



# PSYCHOSOCIAL SUPPORT IN DISASTER MANAGEMENT

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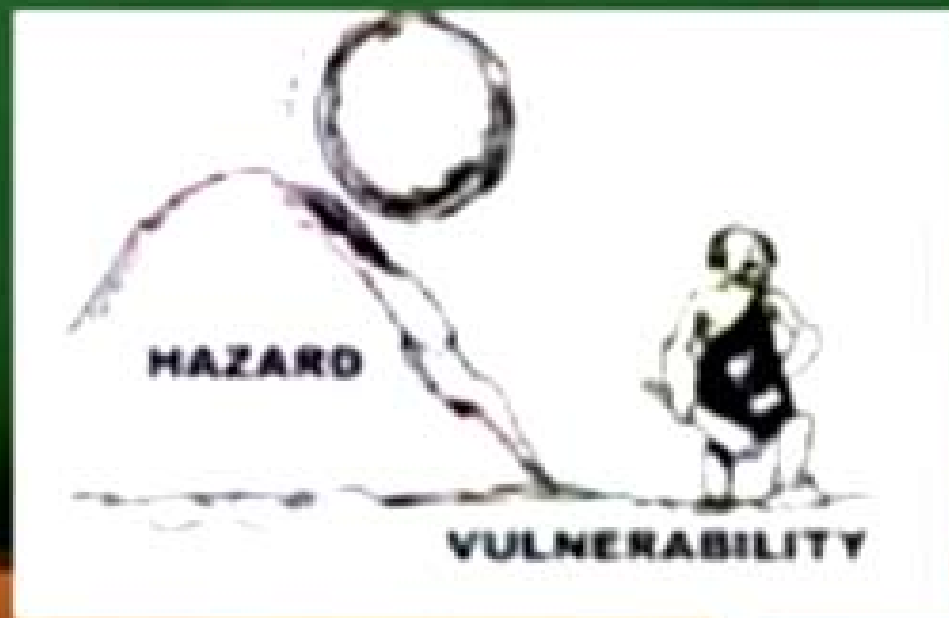
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We all feel emotion, we all get upset, can feel low, angry and overjoyed, but when do these emotional responses become something of abnormal ?



# HAZARD

- Existing condition or possible situations that has the potential to generate to a disaster.
- Natural Hazard
- Human Systems Developed
- Conflict Based



# VULNERABILITY

- If you have a hazard you may or may not be vulnerable to it
- Live in the flood plain –vulnerable to disaster
- Live on the high ground –not vulnerable to flood
- Vulnerability assessment of how well or how poorly protected you are against an event

There is a  
potential for  
an event to  
occur





**DISASTER = Vulnerability + Hazard**

## HAZARD

### TRIGGER EVENTS

Earthquake

Tsunami

High Winds

Flooding

Landslide

Drought

War/Conflict

Accidents



# IMPACT OF DISASTER

PHYSICAL	PSYCHOLOGICAL
SOCIAL	EMOTIONAL



# UNDERSTANDING THE EXPERIENCES OF STRESS

# Different Reactions Occurring During And After Disaster In People.

PHYSICAL REACTIONS	BEHAVIORAL REACTIONS	EMOTIONAL REACTIONS	RELATIONAL REACTIONS
Understand kind of bodily symptoms that survivors are experiencing and recognize such individuals.	Inability to cope effectively leads to symptoms in a person which are manifested in their behaviours.	Person experiencing stress will exhibit lot of symptoms in his/her emotions. Important for us to identify as these manifestations are reactions to stress.	Reactions to stress lower the quality of inter- personal relationships and interactions with others.

# CAREGIVER: VISIBILITY AND INVISIBILITY

**AIM:** To identify the individual's invisible problems

## TAKE HOME MESSAGE :

- While working in disaster, it is easy to identify disabilities like physical disability and injuries, however, it is not in the case of emotional disturbances.
- Active listening and good observational skills is required to identify the emotional disturbances.
- A person with disability may have special needs compared to other groups in the same way other vulnerable groups also differs.

# HELP PEOPLE UNDERSTAND THE CHANGES THAT THEY EXPERIENCE IN THEIR BODY AND MIND

- When people face any traumatic event, they go through both emotional and physical reactions.
- Helping them to know that it is absolutely normal to feel this way, helping them to understand that over time they will be able to get back to their normal life routines and that this is just temporary phase helps them feel at ease and more comfortable in dealing with what they are experiencing.

# DECREASE THE PHYSICAL AND EMOTIONAL REACTIONS

- By doing this they would help the person feel lighter having let out the pressure of strong emotions within them. Here the techniques of listening, relaxation, externalization of interests can be used.

