

international federation of red cross and red crescent societies

chernobyl humanitarian assistance and rehabilitation program

Psychosocial service (PSs)

plan of action

1. Title and Purpose of Project

The project aims at psychosocial rehabilitation of vulnerable people affected by the Chernobyl catastrophe through restoring the community's self confidence. As the result psychological condition will be improved by means of psychosocial service through cooperation between media, oblast executive authorities and Red Cross. The affected people will be less concentrated on their condition but more active in care after themselves and overcoming the consequences of the catastrophe. The overall objective is to decrease fear/stress and social tension in the affected communities.

The psychosocial service delivery, being based in CHARP, is also to be spread to other ONS's programmes (VNP, Disaster Preparedness, First Aid etc.)

2. Summary

The psychosocial effects of the Chernobyl catastrophe caused diminishing the quality of life and well being of the affected people. As a result of the disaster lives of hundreds thousand people have been disrupted. Almost fourteen years after the Chernobyl disaster people are still touched by its consequences including stress, anxiety and related diseases in the affected communities. These aftermath cause psychological suffering and many psychosomatic responses in the affected people.

To feel less anxiety and to be able to cope with stress the affected population needs authentic information on the effects that radiation produces to people's health. The affected people should be also provided with psychological support and trained on methods coping with stress. It can be reached within psychosocial service (PSS), carried out in Belarus, Ukraine, and Russia through personnel organized by the National Red Cross societies and trained through international assistance.

Implementation of the project requires 225 NS RC staff and volunteers to be involved. The Red Cross visiting nurses (VN) and mobile diagnostic laboratory (MDL) teams, nurses of medico-social centres and chairpersons of City and District RC Committees are the main messengers of the program. At local sites volunteers, trained on psychological support, will be involved to bring the program into communities.

The target groups of the psychosocial service are vulnerable inhabitants of highly contaminated areas, liquidators, Chernobyl migrants, people suffering with pathologies of the thyroid gland. The target population includes in total about 200,000 people. Nearly 10,000 affected people will be provided with psychological support by RC staff and volunteers.

An estimated budget for the implementation of the project, which finally should cover three countries in 2000-2001 is **USD 94,290**.

3. Background

3.1. Disaster and its psychosocial consequences

The explosion of the forth reactor at Chernobyl Nuclear Power Plant (CNPP) in Ukraine in April 1986 produced the world's worst nuclear accident contaminating huge areas in Belarus, Ukraine and Russian Federation.

More than four millions citizens of the former USSR have been affected by the consequences of the Chernobyl catastrophe. At the moment of the accident those people found themselves on the territory which has been exposed to the nuclear fallout. They have been shocked and traumatized by the variety of stressful events following the disaster. Many of them are still living in the zone contaminated with radio nuclides on the territories with a high radiation level. About 400,000 people have been relocated.

Besides, the breakdown of the former Soviet Union caused deterioration of life standards and subsequent drastic reduction in health and social welfare programs. Because of the scarcity of resources interventions have been confined to the provision of basic medical care and rehabilitation neglecting psychological needs and related intervention.

Thus, three main facts related to the Chernobyl catastrophe and the collapse of the USSR were the causes of psychosocial problems in population:

1. Perceived threat of radioactive contamination to health
2. Forced displacement or relocation from highly contaminated zones
3. Decreased communities' capacities.

Increased psychosomatic responses is characteristic for 74 per cent of the affected population of Belarus (1,2). That means complaints of patients on high blood pressure, fatigue, aches, lack of concentration on the reason of stress and anxiety. Persons affected by radiation are characterized by the lowering of the psychic adaptation level, caused by lack of self-confidence, unstable self-esteem, and pessimistic estimation of their future. 62,6 per cent of the examined people have the feelings of lost private safety and unbelief in future that by itself testifies to the deepest psychological trauma (2).

Ukrainian researches have shown high levels of anxiety in 89 per cent of the affected population (3). This anxiety is long lasting. There is no a tendency to decreasing

anxiety since the disaster within the population. The disaster and the consequences arouse feelings of incertitude and keep in stress for more than 20 per cent evacuated adolescents. From 57 to 76 per cent of people affected by the Chernobyl accident reported typical psychosomatic responses on headaches, heartaches, irritability, fatigue, crisis. At the same time behavioral changes like aggression, apathy, drinking etc. were brought out.

The results of studies indicated that people in the contaminated regions reported more psychological distress, poorer health related quality of life and higher medical consumption.

