

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

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

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
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 Training material

This trainer's handbook gives the facilitators a short introduction about caring for volunteers and staff. Establishing structure and a peer support system, taking care within the teams and that personnel is paying attention for they 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.

Team leaders play an important role in preparing their colleagues for their work, keeping an eye on them and their liabilities before, during and after a disaster.

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

This handbook contains a training concept for team leaders (module 1). A second handbook is available that covers the training of staff and volunteers seeking to psychosocial support (module 2). This trainer's handbook is supplemented by PowerPoint slides to be used for trainings. The team leader training is adapted for a 4 hours training minimum.

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.

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.

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/Teamleader training 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!*

The offered training materials are open to be adapted by the users to their own needs, strategies and possibilities!



## **2. Course Preparation**

### **Facilitators**

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

### **Participants**

Participants of this training may come from different parts of the Red Cross and other emergency or disaster response organizations. They should have experience in working with volunteers and staff.

After completing this training the participants should be able to, communicate the reason for and the how psychosocial support will be provided and to provide trainings in psychosocial support for volunteers and staff.

### **Training materials**

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

1. Welcome and introduction
2. Framework of support:
  - a. before – during – after
3. Specialties for team leaders
4. Psychosocial support
  - a. Basic information about stress of volunteers and staff during and after a disaster
  - b. Basic information about protection, stress management, coping strategies and self-care
  - c. Basic information about recommended interventions

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.

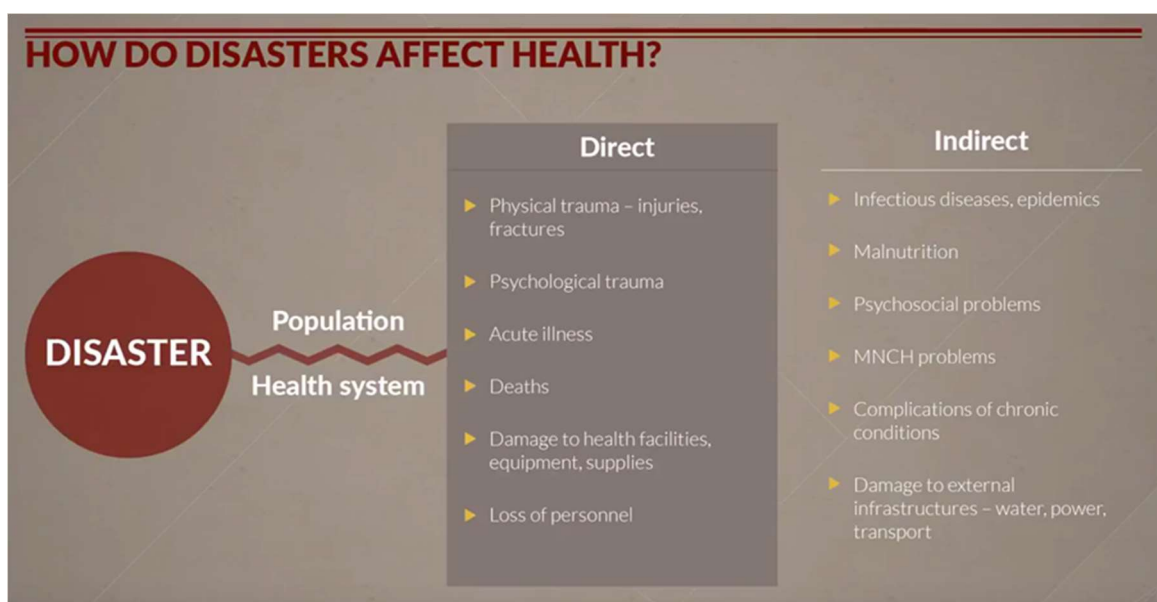


Figure 1 How do disasters affect health? IFRC 2018

## 4. Terminology

### Instruction

*In order to prepare team leaders for better psychosocial support management, it is helpful to use consistent terminology.*

Different types of events have different effects on affected populations and require different interventions. The increasing complexity of an event does not only simply accumulate the number of affected people etc. it affects the complexity of (possible and necessary) actions in all phases (prevention, mitigation, preparedness, response, recovery) (see Quarantelli, 2006).

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”.

These events can be of varying complexity.

