



Report 2013-2015

of the

Standing Committee on Crisis and Disaster Psychology

**To the EFPA General Assembly in Milano on
July 11-12, 2015**

Report 2013-2015
Magda W.Rooze MA/MBA, convenor

Executive summary

Adequate psychosocial intervention following disasters can reduce ill health and foster resilience if handled appropriately. The Standing Committee on disaster, crisis and trauma psychologists wants the citizens of Europe to have access to comparable psychosocial services regardless of where they live. By a more systematic focus on psychosocial support within each member State's emergency planning, by proper training of volunteers and professionals, and by describing a minimum level of care for those who experience disasters, this aim can be reached.

To join forces the SC thinks it is of great importance that the European countries learn from each other's experiences and expertise. This sharing of lessons learned and knowledge is the heart of the work of the SC.

The Standing Committee has 26 members, including a member from EFPSA and an EC Liaison. That means that the work of the Standing Committee reflects the experiences and work in 26 European countries, which in turn affects the status and work of disaster and crisis psychology in these countries.

Introduction

This report covers the activities of the Standing Committee of Crisis and Disaster Psychology, performed during the period July 2013 – June 2015.

The Standing Committee meets twice a year and plans these meetings in the different European Member States. In this way it is possible to learn from the different National Associations in a more direct and physical way, to meet colleagues in the different countries and to give the opportunity to low resources countries to participate. It can stimulate non-member countries to host a meeting and get familiar with the work of the Standing Committee. It opened the way for the Hungarian Psychological Association to become a member after meeting in Budapest.

The SC offers on a regular basis to organize a symposium together with the National Association of the hosting country where the expert members of the SC give presentations on their experience with national and international crises and disasters. This sharing of experiences and exchange of expertise among experts and professional psychologists is a very stimulating way to reinforce psychologists in the different European Member States in their practical work and the development of uniform and standardized protocols in crisis and disaster work.

The SC aims at establishing special sections on crisis, disaster and trauma work within the different National Associations. In 2014 The British Psychological Association (BPS) set up a trauma section with Professor William Yule as their first chairman.

The SC is developing a Psychosocial Review and Learning Team c.q. a Consultation team. Because of the unique position and expertise of the members of the SC we are looking for ways to make this expertise more operational and available for psychologists working in crises and disasters. A truly operational team is not feasible because of lack of budget. An

alternative way would be to offer the possibility of consultations. The SC committee is developing a procedure to offer this in a standardized and structured way.

In a second period a Guided training of psychologists in disaster, crisis and trauma psychology will be offered for the Eastern European countries if the project proposal will be accepted by the European and Mediterranean Major Hazards Agreement (EUR-OPA)

The SC uses a standard procedure during the meetings to report on crisis and disasters in the different European countries, discussing experiences of the psychosocial support offered by psychologists and the different services in place, identifying dilemma's and gaps and taking notice of lessons learned. A capita selecta of these lessons learned can be found in this annual report. The SC will collect these lessons learned in a next to publish document.

The Model Code of Ethics of the Board of Ethics has been discussed in the SC which resulted in a document specific on ethical issues for psychologists working in crisis and disasters, presented to the Board of Ethics.

The website of the SC as part of the EFPA website is been updated on a regular basis, and the aim is to design a stronger profile of the website of the Standing Committee on Crisis and Disaster Psychology.

Standardization in the context of improving the quality of psychosocial support after crisis and disasters is an important goal of the SC. In this context the SC will look at the possibilities of developing a Special Cortication within EuroPsy. This will be a process of several years; the SC has taken the first steps in this process. In this same context the SC produced 'Guidelines for victims to collaborate with media just after a traumatic event' and will revise the 'Statement on the Role of Psychologists in Pan European and International Emergencies'.

The SC has taken good notice of the important work of the program of "Including Societies" of the Council of Europe and the European and Mediterranean Major Hazards Agreement (EUR-OPA). The specific expertise of the organizations, experts and networks working with people with disabilities is of great importance to include in the mainstream work of psychologists working in crises and disasters. The literature on this topic is being studied as well as case examples and best practices. The SC will continue to work on integration of both fields.