# SUPPORT AND REBUILD THEIR SHATTERED LIVES

Guidance to get compensation, assistance in paralegal work/Practical help like getting forms/accompanying survivors to the offices or helping the individual open a bank account, etc./Medical help if need be, specially going to the hospitals/Mobilizing help from neighbours / relatives to support an orphan or an old age survivor/Getting options for livelihood reorganized.

# **NORMAL AND ABNORMAL REACTIONS TO A DISASTER**

# NORMAL REACTION

- **OUTCRY** (immediate) (Fear, sadness and rage)
- **DENIAL** (one to two weeks)  
(Refusing to face the memory of the disaster)
- **INTRUSION** (six months)  
(Unbidden thoughts of the events)
- **WORKING THROUGH** (six months on wards) (Facing the reality of what has happened)
- **ADJUSTMENT** (Life long)  
(Going on with life)

# ABNORMAL REACTION

- **OVERWHELMED**  
(Swept away by immediate emotional reactions)
- **PANIC / EXHAUSTION**  
(From the escalated emotions)
- **EXTREME AVOIDANCE**  
(Drugs etc to deny the pain)
- **FLOODED STATES**  
(Disturbing images and thoughts about the event)
- **PSYCHOSOMATIC RESPONSES**  
(Bodily complaints)
- **CHARACTER DISTORTIONS**  
(Long term disorders)



# CASE STUDY

Here is a woman who lost her child say in a cyclone. It is normal that she will be distraught, will cry and ask questions like why it had to happen to her child, why did god punish her etc. She may for sometime, deny reality and believe that her son will return. Later images of how her child used to be and the images of the cyclone would come back to her even if she tries to avoid it. Slowly as time passes she will be able to understand that her son is no longer going to return and she will slowly start reliving her life without her son and then finally get on with her life. This we would say is the normal reaction of a mother who has lost her son.

# CASE STUDY

*On the other hand there could be a woman who has lost her son but for days on end she cannot stop crying and faints out of exhaustion. After a while she denies any talk of the event very strongly and she goes on believing for a longtime that her child is still alive and sometimes drugs maybe required to get her to sleep and rest. For a long time, the events and images about the same keep occupying her mind so much so that she is unable to carry on with daily life activities. She may also develop bodily symptoms for which there is no biological cause and that may further prevent her from doing any work, and she may slowly develop grave psychological problems. This would then be an abnormal reaction of a mother who has lost her child and would require the intervention of a medical practitioner to get her back to normalcy.*

# PSYCHOSOCIAL CARE TECHNIQUES

## Aim:

- To understand the basic techniques of PSC

## Key point:

- PSC techniques may be intangible in terms of immediate effect as it sets the foundation for long term rebuilding to take place.

# ROLE OF PSYCHO-SOCIAL CAREGIVER

Who is a psychosocial caregiver?

- Community level worker
- Belong to the community
- Know the area well
- Have ties with several people
- Have sustained presence in the community
- Intense worker

# Psychosocial Caregiver Includes

- Anganwadi functionaries, Auxiliary Nurse Midwives (ANMs), Schoolteachers, NGO/CBO workers, ASHA workers, Volunteers, Local community leaders, Religious leaders, Panchayat members, Political leaders, Revenue Inspectors, Women's group members

# Role of Psychosocial Caregiver

- Meet and interact with people
  - Help people understand the changes they experience in their body and mind
  - Decrease physical and emotional reactions
  - Support and rebuild shattered lives

- Guidance to get compensation, assistance in paralegal work.
- Practical help like getting forms/accompanying survivors to the offices or helping the individual open a bank account, etc.
- Medical help if need be, specially going to the hospitals.
- Mobilizing help from neighbours / relatives to support an orphan or an old age survivor.
- Getting options for livelihood reorganized.
- Networking and coordinating with other agencies is also important for sourcing various
- other kinds of support.

# Identify groups and work closely with them

- Orphaned children
- Widows
- Single parent families
- Families being run by older siblings
- Aged people
- People with disability
- People who are economically devastated



# REFERRAL

## REASONS:

Livelihood Issues

Issues Relating to Children

Paralegal Issues

Medical Issues

Housing Plans

Women Support Group

Emotional Issues

- Referring a person to a specialist will require tact and sensitivity because of factors like social stigma, etc. Help may be essential but the individual may not readily accept referral for a variety of reasons.
- However, the first task is to be able to recognise when it may not be within your own capabilities and skill to help a person and thus refer him/her for professional attention.

