

**A BRIEF OUTLINE OF PSYCHOSOCIAL SUPPORT IN THE PRESENT
TSUNAMI DISASTER FOR THE USE OF NGO'S**

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1. **THE MAGNITUDE AND SCOPE OF THE CHALLENGE:** UNITED NATIONS (UNO) ESTIMATES OVER 150,000 DEAD AND OVER FIVE MILLION NEEDING AID IN THIS TRAGEDY. UNITED NATIONS SECRETARY GENERAL MR. KOFI ANNAN SAID THAT THIS UNPRECEDENTED DISASTER NEEDS UNPRECEDENTED RESPONSE. PRIME MINISTER MANMOHAN SINGH SAID THAT INDIA WOULD DO WHATEVER IS NEEDED TO HELP PEOPLE WHO ARE VICTIMS OF THIS COLLOSAL TRAGEDY HELP TO RECOVER AND REBUILD THEIR LIVES WITH DIGNITY AS WELL AS EXTEND A HELPING - HAND TO FELLOW VICTIMS OF SISTER COUNTRIES.

2. **SOME FUNDAMENTALS:** A TSUNAMI IS A SERIES OF DESTRUCTIVE OCEAN WAVES AFFECTING SHORELINES USUALY GENERATED BY EARTHQUAKES AND CAN RISE AS HIGH AS HUNDRED FEET. ALL NATURAL OR MANMADE DISASTERS OVERWHELM THE CAPABILITIES OF PERSONS AND COMMUNITES REQUIRE OUTSIDE HELP TO DEAL WITH AWHOLE SPECTRUM OF NEEDS ALL THE WAY FROM RESCUE AND RELIEF, TEMPORARY FOOD, SHELTER AND CLOTHES. IT ALSO INVOLVES IMMEDIATE, INTERMEDIATE AND LONG TERM PHYSICAL AND PSYCHOSOCIAL SUPPORT TO THE VICTIMS, SURVIVORS AS WELLAS THE HELPERS. PREVIOUS DISASTERS IN INDIA AND AROUND THE WORLD HAVE GIVEN SOME USEFUL INFORMATION WHICH CAN BE USEFULLY APPLIED IN THIS SITUATION.THE COOPERATION AND COORDINATION BETWEEN STATE, CENTRAL GOVERNMENTS AND NGOS AND COMMUNITY

NEEDS TO BE STREAMLINED TO MATCH THE NEED AND HELP IN ALL STAGES OF DISASTER MANAGEMENT.

3. **MENTAL ASPECTS OF DISASTER:** IT IS GENERALLY OBSERVED THAT THERE ARE SHORT TERM AND LONG TERM ASPECTS TO MENTAL HEALTH INTERVENTIONS. IN THE SHORT TERM, ANXIETY, DEPRESSION, GRIEF-REACTIONS, ABOUND. IN THE LONG TERM PSYCHOLOGICAL REACTIONS TO DISABILITIES, EFFECTS OF BROKEN SOCIAL UNITS ON CHILDREN AND ADULTS, TO UNCERTAINTIES OF THE FUTURE AND REHABILITATION. ATTENTION TO THESE ASPECTS HAS BEEN THE WEAKEST LINK IN POST DISASTERS IN INDIA AND HOPEFULLY CAN BE DONE BETTER THIS TIME.

4. **EMOTIONAL REACTIONS TO DISASTER:** A). THREE PHASES OF EMOTIONAL REACTION OF PEOPLE ARE: 1). PHASE OF SHOCK (STUNNED, DAZED, PANIC). 2). PHASE OF RECOIL: (PASSIVE, DEPENDENT, REFLECTIVE, COOPERATIVE AND SOME SHOW DISRESPECT FOR SOCIAL NORMS). 3). RECOVERY PHASE: (FEAR OF RECURRENCE, GRADUAL REBUILDING WHICH CAN TAKE MONTHS AND YEARS). IT IS IMPORTANT TO NOTE THAT THESE REACTIONS ARE NOT DISCREET ENTITIES IN ANY PERSON. MIXED PICTURES ARE THE RULE THAN EXPECTATION. IN DELIVERING PSYCHOSOCIAL SERVICES, THE PERSONS WHO ARE DIRECTLY PROVIDING DIFFERENT SERVICES, SUCH AS NGO VOLUNTEERS, SOCIAL-WORKERS, DOCTORS, NURSES AND OTHERS WILL BE THE NATURAL PERSONS TO PROVIDE SENSITIVE EMOTIONALSUPPORT, ENCOURAGE FAMILY AND SOCIAL SUPPORT AND REFER THOSE WITH MORE SERIOUS NEEDS TO DOCTORS AND MENTAL HEALTH SPECIALISTS. B). GRIEF REACTIONS: BY FAR GRIEF REACTIONS ARE GOING TO BE MAJOR EMOTIONAL REACTIONS TO LOSS OF FAMILY, KIN AND KITH, PROPERTY AND FRIENDS. TYPICAL REACTIONS WITH