Activities

1. Meetings of the Standing Committee Crisis and Disaster Psychology

1.1. Copenhagen 1-2 November 2013

- News from the European Member States and lessons learned
- Preparation of the 13th European Congress on Psychology Stockholm Sweden 9-12

July 2013 with a meeting of the SC and a symposium

'The Nature of the Disaster - The Nature of the Psychological Trauma

- Discussion on the Specialist Certificate Crisis and Disaster Psychologists in the context of EuroPsy
- Discussion on the Model Code of Ethic of EFPA
- Update on European projects
- Presentation of the results of the workshop 'Including People with Disabilities in Disaster Preparedness and Response 22-23 October 2013 Paris, organized by the Council of Europe and European and Mediterrean Major Hazards Agreement (EUR-OPA) ,where Eva Muenker-Kramer and Magda Rooze presented on psychosocial interventions on behalf of the SC Crisis and Disaster Psychologists.

1.2. Prague Czech Republic 21-22 March 2014

- News from the European Member States and lessons learned
- 3 new members joined the SC, the representatives of Czech Republic (change of representative) , Portugal and Russia
- Discussion on the Recommendations and the Terms of Reference of the executive council of EFPA
- Discussion on work plan 2014
- Plans for the 14th European Congress on Psychology Milan 7-10 July 2015
- Update on European projects
- Task of the SC on 'Including People with Disabilities in Disaster Preparedness and Response

1.3. Budapest Hungary 23-24 October 2014

- News from the European Member States and lessons learned
- Information on the results of the EFPA Convenor meeting 27 June 2014 in Brussels
- Work plan 2013-2015
- Plans for the 14th European Congress on Psychology 7-10 July 2015 Milan
- Specialist Certificate Crisis and Disaster Psychologists, discussion on the procedural issues
- Model Code of Ethics
- Update on European projects
- Position paper, literature review and case vignettes on 'Including People with disabilities'
- Preparing for a lessons learned document
- Setting up a Review and Learning Team
- After the Budapest meeting the representative of Hungary joined as a member of the Standing Committee, which was experienced as an important landmark, both for the Hungarian Psychological Association as well as the SC

1.4. Lisbon 20-21 March 2015

- News from the European Member States

- Europsy, Minutes of the General Assembly 28 November 2014, commentary on the Statement on the Role of Psychologists in Pan European and International Emergencies
- Commentary of the EC on the work plan 2013-2015
- Invited symposium SC Crisis and Disaster Psychology , ECP 7-10 July 2015 'Ethical aspects of psychosocial support in crisis and disasters, lessons learned from the European countries'
- Report on the Annual (S)NAC meeting 6 March 2015 Brussels
- Presentation of the working group on the Specialist Certificate
- Update on European projects
- Consultation of the SC on 'The Comprehensive Guideline on Psychosocial Support in the context of disasters' EU project OPSIC
- Update on Ebola Crisis
- Integral document on 'Including People with Disabilities in Disaster Preparedness and Response'
- Lessons Learned format
- Setting up a consultation team

2. **Symposia – Sharing Knowledge**

2.1. Prague 21 March 2014, hosted by the Ministry of Interior of the Czech Republic, Union of Psychologists Associations of the Czech Republic, Charles University and the Standing Committee on Crisis and Disaster Psychology EFPA
'High risk populations in disaster and community resilience'

Stephan Vymetal, PhD.

Psychology section, Security threats and Crisis Management Unit, Security Policy Dpt., Ministry of Interior, Prague, The Czech Republic

Psychology in Disaster Victim Identification

Simona Hoskovcova PhD.

Charles University

Visual and hearing impaired people in disasters – report on the EU project EUNAD

Professor William Yule PhD.

Institute of Psychiatry, London United Kingdom

Children and PTSD

Ingeborg Porcar Becker MA

Directora Unitat de Trauma, Crisis I Conflictes (UTCCB) Barcelona Spain

2 Case studies on PTSD in children in low impact critical events

Eva Munker-Kramer MA

Clinical psychologist/Psychotherapist Krems/Donau Austria

Jana Malikova MA

Crisis and Disaster Psychologist

How to build up knowledge and skills in Disaster and Crisis Psychology – a Council of Europe Funded project

Dominique Szepielak MA
French Federation of Psychology and of Psychologists/French Navy, Paris France
Radicalisation and the role of the victims, the situation in France

Magda Rooze MA
Senior advisor/expert EU Affairs Arq Psychotrauma Expert Group, Amsterdam, The Netherlands
TERRA Terrorism and Radicalisation – The staircase to terrorism

Professor Nuray Karanci PhD.
Middle East Technical University Ankara Turkey
Role and facilitation of community resilience in disasters

2.2. Budapest 24 October 2014, hosted by Hungarian Psychological Association (HPA), Eötvös Loránd University (ELTE) and the Standing Committee on Crisis and Disaster Psychology EFPA

‘Continuity of psychosocial care between impact, short and long term’

