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**Integrating Psychosocial Programs in Multi-sector Responses to International Disasters**

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This article describes the role of psychosocial support programs in American Red Cross–sponsored humanitarian

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**Editor’s Note**

*Joseph Orlando Prewitt Diaz* received the International Humanitarian Award. Award winners are invited to deliver an award address at the APA’s annual convention. A version of this award address was delivered at the 116th annual meeting, held August 14–17, 2008, in Boston, Massachusetts. Articles based on award addresses are reviewed, but they differ from unsolicited articles in that they are expressions of the winners’ reflections on their work and their views of the field.
assistance efforts in international disasters. The American Red Cross psychosocial support program consists of four specific components: participatory crisis assessment, dealing with survivors' root shock, community mobilization, and community development. The program is predicated on the assumption that after a disaster, survivors lose their sense of “place.” Psychosocial community programs are based on outreach activities by local practitioners trained and supported by the American Red Cross. The approach sees psychological advantages to survivors of continuing to mobilize their own resources; familiarity, trust, and human capital build. The community members themselves decide the steps they are going to take to reestablish “place,” thus becoming active participants in reducing the traumatic stress caused by the disaster. The article concludes with three actions that signal successful integration of psychosocial support programs into multisector responses to disasters: reestablishment of a sense of place, community mobilization, and taking actions that lead to a sense of physical and psychological well-being.

Keywords: psychosocial support, community-based intervention, establishing sense of place, humanitarian response

Ismail and his younger daughter Fatimah left their home in Banda Aceh, Indonesia, one early Sunday morning in December 2004 to visit and care for their older relatives in a village three kilometers inland, a ritual they performed three times a week. While they went about performing household chores, they felt a strong earthquake. The wooden house shook. All of their relatives were scared and remembered the last time an earthquake had shaken their home. Around mid-morning Ismail and Fatimah began their journey back to Banda Aceh. The scenes they encountered, they had never seen before. People were running inland. One person told them about the huge wave that came inland and destroyed everything.

Ismail rode hard on his motorcycle to get home. His wife, their older daughter, her husband, Ismail’s first grandson, his other four children, and other family members lived in the neighborhood. When Ismail and Fatimah were able to negotiate their way to where their house had stood just five hours ago, they found nothing but debris. Ismail couldn’t believe his eyes. Everything was gone. Their family was no more. Ismail and Fatimah went to the hospital, but the hospital had been damaged, the great mosque had been damaged, the market was gone, the police station was gone. Ismail would share with me later that the only thing left was a large tree that had toppled; most of the roots were severed. He decided that he would not let that tree die as well.

Those in the humanitarian assistance field meet with disasters on a daily basis, large ones like the tsunami and smaller ones like earthquakes or cyclones. For Ismail and Fatimah, the tsunami of December 2004 changed their lives and their neighborhood forever. They lost their trust in their own decision-making capacity and in the world around them, those who were supposed to protect their community were no more, their memories had vanished, and of course their sense of “place” was utterly gone.

Psychosocial support programs have emerged as an important response tool during humanitarian emergencies. The Inter-Agency Standing Committee (2007) published international guidelines for the provision of mental health services and psychosocial support during emergencies. These guidelines recommend community-centric activities that assist in the reestablishment of a sense of place and improve the quality of life of disaster survivors. Well-being for a community and its members includes having a sense of belonging, a sense of “place,” a sense of self-worth, and a sense of safety (Klein, 1996). This article attempts to review the psychosocial support programs of the American Red Cross and show why and how these were focused on enhancing the capacity of the survivors to improve their quality of life. The article describes a strategy that was used by the American Red Cross during the December 2004 tsunami and that is intended for community psychologists and disaster mental health workers.

Kelly (1966) proposed that to understand behavior we need to consider relationships among people and their social and physical environments. Baker (1968) indicated that place serves as a moderator of behavior. Physical characteristics of behavior do not exist independently of where the behavior takes place. As a matter of fact, place itself can alter positively or negatively the cognition, affect, and behavior of its inhabitants (Heft, 2001). Place is a geographical and a social space that serves as the site and a source of context for psychological well-being after a disaster. Community-based psychosocial support serves as an intervention that will allow survivors to reconnect with the “place” they have lost.

