recovery matters

WORKPLACE WORKSHOP

recovery through
understanding

NEW ZEALAND **RED CROSS**
Psychosocial Support

New Zealand Red Cross material

Recovery Matters

Who is this workshop for?

This workshop is for the staff of workplaces working with individuals and communities during recovery after an emergency.

What is the aim of this workshop?

New Zealand Red Cross Recovery Matters resources aim to increase the effectiveness of the role of people working directly and indirectly in recovery post-emergency, thereby contributing to the timely and meaningful recovery of communities.

Supporting people during recovery can be challenging. New Zealand Red Cross is committed to supporting workplaces with staff and volunteers working with communities in recovery. Recovery Matters workshops help workplaces understand the recovery process in the context of their organisation and promote strategies for staff and volunteers.

Terminology

Within this resource the term 'emergency' is used and can apply to any form of emergency incident or disaster. Where the term 'disaster' is used, this is interchangeable with 'emergency'.

An Introduction to Red Cross

The following information provides a background to the Red Cross Movement, its vision and function. We recommend that you read through the information to refresh your knowledge of our organisation.

History of Red Cross

The conception of the Red Cross Movement originated over 140 years ago when Henry Dunant (1828–1910), a Swiss businessman, witnessed the aftermath of the Battle of Solferino in Northern Italy. Appalled at the sight of many thousands of wounded soldiers left to suffer and die on the battlefield, Dunant recruited people from the surrounding villages to provide care and assistance to the soldiers, regardless of which side they fought for. These townspeople became the first volunteers for Red Cross.

Upon his return home, Dunant wrote *A Memory of Solferino*, in which he advocated for the establishment of an international network of volunteer relief agencies with services provided by trained volunteers. His vision was realised when he founded the International Committee of the Red Cross in 1863.

Dunant believed that the power of humanity could be engaged to alleviate suffering.

He argued and worked towards:

- The establishment of the International Committee of the Red Cross (ICRC). This is the arm of Red Cross that is involved in areas of armed conflict (e.g. in carrying out prisoner swaps). It's mission is "to protect the lives and dignity of the victims of war and internal conflict, and to provide them with assistance".

- The introduction of internationally recognised 'rules of war'. This body of rules became known as the Geneva Conventions in 1864. Currently, some 200 countries in the world recognise the Geneva Conventions.

- The establishment of Red Cross National Societies around the world.

Seven Fundamental Red Cross Principles

The Fundamental Principles were adopted in 1965 to guide the actions and behaviour of Red Cross representatives worldwide. Red Cross shall be guided in its work by the principles of International Humanitarian Law, and shall respect the Fundamental Principles of the International Red Cross and Red Crescent Movement, namely:

HUMANITY

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours – in its international and national capacity – to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace among all people.

IMPARTIALITY

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

NEUTRALITY

In order to continue to enjoy the confidence of all, the International Red Cross and Red Crescent Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

INDEPENDENCE

The International Red Cross and Red Crescent Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their government and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the Principles of the International Red Cross and Red Crescent Movement.

VOLUNTARY SERVICE

The International Red Cross and Red Crescent Movement is a voluntary relief organisation not prompted in any manner by desire for gain.

UNITY

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

UNIVERSALITY

The International Red Cross and Red Crescent Movement is a world-wide institution in which all Societies have equal status and share equal responsibilities and duties in helping each other.

Nō te tau 1965 ngā Mātāpono Taketake i whakamanatia ai, hei ārahi i ngā mahi me ngā whakaritenga o ngā māngai o te Rīpeka Whero, puta noa i te ao. Ka arahina ngā mahi a te Rīpeka Whero e ngā mātāpono o te International Humanitarian Law, ā, ka noho whakaute hoki ki ngā Mātāpono Taketake o te Rīpeka Whero o te Ao, me te Kāhui Ānau Kura, arā:

TE NGĀKAU ATAWHAI

I ahu ngātahi mai te Rīpeka Whero o te Ao me te Kāhui Ānau Kura i te wawata ki te āwhina – mā te kore whakapainga kanohi – i a rātou e takoto tūākiri ana ki te kauhanga riri, ā, ko tana whāinga mā tōna āheinga ā-motu, o te ao hoki, ko te ārai me te whakamauru i te mamae o te tangata, ahakoa kei hea. Ko tana pūtake, ko te tiaki i te oranga me te hauora, me te āta whakarite i te whakaaro nui ki te tangata. Ka whakanuia te ngākau kotahi o te māramatanga, te whakahoanga, te mahi ngātahi, me te pūmau tonutanga o te rangimārie ki ngā tāngata katoa.

TE TŌKEKETANGA

Kāhore he whakapainga kanohi mō te noho whenua, te iwi, ngā whakapono hāhi, ngā tūranga, ngā whakaaro tōrangapū rānei o te tangata. Ko tana whāinga, he whakamāmā i te mamae o tēnā me tēnā, ko ō rātou matea anake ka ārahi i ngā mahi, ā, ka aro nui i te tuatahi ki a rātou e tino pēhi rawatia e ngā āwangawanga.

TE WHAKARAUPAPA

Kia pūmau tonu ai te whakamanawatanga o te katoa, ka noho taharua te Rīpeka Whero o te Ao me te Kāhui Ānau Kura i roto i ngā kekeritanga, ā, kāhore hoki e whai wāhi atu ki ngā taupatupatu e hāngai ana ki ngā take o te tōrangapū, o ngā iwi, o ngā whakapono, o ngā whakaaro kaupapa rānei.

TE TŪ MOTUHAKE

Ka tū motuhake te Rīpeka Whero o te Ao me te Kāhui Ānau Kura. Ahakoa te whai wāhi o ngā kāhui ā-motu hei rōpū e whai wāhi ana ki ngā ratonga ā-tangata o ō rātou kāwanatanga, ahakoa ka whai pānga anō hoki ngā ture o ō rātou whenua ki a rātou, me ū tonu rātou ki tō rātou tū motuhake, kia āhei ai rātou ki te whakatutuki mahi mā ngā Mātāpono o te Rīpeka Whero o te Ao me te Kāhui Ānau Kura i ngā wā katoa.

HE RATONGA TŪAO

He ratonga hāpai tūao te Rīpeka Whero o te Ao me te Kāhui Ānau Kura, ā, e kore rawa ngā mahi e kōkirihia hei painga ake mā tātou tonu.

TE KOTAHITANGA

Kia kotahi anake te Rīpeka Whero, te Kāhui Ānau Kura rānei e mahi ana ki te whenua kotahi. Me noho wātea tēnei rōpū ki te katoa. Me kawe haere taua ratonga i āna mahi ngākau atawhai, puta noa i taua takiwā.

O TE AO

Ko te Rīpeka Whero o te Ao me te Kāhui Ānau Kura tētahi ratonga o te ao katoa, ā, he rite tonu te tūnga o ngā kāhui ratonga katoa, ka whakatutuki ngātahi hoki rātou i ngā kawenga me ngā mahi, hei tautoko tētahi i tētahi.

Workshop Road Map – Key Messages

1. The Multifaceted Impacts of Emergencies

Recovery is a **long** and **complex process:**

- It is normal to experience a multitude of feelings.
- Initial feelings of optimism often give way to frustration and disillusionment in the medium term.
- The majority of people recover and gain skills for life.

Impacts of recovery on the community are inter-connected:
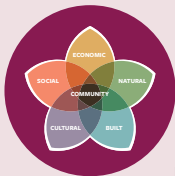
Recovery = regaining control

The establishment of a new future that is valued.

2. Responses in Recovery

Stress responses:

- **Adrenalin:** short-term threat response, desire to act without cognitive ability to think through options or plan.
- **Cortisol:** endurance mode, impairs memory, strategic and creative problem-solving.

Key strategies for recovery and reducing stress reactions (cortisol and adrenalin):

- having the **opportunity to talk**
- having information that **normalises responses**
- **social connection**
- meaningful activities: **leisure and pleasure.**

3. Providing Support

Providing psychosocial support:

- Be there for the person.
- Actively listen.
- Provide information – including of the key strategies for reducing stress.
- Refer if necessary.

Providing support is about being with and walking beside someone through their recovery. Not *doing* for them.

4. Working Inclusively with Diverse Communities

Culturally diverse communities:

Culture provides people with a set of internal rules and values.

Working inclusively, have:

- awareness
- sensitivity.

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People with a disability:

Working inclusively requires acknowledging similarities, rather than fixating on differences. All people have goals, strengths and abilities.

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Older people:

Avoid assumptions of vulnerability. Older people may be resilient, active supporters of communities. Relate regarding needs rather than age.

p. 49

Young people

This is a crucial phase of development.

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5. Communication

Supportive communication:

- Show that you are listening, give your full attention.
- Be aware of body language.
- Provide the opportunity to talk.
- Use straightforward language.
- Ask questions if necessary.

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Putting an **experience into words** helps people process the challenges they face as it requires a conversion of emotion into words.

pp. 57–58

When communicating with someone who is distressed or angry:

- remain calm and promote calm
- depersonalise their emotions – it is not for you but your role
- encourage the person to verbalise their experiences
- empathise and show understanding for the person.

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6. Your Role in Clients' Recovery

Flood Snakes and Ladders

Secondary stress is caused by the circumstances, policies and bureaucracy related to recovery (e.g. dealing with the complexities of rebuild/repair work).

pp. 67–68

How you can support people's recovery.

pp. 69–71

7. Looking After Yourself

Having clarity of your role is protective. Your role's:

- objectives
- boundaries.

pp. 73–74

Understand **your** stress.

pp. 77–79

Prioritise your **wellbeing**:

- What does my wellbeing look like?
- How can I ensure I am looking after my **physical, social, emotional and spiritual** wellbeing every day?

pp. 82–83

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1 The Multifaceted Impacts of Emergencies

LEARNING objectives:

1

Improved understanding of the impacts of an emergency on individuals, family/whānau and communities.

2

Appreciate the complex nature of recovery.

Module key messages:

Emergencies have a range of impacts on the community. These are inter-connected and affect the way people live their lives:

Individual impacts on people: Emotional, Cognitive (mental), Physical (health), Physical (built), Social, Spiritual.
pp. 12–15

Conflicting emotions
It is normal to experience a multitude of feelings.
pp. 12–16

Recovery = regaining control
The establishment of a new future that is valued.
p. 17

Initial feelings
Optimism often gives way to frustration and disillusionment in the medium term.
p. 9

Secondary stress
Caused by the circumstances, policies and bureaucracy related to recovery (e.g. the complexities of rebuild/repair work).
p. 69

People recover
Generally people gain from what they have learnt during recovery in the long term.
p. 9

Recovery as a Process

It is normal for people to experience a multitude of feelings throughout recovery.

It is helpful to understand recovery as a process, where the ups and downs of emotions over time are normal. It helps people working with affected individuals and communities to understand recovery is a long-term process; people will be at different places along this process depending on many individual factors.

Psychosocial Phases of Recovery

HEROIC
- Feeling of altruism
- Family, friends, neighbours

HONEYMOON
- Sense of shared survival
- Anticipation of help/return to normal
- Community and outside agencies

DISAPPOINTMENT
ANGER
FRUSTRATION
DISPUTES
RED TAPE
LOSS OF SUPPORT
EXHAUSTION

DISILLUSIONMENT

RECONSTRUCTION
OBSTACLES
DELAYS
GROUPS WEAKEN/ FRAGMENT
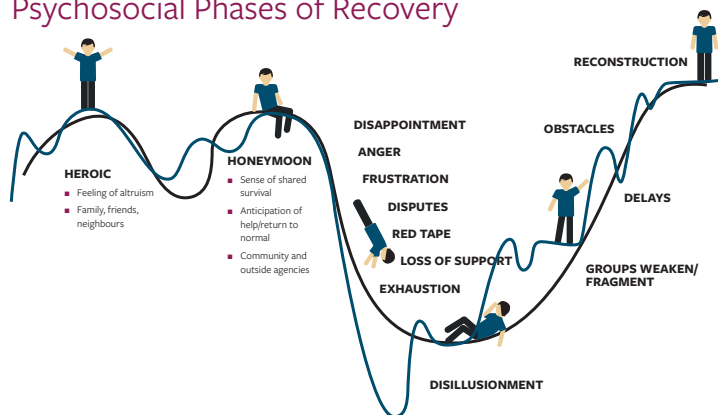
Credit: Australian Disaster Manual – Emergency Management Australia

Whilst we need to beware of making generalisations, this model depicts the journey that individuals and communities may experience, based on international research into recovery.

People or communities may experience recovery differently and at different rates. However, in general, after an emergency people pull together and there is initially a feeling of unity and positivity as people help each other and anticipate the future optimistically, such as the timeframe for re-building.

Over the medium to longer term this can wane as people become tired and the reality of dealing with the day-to-day difficulties of living with recovery set in. Insurance and bureaucratic processes can also begin to take their toll on people's stress levels.

Most people do recover, even if it takes time. When in the depths of one of the troughs it may be hard for people to imagine this. However, as you can see, the end point is higher than the start point – people grow during the experience of recovery and usually report that they came out the other end having learnt a great deal about their capabilities, their priorities and how to deal with difficult times.

Rose Laing

"Over the past months I have done my best to take simple, practical steps to look after my son and myself. The 2011 Christmas Eve earthquakes were an emotional turning point for me. There was a sense of we now know how to do this. We have survived and adapted to this point – we can do it."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Multifaceted Impacts

The range of impacts on the community after a disaster can be grouped as economic, built (material/infrastructure), natural, cultural and social.

