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What is “psychological”?  
“Psychological” generally refers to one’s feelings, emotions, thoughts, beliefs, perceptions and behavior.

What is social”?  
“Social” generally refers to the traditions, values, upbringing, relationships, obligations, family and community.

How are the psychological state and the social functioning of an individual related?  
Both the psychological state of the individual and the social functioning are interrelated. The psychological state of an individual has impact on how the individual maintains his/her social functioning. The social functioning in turn has influence on the psychological state of the individual.

See figure below:

What is a community?  
A community consists of a number of groups of people, living in a particular locality, sharing common interests, traditions, language and lifestyle, interacting with each other and participating as a uniform unit.

How is a community from a psychosocial point of view?  
When we look at a community from the psychosocial perspective we find every individual community member has his/her own psychological make up and the community is a network of members connected to each other by several bonds. The bonds between people could be family relationships, occupational relationship, relationship as part of the same group etc. Further the psychological functioning also has an influence on the bonds described above. The interlinking between community members along with the individual psychological state determines the structure of the community.
What is the need for psychosocial support services?

Every community and its members face psychological trauma some time or the other due to various situations such as disasters—natural or man-made or crisis at a smaller scale affecting families or individuals. The same events also create circumstances in the community that affect the structure of the community in one way or the other. In all such situations the psychosocial impacts need to be dealt with and the process of recovery supported in order to restore the psychological and social state prior to the event.

What is a disaster?

A disaster is a serious disruption of the functioning of a society, causing widespread human, material, or environmental losses which exceed the ability of affected society to copy using only its own resources.

Disasters are often classified according to their speed of onset (sudden or slow), or according to their cause (natural or man-made).

a. Natural disasters are caused by natural forces. They come without warning and are often unexpected and unavoidable. Earthquakes, cyclones, hurricanes, volcanic eruptions are natural disasters. They cannot be controlled, but some can be avoided or reduced by civil work and also by disaster preparedness planning.

b. Human made disasters are caused by human negligence or carelessness. They too are unexpected and can cause great damage to life and property. Sometimes they have long lasting psychological and physical effects. Eg: accidents, fires, blasts, pollution, wars, riots.
<table>
<thead>
<tr>
<th>Natural</th>
<th>Human Made</th>
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<tr>
<td>Floods</td>
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<td>Tsunami</td>
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<td>Hurricanes</td>
<td>Fire Setting</td>
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<tr>
<td>Droughts</td>
<td>Terrorism</td>
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What are the phases of a disaster?

From an operational point of view for the government and humanitarian agencies the disaster and its aftermath are categorized into the following phases:

**Warning**

The process of monitoring the threats in high-risk areas. It is the state of alert when the disaster is imminent. This is the period when prior preparedness plans have to be put into practice to offer timely support, relief and to minimize loss.

Some examples are the context of the earthquake after the Tsunami hitting Maldives. (The Nias earthquake, March 2005); the Dengue epidemic etc.

**Event**

This period is the first twenty-four (24) hours when the disaster is occurring. Example of the Tsunami: Think back to 26th December 2004. What happened the rest of the day? What were people doing? Rescuing: saving lives and belongings. Taking the injured to the medical facilities. Trying to find what had happened to their loved ones.
Response

This period is between 0-96 hours after the disaster has occurred. This period is when relief such as food, shelter, water, medicines and psychological support are provided.

Example of the Tsunami: What happened for the next three to four days? What was your experience? What did you see on TV?

Rehabilitation

Rehabilitation is the actions taken in the aftermath of a disaster to enable basic services to resume functioning, assist victims’ self-help efforts to repair physical damage and community facilities, revive economic activities and provide support for the psychological and social well being of the survivors.

Examples include construction of temporary shelters such as tents, providing make-shift communal kitchens and health facilities.

Reconstruction

Reconstruction is the actions taken to reestablish a community after a period of rehabilitation subsequent to a disaster. Actions would include construction of permanent housing, full restoration of all services, and complete resumption of the pre-disaster state. This phase lays emphasis on building the capacity of the school and community to withstand and face crises and disasters.

Examples include construction of permanent housing and full restoration of services (school, health center, bank)
Prevention

Activities that prevent a natural phenomenon or a potential hazard from having harmful effects on either persons or property.  
Source: Disaster Reduction and the human cost of disaster, IRIN new, OCHA - website

Examples include construction of dikes to prevent flooding.

