

PSYCHOSOCIAL GUIDELINES FOR CRISIS MANAGERS AND JOURNALISTS

– HELP IN LARGE SCALE DISASTERS

This information material was prepared for use in the international aid

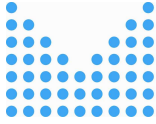
after the earthquake in Haiti 2010.

Crisis management must check and evaluate needs of:

- a) directly affected people
- b) first rescuers and interventionists (including volunteers)

What to do:

- 1) At first to focus on **basic bio-psycho-social needs** (medical treatment, drinking water, food, evacuation to the safety place/providing shelter, accommodation, medicaments, hygiene).
- 2) It is also important **to provide people with information**, being in contact, provide communication, **(re) connection with families!**
(Note: During the crisis and conflict in Gaza, between the basic things affected people needed in the hardest time were workable mobile phones (with free calls) - communication with their families really helped!)
- 3) What is important is the need for the **respect and piety** (recognition of emotions, reverence in handling bodies).
- 4) It is important to have **rituals** (funeral, burial, memorial), they help **to share grief!**
- 5) It is important **to involve people, let them to be active**, to involve individuals in mutual aid, rehabilitation and recovery, to organize.
- 6) It is important **respect social and cultural specifics**.
- 7) It is important to take into account the **particularly vulnerable groups/persons** (children, survivors, injured, disabled or socially handicapped, people living in collective households ...).
- 8) It is important **to admit/name the emotions** that occur in the community (fear, anger, anxiety, sadness ...). **This help to manage emotions!**
- 9) It is good to avoid the creation of psychopathology's diagnosis or focus on psychological symptoms only, it is better **to regard people as being able to handle the situation, resilient coping, competent!** It is important to demonstrate these attitudes. And it is also good to remind that **all reactions to the disaster are normal human reactions to extreme distress!**
- 10) To work with people **through the key persons in the community** (for example: priests, teachers, GPs, local government officials ...), indirect psychosocial assistance is more necessary (it means **maximum community involvement!**)



- 11) **Not to forget the needs of rescue workers, doctors, etc.** – during and after mission (rest, shift rotation, basic physiological needs, their connection with families, terminating meeting, debriefing, acknowledgment from the authorities).
- 12) Not to forget the needs and emotional **support of expats living abroad/Haitians living abroad.**
- 13) Take advantage of the so-called “**honeymoon phase**“, i.e. period when people are solidary and willing to spend/send money and are personally active in helping the others (usually within 3 weeks after the disaster).
- 14) When emergency managers are talking to the public (either directly or through the media), do not forget: **empathy** (to express regret), **to be honest** to the public (open, true), **fair** (just), **expertise, zeal**, taking the **public as a competent partner**, to communicate in **clear and structured** manner, easily (announcement must be understandable to the child around 12 years of age).
- 15) The media should **publish good practice, information what can help, to describe efforts**, to give an account of and to promote **mutual assistance between people.**
- 16) The crisis managers must have **clearly defined objectives, processes and clearly and comprehensively communicate.**
- 17) The crisis managers should listen **to the public** in identifying their concerns, needs and should ask the people (not automatically assume).
- 18) **Leadership from inside the community** is essential in the recovery process.

Some basic mistakes of crisis management:

- To consider affected people as being incompetent to address the situation of their forces.
- Not to engage residents in rescue and relief work.
- Forget to evaluate the needs of affected people.
- To talk in sophisticated manner, being only an “expert”.
- Avoiding media.
- Not to take care of himself (sleep, food, rest, connection with own family).
- To see rescuers as “superheroes”, who cannot be affected.
- To judge affected people and their needs only through the eyes of my own culture.
- etc.

17/01/2010,

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