**Disaster:** the local/regional/affected institutions and organizations are overcharged with the situation and need substantial support from outside (e.g. a terrorist attack in a city; an example of “routine disasters” (Kapucu and Van Wart, 2006, p. 284) is the 2004 series of hurricanes in Florida)

**(Mass) Emergency:** all types of crises and incidents a local or regional jurisdiction can handle mainly with its usual means, although they are of larger scale, impact and complexity than routine dispatch problems (e.g. a bus accident) As Nohrstedt (2013, p. 3) puts it, “routine emergencies” (often labelled as hazards or events) are anticipated and can be managed through mobilization of public resources, but may indeed escalate into crises.

**Catastrophe:** the local/regional/affected institutions and organizations are non-functional (any more), most actions have to be organized and/or carried out from outside of the directly affected region (e.g. the Tsunami)

**Crisis:** The term crisis may be used in any of the 3 complexity levels. A crisis entails undesirable circumstances that are perceived to be characterized by significant value conflict, great uncertainty, and time pressure (Hermann, 1963; Brecher, 1993; Rosenthal et al, 1998; Stern and Sundelius, 2002; Boin, et al, 2005). The term crisis is used to cover not only the objective elements of the events but also the subjective perception of decision-makers and affected populations. Each of the mentioned event types can result in a crisis.

**Helpers:** people who have come to help victims or responders in some way

In the context of the PFA-CE Project helpers are all staff and volunteer who are supporting a Red-Cross-Organization during an emergency.

## 5. Framework of support – before Part I

### 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.*

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.

### 5.1 Aspects of disaster management

Disaster management is a major element in enhancing the psychosocial functioning and wellbeing of all affected groups. Disaster management may involve the following aspects:

- Methods used to respond to both the reality and perception of crises – effective command, control and coordination
- Clear roles and responsibilities that are agreed in advance
- Professional standards and expectations that are clear, practical and realistic
- Communication that occurs within the response phase of emergency management scenarios
- Access to the support of colleagues as well as a plan to effectively managing and caring for staff and volunteers
- Appointing psychosocial and mental health trained supporter

**Appraise the threat and what it is about:** Policymakers have to make sense of the critical nature of development. They must appraise the threat and what it is about.

**Make decisions in uncertainty and high risk situations- coordinate actions:** Many decisions are not taken by individuals, but they emerge from “various loci of decision-making and coordination.” Interagency and intergovernmental coordination is crucial.

**Provide an authoritative account of what is going on:** Authorities cannot often provide accurate information right at the outset of a crisis. However it is vital to provide an authoritative account of what is going on as soon as possible. Problems arise at these times as information comes from

multiple sources.

**Be accountable and do not engage in defensive post-crisis blaming:** Governments cannot stay in crisis forever. Shifting back from crisis to routine mode is one aspect. ‘Blamegames’ often start after a crisis is over. Those in charge must be accountable for their actions and not engage in blaming others or defend themselves from attack.

**Learn from crises and use long-term studies of impact:** Lessons are not often drawn from crisis. Long-term studies are needed to examine the impact of a crisis on society. Collective learning is very important for future crisis response.

## 5.2 Use the command and control structures

### Instruction

*It is necessary to prepare the command, control and communication structures and rules of your own organization to prepare your participants for real life!*

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:

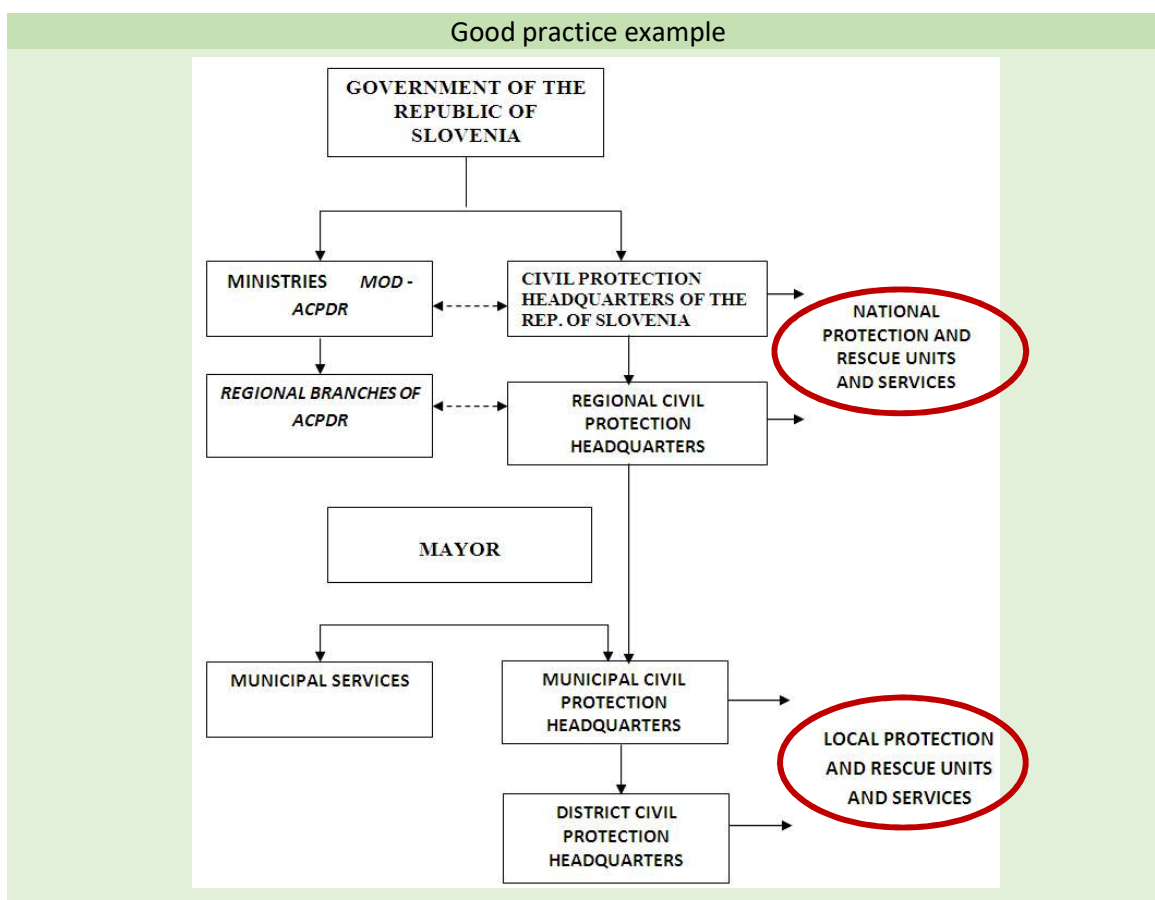


Figure 2 Disaster management structure Slovenia

The PFA-CE Project aims to support on the local and national protection and rescue units and services.

### **5.3 Establish communication structures**

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.

## 5.4 Knowing the organization's contingencies

### Instruction

*To work on this theme with your participants it is crucial to know your organization's contingencies very well.*

### Exercise

*Give every participant some facilitation cards and ask them to note every service that is available by the Red Cross Society (one term per sheet). Collect them on a pinboard and discuss in the plenary which service could be seen as a resource after a disaster.*

Commander and team leader have to know the organizational background and all the possibilities the organization has to deal with that disaster. All responsible persons must know all services that can be provided! That is the only way to ensure, that the right things reach the right people at the right time!

## 5.5 Establish terms and conditions/job descriptions

Normally there are job descriptions for all staff working for the organization. Maybe their tasks during a disaster or an emergency differ from their every day's work. For that reason, it is helpful to prepare additional terms.

Another point is the job description for volunteers. In some organizations, there are special terms how to deal with volunteers and where they can be deployed during a disaster.

Preparing terms/job description could be done long before a disaster occurs. To be able to match applicants according to their skills quickly, job descriptions should be written before the incident. Job descriptions help volunteers to orientate themselves and make the responsibilities of the volunteers clear. It ensures safety and increases productivity among SUVs. Descriptions define tasks and responsibilities as well as the required skills for those jobs. What jobs for SUVs could include – see Module *Spontaneous Volunteers*.

## 5.6 Recruitment of staff and volunteers

Identify and recruit staff and engage volunteers who understand the culture of the affected population. To recruit staff and volunteers who understand the culture of the affected population makes it easier to avoid misunderstanding and wrong support. The deployed personnel should have the capacity to respect other cultures and values and to adapt their skills to these conditions.

### Good practice example

*During the migration crisis there were people of the Syrian community in Austria, who gave their experience to team leaders in transit shelters. So they learned about their diet e.g. not give them dark bread, made of wholemeal, to avoid diarrhea. That was a helpful, stressreducing tip.*

Apply recruitment and selection principles. The process of selection should be transparent and follow standardized recruitment procedures. It is recommended to make a comprehensible documentation about the candidates and give them feedback whether or not (and why) they have been selected.

It is the responsibility of the organization to deploy volunteers and staff who are able to deal with the special conditions only. And it takes courage to refuse a person who is willing to help due to his/her unsuitable behavior or qualification.