Mitigation

Mitigation is the collective term used to encompass all actions taken prior to the occurrence of a disaster (pre-disaster measures) including preparedness and long-term risk reduction measures. This will limit adverse impact of natural hazards. Some examples include building sea-walls or break waters and building elevated houses.  

Examples include building sea-walls, constructing high raise buildings and protecting the reef

Preparedness

Preparedness consists of activities designed to minimize loss of life and damage; organize the temporary removal of people and property from a threatened location, and facilitate timely and effective rescue, relief and rehabilitation. Examples include measures taken in advance such as teaching first-aid and swimming or developing a Crisis Response Plan.  

Examples include measures taken in advance such as teaching first-aid and swimming or developing a Crisis Response Plan.
What is the impact of the disaster?

From an individual perspective:

a. Psychological Impact;
   Nobody who comes in contact of a disaster is psychologically untouched by it. It is often difficult to define just who is psychologically most affected by a disaster. Included are: those at the centre as well as the periphery, those who experience actual or threatened harm or injury, bystanders, the bereaved, workers, the wider community etc. Anyone who is affected by a disaster, either directly or indirectly would require some level of psychosocial support following the disaster.

b. The disaster has various direct social impacts on individuals. Some of them are outlined below:
   - Loss of livelihood
   - Loss of identification documents and other such documents.
   - Temporary/permanent relocation (e.g. IDPs, refugees)
   - Change in social status including the position in the community, marital (in case of the widows), parental (in case of the orphans), occupational (in case of the handicapped).
   - Change in social roles (e.g. teacher's role is lost if school is destroyed, fisherman's role if the boat is destroyed)
   - Change in the social environment the person has to live. (e.g. family structure changed in case of loss of family members, community becomes different due to change in the structure and roles of people in the community and migration of people or addition of new people, regular infrastructure the people have adapted to may not be available/accessible).

c. Other issues that have psychosocial impact
   - Security concerns
   - Accurate information flow
   - Proper burials of the dead
   - Housing
   - Food security
   - Health care
   - Education
   - Water and sanitation

From a community perspective:

The infrastructures are damaged rendering the community functioning difficult (e.g. schools, community centers, hospitals/health centers, police stations, administrative buildings, telecommunication centers, harbors). The social fabric is also damaged leading to loss of social structure and possibly disorganization. Resources on which the community is dependent upon are also impacted negatively (e.g. agricultural products, tourism).
What are the psychosocial phases of the disaster?

The communities and individuals undergo four distinct phases in their normal psychosocial reactions to the disaster over a period of 18-36 months. However, there are variations in the duration for each individual survivor and variations in duration for each community as well. Figure below provides a summary of the psychosocial phases.

**HEROIC**
This phase begins during and in the immediate aftermath of the disaster. The survivors have high levels of energy, develop unselfish concern for the welfare of others and direct their energy towards 'heroic' activities such as rescuing, helping, evacuating, repairs, and cleanup. This can last from a few hours to a few days.

**HONEYMOON**
The survivors are optimistic despite the damage by the disaster. They have strong cohesion between the community members and a sense of shared survival. The pouring in of resources, media attention and commitments by political leaders further strengthen their optimism. The survivors then begin to believe that their community and homes will be restored very soon.

**DISILLUSIONMENT**
Generally by 3-4 weeks when flow of resources begin to reduce, media coverage becomes lesser and political commitments begins to wane, the realization of the magnitude of the loss and the rebuilding effort begin to sink in. Anger and frustration become apparent in the survivors and optimism gives way to disillusionment. Conflicts arise during this phase when there is frustration and competition for resources.

**RESTABILIZATION**
The survivors gradually recover from the disillusionment phase. Some recover by 6 months others may take up to 3 years. The survivors regain their own confidence, realize their own responsibility and engage in community restoration and reconstruction efforts. They begin to appreciate relationships and life.

Why is “community based psychosocial support” required following disasters?

Along with the huge physical destruction, disaster causes an enormous amount of emotional distress. It is necessary that people get an opportunity to express and resolve these feelings in order to prevent long-term effects due to post-traumatic-stress.

Therefore together with repairing homes and rebuilding jetties, psychological recovery is recognized as an essential part of relief efforts.

Since the disaster usually leaves virtually nobody who comes in contact with it untouched and causes some psychological impact, the number of people requiring psychological support becomes overwhelming in view of the local resources available to provide the same. In addition to psychological support, facilitation of social support also needs to be dealt with.
The longer the disaster impacted community is allowed to stay without appropriate interventions the greater and longer lasting the impact becomes.