INDIVIDUAL VARIATIONS IN THE SEQUENCE AND OCCURRENCE ARE: 1). DENIAL 2). DEPRESSION 3). ANGER 4). GUILT (FAILURE TO PROTECT THE LOVED ONES). 5). SLEEP DISTURBANCES. 6). ADJUSTMENTS AND ACCEPTANCE. USUALLY IN ABOUT SIX TO TWELVE WEEKS THESE SYMPTOMS BECOME LESS. 7). SUDDENNESS. IT SHOULD BE NOTED THAT DUE TO THE SUDDENNESS AND UNEXPECTED NATURE OF THE LOSS THERE CAN BE ADDITIONAL EMOTIONAL PAIN DUE TO NOT SAYING GOOD-BYE, OR NOT KNOWING THE WHEREABOUTS, NOT BEING ABLE TO DO PROPER BURIAL OR CREMATION OR LAST RITES OR HAVING MULTIPLE LOSSES. 8). THE LOSS OF BELONGING IN A COLLECTIVIST CULTURE IS LIKE A REAL PART OF YOU IS DEAD AND HENCE SO MUCH MORE PAINFUL. THE SUBCULTURE OF THE FISHER FOLK COMMUNITIES HAS ITS OWN AFFINITIES AND SOLIDARITIES AND VULNERABILITIES AND RESILIENCES THAT NEED TO BE RECKONED WITH. 9). ALONG WITH ALL THIS, INDIVIDUAL DIFFERENCES ALSO ARE TO BE NOTED. ADULTS AND CHILDREN CAN REACT DIFFERENTLY. UNRESOLVED GRIEF CAN CONTRIBUTE TO VULNERABILITY MANY ILLNESSES AS RESEARCHES INDICATE.

5. **SUPPORTIVE COUNSELLING INTERVENTIONS**: COMMUNITY LEVEL WORKERS BY VOLUNTEERS CAN BE TRAINED TO GIVE EMOTIONAL SUPPORT THROUGH BRIEF TRAINING. MORE TRAINING WILL BE NEEDED TO DEAL WITH COMPLICATED ISSUES. REFERRAL THEREFORE IS VERY IMPORTANT. AVAILABILITY OF LAY VOLUNTEER COUNSELLORS & PROFESSIONALS THEY CAN TURN TO NEEDS TO BE CONSIDERED ALONG WITH SUITABLE EXPERIENTIAL TRAINING. EVENTS. IN THE VERY EARLY STAGES PRIORITY HAS TO BE FOR PRACTICAL MATERIAL AND PHYSICAL NEEDS. CRISIS COUNSELLING OF VERY SHORT AND INFORMAL MEETINGS MAY BE ALL THAT WILL BE POSSIBLE. THIS IS BECAUSE PEOPLE ARE

