

The following statement, released by APA on June 5, 2008, is intended to orient psychologists to effective disaster response contributions. It is based on international guidelines for psychosocial intervention, on guidance from APA's Disaster Response Network (DRN) and on guidance from APA's Committee on International Relations in Psychology (CIRP).

APA Statement on the Role of Psychologists in International Emergencies

The American Psychological Association affirms the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. These guidelines were developed through years of work by hundreds of mental health professionals around the world, and are endorsed by United Nations agencies and international and local non-governmental organizations involved in international humanitarian relief. Any psychologist or other mental health professional who wishes to consult on or respond in emergency situations needs to be familiar with these guidelines. See www.humanitarianinfo.org/iasc/content/products.

The IASC guidelines emphasize that:

- Any prospective care giver to an international community should work through an established humanitarian organization operating in the country. Examples of such organizations are the International Federation of Red Cross and Red Crescent Societies (www.ifrc.org), UNICEF (www.unicef.org), Save the Children (www.savethechildren.org), and other humanitarian organizations (www.apa.org/international/emerg-resources.html).
- Well-intending foreign mental health professionals (who are not affiliated with any organization) should be discouraged from traveling to disaster affected regions unless they meet the following criteria:
 - They have previously worked in emergency settings
 - They have previously worked outside their own socio-cultural setting
 - They have basic competence in some of the interventions covered in the guidelines
 - They have an understanding of either community psychology or public health principles
 - They have a written invitation from a nation or established international organization to work in the country
 - They are invited to work as part of an organization that is likely to maintain a sustained community presence in the emergency area
 - They do not focus their work on implementing interventions (e.g. clinical work) but rather "provide support to programmes on a general level, including the transfer of skills to local staff, so that interventions and supports are implemented by local staff" (IASC, 2007, pp 74-75).

Given these international guidelines, the above criteria, and an ethical obligation to work within one's boundaries of competence (see Standard 2.01, APA Ethics Code 2002), we recommend that psychologists from the United States do not provide direct services in foreign countries to disaster-affected communities unless they meet the above criteria. We recommend that psychologists do work through on-site humanitarian organizations that support a sustained psychosocial intervention model and serve in consulting and training roles.

In providing psychological resources and consultation on recovery processes for the affected population it is important that psychologists recognize the vast cultural and world view differences between the United States and the affected regions. APA members working to support the population in the affected areas need to be very cautious and take a multicultural perspective in making recommendations. For example, the ways that people experience and express distress consequent to traumatic events are not the same worldwide. Moreover, the ways of relieving that distress in a manner that is considered appropriate and helpful are also diverse.

A broad psychosocial response to recovery requires understanding of and consultation with local community and mental health leaders, and with the affected population itself. Mere translation of Western educational concepts and materials is not adequate, and an imposition of Western diagnoses and treatment approaches may be harmful to those they are intended to help. The IASC guidelines describe in some detail strategies for avoiding such cultural shortsightedness and the associated pitfalls it can produce.

Researchers need to be aware that there is an obligation to protect human subjects in international research just as there is within the United States, including ethical codes and guidelines for the protection of human subjects (see www.hhs.gov/ohrp/international).

Roles for US Psychologists Internationally

- **Offer to provide Information, Consultation, or Training**
Psychologists with experience in disaster mental health and/or public health can offer to consult with recognized humanitarian organizations and/or offer to provide training to international colleagues. We recommend working through established organizations, such as the national psychological association or regional multilateral organizations and non-governmental organizations (for example, the International Federation of Red Cross and Red Crescent Societies).

Should an appeal for help from psychologists come through these organizations, it is much more likely to have been coordinated with the necessary agencies and incorporated into the relief infrastructure.

- **Develop collaborative research relationships with psychologists in the affected regions**
Collaborative research relationships may assist local mental health professionals in studying the psychological aspects of these events, laying groundwork for an even more effective response in future events. Effective assessment of psychological needs and resources and evaluation of interventions are areas of particular importance.

Roles for Psychologists in the United States

- **Support people living in the United States who have been affected by the disaster**
Psychologists can seek opportunities in their local communities to provide assistance to people living in this country who have been affected by international disasters. This can include people from the affected area and those whose loved ones have been affected. It can also include international relief workers who have returned home.
- **Promulgate international guidelines and standards**
Psychologists in the US can inform themselves about international psychosocial interventions and can read and disseminate information about international guidelines and standards. This can help ensure an orderly and genuinely helpful response.
- **Develop and promulgate an understanding of cultural differences in responses to traumatic events and effective interventions and strategies for psychological support**
Traumatic stress and traumatic stress reactions, and appropriate interventions for recovery are profoundly embedded in culture. International response can never be a matter of simply translating and applying US-based models or strategies. Any intervention must be based on consultation with local communities and local expertise and be built on a model of sustained interaction. Psychologists can inform themselves about cultural, spiritual, linguistic, and national differences, about the political and societal conditions that form the broader context of survivors' situations, the local delivery of care, and local responses to the affected populations, and incorporate this information into their training and consultation.
- **Prepare for the future**
We urge psychologists wanting to help in emergency situations to prepare now by getting training in disaster mental health. The long-term requirements for people skilled in consultation and training in disaster-affected areas are likely to continue for years to come. See www.apa.org/international/emerg-resources.html for training opportunities.

Bibliography

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