# TECHNIQUES OF PSYCHO-SOCIAL CARE



# Ventilation

- Thoughts, emotions and feelings must not be suppressed
- Encourage the survivors to share their experience
- Things to be done to allow ventilation:
  - Listen carefully and attentively
  - Maintain eye contact
  - Knowledge of distress
  - Do not interrupt
  - Never ask them to stop crying
  - Do not be judgmental
  - Physical touch, keeping in mind the cultural barrier

# Empathy

- Be patient
- Give them space
- Try to understand the person from their own
- Perspective
- Keep yourself in his/her position
- Physical touch/ gestures

# Active listening

- Maintain eye to eye contact
- Respond occasionally while listening
- Avoid interruptions
- Be accepting and do not judge
- Be empathetic

# Social Support

- Enhancing social support in times of crisis is very important
- 3 layers of social support:
  - primary
  - Secondary
  - Tertiary
- Poor social support can erode one's well being and safety



# Externalizing of interest

- Engaging in something productive/ purposeful
- Enhances the recovery process
- Increased level of well being
- Makes them more energized
- Gives them a sense of achievement and responsibility

# Relaxation and Recreation

- The more engaged one is in, the more in the recovery and normalization
- Encourage them to take regular relaxation exercise
- Prompt to cultivate a hobby

# Spirituality

- Encourage survivors to practice their spiritual beliefs and practices
- Encourage them to practice private prayers, yoga, meditation, reflection, long- walks etc
- Spirituality has a tremendous power to heal pain and suffering
- Practical beliefs helps in a faster recovery

## Don'ts

- Don't skip your routines (meals, sleep, and recreational activities)
- Don't isolate yourself
- Don't consume substances or self-medicate
- Don't feel guilty for what you could have done
- Don't believe in rumours
- Don't compare your situation with others
- Don't be violent
- Don't neglect your personal hygiene
- Don't discriminate vulnerable groups

## Do's

- Share your feelings with others
- Keep a personal diary
- Seek social support for faster recovery
- Give time for yourself to heal
- Keep your routine activities to function effectively
- Spend more time with children and adult
- Follow a healthy lifestyle- regular meals, sleep and exercises
- Get useful and accurate information on available services
- Reach out to professional help

# Role of psychosocial caregiver

## INDIVIDUAL LEVEL

### Don'ts

- Focus on problems
- Use the same intervention for every individual
- Generalize
- Be judgemental hesitate to facilitate referral

### Do's

- Be empathetic
- Ensure active listening
- Provide alternatives to help
- Mobilize social support
- Be sensitive to individuals issues and needs

# Psychological first aid

- Psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support.
- PFA involves the following themes:
  - providing practical care and support, which does not intrude
  - assessing needs and concerns
  - helping people to address basic needs (for example, food and water, information)
  - listening to people, but not pressuring them to talk
  - comforting people and helping them to feel calm
  - helping people connect to information, services and social supports
  - protecting people from further harm.

# PSYCHOLOGICAL FIRST AID

# **PFA: WHO, WHEN AND WHERE?**

## **WHO?**

- people with serious, life-threatening injuries who need emergency medical care
- people who are so upset that they cannot care for themselves or their children
- people who may hurt themselves
- people who may hurt others



# When?

- PFA is provided to those who have been very recently affected by a crisis event.
- PFA can be provided when you first have contact with very distressed people.
- It may sometimes be days or weeks after, depending on how long the event lasted and how severe it was.

## WHERE?

- This is often in community settings, such as at the scene of an accident, or places where distressed people are served, such as health centres, shelters or camps, schools and distribution sites for food or other types of help.
- For people who have been exposed to certain types of crisis events, such as sexual violence, privacy is essential for confidentiality and to respect the person's dignity.

# PFA responsibility means

1. Respect safety, dignity and rights
2. Adapt what you do to take account of the person's culture.
3. Be aware of other emergency response measures.
4. Look after yourself.

# Principles of PFA

## LOOK

- Check for safety.
- Check for people with obvious urgent basic needs.
- Check for people with serious distress reactions.

## LISTEN

- Approach people who may need support.
- Ask about people's needs and concerns.
- Listen to people, and help them to feel calm

## LINK

- Help people address basic needs and access services.
- Help people cope with problems.
- Give information.
- Connect people with loved ones and social support

# PSYCHOSOCIAL SUPPORT FOR VULNERABLE GROUPS

# PSYCHOSOCIAL SUPPORT FOR CHILDREN



Children in disaster requires special attention, to normalize their lives, one must understand the various needs and reactions of the children in Disasters

# IMPACT OF DISASTER ON CHILDREN

## *Children (0-5 years)*

Infant mortality, nutritional needs, pain of separation from parents, loss of primary caregivers, trauma- physical (disabilities, loss of limbs, etc.) emotional (fear, mental disturbance, insecurity, violence, adamant, moody), pain of separation from personal belonging (house, toys, friends, family members), loss of interest in playing, recreational activities, inability to express emotions, flashbacks, sleeplessness, bed wetting, isolation, impact on growth, development and education, non- acceptance of others, loss of hygiene and sanitation, risk of child abuse/ trafficking/ begging, impact of disaster on future life., missing parents, thumbs sucking, clinging, continue crying, loss of appetite.