In view of these factors human resources within the community itself becomes essential to facilitate psychosocial support at the community level at the earliest possible time in relation to the disaster.

Given the disruption of the community the health services struggle to provide outreach services to those requiring mental health services. Therefore the community based psychosocial support framework will also serve the role of connecting the people requiring mental health services to the mental health care providers.

**What is stress?**

Stress is anything that physically, emotionally and psychologically pressures an individual.

Stress is part of our everyday lives. It is essential to life. Stress is not always negative. Some amount of stress is required to give optimum performance. It is the long lasting stress that can have a negative impact on a person.

Every individual is unique in his/her psychological make up. This psychological make up is partly inherited from the parents and partly acquired from the learning from experiences from the environment.

With this unique psychological make up each individual has to constantly respond and adapt to the world around him/her i.e. family, workplace, community and/or educational environment.

The various challenges that the individual faces in responding to the demands, constraints or opportunities that the world around him poses produces stress in the individual.

**What is Distress?**

Distress can be defined as continual stress that requires the individual to constantly readjust and adapt.

This is a type of stress that is harmful if it persists for long. If it lasts long it can result in fatigue, exhaustion and psychological breakdown.

**What is a crisis?**

A crisis occurs when a stressful life event overwhelms an individual's capacity to cope effectively in the face of a perceived challenge or threat.

**What are the situations leading to a crisis?**

The common causes of crisis in an individual are discussed below:

1. **Family Situations** - death of a family member, chronically ill family member, divorce, marital discord, suicide, an unplanned pregnancy, involvement of family member in substance abuse and its legal complications, family member involved in legal offence and litigations, rape of family member are some situations that can lead to crisis in the family.

2. **Economic Situations** - sudden or chronic financial strain is responsible for many family crises, such as loss of employment or death of only earning member; sudden loss of livelihood such as loss of fishing boat, shop gutted by fire; theft can lead to crisis.

3. **Community Situations** - community conflicts, increasing crime rate
endangering security in the community, unavailability of resources for daily living such as food materials or drinking water; sudden rise in cost of living, and inadequate health and education facilities are some ways the community may contribute to family crises.

4. **Significant Life Events** - events that most view as happy, such as a marriage, the birth of a child, or retirement, can trigger a crisis in a family; a preschooler going to school, the behaviors of an adolescent, a grown child leaving the home, the onset of menopause, or the death of a loved one can also be very stressful life events that can precipitate the individual in a crisis.

5. **Disasters natural and manmade and Accidents** - crises are created by disasters such as floods, droughts, fires, and earthquakes and also by accidents.

**What is an emergency?**
Emergency is a serious situation or occurrence that happens unexpectedly and demands immediate action.

Thus emergency is a state that requires immediate action be it in the situation of a disaster or a crisis.

**How are stress, distress and crisis related?**

Stress (daily), distress and crisis forms a continuum from lesser to greater degree of stress.

Daily stress forms the routine challenges the individual faces in the world around him and effectively copes.
Distress is caused by difficult life circumstances that the individual has to deal with on a longer term requiring constant adaptation or difficulty in coping. It is during this condition that the individual begins to show a set of symptoms (see table below).
Crisis is an acute but temporary state of severe distress triggered by a critical life event when the individual's psychological balance is disrupted and the individual is unable to cope. The individual in this state manifests a different and more severe set of symptoms (see table below) than those in distress.
However, this is a temporary state and with time and intervention reverts back.

The figures below show relation between the jetty and human response to stress.
Note:

Be it as an outcome of a disaster itself or its secondary effects or due to crisis as a result of the various causes mentioned above, an individual may suffer from distress and would require psychosocial support. Therefore it is essential to identify distressed individuals in the community and provide community based psychosocial support in order to restore their prior psychological state and in turn help maintain the social role the individual plays and social network that the individual is part of.
What is Grief?

The definition of grief includes the psychological responses accompanying the loss of someone or something dear.

In grief the survivor may show symptoms of depression such as frequent crying, profound sadness, and depressed mood. But grief is a normal and healthy response to loss of a loved one and not an illness. The symptoms of grief are painful but it is a process towards adaptation to the life change.