Ágota Lénárt, Hungarian Psychological Association President of Disaster Psychology Section, Head of Department of Psychology University of Physical Education and Sport Sciences Budapest Hungary

Annamária V. Komlósi PhD, Hungarian Psychological Association Co-President of Disaster Psychology Section, Hon. prof. Eötvös Loránd University PPK Budapest
The organisational framework between impact, short and long term psychosocial interventions in Hungary

Marc Stein MA, Psychological Service Police Luxembourg
Psychological Support for victims in major emergencies in Luxembourg

Ingeborg Porcar Becker MA, Directora Unitat de Trauma, Crisis I Conflictes (UTCCB) Barcelona Spain
Ethical aspects of crisis and disaster psychology

Márcio Pereira MA, Ordem dos Psicólogos Portugueses, National Institute for Medical Emergency (INEM) Portugal
Psychosocial interventions after a tornado, organisational aspects after impact

Eva Münker-Kramer MA, Clinical psychologist/Psychotherapist Krems/Donau Austria
Disaster and crisispsychology and Focused Trauma Therapy on Type I events, indications and practical implications

Dominique Szepielak MA, French Federation of Psychology and of Psychologists/French Navy, Paris France
Psychological support of victims of terrorism

Professor Nuray Karanci PhD. Middle East Technical University Ankara Turkey

Psychosocial support, what do survivors need

Maria Filippova, Centre of Emergency Psychological Aid of EMERCOM of Russia
The role of psychologists in emergency situations

3. Disaster, Crisis and Trauma Psychology structure

3.1. The SC is working on facilitating the formation of Disaster, Crisis and Trauma organizations in member associations, in developing guidelines for training and service provision in the area, in collaborating with European Council for dissemination of knowledge on disasters and training programs. The SC believes that it is crucial to have a special structure for disaster, crisis and trauma psychology in each member association. The necessity of psychosocial support to all victims of disasters and the necessary arrangements for this within national management systems is an important area to focus upon.

3.2. Achievement: The British Psychological Association (BPS) has formally set up a trauma section within their association. Professor William Yule will be the first chairman. There have been 2 meetings, with discussion on early interventions and the challenge in working with guidelines and military transition, the reintegration of people in civil life after war.

4. Psychosocial Review and Learning Team

4.1. The General Assembly agreed with the proposal of the SC to form a Psychosocial Review Team that can be called on or sent to a country. The aim of the team is to help improve the quality of structures for the follow up of survivors, bereaved, helpers and others who are affected by the disaster

4.2. The SC has discussed the idea of the Psychosocial Review and Learning Team extensively and came to several conclusions:

- Countries have to invite and accept the team
- There would be a need of a clear mandate
- Availability of team members to travel on short notice might be a practical problem
- There is no formal budget available to form an expert team like this
- Countries have their own formal procedures in place
- There is a distinction to be made in real interventions, give and advice and/or focus on lessons learned
- The SC has the necessary expertise available

4.3. Achievement: Conclusions and Assumptions on a consultation team on Crisis and Disaster psychosocial care in a European context

Background

Each year different European countries experience minor or major natural or technical disasters, including terrorism and mass violence. It is difficult, if not to say impossible, for each nation to develop extensive expertise for handling psychosocial aspects of disasters. The EFPA standing committee for disasters, crises and trauma has over several years collected information regarding psychosocial disaster organization... We also have set ourselves the aim to continue to gather lessons learned in order for the dissemination of experience across borders. However, we also will propose to strengthen the possibility of assistance to European countries struck by disasters. We would like to form a structure that can be used in such situation, a small team that can be of assistance for those in charge of organizing short- and long-term follow-up. We propose to form a psychosocial consultation team that can be called on for questions, support and advice

Aim

The aim of this consultation team is to be of help in creating good structures for the follow-up of survivors, bereaved, helpers and others who are affected by the disaster. By providing the country in question with a small group of experts, selected on the basis of their experience with the same/similar type of disaster and/or disaster intervention from many disasters. By such a model, it is possible to provide specific knowledge.

Composition of the team

The team will be composed of a small group of psychologists/experts led by one of the EFPA Standing Committee on Disaster and Crisis Psychology with broad experience from previous disasters. The major criteria for selection should be their experience with a disaster of the same nature and experience on specific target groups.

Guiding principles

Consultation requires a free exchange of ideas and views affecting the interests of the involved country countries. As such, almost any subject is appropriate for discussion. However, one may wish to place some limits on the range of subjects open to consultation, because of sensitivities, confidentiality or legal issues. To avoid misunderstandings and the possibility of difficulties it is advisable to agree on the issues that will be the subject of consultation.