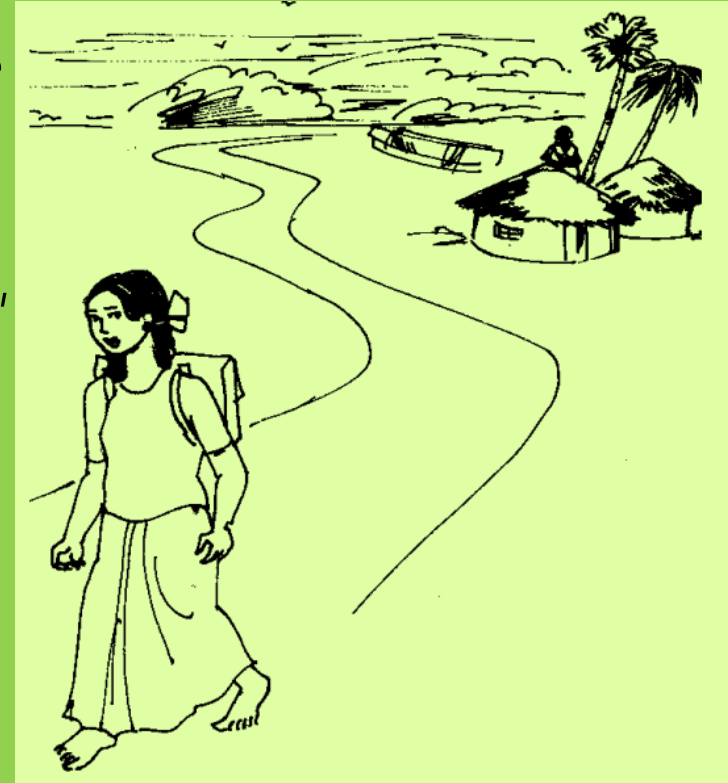


# Children (6- 12 years)

- **Physical impact:** serious injuries, disability, prone to sexual assaults, girl trafficking, sanitation, bed wetting, Infectious diseases
- **Psychosocial and Behavioral:** Fear- Shock (watching death of closed ones), food, shelter and clothing, separation from family, parents, siblings, anger, irritability, sleep disturbances, risk taking behavior, PTSD, wrong habits, lack of Confidence, prone to violence
- **Academic:** Hamper studies, school refusal, academic decline

# Children (13-18 years)

- **Physical:** Injury, Death, Disability, Loss of Personal belongings, loss of institutions, loss of shelter, hygiene and sanitation issues, loss of appetite.
- **Psychological/ Behavioural:** anxiety, stress, insecurity, drug/ substance abuse, hopelessness, helplessness, loneliness, emotional outbursts, emotional dependence, suicidal tendency
- **Social:** Loss of relatives, loss of privacy, vulnerability to crime, criminal tendencies, loss of peer groups, vulnerability to get misguided, loss of career/ economic prospects, child labour, begging/ prostitution, child abuse, sexual abuse, non-acceptance.



# Children with Special needs

- **Physical:** food, shelter, clothing, hygiene, sanitation(medicines), physical assaults, loss of appetite, probability of more deaths
- **Social:** Separation from family, displaced, more vulnerable to abuses, diseases, separation anxiety
- **Psychological:** more irritable, sleeping disorder, bed- wetting, back flashes, nightmares, loneliness, fear, isolation
- **Economic:** more expenditure, medicines, books, toys etc., loss of special schools, crèche.

# UNDERSTANDING EMOTIONAL REACTIONS

# Pre-schoolers

- Temper tantrums
- Crying
- Clinging and demanding
- Scary nightmares
- Helplessness
- Regressive behaviour (thumb sucking, bed-wetting)
- Moodiness, irritation
- Fear of darkness or sleeping alone
- Easily frightened and then anger
- Increased aggression specially in boys



# School Age

- Physical complaints – headache, stomach aches
- Aggression
- Fear of darkness / sleeping alone / separation from parents
- Lack of self competency
- Understand loss and become very anxious
- Regression to behaviours like thumb sucking
- Nightmares and inability to sleep
- Fear of ghost
- Fear of recurrence
- Difficulty in following routines
- Does not mingle with friends
- Behavioural problems
- Emotional problems like apathy, anxious, withdrawn, depressed
- Disinterest or difficulties in school work- disturbs others, worrying, being tense, undisciplined, refusal to go to school

# Adolescents

- Seek isolation, become less communicative
- Sleeplessness or increased sleep
- Feel different or alienated because of their experiences
- Irritability
- Increased risk taking behaviours
- Increase substance abuse
- Avoidance of trauma related thoughts, feelings and activities
- Aggression – fights, destructive, arguments
- Feelings of hopelessness, feeling of neglect and isolation
- Disobedience, specially towards authority and parents
- Try to get involved in activities to get a sense of control like rescuing and organising at the camps
- Angry, frustrated and may feel very helpless
- Depression due to loss
- Guilt for not being able to do enough or for having survived
- Inability to concentrate
- Behavioural problems like - aggression, lying, stealing
- Dropping out of school or work
- Aches and pains due to stress

- Some of the reactions may be more prominent among the girls like, frustration, depression, being isolated and feeling of hopeless. They also feel more vulnerable due to the disaster experiences.
- It is seen that aggression along with drug or substance abuse is higher among the boys. Feeling of guilt, revenge, habit of stealing is also seen more among the boys.