The affected people cannot cope with their feelings and psychological reactions without an external support. Neither the communities nor individuals had experience or skills to survive under pressure of the permanent threat of radioactivity and stress. In principal, mainly people could manage with crisis events but they should have a clear information on the situation. However, the most vulnerable ones like school age children, lonely elderly people, invalids need for the external support to cope with the prolonged psychological stress and other consequences of the catastrophe. Poor personal psychological resources in individuals and insufficient capacity of communities to provide the affected people with psychological support generate human suffering in varieties of the fixation on unpleasant traumatizing feelings (depression, hopelessness, fears, anxiety, lack of self confidence, helplessness), the depreciation of needs (social and psychological apathy), mistrust in communities, disregard /overestimate of health problems, neglect to radiation and other risk behavior.

Thus, the basic problem to be resolved is incompetence of the vulnerable population to meet the post accident conditions and to cope with psychological suffering in default of external psychosocial support. The causes of this incompetence generated by the particularities of the catastrophe and social-economical crisis connected with the breakdown of USSR.

Therefore the purpose is to restore capacity of the affected populations for overcoming the psychosocial consequences of the disaster. Lack of information, insufficient knowledge and skills, psychological suffering as well as mistrust in communities are the main factors to be managed to rise communities' self-confidence and capacity to cope with the consequences of the disaster.

The affected people should be also provided with relevant information, psychological support and trained on methods coping with stress.

3.2. Red Cross Action

Traditionally, psychosocial support was not very developed in the former USSR. Local social service and health professionals have very poor knowledge and practical skills in psychological assistance.

Starting shortly after the Chernobyl accident and by now the Red Cross has been assisting the affected population to alleviate suffering. For this purpose the Federation in 1990 launched the Red Cross Chernobyl Humanitarian Assistance and

Rehabilitation Program (CHARP). The operational core of the update CHARP is presented by six mobile diagnostic laboratories, which are working in remote areas of Belarus, Ukraine and Russia, affected by the Chernobyl disaster. The program also renders psycho-social assistance, supplies multivitamins, some drugs to the victims of Chernobyl.

One of the important parts of CHARP is the psychosocial service (PSS), initiated in Belarus in 1997 as a pilot project. The project aimed at providing the population in contaminated territories with psycho-social support tools to overcome stress and anxiety related to the radiation. It helps people to understand where the menace comes from, giving a ground for thoughtful steps based on awareness and understanding instead of fears and concerns, determined by controversial and scanty information. Generally, this is done by means of psychosocial support tools, used at a community level by the grass-root Red Cross workers and volunteers with appropriate background. Besides, the trained Red Cross staff disseminates the knowledge among those who can act as 'messengers', such as doctors, school teachers, social workers. The social welfare workers as well as the emergency service staff meet with the population daily. Being informed on the consequences of the Chernobyl disaster and trained on basic human support skills they provide their clients with relevant information and psychosocial support.

So, the first practical goal of the PSS was the creation of a core of "Trainers" who would later on share their knowledge with the Red Cross visiting nurses and the MDL teams working with the affected communities. For this purpose a Train of Trainers (ToT) workshop on psychosocial support has been held. The first ToT workshop was run in Gomel in 1997.

The activities of the psychosocial pilot project, carried out in 1997-99 in Belarus, set up primary but functional structures for rendering psychological support to the affected population as well as for its further development. During this period of time according to CHARP's statistics the Red Cross workers and volunteers, trained for psychosocial support helping techniques, have assisted about 15 thousand people, living in contaminated areas of Belarus and people resettled.

The psychological support was provided by RC local staff and volunteers at medico-social centers, sites where the MDLs were placed, and people's homes. It was aimed to restore inner resources of a person and to rehabilitate his or her ability to control his/her life. During meetings RC staff and volunteers through active listening and emotional support encouraged clients to express their emotions, share thoughts, and make decisions. This support was given first of all to people with severe emotional disturbances caused by a crisis situation (heavy diseases, for instance). Some groups of recipients were trained on stress management. Some of the target people have got information related to radiation and health effects. Psychological support drove affected people to lower level of stress and radiation related anxiety.

In November 1998 the PSS was extended to Ukraine with a workshop in Zhitomir. At that first wave workshop 16 Ukrainian RC staff from regions, affected by the Chernobyl disaster, were trained on psychosocial support.