A comprehensive list of subjects appropriate for consultation is impossible to give as this will depend on the circumstances of each emergency and how the specific circumstances are. However, whatever subjects are chosen, they need to be relevant, clearly defined and geared to the needs of the country and the psychosocial intervention team of the specific country.

If consultation is to be effective it is essential to avoid discussing trivialities. This is not to say that minor issues should be ignored; indeed what is minor to one person may be a major problem for another. Nevertheless, minor issues and pet grievances should not be allowed to dominate the consultation agenda.

Consultation is an opportunity to reflect on processes and can form the basis of building knowledge for the benefit of the European countries.

Key issues

- The terminology around consultation should be clarified and used consistently. ‘
- Be clear about the aims of consultation
- It is important to know the situation in the country which is requesting
- Recognise the implications of the context
- Frame the issue, the clearer the questions are the more effective the consultation can be

5. **Guided Training of Psychologists in Disaster, Crisis and Trauma Psychology in Eastern European Countries**

5.1. The training of psychologists from Eastern European countries in disaster, crisis and trauma psychology has been launched in 2011, with two training programs completed under the coordination of Eva Munker-Kramer. The program has been funded by the European and Mediterranean Major Hazards Agreement (EUR-OPA) of the Council of Europe

5.2. Achievement project proposal for second term of the Train the trainer program

6. **Lessons Learned II**

6.1. The SC believes that mass emergencies require an extensive effort to meet the psychosocial needs of the survivors and their relatives and those who deliver emergency services. The planning is to review the work from the different member countries and prepare a second lessons learned document

6.2. Achievement: Review of lessons learned capita selecta:

- Mining disaster Soma Turkey – Karanci
- Earthquake Ionian Islands Greece – Boukouvala
- Airplane crash MH 17 Ukraine – M.Rooze
- Floods and snowstorms Hungary – A.Komlosi
- Major incidents as a consequence of climate change and floods United Kingdom – W.Yule
- Refugees from Syria in refugee camps Turkey – Karanci
- Santiago de Compostella train crash Spain – I.Porcar Becker
- Radicalisation and extremism The Netherlands – M.Rooze
- Radicalisation and extremism Sweden – E. Hakanson
- Peer support after a flight incident Finland – S.Saari
- Peer support after school shootings Finland – S. Saari
- Experiences from the Amenas terror attack – M.Straume
- Mass shooting in restaurant Uherský Brod Czech Republic – S. Vymetal

- Explosions and fires in munition depot Vrbetice Czech Republic – S. Vymetal
- Terrorist attack in Copenhagen Denmark – A. Korsgaard
- Metro accident Moscow Russia – M. Filippova
- Cases on child abuse United Kingdom – W.Yule
- Charlie Hebdo attack Paris France – D. Szepielak

6.3. Achievement: Format lessons learned document 2015

- Description of the event
- Early intervention
- Longer term intervention
- Evaluation and implications

6.4. Deliverable lessons learned document end 2015

7. **Ethics code in disasters and emergency situations**

7.1. Ethical issues are always part of the job of psychologists. This is especially the case in interventions during crisis and disaster, and even more when one has to operate outside one's own country

7.2. The SC discussed the Model Code of Ethics of the Board of Ethics and mapped the specific issues in the work of psychologists who work in the field of disaster, crisis and trauma

7.3. Achievement: Deliverable 'Document on ethics in case of emergencies'

Our SC members acknowledge EFPA's efforts to build up such a model and want to thank the Board of Ethics for their work preparing this model.

In **general**, the SC members want to emphasize the following aspects:

The SC finds this model a good contribution to foster understanding for ethical issues between EFPA member associations.

SC's members consider that there should be developed not only the different National Ethical Codes, but also some specific guidelines for different fields in psychological work.

The SC's wants to underline that it is worth developing in greater detail some of the ethical aspects regarding scientific research in psychology.

The SC wonders if there should not be taken into account the challenges that Internet in the social media create for psychologists.

Regarding to the specific tasks which are carried out by disaster and crisis psychologists, the Standing Committee on Disaster has some specific comments on the text, with regard to the special conditions under which crisis psychologists usually do their job.

Crisis and disaster psychology is slightly different from other psychological tasks in three aspects: the work is often carried out on the crisis/disaster scene, there is often great media coverage and the affected persons are in a special vulnerable situation, because they are shocked and threatened by what has occurred to them.

The SC members reflected on how these special conditions may influence ethical issues and want the Boards of Ethics to take into account the following specific suggestions.

About 1.5.6. Would it be possible to add a comment to the first sentence?