The effects of an emergency on people and communities are multidimensional and interconnected. In order to work effectively with people during recovery we need to understand how people and communities might be impacted and how this affects them.
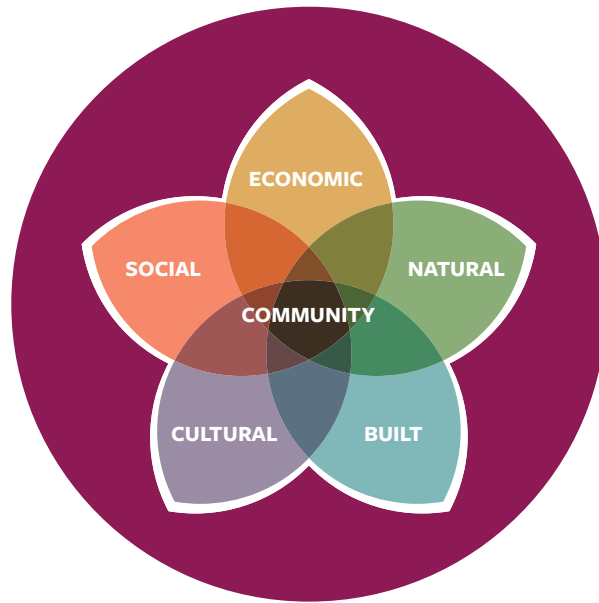
Credit: Canterbury Earthquake Recovery Authority

The overlapping petals in the diagram illustrate that each of the five environments are interconnected. After an emergency and during recovery the following may be impacted:

- **Social** – gathering places may be damaged or closed, people may be less able or willing to go out and meet others, people may be more reliant on others so may connect with their neighbours for the first time.
- **Economic** – business premises may be damaged or closed, access to certain areas might affect patronage of businesses such as the shutdown of the Christchurch CBD after the earthquakes in Canterbury, workforces may be disrupted.
- **Built** – roads, buildings and infrastructure may be damaged.
- **Natural** – landmarks may be damaged or destroyed, waterways may be contaminated, access to parks may be restricted.
- **Cultural** – people's identity may be challenged by the loss of or damage to important aspects of their city or community, whole groups or communities of people may be forced to relocate away from certain areas, culturally important meeting places or resources may be impacted.

Disasters cause a range of impacts to people and communities. People do not function separately in society but as parts of social groups. Individuals are connected to their community in conscious and subconscious ways through collective economic, emotional, physical, spiritual, environmental and cultural environments.[1] When one environment is impacted through the effects of a disaster, this impacts on the others.

After a disaster it is common to hear much about the impact on the built environment – how many buildings or roads are damaged, how many have been repaired. Focus can get drawn to the built environment in isolation. However, focusing recovery resources or initiatives on just one 'area' may mean the outcome is less effective or even has an unintended negative effect on the others.

As the diagram illustrates, all the petals travel out from the community at the middle. People need to be central to all aspects of recovery. All the environments derive their importance as a medium for people – the built environment is a conduit for people's social lives.

[1] Australian Emergency Management Institute, 2011, *Community Recovery Handbook 2*, p. 79.

Impacts on People

Emotional impacts are wide and varied. Some may include:

- Frustration
- Guilt
- Shock
- Grief

- Pride
- Irritability
- Helplessness
- Insecurity

- Feeling inadequate
- Hope

Colleen McClure

"I am grieving on so many levels. It is imperative that I feel and allow myself the space to process this grief, before I can move forward. As part of this, I have also learned to listen to myself and to say no when my energy reserves are too depleted."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz[2]

Meredith Dyer

"I had just put our 11-month-old son to bed when the February 2011 earthquake came. It hit with such sheer violence that I was not physically able to get to his room. All I remember was hearing a thud from his room and that's when I started screaming. When I finally made it to him, he was standing in his cot wide-eyed... I was inconsolable... From that point, every time I held the handle of my son's bedroom door I became entirely gripped with fear. It was particularly bad during the night, as the dark symbolised my lack of power and control."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

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[2] These images and stories are part of a photojournalism exhibition called 'The Space Between Words' by Christchurch photographer Guy Frederick. This exhibition was funded by a 2011 NZ Mental Health Media Grant, and supported by the Frozen Funds Charitable Trust, the Like Minds, Like Mine programme and the Mental Health Foundation. The Space Between Words is available at: http://www.mentalhealth.org.nz/file/Media-Grants/PDFs/the-space-between-words-exhibit.pdf

Cognitive impacts (or how the brain reacts) are wide and varied. Some may include:

- Difficulty concentrating
- Memory impairment
- Indecisiveness
- Absentmindedness
- Impaired decision-making ability
- Poor attention span

Maria Thackwell

"I was a high performing person and suddenly I felt like a complete failure. The sheer amount of loss and change was overbearing. I had a massive grieving process to face – grieving for my loss of confidence, loss of normality and loss of trust in people. I was unable to work or function normally for six months."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Physical (health) impacts are wide and varied. Some may include:

- Changes in sleep patterns (insomnia, nightmares)
- Tense muscles
- Impaired immune response (vulnerability to illness)
- Nausea
- Fatigue/exhaustion
- Gastrointestinal problems
- Headaches
- Changes in appetite

Colleen McClure

"I get so tired and rundown. It all takes a lot of energy and my reserves have slowly depleted. This has been difficult for me to accept, as I have always kept on going and said yes to everything."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Physical (the 'built environment') impacts are wide and varied. Some may include:

- Damaged road networks
- Loss of public transport options
- Broken landmarks and/ or buildings of cultural or personal significance
- Loss of personal items such as mementos and photographs

Gerard Smyth

"About 36 hours after the quake I saw the state of the Basilica [of the Cathedral of the Blessed Sacrament, Christchurch] for the first time. The adrenalin, which I had felt up to that point, flooded out as emotion. I burst into tears. It felt like I was letting my breath out for the first time. The Basilica had been so familiar in my early life. The largest strongest building I knew. Now it was down."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Denny Anker

"I was at home and thrown to the ground at the top of the stairs. It felt as if a malevolent force was shaking the house apart, determined not to stop until the place was destroyed. I wailed for the first time in my life, and sat in a frozen heap in the garage doorway all afternoon... I came back to stay in the house... but that was extraordinarily difficult. I had helped build, then lived in and loved my house for 35 years and now felt betrayed by it. I felt permanently terrified. I couldn't cope with silence and couldn't sleep in the dark."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Social impacts are wide and varied. Some may include:

- Dislocation of communities
- Difficulty functioning in the community
- Loss of interest in activities
- Tension within family units and community
- Loss of personal and physical boundaries
- Increased feelings of community
- Change in roles within the community/family
- Loss of gathering places

Jolene Parker

"I thought 'I can't deal with this – that's it'. From that point I entered a numb space of existence. I found every excuse not to leave the house. I couldn't rationally process things and was oppositional with my partner just for the sake of it."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Spiritual impacts are wide and varied. Some may include:

- Questioning beliefs and faith
- A deeper connection to faith
- Questioning assumptions about 'constants' (for instance, that the ground will not move)
- Disruption of a spiritual connection with land and 'mother nature'
- Loss of life's meaning and purpose or the way we had believed the world operated

Denny Anker

"I have experienced an overwhelming loss of trust. On face value, it's the loss of trust in the earth under our feet that I have consciously tried to protect for all my life, but it is far bigger than that. It is the loss of trust in myself, in our environment, and in the world in general.

The biggest impact was simply not coping with not coping. Prior to the earthquakes I had coped in one way or another with all of life's adversities. After February it was hard to accept that I wasn't coping."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Notes:

Disruption

The disruption to services and to people's lives that occurs as a result of the disaster and during recovery impacts people's roles, routines and assumptions. They disrupt everyday activities as well as plans and goals for the future. This adds to people's sense of powerlessness during recovery as an ability to plan helps people gain a sense of control over their lives.

Routines:

- Offer safety and security.

- Familiar and repetitive moments within routine frees the mind to wander and mull, which is an important part of processing daily experiences and problems to help with decision-making.[3]

- A familiar environment gives the mind a break because things can be done on 'autopilot'. Without this, everything is novel. People are forced to be constantly aware and thinking consciously about their actions. This is mentally taxing.[4] Living in an environment where roads are being repaired means people can no longer tune out, day dreaming about dinner or mulling over a problem from work, they have to be switched on and thinking, *"Which way is now the quickest way home if I cannot take a right here?"*

Secondary stressors

See page 69 for information regarding secondary stressors.

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[3] Hill, M., 17 March 2013, 'Let Your Mind Wander: It's good for you', *The Sunday Star Times.*
[4] Gordon, R., 2006, 'Acute Responses to Emergencies: Findings and observations of 20 years in the field', *The Australian Journal of Emergency Management.*

What is Recovery?

Recovery is about people affected by disaster regaining control so they can build lives of dignity and value.

Recovery is not about helping communities return to their lives as they once led them. The impacts of a disaster mean lives will not go back to the way they were. This is a challenge to the traditional concepts of recovery, which in defining recovery as "returning to their lives as quickly and efficiently as possible" introduce timeframes that fail to recognise that recovery is a complex process that may take a long time.

There are two key aspects of recovery; that people and communities:

■ Have a sense of **control over their lives**. People have very little control over the impacts disasters cause. This can be a major stressor in people's lives. Therefore a key aspect of the recovery process is that communities and people feel they have regained control, and come to terms with what that means for them, over their lives. This is necessary in order for people to be able to begin to establish lives that they value.

"You are recovered when you once again lead a life you value."

Source: Anne Leadbeater, resident of Kinglake, Victoria

■ Are able to **establish a new future they value**. 'Recovery' as a term may not resonate with some people as it implies returning to life as it was before the emergency, which is not possible for some people whose lives have been impacted by loss, disruption and distress. It is also not desirable if we want to ensure communities are less vulnerable to future events. In Australia, the community of Strathewen was devastated by bushfires but avoids the term 'recovering' in favour of 'Renewin' Strathewen'.[5]

 "…an important focus of recovery is the establishment of the basis for a new future."

 Source: Dr Rob Gordon

Keep in mind that recovery is relative; there is no fixed point at which recovery can be said to have taken place.[6]

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[5] Strathewen Community, retrieved from: http://www.bigstories.com.au/#/town/strathewen
[6] Australian Red Cross, 2012, 'Facilitator Guide', *Community Recovery Information Series.*

What is Resilience

Resilience is the ability to respond and adapt in the face of adversity or risk.

Resilience is often referred to as the ability to 'bounce back'. This definition can be limiting in that it does not acknowledge that, during recovery, people learn and grow (they may become more aware of their coping mechanisms and be better prepared for future emergencies), and it neglects that people often do not want (and perhaps shouldn't for their safety) go 'back' to how they were prior to the emergency. Emergencies often bring about a lot of change and therefore 'bouncing forward' to something different or even better may make more sense to those in recovery.

After a disaster a person's individual and community resilience affects their recovery process. Resilience can be influenced by:

- **human capital**: *health, social wellbeing, nutritional status, education, skills, labour power and knowledge*
- **social capital**: *social trust, interconnectedness and the networks that people can draw upon to solve common problems and support community functioning*
- **physical capital**: *houses, vehicles, equipment, infrastructure, information technology, assets*
- **natural capital**: *access to land, water, wildlife, flora, forest*
- **financial capital**: *savings, tradable commodities, access to regular income, insurance*
- **political capital**: *individual/group/community ability to influence policy and the processes of government–political capital is underpinned by the mutual communication between government and citizens, which allows citizens to participate in the formulation of policy and the provision of government services.*[7]

Maria Thackwell
"There has been a lot of hiding the truth of the disaster, especially the emotional toll. The continual use of the term resilience made me feel even worse. I kept on thinking, 'Why am I not coping when the rest of the population seems so resilient?' Resilience should not mean business as usual... I bent and fell over."

Source: Guy Frederick, 2013, 'The Space Between Words', www.guyfrederick.co.nz

Hope plays an important role in **resilience**; it helps people to withstand the difficulty of emotional and physical pain.[8] It provides motivation for the future.

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[7] Australian Red Cross, 2012, 'Facilitator Guide', *Community Recovery Information Series*.
[8] Wilson, J. & Parry, A., 2010, *Making Australia Happy*. Australia: Heiress Films.

2 | Responses in Recovery

2 Responses in Recovery

LEARNING objectives:

1

Improve understanding of the physiological impacts of stress during recovery.

2

Appreciate the role of practical recovery strategies in people's recovery.

3

Understand the complex nature of vulnerability and avoid making assumptions about people.

Module key messages:

Recovery is a long process not usually straightforward or simple.

Recovery Strategies include:
The opportunity to talk
Knowing our responses are normal
Being socially connected
Participating in leisure and pleasure.

pp. 23–24

Vulnerability in recovery is complex
Factors to consider: situation before event; experience of event; and situation after event.

pp. 25–27

p. 21

Adrenalin
Short–term threat response, desire to act without cognitive ability to think through options or plans.

Stress response

Cortisol
Endurance mode, impairs memory and ability to think strategically or creatively to problem–solve – creates action impotence.

p. 22

Stress response

Effects of Adrenalin and Cortisol

The hormones adrenalin and cortisol peak in the body in times of stress. Cortisol and adrenalin impact how we think, make decisions and communicate.

If we understand the basic physiology of stress responses and recognise them in others, we will be better equipped to show understanding and support. We may also be working under stress and it is important to recognise how we may be affected too.

In the normal state that we operate in, day to day, when unaffected by an emergency, we adjust to everyday life to order to stay within our 'comfort zone'. This is the optimal state for our mind and body. However, when affected by a traumatic event the experience of threat pushes people outside their comfort zone. This can release stress hormones in the body called adrenalin and cortisol.

Adrenalin

Impacts on the mind and body:

- mobilises unknown energy reserves
- short-term and unsustainable energy increase
- creates a desire to act, but without an ability to process thoughts or construct plans
- narrows the attention to concrete problems
- postpones the processing of experiences and emotion
- focuses attention on threat, negative outcomes become more obvious than positive options.