In November 1999, the ToT workshop was held in Bryansk, Russian Federation, meaning that the CHARP/PSS was started in this country as well.

3.3. Other partners

UN's Chernobyl Program ("UNESCO-Chernobyl" Project * 64) has set up ten community centers in three affected countries. The centers provide activities designed to encourage real self-reliance, solidarity, and community based collective action as means of building a healthy social environment.

In October 1998, OCHA had agreed with EMERCOM of Belarus the creation of a new social-psychological rehabilitation center for children affected by the consequences of the accident in Zhdanovichi (Minsk suburb).

Two new social-psychological centers for children in Ukraine (at Korosten and Boyarka) will be financed.

Foundation "Helpt Slachtoffers van Chernobyl Helpen" (The Netherlands) trained more than 100 local workers and RC staff on stress management in Belarus. Trained at the workshops professionals and volunteers reported personal release of stress and verified benefits of the training for the affected population.

NSs should initiate discussions with all relevant ministries and media to start coordinated programmes for rehabilitation in all three countries.

4. Objectives

Psychosocial Service will be implemented within Chernobyl Humanitarian Assistance and Rehabilitation Program (CHARP) as well as other NS' programs.

The objectives of the project are:

- 4.1. To ensure capacity of RC NS in the field of psychosocial activities. To train RC staff and volunteers on psychological support and follow up the training.
- 4.2. To organize psychological service in the affected communities.
- 4.3. To train affected people on self-help techniques in stress management.
- 4.4. To distribute basic reliable and clear information on consequences of the Chernobyl catastrophe.
- 4.5. To organize regular supervision and guidance on PSS.
- 4.6. To spread PSS to others ONS's programmes.

The priority target groups are inhabitants of the remote highly contaminated areas particularly children and adolescents suffering with pathologies induced by radiation, lonely elderly as well as unemployed people.

5. Activities

To achieve the above mentioned objectives the activities as below will be held in 2000-2001.

General strategy of the project implementation contains three main stages:

- 1) Preparation of NS to provide the affected communities with psychosocial support.
- 2) Providing the affected population with psychosocial service.
- 3) Spreading PSS to others ONS's programmes.

The first step at the first stage is creation of the core of the trainers / instructors, who

would then train their RC co-workers and volunteers on how to respond to psychological needs of the affected population.

The second step of the first stage is spreading the psychological support tools among numerous Red Cross staff, nurses and community social workers who could use the tools in their daily activities. This is to be implemented via one-day workshops (the second wave training). It is expected that both RC branches' staff and volunteers will be able to provide an adequate support to their target population, i.e. people attending the activities of the NS, themselves and their families.

The following steps include follow up training and developing psychological support service at RC centers, MDLs. The follow up training for the trainers and other helpers will be organized through follow up workshops, dissemination training materials, supervision, self-help groups. The capacity of the regional NS branches on psychosocial service will be strengthened through providing RC staff and MDLs with training equipment and materials.

The second stage of the program implementation is organizing psychosocial service for the target people. At this stage the trained staff and volunteers will meet the affected people in RC medico-social centers, in ambulatory centers in communities, visiting people at their home. Helpers will distribute information through lectures, discussions, leaflets, train people on stress management at workshops, and provide the affected population with psychological support through simple methods like presence, conversation, including active listening.

The stages overlap. The first stage does not finish with the start of the second one. On the reason of complexity and mobility of psychological condition and needs of the affected people the trained helpers should be trained on new psychological subjects. Supervision should be organized as the method of training and evaluation. On the other side, some activities on providing communities with information as a mean of psychosocial support can be launched at the first stage.

The program has different stages of development depending on a country. It is the reason why the Plan of action has particularities concerning each country.

Belarus

The core of trainers has been created in Belarus. Having prepared the core of trainers at the ToT workshop in 1997 and at follow up workshops in 1998-1999, we have to continue their training at follow up workshops, supervision and self-help groups.

Supervision will be provided by the PSS coordinator and a counterpart with attending training and support activities (workshops, self-help groups, meetings with population).

The trained RC workers will be provided with training and teaching materials on stress and psychological support starting with August 2000.

From their side the trainers will hold six one-day workshops (the second wave training) for rc staff and volunteers in Gomel, Brest, Mogilev and Minsk regions

starting with 2000.

On the second stage, which has already been started in Belarus, it is expected that about 1,500 affected people will be provided with psychological support in 2000, and nearly 6,000 persons will gain support annually beginning with 2001. RC trainers and volunteers will run stress management workshops and lectures at the affected communities for 250 people annually.