In her article on loss of place, Fullilove (1996) proposed that a major dislocation of persons as a result of external events (such as a disaster) causes feelings of loss of attachment, familiarity, and place identity. These feelings cause displacement, nostalgia, disorientation, and alienation. While the manifestation of these symptoms may be subclinical, until there is resolution it is very difficult to get people to move on from the disaster and start their lives once more.

Community-based psychosocial support has emerged as a credible and effective tool for assisting disaster-affected populations regain a sense of place after a major disaster. This approach relies on (a) having the community identify problems and solutions, (b) taking into account the historical context, previous experiences, and human capital of the affected population when seeking to reestablish place, (c)
engaging all segments of the affected population in solution-focused activities that strengthen community networks, and (d) having the affected community make decisions on its environment, its welfare, and its quality of life. The results are sustainable because community-based psychosocial activities become part of the recovery process.

The emotional needs of disaster survivors increase and decrease depending on how the recovery and reconstruction activities impact the survivors and their families. After a disaster, the survivors begin to interact and accept assistance as an external support for their physical and psychosocial needs. As external social support deteriorates, the psychosocial needs of survivors increase because the survivors have become dependent on this type of social support. The psychosocial support response at this point should be to engage the survivors in community-driven initiatives to build on the existing resources and to reduce their psychosocial needs. The success or failure of this psychosocial reconstruction will depend on the activities generating a sense of familiarity with the new environment and the survivors beginning to reattach themselves within community networks and reestablish their sense of place.

The psychosocial response after a disaster takes place occurs in three stages: from dealing with survivors’ “root shock,” to individual and community mobilization, to community development. Fullilove (2001) described root shock as the traumatic stress reaction to the destruction of all or part of one’s emotional ecosystem. This metaphor is taken from botany. Plants suffer from root shock when they are relocated from one place to another. The loss of the familiar soil—with its particular texture and balance of nutrients—and the inevitable damage to the root system cause the plant to undergo injury or early death. On the day of the tsunami, people lost their homes, the things that were familiar to them, and their way of life. Their emotional ecosystem was destroyed. The stages of psychosocial responses that followed addressed the traumatic events through the mobilization and development phases and community-driven development activities. The reestablishment of a sense of place and the development of an individual and group sense of community came as a result of psychosocial support activities conducted over the span of two to five years.

“Place” includes the interaction of geographical setting, cultural roots, and familial roots. These factors interact with each other throughout an individual’s life cycle (Hay, 1998; Holmes, Patterson, & Stalling, 2003). People seem to move through a series of cycles in their lives. Hay (1998) and Prewitt Diaz and Dayal (2008) found that there is a positive relationship between maturation and a sense of place. An important aspect of reestablishing a sense of place is that groups of survivors in the target communities begin to develop trust and work together. The American Red Cross responders to the tsunami needed to be mindful of the interests expressed by each of the groups in the communities they worked with so that decision making was all-inclusive and nonexclusive.

There were four steps taken that involved the community as the main actor: (a) gathering input from all community members through community mapping exercises, (b) systematically classifying information to assist the community in prioritizing its perceived needs, (c) identifying community resources and human capital, and (d) involving community members as executors of the projects, that is, in planning, developing, monitoring, and reporting (Prewitt Diaz & Dayal, 2008).

**Psychosocial Support Model**

Traumatic stress and psychosocial distress are a reflection of the difficulties and hardships encountered during the recovery and reconstruction phases following disasters (Hutton, 2001). The psychosocial program devised by the American Red Cross uses different approaches for providing psychosocial relief. It does this by actively involving communities in the mobilization and development process.

The psychosocial support model used by the American Red Cross recognizes four specific phases in the recovery process: (a) crisis assessment, (b) dealing with immediate psychosocial distress caused by root shock, (c) community mobilization as a psychosocial process, and (d) reestablishment of “place,” or community development, as the impact of the intervention.