How to recognise if someone is in adrenalin mode:

- total focus on the problems, but unable to order them
- rapid and detailed description of problems
- cannot stop or slow down
- body language is tense, and responses may be irritable or frustrated
- if prevented from action responds with emotional outpouring, such as tears or anger
- alternates between feelings of invincibility and physical and emotional exhaustion.[9]

What this means for people in recovery:

Adrenalin pumps up the body for survival against an immediate threat; it shuts down certain functions so as to mobilise the senses and energy to respond to the threat. This reduces the mind's ability to process information about the surroundings, including reading other people's needs, communicating properly or taking in vital information. Adrenalin is a short-term immediate reaction to the kind of intense stress an emergency invokes in some people. Although with every new threat the body may again release adrenalin. The focus on threat rotates negative possibilities in the brain so it becomes more difficult to see positive options.

[9] Gordon, R., 2005, *Coping with Stress and Depression Factsheet*, Victorian Bushfire Reconstruction and Recovery Authority.

Cortisol

Impacts on the mind and body:

- preserves the body's resources to ensure survival in face of uncertain threat
- shuts down most functioning not related to survival
- thinking focused on narrow problem-solving, not able to innovate or be creative, memory reduced
- emotions become numb, apart from instinctive emotions such as anger, fear, shock
- unable to act – cannot make the necessary decisions required to take action
- degraded quality of life – depletes energy and interest in social interactions as focus is on recovery-related activities.

What this means for people in recovery:

Cortisol helps the body prepare for long-term stress. After an emergency adrenalin will often give way to cortisol; however, ongoing immediate threats may cause the body to also respond with adrenalin. There is no 'free lunch' in the body; cortisol enables the body to conserve energy by shutting down some of the brain's functioning. This impacts our ability to process complex information, problem-solve and make important decisions.

Cortisol can make people very 'blinkered', narrowing problem-solving to concrete tasks. But because cortisol impacts on the brain's ability to think in detail about the best way of going about tasks, people are often unable to make considered decisions.

This focus, coupled with the fact that people are operating on depleted energy resources, can mean other priorities in their lives such as spending time with family and friends, or doing activities they enjoy, become neglected. These are the things that make our lives meaningful and without them our quality of life suffers.

Supporting People's Recovery

There are some key strategies for reducing stress reactions and promoting wellbeing in recovery.

Counteracting the effects of adrenalin and cortisol does not require complex intervention. What helps people in this state is having an awareness of their stress and willingness to prioritise the things that will help them step out of stress mode. You can support people to do so by promoting some key strategies.

The Recovery Strategies are evidenced-based ways of helping to reduce long-term stress, such as cortisol, and support wellbeing during recovery:[10]

- An **opportunity to talk**. By being there to listen if someone needs to talk you are giving the message that their experience counts and they are valuable. Putting emotional experiences into words is an important part of the process of making sense of an emotional experience. However, encouraging or expecting people to talk before they are ready or if they do not want to should be avoided as this could be harmful.

Credit: All Right?, www.allright.org.nz

- Information to **normalise responses**. Assuring people that their responses (strong emotions, physical responses, trouble concentrating or remembering things) to stress are normal can reduce anxiety and can make it easier to be patient with themselves and others.
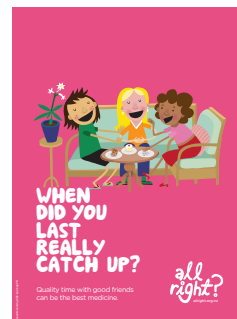
- **Social connection**. A healthy functioning person in a typical community has many different types of social connection. Those closest to them such as their family, friends or neighbours may offer daily support while more distant connections such as colleagues, fellow gym members, parents at school or local café staff add richness to people's lives. Close ties are drawn upon to help people cope in times of hardship. Informal connections ensure people feel connected to the community around them. Social connection may be disrupted or not prioritised during recovery.

Credit: All Right?, www.allright.org.nz

Promoting the importance of getting together with friends and family and of building new networks if old ones have been disrupted, such as by joining a new sport group or frequenting a different café, is vital to supporting people's recovery.

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[10] Hobfall, S.E., Watson, P., Bell, C.C., et al., 2007, 'Five Essential Elements of Immediate and Mid-term Mass Trauma Intervention: Empirical evidence', *Psychiatry.*
Gordon, R., 2006, 'Acute responses to emergencies: Findings and observations of 20 years in the field', *The Australian Journal of Emergency Management.*

■ Participation in **enjoyable and meaningful activities: leisure and pleasure**. People may need permission to put fun back into their lives during recovery, especially when grief is involved. This is about prioritising time for leisure and pleasure. Pleasure is what we get from activities that are enjoyable and meaningful. Leisure is what we do when we take a break and ask ourselves "*What would I like to do right now*?" Participating in these activities is important to maintaining wellbeing during recovery as it allows people to step out of their stress and recharge their batteries and to reconnect with what gives value to their lives. We can encourage people to look for opportunities to do what they enjoy and what works for them.

Strategies for supporting people in immediate overwhelming stress, such as adrenalin

This is often referred to as psychological first aid[11] and has been shown to be the best form of support for the majority of people impacted by a traumatic event such as an emergency:[12]

■ **Provide safety**. People who are experiencing stress or a traumatic event need to feel safe. Help them to do so by staying close, building trust and providing a calm environment.

■ **Listen attentively**. Be there for them by providing them with your full attention, showing that you are listening and allowing them space to talk about their experience. They should only talk if they want to. It can be harmful to pull information out of people not ready to talk so simply allow them the space to talk, let them lead the conversation and talk about what they feel is important.

■ **Accept their feelings**. Allow the person to be emotional if that is how they need to deal with their situation and provide comfort and calm. Reassure people that emotional responses are a normal response to the situation and it is okay for them to be feeling what they are feeling.

■ **Provide information**. Assist people to take control over their recovery by providing them with good-quality clear information.

■ **Provide help**. If someone is in extreme stress, assist them with practical help; contact someone from their social network and recognise those who require further assistance and refer them to the right service.

■ **Promote hope**. Your being there for the person can help convey that there is hope for recovery.

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[11] The International Federation Reference Centre for Psychosocial Support, 2012, *Community-based Psychosocial Support: Participant's book*, International Federation of Red Cross and Red Crescent Societies.
[12] Bell, V., 12 May 2013. 'Minds traumatised by disaster heal themselves without therapy', *The Observer*.

Understanding Vulnerability

For reasons depending on various factors, some people may be more vulnerable during recovery than others.

There are certain factors that might increase a person's or community's likelihood of requiring extra support during recovery. However, be wary of assuming someone is vulnerable. Just because they have been affected by an emergency does not mean they do not have skills and resources they can employ to support themselves.

When we consider how to prioritise services during recovery we often think about ensuring support or special consideration is available to those who are most vulnerable or most in need.

Traditional notions of 'vulnerable' may include the following groups:

- older people
- families with children
- people with a disability or pre-existing health condition
- new migrants or those for whom English is a second language.

However, be aware that, just because someone may fit into one of the above categories, it does not necessarily mean they will be more vulnerable during recovery.

Moreover, in recovery we need to think of vulnerability in a multi-dimensional way. Emergencies can be very levelling, affecting people from many walks of life and those who may not be used to needing assistance. We need to be very mindful of this when dealing with people during recovery.

The impacts of an emergency can have the result of creating groups of what has been termed the 'new vulnerable'. These are not derived simply from a measure of what has been lost in the event – a tendency to create a 'hierarchy of loss'. Instead, this approach is about recognising the multifaceted impacts of recovery on people and communities.

When thinking about vulnerability we need to also be aware that people may be hesitant to describe themselves as vulnerable after an emergency. We are all aware of the tendency many people have to play down the fact they are having a hard time. Rejecting support does not necessarily mean a person could not do with the help. They may be reluctant to admit to needing it for a variety of reasons. Normalising the fact that everyone experiences difficulty during recovery may help to break this barrier.

Supporting people in recovery is about showing empathy and understanding to people experiencing a range of circumstances and providing the assistance and support people require to regain power and control over their lives. This is not achieved by making assumptions around vulnerability, disregarding strengths and taking away their dignity.

The following three factors have been recognised as important factors for indicating who might have a particularly difficult time after an emergency:

Their situation prior to the emergency

■ People with pre-existing health factors who may have needs that are impacted by an emergency – this could be people with a disability or health condition. Older people may be more likely to be in this category due to their increased health risks rather than their age itself.

■ People who are juggling a great deal at the time of the emergency. People with a 'lot on their plate' have less capacity to deal with the added stresses of recovery. This is where the 'new vulnerable', people in their 30s and 40s, fit in. People in this age bracket are frequently balancing multiple responsibilities such as children, mortgages and careers, potentially caring for older parents and do not necessarily have much extra coping resources to meet the additional challenges of recovery.[13] An additional vulnerability of this group may be their unfamiliarity with accessing support services. The majority of New Zealanders have not had experience with helping agencies and are unfamiliar with legal issues, processes and procedures. They may struggle with the notion of requiring support or the reality of having little power over these aspects of recovery and dealing with a process that is often not very straightforward.

■ People with something major happening in their personal lives, such as a relationship breakdown or a sick loved one, may also find it difficult to meet the additional demands of recovery. A person or family who already has a lot to cope with will have less spare 'coping resources' to deploy.

■ People who are alone, have little social support or are new to a community may experience more difficulty during recovery. This is because we tend to band together to deal with hardship – social support helps us to withstand difficult times. Also, those who are most connected, who have a neighbour, family or friends are more able to access support and resources after an emergency. Social ties serve as informal insurance after a disaster, providing people with access to information, financial help and physical assistance. This is not just post-emergency but also during the long process of recovery. It is neighbours and friends who often offer the first support after an event and most vital forms of resources for recovery, and are there for the long haul.[14]

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[13] CERA Wellbeing Survey 2012 and 2013.
[14] Aldrich, D., 2010, 'Fixing Recovery: Social capital in post-crisis resilience', *The Selected Works of Daniel P Aldrich.*

How they experienced the emergency event

- This is very individual – even people together in the same room at the time of the emergency may have had very different experiences of that event. Those who thought that they or a loved one were going to die, or were not with their loved ones during the event and were concerned for their safety, have more to process about the event itself than those who didn't have that perception.

- People who saw traumatic events may have distressing memories to process about the event.

- There are many different ways people might be impacted by an emergency event: they might have lost a loved one or been injured; their home might have been badly damaged; things that are important to them might have been lost.

Their situation after the event

- People's social networks are a vital aid during recovery. Those who have lost this social support due to their relocation or community disintegration are much more vulnerable during recovery.

- People who expected support from a relied upon family member or friend that did not eventuate can experience increased distress and added difficulties after the event.

- People might be living in damaged homes.

- People might have reduced or no support services and/or lack of transport options to access them.

Suspending Judgement

We are all individual; there is a wide range of valid responses during recovery.

There is a natural tendency for people to place themselves and others on a 'hierarchy of loss' – who lost more in the event. This is unhelpful during recovery as it creates and reinforces divisions in the community, is based upon assumptions that may be incorrect and creates a barrier to people feeling their experience is legitimate.

People are all different and what they value very individual. People feel different types of connection to their possessions and prioritise different things in their lives. Emergencies cause loss and we need to recognise the individual nature of this and the legitimacy of a variety of feelings.

The concept of a 'hierarchy of loss' after a disaster – judgements about how someone should respond to their loss and comparison with others – is unhelpful.

Some ways in which people might experience loss:

■ **Home:** to some the place in which they live may just be a house, while to others it is an irreplaceable home with many deep connections. It may be much more than the bricks and mortar it is made of and its loss or need for repair can be extremely traumatic to the person or family. It is therefore vital to treat the process of repair or rebuild sensitively.

■ **Possessions:** some people have items that signify something extremely important and are therefore irreplaceable. Their loss can cause much distress. Others may not feel this same connection towards objects.

It is important not to make judgements about how someone might be affected by the way they or their home looks. This refers to assumptions that they do not require assistance because they seem 'wealthy enough to handle it' as well as assumptions they will require support because they come from a lower socio-economic bracket.

Credit: photo and story Moss Locke family

This is a family home from the Avon loop in Christchurch. The home was built by the family to match the home where descendants had lived for generations. At the time of the earthquakes four generations of the family lived on this street. Due to decisions regarding land zoning the home was pulled down after the earthquakes in Canterbury, despite being undamaged, and as a result the family dispersed to separate parts of New Zealand.

Activity: Priorities

Your suburb has been hit by a ferocious, freak storm. Hundreds of houses, including yours, have been badly damaged by the wind, hail, electrical fires and flooding that followed. You have managed to save a suitcase of clothes, but everything else is lost or irreparably damaged. You have heard that there were two deaths during the storm. Emergency authorities have placed you and your family in temporary accommodation. Your family is safe.

Please circle your two priorities. There are no right or wrong answers to these questions.

1. If anyone has found your dog who ran away in the storm.

2. Determining what your insurance situation is.

3. Finding out when you can return to your home.

4. How you will get over losing some of your most treasured and irreplaceable belongings.

5. What has happened to your neighbours.

6. Who died in the storm.

7. How you can comfort your children who are having nightmares.

8. How much your ruined house and land would be worth if you put it on the market.

9. How you will cope with solicitous friends who have no idea what has happened to you and keep offering advice and telling you about the time when they etc. etc.

10. Whether there is any asbestos risk or other hazards among the damaged buildings.

11. How you will restore all your important personal, tax, legal and business documentation.

12. Whether you are entitled to any grant from the Government to rebuild.

13. If there is any counselling available for your and your family.

14. How to get your children back to a normal routine.

15. How you can help your spouse/partner who is showing signs of extreme stress.

16. How to get in touch with faraway friends and family to let them know you are safe.

How people are affected after an emergency and what needs they have for support is dependent upon their personal circumstances and priorities. It is not always easy to read what these are or what motivates a person's actions or concerns by the way they or their house looks. Be wary of making assumptions regarding how we perceive people should react or what they should prioritise.