# THINGS TO REMEMBER

- These are common and normal responses to an event that is beyond the child's coping abilities.
- After the event if children starts behaviours like stealing and indulging in substance abuse or using abusive that is not a reflection on the character of the child.
- If we can understand this, then we will be in a better position to help the child in the recovery process.

# DIFFERENT STAGES

## **Stage 1: Infancy (birth to 18 months)**

Basic Conflict: Trust vs. Mistrust

Important Events: Feeding

Outcome: During the first stage of psychosocial development, children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.

## **Stage 2: Early Childhood (2 to 3 years)**

Basic Conflict: Autonomy vs. Shame and Doubt

Important Events: Toilet Training

Outcome: Children need to develop a sense of personal control over physical skills and a sense of independence. Potty training plays an important role in helping children develop this sense of autonomy. Success during this stage of psychosocial development leads to feelings of autonomy, failure results in feelings of shame and doubt.

### **Stage 3: Preschool (3 to 5 years)**

Basic Conflict: Initiative vs. Guilt

Important Events: Exploration

Outcome: Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.

### **Stage: Adolescence (12 to 18 years)**

Basic Conflict: Identity vs. Role Confusion

Important Events: Social Relationships

Outcome: Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.

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# MEDIUMS USED WITH CHILDREN AS INTERVENTION IN DISASTER

- Children use play to express themselves.
- Selected toys and effective use of the materials can help children to act out feelings and fear as they have experienced.
- Children not only express themselves but also learn a lot of new things while playing.
- When children play and/ or draw a lot of their frustration, fear, tension, anger and insecurities are expressed.
- This helps them to face their emotions and decrease the power/intensity these emotions have on them.

# THINGS TO REMEMBER

- Medium is an effective tool
- Helps to make children ventilate their repressed feelings and
- A tool to probe into the traumatic experiences in their lives.
- Decision making,
- Problem solving,
- Coordination and cooperation with the peer group,
- Mastering over their emotions,
- Understand the development and changes through peer interaction,
- Building their self-esteem and skill development.
- Research shows that art therapy provides a medium for communication and a means to facilitate the healing of emotional scars for children following a disaster event.

# MEDIUMS

- CLAY
- TOYS
- THEMATIC CARDS
- FACIAL EXPRESSION CARDS
- PAINTING/ DRAWING

# CHILDREN REFERRAL AND HELPING PROCESS

# WHEN IS REFERRAL REQUIRED?

## CONDUCT PROBLEMS

Disobeys people  
Violent towards peers  
Steals or lies  
Destructive behaviour

## OVERACTIVE

Unable to sit still even for a long time.  
Difficulty in concentrating and day dreaming.  
Impulsive behaviour- climbing and running on the streets  
Low tolerance for frustration  
Learning difficulties

## SOMATISATION

Complains of pains  
Wants to visit doctor but doctor doesn't find any medical problems  
Gets attention from others due to these complaints

## POST TRAUMATIC DISORDER

Nightmares of disaster  
Flashbacks  
Avoids anything that will remind of the day  
Increased state of alertness, nervousness, poor concentration, disturbed sleep

## SEVERELY DEPRESSED

Feels sad all the time.  
Cries a lot  
Refuses to play  
Poor body posture and eyes show lack of shine  
Not eating well  
Unable to sleep at night  
Talking of ending his/her life

## SUBSTANCE ABUSE

Taking substance  
Unable to sleep  
Slurred speech and inability to speak  
Overspending money/ misplacement of money  
Indiscriminate sexual behaviour  
Decline in performance in schools



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Maitreyee Mukherjee- NDMA

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**DISASTER**



**Can lead to**



**DISTRESS AND  
DISABILITY**

**HELP THE CHILDREN RECOVER BY**



**A. Understanding  
emotional reactions by**

- Observing behaviour
- Monitoring progress at school or home
- Accepting and acknowledging the changes



**B. Decrease the physical  
and emotional effects by  
emotional support**

- Listening
- Reassuring
- Modelling healthy coping behaviour



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**ADJUSTMENT or MASTERY OVER THE EMOTIONAL DISTRESS**