**Participatory Crisis Assessment: Precursor to Reestablishment of Place**

To understand the nature, processes, and experiences of a community it is necessary to have some appreciation of the community’s history. Sarason (1974) suggested that all communities have changed, are changing, and will change again. To best enhance the capacity of a community to reconstruct itself, it is important to understand its present qualities and social, psychological, religious, and political characteristics.

Crisis assessment is an attempt to understand the effect of a disaster on a particular population from the survivors’ point of view. Disaster must be contextualized within the history of a population (ALNAP, 2003). Any actions planned through a psychosocial support program must be integrated into the coping mechanism of the affected communities. Two steps are recommended: (a) establishing a global picture of the disaster, and (b) analyzing the disaster in relation to the environment, the local economy, and the survivors’ activity calendars (ALNAP, 2003, p. 119).

An approach frequently used in the field is a qualitative approach called ethnography, which is a scientific method of recording people’s beliefs, behavior, and culture directly from life (Prewitt Diaz, Trotter, & Rivera, 1990). Recently,
it has been reported that ethnographic methods have been used in the selection of psychosocial support and mental health programs for developing countries (Bolton & Tang, 2004). The method consists of participant observation, key informant interviews, and life history collections. The method allows for the disaster responder to listen to the discussions and to try to understand the survivors’ views on the causes and effects of the disaster as well as local beliefs and traditions related to the disaster.

The American Red Cross psychosocial support program focuses on engaging survivors in assessing their strengths. Only through knowing their strengths can disaster-affected people come together as a community and address their concerns. The assessment process is concerned with what the survivors want to do, what the American Red Cross wants to do, and what is possible in a given context (ALNAP, 2003).

In reestablishing a sense of place following disasters, participatory assessment is one of the most frequently used techniques to determine risks and identify community resources (Prewitt Diaz et al., 1990). The purpose of participatory assessment is to give a voice to those community groups that are traditionally not heard (Bodeen & Hilliker, 1999). Participatory planning provides individuals with an opportunity to have input in decisions with regard to their future—be it the construction of a house, the design of a community playground, or the location of water stations.

**Root Shock as a Cause of Psychosocial Distress**

Root shock is the traumatic stress reaction that people suffer when they have lost all or part of their emotional ecosystem (Fullilove, 2001). A psychosocial relief program recognizes that in addition to targeted relief of external needs, there are other nonvisible needs resulting from a disaster that are emotional and social in nature. Addressing both of these components in a humanitarian response will allow people who have suffered traumatic stress from disasters to be rerooted.

The experience of root shock after a disaster leads to a feeling of humiliation caused by losing one’s past, present, and future place, and survivors go through severe distress owing to the condition of placelessness, or loss of place identity. Proshansky, Fabian, and Kaminoff (1983) described place identity as a cumulus of memories, conceptions, interpretations, ideas, and related feelings about a specific physical setting and the type of setting (p. 60). Rootlessness or alienation is caused by a disruption in the continuity and or change in the sense of place (Xu, 1995).

Traumatic stress exhibited during the period of root shock may last up to six months and is characterized by emotion-focused coping (Carver, Scheier & Weintraub, 1989) in which survivors try to make sense of the events by reacting emotionally to everyday events. During this period, survivors go through the cycle of crisis resolution. No matter what is achieved at the end of the cycle, the emotions are mediated by social support systems (traditional, indigenous, or from outside the community). During this initial period, psychosocial support providers focus on networking, psychological first aid, outreach strategies, and self-care activities. At the end of this early stage, survivors begin to grow new roots in their newfound networks of neighbors and friends. They begin to connect, to participate actively in activities, and to feel that they belong.

**Community Mobilization as a Process**

This section discusses the third phase of the psychosocial support program focus: community mobilization. Community mobilization builds the capacity that will allow communities to implement their own initiatives or work in harmony with other stakeholders. The program includes building the capacity of the community by increasing the number of activities planned by the community members themselves, increasing opportunities for people to express themselves, and providing accurate information that reduces daily stressors.

