Psychosocial intervention in complex disasters – Theoretical frameworks and their practical application

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During the past two to three decades there has been an increasing awareness of the psychological and social needs of disaster affected communities in addition to their physical needs. However, confusion exists about the definition of psychosocial interventions, and the best practices in planning, evaluation. There have been many debates about these and other issues amongst practitioners in the field as well amongst academics who are involved in developing and evaluating psychosocial interventions. The confusion has been increased through the existence of countless projects and interventions that describe themselves "psychosocial", yet have little in common with one another.

The term 'psychosocial' emphasizes the close connection between psychological aspects of our experience (thoughts, emotions and behaviour) and our wider social experience (relationships, traditions and culture). These two aspects are so closely inter-twined in the context of complex emergencies that the concept of 'psychosocial well-being' is probably more useful for humanitarian agencies than narrower concepts. Interventions focusing on narrow mental health concepts such as "psychological trauma" run the risk of ignoring aspects of the social context that are vital to well being.

The Psychosocial Working Group (PWG) has defined a framework of psychosocial intervention that focuses on the three domains of human capacity, social ecology and culture and values. But field level experiences in the aftermath of the Super-tsunami 2004 and the South-Asia earthquake 2005 have showed that the process requires a transformation in attitudes and expectations of the community, taking into account the factors that are peculiar to the ethnocentric communities affected by disaster in the context of aid dependency perpetuated by the "charitable" model of humanitarian aid. In an attempt to bridge this gap Delaney et al's recommendations for transformative action were adapted and appended to the PWG framework to develop a framework for Psychosocial Intervention.

The modified framework includes building human, cultural, and social capital through strategies devolving around the elements of transformation viz., gender role transformation, transformation of groups with specific vulnerabilities, social and economic empowerment, environmental management, and local capacity building. