

Psychosocial Support

During or post a disaster
or crisis

Resource Kit for Churches

tearfund

CANADA



Originally produced in 2011, in response to the Canterbury earthquakes by Tearfund NZ

The document has been revised to include information that is relevant to the Covid-19 global pandemic and is being used by the Tearfund Family around the world.

Tutapona



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The local church responding to disaster or crisis

Foreword by **Ian McInnes**, CEO Tearfund New Zealand

In times of crisis and disaster, I am always amazed and inspired by the courage and response of a mobilized Church. I've seen first-hand the Church in action as first responders to natural disasters. Years ago, I witnessed the Indian Ocean tsunami slam into Sri Lanka and watched churches attend that very day to its victims. I've moved among churches responding to the aftermath of an earthquake in Haiti and cyclones in Myanmar, the Philippines, and closer to home in Fiji and Vanuatu. In times of violence, I have seen the Church provide a haven for refugees in Lebanon. I've even visited a church in Somalia which protected persecuted people. In ordinary times, the local church all over the world cares for children through the generous child sponsorship of Kiwis.

Where ever there is a tragedy and hardship, you will find a church and its people working to comfort the afflicted, provide for crucial needs and help rebuild for a better and more secure future. Now, with the outbreak of the Covid-19 global pandemic, the Church is once again facing a new challenge. This time it's affecting, not just the world's most vulnerable, but also our country, our neighbours and our families.

There are few things as powerful as a church in action, grieving with those impacted and meeting the immediate needs in its surrounding community. Few organisations are as well placed as the church to respond immediately and to stay and comfort the afflicted following times of tragedy.

Through these challenging times, Tearfund has intentionally gathered information and resources to help churches respond to a disaster or crisis in their community. This is one of these resources. This booklet was first created following the Canterbury earthquakes to support churches in addressing loss, grief and post-disaster recovery. These principles are universal and quite relevant to what we are now facing with a global pandemic. The content uses best-practice information and resources for psychosocial wellbeing, combined with a theological framework that reminds us that the source of our love, wisdom, and compassion comes from a living, compassionate and faithful God.

Jesus reminds us that we should expect trials, even in the natural world as this world is not yet redeemed or fully transformed. However, He also reminds us that when we fear or are anxious we should come to him in faith and confidence, drawing on his perfect peace to guard our hearts. For those not debilitated by tragedy, I know of no better way of tackling our anxiety or paralysis than to reach out to someone else in need. We can even do that from physical isolation using the tools of modern digital technology.

I encourage you to call on God's strength as you do that, so that we may see His hand at work and come to trust more fully in Him in His sovereign lordship. I am confident that once again the Church will rise to this challenge and follow Jesus where the need is greatest, offering practical support, wisdom and words of hope and comfort, especially to the vulnerable and those yet to experience the peace He brings.

Philippians 4:6-7

⁶Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. ⁷And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.

A Word from **Wayne Johnson**, CEO Tearfund Canada

I am personally so thankful to our Kiwi friends for this valuable resource. As the Tearfund family we work together in following Jesus to where the need is greatest.

Over the years Tearfund Canada has responded to the Ebola crisis, the South Sudan famines, Haiti earthquakes and many other disasters around the world. Through our National church partners in the Global South, we have come alongside vulnerable people with long term development projects that bring continued hope.

During this unusual time, we see great need here in Canada. It is normal for us to feel anxious in seasons like these. But it is important to remember what we do with our worries. God loves and cares for us, for He has told us **"Do not fear for I am with you" (Isaiah 41:10)**. We can have courage when faced with the fear of the unknown, because **we trust in an all-knowing God who has promised to be with us wherever we go (Joshua 1:9)**. In times like these, we must cast all our anxieties on the Lord.

As we cast our anxieties on the Lord, we're also taking practical steps to address Covid-19. We encourage you to love others by doing all you can to prevent the Coronavirus from spreading. This includes all the recommendations made by health officials such as thorough hand washing, and avoiding touching eyes, mouth, and nose as much as possible. For the sake of those who are most vulnerable, consider staying home if you have recently traveled, elderly, or have underlying medical conditions. Be aware of the hidden emotions and challenges that many carry and live with during this crisis.

The challenge we are going through provides a unique opportunity for the church. As Rob McKinley, our Western Canada Partnership Manager often says, **"The largest service agency on planet earth is the local church."** As never before we have the opportunity to respond to the deep needs of people. All across this great country the church is ready to serve!

So, let our minds not focus primarily on protecting and preventing ourselves from being infected. Instead, let us entrust our **"souls to a faithful Creator while doing good" (1 Peter 4:19)**.

Our Director of Church Relationships, Don Miller, recently said this about the church in Ethiopia and it has become my prayer for the church in Canada: **"We are seeing the poor and most vulnerable have new found hope as the church has reached out to their neighbours. The amazing transformation that is taking place in communities because the Church is being a catalyst for change astounds me!"**



Introduction

The purpose of this resource on psychosocial support (PSS) is to provide the reader with a brief introduction to basic psychosocial issues during or post a crisis or disaster and to point the reader to useful PSS resources. The content mostly relates to post-disaster recovery but is also relevant in the context of a global pandemic.

Tearfund recognises the wealth of knowledge that exists within churches. The Church's capability and importance in the community was evident following significant traumatic events. This introduction to psychosocial support hopes to serve the Church following any crisis or disaster.

In delivering psychosocial support (PSS), be aware that there is, unfortunately, the potential to do further harm, as PSS deals with very sensitive issues and a range of complex reactions. In supporting people who have experienced a crisis or disaster, the crucial guiding principle should be to "do no harm". Be aware that each person's psychosocial reactions will be unique, therefore, empathise with people's experiences; identify those who need further assistance; know your limitations and competencies; network and develop a referral list of PSS related agencies/assistance in your community. It is unhelpful to view people's responses as psychologically abnormal; assume people will 'bounce back' without support; push people to use coping strategies they don't want to and intervene where you lack capacity and expertise.

Any crisis impacts the social networks of the affected, and social interaction is of vital importance for human beings. Therefore, it is important to support the affected to find ways to keep in touch with others, even though they may be in isolation or quarantine. During the time of the Covid-19 virus outbreak, keeping a physical distance to others is mandatory. However, keeping socially connected and in close dialogue with others, is vital. This can happen through phone or internet calls, apps and other social media. The need for self-isolation in homes or small units during the pandemic brings the additional challenge of being able to help those who do not have access to technology and strong social networks and services. Inevitably, it is the community's most vulnerable people that are most at risk, especially the elderly, those with disabilities and children.

Psychosocial consequences are always present post-disaster or crisis, and, though complex, the majority of people will recover to a normal level of functioning in time¹. Of course, a smaller number of people (ranging from 5 – 20%) may have more severe symptoms and will require expert counselling or more specialised psychological help². *The information in this document does **NOT** equip the reader to counsel those showing severe symptoms as a result of a disaster or crisis.* However, information will be provided on how to recognise those most at risk of psychosocial difficulties and those needing referral to more specialised psychosocial assistance.