Achieving community mobilization consists of having an impact in five areas: (a) trust, as measured by the survivors’ report of trust in community members and a feeling of safety in the new place, (b) community support, as measured by the desire of survivors to volunteer in activities to improve the community, (c) reciprocity, as evidenced by survivors’ participation with others in community celebrations and cultural events, (d) collaboration, as evidenced by survivors’ support for community events and collective decision making, and (e) a sense of efficacy among survivors.

Pursuing community activities and facilitating the participation of all sectors of the community will result in a community-driven process that engages local resources and generates the awareness that drives community members to take an active interest in their own recovery, thus reverting back to the community the support function of local networks. Community members will often self-select and become volunteer community facilitators. Community facilitators (in a spirit of volunteerism) begin to take on the role of organizing their extended family members and neighbors with the objective of identifying the actions needed to serve their collective needs. Disasters tend to bring people together. The more important the shared event is to those involved, the greater the community bond.

For example, the American Red Cross found a tremendous bond among the survivors in Banda Aceh after the 2004 tsunami. Survivors, in spite of being placed in shelters and temporary housing, organized themselves around identified needs. Beneficiaries gravitated to groups that got their needs met (e.g., mothers came to the schools and became volunteers to ensure that their children would receive books and uniforms). Community capacity fluctuates ac-
According to felt needs, because communities are not static entities. The challenge for the American Red Cross was to identify core indicators of community capacity and support the community members as they engaged in activities.

The community mobilization phase provided survivors the space to look at their coping skills and adjust their coping according to their emotional resolutions of daily stresses and threats arising out of the postdisaster situation. Community members were encouraged through targeted activities to move from the tendency to adjust emotionally to the result of the disaster to problem-focused coping (Bachrach & Zautra, 1985). Problem-focused coping contributed strongly to the level of a survivor’s community involvement (i.e., reading reports, attending meetings, signing petitions). Problem-focused coping leads to a greater sense of purpose and perceived control among survivors.

The American Red Cross experience with tsunami survivors was that problem-focused coping was directly impacted by the social aspects of the situations in which coping was attempted. For example, in certain parts of the Republic of Maldives it is difficult for women to negotiate the system (i.e., widows trying to claim property or the custody of boy children); therefore, problem-solving activities were conducted outside preexisting government channels. In order to achieve results, the widows and widowers developed sufficient emotional strength to (a) take direct action, (b) plan for the future, (c) seek assistance, and (d) become engaged in new activities. During program planning, the psychosocial characteristics and sense of place characteristics were examined.

Supportive social environments are essential to building healthier communities after disasters. The psychosocial support program assists communities in identifying the resources available to them (culture and history, social institutions, built environments, and economic and political systems) in order to make plans for activities that may have healthy outcomes. Some of the outcomes that were sought were improved neighborhood living conditions, civic engagement, decision making, volunteerism, capacity building, and health promotion and prevention.

**Community Development to Reestablish “Place”—The Impact**

The fourth phase of the program consisted of community members becoming engaged in community development activities. During this phase, the community members began to plan activities and projects. These activities usually occurred after planning meetings with small community groups. The purpose was to get community members engaged in proactive activities and to have them practice the “program cycle” (plan, implement, evaluate) method on a small scale.

Community projects require that community members participate in focused groups, community mapping, and meetings to prioritize community needs. A proposal is developed in conjunction with the local Red Cross. A detailed plan is then developed by the community members that includes benchmarks, timelines, and means of evaluation. A formal evaluation is conducted by the community members, and a meeting to share the “good news” about the completion of the project is held.

Sarason (1974) described the sense of place as a feeling that one is part of a readily available, supportive, and dependable structure, which is part of everyday life and not just when disaster strikes. For Sarason, the psychological sense of community includes the perception of similarity to others, an acknowledged interdependence with others, a willingness to maintain this interdependence by giving to or by doing for others what one expects from them, and the feeling that one is part of a larger dependable and stable structure (p. 157).