“Psychologists often have the opportunity to profoundly influence other people’s lives. They sometimes meet them in moments of great vulnerability. “

About 2.1.2.2. SC members would like to make a correction to the proposed sentence:

“Confidentiality is not absolute and may be breached if the client or other parties are clearly in danger of damaging himself or others”.

About 2.1.3.1 SC want to ask the Board of Ethics and the Presidents discussing this model how crisis psychologists can improve the informed consent in a crisis situation on the scene. And about how they can manage to store securely the data of persons who were at the crisis scene. This data are crucial for monitoring the recovery process of the affected.

About 2.1.4.1 In that paragraph, the model refers to “the prevailing legislation”. Due to the multidisciplinary context in which crisis and disaster psychologists work, the SC members think that it may be useful to be more precise and define clearly which legislation should be taken into account.

The SC strongly suggests that the ethical issues involved in providing help to members of the uniformed services be acknowledged. Too often stressed survivors refuse to seek help in case that is held against them and their careers are affected. Issues of confidentiality and of power imbalance between client and employer are particularly difficult with this group.

7.4. The SC presented her conclusions to the Board of Ethics

8. **Up-dating of the Website of the SC**

8.1. Marc Stein, member from Luxembourg, has been responsible for running our website and will be continue updating the site with information and report from member countries. The SC is unhappy with the limited layout possibilities and the visibility of the Disaster website and would like to encourage the GA to remediate these issues.

8.2. Achievement: ongoing

9. **Standards for training and services in disaster, trauma and crisis psychology**

9.1. The SC plans to further work on the development of standards of training both for psychologists and also for other professionals working in disaster and emergency situations. The General Assembly recommends the Board of Educational Affairs and the Board of Professional Development to consider the possibility to integrate a course on basic training in disaster, trauma and crisis psychology in the EuroPsy curriculum requirements. In the context of the EuroPsy specialist certificates the SC will explore the possibility to develop a specialist certificate for disaster, crisis and trauma psychologists. The SC studied:

- Europsy fee proposal
- Europsy Standards and Quality in Education for Psychologists – Ingrid Lunt, Jose Maria Peiró, Ype Poortinga, Robert Roe

Achievement on standardization:

- Report on the Annual (S)NAC Chairs meeting March 6 2015 Brussels – Vasso Boukouvala
- Working group EuroPsy Special Certification - Salli Saari
 - Pro's and con's
- Presentation Vasso Boukouvala
 - EuroPsy
 - Certification on Work and Organisational Psychology
 - The content of the certification
 - Steps to take and planning
 - Questions and problems
 - Benefits of a EuroPsy certification
- Presentation Anders Korsgaard
 - Danish Specialisation on Psychotraumatology
 - Comparison with the Certification on Psychotherapy and Work and Organisational Psychology
- Example of teaching material on Crisis, Disaster and Trauma Psychology from Hungary – Annamária V. Komlósi
 - Special course material for helpers
 - Curriculum on MA level
 - As a part of Postgradual Education for Psychologists

Next Steps:

- Inquiry how many psychologists are potentially working in this field
- Draft what the content of the specialist certification should be
- Exploration of what the meaning of such a certification could be in a national, European and international context could be
- Definition of what an expert is in the domain of crisis and disaster psychology

9.2. Other Achievement on standardization:

- “Guidelines for victims to collaborate with media just after a traumatic event” – Eva Hakanson, Salli Saari, Marianne Straume
- Revision on the EFPA Statement on the Role of Psychologists in Pan European and International Emergencies – June 2015

10. Including people with disabilities in disaster preparedness and response

10.1. The Council of Europe and the European and Mediterranean Major Hazards Agreement (EUR-OPA) organised a workshop on the issue of including people with

disabilities in disaster preparedness and response, where 2 SC members were invited to present the work of the SC. The aim of the workshop was to integrate the work of organisations related to people with disabilities with the mainstream organisations and networks in the disaster, crisis and trauma field. The SC wants to support this initiative and will study the relevant material: 'The Guidelines for assisting people during emergencies, crises and disasters' by David Alexander and Silvio Sagramola, and the report on 'Including People with Disabilities in Disaster Preparedness and Response' by the same authors. The SC will explore the possibilities of collaboration and support of the organisations in the field of people with disabilities.

