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**WORKSHOP HELD IN ARRAS AND LILLE (FRANCE)
ON MAY 20th AND 21st 1999 :**

**PREPARING EMERGENCY EXECUTIVES AND PROFESSIONALS TO
HANDLE THE PSYCHOSOCIAL DIMENSION OF DISASTERS**

A SUMMARY

The exchanges that took place in plenary sessions between experts brought together within this workshop brought to light considerable differences in the approaches and levels of experience in the various European countries. Ideas converged, however, where assessing the needs of victims and the necessity of preparing all those involved in handling the psychosocial side of emergency care were concerned.

Four specialised workshops were held :

PREPARING DECISION-MAKERS AND EXECUTIVES TO HANDLE THE PSYCHOSOCIAL SIDE OF A CRISIS

PREPARING EMERGENCY PROFESSIONALS TO MANAGE THEIR OWN STRESS (IN RELATION WITH LEVELS OF PERFORMANCE)

PREPARING EMERGENCY PROFESSIONALS TO PROVIDE A SUITABLE RELATIONAL APPROACH TO DISASTER VICTIMS

PREPARING SPECIALISED EMERGENCY PROFESSIONALS TO PROVIDE PSYCHOSOCIAL SUPPORT (DEFUSING, DEBRIEFING,...)

These workshops mainly dealt with the following areas :

1. Reaching a common definition for the problem considered
2. Assessing which targets are concerned by the measures to be taken and determining the goals for each target
3. Developing recommendations for implementing solutions to improve awareness and provide training to the various professionals involved.

The outcome was then presented in plenary session.

For convenience sake we will designate “victims” all the persons affected physically or mentally by a critical situation.

1. Reaching a common definition for the problem considered :

Two main points emerged from this work:

- ⇒ **Limiting the field strictly to disaster situations make no sense at all where preparing the professionals is concerned.** One cannot expect to provide efficient and durable preparation for professionals to handle highly unusual and diversified events (disasters) without preparing them to cope efficiently with daily situations - in an emergency only procedures carried out on a daily basis will be followed successfully.

All participants, however, indicated the lack of a psychological dimension in the daily practice of emergency care professionals.

It appeared clearly to everyone that working on disaster situations provides a unique opportunity for reconsidering day-to-day support but also that improving daily management remains a necessary stage to improve the management of disaster situations.

- ⇒ **It is important to remember that the main goal of crisis management, in particular where the psychosocial dimension is concerned, is the return to “normal” for the persons affected.**

Within the current trends of research, there is a risk of over-developing psychosocial support measures which would actually be adding problems for victims (too much medical care, too much assistance,...).

2. Assessing targets / Determining goals for each target

The overall goal is to develop measures to benefit either directly or indirectly both the professionals in emergency care and the victims.

A consensus had to be reached first concerning the needs of :

- The victims
- The executives and professionals as far as their response capacity to the needs of the victims (civilian populations or colleagues) is concerned
- The executives and professionals as potential victims of the disasters with which they are dealing

During workshops and plenary sessions, all those dealing with emergency situations were divided into five target categories depending on the specificity of their work and their subsequent training needs :

- [1] **Decision-makers**
- [2] **Executives**
- [3] **Rescuers**
- [4] **Specialised professionals**
- [5] **Experts**

*Table A “**targets and goals**” provides a definition of the various categories of emergency professionals and presents the goals for the measures to be implemented which were listed during workshops and plenary sessions.*

3. Recommendations for actions to be carried out in terms of improvement of awareness and training of the various professionals involved

Where preparing the executives and rescuers [2,3] is concerned, it is to be noted that most countries in Europe have already considered if not experimented solutions, ranging from basic awareness training to the implementation of more sophisticated programs including simulations enabling participants to project themselves into various situations thus enabling them to get a feeling of what victims are confronted with. In the light of the exchanges that took place within the workshop, it would seem that most of the contents and tools necessary for preparing rescue professionals [2,3] are fairly well identified, but that the actual implementing of training programs is often hindered by the lack of precise knowledge of the needs of each target category and by a lack of awareness on the part of decision-makers [1] of their importance (which means insufficient funds are allocated to information and training).

Participants from countries where training programs for specialised emergency care professionals [4,5] in the field of psychosocial support have already begun, pointed out the importance of keeping the knowledge fresh and insisted particularly on the necessity of regular supervision by an acknowledged expert in the field.