As this activity highlights, we often differ in what is important to us. Seeing the people we work with as individuals with their own priorities, instead of making judgements and assumptions, ensures we all feel valued.

Notes:

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3 Providing Support

MODULE 1
MODULE 2
MODULE 3
MODULE 4
MODULE 5
MODULE 6
MODULE 7

3 Providing Support

LEARNING objectives:

1

Understand the principles and ethics of psychosocial support.

2

For staff and volunteers in support roles to have increased appreciation of the importance of supporting people during recovery.

Module key messages:

Participate in leisure and pleasure

Knowing we are not alone in our feelings and responses

Being socially connected

Recovery strategies reduce stress reactions

pp. 23

Be there for the person

Actively listen

Providing support

Opportunity to talk about our experiences

Refer if necessary

pp. 36–39

Provide information

Where Does Psychosocial Support Fit in Recovery?

People will require varying levels of support during recovery. Basic psychosocial support fits into the base of the pyramid.

The psychosocial impacts that the majority of people experience during recovery can be reduced and their experience in this period eased with the provision of psychosocial support. This type of support is not a specialist counselling service and those with higher or more chronic needs can be assisted by referral to appropriate agencies. Psychosocial support has been shown to be the most appropriate support for the majority of people impacted by a traumatic event such as an emergency.

Specialised services

Focused non-specialised supports

Community and family supports

Basic services and security

Credit: International Federation of Red Cross Red Crescent

The layers of the pyramid diagram represent the different kinds of supports people may need during recovery – whether at times of immediate crisis or in longer term recovery.[16] The higher up the pyramid indicates the more specialised type of support, for those in more need.

The majority of people fit in the base of the pyramid and benefit from basic psychosocial support. A small percentage of the population fit into the tip of the pyramid and may benefit from professional assistance such as psychological or psychiatric support.

Support during recovery should be offered at all levels by different organisations.

[15] Bell, V., 12 May 2013. 'Minds traumatised by disaster heal themselves without therapy', *The Observer*.
[16] International Federation of Red Cross and Red Crescent, 2009, *Community-based Psychosocial Support: Participant's book*, p. 23.

Extra Material

9/11 anniversary: a watershed for psychological response to disasters

In the wake of the 9/11 terrorist attacks on New York it was decided that survivors would be offered the opportunity, as quickly as possible, to discuss their experience with clinical specialists. This is called critical incident debriefing.

The rationale was that providing a top level of support to all survivors would result in a decrease in the number of people who would develop higher-level clinical problems such as post-traumatic stress disorder, depression or anxiety.

In actual fact there is tentative evidence, Richard Bryant writes, to show that providing this level of immediate psychological counselling could actually have been harmful for the majority who would not have needed higher-level support. For some people, disclosing emotional experiences immediately after trauma may increase stress and worsen their recovery.

What has been shown to benefit people after a traumatic experience is having structured support from trained people, not necessarily mental health professionals, who can provide generic psychological first aid.

Source: Bryant, R., September 2011. '9/11 Anniversary: A watershed for psychological response to disasters', The Conversation. Retrieved from http://theconversation.com/9-11-anniversary-a-watershed-for-psychological-response-to-disasters-2975
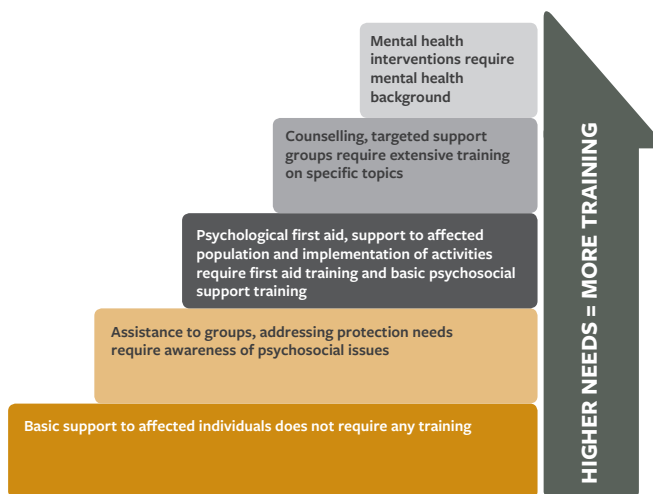
Your Role in Supporting People During Recovery

The best people to support the majority of those impacted during recovery are trained lay people.

Most people will recover after an emergency by utilising their support networks and resources. However, the psychosocial impacts can be reduced and recovery initiated when people have access to psychosocial support.

The psychological and social needs of people are attended to through a variety of programmes during recovery. At the centre of this is the provision of psychosocial support. The best people to provide psychosocial support are caring and concerned helpers with basic psychosocial training.[17]

It is likely that you already know and are practising many of the skills that make up this form of support. There is always a risk, however, that without the correct approach we may inadvertently damage the dignity of a person. Therefore, this training helps ensure awareness of some basic principles and techniques that are useful when supporting others.

As the needs of those affected increase, so does the need for training for those responding

Mental health interventions require mental health background

Counselling, targeted support groups require extensive training on specific topics

Psychological first aid, support to affected population and implementation of activities require first aid training and basic psychosocial support training

Assistance to groups, addressing protection needs require awareness of psychosocial issues

Basic support to affected individuals does not require any training

HIGHER NEEDS = MORE TRAINING

Credit: International Federation of Red Cross Red Crescent

[17] Gordon, R., 2006, 'Acute Responses to Emergencies: Findings and observations of 20 years in the field', *The Australian Journal of Emergency Management.*

What is Psychosocial Support?

Psychosocial support is about being there for the person in need.

*Psychosocial support is not about having a 'checklist'. At its core, this type of support is about the way you are with those you are supporting: it is about **being**.*

Psychosocial support to people in recovery involves being with a person to:[18]

- help them feel safe
- listen attentively so that they feel heard
- accept their feelings and normalise their responses
- provide information, such as the recovery strategies and information regarding where to access further support
- promote hope.

Being supportive and understanding to people experiencing stress or a traumatic event helps to promote hope in people for their recovery. Remember the importance of hope as a motivating factor in recovery and the role it plays in people's resilience (see Module 1 Resilience).

What qualities are needed in those providing psychosocial support?

- A caring attitude.
- Good listening skills.
- Being supportive and approachable, not intrusive.
- The ability and willingness to work with a diverse range of people, within your team and community.
- The ability to adapt and respond quickly to adverse situations.
- The ability to say 'no' to requests that compromise your own safety and wellbeing.

Having a flexible attitude is vital in recovery. International research has shown that in the area of recovery there is very little that is 'black and white'. Therefore "*embracing working 'in the grey' is helpful because recovery is an organic process, it has a rhythm and lifespan all of its own*".[19] It might be difficult at times but approaching work in recovery with an open mind and focusing on how your role contributes to the bigger recovery picture helps us to work with this level of uncertainty.

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[18] International Federation of Red Cross and Red Crescent, 2009, *Community-based Psychosocial Support: Participant's book.*
[19] McNaughton, E., 2013, 'Recovery Matters', report *submitted to the Winston Churchill Memorial Trust and New Zealand Red Cross.*

Extra Material

Research Finds Emotional Support Provides Post-flood Silver Lining

In 2011, Dr Jane Shakespeare-Finch and Julie Green from Queensland University of Technology's (QUT) School of Psychology and Counselling collected data from over 300 people who were affected by the Brisbane flood. The QUT research found the giving and receiving of emotional support, rather than gifts or donations, provided the greatest boost to personal wellbeing for impacted residents.

The early findings of the research, released as the six-month anniversary of the Brisbane flood approached, show that those flood-affected residents and members of the 'mud army' of volunteers who gave and received emotional support, were less likely to have experienced depression, anxiety and stress.

Flood-impacted residents told QUT researchers that the emotional support made them feel valued and cared for, and that there was someone they could trust when they were feeling down.

"Physical support like cleaning up or the act of bringing around a gift or donation wasn't as important to wellbeing as the emotional support people felt." [20]

The research has also found that those who gave and received emotional support had a higher level of perceived personal growth.

"These findings show that for personal growth to occur, the trauma which precedes it has to be substantial. For these flood victims, their view of the world as something benevolent and as a safe place which they could control was completely shattered. Essentially, these findings also demonstrate that you won't see a silver lining without having experienced the clouds. But of course for a minority of flood victims, the trauma of this has been enormous and the effects will be with them for a long time." [21]

[20] Queensland University of Technology, 8 July 2011, 'Research finds emotional support provides post-flood silver lining', Retrieved from: http://www.news.qut.edu.au/cgi-bin/WebObjects/News.woa/wa/goNewsPage?newsEventID=36412
[21] Ibid.

Ethical Conduct

We are here to support people in their recovery. To do this it is important to remain within your role.

Our intention when working during and after an emergency is to DO NO HARM. The best way we can support people during or after an emergency is by being there for them. We have limits to our role for our own protection and that of those we are supporting.

Psychosocial support does **not** mean **counselling**. Why is it important to stay within our role and not to practise counselling?

- **For the person?**
  - It is important to remember that counselling is a role best conducted by professionals with the right support from professional supervisors. There is a risk that while trying to help we may instead do harm.

- **For Red Cross?**
  - International best practice shows that services are most effective when they work in a coordinated fashion, rather than duplicating services. There are counselling services that people in need can be referred to.
  - If your organisation is not set up to safely provide counselling it could be damaging your organisation's reputation to step out of its role.

- **For yourself?**
  - Even if you are a trained counsellor if you are not working within a professional service it will not be safe to practise counselling. Safe practice involves having professional supervision, processes and mechanisms in place for your own safety. You should be provided support in your role, but it will not be the same sort of supervision required to safely provide counselling. Your safety is paramount.

Acting ethically

- This requires us to check what our motives are for wanting to help others. What **role** do we see **ourselves** and the **people** we are supporting in?
  - Do we see those impacted by an emergency and during recovery as 'victims' and therefore ourselves as 'rescuers'? This attitude doesn't serve the people we are trying to support.
  - Rescuers in this sense are not motivated by a desire to support someone to solve a problem; they are motivated by the desire to develop their own sense of self-esteem, a need for gratitude and the identity of the 'rescuer', which gives a sense of superiority or power.
  - While it is important to acknowledge that we get a lot from our work supporting others, our motivations must be to support people's recovery, not to solve their problems or see them as needing to be rescued.

- Act to **empower**, focus on the ability and strengths of those you are supporting, respect their right to make their own choices:
  - Emphasise what people have managed to cope with or achieve. This helps people to identify their strengths, build confidence in their abilities and recognise their own resilience.
  - Avoid offering advice: instead, offer information and options so people can choose their own path. This acknowledges that the person is an expert in their life and has the knowledge and skills to choose what is right for them. Offering advice assumes we know best. If people do want genuine input, providing information enables them to make informed choices.
  - It may be hard to hold back from advising – we often have the natural tendency to try to 'fix' a problem – we want to help and this seems the way to show this. But refraining from doing so emphasises the person's abilities to solve their own problems. People are not usually expecting you to provide an answer – they will appreciate being really listened to. Moreover, the act of talking about something often helps people to process things and to come to their own answers – we will talk more about this in Module 5 Communication.
  - It might be difficult for some people to admit they are having a hard time and to accept support. Making the first step to engage with you may start a positive process for them. However, it may also emphasise inability and dependency, leading to bitterness or anger about being seen as a victim in the eyes of others. Quality support helps others to regain self-respect and autonomy – in other words, empowerment.
- **Terminology**: the language – or words we use – can have a powerful effect on framing what is possible for a person or a situation. We need to be careful of how we choose to describe people and their needs:
  - Describing people as 'traumatised' or 'victims' infers that they are helpless and will not recover on their own. This is inaccurate and counterproductive to healing.
  - People can be distressed, troubled, angry or preoccupied with a destructive event, but that does not necessarily mean they are traumatised.
  - Use words that retain and protect dignity and a person's power.

■ Be **trustworthy** and keep your word with appropriate action. This involves not exploiting your relationship, exaggerating your skills or competencies. It also involves avoiding making promises you cannot deliver on or that mean you are then put in a difficult position. If you find yourself in a difficult situation where someone tells you something in confidence that involves an issue of safety (to themselves or others) you must discuss this with your supervisor or consult your organisation's policy.

■ Lastly, as we have discussed, the most helpful thing we can do is to really **listen to the person** and let them talk about their experience. This is really useful for people after an emergency and during recovery.

4 | Working Inclusively with Diverse Communities

4 Working Inclusively with Diverse Communities

LEARNING objectives:

1

Build upon our understanding of diversity.

2

Increase our skills with working with people from diverse communities.

Module key messages:

People with a disability
Acknowledge similarities rather than fixating on differences
pp. 46–48

Young people
This is a critical phase of development. Emergencies may impact identity creation and independence
pp. 50–52

Culturally diverse communities
Working inclusively have: Awareness, Sensitivity
pp. 44–45

Older people
Avoid assumptions of vulnerability. Relate to people regarding their needs rather than their age
p. 49

Working with People from Diverse Communities

Embrace diversity and respect people and their needs.

When working with people from diverse communities after an emergency, remember that many of their concerns would be the same as everyone else's: the safety of themselves and their loved ones, accessible support and effective communication.

Working effectively with people from diverse communities requires that we seek to understand and accept each other. Discrimination is treating one person or group less favourably than another due to their personal characteristics.

In this topic we will look at some things to consider when working with:

- culturally and linguistically diverse communities
- people with a disability
- older people
- young people.