This introduction to PSS is compiled by Joy Davidson (graduate in Psychology from Auckland University) on behalf of Tearfund and has been revised to bring it up to date the current Covid-19 global pandemic. Tearfund has also engaged a former partner, Tutapona, to collaborate in the design of this manual. Tutapona is a Mental Health and Psychosocial Support (**MHPSS**)

specialist organisation who have operations supporting war-affected people in Iraq and Uganda. All resources and sources of information can be found on page 37 in the Resources and Bibliography. It is recommended that you access these, and the below-listed resources, if you plan to provide PSS in your community. In addition, it is advised that Non-Governmental Organisations follow Ministry of Health³ and the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, available on the World Health Organisation website.⁴

1 WHO (2005):Williams, Carr, &Blampied (2007).

2 I did.

3 <https://www.mentalhealth.org.nz/>

4 <https://pscentre.org/archives/resource-category/covid19>

Shalom

A framework for understanding wellbeing and facilitating healing

Psychosocial support is concerned with promoting wellbeing. 'Wellbeing' has been defined throughout history by different theoretical viewpoints. Your organisation/church may already have a preferred understanding of wellbeing. If not, one helpful definition of wellbeing is 'Shalom', usually meaning 'peace' or 'completeness'⁵. More specifically, since we serve a God who is more concerned with relationships than formulas, the use of Shalom may mean being in a 'right'; healthy, just and restored, relationship with God, self, others, and the environment.

Shalom

Following a disaster or crisis, it is helpful to view your work as assisting and empowering people toward these 'right' relationships. As a church, and as Jesus followers, you are likely to seek to bring redemption in all four domains (see diagram below) within your community.



⁵ For more on 'Shalom' see *Walking with the Poor: Principles and practices of transformational development* by Bryant Myers, and *Until Justice and Peace Embrace* by Nicholas Wolterstorff.

People will experience distress in all four domains post-disaster:

God

For example, people may question the meaning of life and feel their perception of God as 'good' and 'ever-present in times of trouble' is deeply challenged by the suffering and loss they experience and see around them.

Self

For example, people may feel scared or confused about what is happening with their bodies, emotions, and thoughts during or post a disaster or crisis, they may also be struggling with basic survival needs, such as, nutritious food and medication.

Others

For example, people may simultaneously experience a stronger community than before the crisis or disaster, while also experiencing increased irritability, isolation and conflict with others, or confusion about how to support those around them.

Environment

For example, people's sense of safety and security may be challenged; "the earth just shouldn't move!" The unseen virus that they could catch. They may have experienced the destruction of their home or neighbourhood, loss of their job, or be concerned with how to pay the bills, their accommodation costs and afford food.

The majority of this section on PSS will focus on a healthy and restored relationship with self and an understanding of what is going on in people's body, emotions, behaviour, and their cognitive reactions to the disaster. However, it is important to realise that distress in all four domains will add to the psychosocial difficulty and your response. As an organisation/church, you should encourage people to adapt in all four domains. The provision of the most basic services, such as food, medication, shelter, and warmth, provided in a respectful and empowering way, can also help reduce anxiety and stress and should be key in our Christ-like response during or post a crisis or disaster.



Psychosocial support

Psychosocial support (PSS) addresses the consequences of a disaster at the individual and community level. It aims to increase wellbeing at both levels by assisting people to cope with life post-disaster or crisis⁶. The earlier people can understand their reaction to the crisis or disaster, the better they can adjust to the post-crisis or disaster environment. However, people recover at their own speed and it is important not to rush the process.

Principles of psychosocial support

Psychosocial support should be guided by the following Ministry of Health principles⁷

1. Most people will experience some psychosocial reaction, usually within a manageable range. Some may exhibit more extreme reactions in the short, medium or long term.
2. Most people will recover from an emergency event with time and basic support.
3. There is a relationship between the psychosocial element of recovery and other elements of recovery.
4. Support in an emergency should be geared to meeting basic needs
5. A continuum from self-help to more intensive forms of support should be provided within a clear referral and assessment framework.
6. Those at high risk in an emergency can be identified and offered follow-up services by trained and approved providers.
7. Outreach, screening and intervention programmes for trauma or related problems should conform to current professional practice and ethical standards.
8. Readiness activity is an important component in creating effective psychosocial recovery planning.
9. Co-operative relationships across agencies, sound planning and agreement on psychosocial response and recovery functions are vital.

(MoH, 2007, p1-2).

⁶ Johal (2007).

⁷ The full report "Ministry of Health. 2007. Planning for Individual and Community Recovery in an Emergency Event: Principles for Psychosocial Support. National Health Emergency Plan. Wellington: MoH." Is available on the MoH website <https://www.health.govt.nz/publication/national-health-emergency-plan-planning-individual-and-community-recovery-emergency-event>

Psychosocial support intervention pyramid

As well as being guided by best-practice principles, it is important to realise that people are affected differently and need different types of support. It is vital to know what type of support your organisation has the capability and expertise to provide and to develop a referral list of other support organisations in your community/city/country. The Inter-Agency Standing Committee has developed a set of Guidelines on Mental Health and Psychosocial Support in Emergency Settings which includes the PSS Intervention Pyramid (below)⁸.

As a church, the most appropriate levels for you to assist in are level 1 (basic services and security) and level 2 (community and family support). An exception to this will be church members who are trained counsellors/psychologists and can work in the top two levels. It will, therefore, be important for you to put together a list of referral agencies skilled at providing services that fit within the top two levels.



Basic services and security

Making sure people's basic needs are being met is essential for protecting their wellbeing. Are those in your community, especially the elderly, those with disabilities or special needs, or those living on their own, struggling to procure adequate nutritious food? Are they able to access healthcare and medication? Will they have adequate shelter, warm clothing, and heating for winter? Churches can help address these needs, through safe, participatory, and socially appropriate ways, that uphold an individual or family's dignity, and which strengthen local social support systems, and which mobilise community networks.

⁸ The full IASC report: "Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC." is available on the World Health Organisation website at: http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

Community and family supports

The second layer is targeted at those people and individuals whose sense of wellbeing can be restored by supporting them to access key family and community supports.

In most emergencies, there are significant disruptions to family and community networks due to loss, displacement, family separation, community fears and distrust. Moreover, even when family and community networks remain intact, people in emergencies will benefit from help in accessing greater community and family supports.

Useful responses in this layer include: family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, and the activation of social networks; such as online men's and women's groups, and youth clubs.

In the context of a lockdown due to a Covid-19 pandemic response, some community services will be affected. The church can play an important role in gathering information that can help connect people to online resources and support services.

Focused, non-specialised supports

The third layer represents the supports necessary for the still smaller number of people who require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

Specialised services

The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services. Such problems typically require referral to specialised services. Although specialised services are needed only for a small percentage of the population, in most large emergencies, this group amounts to thousands of individuals.

(IASC, 2007, p11-13).