# YOU NEED TO

- Tell the child that it is normal to think about the traumatic events
- Give them space to talk about the event
- Invite them to come and talk about it at any time they want
- Share some of your thoughts and feelings about the event
- Use age- appropriate language and explanations
- Listen and answer the questions by comforting and supporting them
- Get an understanding from the child of what he or she thinks death is, their fears etc. so that it will help you to communicate with them in a meaningful manner

# PSYCHOSOCIAL SUPPORT FOR WOMEN



# PSYCHOSOCIAL SITUATION OF WOMEN IN DISASTER

- Women are vulnerable in times of disaster
- It is important to understand the factors of vulnerability
  - **Biological reasons:** reproductive health system, problems during menstrual cycle etc
  - **Social vulnerability:** roles and responsibilities, women headed household, single parent, stigma etc
  - **Psychological vulnerability:** sense of loss after a disaster, depression

# WOMEN AND DISASTERS

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graph TD; A[WOMEN AND DISASTERS] --> B[PREVAILING ATTITUDE IN SOCIETY]; B --> C[SOCIO-CULTURAL FALLOUTS]; B --> D[POLITICAL ISSUES]; B --> E[WOMEN AS SURVIVORS]; C --> F[INCREASED DISTRESS AND VULNERABILITY]; D --> F; E --> F;
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## PREVAILING ATTITUDE IN SOCIETY

Preference to male children, Misconceptions about women who have been sexually assaulted, depiction of women in media, Education

### SOCIO-CULTURAL FALLOUTS

Widows  
Destitutions  
Sexual and Physical Assault  
Increased responsibility  
Increased vulnerability  
Use of substance by men and women  
Increase in Domestic Violence

### POLITICAL ISSUES

State and Political complicity in perpetuation of crimes against women  
Lack of legal help for women  
Coercion to keep quiet assault

### WOMEN AS SURVIVORS

Lack of Privacy  
Exploitation of vulnerable women  
Tend to talk about the physical problems

## INCREASED DISTRESS AND VULNERABILITY

# PRINCIPLES OF WORKING WITH WOMEN

1. CONFIDENTIALITY
2. NON-JUDGMENTAL ATTITUDE
3. A COMFORTING ATTITUDE
4. ENCOURAGE EXPRESSION OF EMOTIONS
5. ACKNOWLEDGE WOMAN'S FEELINGS
6. HIGHLIGHT PERSONAL RESOURCES



# CONFIDENTIALITY

- Information could include intimate details
- Sense of mutual trust
- Survivors may prefer not to share their experiences to caregivers
- Need: to prevent identification and stigmatization



# NONJUDGMENTAL ATTITUDE

- Do not try to contemplate what you would have done in the situation.
- *A lady who lost all her three children is assaulted by her husband and blamed by her husband for not being able to save even one, She is under severe threat that her husband will leave her and get married. The in-laws also feel she is not responsible enough.*

# COMFORTING ATTITUDE

- ❑ Make the client feel comfortable
- ❑ Camp: lack of privacy/ distractions
- ❑ Good listening skills
- Attend nonverbally: Eye contact, head- nodding, caring facial expressions, holding woman's hand
- Give feedback on feelings: anger/ sadness/fear
- Repeat ideas
- Allow silence

# ENCOURAGE EXPRESSION OF EMOTIONS

- Part of healing
- Stay relaxed
- Normal to feel complex emotions

# ACKNOWLEDGE WOMAN'S FEELINGS

- A part of coping
- She may report a sense of vulnerability, low self-esteem, self-blame along with the sense of loss of control
- Feeling of guilt
- *A woman related how her house was burnt and she lost all her belongings. Since then she has been getting episodes, when her heart starts to beat very fast, she finds herself sweating profusely and her mouth goes dry. She said "I feel like I am going mad (pagal)"*
- *Worker "You are saying that you constantly feel that you are going to lose your mind. I want you to know that other survivors were able to recover from similar experiences. They went through these kinds of experiences."*