Identifying a collection of people as a 'community' or 'group' in the following module does not suggest members are necessarily more vulnerable or less resilient to emergencies. The purpose of this module is to identify that different sections of society may have differing needs and characteristics that we need to be aware of and responsive to when working with members during their recovery.

All communities are made up of varied groups of people with differing opinions and needs. People may also not wish to be defined by their 'community' or 'group'. Those identified in this module are cross-cutting and can include all members of society.
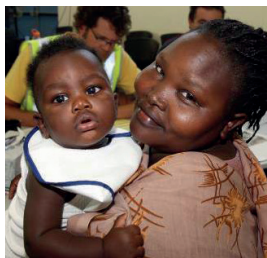
Credit: Australian Red Cross and New Zealand Red Cross

Understanding Cultural Diversity – Cultural Competency

Cultural competency involves being mindful and accepting of differences.

New Zealand is a diverse country; there are many different cultural groups who call New Zealand home. The worry of not understanding a culture and making a mistake or causing offence can cause anxiety when working with people from a different background. Building upon your cultural competency will help to alleviate this concern.

Culture is a learned way of life, shared by a group, that helps members define a collective identity. Culture provides a lens through which to make sense of the world, and establishes internal rules and values that define acceptable behaviour. Often a group that shares a common culture shares similar religious convictions and originates from a similar geographical area.

In New Zealand people who speak English as a second language are often referred to as Culturally and Linguistically Diverse (CaLD).

Having the skills and understanding to be able to work with people from CaLD communities is what makes someone culturally competent.

Cultural competency is about showing:[22]

- **Awareness** – of our own values and how these impact on many things, such as family arrangements, our beliefs and styles of communication; that other cultures may have very different ways of showing politeness or communicating (see the case study below).

- **Sensitivity** – including having a flexible, non-judgemental and enquiring attitude. Avoid making assumptions based on someone's appearance. This is about being able to follow cues provided by the people you are working with as to what is important to them. Seeking to understand with genuine care by asking if necessary to clarify how it is appropriate to act. Most people want others to understand them and will be happy to explain if asked in a sensitive, caring manner.

Case study: A story of cross-cultural misunderstanding

A young man of Tongan descent named John went to an important interview in Auckland. On being ushered into the CEO's office John immediately shrank down into the closest chair, hunching his shoulders; careful to display his respect by making himself lower than the CEO, although the CEO already sitting down on a chair of the same height made this difficult.

The CEO, in turn, was taken aback that John would sit without being indicated to and offended that he slouched in his presence. To him this came across as lazy and rude. Unfortunately for John and the CEO their lack of understanding meant that they each interpreted the other's respectful behaviour as impolite.

Source: Kathryn Peet

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[22] Content provided by Christchurch Resettlement Services, 2012.

English as a Second Language – Considerations in Recovery

Everyone has the right to accessible information, especially during recovery.

During recovery, people from CaLD communities may face extra challenges. It is vital that these communities have access to support and understand the messages communicated to them.

Considerations when working with people from CaLD communities during recovery:

- People with English as a second language may have increased difficulty communicating due to their understanding of English or because heightened stress and anxiety impact their ability to think and process communication in a second language.

Credit:
International Federation of Red Cross Red Crescent

- Some refugee or migrant communities may have experience of conflict or disaster that may increase their level of trauma or mistrust in agencies. It may also mean they have increased resilience and coping skills.

- New migrants may not have established social networks or their community may not be well connected to the wider society, reducing their access to information and support.

Communicating with people from CaLD communities:

- Suggest the person has a support person with them during meetings if there is someone they would like to be with them. A support person should be for support, not to speak on their behalf. The person should be able to speak for themselves, and if there is difficulty with English a professional interpreter and translated written information should be provided.

- Only **professional interpreters** should be used when communicating with people with little or no English. It is not best practice to use children or teenagers as interpreters for their parents or older family members. This upsets the power dynamics within a family, exposes youths to adult themes and puts undue pressure on them to understand adult language. Using other family members or friends to interpret should also be avoided as there is no way of verifying that important concepts are interpreted correctly and, moreover, may breach a person's right to privacy.

Your workplace should have a process in place for accessing professional interpreting services when needed and ensure you understand how to access this service.

Working Effectively with People with a Disability

We all have aspirations for our lives. People with disabilities do too. We are more alike than not.

Working inclusively with people with a disability requires acknowledging similarities, rather than fixating on differences. All people have goals, strengths and abilities. We normally prefer to think of ourselves in regard to what we can do and what talents we have – we should think about and treat all people this way.

Tips for working with people with a disability:

■ Explore who the person is, introduce yourself first and get a sense of their priorities; then, if appropriate for how you will be supporting the person, ask about their disability.

■ Disability is not a defining characteristic of people. Rather it is a cross-cutting issue that can affect any member of a community.

■ Use 'People First' language – 'person with a disability' as opposed to 'disabled person'. This acknowledges the full identity of the person, not defining them by their disability. For example, John might be a teacher, a father, a mentor and also have a disability.

Credit:
International Federation of Red Cross Red Crescent

■ Don't make assumptions. It is important to ask before you help. A person with a disability may be quite capable of opening doors for themselves or self-manoeuvring (wheeling themselves/moving out of/into their chair). If you are unsure, ask.

■ Avoid potentially offensive terms or euphemisms. Stick to factual language.

■ If communication is an issue and you have difficulty understanding what is being said, persevere patiently rather than being guided by discomfort to cut short the conversation.

■ If the person has a support person, speak directly to the person in the first instance wherever possible, not their support person.

There are many ways of thinking about the term 'disability'. This refers not only to the physical or intellectual limitations of a person, but also about how society (how other people think of people with a disability, the accessibility of the built environment) often creates the barriers that limit people with disabilities.

Working with People with a Disability – Considerations in Recovery

Safeguard the dignity and the ability of people to support themselves during their recovery.

Understand that the needs of those with a disability may vary from others. Speak directly to the person about what their concerns and needs are as it is likely they are impacted in ways that may not be anticipated.

Considerations when working with people with a disability during recovery:

- Speak normally when communicating and do not assume that a person's disability means you are not able to be understood.

- Lack of mobility may mean people experienced heightened levels of anxiety during the emergency event; they may have not been able to control their evacuation or perceived they were at higher risk of danger.

- Recognise that people with a disability may have increased personal resilience as a result of their previous experiences and requirements for living independently. For example, after the earthquakes in Canterbury some households of people living in wheelchairs supported their neighbours with their emergency supplies as they were well prepared, unlike their 'able-bodied' neighbours.

- Items that grant people a significant level of independence may have been damaged or destroyed in an emergency, or they may have been specially built into a house they can no longer live in, the loss of which reduces the ability to recover to pre-emergency levels and impacts on their independence and dignity.

- Self-mobilisation may have been reduced due to damaged footpaths or roads.

Specific considerations

Physical disability:

- Be aware that wheelchair users are trained in special techniques to transfer from one chair to another. Depending on their strength they may not need assistance.

- Speak to the person from the same level. If they are in a wheelchair or sitting down, sit down so your conversation occurs at eye level.

Visual impairment:

- Be aware there is a difference between visual impairment and blindness. Some people may have some sight, others may not.

- Announce your presence; speak out before entering the area.

- Speak naturally and directly to the individual.

- It is not necessary to raise your voice.

- Offer your arm or let them grasp your arm if you walk anywhere, and advise of any obstacles.

- Communicate any written material orally.
- If the person has a service animal do not pet or distract it unless the person says you may.

Hearing impairment:

- Be aware hearing aids do not guarantee that the person can hear and understand speech. Hearing aids increase volume, not clarity.
- Establish eye contact and speak directly with the individual, not the support person or interpreter if one is present.
- Use facial expressions and hand gestures. Remember, much is communicated without speech.
- Check to see if you have been understood and repeat if necessary.
- Offer a pencil and paper to communicate with but be aware that not all people with hearing impairment have high levels of literacy.
- If the light is low, pointing a torch to your lips can assist with lip reading.

Learning/intellectual disabilities:

- Be aware that, unlike some disabilities, intellectual functioning is not always apparent and may not be easy to recognise.
- Recognise that a traumatic event such as an emergency may trigger psychological responses immediately or long after an event.
- There is a broad spectrum of learning/intellectual disabilities. A 'one size fits all' approach is not helpful.
- Introduce yourself and identify what you are there to talk about.
- Treat the person as an adult and an equal.
- Give the person extra time to process what you are saying and to respond.
- Use short, simple sentences. An overload of information can be confusing.
- Make sure your verbal and non-verbal communication is consistent.
- Be patient and empathetic, as with anybody.

Working Effectively with Older People

Most people do not feel 'old'; it is not until they experience ill health that many older people feel 'their age'.

Do not assume older people are vulnerable in recovery. They can be highly resilient due to their life experience and are often very active supporters within their family and community. While it may be easy to assume older people feel old, in reality most people feel the same as they have always felt.[23] Relate to people regarding their needs rather than their age.

Credit: New Zealand Red Cross

Credit: Australian Red Cross

Considerations in recovery:

- Older people are more likely to suffer from health issues that reduce their mobility. They may also live alone which means they *may* lack support and be socially isolated.
- They may have to face the shock of losing all they had attained in life; their home, family, employment and security.
- Older people may feel they have less time available in terms of lifespan to manage a recovery which may take years, with implications for their retirement plans and dreams.
- Members of this age group may be on a limited income that restricts economic freedom.
- An emergency may increase an older person's dependence on family, which may lead to complications within the family unit.
- Older people may fear admitting they are experiencing any difficulty for risk of being viewed as requiring support and losing their independence.

Tips for working with older people:

- Always ask the person how you can best assist them.
- Some older people may respond more slowly to an emergency and may not fully understand the extent of the situation.
- Repeat questions if necessary. Be patient. Taking time to listen carefully and explain fully will ensure people feel supported and understood and may take less time than dealing with someone who is confused, and as a result may be reluctant to engage.
- Be aware that older people with hearing loss may appear disorientated or confused when the problem is simply that they cannot hear you.

[23] Lie, D., 2012, public lecture in Christchurch, New Zealand.

Working with Young People

Teenage years are a critical development phase that may be impacted by recovery.

Emergencies may impact young people differently to other age groups as the teenage years are a period of complex development. This includes both cognitive and social development, as it is often when youth begin to create their own identities and independence. This adds another layer of complexity to the complex situation of recovery for young people and their families.

The restrictions to young people being able to make decisions about their future and to participate in regular social activities and meeting places due to the destruction and disruption of an emergency can have a major impact for young people. Conversely, the recovery space may also offer opportunities for young people to take on more responsibility and grow new strengths.

Young people may therefore feel mixed reactions during recovery: increased anger, frustration or self-confidence. Young people and their parents/carers may need support to understand such responses.

Considerations in recovery:

- Recovery takes a matter of years. This disruption and period of stress can occur during the very critical formative years when young people are shaping their identities.
- Their schooling or career planning may be impacted practically by the consequences of the event and the general uncertainty which is a prevalent feature of the recovery period.
- Young people yearn for independence. This is a normal part of their development. Parents/carers may feel an increased need to know where their children are or may attempt to restrict their movements for the sake of their safety, which may impinge of their independence.
- Conversely, boundaries may relax due to parents/carers being overwhelmed with the extra pressures and stresses associated with recovery.

Credit: Student Volunteer Army, New Zealand

- Young people may be concerned about their parents'/carers' recovery-related stress.
- Housing may be in short supply after an emergency which impacts young people's ability to move out of home, gain their independence and experience the 'flatting' lifestyle.
- Recovery can also be an empowering experience where young people learn new skills and their contributions are valued, as was evidenced by young people's role in the Volunteer Army and other volunteering initiatives after the 2010–2011 earthquakes in Canterbury.

Credit: Student Volunteer Army, New Zealand
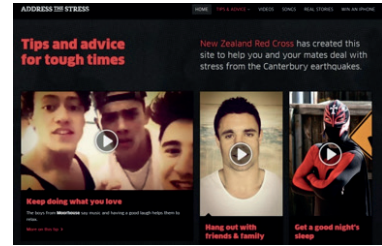
Identity and music

"Music is really important to young people. It helps form their identity. Identity is one of those things in disasters that we don't recognise the importance of, but they can strip away people's sense of identity. Whether they have lost family, friends, homes, items of importance or just a sense of control. All those things go towards making up our individuality. So for young people in particular, who are grappling with some pretty serious questions such as: Who am I? Coming out of the shadows of their parents and making their way in the world identity is important. Music can help shape this. Accessing and listening to music is something we can encourage for young people."

Source: John Richardson, Australian Red Cross[24]

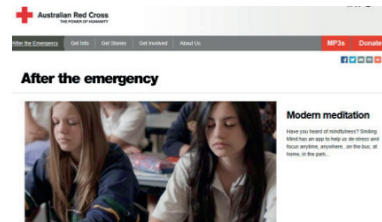Address the Stress website

After the Emergency website

Parents/carers may be concerned about their young people. Ensure they are aware of the following resources that can provide some information targeted to young people. Because young people often access information differently to other age groups these websites have been designed specifically for their needs during recovery:

- New Zealand Red Cross youth website – **www.addressthestress.co.nz** offers supportive ideas for youth to combat stresses related to recovery through the medium of videos from celebrities and experts, music, messages from other youth and links to further support.

- Australian Red Cross youth website – **www.aftertheemergency.redcross.org.au** offers further videos, music and information for young people.

- Youthline – **www.youthline.co.nz** offers information and support to young New Zealanders with a general, rather than recovery, focus.

5 | Communication

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5 Communication

LEARNING objectives:

1

Build upon effective communication practices.

2

Gain an understanding of some of the challenges and strategies for communicating with affected people and communities during recovery.

3

Build confidence and knowledge of how to deal with challenging interactions.