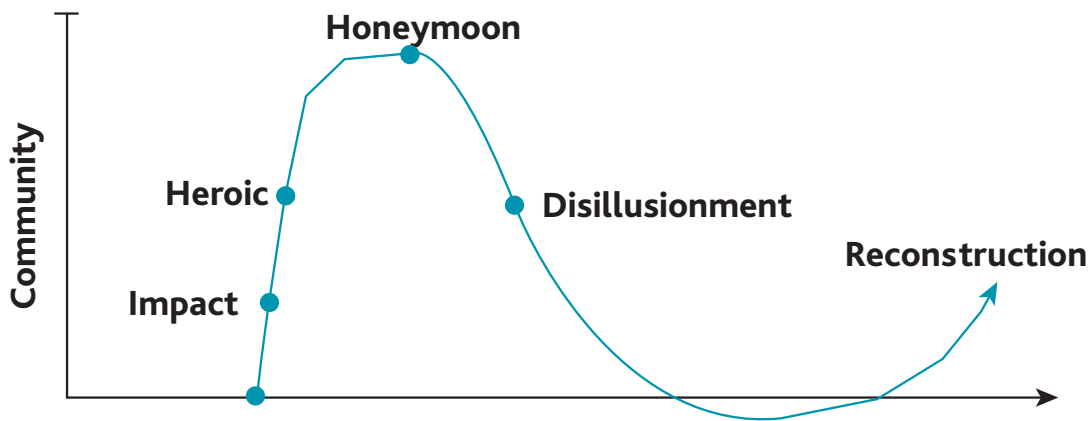


Social response to disaster or crisis

While we don't yet fully understand the impact of the Covid-19 global pandemic, we know that after a disaster or crisis there is a pattern in the level of cohesion and adaptation seen in the affected community; with different types of support needed in each phase. Evidence shows that immediately after a disaster or crisis, there is a high level of cohesion as the community joins together to support one another through the post-disaster or crisis period⁹. This was seen, for example, following the floods in Canada when an 'army' of students helped with the sandbagging and cleanup. This is known as the 'honeymoon phase'. This label is not meant cynically but recognizes that the level of assistance in this phase is rarely sustainable.

The following phase is 'disillusionment,' and during this phase, it is most important for organisations such as churches to reassure people they will continue to support them through their challenges or tragedy. The challenge in responding to a disaster is not to run ahead but to stop, look at the big picture, and move forward with purpose; this should help lower the negative effects of the 'disillusionment' phase.

Phases in community adaptation and cohesion post-disaster



1. **Pre-disaster or crisis phase:** The amount of warning a community receives varies by the type of disaster or crisis. Perceived threat varies depending on many factors.
2. **Impact phase:** The greater the scope, community destruction, and personal losses associated with the disaster or crisis, the greater the psychosocial effects.
3. **Heroic phase:** Characterised by high altruism among those affected and by emergency responders and essential service personnel.
4. **Honeymoon phase:** In the following weeks and months, there is a honeymoon phase where those affected feel a short-lived sense of optimism and tight community cohesion.
5. **Disillusionment phase:** Over time, those affected go through an inventory process where they recognise the limits of available disaster and crisis assistance. This leads into the disillusionment phase where they are coming to grips with the reality of their situation and they realise the initial help may no longer be there, even though their lives are no closer to being 'back to normal'. Certain trigger events, such as the anniversary of the disaster or crisis, can prompt those affected to re-experience negative emotions related to the disaster or crisis. Additional assistance that could be provided here could; for example, be to create community spaces for people to talk together about what has been lost in this phase. For the pandemic, this would have to be online.
6. **Reconstruction phase:** Lastly, during the reconstruction phase, those affected experience setbacks and work through their grief, they accept and assume responsibility for their recovery, and they eventually readjust to their new surrounding and situations.

(U.S. Department of Health and Human Services, 2000).

Psychological responses to a disaster or crisis

Expect the majority of the population to show some psychological reaction to disaster/ crisis and trauma* – ranging from low-level anxiety and increased stress to Post Traumatic Stress Disorder (PTSD) and clinical levels of anxiety or depression; though the latter will be in the minority. As a rule, about 80% of the population will recover with time, though they are likely to experience some distressing symptoms.

Epidemic specific response

In any epidemic, it is common for individuals to feel stressed and worried. Common responses of people affected (both directly and indirectly) might include:

- Fear of falling ill and dying.
- Avoiding approaching health facilities due to the fear of becoming infected while in care.
- Fear of losing livelihoods, not being able to work during isolation, and of being dismissed from work.
- Fear of being socially excluded/placed in quarantine because of being associated with the disease (e.g. racism against persons who are from, or perceived to be from, affected areas).
- Feeling powerless in protecting loved ones and fear of losing loved ones because of the virus.
- Fear of being separated from loved ones and caregivers due to quarantine regime.
- Refusal to care for unaccompanied or separated minors, people with disabilities or the elderly due to fear of infection, because parents or caregivers have been taken into quarantine.
- Feelings of helplessness, boredom, loneliness and depression due to being isolated.
- Fear of reliving the experience of a previous epidemic.

Emergencies are always stressful, but specific stressors particular to COVID-19 outbreak affect the population. Stressors include:

- Risk of being infected and infecting others, especially if the transmission mode of COVID-19 is not fully understood.
- Common symptoms of other health problems (e.g. a fever) can be mistaken for COVID-19 and lead to fear of being infected.
- Caregivers may feel the increasing strain of occupying children who are out of school, with limited external social interaction, and restrictions on travel.
- Essential workers who are caregivers may feel increasingly worried about their children being at home alone (due to school closures or lockdown situation) without appropriate care and support.

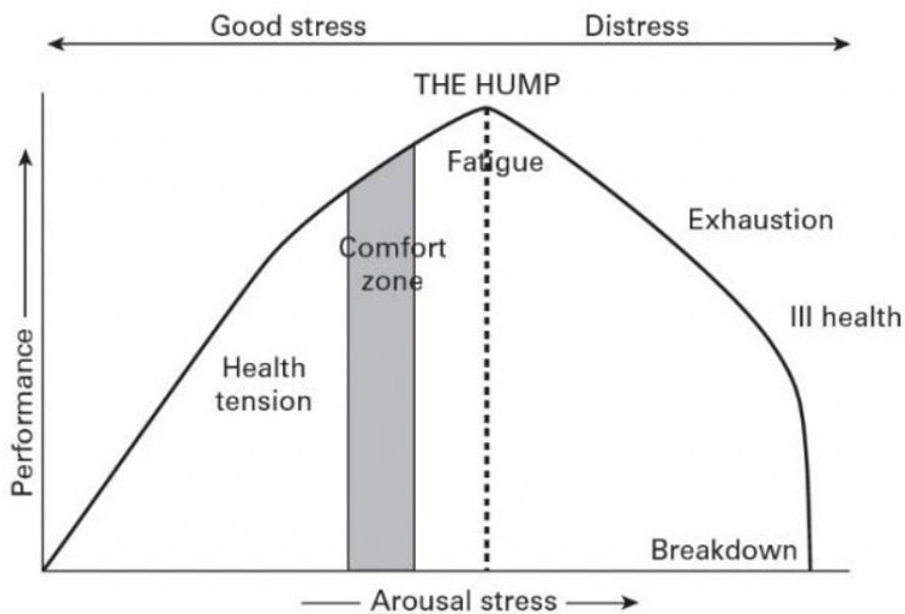
Source <https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf>

Stress responses

When people feel stressed by something going on around them, their bodies react by releasing chemicals into the bloodstream. These chemicals give people more energy and strength, which can be a good thing if utilized, but this can also be a bad thing if there is no outlet for this extra energy and strength as these chemicals can harm the body.

*For a more detailed list of possible psychological symptoms see Appendix A.

FIGURE 6.1 The human function curve



SOURCE: Adapted from Nixon (1982)

Cognitive and emotional symptoms of stress

- Poor judgement.
- Feeling threatened.
- Poor concentration.
- Anxiety and anger.
- Reduced joy.
- Isolating self.
- Inability to work.