# HIGHLIGHT PERSONAL RESOURCES

- Praising her courage
- Appreciate her accomplishments

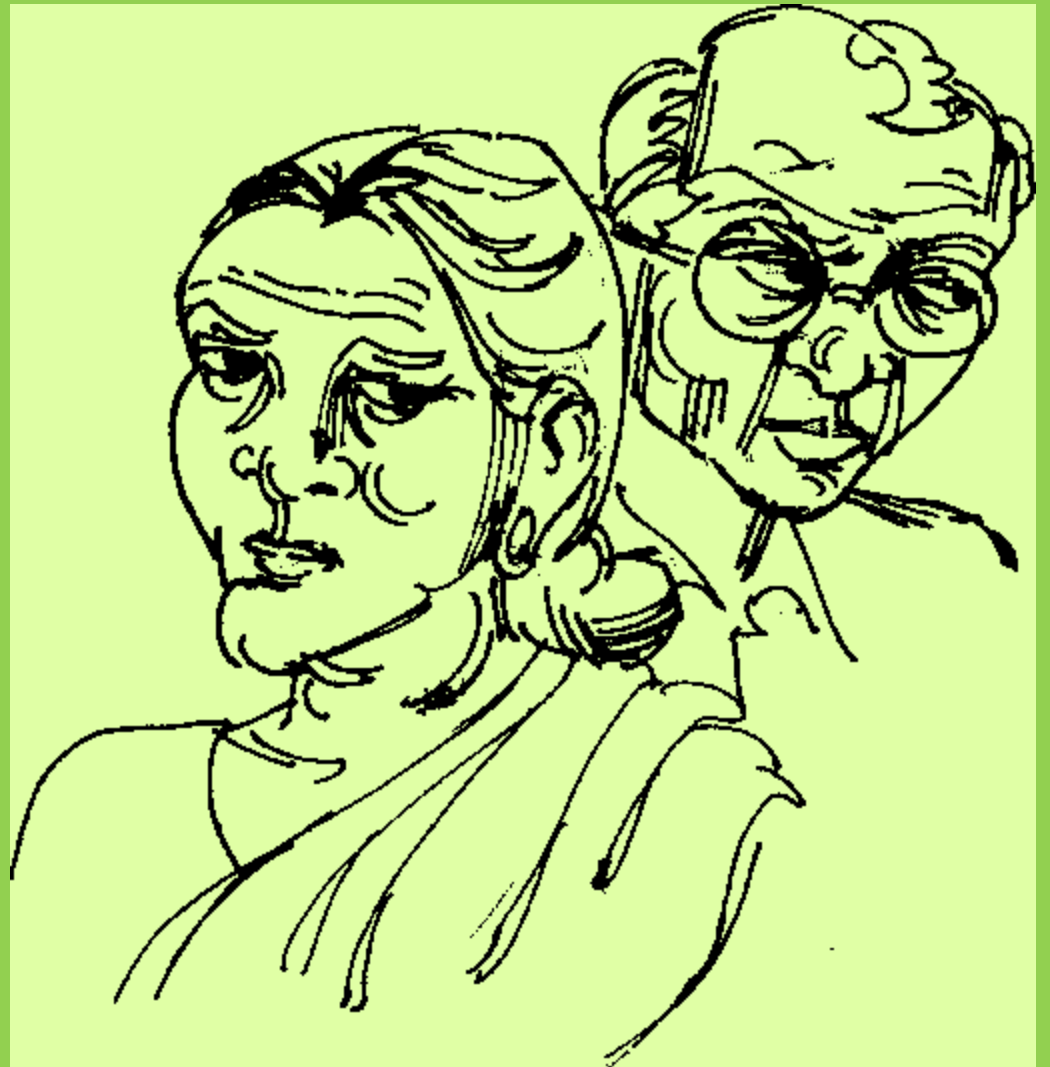
# ISSUES OF MEN AFTER DISASTER

- Fishermen community (Dependent on the sea-They go out at night and back in the day)
- What they do ?
- Who does the financial aspects of family when they are away?
- Functional heads are women and authority in the hands of ?
- Becoming jobless

# NEGATIVE COPING STRATEGY

- Alcohol consumptions
- Life style choices
- Displacement of frustration towards women
- Blaming the women for the death of the male child

# AGED





When the elderly are faced with the death of their children and younger loved ones they become very sad and *may take longer time and more effort to recover*. After the tsunami disaster, they manifested reactions in the following manner:

- Withdraw, cry and groan for many months
- Experience sleeplessness and loss of appetite.
- Being susceptible to illness as a result of being emotionally disturbed
- Being agitated, feeling lonely, hopeless and having suicidal ideas

*An old man reports, "At nights when I go to sleep, I get the images of waves coming and houses being washed away, children drowning. I cannot sleep at all. The more I want to sleep, the more I get these images in front of my eyes".*

# They can be helped by:

- Keeping them with their family members or known ones
- Attending to their immediate medical needs
- Conveying to them positive news repeatedly
- Helping re-establish their routine at the earliest
- Encouraging them to express their feelings about the disaster and subsequent loss.
- Organizing and involving them in small group meetings.

# PERSONS WITH DISABILITY



Persons with disability were also equally affected by the tsunami just like everybody else. They also manifested many reactions as a response to the tsunami and loss that occurred subsequently. The disability may often hinder their progress to recovery.