10.2. Achievement position paper on including people with disabilities, case vignettes and literature review (see Annexes)

Meetings

1. 1-2 November 2013 Copenhagen Denmark
2. 21-22 March 2014 Prague Czech Republic
3. 23-24 October 2014 Budapest Hungary
4. 20-21 March 2015 Lisbon Portugal

Information & recommendations for GA & Member Associations

The General Assembly is asked to take notice of the following:

- a. The Standing Committee on Crisis and Disaster Psychology is convinced of the added value a committee on crisis and disaster work in the context of the European Federation on Psychologists Associations. After starting in 1997 as a Task Force, and continuing since 2005 as a Standing Committee, the SC would like to transfer to the status of a Board to consolidate the work
- b. The SC aims at facilitating the formation of Disaster, Crisis and Trauma sections in member associations. The SC would like to get a standpoint of the different member associations on this matter, are the different national associations supportive of this goal.
- c. To stimulate more interaction and exchange between the different task forces, standing committees and board, the SC on Crisis and Disaster Psychology would like to learn from the GA what kind of supportive structures and/or resources can make this possible.
- d. The SC would like to draw the attention to the need of supporting budget for operational tasks of the SC like the Consultation team.
- e. The SC would like to suggest to redesign the website with the possibility of a stronger profile for, in this case, the Standing Committee on Crisis and Disaster Psychology

Proposals for decisions by GA

The General Assembly is advised to accept the following proposals:

1. Transfer from Standing Committee to Board
2. Standpoint of the formation of specific sections on crisis and trauma within the National Associations

3. Supportive structure and resources for interactions and exchange of task forces, standing committees and boards
4. Supporting budget for operational task
5. Update website

Members of the group:

1. Bernard Caruana, EC Liaison
2. *Mara Vidnere, Latvia*
3. Stephan Vymetal, Czech Republic
4. Anders Korsgaard Christensen, Denmark
5. Salli Saari, Finland
6. Dominique Szepielak, France
7. Giada Maslovarich, Italy
8. Vassiliki Boukouvala, Greece
9. Eva Munker-Kramer, Austria
10. Nida Zemaitienè, Lithuania
11. Marc Stein, Luxembourg
12. Magda Rooze, convenor, The Netherlands
13. Marianne Straume, Norway
14. *Anette Clausen, Norway*
15. Ingeborg Porcar Becker, Spain
16. Eva Hakanson, Sweden
17. Yulia Shoigu/Maria Filippova, Russia
18. Nuray Karanci, Turkey
19. Bill Yule, United Kingdom
20. Marcio Simao Pereira, Portugal
21. Catalin Luca, Romania
22. Andreja Lavric, Slovenia
23. Annamária V. Komlósi, Hungary
24. Ursula Gasch, Germany
25. Miroslava Zimanyova, Slovakia
26. Spyridoula Chalari, EFPSA

Total: 26, of which 3 corresponding members

ANNEX

Position Statement on Including People with Disabilities

The following represents the view of the Standing Committee on Crisis and Disaster Psychology of the European Federation of Psychologist Associations (EFPA) on including people with disabilities in the emergency planning for crisis and disasters. The following is from the 'Report on Including People with Disabilities in Disaster Preparedness and Response by David Alexander and Silvio Sagramola (2013)

“People with disabilities constitute a very large minority that consists of between one sixth and one fifth of the general population of most countries. When major incidents and disasters occur, people with disabilities face hardship that is potentially greater than that of the majority population, and they can suffer additional forms of discrimination or neglect. The moral and ethical case for an inclusive approach that guarantees the right of people with disabilities to adequate care in disasters is unassailable. Thus, warning, evacuation, shelter, transitional housing and other emergency provisions are services that need to be fully accessible and usable by a wide range of people with disabilities. Whereas measures for the general population are generally created for groups, a certain number of persons with disabilities require individual assistance, which may involve a fundamental reorientation in the way that civil protection services are planned and delivered.

It is vitally important to understand the needs of people with disabilities during the exceptional circumstances created by major incidents and disasters. *It is also essential not to subsume these needs among those pertaining to minorities and disadvantaged groups in general.* Emergency measures should seek to preserve the dignity and (where possible) the autonomy of people with disabilities. Academic and practical studies of disability and disaster reveal that there is a significant shortfall between the recognition of these principles and their implementation in practical programmes of action. The shortfall includes failure to design programmes and plans, implement them and monitor their effectiveness.

