

Post-disaster roles for psychologists

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Psychologists understand clearly how disasters, such as the devastating earthquake in Haiti, bring with them significant psychological distress. While initial relief efforts must necessarily focus on survival matters, the psychological impact of disasters is not far behind.

In early days after disaster strikes, there is often continuous media coverage and people give generously toward much-needed supplies and other relief efforts. Over time, however, media interest wanes and our attentions are drawn elsewhere. It is perhaps during this time period that psychological assistance is needed most.

Survivors of many traumatic situations, from natural disasters to war, have worried that the rest of the world might forget them. The initial rush of attention may be frenzied and intrusive, but when it is gone, there's a vacuum. A comparison of the intense media coverage of the Haiti earthquake when it first occurred to the sporadic short news clips shown now, just a few months later, makes this point quite well. But the needs are still there.

A number of post-disaster roles that psychologists can play are outlined here. Professionals with a variety of psychological skills and interests can make valuable contributions, including clinical, community, developmental, family, research and so on.

Over time, additional funds are needed so continued monetary giving is one way to help. As noted in an earlier issue of *The National Psychologist*, there often are people in our own communities touched by the disaster – those worried about relatives in harm's way, those made homeless and relocated or those who have been traumatized or

retraumatized by new reports and images – all of whom can benefit from a psychologist's skills and sensitivity.

In any disaster region, several roles particularly well-suited to psychologists begin to unfold as fundamental needs are met. Psychologists who arrive early can help with immediate needs – providing supplies, erecting tents, helping families find each other or participating with the search-and-rescue or disaster canines or other specialties. The organizations under whose auspices psychologists work at the site often designate tasks to be completed.

This work in the heart of the disaster zone can help psychologists establish informal but important links to individuals, families and the survivor community. As psychologists work side by side with survivors, they get to know them and are seen as more "approachable." Developing rapport in therapy is important, and after a disaster this is done by helping with very basic needs, listening as people talk about their experiences or mourn those they've lost and simply by being present and willing to take on non-psychological tasks.

As the post-disaster situation settles somewhat, new roles for psychologists emerge. For an intervention to work, the survivor community must be engaged in the process. To this end, psychologists can assist by performing systematic needs assessments. This is typically accomplished by holding small group discussions with survivors, inviting them to identify their needs. One should not make assumptions about their needs; it is better to ask. Empathic listening is critical as survivors make their desires known.

While these activities occur, psychologists will begin to identify potential helpers from within the survivor community. Many

resilient survivors stand ready to assist. Identifying teachers, parents, therapists, community or religious leaders or others eager to help is critical. They can provide valuable information, help deliver interventions and continue to operate programs for months or years to come.

In itself, enlisting the help of survivor-helpers empowers the community. Helplessness is a key feature of trauma, so the more individuals who are enlisted to participate in healing and rebuilding, the more likely that a psychologist's contribution will truly make a difference.

Perhaps one of the most important roles psychologists can play several months after a disaster is in training and supporting the local professionals and survivor-helpers. Because most psychologists are unable to stay in the disaster area for more than a few weeks, it is not helpful, and can be damaging, to begin interventions that cannot be seen through to the end. Training local professionals, paraprofessionals or other helpers is much more empowering. Topics might include how to recognize traumatic reactions, how to listen and assist others and how to develop interventions or psychosocial programs that can be sustained even when resources are scarce.

Subsequent contacts or trips to the disaster area can provide the local helpers with additional psychological and material tools to continue the programs.

The roles that psychologists play depend on the organizations with which they train and travel to the disaster area. There are many fine international relief organizations

that provide some level of psychosocial support, such as the American/International Red Cross, Terre des Hommes, Doctors without Borders, UNICEF, International Rescue Committee, Save the Children, Mercy Corps and others.

When considering disaster work, it can be valuable to ask the sponsoring organization for details about the types of psychosocial programming they provide, the roles often taken by psychologists and their flexibility in incorporating one's areas of expertise and interest. Sometimes other opportunities arise through local professional or religious organizations or personal contacts.

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VA lets Prudential profit at veterans' expense

The U.S. Department of Veterans Affairs failed to inform 6 million soldiers

members, says Brendan Bridgeland, an insurance lawyer who runs the non-profit