Stress that occurs over long periods can have an even greater effect on your body and mind including:

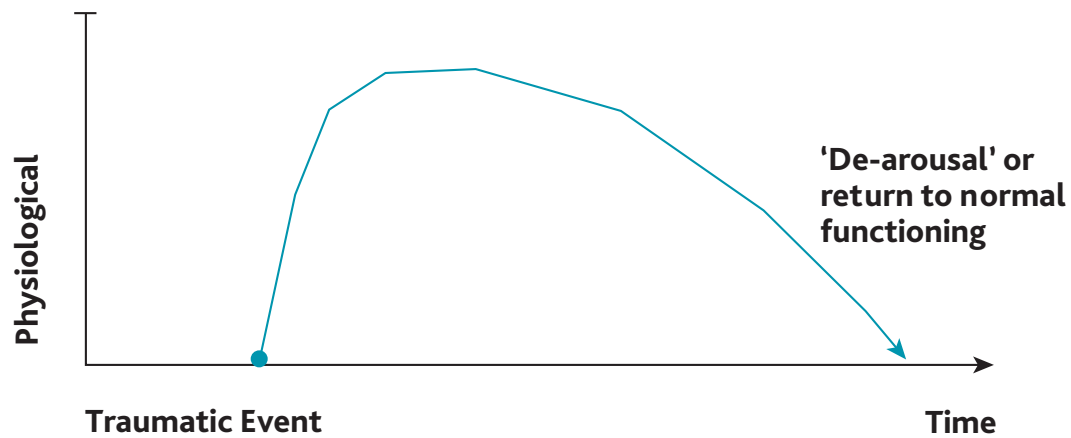
- Changing appetite.
- Changing sleep habits and constant tiredness.
- Asthma, headaches, stomach problems and skin problems.
- Feeling overwhelmed, confused and unable to make decisions.
- Depression, frustration, anger and helplessness, irritability, overreaction or impatience, restlessness, worry or anxiety.
- Increasing dependence on food, cigarettes, alcohol or drugs.
- Neglecting work, school and even personal appearance.
- Developing irrational fears.

Trauma symptoms

People in a crisis or disaster may also be exposed to traumatic situations. Perception of trauma varies vastly among individuals. Trauma is something that overwhelms our coping capacity. In the current Covid-19 Pandemic, medical professionals, and people with family members or loved ones who become sick, may witness deeply disturbing situations. For some households, there will be an increase in domestic violence. These traumatic events shatter basic assumptions about the world being a safe place. As we try to cope, either consciously or unconsciously, our disorganised memory structure, coupled with our inability to make meaning of our situation, can cause symptoms of post-traumatic stress.

1. Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are re-living the traumatic experience or seeing it before their eyes.
2. Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.
3. Negative thoughts and feelings may include ongoing and distorted beliefs about oneself or others (e.g., "I am bad," "No one can be trusted"); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.
4. Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled, or having problems concentrating or sleeping. The graph below shows how physiological arousal increases rapidly post-trauma/disaster.

Source: <https://www.psychiatry.org/>



These traumatic stress responses may be further complicated if there has been the loss of a loved one, in which case, grief and depressive symptoms may also be seen. It is important to note that, as well as there being disaster or crisis-induced psychosocial difficulties, there may also be response induced difficulties. For example, undermining of pre-existing community structures and support mechanisms, anxiety due to lack of information, such as how to get tested for COVID-19, and stress due to preferential treatment of certain groups. It is, therefore, vital to plan well to ensure that you do no further harm in your intervention.



Photo credit: Helen Manson, Tearfund New Zealand

Identifying when specialised help is needed

Remember: Most people will experience psychological symptoms in the short to medium term, but the majority will recover with time and the provision of basic services and appropriate support.* It is important to base your PSS on this expectation. People (around 5-20% of the population) may need more specialised support if they⁹**

1. Have experienced significant loss; for example, of life, family, friends, or colleagues, or of their home or job.
2. Remain isolated/withdrawn from social support.
3. Show visible deterioration in health.
4. Show high levels of emotional distress over a prolonged period that affects their functioning.
5. Report severe panic over a prolonged period; for example, repetitive panic attacks.
6. Report severe nightmares and lack of sleep over a prolonged period.
7. Are suspected of drug or alcohol abuse as a behavioural coping response post-disaster or crisis.
8. Are suspected victims or perpetrators of domestic violence post-disaster or a crisis.
9. Continually avoid talking about the disaster or crisis over a long period.
10. Show dissociation from the disaster/event/trauma or crisis; for example, feel as if they were not there, are detached from what is happening, deny the reality of what happened.
11. Are suspected to have Post Traumatic Stress Disorder***
12. Experience psychosis; for example, lose touch with reality, hear voices.
13. Experience strong feelings of hopelessness and despair.
14. Show extreme agitation leading to life-threatening actions, such as show signs of wanting to end their life.

***Appropriate support** refers to the bottom two levels of the PSS intervention pyramid, including some of the strategies listed in the following section. These may be delivered by community workers/volunteers, church or school staff, family and friends, and parents, as appropriate and per their knowledge/skill level.

****Specialised support** refers to people trained and experienced in dealing with trauma responses, such as Victim Support, trained psychologists and counsellors, and health professionals. This support falls in the top two levels of the PSS intervention pyramid. Under no circumstances should untrained personnel/volunteers attempt to counsel those showing a severe response to trauma/ disaster, as this could cause more harm.

*****Post Traumatic Stress Disorder** is a higher-end stress response to trauma and requires specialised psychological assistance. It may be difficult for an untrained person to identify whether someone is suffering from PTSD or experiencing normal reactions to the trauma/disaster. Under NO circumstances is it appropriate for untrained personnel/volunteers to go around asking people what symptoms they are experiencing or 'diagnosing' people in the community. If in doubt whether someone may have PTSD, refer them more specialised personnel in the top two levels of the intervention pyramid.

⁹ MoH (2010); Johal (2007).

At-risk Groups

After a disaster or crisis, there are some groups of people who are more at risk for psychosocial difficulties.¹⁰ This doesn't mean the majority of people in these groups will experience difficulties. However, it is important to be aware of these at-risk groups to ensure that psychosocial support reaches them.

The following list, prepared by IASC (2007), is of groups of people who are at increased risk of various difficulties following a disaster.

At-risk groups during or post a crisis or a disaster

1. Women – pregnant women, single mothers and widows.
2. Men – who have lost the means to take care of their families
3. Children – separated or orphaned children, children in conflict with the law.
4. Elderly people (especially those who have lost family).
5. Poor and impoverished families.
6. Ethnic or linguistic minorities.
7. Refugees and migrants.
8. People who have previously been exposed to trauma; for example, those who have experienced fire, flooding a terrorist attack, people who have lost a close family member, or who have experienced abuse.
9. People in the community with pre-existing, severe physical or mental disabilities or disorders.
10. People who experience social stigma; for example, commercial sex workers, people with mental health problems, survivors of sexual violence.

¹⁰ ISAC, 2007, p3-4

Psychosocial support strategies

The process of helping

There are several important things to remember in the process of psychosocial helping during or post a crisis or a disaster.

Guiding principles on helping the general population deal with stress during the Covid-19 outbreak:

1. Be a compassionate and empathetic listener. open-ended questions can help to open up dialogue.

Examples: Tell me about your family? How do you feel about next week?

2. Validate that it is normal to feel a wide range of emotions, including feeling sad, stressed, confused, scared, or angry during this time. In conversations, it is helpful to paraphrase content to confirm and check that the participant has been heard and understood. Example: what I hear you saying is...

This process confirms key emotions have been heard and understood and allows the listener to validate the specific feelings.

3. Psychosocial help will take time –it cannot be a one-off; building relationships are vital and it is important to walk with the person to support them as they start to cope. Psychosocial help will often include practical tasks; for example, helping people pack, organising safe child care, offering to do house cleaning. In the context of a global pandemic, this may not be possible until restrictions are relaxed. However, it could include offering to shop for others or offering to do tasks for vulnerable neighbours which do not expose them or you to risk. At all times you should follow Health Canada safety guidelines.
4. Psychosocial help should be provided in a culturally appropriate and sensitive way.
5. Helping is not making someone feel powerless by doing for them what they can do for themselves, or giving advice on what you think they should do.
6. Promote routines in daily life, even through the time that people cannot leave their homes. This includes regular sleeping, waking, and eating times. Encourage healthy practices including exercise that is safe and appropriate to their health and situation (for instance, stretching at home or taking a walk with appropriate social distancing).
7. Remind people or clients that limiting media exposure can reduce worry and agitation. Additionally, when consuming information about COVID-19, remind people to only seek out and follow advice and information from reputable sources.
8. Those most in need of assistance may remain isolated; for example, elderly, people with disabilities, those with mental health difficulties, or minority groups. Ensure that you are intentional about reaching all the various subgroups in your community. Where enforced social isolation is in place, look for ways to communicate using the phone or online social networking platforms.

9. Encourage close contact with people who are important to them, including avoiding social isolation by talking often with family and friends. This can be done via phone, text, email, or social media apps.
10. Help people pro-actively identify coping strategies. People are resilient. Some questions you can ask include: What are things that you have done in the past that have helped you cope or feel safe? Who can you talk to that you trust to help? What are things that you can do that help distract you or keep you from worrying, even if it is just for a little while?
11. Encourage people to relax, eat well, spend time with friends and family (via the phone or online social media platforms if in isolation) and have some fun!
12. Do no harm! A person's safety is paramount. Follow evidence-based best-practice principles and programmes; promote 'de-arousal'; do not push the individual or community to conform to your way of doing things, or to your perception of what they should be doing; only operate in your area of skill and expertise.

The ABCDE of helping

Below is a five-step framework for initial contact with people. These can be remembered by the acronym 'ABCDE':

- A = Assess** Know the situation so you will know what to do!
Assess for safety, obvious urgent physical needs, for people with serious reactions
Ask for the person's needs and concerns.
- B = Be** Know yourself well, so you can...
Be attentive, Be respectful, Be aware.
- C = Comfort** Give comfort and help people begin to use their coping resources.
Comfort through your presence or connection, through good **Communication**, and helping people to **Cope**.
- D = Do** Act to help people with their basic, practical needs.
Do address practical needs, Do help problem solve by listening first to what the person says. **Do link people with loved ones** and other supports.
- E = End/** Leave people with connections to supports and take time for your self-care.

Exit strategy End your assistance – refer people to other supports.

End for yourself –take time for self-care.

(Schafer, Snider & van Ommeren, 2010, p249).

Helping specific groups:

Helping children

Things to be aware of:

1. Each child's encounter with and reaction to the disaster/trauma or crisis will be unique.
2. A child will look to their caregiver to define the level of threat; they will mirror how they see their caregiver responding.
3. Children think relatively concretely about the trauma; it is important to understand their perception of the event by listening to them and talking about the situation in small, developmentally appropriate 'bite sizes'.
4. Children are sensitive to what is going on around them even if they cannot express it how we would like them to.
5. There may be care concerns in allowing volunteers to work with children, especially post-disaster or crisis where systems may be in disarray. To minimise concerns, it is best for those working with children to work in pairs, and for individuals to never be left on their own with a child. Additional guards for long-term volunteers include educating them on your child protection policy and obtaining police clearance for all volunteers.

PSS strategies with children:

1. Normalise the anxiety and fear children are feeling— their distress will be troubling to them and is likely to be lessened if you can explain to them why they are feeling like they are and that most of what they are feeling is normal.
2. Verbal assurance and physical comfort (as appropriate depending on your relationship with the child).
3. Allow short term changes in sleep arrangements; for example, light on, children sleep in the same room.
4. Limit TV viewing and screen time of event-related material as this may re-traumatise.
5. Establish routines, have clear structures.
6. (Re)involve children in chores and responsibilities when they appear ready.
7. Rehearse future safety mechanisms – this is important to give the child a sense of control and confidence about what to do should another disaster or crisis strike.
8. Get back into school as soon as possible or allowed.
9. Correct misunderstandings, rumours and unhelpful perceptions about the disaster or crisis.
10. Expression can be facilitated through drawing, writing, discussion, puppets, and stories.

11. When restrictions are lifted, provide safe places for children to meet and play.
12. Ensure children's safety in any PSS intervention; for example, being indoors after an earthquake may trigger trauma-related stress, an idea may be to set up a 'fort' with sheets/tents in a garden and run your intervention/kids club from there.

Helping adolescents

Things to be aware of:

1. Like children, each adolescent's encounter with and reaction to the disaster/trauma or crisis will be unique.
2. Adolescents have developed more abstract levels of thinking, have complex emotions, and are more able to fully articulate their distress and needs.
3. Friends and peers are very important to them and they may choose to seek more help from them than family.
4. Adolescents still need individual consideration and attention.

PSS strategies with adolescents (similar to those for children and adults):

1. Normalise the anxiety and fear they are feeling.
2. Verbal assurance and physical comfort (as appropriate).
3. Limit TV viewing and screen time on devices related to the event as this may re-traumatise.
4. Resume routines and have clear structures.
5. Rehearse future safety mechanisms – this is important to provide a sense of control and confidence about what to do should another disaster strike.
6. Get back into school as soon as possible.
7. Support them to reconnect with friends.
8. Facilitate the expression of feelings, thoughts, and experiences.
9. Provide safe places to meet and 'hang out' or in the case of a pandemic, virtual connection points during the crisis.
10. Correct misunderstandings, rumours and unhelpful perceptions about the disaster or crisis.
11. Encourage them to engage in and contribute to post-event helping/assistance to give them meaningful activity, but ensure that this assistance is not too demanding or high risk.

Helping adults

Things to be aware of:

1. Expect that people will have different reactions to the disaster or crisis and will process and cope with their reaction in a range of different ways.
2. Adults may have a range of additional responsibilities; for example, child care, applying for emergency benefits, obtaining food – assisting in these practical tasks will reduce psychosocial distress.

PSS strategies with adults:

1. Allow crying and sharing of grief but understand that not all people process trauma in this way.
2. Encourage social support groups, this often happens naturally; e.g, street barbecues.
3. Facilitate a return to normal routines, if this is possible and the person wants assistance with it.
4. Educate adults about common responses to disasters or crises and how to care for yourself and those around you; for example, refer people to the Ministry of Health fact sheets.
5. Encourage return to employment or involvement in post-event response (as with adolescents this should not be high risk).
6. Discourage rumours – provide correct information.
7. Keep people informed of the disaster or crisis response and places they can go to for help; for example, provide information on help centres in the area, important phone numbers, and information on the progress of disaster or crisis response in the area.
8. Encourage rhythmic exercise and relaxation if this is appealing to them. Otherwise, listen to how they normally manage their stress in other circumstances and encourage them to employ past coping mechanisms.
9. Encourage participation in community decision making.
10. Encourage people to take care of themselves and take 'emotional', as well as, physical breaks.