TYPICALLY ASKING THEMSELVES QUESTIONS LIKE WHAT IS OR HAS BEEN HAPPENING TO ME? WHAT IS GOING TO BECOME OF ME? WHAT IF I DON'T GET BETTER? AM I SAFE? AFTER THE INITIAL DAYS OTHER CONCERNS WILL COME UP IN PEOPLE'S MINDS AND THEY BEGIN TO WORRY ABOUT MANY THINGS. AT THIS STAGE ADDITIONAL SKILLS WILL BE NEEDED TO PROVIDE SUPPORTIVE COUNSELLING TO HELP PEOPLE IN RETURNING TOWARDS PRE-DISASTER LEVEL OF FUNCTIONING. SOME OF THEM 1). IT IS MOST IMPORTANT FIRST OF ALL TO MAKE CONTACT WITH THE VICTIM AND WIN THEIR CONFIDENCE THROUGH GENUINE, FRIENDLY APPROACH. 2). LISTENING TO THEIR STORY AS THEY RE-LIVE AND RELATE THEIR EMOTIONS AND THOUGHTS AND EXPERIENCES IS BY THE FAR THE MOST IMPORTANT EMOTIONAL SUPPORT THAT CAN BE GIVEN. 3). ASKING QUESTIONS OF FACTS AND FEELINGS WILL HELP THE VICTIMS TO SHARE MORE. 4). EMPATHISING OR REPEATING IN A PARAPHRASED FORM THE CORE CONCERNS THE HELPEE EXPRESSED INCREASES OPENNESS TO SHARE MORE. 5). REASSURANCE OF THOSE MATTERS THAT ARE TRULY CONTROLABLE BY THE HELPEE AND THE HELPER RATHER THAN GIVING FALSE HOPES WILL BE APPRECIATED. 6). APPROPRIATE TOUCH CAN CONVEY CONSIDERABLE EMOTIONAL SUPPORT AND COMFORT, ESPECIALLY WITH PERSONS OF THE SAME SEX AND CHILDREN. CULTURAL SENSITIVITY THROUGH IS VITAL. MORE WOMEN VOLUNTEERS AND WORKERS ARE NEEDED TO WORK WITH WOMEN 7). MAKE PROMISES THAT YOU CAN KEEP WHICH WILL ENHANCE CONFIDENCE. 8). CONVEY THAT THEIR REACTIONS ARE NORMAL TO THE ABNORMAL SITUATION OF THE DISASTER. 9). IF PEOPLE ARE BECOMING DYSFUNCTIONAL OR NOT IMPROVING WITHIN SIX TO EIGHT WEEKS REFER THEM TO DOCTORS AND MENTAL HEALTH SPECIALISTS. 10). EXCESSIVE SLEEPLESSNESS EXCESSIVE ANXIETY OR DEPRESSION CAN BE HELPED WITH MEDICINES FROM

PRESCRIBED BY QUALIFIED DOCTORS. SUICIDAL THREATS & ATTEMPTS ALSO NEED TO BE TAKEN SERIOUSLY & REFERRED. CONSULT PROFESSIONALS WHEN IN DOUBTS. 11). SHOW RESPECT IN CALLING THEM BY NAME AND SPEAKING POLITELY AND KEEPING DISCUSSIONS CONFIDENTIAL EXCEPT TO GET SUPERVISION TO SERVE BETTER OR CONSULTING AND REFERRING. 12). WITH REFERENCE TO CHILDREN BUILD RAPPORT AS WELL AS PRESSURE THEM THAT THEY ARE NOT RESPONSIBLE FOR WHAT HAPPENED AND BE AWARE OF THE POSSIBILITY OF THEIR REGRESSING TO EARLIER STAGES OF FUNCTIONING ALONG WITH BODILY COMPLAINTS, CONDUCT PROBLEMS. IT IS ALSO IMPORTANT TO ARRANGE PROXIMITY TO ELDERS, ENCOURAGING ELDERS TO SPEND MORE TIME BEFORE THEY GO TO SLEEP AND ALSO PROVIDE FOR SOME PLAY ACTIVITIES, WHICH WILL HELP IN FURTHER ASSESSMENT AS WELL AS COPING. 13). GROUP COUNSELLING CAN PROVIDE A FURTHER VALUABLE OPPORTUNITY FOR MANY TO SHARE WHICH CAN BE COMFORTING AND SUPPORTIVE AND YOU CAN REACH MORE PEOPLE. EIGHT TO TWELVE PERSONS WILL BE IDEAL FOR SUCH GROUPS TO MEET FOR AN HOUR OR TWO FOR SIX TO EIGHT WEEKS. 14). SOME OTHER SUPPLEMENTARY METHODS THAT CAN BE USED ARE: BREATHING EXERCISES, PHYSICAL EXERCISES, MEDITATION, YOGA, BHAJANS, STORIES FROM THE SACRED SCRIPTURES OF DIFFERENT RELIGIONS, ACCUPRESSURE BASED METHODS LIKE THOUGHT FIELD THERAPY OR OTHER NON-VERBAL METHODS USED IN INTERNATIONAL DISASTERS CALLED EMDR, REIKI AND MEDICATIONS GIVEN BY DOCTORS. 15). SPECIAL NEEDS OF WOMEN AND CHILDREN, ELDERLY AND THE DISABLED NEED TO BE KEPT IN MIND IN TERMS OF LOCATION, GROUP MIX, NEEDS OF FOOD AND CLOTHING, PRIVACY, SPECIALLY OF TOILET FACILITIES, MOBILITY, AND COMMUNICATION. (IT WILL BE GOOD FOR THE BENEFIT OF THE HEARING IMPAIRED, FOR EXAMPLE, THAT

THE TELEVISION INFORMATION OF THE EMERGENCY CONTACT NUMBERS BE PRESENTED SLOWLY AND REPEATED SLOWLY FOR THE VISUALLY CHALLENGED). 16). ADVOCACY ROLE FOR COMMUNITY WORKERS AND COUNSELLORS WITH REGARD TO: 1). IDENTIFYING AND UTILISING THE GIFTS AND TALENTS OF THE HELPEES. 2). BEING A SOURCE OF AUTHENTIC INFORMATION ON THE NEEDS OF THE SURVIVORS AND CONVEYING ACCURATE INFORMATION TO PREVENT RUMOURS. 3). TO RECOMMEND PREVENTATIVE MEASURES LIKE COASTAL EVACUATION, ROUTES, SIGNS AND PREPAREDNESS OF THE COMMUNITY IN A PROACTIVE WAY BESIDES TECHNOLOGICAL WARNING SYSTEMS AND COMMUNICATION NETWORKS.

6. **COMMON GOALS IN COUNSELLING:** THOUGH DIFFERENT COUNSELLORS STATE THEM DIFFERENTLY, IN PRACTICE IT IS SEEN THAT OFTEN PERSONS IN DISTRESS DO ONE OR MORE FOLLOWING THINGS: NAMELY A). VENTILATION OF FEELINGS B). MAKING OF DECISIONS AFTER CONSIDERING THE CONSEQUENCIES OF DIFFERENT ALTERNATIVES AND C). IMPLEMENTING THE DECISIONS TAKEN FOR THE IMMEDIATE, MEDIUM TERM FOR THE LONG TERM. IN A TRAUMA SITUATION THERE CAN BE DIFFERENT COMBINATIONS AND PERMITATIONS FOR THE THREE ISSUES OF FEELINGS CHOICES AND ACTIONS. WHEN IT COMES TO REHABILITATION COUNSELLING IT IS IMPORTANT TO ASERTAIN THEIR PREVIOUS EXPERIVENCE OF WORK, THEIR ABILITIES INTERSESTS AND REALISTICS OPTIONS. SINCE WORK ITSELF IS THERAPEUTIC, IT IS IMPORTANT TO ENCOURAGE THEIR PARTICIPATION IN DAY TODAY NEEDS IN THE CAMPS OR TEMPORARY SHELTERS, IN BUILDING SHELTERS AND OTHER NEEDS AND POSSIBILITIES. IT WOULD BE CRITICAL TO RECOGNISE AND BUILD ON THEIR STRENGHTS, MOBILISE THEIR RESILIENCY, AS

PARTNERS AND LEADERS OF THEIR RECONSTRUCTION REHABILITATION AND TRANSFORMATIONS. IN THIS CONTEXT AND SPIRIT IT WILL BE APPROPRIATE TO ASSESS AND PROVIDE ASSISTANCE IN TERMS OF INFORMATION ATTITUDE SKILLS RESOURCES AND NETWORKING.