Module key messages:

Supportive communication

Show that you are listening by giving your full attention

Use simple clear words

Be aware of body language
pp. 55–56

Ask questions if necessary
p. 57

Provide the person with the opportunity to be heard
pp. 59–61

Putting experiences into words helps us process them
p. 57
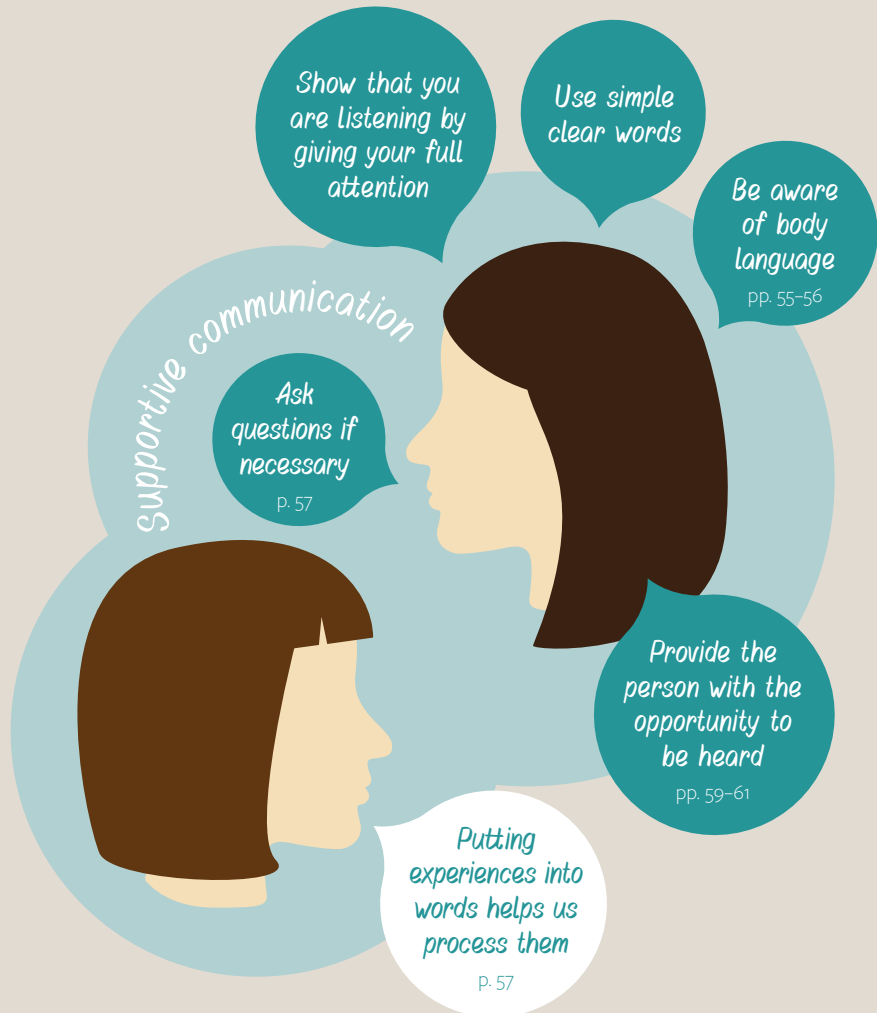
Communication Techniques

Good communication is key to providing effective support to people during recovery.

When working with people during recovery you need to be aware of how you are communicating your message. Communication is more than the words you use; it is also how your message is conveyed through the non-verbal cues you give.

How we say something is as important as what we say. When working with people in recovery we need to be competent and accurate in what we say. However, in order to ensure effective communication we also need to make a connection and ensure affected people feel comfortable and supported.

This is where we must be mindful of what we are communicating non-verbally. The slightest shift in posture or expression can convey a variety of different messages.

Verbal communication includes:

- the words you use
- the way you use your voice: whispering, talking quickly, speaking loudly, your tone.

Your body language conveys your non-verbal communication. Supportive non-verbal communication includes:

- having an open body stance (for example, avoid folding your arms)
- standing up or sitting down to be on the same level as the person you are communicating with
- leaning in and forward rather than backwards shows you are interested; be aware of personal space when leaning in
- giving the person your full fixed attention; making them the centre of your world
- if appropriate, reinforcing verbal communication with body language, such as giving directions by gesturing
- having a friendly approachable facial expression
- making eye contact, although it is important to consider whether eye contact is appropriate as this is not considered polite in all cultures. It is important to follow the person's cues regarding what feels comfortable.

By providing an environment where people feel supported you can help reduce their stress levels and some of its effects. This may assist people to think more clearly, communicate their needs to you and take in information.

To create a supportive environment, show you are there to understand the person and utilise good communication techniques.

Active listening:

- Be aware of your body language.
- You might not necessarily have to say anything. Relevant encouragers may be all that is needed, such as 'mmm', 'uh-huh' or nodding.
- Hear and observe how words are being spoken. People will also be communicating non-verbally through their tone and body language, not just with words they use.
- Be patient. Genuine communication may take a while so be guided by the pace of the person (within reason).
- Allow the person to speak without interrupting them.
- Focus your attention on the speaker.

Supportive communication:

- Talk clearly and at an appropriate volume (not whispering, not shouting).
- Use simple, clear words that are easily understood. This isn't about 'talking down' but using language in a way that is easily understood and without jargon.
- Ask questions to ensure you have understood what has been said and that you have been understood by the person. Avoid assuming that the other person knows exactly what you are talking about.

Silence

Silence is often uncomfortable and you may feel like you should ask another question or make a comment, but silence can be really effective. The person may be reflecting on what has been said, or processing thoughts and feelings that have come up during the conversation. Do not be afraid of quiet moments.

Communicating with Clients Under Stress

Help people to put their experience into words. Verbalising an experience requires a conversion of emotion into words. It is much easier to process experiences in verbal form rather than as emotion.

These communication techniques help people under high levels of stress to feel safe and supported. This reduces the stress response in the body, which means they will be better able to attend to the business that you need to conduct with them.

When we are affected by stress our brain often conveys emotional information as images. This means we find it hard to articulate ourselves in words and to communicate abstract concepts.

The power of words

We can support people to process information and articulate their needs by helping them to verbalise their experiences by providing:

- a **supportive environment**. We do this by listening actively, being patient and having a calm demeanor (see pp.53–54, *Communication Techniques*)
- asking the right type of **questions** so people clarify their situation, both to us and to themselves, by talking about their experiences and feelings. However, be mindful of ensuring the conversation is led by the person so that you are not 'pulling' information out of them before they are ready to talk.

Using questions

Keep in mind:

- Keep questions simple.
- Avoid 'double-barrelled' questions – when you ask two questions at once. For example: "*What can I get you and where shall I send it?*"

Credit: Australian Red Cross

- Avoid personal questions and irrelevant questions. Consider your questions carefully before asking them and try to only ask questions that are necessary.
- Allow time for the person to think about your question and respond. Try not to rush them into giving you an answer.

Questions can be either 'open' or 'closed', and both types have an important role in the communication process.

'Closed' questions can be answered with 'yes' or 'no' or a one-word response. For instance: "*Did you have breakfast this morning*?"

- These are of value in establishing facts, confirming or summarising answers to questions. They can be useful to start with, to encourage a person to relax and focus. Then, if appropriate, more 'open' questions can be asked.
- When in high stress, 'closed' questions may be preferable. It can be difficult for people to take in and respond to open questions. Closed questions may be more manageable.
- Closed questions usually have an assumption behind them; you're guided by your assumptions about the person's situation.

'Open' questions require a more in-depth answer and provide a fuller picture of the situation as the person views and experiences it. For example: "*What happened next*?" or "*How have you been feeling about the situation*?"

- Open questions are useful in understanding more about a person and may prompt someone to explore their situation, find meaning and explore options.
- When you use open questions you are less guided by your assumptions; instead they allow the person to tell you what they are experiencing.

Communicating with Clients Under Stress – Our Role

In the role of listener we do not have to have the 'magic words' or solution to solve the problem; ensuring the person feels heard is the help we can provide.

Providing people with the opportunity to verbalise their experiences means we are playing the role of listener. It can be hard to hear about people's recovery experiences. It is therefore vital that we know what is required from us as a listener.

Communicating with people in recovery may mean we are exposed to the emotions of others or to stories that are difficult to hear. Being the listener in these cases can cause secondary traumatic stress if we are not careful. Below are some key things to keep in mind when communicating with people that can help keep us safe. Further preventative measures and ways to ensure we prioritise our wellbeing are outlined in Module 7 Looking After Yourself.

How do we play the role of listener when people are sharing difficult stories that include problems that are outside our area of work?

We need not be afraid of starting a conversation because we do not have solutions or we are afraid of not saying the 'right' thing:

■ Remember that in recovery there are **not often any easy solutions**. The problems of recovery are multifaceted (see Module 1). We do not need to say any 'magic words', we just need to be supportive listeners.

■ Our area of work might be to support people with one aspect of someone's recovery, but in providing a supportive listening environment where they have the opportunity to talk they may discuss other issues that we have no role in.

■ **Supporting someone to verbalise their experiences**, and validating them, is playing a very important role in these circumstances – verbalising helps people to process what they are going through.

Hold back from advising. We often have the natural tendency to try to 'fix' a problem – we want to help and providing solutions seems the way to show this. However:

- People often **do not expect** you to **solve their problems** (apart from those that relate directly to your work) or for you to give the 'right' answer. People appreciate being really listened to.
- Refraining from offering advice emphasises the person's abilities to solve their own problems. The act of talking helps people to come to their own answers. Recovery involves people regaining a sense of control over their lives; trying to do for someone may result in disempowering them from this process.
- Instead, offer information for people to choose what works for them. This includes:
  - The **Recovery Strategies**: emphasise these are evidence based strategies to help us in recovery (see Module 2 for more information).
  - Information regarding appropriate **agencies that offer further support**.

Being with a Person who is Distressed or Angry

When a person is distressed or angry, allowing them to be heard and being genuine in your attempt to understand and assist are key to reducing their distress.

Recovery can be a highly emotional process. Some people may become angry, distressed or frustrated. If you are able to provide them with an opportunity to be heard and offload their emotion they will, more often than not, regain their composure. Remember, so long as anger does not become threatening, it is a very normal reaction to trauma or stress. People do not often accept anger as a valid emotional response. However, it can be natural for people to express their frustration at an infuriating situation by being angry. Reserve judgement and be patient when communicating with people affected by high levels of stress during recovery.

Tips for dealing with a person who is angry or distressed:

- **Calm**
  Remain calm and non-threatening. Calm is contagious. Do not get sucked into their emotion – crying with them or getting angry will not help.

- **Breathe**
  Breathing slowly and using a quiet voice will help you appear calm, even if you do not feel it. Sometimes pacing or walking with someone who is angry will help them 'let off steam'.

- **Depersonalise**
  The person is not angry with you, rather incredibly frustrated with their situation. Having clarity around your role is protective as it provides you with a 'spacesuit' so that you can depersonalise. You can ask yourself – "*Are they saying this to me personally or would they say this to any person in my role*?"

- **Encourage**
  If someone is distressed there is no set script or magic words. You do not have to say the 'right thing'. Empathetic remarks that show your interest in listening and supporting them such as "*We have time for you to talk about it*" and providing tissues are the most helpful response.

- **Verbalise**
  When there is some space, gently request they explain the situation to you (if they haven't already). By putting their experience into words they have to convert their emotion to verbal communication and this may help them gain some composure.

- **Understand**
  Do your best to understand what they are saying and understand *their* point of view. Put whatever needs you might have for certain information aside for now. Do not contradict people when they are in a highly distressed or angry state. If what they are saying is not clear to you then it is probably not clear to them, so by asking gentle questions you may be able to assist them in working out the problem.

Keep in mind when communicating with someone who is angry:

- **Safety**
  If you feel concerned for your safety you must activate your workplace protocols (these should be made clear to you by your workplace).
- **Make a connection**
  Utilising supportive communication techniques and making a genuine connection with the person should help them regain composure and their anger should subside. Let them express themselves then gently attempt to draw them into explaining their situation – this takes time and cannot be rushed.
- **Focus on content**
  Often more understandable emotions such as fear or distress are behind an angry response. If you can try to understand what role these emotions might be playing for the person their anger may seem more manageable. Try not to respond to the emotion and anger someone is projecting but to the content of what they are saying. However, do not contradict someone in a highly distressed or angry state. As much as you may want to put your side forward or correct a misconception, this is never helpful while someone is angry or distressed.

Next step – for the person:

- Ensure you have understood the person's concerns and how you might assist them.
- Bring the person's attention to what will happen next. If they are asking for information that you do not have or something you are not sure you can offer, be clear about their needs and let them know you intend to do what you can. For instance: "*I am not sure what I can do but I will go back to my supervisors and I will get back to you.*"
- It is vital that you do follow through with what you say you will do. Contact the person to communicate what you have done to try to meet their needs. It is helpful for people feeling overwhelmed by their situation to feel they have been understood and that you are doing what you can – follow up and following through with what you say is important.
- It can be tempting to not call someone back if you cannot progress their case any further for fear of their reaction. Even if there is nothing you can do – contact them to explain why you cannot do

what they require and offer them what you can. They will more often than not appreciate that they have been communicated with and not left in the dark, even if you have not solved their problem. Some information and communication is better than none.

Next step – for you:

- Separate a person's anger or distress from who *they* are as a person. They are most likely not an angry or disagreeable person, but their distress reflects their experiences to date.
- Remember that a variety of responses are normal when people are suffering from high levels of stress.
- Talk about your experience in a safe environment with a peer or supervisor. For your wellbeing you need to have the opportunity to talk about emotional interactions.

Debrief with a colleague after emotional interactions.