Grief is also different from psychological trauma in that in grief the dominant emotion is sadness and the suffering is related to the loss where as in psychological trauma the dominant emotion is fear/terror and the suffering is related not just to loss but terror, helplessness and fear of danger. Also in grief suffering lessens naturally with time but in psychological trauma it may not.

What are the stages of normal grieving process?

Recently experts have described three general categories of a beginning, middle, and resolution to grief. They are as described below:

Shock

The first reaction to loss is emotional shock (see below). The survivor may feel numb and be in disbelief and struggle with simple decisions and attending to daily routines. This can last just minutes or last for days.
Suffering

During this phase the survivor typically experiences waves of emotions that can involve sadness, anger, guilt, anxiety, or any combination of those feelings and others. The survivor may also experience physical symptoms such as loss of appetite, sleeplessness, or chest pain, and behavioral symptoms such as withdrawal from society, mood swings, or inability to concentrate. This can last for weeks, months and intermittently for years.

Recovery

Recovery represents not the end of pain over a loss but the ability to reconnect to the interesting and joyful parts of life and ability to direct attention and emotions to other aspects of life.

How to identify distress?

The reactions signaling distress are divided in general into four categories i.e. emotional, physical, cognitive (thought and understanding) and interpersonal (or behavioral).

Emotional Effects

The survivors often go into a state of emotional shock (vacant look, inability to speak, temporary difficulties with memory, cold clammy hands and feet, shallow breathing, immobility) and emotional numbness (unable to have emotional reactions such as can't cry and feel like there are no tears left and no longer feel that being of the world and have distant and unfeeling about even people very close). They display varied emotional reactions such as anger, general irritability, fear, sadness, anxiety or terror. They may have guilt about being alive when others have died, helplessness or loss of control in the situation. The survivors may show signs of hopelessness and despair and feel insignificant. They may not be able to be involved in or derive pleasure from regular activities.
Physical Effects

Due to the psychological impact the survivors demonstrate various physical symptoms such as bodily complaints (headaches, aches and pain in various part of the body without any specific physical disorder to attribute to it), abdominal discomfort and fatigue. There may be difficulty in falling asleep or in maintaining sleep with numerous breaks. Appetite changes either decreased or increase may be seen. Changes in sexual desire - either increased or decreased. Often the survivor also tends to continue in a state of excessive alertness and gets startled or jumpy very often.

Cognitive Effects (Effects in thinking and memory)

The survivors often are in a state of disbelief and confusion. The survivor may tend to stay persistently worried. Even the sense of time may get temporarily distorted for them and they have temporary difficulties with memory and concentration (difficulty in remembering new things or recalling old memories) as mentioned above in emotional shock. Sometimes they find themselves in a dream like state disconnected from the world around them. There may be recurring and disturbing thoughts and memories of the traumatic event that trouble the survivor very frequently. All these lead to the survivor having trouble in decision making in the day to day affairs and the capacity to handle tasks also decreases. The children have difficulty in school and studies. The survivor may tend to have self blame and his/her judgment of his/her own self worth or value decreases. Changes in their cultural and spiritual belief systems may also be seen.

Interpersonal Effects

The survivors may start staying isolated and withdrawn from the society. Conflicts within relationships arise (in the family, workplace, neighbors). The capacity to work of the individual is impaired and so occupation suffers. Children have difficulty in school. Sometimes some survivors may show tendency to get emotionally attached to people they know little about.

Note:
The reactions seen in the individuals in distress will generally be within the range of the above list of symptoms. However each individual will not necessarily have all the reactions listed above.
What are the factors that determine an individual to undergo distress?

There are three factors that determine an individual's threshold of tolerance of stress. They are:
- **The environment** - (the stressor).
- **The way the person perceives the environment.**
- **The way a person uses his/her emotional resources.**

As shown in the jetty and the bag picture the capacity of the bridge depends on:
- the load that is put on it (for example, less bags or more bags - breaks with more bags),
- the material with which it is built (for example, wood or iron breaks with wooden jetty)
- and the engineering design (for example, how many supporting pillars breaks with lesser pillars supporting) are there with which it is built to take the load.

![Image of jetty and bags](image-url)

Similarly in an individual the tolerance to stress depends on:
- The emotional load/pressure of the event: The disaster, the relocation, the loss of livelihood, unavailability of basic services, conflicts etc are the various emotional pressures (stressors) that the survivors face.
- The perception of the event by the individual: Based on the previous experience and the survivor's personality the survivor will judge the stressors and have reactions to it. For example, two individuals facing a similar stressful situation such as an accident will not perceive it similarly.
- The use of the emotional resource by the individual to cope with the stress: Social support system and the availability and practice of various methods for stress reduction also play an important role in the outlet of the emotional pressure that builds up. For example, if there are two people undergoing the similar stress such as a difficult financial situation and one does not use his/her emotional reserves such as talking to friends or practicing self care and the other one adequately uses his/her reserves then it is more likely that the latter will cope with the stress better.
What is psychological first aid?

Psychological first aid is a brief first order response, of short duration, to a person who is experiencing distress as a result of a disaster, an emergency or a crisis, in order to prevent persistence of deeper psychological impact.

The SPHERE 2004 manual defines psychological first aid saying it “entails basic non-intrusive, pragmatic care with a focus on listening, but not forcing to talk; assessing needs and ensuring that basic needs are met, encouraging but not forcing company from significant others; and protecting from further harm”.

Figure : See illustration below as an example of a distress/crisis and the necessity of emotional support beyond physical first aid.

Though physically fit, victim needs psychological healing. The illustration depicts how the physical wound gets healed after physical first aid is given but the fear for motorcycle persists. Thus, emphasizing some kind of additional assistance in a situation of disaster/crisis is needed i.e. Psychological First Aid.

Psychological first aid proposes five steps.
1. Meeting the immediate needs,
2. Listen to the survivors’ distress,
3. Accept the feelings the survivor’s express and understand that these are normal reactions to abnormal situations,
4. Assist with next steps by reuniting with loved ones or providing timely and accurate information, and
5. Refer to appropriate support systems (for medical needs to the health post, for spiritual needs to the appropriate spiritual guide such as community elders, for a lone person to a support network). Wherever possible follow up should be done.

How to deliver psychological first aid?

Psychological first aid follows 5 simple steps. The key lies in the PFA provider. The PFA provider’s decision of what to do depend’s upon the provider’s ability to observe the survivor and understand his/her needs. The PFA provider provides time and emotional resources for the survivor. Making the best use of resources requires ingenuity.

Given below are the steps and some basic guidelines. However, the PFA provider needs to keep these in mind but do what is feasible and culturally and contextually appropriate.

Step I. Meeting the immediate needs:

The first thing that the PFA provider needs to do is to introduce him/herself, establish communication (verbal and/or nonverbal) and assess the immediate needs of the survivor. The immediate needs would include the physical safety (physical first aid/medical help, safe shelter/protection from further harm and food, drinking water and clothing) and any other immediate psychological stressor such as inadequate information and understanding about
the disaster or event and resulting fear and helplessness or concern about a missing family member.

Some of the actions would therefore be to:
- Take the survivor to a safe place protected from further threat
- Provide physical first aid, if needed
- Offer something to drink or eat wherever appropriate and feasible
- Make the survivor feel comfortable within available resources
- Protect people who are upset or agitated from harming themselves and others
- Obtain information about near and dear ones or at least initiate the process

**Step II. Listen, listen, and listen:**

Once the immediate requirements are taken care of, in the next step the PFA provider has to look more into the emotional aspects. The survivor should be provided a safe environment to express his/her feelings. The key is to support the flow of expression by the survivor and let the survivor express to whatever extent he/she feels comfortable to.

Some of the actions would be to:
- Gently touch the survivor’s hand or shoulder (if culturally and contextually appropriate)
- Take time to actively listen to people express as to what happened. Telling their story will help people understand and eventually, accept the event
- Actively participate in the conversation by looking into survivor’s eyes and repeating the key words to facilitate the survivor to express.
- If required, ask simple open ended questions to facilitate the survivor to express.
Step III. Accept the feelings expressed by the survivor:

The next step allows the PFA provider to reach one step further to empathize and validate the feelings of the survivor and make the survivor feel emotionally supported and socially connected. Also the PFA provider gives basic information on the normalcy of stress reactions in the context of the abnormal situation and information on coping. The survivor feels reassurance of his/her self worth.

Some of the actions would be to:
- Explain that normal responses to disaster include feelings of anxiety, grief, guilt and anger.
- Listen non-judgmentally without interrupting or being critical
- Avoid giving advice or giving false assurances. E.g. “I understand how you feel”, “every thing will be all right”.
- Let the survivor feel supported and develop trust in the PFA provider.