Discussions within the affected communities on the subjects of the consequences of the Chernobyl disaster, training will be organized on sites where MDLs work for 3,000 people annually beginning with 2001. About 4,500 copies of leaflets on the health, psychological and social effects of the Chernobyl disaster aimed to help people to avoid contamination will be disseminated. Lectures for 1,000 local inhabitants annually will be organized in the affected communities. At least 5 appearances on matched subjects will be run annually.

To spread in 2000-2001, PSS to First Aid and VNS programmes

Ukraine

The program has been launched in some different way in Ukraine. The trainers were trained at the first ToT workshop with a reduced program. Creation of the core of trainers has not finished yet. The training will be continued.

Two RC self-help groups will be organized in Zhitomir and Rivno in 2001. Supervision will be provided by the PSS coordinator and counterparts with attending training and support activities (workshops, self-help groups, meetings with population).

The RC trainers will hold 12 one-day workshops for rc staff and volunteers by the end 2000.

Regional RC contact to local authorities, social welfare professionals and inform communities on the RC PSS proposals within the affected populations.

The second stage of the program has been already started in Ukraine but with less dimension than in Belarus.

It is expected that about 750 affected people will be provided with psychological support in 2000, and nearly 4,500 persons will gain support annually beginning with 2001.

RC trainers and volunteers will run stress management workshops and lectures at the affected communities for 150 people annually starting with 2001. Discussions within the affected communities on the subjects of the consequences of the Chernobyl disaster, training will be organized on sites where MDLs work for 1,500 people annually beginning with 2001.

About 1,500 copies of leaflets on the health, psychological and social effects of the Chernobyl disaster aimed to help people to avoid contamination will be disseminated. Lectures for 350 local inhabitants annually will be organized in the affected communities. At least 3 appearances on matched subjects will be run annually.

To spread in 2000-2001, PSS to VNS, Disaster Preparedness and TB/HIV/AIDS programmes

Russia

The PSS has been started with a five-day Training of Trainers workshop in November 1999. Local RC staff, members of Bryansk MDL team and volunteers were trained.

A RC's self-help group will be organized in Bryansk by July 2001. Supervision will be provided by the Minsk Delegation through PSS coordinator and a counterpart. They have to attend training activities, self-help groups, meetings with population. Training of the RC staff (nurses, MDL teams) will be run by the trained RC instructors. Trained at the TOT workshop instructors will hold 3 one-day workshops for 45 RC staff and volunteers who deal with the affected populations in 2000.

The second stage of the program implementation will start in Russia in 2000. It is expected that about 1,000 affected people will be provided with psychological support in 2000. About 1,500 people will be supported annually beginning with 2001.

Nearly 100 people will be trained on stress management workshops and lectures at the affected communities annually. Discussions and training on the subjects of the consequences of the Chernobyl disaster will be organized for 500 people within the affected communities on sites where MDL works annually beginning with 2001.

About 750 copies of pamphlets on the health, psychological and social effects of the Chernobyl disaster aimed to help people to avoid contamination will be disseminated. Lectures for 150 local inhabitants annually will be organized in the affected communities. At least 3 appearances on matched subjects will be run annually.

More detailed information is indicated in the attached Time table.

6. Expected results

The expected results of the project are specified as below:

6.1. Nearly 225 RC staff and volunteers will be able to provide affected populations with psychological support. So capacity of NS to cope with disasters' consequences will be improved in seven regions of the three countries.

6.2. The affected people will gain psychological support. Annually about 10,000 affected people will have possibility to get psychological support at the RC centers, in communities, including remote contaminated zones.

6.3. The affected people will be able to use stress management skills to control stress reactions. Starting with 2001, about 500 affected people annually will be trained on workshops and about 5,000 those will be trained through lectures, discussions.

6.4. Basic reliable and clear information on consequences of the Chernobyl catastrophe will be distributed. 6,000 people annually will be informed on the cases of the situation they are confronted to and on adequate methods of coping with crisis through leaflets, lectures, articles, speeches.

6.5. Local professionals will be trained on novel knowledge and skills in psychosocial support. The knowledge will be spread among pedagogical, medical, social and emergency service staff. This secures the perspective in development and sustainability of the program in the community.