Planning is an essential part of preparing for emergencies. In order to ensure that resources, manpower and organisation are in place, plans and preparations need to be made at the national level, which should also be the level at which plans and measures are promoted and harmonised at the intermediate and local levels of public administration. Healthcare institutions, social services, and voluntary organisations in the fields of disability and civil protection need to work together in both the planning and response modes to create viable programmes of emergency care for people with disabilities. Coordination by a single, responsible government entity should nevertheless involve all the organisations involved in responding to emergencies on behalf of people with disabilities. It is important to note that all plans to assist people with disabilities are local in their implementation and outcome, and hence attention needs to be devoted to this level. Plans

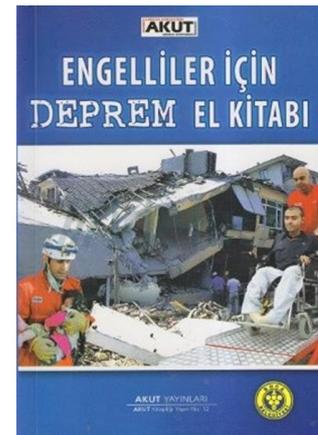
must be consolidated by frequent updating and testing, which should be complemented by programmes of training designed to ensure that all emergency responders are fully familiar with their roles, responsibilities and the procedures they will need to employ in a crisis or disaster”.

Orientation on the literature on Disasters and people with disabilities

A.Nuray Karanci – Middle East Technical University

Resources

- Disaster Preparedness : Tips for people with mobility, sensory and developmental or cognitive disabilities
- Disabilitypreparedness.gov
- International Center for Disability Resources on the Internet (ICDRI)
- National Organisation on Disability (NOD)
- FEMA.gov- Individuals with special needs
- UN Enable <http://www.un.org/disabilities/>
- The Global Partnership on Disability and Development (GPDD) - See more at: <http://capacity4dev.ec.europa.eu/disability-and-development-network/blog/haiti-toolkit-long-term-recovery-gpdd#sthash.FOzARMYj.dpuf>
- Handicap International, 2005. *How to include disability issues in disaster management: following floods 2004 in Bangladesh.*
- http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_management.pdf
- Women’s Refugee Commission 2008. *Disabilities among refugees and conflict affected populations: resource kit for fieldworkers.* http://www.womensrefugeecommission.org/docs/disab_res_kit.pdf
- The World Bank 2007, *Social Analysis and Disability: A guidance note. Incorporating disability-inclusive development into bank-supported practices.* <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/SAnalysisDis.pdf>
- David Werner , *Disabled Village Children*, Hesperian http://www.hesperian.org/publications_download_DVC.php
- Haiti Hospital Appeal <http://haitihospitalappeal.org/>
- David Werner with Carol Thuman and Jane Maxwell *Where There is No Doctor, in Haitian Creole*
- *Haiti Mission Report*, Sue Eitel DCHA/DG/SPANS
- Guidebook for disabled in earthquakes



Psychosocial factors contributing to the survival of persons with disabilities (Fox, M.H. et. al. 2010)

- Not much research
- 19 % of US population reports a disability (50 million)(mobility problems highest)

- Problems in safe evacuation; shelter and recovery in disasters
- 2005 Harris Poll showed that 47% of people with disabilities don't know whom to contact about emergency plans; 53% have not made plans for quick and safe evacuation

Some findings from Fox et.al. (2010) on Hurricane Katrina survivors living in ILS's

Themes emerging for factors contributing to survival:

- Faith: "I did as much as I could then left it in the hands of the Lord"
- Incredulousness: not believing that what happened really happened-disbelief-leading to empowerment
- Blaming others or oneself : politicians, administration
- Family support (but most without families and with friends with disabilities)
- Family not always positive "My family members...I will never go to their homes again. It was three weeks and "when are you leaving? When are you going home? I'm not here because I want to be here. If we messed up, she was constantly wiping up behind us. It was very uncomfortable. I'd rather stay in my house with no electricity than live with them.I felt like a refugee"
- Adaptation and resiliency: importance of a fighting spirit, being prepared, getting connected to friends

Principles of disability preparedness – National Organisation of Disabilities (NOD)

- People with disabilities need to be included in preparedness planning, all plans must take them into account: mainstreaming disability into emergency responses and preparedness

- People with all kinds of disabilities must be included in rehabilitation and reconstruction efforts, to ensure their needs and rights are respected (e.g. Haiti: Reconstruction for all"



<http://capacity4dev.ec.europa.eu/disability-and-development-network/blog/haiti-toolkit-long-term-recovery-gpdd>)

- All communication should use alternate formats (language, audio alerts, interpreter services,etc)
- Disaster preparedness meetings in accessible locations and formats
- To maintain dignity and independence people with disabilities must take personal responsibility for their safety
- Training of people with disabilities to develop expertise in disaster/security/emergency management will save lives.