Helping older adults

Things to be aware of:

1. Older adults are often one of the most socially isolated groups in a community.
2. Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, withdrawing, overly suspicious during the outbreak/while in isolation or quarantine.
3. Older adults have many strengths and much wisdom. Make sure to ask for and respect their opinions.

PSS strategies with older adults (similar to adults):

1. Ensure medical and physical wellbeing.
2. Allow grief expressions.
3. Encourage social support groups – these may need to be formed and facilitated if they are not naturally occurring.
4. Facilitate the return to a normal routine.
5. Educate about common responses to disasters and crisis and how to care for yourself.
6. Discourage rumours – provide correct information.
7. Keep people informed of the disaster response and places they can go to for help; for example, provide information on help centres in the area, important phone numbers, and information on the progress of disaster response in the area.
8. Encourage people to employ preferred coping strategies; for example, relaxation exercises.
9. The best way to contact older people is via their landline phones or through regular personal visits (if possible). Encourage family or friends to call their older relatives regularly and teach older people how to use video (chat).

Caring for the carers

Staff and volunteers will often be focused on responding to the disaster or crisis in the initial weeks after impact. At the same time, they may still be dealing with their traumatic stress while encountering further traumatic stories, destruction and loss in their community. It is imperative that, as a church, you are looking after yourselves and your staff and volunteers.¹¹

Psychosocial issues for people assisting in post-disaster recovery

Those assisting in post-disaster recovery, who were present at the time of impact, are likely to be experiencing some of the psychological reactions listed earlier. The PSS strategies recommended in the above section should apply to them as well. There are also some further psychosocial impacts that carers may experience post-disaster:

- 1. Difficulties returning to normal roles and home life.** After the busyness and urgency of disaster or crisis response 'normal life' may lack meaning and significance. It is important to have a break and return to familiar, pre-disaster roles. Irritability and a sense of disengagement when returning home or doing 'normal roles' may indicate the need for further assistance.
- 2. Compassion fatigue.** A loss of feelings generally or feelings for others may occur. While this may occur as a type of psychological defence to the surrounding trauma and suffering in the short term, help may be needed if someone is experiencing high levels of 'numbness' and dissociation from the situation.
- 3. Forming of intense bonds with those you are assisting.** Helpers may experience a need to know what has happened to people they have assisted once they have 'left their care'. This is a natural response and it is important to invest in people in the community for the long- run. However, this response should receive concern if the need to stay in touch with those they have assisted becomes unhelpfully obsessive or interrupts the helpers' other important relationships.
- 4. Vicarious trauma** was coined by Perlman and Saakvitne (1995) to describe the profound shift in the world view that occurs in helping professionals when they work with clients who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.
- 5. Risk of re-traumatisation.** Assisting post-disaster or crisis puts people at risk for remaining traumatised and continuing at a high level of arousal. It is important to promote 'de-arousal' among helpers and provide further assistance if helpers remain in a traumatised or hyper-aroused state.
- 6. General tiredness and burnout.** It is important that helpers/volunteers working post-disaster or crisis have more breaks than under normal circumstances and that they are not only working on high-risk tasks.

¹¹ For more information on Caring for carers see MoH Factsheets
<https://www.health.govt.nz/our-work/emergency-management/coping-stress-and-anxiety>

More specialised assistance for carers may be needed if they: believe an improvement in the situation is not possible or find the situation unbearable or hopeless; become so emotional they can no longer communicate effectively; show aggressive or abusive behaviour; show obvious physical deterioration; show new symptoms a few weeks into the post-disaster recovery, or are showing any of the symptoms in the above section referring to when specialised help is needed.

PSS strategies for carers/staff/helpers/volunteers

1. Have a clear organisational structure with clear roles and responsibilities and a clear 'chain of command'.
2. Define clear intervention goals and strategies, as per your helpers' skills base.
3. Ensure helpers have the correct resources; for example, communication tools, such as mobile phones; paper, forms, pens; any other relevant resources.
4. Educate all helpers on normal traumatic stress reactions and how to manage them (as per PSS strategies in the previous section).
5. Do not allow helpers to be on 'crisis-mode' all the time – rank assistance you are providing in terms of risk and ensure that helpers alternate between high and low-risk tasks.
6. Organise frequent reviews and debriefs to facilitate helpers to share their experiences, talk about difficulties, problem-solve together, and take stock of what is and is not working and what they have learnt. Supporting one another is usually very helpful.
7. Encourage helpers to take time out for rest and relaxation. It is very important for those assisting in a post-disaster or crisis to have breaks to enjoy positive activities.
8. Create a buddy system between helpers so that people always have someone to support and encourage them, and to monitor their traumatic stress levels. During a global pandemic, this may be facilitated online or where social-distancing is observed within MoH guidelines.
9. Develop a formal plan for stress management; for example, assign someone within your organisation to monitor helpers' functioning regularly and make a referral list of specialised assistance available.

Self-care checklist

Here are some ideas of ways people in helping professions can look after themselves. These bullet points can also be used as a self-care checklist allowing us to understand how effectively we are looking after ourselves.

Physical self-care

- Eat regularly and healthily (e.g. breakfast, lunch, and dinner).
- Exercise.
- Get medical care when needed.
- Take time off when sick. (This will be mandatory during a pandemic).
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity.
- Get enough sleep.

Psychological self-care

- Make time away from telephones, email, and the internet.
- Make time for self-reflection.
- Write in a journal.
- Read literature that is unrelated to work.
- Notice stressors and apply healthy coping skills.
- Say no to extra responsibilities sometimes.

Emotional self-care

- Spend time with others whose company I enjoy.
- Stay in contact with important people in my life.
- Give myself affirmations, praise myself.
- Re-read favourite books, re-view favourite movies.
- Identify comforting activities, objects, people, places and seek them out.
- Allow myself to cry.
- Find things that make me laugh.

Spiritual self-care

- Study the Word of God.
- Pray.
- Make time for reflection.
- Spend time in nature.
- Find a spiritual connection or community.
- Be open to inspiration.
- Sing.
- Contribute to causes in which I believe.
- Read inspirational literature or listen to inspirational talks or music.



Practical tools to activate a relaxation response

The relaxation response actively counteracts the stress response and supports de-arousal.

The goal is to become physically relaxed and mentally alert at the same time. These are useful tools that can be employed by people in helping professions when working with people who are experiencing increased stress. Please note that these tools do not replace the need to engage specialised services when people are in significant distress. Refer to the section above to help with identifying these cases. The effects of the relaxation response include a slower heart rate; slower and deeper breathing; lowered or stabilized blood pressure; relaxed muscles; increased blood flow to the brain; increased energy and focus; relieving aches and pains; heightened problem-solving abilities and increased motivation and productivity. The following simple activities can activate a relaxation response.