12 year old V, who is physically disabled says,  
*“Any slight noise of the waves makes me fearful, as to what if there is another huge wave coming. I’m scared; as to how will I escape if there is a similar wave. I don’t have one leg, so I cannot run as fast as others will”*

# They can be helped by:

- Updating them about the situation and giving them a sense of being involved and not ignored
- Shifting them to a place which is safer for them to recover
- Taking initiative in getting them required aids and appliances in collaboration with the Vocational Rehabilitation Centres (VRCs)
- Helping them to receive social security benefits like disability pension, etc.
- Helping them obtain disability certificates, income certificates and identity card, which will help them avail the existing facilities.
- Taking cognizance of the fact that mentally challenged people, especially women and children are vulnerable to sexual abuse; they need to be given special attention, protection and care.
- Helping them overcome their feeling of insecurity in case of having lost their livelihood. The skills they were using prior to the tsunami need to be taken into account.

People who became disabled subsequent to tsunami disaster will require special attention and care.

They can be helped in the following ways:

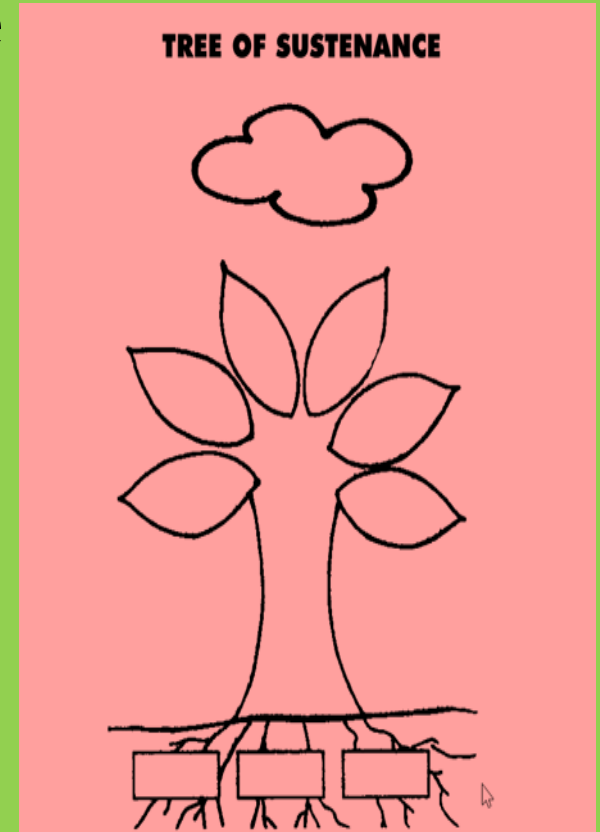
- Enabling them to accept and adjust to the changes that have taken place and help them to overcome their sense of insecurity and dependency.
- Helping them look into their existing strengths and capacities with which they can move ahead in their life.
- Building their capacities in terms of skills development to manage life with a disability.

Apart from these all the above mentioned interventions are applicable to them too.

# SELF CARE FOR PSYCHOSOCIAL SUPPORT PROVIDERS

# TREE OF SUSTENANCE

- It explains the need for self care
- Just like a tree, which is able to provide shade and fruits to passers by who takes refuge from the sun under a tree, a worker provides support and care to people who need them.
- Roots help to stay in one place and withstand storms that might pass.
- Its old leaves fall and give way to new fresh green leaves. Similarly a workers needs to identify people in their lives who are providing them strength and support to stand tall and face challenges.





## RAINWATER FOR MY TREE

Chess  
Cold drinks  
Chatting  
Music  
Talking with friends  
Drinking tea  
Listen to the news  
Cold water  
Lie down for sometime  
Playing with children  
Sitting by myself with my husband  
Sleep in the afternoon  
Service  
Reading  
Helping others  
Watching movies  
Being in touch with my family

## MY GREEN LEAVES

Make friends  
Understand the other person's feelings  
Talk with an open heart share things with others  
Help others  
Get angry very rarely  
Making good friends  
Independent  
Understanding  
Fearless  
Cleanliness  
Become emotional  
Serve others  
Never lose hope  
Help and support others  
Good behavior  
Reading  
Take decisions

<b>MY ROOTS</b>
Parents
Brother
Boss
Friend

Wife
Uncle
Those who give me good guidance

<b>BROWN LEAVES I NEED TO SHED</b>
Keep thinking about economic problems
Get angry very quickly when I see injustice
Sometimes take decisions without thinking
Cannot hide anything
Poor Concentration
Do not rest
See too much television and news
Do not look after myself
Do not eat on time
Lie
Talkative
Putting my point of view forcefully
Sometimes I am lazy
Watch television
Addicted to tea
Anger

# ETHICS

## DO'S

- Be honest and trustworthy.
- Respect people's right to make their own decisions
- Be aware of and set aside your own biases and prejudices.
- Make it clear to people that even if they refuse help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.

## DON'TS

- Don't exploit your relationship as a helper. Don't ask the person for any money or favour for helping them.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people, and don't be intrusive or pushy.
- Don't pressure people to tell you their story. Don't share the person's story with others. Don't judge the person for their actions or feelings

# THANK YOU

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