Principles of disaster relief

- Accessible disaster facilities and services
- Accessible communications and assistance
- Accessible and reliable rescue communications

- Partnerships with the disability community
- Disaster preparation, education and training: having necessary supplies and knowing how to maintain independence and dignity
- Partnership with the media: accessible messages
- UN Convention of Rights of Persons with Disabilities (December,2006): Paradigm shift: from “objects” into “subjects, with rights”
- Article 11 “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, humanitarian emergencies and the occurrence of natural disasters”

Vignettes – examples from the different European countries

Case 1

88 year old man with a brain tumour has been in the nursing home for 5 years ready for other reasons, no special behaviour. In the context of diagnostical needs he has to be transferred/shifted to the x-ray and has to be put from bed to the barrow. In this moment he starts to cry, scream, and tremble and to beat (nothing like that ever happened before). It is nearly impossible to calm him down, he seems to be unreachable. In the clinical supervision the case comes up, as the team does not know how to deal with it. They are touched and afraid. „like an animal“. Exact history is taken again through ‘psycho-traumatological glasses’ until the next meeting. The son is interviewed. He reports that his father had been a combat pilot in WWII and once had been shot and had to slingshot himself out. All his life long he had reported that as a heroic deed... obviously now, as also due to the consequences of the brain cancer this ‘cognitive clip’ is considerably weakened and the ‘limbic’ emotions and also the body memories are triggered by the sudden shifting. There no possibility to really treat this obviously upcoming stuff anymore but it is possible to avoid such triggers – based on the hypothesis that the shifting might be a trigger. This is tried and it helps him and the personnel. If shifts are necessary they are smoothly prepared so that they do not come unexpectedly at least.

Case 2

55 year old father, paralysed, wheelchair / 53 year old mother / 34 year old schizophrenic daughter, another daughter from another city, who could not stay away from work, rotten house, bad conditions of living already before, poor, helpless

The man had experienced anxiety of death (water had risen to the neck, he was stuck to the wheelchair, wife and ill daughter on the kitchen table during the whole night) brought into the crisis centre in the early morning, medical help

1st problem – they were not able to take a shower because of the noise of running water, severe stress symptoms, psychoeducation, relaxation techniques, CISM-techniques one to one

Social worker deals with possibilities of practical support also for the s. daughter (could not be in the house and not in the crisis centre – father full of sorrow because of that – wants a secure place in an institution)

Social worker organizes practical help and longer lasting family support debt counseling, nursing appliances, in between sessions with psychologist, because of remaining symptoms and because of self esteem problems (be homeless and impecunious, no perspective for future)

Case 3

Following a tornado in Portugal, which affected several localities, only with minor injuries, but with a great destruction of buildings in the local industry and housing, psychological support was sent to the scene. Upon arrival to the command post, there were a briefing that addressed the people who might need more help, during which it was emphasized that there was a 20 year old man in a wheelchair whose home suffered roof damage and would require psychological intervention. Upon arrival at the scene, immediately, the civil protection agents in the place also indicated the 20 year old man in a wheelchair as the priority for psychological intervention. As I approach him, I was faced with a young adult smiling that was uncomfortable by the amount of attention received. He told that had already spoken with his family for housing and he was in that moment caring some goods for a room in a part of the house that was not affected. It is also important in working with people with disabilities, giving them empowerment to solve the problems for themselves, overprotection can be unproductive.

Case 4

A 22 year old woman, author and journalist, was killed in a shooting event outside a restaurant in the middle of the night 20 years ago. Another 3 persons were killed too and 20 people were seriously wounded as well. The young mentioned woman was deaf and very well-known especially among other deaf young people as she was one of the journalists at the TV-news with sign language.

The wounded people were taken to one of the university hospitals and many of the friends of the dead persons thought that the dead ones also were taken to the same hospital. In fact they were not. Quite many young, upset people arrived very soon to the emergency unit at the university hospital, among those also deaf friends to the killed journalist. That many young people became a difficult task for the staff to handle at the same time as they had to take care of all the wounded people and not to mention all other cases at the unit. Social workers and psychologist were sent for but a big problem in the situation was that none of them were familiar with the sign language. At that time in the night it was not easy to get in contact with sign language interpreters. Help arrived later on and the deaf friends could be informed and supported.

This event led up to cooperation between psychologists and social worker at the hospital responsible for crises support in big accidents and disasters. 10 – 15 persons both from the deaf union and from trained sign language interpreters got training in crisis support from the crises psychologists and social workers in hospital. Later training has also been giving to new persons. In emergencies these special trained deaf persons and sign language interpreters can be called when there is need for them in all the hospitals in the area. This

group is more or less a necessity to be able to support affected deaf people in and after an emergency situation.

References

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