

Provision of Psychosocial Support in Crisis to Staff and Volunteers of Red Cross and Red Crescent Societies



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POSITION PAPER BY

IFRC Reference Centre for Psychosocial Support
2019

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Psychosocial Centre



International Federation
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Main recommendations

The IFRC Reference Centre for Psychosocial Support (the IFRC PS Centre) recommends the provision of psychosocial support to staff and volunteers of Red Cross and Red Crescent Societies during and after crises, as follows:

1. All staff and volunteers should be provided with explicit guidelines on reporting critical or potentially stressful incidents;
2. All managers and supervisors should be trained in appropriate front-line responses to traumatic incidents or other situations that have led to acute stress;
3. Staff with training in psychological first aid need to be made available to other staff and volunteers after traumatic incidents or other situations that have led to acute stress;
4. Arrangements with specialists are required during a crisis period to provide culturally relevant trauma assistance as required;
5. Any crisis intervention should be integrated into a phase-based approach with holistic organizational, cultural and social responses, in full respect of the 'Do No Harm' principle;
6. Managers or team leaders should hold different types of support meetings with staff and volunteers based on their needs and the situation, including short, impromptu meetings, gatherings to show appreciation and recognition, and psychological first aid sessions.

Background

There is growing recognition of the need for humanitarian and development organizations to do more to protect and enhance the psychological health of their staff and volunteers. During a psychosocial support workshop at the IFRC General Assembly in Geneva in November 2011, National Societies spoke about their experiences and work. Their message was clear: We need to do better when it comes to training and preparing our staff and volunteers for the important work in helping our beneficiaries – and in helping ourselves and each other. This commitment to providing better care for staff and volunteers was subsequently stated in the resolution on addressing mental health and psychosocial needs, adopted by the Council of Delegates of the Red Cross and Red Crescent Movement in November 2017.

Staff and volunteers are frequently exposed to situations in which people are in distress and suffering. They may witness and experience situations of destruction and insecurity, as well as loss and grief in the exercise of their functions.

Crisis situations commonly experienced by Red Cross and Red Crescent staff and volunteers include:

- Everyday crises ranging from supporting grieving or bereaved community members to dealing with the aftermath of road traffic accidents to providing support to groups of people affected by redundancies or job losses;
- Social situations in which marginalised groups of people are maltreated and/or persecuted;
- Conflicts relating to domestic abuse, sexual and gender-based violence, criminal vio-

lence, hate-crimes and stigma-based violence;

- Health challenges such as epidemics or outbreaks of contagious diseases like Ebola;
- Natural disasters such as earthquakes, floods or fires, with high levels of destruction and loss;
- Man-made disasters, involving failed infrastructure, industrial accidents etc.;
- Armed conflict, terrorism, war or other forms of violence between two or more states or armed groups.

Experiencing or witnessing such events has the potential to trigger stress responses with varying degrees of severity and duration. This may be from mild states of anxiety and/or depression to more severe reactions that can lead to the development of post-traumatic stress disorder (PTSD) or other psychological disorders that interfere with normal functioning. Reactions such as reliving the event, sleep deprivation, elevated levels of anxiety, poor concentration, irritability, avoiding thoughts and actions that trigger reminders of the event, negative thoughts and feelings are all normal responses to adverse or traumatic events.

The majority of people (80-90%) recover from such symptoms, but a small proportion experience more persistent and severe reactions. Failing to address these needs in an organization where staff and volunteers regularly experience high levels of stress at work may cause an increase in sickness levels, risk-taking behaviour or security incidents because of impaired judgment. National Societies have both an organizational and a moral duty to care for their staff and volunteers, especially when they work in high-risk situations that have the potential to lead to distress.

Global policy and practice are developing to promote the well-being of staff and volunteers. UN Resolution 70/129 (2015), 'Integrating volunteering into peace and development: the plan of action for the next decade and beyond,' for example, recognizes the role that volunteers are playing in the implementation of the 2030 Sustainable Development Agenda, including humanitarian action, peace-building and conflict prevention. As such, the resolution requests that Member States and the United Nations system work together with volunteer-based organizations to enhance the protection, security and well-being of volunteers.

Antares Foundation Guidelines (2006) 'Managing stress in humanitarian workers' make specific recommendations for the support of humanitarian workers, including (1) all staff members are provided with explicit guidelines on reporting critical or potentially stressful incidents, (2) all managers and supervisors are trained in appropriate front-line responses to traumatic incidents, (3) that staff with training in psychological first aid are available after traumatic incidents or other situations that have led to acute stress, and (4) that arrangements are in place with specialists during a crisis period to provide culturally relevant trauma assistance as required.

Our position

The IFRC Reference Centre for Psychosocial Support (IFRC PS Centre) recognizes that it can be difficult to provide effective support to staff and volunteers during and after crisis situations. There is no single method of providing support that will work in all situations. However, simple and cost-effective initiatives and interventions can be put in place before, during and after humanitarian responses to promote the well-being of staff and volunteers and to reduce symptoms of distress and burnout.

It is of course important not to interfere with the natural recovery processes that most affected staff and volunteers will experience. Crisis interventions that are poorly timed, too brief, provided by insufficiently trained persons or that fail to calm and stabilize can be harmful. Inappropriate interventions run the risk of increasing distress/arousal, negative social interactions, escalation of conflicts within the team, secondary traumatization and loss of self and collective efficacy.