7. **POST-TRAUMATIC STRESS DISORDER (PTSD)DSM-IV CODE 309.81:**

REACTIONS TO A TRAUMATIC EVENT IN, WHICH A PERSON IS INVOLVED OR WITNESSES, CAN RESULT IN MENTAL REPLAY OF THE EVENT AS A GRAMAPHONE RECORD CAN GET STUCK ON A GROOVE AND REPLAY THE SAME LINE. THERE WILL BE ALSO INTRUSIVE THOUGHTS AND AVOIDANCE BEHAVIORS, HYPERVIGILANCE, THAT CAN ADVERSELY AFFECT A PERSONS FUNCTIONING. IF THESE BEHAVIORS PERSIST OVER A MONTH IT IS CALLED ACUTE PTSD WHEREAS IF IT PERSISTS LONGER THAN 6 MONTHS IT IS CALLED CHRONIC PTSD WHICH CAN BE VERY DEBILITATING.WHILE WITH THE TYPE OF MANAGEMENT CONSISTING OF PSYCHOSOCIAL SUPPORT, FAMILY SUPPORT AND MEDICATION MANY RECOVER, SOME MAY DEVELOP CHRONIC PTSD WHICH WILL REQUIRE PROFESSIONAL MANAGEMENT BY MENTAL HEALTH EXPERTS INCLUDING MEDICINE, PSYCHOTHERPY AND SOCIAL SUPPORT. HENCE EARLY PSYCHOSOCIAL INTERVENTIONS ARE IMPORTANT AND MAY PREVENT CHRONIC CONDITIONS. OTHER FACTORS THAT CAN CONTRIBUTE TO DEVELOPMENT OF CHRONIC PTSD COULD INCLUDE, GENETIC FACTORS, PREVIOUS TRAUMAS THAT MAY SURFACE AT THE TRIGGER OF THE PRESENT TRAUMA, PERSONALITY FACTORS, COGNITIVE FOCUS . FULLER DESPCRIPTION OF PTSD IS AVAILABLE IN DSM-IV WHICH IS FAMILIAR TO PROFESSIONAL MENTAL HEALTH WORKERS. WITH LESS THAN 4000 MENTAL HELTH PROFESSIONALS IN THE COUNTRY FOR OVER A BILLION POPULATION, WE NEED TO FOLLOW A COMMUNITY BASED

MODEL OF UTILIZING MANY LEVELS OF CAREGIVERS WITH CLEAR FOCUS, TRAINING, AND ENCOURAGEMENT. THEY SHOULD ALSO FUNCTION WITHIN THEIR LIMITATIONS AND CONCERN FOR THE HUMAN RIGHTS OF THE HELPEES AND REFER TO PROFESSIONALS AS APPROPRIATE. HOWEVER ON THE FIELD IN INTERACTING WITH VICTIMS SURVIVORS IT IS BEST TO AVOID TECHNICAL PSYCHOLOGICAL JARGON AND USE SIMPLE LANGUAGE. IN 1993 PIES, SUMMERISED PTSD'S KEY FEATURES AS UNDER:

- T - TRAUMA OR ACTUAL HARM OUTSIDE NORMAL RANGE
- R - RECURRENT DISTURBING DREAMS AND RECOLLECTIONS
- A - AVOIDANCE OF TROUBLING MEMORIES, AMNESIA FOR KEY EVENTS OF TRAUMA
- U - UNWANTED IMAGES, "FLASHBACKS."
- M - MARKEDLY DIMINISHED INTEREST
- A - AUTONOMIC OVERACTIVITY, ANGER OUTBURSTS

8. **CARE OF THE HELPERS:** THERE IS SUCH A THING CALLED COMPASSION FATIGUE. CAREGIVERS CAN GET EXHAUSTED AND BURNT-OUT AND TRAUMATISE THEMSELVES. THEREFORE IT IS IMPORTANT TO TAKE BREAKS, REST, SHARE YOUR EXPERIENCES AND EMOTIONAL REACTIONS REGULARLY EVEN DAILY AND DISCREETLY WITH YOUR TEAMS AND SUPERVISORS. LEARNING BY EXPERIENCES OF COURAGE AND RESILIENCE OF THE PEOPLE WE ARE HELPING AND WITH CONTINUED TRAINING WILL BE VITAL FOR SUSTAINABILITY. IN MYSTERIOUS WAYS THE ALMIGHTY WILL GIVE THE VICTIMS AND CARE GIVERS ALIKE THE GRACE TO RECEIVE AND THE GRACE TO GIVE AND TURN THIS GRAVE DISASTER FROM BEING A DANGER TO AN OPPORTUNITY FOR TRANSFORMING THE QUALITY OF LIFE OF ALL THE AFFECTED PERSONS.

9. SOME REFERENCES:

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