## 5.7 Balance gender and include representatives of key cultural and ethnic groups

Women and men in the community often have different needs. To assess these differences it can help to support women and men separate by male or female supporter. The same apply to different culture or ethnic groups. Be aware of the different background and understanding of authority, health system, hygiene behavior,... in different countries.

### Good practice example

*A group of young Syrian men where sheltered while waiting for their procedure for granting the right for asylum in Austria. To give them more responsibility for their every day's life the host told them, that they have to name a leader of the group. The said, that it is impossible, because they are from two different clans so that they have to have two group leaders. After they understood that the rule is to have only one group leader it took three days until they reached an agreement. That was their first lesson in democracy!*

## 5.8 Code of conduct and ethical guidelines

### 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.

## 5.9 Volunteer registration center, insurance policy for volunteers

For more - see module "Spontaneous Volunteers"



## 6. 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

## 6.1 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** means to provide a safe place as well as honest and correct information about the event, the rescue measures and all other topics of interest for the affected persons or groups. Safety also means to be a respectful, responsible and trustful helper towards the affected.

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** refers to the reunion of family and friends in order to make social support available for the affected. It involves all activities that support the affected to support each other and to re connect with their family and friends.

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** is another important factor in supporting people after disasters. It refers to activities that shall help the affected to make their own decisions and regain a sense of control. This may be all forms of participation and active involvement of affected people into all phases of disaster management.

Help them to regain control, let them be active, wherever possible, give them tasks they are able to fulfill

**Calm** refers to all interventions that shall help the affected people to calm down and reduce their stress. This may be the reestablishment of normalcy and daily routines, the ability of children to distance themselves by playing games, as well as the use of rituals to mourn their dead.

Help them to get distance to the event for some moments, reestablish routines and normality.

**Hope** refers to activities that shall help affected people to regain a positive view on the (immediate) future. These may be activities that evoke positive emotions as well as support and preparation in taking the next necessary steps.

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.

These so called Hobfoll principles can guide you through all psychosocial interventions; people always have the same basic needs.

#### Exercise

*Divide your fellows into groups, take the case example (Annex) and let them find out what each of the five principles mean for volunteers and staff of the Red Cross. Each group should write a flipchart – discuss in the plenary.*

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.

#### Good practice example

*Connectedness: Provide Internet connection –beneficiaries could receive information or from other migrants.*

*Hope: From the crisis/natural disaster we learned that next time we need to have a functioning local radio station – to facilitate communication with the local population (eg. Information about food distributions etc.) People during floods did not feel that unsafe and insecure as the entire country showed interest in the issue and rushed in to help the affected population – it made people hopeful.*

## 7. 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.

### 7.1 Experience

#### Instruction

*Try to prepare them that sometimes it is hard to work after an emergency or disaster. Maybe you can get some pictures of exercises or real deployments to give them an idea what will they be confronted with.*

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.

### 7.2 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.

### 7.3 Basic information about 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
- Behavioural 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.*

## 8. Peer support - excursus

### Instruction

*This chapter gives an overview about peer support systems. If you don't have it in your organization it is only basic information for you. If there is a peer support system already, invite the peers to your lecture so that helper and peers learn to know each other.*

The goal of peer support is to provide staff and volunteers the opportunity to receive emotional support through times of crisis occurring from their work in disaster response or mass emergencies. Ideally peer support systems are implemented under to organizational structure. For building up a peer support system, it must have support from the highest level within the organization.

A Peer (peer-supporter) is a specially trained colleague, not a counselor or therapist. The Peer is trained to provide day-to-day emotional support as well as support to critical incidents. Peer supporters are trained to recognize and refer cases that require professional intervention or are beyond their scope of training to a mental health professional.

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.

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

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



## 9. Framework of support – before Part II

### 9.1 Briefing

All staff and volunteer should have all the information they need to make a good job.

- give information about the organization and the work
- scale and the nature of the emergency
- his part and responsibility to the common picture
- where to register, food, drink, shift, breaks, team-meetings, support, debriefing, go-home
- provide a psychosocial briefing and give information about what staff and volunteers can do in order to prevent and release stress
- prepare some written information about stress, his impacts and
- give information about self-care and coping strategies

### 9.2 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 example of self-care/coping/stressmanagement. Every participant should know what she/he could 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
- ...

### **9.3 Working environment**

Identification material (ID-cards, vests, T-Shirts, caps,...) should be issued to staff and volunteers if they don't have this regularly. This makes identification for team leader, team members and beneficiaries easy. If necessary give them protecting materials (shoes, helmets, ...).