Step IV. Assist with next steps:

As the confusion and emotionally overwhelmed state of the survivor settles down little by little the survivor needs to be guided and supported towards practically addressing the issues at hand. The key is to provide information on options available and assisting the survivor in taking concrete steps and being self dependent without getting overwhelmed.

Some of the actions would be to:
- Provide factual information about where and how they can seek specific resources
- Encourage survivor to plan a personal action plan for the immediate situation
- Maintain efforts by visiting and helping out if the survivor is not able to manage
- Let the survivor evaluate and progress and feel some sense of mastery and control

Step V. Refer and follow-up:

It is a good practice to link every survivor to social support systems. Survivors who are especially struggling to cope and become self dependent must be linked to relevant sources of support such as health centers for the mentally ill, children homes for the unaccompanied minors, extended families or care centers for destitute women, etc. A routine of following up on the support provided to these referred individuals is essential.

Some of the actions would be to:
- Identify survivors who need further help beyond the basic psychosocial support provided by the PFA provider.
- Refer survivors who do not respond to intervention through PFA
- Link them to relevant sources of support.
- Follow up to monitor progress and reconsider decisions if things don't work out as anticipated.

Note:
□ During actual delivery of Psychological First Aid the steps need not follow one after the other rather can overlap with each other.
□ All steps may not be completed in the first interaction with the survivor. Multiple interactions may be required for each survivor.
Illustrations below show simple ways of remembering the steps:

Step 1. Immediate Needs
- Remove from site of danger

Step 2. Listen
Step 3. Accept Feelings
- Deflated

Step 4. Plan & Follow up.
- Safe storing place

Step 4. Referral (if necessary)
- Repair

Note:
If psychological first aid is offered early to survivors during the immediate response period, the survivors stand a good chance of recovering early and of becoming an effective member of the community recovery efforts.

How to help an individual through the normal grieving process?
Process of Psychological First Aid itself will help the individual through the grieving process. During the process the psychological first aid provider needs to build trust, listen to the story of loss and validate the feelings of the grieving individual. The PFA provider needs to link the grieving individual to close friends and family members. If the healing process becomes too overwhelming, then seek professional help for the grieving individual.

What are the aspects of communication?
Effective communication is the key to successful delivery of Psychological First Aid. Communication in general involves verbal and non-verbal components and in behaviors such as talking, listening, reading, writing and thinking.

- Communication involves individuals relating to each other.
- Communication is about sharing meaning agreeing on
- Communication is symbolic; this means, gestures, sounds, letters, numbers, and words can only represent approximate ideas meant to communicate.
- Communication aims at bringing about desired effects such as improving knowledge, giving directions for action, change of attitude and behavior of the receiver.

Whether one is communicating with one person or a group, nonverbal messages play an important role. Kristen Amundson (1993) notes that one study found 93 percent of a message is sent non-verbally, and only 7 percent through what is said.
What are the components of nonverbal communication?

Nonverbal communication is a mode of expression based on a person's use of voice and body, rather than on the use of words. It is to a great extent spontaneous and without conscious awareness.

**Key Components of Non-verbal Communication:**

1. **Eye contact:** It is important that while communicating with a person, there should be a direct eye contact and one should be focused on what the person is sharing. If a survivor is sharing his story the emotional assistant (PFA provider) should not look around because looking into the eyes of the survivors would help in building the rapport.

2. **Body posture:** Body postures express the person’s internal feelings. For example, if a person is sitting straight that signifies that he/she is alert. Emotional assistant (PFA provider) should sit in front with survivor with his/her palms open, which portrays that the emotional assistant is not having closed feelings.

3. **Distance/ Physical contact:** Physical contact will denote confidentiality and trust. Emotional assistant should sit close to the survivor, if it is culturally appropriate. For example if two people are sitting close to each other, it signifies closeness between them.

4. **Facial expressions:** Facial expression gives a lot of information on how a person is feeling. For example, happiness, sadness, fear or anger is reflected by facial expressions.

5. **Gestures:** Gestures also indicate the thoughts of a person. For example, nodding head in affirmation shows that the person is interested in the talk. When listening to a survivor’s distress, it is advisable to hold the survivor’s hand or touch his/her shoulder, if culturally appropriate.

6. **Vocal tone, volume:** The tone of the voice reflects the feelings of the person. For example, if a person is saying something nice but the tone is rude that signifies that internally the person is feeling different from what he/she is saying verbally.