6.6. Focal points of PSS will be created at the ONS.

7. Monitoring and evaluation

7.1. Key indicators of implementation of the project at various stages will be:

- number of NS RC staff and volunteers trained on psychological support
- technical conditions/capacity of NS RC staff and volunteers to provide population with psychological support
- number of the affected people, provided with psychological support
- amount of information materials distributed among the affected population
- number of staff and volunteers' self-help groups organized
- number of the affected people trained on stress management
- number of people informed on adequate methods of coping with consequences of disasters and crisis

7.2. Monitoring will be carried out by PSS Coordinator within IFRC Minsk Delegation. Relevant information will be collected from NS reports, surveys and interviews of beneficiaries, local authorities, involved RC staff and volunteers. PSS Coordinator will prepare quarterly reports for the ICCC members.

7.3. External evaluation will be made by IFRC experts in Geneva as well as of the Federation Reference Center for psychological support in Copenhagen. An interim evaluation will be run by December 2000 and the final one by December 2001 in Belarus, Ukraine and Russia.

8. Implementation Arrangements

As a part of the CHARP the PSS programme is supervised and coordinated by the Chernobyl Coordination Committee (ICCC), composed of the Presidents of the three Operating Red Cross National Societies (ONS/Belarus, Ukraine and Russia) and the Head of the Federation's Delegation in Minsk.

The day to day management of the programme is carried out by CHARP / PSS Coordinator. At the NS level - by counterparts, and at the oblast level - by the Chairpersons of Oblast Red Cross Committees. A full time professional (psychology) counterpart per country should be appointed and retained to run PSS in CHARP and other ONS's programmes.

In the PSS the MDL staff, visiting nurses, nurses of medico-social centres and chairpersons of City and District RC Committees are the basic messengers.

The other messengers are the RC activists trained at the PSS workshops mostly from pedagogical and medical institutions. Some of them represent social welfare service and emergency staff.

9. Budget

The costs of the resources for the project implementation, including technical assistance for three affected countries are as below.

	2000	2001	2000-2001
Belarus	15,040	34,920	49,960
Ukraine	9,870	21,450	31,320
ruusia	5,080	7,930	13,010
Total USD	29,990	64,300	94,290
Total CHF	44,985	96,450	141,435

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time table

activities	2000				2001			
	1	2	3	4	1	2	3	4
1.1 Create a core of RC trainers/instructors: Belarus								
Ukraine		x						
Russia				x				
1.2 Train RC workers and volunteers: Belarus	x	x	x	x				
Ukraine	x	x	x	x	x	x		
Russia	x	x	x	x	x	x	x	x
1.3 Ensure technical and psychological condition for the trained RC instructors	x	x	x	x	x	x	x	x
1.3.1 Provide the RC instructors with follow up training and supervision	x	x	x	x	x	x	x	x
1.3.2 Organize and support RC staff and volunteers' self-help groups					x	x	x	x
1.3.3 Develop guidelines on PSS for RC staff and volunteers			x		x		x	
2.1 Organize psychological service	x	x	x	x	x	x	x	x
2.2 Provide the affected populations with psychological support: Belarus	x	x	x	x	x	x	x	x
Ukraine	x	x	x	x	x	x	x	x
Russia			x	x	x	x	x	x
3.1 Train the affected people on stress management in communities			x	x	x	x	x	x
3.2 Train the affected people on causes and consequences of critical events			x	x	x	x	x	x
4.1 Draft and disseminate pamphlets on the health, psychological and social effects of the Chernobyl disaster aimed to help people to prevent affect of contamination			x		x		x	
4.2 Lectures, articles, speeches, interview on the consequences of the Chernobyl disaster and RC movement: Belarus	x	x	x	x	x	x	x	x
Ukraine	x	x	x	x	x	x	x	x
Russia			x	x	x	x	x	x
5. Reporting	x	x	x	x	x	x	x	x
6. External evaluation				x				x

budget

Belarus	2000	2001
leaflets for the affected population on subject of stress and radiation	500	2,500
2 self-help groups and professional supervision for RC workers	-	960
develop training materials and equip the trained workers	500	3,500
6 one day workshops for RC staff and volunteers	300	900
9 stress management workshops for the affected people	450	1,350
textbooks on: psychological first aid; mental health nursing; coping with catastrophe	-	3,400
salary for PSS coordinator, counterpart (psychologist)	7,500	7,500
nutritional support for RC staff visiting removed contaminated villages	750	1,250
per diem and accommodation	1,500	4,600
evaluation	500	1,500
travel, fuel, parking	1,840	3,960
administrative	1,200	3,500
Total USD	15,040	34,920