In order to allow to feel as much participation as possible try to include them in the day-to-day planning.

## **10. Framework of support – during**

If the disaster occurs there are some essential tasks concerning the wellbeing of staff and volunteers. Everything that has been prepared and begun beforehand will help to manage the challenges during the response phase.

- establish routine meetings for all staff and volunteers, if possible with a psychosocial support person
- ensure that information material is available in several formats
- activate peer support network
- Ensure procedures and communicate the access for confidential psychological support

## **11. Team leader's responsibility**

Team leader have a special role during Disastermanagement. Often they are responsible for the whole organization of the response at the scene/in the fields. With a lack of resources they have to cover the challenge of the overwhelming situation.

Not only the organizational part lies in the responsibility of the TL, they are responsible for wellbeing (physical and mental) of their personnel (staff, volunteers and spontaneous volunteers). Sometimes they concentrate on the physical status of their team members and don't be aware of their mental health.

There are only few steps to ensure that physical and mental health of staff and volunteers will stay good during and after a disaster:

- be proactive to create a culture of mutual team support
- encourage staff and volunteers to use self-care strategies for their wellbeing
- ensure that staff and volunteers know the support structures and that low-threshold service is available
  - What kind of support can we provide?
  - Who provides the support? Who is eligible to receive support?
  - How often and under what conditions?
- be able to recognize staff and volunteer who are stressed
- give special attention to volunteers exposed to critical events
- be available for supervision or private conversation for volunteers to seek support
- be trained to individual and group psychological first aid
- ensure that every volunteer, incl. unaffiliated, will be registered
- ensure that the team cohesion is good, show appreciation and let them know, that they are all valued members of the team
- ensure the every person will be used on its competencies
- encourage that work can be carried out in pairs to look out for each other
- ensure that staff and volunteers take breaks and time away from the emergency to rest (rest and relaxation policies)
- try to rotate the ones who are performing in difficult tasks into less stressful work

## 12. Recommended Intervention forms

Interventions shall help to

- minimize negative effects of the event
- enhance individual understanding without retraumatization
- 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

### 12.1 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.*

### 12.2 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 demobilization 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/teamleader 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.*

### 12.3 (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?

### 12.4 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.

## 13. Framework of support - after

### 13.1 Provide informal meetings

This informal meeting should show staff and volunteers signs that they and their work have been valued and give them appraisal of their work.

#### Good practice example

*Daily meetings – info provision, debriefing, psychosocial relief before going home;  
Focal points in the fields – support for volunteers and staff.*

### 13.2 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 leader are responsible for matching the need of staff and volunteers with the available support.

### 13.3 Other forms of support

- Thank you letters
- Certificates
- Thank you visit by VIP's
- Thank you party
- Thank you concert
- Pictures painted by children in breakroom for helpers
- ...

#### 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."*

### Exercise

*Take the Case example (Annex) and develop an Intervention plan for PSS for staff and volunteers*

- *Focus on the district as a whole*
- *Identify target groups for PSS (staff and volunteers including mountain rescue who ask the RC for PSS support for their team) and prioritize*
- *Identify intervention formats that you can use to reach the target groups*
- *Make an Intervention plan on a timeline: during rescue, first days after rescue, later on*

## 14. Annex

### Instruction

*You can use this case example for different exercises.*

#### Case example

#### Groupwork PSS for volunteers and staff - Intervention Formats

##### Disaster description

Warning of severe rainfall. Followed by severe increase of rivers and flooding all over the country. The village that has been affected most (about 2.500-3.000 inhabitants) is not part of the so declared crisis area. During the night, rainfall is above 100 l and many landslides and floodings of streets lead to a situation where the village cannot be reached any more from the outside.

A natural hole in a rock where the river which is around 10 m broad leads to a narrowing of the river at around 3 m. This narrow hole is the critical point where a severe amount of water has been held back and in the end leads to the disaster.

At around 1 o'clock in the morning the officer in the sewage disposal facility gives alarm because the water was getting to high, firefighters and water rescue see what has happened and immediately start to evacuate about 100 houses. Time frame is 2 hours. No more power, no telephone, no mobile phones, no internet. Some people do not want to go, for example, one marriage party has to be evacuated by the police. Older persons who cannot not walk do not want to leave the house and have to be taken by force.

A group of 35 adolescents from the area (two of them directly from the affected village) who sleep in tents with their caregivers is also hit by the flood, three adolescents (one from the village, two from neighboring villages) and one caregiver (from a neighboring village) die, 10 adolescents are wounded, 5 of them severely.