Cultural and contextual factors should be considered, such as culturally appropriate coping methods and styles, post-event variables, potential negative outcomes (e.g. stigmatization), the stability, safety and security of the recovery environment, and available local or organizational resources. Any crisis intervention should be integrated into a phase-based approach with holistic organizational, cultural and social responses.

The IFRC PS Centre advocates for the use of psychological first aid (PFA) approaches with staff and volunteers in distress. PFA can be provided individually or in a group, by supervisors and/or others with appropriate training. It is based on three action principles, 'Look, Listen and Link.'

A key component of PFA is knowing when and how to refer persons for additional support from other sources. This includes services through which people can access basic or practical services or receive more focused mental health or psychosocial support.

To minimize the risk of harm and maximize the effectiveness of interventions, a well-trained crisis intervention team should (1) assess signs and symptoms of distress and/or dysfunction which indicate acute stress reactions and other conditions, (2) implement the most appropriate approach to reduce distress, (3) tailor the crisis intervention to the needs and characteristics of the affected individual(s) and for the specific event, and (4) implement the intervention at the most appropriate juncture.

Managers and other team leaders are particularly well placed to respond to the needs of staff and volunteers during and after crisis situations. The IFRC PS Centre recommends that managers or team leaders hold different types of support meetings with staff and volunteers based on their needs and the situation. The different kinds of meetings include short impromptu meetings, gatherings to show appreciation and recognition, and meetings to provide psychological first aid:

Short impromptu meetings can be arranged at very short notice, during or after a crisis to check in with individuals or the team to assess how they are doing, whether they need more support and if so, what kind of support is needed. It is advantageous for managers and group leaders to have training in recognizing signs and symptoms of distress and on the kinds of reactions that can be expected in any given crisis.

Gatherings to show appreciation and recognition can be arranged as informal events, where staff and volunteers are called together, and their team leader or manager

See IFRC PS Centre: *Caring for Volunteers - A Psychosocial Support Toolkit* for more on different kinds of support meetings and IFRC PS Centre for more resources. Available on www.pscentre.org



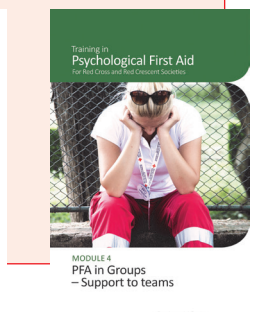
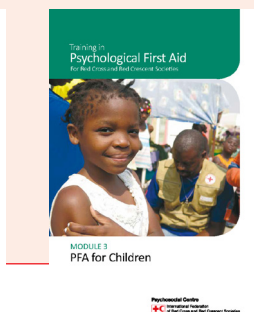
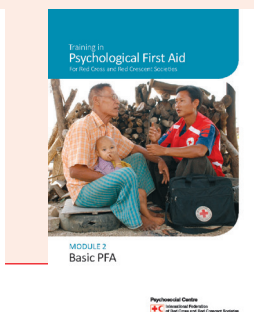
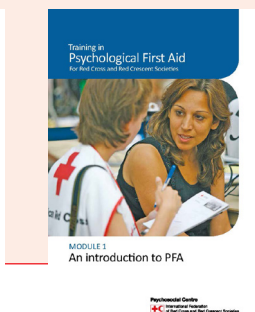
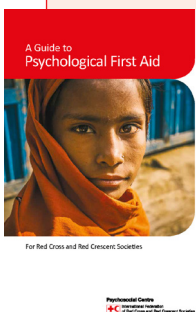
makes a short speech expressing appreciation; provides necessary information; and gives others who want to, the opportunity to say a few words. It can also be a more formal event that includes speeches and handing out letters of appreciation or certificates to acknowledge the efforts of the staff and volunteers. Showing staff and volunteers appreciation and recognition for their efforts and work promotes social cohesion and connectedness and helps staff and volunteers gain perspective, feel dignity and pride, and find meaning in their work.

Psychological first aid (PFA) can be provided to an individual, or to a group of staff and volunteers who have responded to or experienced a crisis together, where one or more of the team are in distress. Psychological first aid is a humane way of helping people in distress to feel calm and supported, to cope better with challenges, manage their respective situations and make informed decisions.

PFA can be provided on an ad-hoc basis when a colleague or manager determines that an individual or a group of staff or volunteers are in distress. Alternatively, meetings can be arranged with the specific purpose of providing PFA based on earlier assessment. PFA involves paying attention to reactions, active listening, psycho-education (normalizing reactions) and if needed, practical assistance such as problem solving and/or help to access basic services. It is a form of support that aims to promote natural recovery and help people to feel safe and connected to others, to stay calm, to be able to use their own and collective resources and to feel hopeful (see Hobfoll et al, 2007).

We believe it is imperative to provide psychosocial support to staff and volunteers after crisis situations to enhance and secure their well-being and positive coping. We will continue to work to provide quality psychosocial support to staff and volunteers in Red Cross and Red Crescent Societies.

Psychological First Aid for Red Cross and Red Crescent Societies includes a *Guide to Psychological First Aid for Red Cross and Red Crescent Societies*, a small introductory booklet, and four training modules. The first two training modules cover basic PFA skills, the third is on PFA for children and the fourth is on providing PFA in groups. Other related materials include the *Guidelines for Supporting Staff and Volunteers in Crises* and the *Caring for Volunteers Toolkit*. All are available on www.pscentre.org



Further reading

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