Credit: New Zealand Red Cross

Notes:

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6 Your Role in Clients' Recovery

6 Your Role in Clients' Recovery

MODULE 6

Module key messages:

How you conduct your role with clients, how you communicate and interact, can contribute to ensuring their recovery experience is as straightforward and smooth as possible.

Many people find the longer-term recovery process more difficult and stressful than the event itself.
pp. 67–68

Secondary stress is caused by the circumstances, policies and bureaucracy related to recovery (e.g. dealing with the complexities of rebuild and repair work).
p. 69

You can support client's recovery by being aware of how you conduct your role in their recovery experience.
p. 70

Flood Snakes and Ladders

Like a game of Snakes and Ladders, during recovery there are highs and lows – feelings of progress followed by setbacks that send you back to square one.

Flood Snakes and Ladders[25] is a learning tool designed to provide personal insight into what it is like to recover from a disaster in the months and years following the event. This activity was developed by researchers from Lancaster University from research undertaken with residents affected by the floods in Hull, United Kingdom, in June 2007. The activity is based around quotes from people's stories of their recovery experience.

The aim of this activity is to highlight how many people find the longer-term process of recovering from a disaster to be very difficult and stressful – more so than the event itself. Often this is related to how people experience interactions with agencies and organisations related to recovery and rebuild. Good communication and understanding from people working in this sector are the ladders that enable people to progress more smoothly with their recovery.

Questions to think about during the activity:

- What type of difficulties are residents experiencing in recovering from the disaster?
- What is causing these problems and why have they arisen?
- What things are people finding helpful?
- How do you support residents in your role?

Notes from your team's game experience:

Highs

Lows

[25] Whittle et al., 2010, 'After the Rain – learning the lessons from flood recovery in Hull', Lancaster University.

Observations during the game:

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Aspects of recovery highlighted by the activity:[26]

One team receives an extra throw of the dice each play. This is designed to highlight how people enter and experience recovery in the context of differing circumstances and resources (including financial, knowledge, social connections etc.). This can be an advantage during recovery. However, does this mean these people will have an easier time during recovery?

Some of the quotes may seem quite unrelated to the floods (for example, they may be about football!). This is perfectly normal and all part of the process of recovery. Research shows that you can't separate recovery from all the other things going on in a person's life. Also, just as in 'normal' life, there are days when lots happen and then days when there's lots of waiting around where you seem to do nothing.

It is tough that the team that arrived at the finishing line first had to return to the beginning, but this may be the reality for people. Think about what it feels like for those people who think they have reached the 'end' and are back in their homes or completed their repairs, only to discover it is not over. They do not feel 'recovered' or back to normal. Perhaps they do not feel as connected to their new home as they thought, or perhaps another event happens and the process begins again. Those who get back into their homes first are not necessarily the quickest to 'recover'.

Finishing may not come with a particular sense of 'victory' or, indeed, a particular sense of being 'finished'. Research shows that recovery doesn't end just because people are back in their homes – things are not necessarily back to 'normal' and worry may linger about it happening again.

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[26] Whittle et al., 2010, 'After the Rain – learning the lessons from flood recovery in Hull', Lancaster University.

Secondary Stressors

The effects of an emergency are not only related to the event itself, they also include stressors relating to the recovery process.

In some cases, dealing with the stressors of recovery, can have more of an impact on people than the event itself. Research,[27] has shown that 'secondary stressors' play a major role in lengthening and magnifying the impact and distress caused by a disaster. The ongoing nature of secondary stressors can have the potential to increase the likelihood of people developing distress or going on to develop mental health disorders during recovery.

After an emergency people are impacted by two forms of stressors:

- Primary stressors are defined as stress that arises directly from major disasters and emergency events. These include experiences that are directly related to people's involvement in an emergency, such as seeing disturbing images during the event, or fearing for one's life and the safety of others.

- Secondary stressors are circumstances, events or policies that are indirectly related to the emergency event. Typically, secondary stressors persist for longer than the events. Secondary stressors can include infrastructure failure and challenges to rebuilding them, the impacts of policies and plans made that inadvertently limit people's recovery or ability to adapt to their new circumstances. They may also include: loss of physical possessions, problems with health, education, schooling, media impacts, as well as the ways in which families, communities and other social support networks interact.

"The stress and anxiety caused by dealing with insurance, repairs, and the agencies involved in the recovery has resulted in a 'double blow' which for many has proven more debilitating than the earthquakes."

Source: Healthy Christchurch, survey of Canterbury residents 2012 in association with the All Right? campaign

The "Double-Blow"

Credit: Tom Scott, 2013 [amended with permission]

[27] Lock, S. et al., 2012, 'Secondary Stressors and Extreme Events and Disasters: A systematic review of primary research from 2010–2011', *PLOS Current Disasters.*

Your role: A support or a stressor?

A support to Emily:

"The contents people have been wonderful, they ring us to see how we are and they've said, 'Is there anything you need?' They've been absolutely brilliant; when we've asked for something we've had it within a week."
'Emily', Resident, Hull, UK

A stressor to Laura:

"Our loss adjustor doesn't answer my calls and his manager isn't available... Awaited return calls all day...around 5pm agent called to ask for loss adjuster's number! AGAIN I don't have his contact...why are they getting paid to handle my property? USELESS! This day off has been so stressful, the total feeling of being powerless."
'Laura', Resident, Hull, UK

It is often not what those working during recovery have to say or do for their clients that cause stress for people, but the way they go about their role. It is how you are with residents that impact their recovery experience. As this snapshot of Emily's recovery story indicates, positive experiences can really have a great impact in aiding recovery. Good communication and the feeling of being supported helps to make what will always be a complicated process as straightforward and smooth as it can be. It may still be a very difficult process for clients, but you have done your best in your role to contribute to a positive recovery.

On the other hand certain actions can add to clients' secondary stress, as in Laura's case. These include mistakes, delays, obstructions, and importantly, poor communication. In Hull continual stressors such as these had re-traumatising effects on residents who might otherwise have coped well with their flood recovery process.[28]

We might not have a lot of control over all possible stressors in recovery; however, communication is one key area that we do. As Module 5 highlights, we can support clients' recovery through good communication techniques.

[28] Whittle et al., 2010, 'After the Rain – learning the lessons from flood recovery in Hull', Lancaster University, p. 48.

MODULE 1

MODULE 2

MODULE 3

MODULE 4

MODULE 5

MODULE 6

MODULE 7

7 Looking After Yourself

7 Looking After Yourself

LEARNING objective:

1

Understand and appreciate the importance of strategies for looking after yourself when working in a high stress environment.

Module key messages:

Having clarity of your role in recovery is protective.

Understand:
- Your motivations
- The objectives of your role
- The boundaries to your role
  pp. 73–74

Prioritise your wellbeing

Ensure you are looking after your **Physical, Social, Emotional** and **Spiritual** wellbeing every day
pp. 82–85

Understand your stress

pp. 77–81

Working with People in Recovery can be Challenging

Be clear about your role when working with people during recovery. This will help you to keep perspective and maintain boundaries that are supportive to people and protective of you.

Supporting people during their recovery can be very rewarding. This is an important role. However, this can also be a stressful environment to work in and not all interactions with members of the community will be positive. In order to maximise your satisfaction with your role you must be mindful of the stressors in your work and ways in which you can prioritise your wellbeing.

Working in the recovery environment can be challenging:

- You may be dealing with people who are stressed, frustrated, grieving or unhappy.
- You may share the frustrations of those you are working with. You might be living your own recovery and experiencing the same stressors. It can be a challenge to step out of your own experiences and frustrations.
- You may feel frustrated and disheartened that you cannot seem to do enough to alleviate the suffering you see.
- You may not have any control over the content of the messages you have to give to members of the community as part of your role.

"Sometimes it is so frustrating. I get upset and angry. I see suffering and I cannot do enough to make it better. Sometimes it feels like we do not have the power to make a difference with the things that people are struggling with." [29]

Ensure your wellbeing is protected in your work:

- Have clarity about your role. This can help you maintain the boundaries that enable you to depersonalise difficult interactions and protect your emotional safety and wellbeing. You can ask yourself – *"Are they saying this to me personally or would they say this to any person carrying out my role?"* It also helps you to check your feelings of not being able to do enough. Your role is important and by concentrating on it you are supporting people to recover.

  This includes having:

  - **awareness** of your motivations for working in recovery; remember, this is about the person's recovery, not your need to be the 'rescuer'
  - clear **guidance** from your supervisors regarding what your aims and objectives are. What is within your role and what is not?
  - an understanding of the **limits** of your role. Keep in mind your part in the wider recovery process. Focus on the satisfaction you get from doing your role well, not what you are unable to do.

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[29] New Zealand Red Cross Outreach volunteer working in Canterbury after the 2010/2011 earthquakes.

- The expectations from your supervisor and team regarding your role need to be realistic. Your supervisor is there to ensure your workload is appropriate. If you feel overwhelmed within your role speak with your supervisor. This support is vital and means you will have the capacity to deal with what comes your way.
- You cannot control what people say to you, but you can respond with understanding. The modules in this book help us to respond with empathy and be supportive in our communication with people affected by stress. This will help to ensure your interactions go as well as possible for both you and the person.
- Share with others in your team after you've experienced challenging interactions. If you have felt emotionally affected by an interaction with a client remember the power of words. It may help to convert your emotion by talking about the experience with someone in a supportive environment. This allows you to process the encounter.
- Teams can help to share the load, not just in terms of practical tasks but also in supporting each other with difficult interactions. Your peers may be your best resource. Share experiences and strategies for dealing with difficult situations.

Credit: Australian Red Cross

For those in Supporting Roles – Supporting People is Good for You

Helping others has many positive impacts; however, it is important for your own wellbeing to also be aware of the potential stressors.

All altruistic behaviour has a positive effect on the body. However, in order to ensure you benefit from this it is necessary to be aware that this can also be a stressful environment to work in.

Part of what makes recovery a difficult environment to work in is that you may sometimes feel like you cannot do enough. You may feel frustrated and disheartened that you cannot alleviate the suffering you see. This is a common feeling among volunteers and staff working throughout the world in the recovery context:

"...at the end of the day volunteers often feel inadequate to help beneficiaries with the tragedy they are facing." [30]

Challenge this feeling:

- Research shows that providing psychosocial support – being there and providing supportive listening – is a powerful thing for people during recovery. Giving people the opportunity to put their experience into words (if they want to) helps them process their experience and what it means for them.

- Supporting people to feel empowered and in control is vital to their recovery. Keep the perspective that you are doing a very important thing for people by supporting them in this way.

- This means we must check our expectations of being there to fix their problems for them or 'save' them from their situation.

Another aspect that adds difficulty to supporting people in recovery is that you may share the frustrations of those you are supporting – you might be going through your own recovery and experiencing the same stressors. It can be a challenge to step out of your own experiences and frustrations, remembering the goal is to diffuse and calm, not escalate feelings with those you support.

[30] International Federation of Red Cross and Red Crescent, n.d, *Caring for Volunteers: A psychosocial support toolkit*. Copenhagen: IFRC Reference Centre for Psychosocial Support, p. 4.

Your role when providing psychosocial support:

- Is protective, like a 'spacesuit', and allows you to depersonalise negative interactions.
- Helps you to provide the best possible support for people, so we do not step into the 'fix it – do for people' mode – a natural tendency and a very real danger to which we need to always be alert. We need to remember our place in someone's recovery. A common pitfall is to overestimate our importance in people's recovery.

If at any stage we begin to believe that our role is critical for the people we support, that we are indispensable or that we cannot take a break because the people we support cannot do without us, then we have stepped outside of the role and it is taking more of our identity than it should. At this point we need to take a step back and 're-zip' our spacesuit.

Working from an empowerment perspective means that if we become critical to someone's recovery then we have failed in our mission. Supporting people to believe in their own resources and abilities means we should never at any stage be indispensable.

Reality check

There are many wonderful rewards that come from assisting people through recovery, such as an overwhelming sense of gratitude for being able to assist those in need. And sometimes strong, rewarding relationships are forged with your fellow workers.

But there can also be surprises and feelings you hadn't anticipated experiencing as a result of your work.

Many people who offer their services in community-based or helping roles do so because they have a deep desire to help those more unfortunate than themselves. For some, this may come at a price, so it is very important at this point for you to check your expectations of what you could be exposing yourself to.

The very nature of disaster is that we can never truly know what to expect, as every event is different and often offers up new challenges.

It is important to check that you are not motivated by an idea you can 'save the world'. When you are unable to meet the overwhelming needs of those in crises this can lead to feelings of inadequacy.

You need to take care to not place yourself into a situation that could compromise your own emotional and physical wellbeing. You are responsible for your own self-care. This involves understanding what your role is when supporting people in recovery, and what the boundaries are to it.

Understanding Our Stress

If we understand our stress we will better employ strategies to manage it.

Stress is natural. It is the body's way of creating the extra energy needed to work outside a person's comfort zone. The harmful effects are not inevitable. However, the longer you are under stress and not prioritising your wellbeing, the more tension will be stored in the mind and body.[31]

Stress can affect people working in recovery just as it affects members of the community. Refer to the section in Module 2 on the *Effects of Adrenalin and Cortisol* for information on the impacts of stress.

How do we understand stress?

How we think about our stress has an impact on whether it has a negative or positive effect on our body. Studies have shown that those who identify themselves as highly stressed and believe stress is bad for your health had 43% greater chance of premature death. Believing stress is bad for you (not the stress itself) is bad for your health.[32]

People who are stressed and view their body's reactions, such as the quickening of their heartbeat, as bad for their health had a physical reaction of a constriction in their blood vessels. People who viewed their stress response as helpful for dealing with the situation instead benefited from a faster heartbeat and their blood vessels stayed relaxed so they did not have the negative physical reaction of a narrowing of blood flow.