<table>
<thead>
<tr>
<th>Anxiety:</th>
<th>Lack of interest:</th>
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<tbody>
<tr>
<td>• Trembling of hands.</td>
<td>• Vague look</td>
</tr>
<tr>
<td>• Constantly changing body posture.</td>
<td>• Looking around.</td>
</tr>
<tr>
<td>• Acute voice.</td>
<td>• Monotone voice.</td>
</tr>
<tr>
<td>• Clearing throat.</td>
<td>• Moving the feet.</td>
</tr>
<tr>
<td>• Vague look.</td>
<td>• Yawning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Irritated:</th>
<th>Not caring:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Red face.</td>
<td>• Hands on the waist.</td>
</tr>
<tr>
<td>• High tone of voice.</td>
<td>• Extended legs.</td>
</tr>
<tr>
<td>• Pointing with finger.</td>
<td>• Looking the other way.</td>
</tr>
<tr>
<td>• Cold stare</td>
<td></td>
</tr>
<tr>
<td>• Forehead wrinkled.</td>
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</table>
What are characteristics of a good listener?

A listener should follow the below mentioned guidelines to be an effective listener:

1. Sit in front of the individual.
2. Keep your arms loosely on both sides. Do not fold arms.
3. Maintain eye contact at an appropriate level.
4. Interpret the total message (words, body language, facial expressions).
5. Encourage the speaker to express all their feelings without repressing.
6. Pay attention. Looking at a person and nodding your head occasionally confirms that you are willing to establish contact and are paying attention.
7. Listen carefully and retain information received to be able to use it in the future.
8. Do not speak out your ideas. Be careful with what you say.

Effective socio-emotional communication is characterized by:

- Communication that both verbally and nonverbally reflects openness and genuine concern for the survivor and his/her feelings. Undertaken early and regards the survivor positively.
- Communication that is appropriate for the survivor’s age, gender, social position in the family and community, language use and comprehension, and degree of distress.
- Communication that recognizes the survivor's experience, efforts, and emotions in an honest, straightforward manner and expresses empathy.
- Communication that expresses support and commits collaboration by the speaker to help the survivor manage his/her challenges.

How does effective communication help in delivery of PFA?

Effective communication helps of development of trust and rapport between the distressed individual and the PFA provider. Secondly, effective communication helps in maintaining the flow of communication and ventilation of emotions of the distressed. Thirdly, it helps the PFA provider to get adequate information to act upon to help the distressed individual and also to ensure the degree of distress to consider referral. For example, if the distressed individual is contemplating suicide and the PFA provider is unable to get the information then the essential step of referral will not be possible and the life distressed individual will continue to be in danger. Fourthly, effective communications is essential to ensure motivation of the distressed to plan and carry out steps to overcome the stressor and come out of the state of distress.

What are the guidelines to be followed during delivery of PFA?

General Principles

1. Accept the feelings expressed by the survivor and do not be judgemental: Do not ridicule, blame or under value the way the survivor feels or acts. The purpose is to help the survivor in the challenging situation, not to be critical.
2. Intervene immediately (be direct, active and authoritative when necessary). The sooner the survivor is assisted in coping with the disaster or an
emergency or a crisis situation, the better are the chances of restoring the pre-disaster situation. The longer the survivor remains in a state of confusion, unable to take action to address the situation, the more difficult it will be to intervene. Also issues arise due to the inability to take action due to distress and the resulting stress adds up on top of the already existing stressors. *For example, the survivor is in a shelter and there are needs such as food, sanitation and livelihood and in distress the survivor is unable to collect food aid for the day which adds up to the stressors that for the day the family will have difficulty in getting food.*

3. **Keep the focus of the intervention on the specific precipitating situation:** Many times thing that finally causes the person to be overwhelmed by the stressful situation is not the disaster itself, but some other secondary problem. Each specific stressful situation needs to be addressed one by one. *For example, there may be multiple issues as a result of the disaster such as shelter, livelihood, drinking water but the specific problem at hand for the day may be that the child is sick and needs urgent medical attention.*

4. **Provide accurate information about the situation.** Give a realistic orientation about what has occurred, and what might be the expected outcomes. This will keep the survivor prepared and lessen stress due to uncertainty.

5. **Do not give false assurances. Always remain truthful and realistic.** Recognize the stress reactions and provide some sense of hope and reassurance that the person will ultimately overcome the crisis. However, let the survivor know that things may never be the same as they were before the crisis. When survivors see assurances not turning into reality there is a high probability of loss of rapport and trust on the PFA provider which is critical to recovery.