*Table B “**Recommendations**” shows all the suggestions and recommendations produced in the workshops and plenary sessions*

Table A : TARGETS and GOALS

<u>MAIN TARGETS</u> of the programs to be developed		<u>NEEDS / MAIN GOALS</u> of the programs to be developed
<p>MANAGERS 2 levels stood out:</p>	<ul style="list-style-type: none"> ➔ “Decision-makers” [1] : Mainly local government and civil servants representing the State who are in charge of managing the crisis. Few countries have understood the necessity of preparing decision-makers or even the media. ➔ “Executives” [2] : Officers & non-commissioned officers from fire departments, the police or the armed forces ; head physicians, persons in charge of voluntary organisations... 	<p>Improving decision-makers' awareness and knowledge of :</p> <ul style="list-style-type: none"> ⇒ the psychosocial side of disasters ⇒ the impact of their own stress on their capacity to deal with information and make the best decisions. <p>Developing executives' awareness of</p> <ul style="list-style-type: none"> ⇒ the psychosocial dimension of emergency care ⇒ the impact of their own stress on their capacity to manage their teams ⇒ the needs of these teams.
<p>EMERGENCY PROFESSIONALS 3 levels stood out:</p>	<ul style="list-style-type: none"> ➔ “Rescuers” [3], i.e. those who by profession can or will be in the front line, in direct contact with the victims : rescuing, treating, transporting, protecting or controlling them... (these include firemen, doctors, nurses, ambulance men, policemen, soldiers, ...). ➔ “Specialised professionals” [4] in the field of psychosocial support : these can be rescue or care professionals, or simply voluntary persons, inasmuch as they qualify for the work, have undergone specific training and are supervised by experts. ➔ “Experts” [5] : psychologists, psychiatrists and sociologists also requiring specific training. Defining this training will mean much more research which is the only way to get a precise understanding of what is involved. 	<ul style="list-style-type: none"> ⇒ Avoiding damaging behaviour towards victims (in particular too much care) ⇒ Avoiding, in the same time, too great an identification with the victims. ⇒ Providing them with the necessary knowledge, know-how and know-how-to-be to provide victims with adequate support ⇒ Avoiding, in the same time, too great an identification with the victims ⇒ Counselling decision-makers on the psychosocial aspect of a crisis ⇒ Preparing and supervising the specialised professionals ⇒ Long-term support (psychotherapy)

Table B : RECOMMENDATIONS

Decision-makers [1]	<p><i>The specialists agreed that decision-makers are unprepared for crisis management and recommended a two-level approach :</i></p> <ul style="list-style-type: none"> ⇒ Improving awareness (experience feed-back, films, conferences,...) of : <ul style="list-style-type: none"> – the psychosocial dimension of disasters (difficulties and needs of the populations and professionals involved) – the importance of defining the modalities of the best possible coordination between the various public services and with private associations (such as The Red Cross) – the psychological aspect of information management, decision making and of the stress factor of the decision-makers themselves. ⇒ Practical training regarding optimal information management ; crisis management and communication (real-life simulations) <p><i>Such preparation programs will imperatively need adjusting to the kind of decision-maker involved and will have to take into account the small amount of time these persons can devote to their training.</i></p>
Executives [2]	<p><i>Participants underlined the importance of the implication of executives as a key dimension for the implementation and perpetuation of training programs geared at developing efficient psychosocial support for victims and professionals alike.</i></p> <ul style="list-style-type: none"> ⇒ Training in the psychological dimension and technique for crisis management.
Rescuers [3]	<ul style="list-style-type: none"> ⇒ Improving awareness (theory, group workshops,...) of : <ul style="list-style-type: none"> – the manifestations and mechanics of stress – the behaviour and reactions of the victims (which can include professionals) – available victim support facilities – attitudes to be avoided with victims. ⇒ More practical training (simulations, event analysis,...) : <ul style="list-style-type: none"> – Basic training in the relational approach of victims – Stress management – Problem-solving.
Specialised professionals [4]	<ul style="list-style-type: none"> ⇒ Improving awareness of the stress of the victims and professionals involved, of PTSD, of means of prevention. ⇒ Training in communicating, listening, helping, defusing, debriefing, managing stress.
Experts [5]	<p>The workshop on experts considered premature any recommendation for training. This meeting of experts was the first to take place on this theme in Europe, it mainly enabled us to identify the necessity to continue and develop the research in the field of prevention, support and care for psychological trauma victims.</p> <p>It also reinforced the idea of the importance of breaking the isolation of experts by developing and maintaining permanent contact (research projects, development of a web site with an interactive forum,...).</p>