Through psychosocial activities, survivors began to express what McMillan (1996) referred to as a feeling of belonging, a feeling that they mattered to one another and to the group, and a shared faith that their needs would be met through their commitment to be together. The community development activities generated feelings of (a) membership (a sense of belonging, feelings of emotional safety, and identification), (b) influence (exertion of the individual’s influence on the community with reciprocal influence of the community on the individual), (c) integration and fulfillment of needs (physical and psychological needs being met, thereby reinforcing the individual’s behavior in a manner that was acceptable to the community), and (d) shared emotional connection (positive affect related to community membership). McMillan and Chavis (1986) suggested that people exhibit feelings such as these once they have achieved a sense of community.

Place attachment refers to social cohesion, control, and friendly relations among neighbors. A community in Mata, Sri Lanka, came together to find ways to restore their means of livelihood. Once their project was completed, the neighbors reported that during the period of work they realized the value of their fishing grounds. In addition, they reported an increased cohesion brought about by a community-wide increase in cultural events and interaction among different groups. The neighbors reported that their collective efficacy had increased by using the community’s human and social capital. This brought the community closer together and increased the positive results of the livelihood activities.

In the Ratmalana community in Sri Lanka, a group of woodworking people who lived along the shore suffered the total destruction of their homes, their kinfolk, and their livelihoods in the tsunami. They moved inland to an abandoned hangar, where they planned their future and sought external assistance. They exhibited meaningful social and psychological contact as well as positive social cohesion.
As a result of this proactive behavior, they were better able to reestablish themselves in spite of the severe impact of the tsunami. The lesson to be learned is that belonging to a defined group or community gives individuals the freedom to express their identity, roots, emotions, and shared histories within a safe context.

Other communities that were shifted into temporary shelters often lacked connection, identity, and supports from within. These groups are still in temporary shelters today, three years after the tsunami. The lack of social contact among those who did not speak the same language, have similar skill sets, or share similar experiences and histories was an important intervening factor that may have resulted in the stagnation, frustration, and expressed anger in these communities.

Place plays an important role in altruistic behaviors and the spirit of voluntarism, helping behaviors, and prosocial actions within a community. In the Lempa River district of El Salvador, neighborhoods organized themselves around the concept of “self help” brigades with the local Red Cross branch as the focal point. The earthquakes of 2001 were the trigger that put these brigades into action. The after-action report indicated that 54 brigades had been active in the clean-up and provided organized activities in which all neighbors could come together and assist each other. In this case, “sense of place” can be operationalized as an outcome of social and psychological processes.

**Lessons from the Past**

The evolution of psychosocial support programs has corresponded with the increasing severity of disasters and the emergence of international guidelines for disaster response. The American Red Cross International Services has a 10-year history in developing psychosocial support programs. The program began to provide services in shelters and community service centers. This method presupposed that survivors would come to a central location to seek assistance. The disaster mental health personnel would establish a space to see persons who requested their services.

In Posoltega, Nicaragua, in 1998, the American Red Cross psychosocial support program coordinated the response of 21 local nongovernmental organizations to a major mudslide that killed over 2,000 people and left over 13,000 injured (Prewitt Diaz & Saballos Ramirez, 2000). Lessons learned as a result of this experience focused on types of intervention and early coordination among stakeholders. In another major disaster, the El Salvador earthquake of 2001, the American Red Cross focused on developing an immediate psychosocial response mechanism, and psychological first aid was used as a tool during the relief and response period (Jaquemet, 2001). During the Gujarat earthquake of 2001 in India, the lessons learned included the need to offer accurate and timely information and to focus interventions on community mobilization activities and formal and informal education. In 2003, the Indian Red Cross Society and other government and nongovernment agencies defined the psychosocial personnel needs during a disaster and designed a course of study for technicians, specialists, and professionals (Prewitt Diaz, Lakshminarayana, & Murthy, 2004).

