>

International Federation of Red Cross and Red Crescent Societies (IFRC) & The International Federation Reference Centre for Psychosocial Support (2009). Community-based psychosocial support. Trainer's book. A training kit. Module 7 Available at: [http://pscentre.org/wp-content/uploads/CBPS\\_ENTrainer.pdf](http://pscentre.org/wp-content/uploads/CBPS_ENTrainer.pdf)

NATO-TENTS guidance: Williams, R., Bisson, J., Ajdukovic, D., Kemp, V., Olff, M., Alexander, D., Hacker Hughes, J. & Bevan, P. (2009). Guidance for responding to the psychosocial and mental health needs of people affected by disasters or major incidents, p.16f. Available at: <http://ebookbrowse.net/gdoc.php?id=83035389&url=49a5f6f4311c07a6fb9ed6c031f1f960>

OPSIC Comprehensive Guideline (2016) <https://www.uibk.ac.at/psychologie/eu-resources>

Points of Light Foundation, NVOAD, and UPS Foundation (2005). Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions. Available at: <https://www.fema.gov/pdf/donations/ManagingSpontaneousvolunteersvolunteers.pdf>

Points of Light Institute & CNCS (2011). Managing Spontaneous Volunteers in Times of Disaster (eCourse). Available at: <https://www.nationalservice.gov/resources/disaster-services/managing-spontaneous-volunteers-times-disaster-0>

Points of Light Foundation & Allstate Foundation (1999). Ready to Respond. Disaster Preparedness and Response for Volunteer Centers. Available at: [http://www.energizeinc.com/art/subj/documents/ready\\_to\\_respond.pdf](http://www.energizeinc.com/art/subj/documents/ready_to_respond.pdf)

Psychosocial Working Group (PSW). (2003). *Psychosocial Intervention in Complex Emergencies: A Framework for Practice*. Retrieved from <http://www.forcedmigration.org/psychosocial/papers/PWGpapers.htm/A Framework for Practice.pdf>



Thormar S, Sijbrandij, M, Gersons, B, Van de Schoot, R, Juen, B., Karlsson, T. & Olff, M. (2015). PTSD symptom trajectories in disaster volunteers: The role of self-efficacy, social acknowledgement and tasks carried out. *Journal of Traumatic Stress*, 29(1), 17-25. doi: 10.1002/jts.22073

Western Region Homeland Security (2016). Spontaneous Volunteer Management System Plan Template. Available at: <http://wrhsac.org/projects-and-initiatives/spontaneous-unaffiliated-volunteers-training-series/>

World Health Organisation (WHO), War Trauma Foundation & World Vision International (2011). Psychological first aid: Guide for field workers. Available at: [http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)