Certain stress hormones can also have a more directly positive effect on the body. Oxytocin – a stress chemical like adrenalin – is known as the cuddle hormone. The heart has receptors for this hormone and it is naturally anti-inflammatory, so it works to actually strengthen your heart. When stressed it makes you want to be more social, share your stress not bottle it up and crave physical contact such as hugs. The benefits of oxytocin are elevated when you receive social support from friends and loved ones, which creates a positive cycle of oxytocin, social support-seeking behaviour and physical health benefits.

Not all stress has harmful effects on your health – how you think and how you respond to it are important. If you choose to experience your stress as helpful you create the biology of courage and when you choose to connect with others when you are under stress you can enhance your resilience. If you understand how stress is affecting you and remain conscious of your wellbeing you can transform your experience of stress.

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[31] Australian Red Cross, 2012, 'Facilitator Guide', *Community Recovery Information Series.*
[32] McGonigal, K., 2013, 'How to Make Stress Your Friend'. Retrieved from:
http://new.ted.com/talks/kelly_mcgonigal_how_to_make_stress_your_friend

Understanding my stress:

What are my stress triggers? *These might include hunger or being pulled in too many directions.*

_____

_____

_____

_____

What do I look like if I am experiencing negative stress? *Thinking about this ahead of time means we are better able to recognise we are impacted.*

_____

_____

_____

_____

What is my plan to counter negative stress?

■ What are my stress-busters?

_____

_____

_____

■ Who can I talk to?

_____

_____

_____

■ What is my rule for when I will seek further support?

_____

_____

_____

Deal with negative stress

Stress does not resolve spontaneously. Even with rest, it tends to perpetuate itself unless deliberate steps are taken to break the sequence of reactions that maintain it. There are plenty of things that anyone can do which will help to break the stress cycle and reduce tension. It is a matter of thinking about the actual effects and symptoms and deciding to persistently carry out those activities that have been found to relieve them in the past.[33]

Sometimes others see when we are stressed better than we do. So keep in mind recommendations from family, friends or co-workers to look at our self-care.

- Simple and meaningful pleasures will make a big difference to stress. Enjoyment is the best antidote to stress.
- Be mindful of coping strategies that are not healthy such as increased alcohol or gambling.

Credit: New Zealand Red Cross

[33] Gordon, R., 2005, *Information and Advice about Stress, Trauma and Psychological First Aid.*

Burnout

Burnout is when stress and exhaustion predominate to the extent where you are no longer able to distance yourself from your situation.

To prevent burnout it is vital to monitor your workload and stress levels and maintain a clear self-care plan when working during recovery. No one can be 'strong' all the time; understanding we need to support ourselves is a strength.

Burnout is not only associated with exposure to difficult or stressful situations, it can also be related to having demands that exceed your resources. Be aware of your workload and who you can talk to if it is not realistic and you need support. Your supervisor is responsible for ensuring you are supported in your role. This can help us feel capable of facing the challenges of working during recovery.[34]

Signs of burnout

- Starting to resent clients or becoming overly involved and taking on their worries.
- A lack of enthusiasm, drive and energy.
- Experiencing a loss of capacity for empathy.
- Feelings of emotional withdrawal, bitterness and cynicism.
- Having a reduced sense of professional accomplishment.
- Developing a narrow focus and inability to see where your role fits in the 'bigger picture'.
- Encouraging poor or uncooperative behaviour to spite 'the system'.
- Being overwhelmed by the size of the task, and defensive about expectations.
- Feeling challenged by change, resorting to responses such as "*This is how we do it!*"
- Over time becoming too invested and unable to accept when your role is no longer required.[35]

[34] van Heugten, K., 2011, *Social Work Under Pressure: How to overcome stress, fatigue and burnout in the workplace.*
[35] McNaughton, E., 2013, 'Recovery Matters'.

Credit: New Zealand Red Cross

"The New Orleans recovery process has been described as a 'death by a thousand cuts' you too can become traumatised from day in and day out listening to the stories of others, it can make you so tired – the mind can't handle it. My message to you is 'hang in there', take care of yourself, take care of the person next to you – you need to do this before you can care for and give your hearts to others."

Source: Kay Wilkins, New Orleans Chapter of American Red Cross, in Elizabeth McNaughton 'Recovery Matters'.[36]

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[36] McNaughton, E., 2013, 'Recovery Matters'.

Your Wellbeing

Your wellbeing is important. The better you care for yourself the longer and more successfully you will be able to make positive contributions in your work.

Wellbeing is what makes our lives good and fulfilling. We must take responsibility for prioritising the small things that stand for wellbeing to us. Thinking about your wellbeing in this way will not only help you in your current role, but will help you in your life in general.

An effective self-care plan outlines routines and activities that support health and relationships and that give us joy. This is about paying attention to our general wellbeing in our everyday lives. These are strategies for preventing stress from turning negative. A plan ensures we think about this before it is needed. Often we only think of our wellbeing when we are suffering from an illness. If instead we look after our own wellbeing as a matter of course then we will have the capacity to carry the stressors that we might encounter in our lives. Regularly spending time doing things that replenish and recharge us means that we are best able to cope with stressors as they come along.

The *Five Ways to Wellbeing*[37] are based on a review of the most up-to-date evidence that suggests building the five following actions into our daily lives is important for wellbeing:

Keep learning

Seek out new experiences and challenge yourself. Be curious about the world.

Take a class, read a book, cook a new dish, pick up a new skill from someone you know.

Connect

Regularly spend time with family and friends or the people you enjoy being around.

Catch up over lunch or on the phone, go out together.

[37] Mental Health Foundation of New Zealand, n.d., *Five Ways to Wellbeing: Best practice guide*. Retrieved from: http://www.mentalhealth.org.nz/page/1180-5-ways-to-wellbeing

Take notice

Savour the moment; be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you. Participate in activities that you derive enjoyment from or are meaningful to you.

Listen to music, enjoy the outdoors, try yoga, meditate, practise your faith.

Be active

Physical activity helps our physical and mental health. Move your body.

Dance, play in a social sport team, walk the dog, go on a bush walk, garden, play at the beach.

Give

It feels good to be kind. Altruism is good for you and your recipient. Everybody has something to offer. Share your talents.

Help out your neighbour, do something for your community, let someone in before you in traffic, volunteer your time, teach someone one of your skills.

Credit: All Right? Retrieved from: www.allright.org.nz

My Self-care Plan: What, when, who with and where...

- What can I do to best look after myself?
- Who can I have review how well I am following my plan? (a friend, family member, colleague)
- Is my plan realistic and achievable? It must be S.M.A.R.T – Specific, Measureable, Achievable, Realistic, Time-bound.
- Remember to acknowledge and include the great things you already do (no matter how small – they all count!).

	Monday	Tuesday	Wednesday	Thursday
EMOTIONAL				
SOCIAL				*e.g. movies with a friend*
PHYSICAL	*e.g. take dog for a walk at the park*			
SPIRITUAL				

Friday	Saturday	Sunday	Accountable to….
e.g. catch up with a workmate			*e.g. workmate*
		e.g. cook a healthy meal for my family	*e.g. my dog! my family*
	e.g. relax in the park		

Useful Resources

Read

Australian Emergency Management Institute, 2001, *Community Recovery Handbook 2*. Commonwealth of Australia.

Gordon, R., 2004, 'The social system as site of disaster impact and resource for recovery', *Australian Journal of Emergency Management*, Vol. 19(4).

Gordon, R., 2006, 'Acute Responses to Emergencies: Findings and observations of 20 years in the field', *The Australian Journal of Emergency Management*.

Leadbeater, A., 2001, 'Renewin' Strathewen: Exploring community leadership in disaster recovery', *submitted in part requirement for the degree of Master of Social Science*.

Magee, J., 2011, *New to New Zealand: Ethnic communities in Aotearoa: A handbook*. Hamilton: Ethnic New Zealand Trust.

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Watch

McCarthy, V., & Wright, V., 2011, *A Shocking Reminder*. New Zealand: Paua Productions.
> The story of the Christchurch earthquakes and what happens to ordinary people when the ground beneath their feet can no longer be trusted.

New Zealand Red Cross, March 2013, *Dr Rob Gordon*: Understanding the Stresses of Recovery: Christchurch talks. Christchurch: Orange Studio Limited.

New Zealand Red Cross, March 2013, *Dr Rob Gordon*: Working in Recovery: Talk to community builders. Christchurch: Orange Studio Limited.

New Zealand Red Cross, December 2013, *Dr Rob Gordon*: Your Recovery and Wellbeing in the Fourth Year. Christchurch: Orange Studio Limited.
> These talks were conducted in Canterbury during recovery from the 2010–2011 earthquakes by disaster psychologist Dr Rob Gordon. They are available from New Zealand Red Cross.

Newman, H., 2010, *Creating a New Normal*: A journey of recovery from disaster and trauma. Australia: Firefoxes & Victorian Women's Trust.
> The inspiring story of a grassroots organisation 'Firefoxes Australia' formed following the worst natural disaster in Australian history – the Black Saturday Bushfires of 7 February 2009.

Reid, F., & Belic, R., 2013, *Happy*. United States of America: Wadi Rum Films.
> What makes you *HAPPY*? Taking us from the bayous of Louisiana to the deserts of Namibia, from the beaches of Brazil to the villages of Okinawa, *Happy* explores the secrets behind our most valued emotion.

Smyth, G., 2011, *When a City Falls*: The people's story. New Zealand: Frank Film.
> This documentary travels beyond earthquake reactive television footage to a tale of hope and an inspiring observation of the kindness of the human heart in the city of Christchurch.

Whitaker, J., 2013, *Rebirth*. United States of America: Project Rebirth.
> Journey into living history – follows the nearly 10 year transformation of five people whose lives were forever altered on September 11 2001 with the death of their loved ones in the twin towers. Includes time-lapse footage of the twin towers site from 2001 to 2010.

Wilson, J., & Parry, A., 2010, *Making Australia Happy*. Australia: Heiress Films.
> In recent years science has made significant progress towards understanding the concept of happiness. Scientists have discovered that happiness is a skill that can be cultivated and the knock-on effects can be seen in our brains, bloodstreams and behaviour. This documentary follows eight people from Sydney in their efforts to become happier.

Simon, S., Kostroff Noble, N., Overmyer, E., Strauss, C., Yoshimura, J., Pelecanos, G., Simon, D., & Overmyer, E., 2010, *Treme*. United States of America: HBO.
> A television series that takes its name from a neighborhood of New Orleans. *Treme* begins three months after Hurricane Katrina as the residents of New Orleans, including musicians, chefs, Mardi Gras Indians and other New Orleanians, try to rebuild their lives, their homes and their unique culture in the aftermath of the 2005 hurricane.

Glossary

Burnout

An emotional state due to long-term stress characterised by chronic emotional exhaustion, depleted energy, impaired enthusiasm and motivation for work, diminished efficiency, pessimism and cynicism.[38]

Community

A group of people who live together in an environment, or who share common cultural, religious or other social characteristics. For example, those who belong to the same ethnic group; to the same church; work as farmers; or those who are volunteers in the same organisation.[39]

Disaster

An unforeseen and often sudden event of natural or human origin that causes widespread damage, destruction and human suffering. A disaster overwhelms local capacity, necessitating a request for external assistance at a national or international level.[40]

Empowerment

Gaining control of the decisions that impact one's life, as an individual or as a group. This can be achieved by setting up structures that allow people to regain control over some aspects of life, a feeling of belonging and of being useful.[41]

Psychological

Something that is mental in origin – the study of the human mind. It may characterise an event, process or phenomenon arising in the individual's mind or directed at an individual's mind.[42]

Psychosocial

Refers to the dynamic relationship between the psychological and social dimension of a person, where the one influences the other. The psychological dimension includes the internal, emotional and thought processes of a person – his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.[43]

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[38] International Federation of Red Cross and Red Crescent Societies Psychosocial Reference Centre, *Caring for Volunteers: A psychosocial support toolkit.*
[39] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2008, *Psychosocial interventions: Handbook.*
[40] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2008, *Psychosocial interventions: Handbook.*
[41] Australian Red Cross, 2012, 'Facilitator Guide', *Community Recovery Information Series.*
[42] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2009, *Community-based psychosocial support: Participant's book.*
[43] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2009, *Community-based psychosocial support: Participant's book.*

Psychosocial support

Refers to the actions that address the psychosocial needs of individuals and of communities, taking into consideration psychological, social and cultural aspects of wellbeing.[44]

Resilience

A person's ability to cope with challenges and difficulties, and to recover.[45]

Social

Relations between people.[46]

Stress

A normal response to a physical or emotional challenge which occurs when demands are out of balance with resources for coping. At one end of the scale, stress represents those challenges that excite us. At the other end, stress represents situations where individuals are unable to meet the demands upon them, and ultimately suffer physical or psychological breakdown.[47]

Stressor

A stressor is any change – be it positive or negative – that triggers a stress response. Stressors may be external or internal. External stressors are conflicts, changes of jobs, poor health, loss, lack of food, noise, uncomfortable temperatures, lack of personal space/privacy etc. Internal stressors include thoughts, feelings, reactions, pain, hunger, thirst etc.[48]

Wellbeing

The positive state of being when an individual, family or community thrives. It is influenced by the interplay of human capacity (psychological and physical), social ecology and culture and values.[49]

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[44] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2008, *Psychosocial interventions: A handbook.*
[45] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2008, *Psychosocial interventions: A handbook.*
[46] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2009, *Community-based psychosocial support: Participant's book.*
[47] International Federation of Red Cross and Red Crescent Psychosocial Reference Centre, 2008, *Psychosocial interventions: A handbook.*
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[49] Australian Red Cross, 2012, 'Facilitator Guide', *Community Recovery Information Series.*

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