The International Federation of Red Cross and Red Crescent Societies (2006) reported the following important lessons learned pertinent to the role of psychosocial support in disaster recovery and reconstruction: (a) “Band aid” solutions to alleviate human suffering are inadequate. (b) Psychosocial support is an activity that should be extended well into early reconstruction activities. (c) Capacity building is necessary for personnel who will be addressing the psychosocial needs of survivors before and after the disaster. (d) There is a need to stay attuned to the environmental issues raised by the communities during mobilization and development. (e) It is important to coordinate between government and nongovernment agencies by supporting program planning and implementation, training volunteers, and recognizing strategic alliances.

The community-based approach discussed herein takes the disaster mental health worker from the shelter and service center into the community. It also shifts this person’s role from counselor to listener and facilitator, or “bridge person,” who works to bring all stakeholders together to encourage reestablishment of the new place.

**Successful Integration of Psychosocial Support Into the Tsunami Response**

The integration of psychosocial support into the response to the tsunami had two influences: (a) a partnership with the American Psychological Association (APA) and (b) the development of published standards and guidelines for psychosocial support in emergencies.

Gerald (Jerry) Jacobs was appointed by the APA to assist in preparing personnel for consulting in tsunami-affected countries. His assistance was timely and well received by all. Most of the American Red Cross personnel in India had been trained by Dr. Jacobs. His early visit to the American Red Cross projects in Sri Lanka and Maldives allowed for timely feedback and suggestions to American Red Cross psychosocial support country managers. His visits were followed up by training sessions in Sri Lanka, Maldives, and Indonesia. Many of these national staff who trained under Dr. Jacobs are currently serving in roles related to psychosocial support.

The 2004 Asian tsunami precipitated a discussion among international nongovernmental organizations about the development and adoption of standardized mental health and psychosocial support services following disasters. Since then, a number of guidelines for psychosocial support in emergency response have been developed and occupy a place in guidance documents (see, e.g., the
Sphere Project, 2004). The most recent guidelines for mental health and psychosocial support in emergencies, developed by the Inter-Agency Standing Committee (2007), enable humanitarian actors and communities to plan, establish, and coordinate a set of minimum responses to protect and improve people’s mental health and psychosocial well-being in an emergency (Inter-Agency Standing Committee Task Force on Mental Health and Psychosocial Support in Emergency Settings, van Ommeren, & Wessels, 2007).

Summary

Psychosocial support is recognized as an important component of community mobilization and development efforts in the aftermath of natural disasters. The forms and methods of such support have evolved in response to the nature and severity of disasters and have been refined to suit specific local needs.

The reestablishment of “place” is a form of empowerment of the community that is necessary in order for the community to move beyond the disaster-induced trauma. For sustainable reconstruction efforts, the community is the principal entity that should make choices about what needs to be done for rebuilding life. The American Red Cross program actively encourages survivors to make their own community-centric decisions. They are asked to take the time and make an effort to choose their goals, identify resources, and make their own community action plans. Thus they empower themselves and their communities in achieving psychosocial competence.

The American Red Cross’s program to assist survivors to reestablish a sense of place through a participatory approach is a first attempt to construct an integrated approach to enhancing physical and psychosocial well-being in disaster situations. More research is needed to develop an evidence-based framework about the connections and interlinkages between establishment of a sense of place, community participation, and the mental health, psychosocial well-being, and health of communities.

Ismail has been working as a community outreach worker for two years now and has returned to a university to complete a degree in psychology. He participated in an APA-co-sponsored workshop and earned a Certificate in Disaster Mental Health. Fatimah is 12 years old now. The tsunami is a faraway memory; she remembers her losses but spends most of her time planning for the future.

Author’s Note

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References


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Gundelina Almario Velazco

**International Humanitarian Award**

**Citation**

“For her tireless dedication to healing the most wounded children victimized by abuse and exploitation, and rebuilding their lives. Gundelina Almario Velazco has worked for 20 years counseling traumatized children who have suffered neglect, abandonment, and abuse, including street children and very poor children forced or trafficked into prostitution. As head of research and product development for an international charity based in the United Kingdom,