Ukraine	2000	2001
2 RC self-help groups and professional supervision	400	500
inform population through leaflet, mass media	500	500
12 one day workshops for RC staff and volunteers	1,200	-
train 14 instructors on stress management	-	6,000
stress management workshops for the affected people	-	1,350
extend the project into the communities to train 30 community members	300	600
develop training materials and equip the trained workers with a manual on psychological first aid	800	3,400
print pamphlets on effects of radiation	700	700
salary for PSS counterpart (psychologist)	2,500	2,500
financial support for the trainers	820	900
per diem and accommodation	900	2,000
travel, fuel, parking	900	1,500
secretariat	350	500
administrative	500	1,000
Total USD	9,870	21,450

russia	2000	2001
one-day workshops for RC staff and volunteers	500	1,200
develop training materials and equip the trained staff and volunteers	-	1,100
follow-up workshops to the trained trainers	3,000	-
stress management workshops for the affected people	-	1,200
1 RC self-help group	-	350
salary for PSS counterpart (psychologist)	-	2,500
per diem and accommodation	600	600
travel, fuel, parking	300	300
secretariat	200	200
administrative	480	480
Total USD	5,080	7,930

	2000	2001	2000-2001
Belarus	15,040	34,920	49,960
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basic definitions

- * Anxiety - Diffuse feeling of apprehension and dread of being threatened or alienated. The threat may be real or perceived.
- * Apathy - Blunting of affect; an absence of feeling from a psychological point of view.
- * Beneficiarence - Right to health care that maximizes benefits to the client while minimizing harm and suffering. Benefits and harm are calculated in physiological, social, cultural, emotional, financial, and spiritual terms.
- * Coping - Represents efforts to deal with excessive stress and its correlates.
- * Crisis - Situation that cannot be readily resolved by an individual's normal repertoire of coping strategies. A crisis is precipitated by an actual or perceived threat to self-esteem or physical integrity.
- * Crisis intervention - Provision of immediate treatment for individuals undergoing acute psychological distress.
- * Denial - Unconsciously motivated behavior that manifests itself as evasion or negation of objective reality.
- * Educational therapy - Educational and vocational training programs designed to develop self-esteem, group identification, and school and occupational adjustment.
- * Emotional support - Activities and remarks from others which make the person feel better when he is under pressure ("a pat on the shoulder").
- * Empathy - Ability to understand and share the emotions and thoughts of another person without losing one's objectivity.
- * Maladaptive coping - Maladaptive coping behavior includes alcohol and drug "self-medication", anger, violence, and social withdrawal. Their long term effects of maladaptive coping will be to create problems above and beyond just stress alone.
- * Primary prevention - Health promotion with individuals, families, groups, and communities through the identification and alleviation of stress-producing factors.
- * Psychological support - Psychological support includes: direct interventions through conversations and discussions run by trained helpers; and indirect actions like education through providing with training and information.
- * Psychosomatic diseases - terms used to describe stress-related diseases where target organ tissue injury, pathology or destruction is present.
- * Rehabilitation - Providing services and facilities which will restore to communities, families and individuals their former living standards. R should be carried out in two-pronged programme covering both the victims of the disaster and the public services.
- * Stress - A response characterized by physical and psychological arousal arising from a direct result of an exposure to any demand or pressure on a living organism.
- * Stress management - Series of techniques utilized by individuals to identify stressors and to implement strategies to reduce or alleviate potential and/or actual stressors. Such strategies include: progressive relaxation, guided imagery, biofeedback and active problem solving.
- * Stressor - Environmental event which either cause or set the stage for the stress response. Psychosocial stressors are environmental events that set the stage for initiation of the stress response. It is one's appraisal or interpretation of these events as meaningful and potentially challenging, threatening, or otherwise aversive,

which create the stress response.

- * Supervision - A tool to ensure support the helper. Supervision helps the helper solve whatever dilemma might have occurred in a difficult situation.

- * Support - The creation of a safe and quiet environment. An accepting attitude and a genuine interest in the fate of the victim are indispensable to the support worker.

- * Trauma - A trauma is any event which attacks the psyche and breaks through the defense system with the potential to significantly disrupt one's life, perhaps resulting in a personality change or physical illness if it is not managed quickly and/or effectively.