6. **Recognize the importance of taking action.** Every psychological first aid without action will also result in failure in addressing immediate stressors and will lead to the survivor losing trust on the PFA provider.

7. **Assist in developing networks for survivors.** Find a group of peers, family members, community members that can provide both support and temporary assistance during the crisis. Ensure that the survivor is not left alone. This will ensure continued support for survivors from one another.

8. **Focus on personal coping ability.** Emphasize how the survivor has coped with the situation so far and how the survivor has already begun to use strategies for moving forward. Encourage the survivor to implement solutions or strategies, which have a high probability of success.

9. **Encourage resilience.** Provide constructive activities that the survivor can do to assist with the situation, such as helping to put up tents, or distributing food and water in the camp. Reinforce whatever problem solving the individual has demonstrated till this point in time.

10. **Be concerned and competent.** The more Red Cross Red crescent volunteers can present themselves as a model of a competent, problem solving individual, and demonstrate the process of taking in information, choosing between alternatives, and then taking action, the more survivors will be able to function adequately. Therefore, it is important that Red Cross Red Crescent volunteers establish their own support systems so that they can adequately cope with the situation.

**Note 1:**
During Psychological First Aid, do not:
- Go on giving own versions and stories
- Ignore signs signaling immediate referral
- Make binding long term decisions

**Note 2:**
In providing Psychological First Aid, remember:
- This is Psychological First Aid not professional treatment
- Accept the limitations.
- Culturally appropriate ways are to be adapted to help people.
- Eventually make the survivor self-dependent.
How to use the non verbal tool for delivery of PFA?

As explained above, communication is key in delivery of PFA and that communication can be verbal and non verbal. Visual mode, which is part of non verbal communication, is a powerful mode of communication and enhances quality and flow of communication. Complex reactions to distress which is often difficult to explain by the survivor and difficult to ascertain by the PFA provider is related to much easily through pictures or figures depicting such reactions.

The nonverbal tool consists of pictures or figures depicting reactions of distress which can be used to help the distressed individuals to open up and ventilate emotions with the pictures as a cue or reminder, and the PFA provider to ensure distress and degree of distress for considering referral.

When should the PFA provider consider referring the distressed individual?

PFA provider should definitely refer in the following circumstances:

- The individual is in a crisis state (see reactions in table above)
- The individual is harmful to self or others
- The individual is unable to take care of self
- The individual is contemplating suicide or deliberate self harm
- The behavior of the individual is not in line with the culture or context. For example the individual is angry and suspicious when the situation or context does not demand such behavior.
- The behavior is in line with the context and situation but is in excess than anticipated. For example the individual is afraid of lightening and thunder (which is in line with the context) but is so afraid that he/she does not even look at the sky (excess than what should be the response).
- The individual is suspected to have taken substances of abuse in excess amounts (over dosage) or is having physical symptoms due to sudden stoppage of substances of abuse.
- The individual is undergoing psychological trauma due to sexual abuse or domestic violence that involves legal issues
PFA provider should also consider referring in the following circumstances:

- The individual is not improving with adequate psychological first aid. The waiting time before referral depends on the intensity of the distress reactions and the psychological first aid provider. As a general guideline if the PFA provider is sensing lack of improvement and is not anticipating improvement in the immediate future it is better to refer.
- The PFA provider is having difficulty in handling the distressed individual
- The PFA provider is unsure of how to handle the distressed individual

In all the above circumstances the PFA should be provided and the referral should be arranged and follow up be done (as in step 5 of PFA) although the distressed individual is getting help from elsewhere.

**Whom does the PFA provider refer to?**

The PFA provider from the islands can refer the distressed to the relevant authorities at the atoll level. Such as for the individuals with trauma due to sexual abuse or domestic violence can be referred to the family and Children's Service Center of the Ministry of Gender and Family at atoll level; for individuals with mental health issues to Atoll/Regional Hospitals; for school issues to Ministry of Education; and for other specific issues to relevant sources of support at atoll or country level.

**Note:**
The PFA provider must facilitate the process and follow up on the outcome. The PFA provider should keep contact with both the authority referred to and the family members of the distressed in case there is requirement of referrals again.
References:

8. Disaster Reduction and the human cost of disaster, IRIN new, OCHA website

Wesites:
www.helpguide.org
www.couns.uiuc.edu