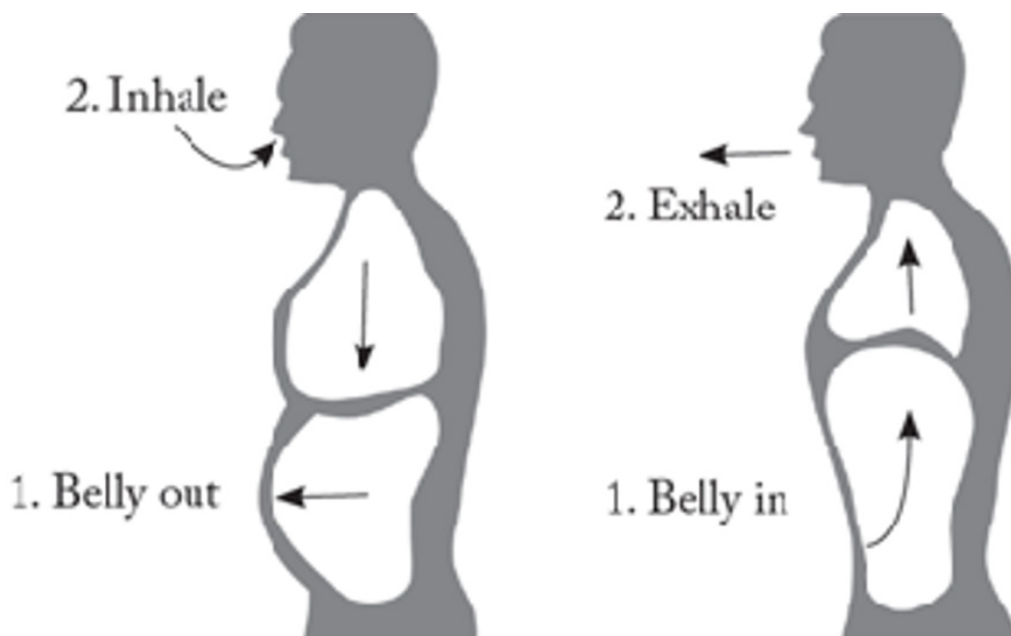
Deep breathing practice

Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.

Breathe in through your nose. The hand on your stomach should rise. The hand on your chest should move very little.

Exhale through your mouth, pushing out as much air as you can while contracting your abdominal muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.

Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as you exhale.



Progressive muscle relaxation

Progressive muscle relaxation is a two-step process in which you systematically tense and relax different muscle groups in the body. With regular practice, progressive muscle relaxation gives you an intimate familiarity with what tension—as well as complete relaxation—feels like in different parts of the body. This awareness helps you spot and counteract the first signs of the muscular tension that accompanies stress. And as your body relaxes, so will your mind. Most progressive muscle relaxation practitioners start at the feet and work their way up to the face.



Rhythmic movement and mindful exercise

The key is to have repetitive movements which can create a calming/de-stressing sensation. Examples include: Running, walking, swimming, dancing, rowing and climbing. Mindful exercise requires being fully engaged in the present moment—paying attention to how your body feels right now, rather than your daily worries or concerns. To “turn off” your thoughts, focus on the sensations in your limbs and how your breathing complements your movement.

Visualization

Visualization, or guided imagery, is a variation on traditional meditation that uses the power of your imagination to reach a deep state of relaxation and emotional calm. When used as a relaxation technique, visualization involves imagining a scene in which you feel at peace, free to let go of all tension and anxiety. Choose whatever setting is most calming to you, whether it's a tropical beach, a favourite childhood spot, or a quiet, wooded glen.

Grounding techniques

Grounding techniques can be very useful when we feel distressed, particularly when the distress makes us feel detached, or it feels like we are in a different situation to where we really are. Grounding techniques help to bring us back to the here and now, with an awareness of our bodies. They are strategies that help us to be in the present moment, in reality, rather than in the traumatic experience of the past or current distress.

- Look around the room, notice the colours, the people, the shapes of things. Make it more real.
- Listen to and notice the sounds around you: the traffic, voices, washing machine, music etc.
- Notice your body, the boundary of your skin, how your clothes feel on your skin, movement in your hair as you move your head, feel the chair or floor supporting you—how that feels in your feet, your legs, your body
- If you have lost a sense of your body, rub your arms and legs so you can feel where your body starts and ends, the boundary of you. Wrap yourself in a blanket and feel it around you.
- Walk, and think about walking, mindfully. Notice the way your body moves, how your feet move and feel as you walk, notice your leg muscles, and the way your arms feel as they swing. Notice the movement in your hair, and the sensation of moving air on your skin. Notice the sensations of breathing as you walk.
- Describe (and say out loud if appropriate) what you are doing right now, in great detail. Or describe doing a routine activity. Try to think about different things, almost like playing mental games. For example, count backwards in 7s from 100, think of 10 different animals, 10 blue things, one animal or country for each letter of the alphabet, say the alphabet slowly, say the alphabet backwards etc.
- Carry a grounding object with you. Some people carry a stone or other small object, perhaps which has personal meaning, to comfort and touch when you need to.

Post-traumatic growth

Post-traumatic growth

People face all sorts of challenges in their lives. Some are more difficult than others. When a person is knocked down by a critical incident or tragedy, some pick themselves up while others take longer to recover. Some people never recover at all. However, there are others who not only make a recovery, but they grow through the associated difficulties and end up being better off than before. The therapeutic modality Post-traumatic Growth (PTG) identifies five characteristics that these people have. Anyone can foster or learn to increase these attributes. Tearfund's partner, Tutapona, uses these principles in their group trauma rehabilitation programmes designed to support people in their recovery from the emotional effects of war and conflict. Participants report significant decreases in post-traumatic stress symptoms and increases in positive attributes such as resilience and hope for the future.

Below are some brief descriptions of the qualities that can increase Post-traumatic Growth with practical tips that can be shared with people who are struggling with the effects of a crisis or disaster.

1) Authentic hope – Believing and planning for positive change can help you achieve it. Even when problems come, and even if the future looks different than expected, hope is a power that gives strength to move forward.

Practical Tip: Encourage people to set goals and to look towards the future starting with small goals within areas they have control over rather than focusing on things that are beyond their control.

2) Gratitude – is a choice. We are sometimes limited in how much we can change our circumstances but we can change the way we think about things. Our brains are powerful and by changing the way we think we can change our reality if we choose to see the positive and be grateful for what we have rather than focusing on what we have lost. When we choose gratitude, we begin to change our outlook despite what we are enduring.

Practical tip: Prompt others to list what they are grateful for rather than focusing on what they don't have. This can be done by writing letters to someone we are grateful for or connecting with loved ones and sharing gratitude lists—gratitude is contagious.

3) Kindness – when we are kind to ourselves and others, we grow. Shifting our focus outward instead of inward is great for our mental wellbeing.

Practical Tip: Challenge people to get creative with how they can show kindness to themselves and others during this time and reflect on how this makes them feel.

4) Belief – a belief in a caring, divine Creator strengthens our ability to overcome obstacles so we can accomplish our goals and find our sense of purpose. Believing can be a power that helps give meaning in our lives and gives us the courage to do difficult things.

Practical Tip: Provide scripture that encourages and solidifies this connection. Encourage people to pray.

5) Courage – it takes courage to engage with the smaller things in life, like speaking up for oneself, asking for help, looking for work or holding onto hope. It especially takes courage to love, forgive or befriend others following hurt, disappointment or mistreatment.