The local RC branch in the village together with the firefighters and local mountain rescue starts to. Build up the support structures. RC Headquarters are setup at the district branch. In the beginning, communication is done via radio.

Two evacuation centers are set up on both sides of the river (hotel, gymnastic hall) for the first night. On day two most people can find a place to sleep with friends or family or in empty tourist apartments, but their own houses are not available for them for several months to come. The evacuation center has to provide food three times a day in the beginning and later on only one time a day.

Mountain rescue reaches the camp immediately after the flashflood hits. The wounded adolescents and caregivers are rescued and brought to different hospitals all over the country. The biggest group of not so severely wounded are brought to a nearby hospital. The Red Cross is involved in the rescue operation at ground level. The non-injured adolescents and caregivers are brought to the RC building of the district branch.

One part of the village is totally flooded (in total 340 houses and 30-40 enterprises. Firefighters station is in the flooded area.



One day after the event, the water level sinks and on day two the center of the village can be reached again. On day two, some parts of the village have power again. Only one evacuation center remains (gymnastics hall) the other is not needed any more.

This center is kept for three months and food, medical care and information for the beneficiaries is provided there. Food is provided for helpers and beneficiaries in a nearby home for elderly people as well as in a hotel that is nearby. Tennis hall is used as donation coordination center (logistic center).

From day two on people can go to their houses and work there together with the helpers.

On day 4 streets are open again and the village can be reached from the outside. School and kindergarden stay closed for 1 month, the pharmacy and doctors' offices are also closed for two months.

#### **Numbers of involved beneficiaries and helpers in the village**

- 500 affected people (who were first there because evacuated and then worked on their houses during the day and had to be given food)
- 200 firefighters
- 150 soldiers
- 80 Red Cross Personnel (10 staff and 70 volunteers)

#### **Dead and wounded people**

4 dead, amongst them 3 adolescents

10 wounded adolescents, 5 severely wounded

25 noninjured, amongst them 22 adolescents, 3 adult caregivers

#### **Livelihood damage**

- 340 houses
- 30-40 enterprises (carpenter, car shop...)
- € 80-100.000.000 damage

The RC is responsible for staff and volunteer support for their own staff and volunteers as well as the mountain rescue teams.

#### **Problems/Challenges**

- **Disaster alarm:** Sirens worked but no communication between disposal center and radio station no alarm information could get out to the population.
- **Power cut off.** No more internet no telephone, no digital radio only the old systems worked.
- **Risky Rescue Operation:** Water damaged door and windows, so the danger was there that windows and doors could explode and water could have come in all of a sudden. Very risky and difficult for the firefighters who never knew if they went into a house one way if they could get out the same way.
- **Contamination of the water:** Many oil tanks were destroyed, oil in the water everywhere. Pumping works had to be supervised by special expert teams.
- **Extreme amount of garbage:** intermediate depots had to be set up on parking spaces.

- **Political challenges:** Military was there but could only be sent on day two because first the firefighters had to be sent in before military could be used officially.
- **Firefighters** station under water.
- **Uncontrolled Donations:** Extreme amount of donations coming in, limit of storing capabilities were soon reached.
- **Complicated mountain rescue operation:** The camp was organized by a neighboring village and was on the ground of the neighboring village which was very near to the origin of the flash flood. The neighboring village was informed about the imminent flash flood immediately but the mountain rescue evacuation team could not get to the adolescents in time. Actually the mountain rescue team itself was in imminent danger themselves during the rescue operation, but nobody was hurt. Because they were there so early the rescue operation could start quickly and at least two of the severely wounded could not have been saved if they had not been there so fast.

#### **Intervention formats that are relevant for staff and volunteers**

- Briefings (leadership task)
- Safe Working conditions during operation (breaks, places of rest, food, drinks; technical equipment, materials, structure...) (leadership task)
- Demobilization (ending of operation either daily or once at end of operation) (leadership task)
- De- brief (operational – leadership task; psychosocial: mental health professionals and peers)
- Follow up (mental health professionals, peers)
- Positive feedback and learning (leadership task)
- ...

#### **For further exercises**

- Make an Intervention plan on a timeline:
- Confrontation and Early Response Phase: first hours and days until people can start working on their houses and village can be reached from the outside and until identification has taken place.
- Response Phase to Early Recovery Phase: from first week until funerals can take place, first two months until evacuation center can be closed

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