Practical Tip: Encourage the people you are working with to make a courageous decision to ask for help or to start working towards a positive goal during difficult circumstances. Offer kindness to someone who has offended us.

Key points

- Many people will experience some level of psychosocial disturbance post-disaster or crisis.
- Most people (around 80% of the population) will recover to a normal level of functioning with time and with basic service provision and appropriate support.
- Ensure safety and meet basic needs.
- Follow the Ministry of Health principles for psychosocial support.
- Inform people of common psychosocial reactions to disasters/trauma – simply being aware of these can reduce their anxiety and stress.
- Allow people to express their reactions to the disaster or crisis and to see them as normal.
- Encourage people to employ coping mechanisms that have worked for them in the past.
- Work only within your skill levels and expertise.
- Develop a list of referral agencies.
- Refer people showing severe symptoms to more specialised help.
- Reassure people of your presence and intention to support them through their trauma.
- Look after those looking after everyone else.

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Appendix A:

A more detailed list of possible psychological responses from a Special Education Service review.

Cognitive consequences

1. **Normal assumptions of safety come into question**
2. **Intrusive traumatic thoughts:** re-experiencing specific images, smells or sounds related to disaster or crisis; often occur when quiet or trying to sleep; may be triggered by the environment; interrupts concentration; try to avoid thinking of disaster or crisis; avoid people and objects that remind them of trauma; flashbacks – feel it is actually happening
3. **Memory disturbances:** can't recall specific aspects of trauma (but may be avoiding recalling it); general memory problems, e.g., memorising new school content; may minimise the threat of the trauma to them in their recollection of it (opposite for those not as close – may increase threat to self in recall)
4. **Distortion of time:** time slowed or sped up during trauma; confused about the sequencing of events around trauma; can lead people to believe that the events were predictable like they'd received a 'warning' (due to thinking an event that happened after, had happened before); formation of 'omens', e.g., premonitions of the disaster
5. **Intellectual and cognitive functioning:** decline in school/ work performance; difficulties concentrating
6. **Sense of foreshortened future:** pessimism about the future; learn that life is fragile; value their lives more; question what's important in life

Behavioural consequences

1. **Disruptive behaviour:** dependent and demanding behaviour, separation difficulties; frustration; irritability; school truancy; substance abuse; delinquency; aggressive behavioural, e.g., bullying, fighting, and domestic violence
2. **Withdrawal and avoidance:** avoid any reminders of the trauma; general distrust; reduced interest in before enjoyed activities
3. **Regression:** especially for children - temporarily revert to earlier development levels, e.g., bed-wetting, thumb-sucking; not just physical actions but also intellectual and social, e.g., loss of recently attained academic skills, temporary speech disorders clinginess/separation anxiety (want to sleep in parents bed or don't want to go to school), increased dependence on parents by children
4. **Repetition:** post-traumatic play for children – re-dramatisation of disaster in play themes (Many children use play to solve problems/ worries. Concern should be raised when play is intense, compulsively repetitive and lacks enjoyment - can re-traumatise rather than relieve), drawing related to trauma; retelling - uncontrollable need to retell the story or event (may be unemotional, rehearsed recounting, may have fantasy attached to retelling), may tell unrelated stories in which person had control; re-enactment – act out repetitious fears, fantasies or behaviours related to the trauma

Emotional consequences

1. **Fears:** re-experiencing original fear; may be general or more specific fears; fear trauma will occur again (leads to behaviour, e.g., don't go near the sea after tsunami or inside a building after an earthquake – unrelated to closeness to trauma); look for 'signs' signalling that another trauma will occur; make protective preparations in case it happens again; fear of stimuli related to trauma; unrelated fears, e.g., of the dark, going to sleep, monsters, spiders, supernatural; try to avoid reminders of the event
2. **Isolation:** feel estranged; think others can't understand what they have experienced; feel distant from family and friends (may actively avoid family and friends because they do not want to talk to them about trauma, or do not want them to get upset if they hear about the trauma)
3. **Irritability and anger:** reduced tolerance to the behaviour of others; outbursts of anger; increased temper tantrums in children
4. **Guilt and shame:** (presence of guilt increases PTSD reaction) guilt because they survived and others didn't; guilt because they couldn't help others crying out

Physiological/somatic consequences

1. **Sleep disturbances:** reluctance to sleep alone; problems getting to sleep; fitful sleep; night terrors; nightmares and dreams related to disaster; don't want to go to sleep; don't want to sleep alone; want a light on at night/fear of the dark
2. **Somatic complaints:** (somatic complaints are mental/ psychological experiences that are converted into physical symptoms – they are considered signs of anxiety) headaches; nausea; stomach aches; dull body pain; stuttering; physiological re-activity – trauma-related stimuli or memories bring on physical sensations, e.g., increase heartbeat, feel shaky, faint and nauseated
3. **Increased state of arousal:** exaggerated startle response – jumpy and nervous, a sudden, involuntary tensing of the body in response to stimuli, e.g., a loud noise; hypervigilance – being constantly 'on alert' and ready to respond to any perceived threat, heightened alertness to danger, increased 'fright and flight' responses

(For the full report "Williams, S. & Stanley, P. (1995). The psychological consequences of earthquakes and other disasters on children and youth. Special Education Service, MoE: Wellington" email the Earthquake Commission eqinfo@eqc.govt.nz)

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Poverty is not God's plan for His kingdom

Today, **1 in 9 people** are trapped in extreme poverty.

Poverty causes people to starve. It forces them to sell their most treasured possessions. It steals their dignity. It lies and insists they don't matter.

But God is building His Kingdom, and we know poverty and injustice won't have the last word.

Local churches, in the poorest places, are eager to follow God and meet the intense physical, emotional, and spiritual poverty around them. They strive to be 'salt and light' in their villages. But the challenges they face are immense. Following Jesus, He's calling us help them.

Through bible classes and practical training, Tearfund has equipped and empowered thousands of African & Asian churches to lift millions of people out of extreme poverty. The result? The hungry are fed, children go to school, and entire communities are permanently and radically transformed in the name of Jesus.

God is building his Kingdom. Amazingly, he's invited us to join in.

OUR APPROACH

Church-based Community Transformation: **THE PROCESS**

STEP 1

VISIONING

- Church leaders in Africa and Asia participate in biblical workshops to learn about holistic mission
- They learn about the God-given skills and resources they already have
- They discover how to identify needs and create plans to tackle poverty in their community

“The way Tearfund helps the poor with local churches is brilliant and right there with what we would hope to happen with Christian mission.”

-Ellerslie Road Baptist Church

STEP 2

EQUIPPING

Local churches and individuals acquire practical and simple training they can use to lift them and their families out of poverty. We provide:

1. Training in **simple** and **efficient agriculture methods** helping farmers grow 2-3 times more food
2. **Village Savings Groups** to provide families a way to save and obtain loans
3. **Financial literacy and business training** to dramatically increase household income
4. **Relationship and trauma counselling** to heal deep emotional and spiritual scars
5. **Emergency aid** in times of disaster

By unlocking a person's God-given potential, we believe they can escape poverty for good.

STEP 3

TRANSFORMING

- Churches go out and engage their communities; equipped and excited to meet **physical and spiritual needs**
- They empower people, restore relationships, and work to overcome poverty
- The church brings **new life** to the community and people within it
- **God is glorified**



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Following Jesus where the need is greatest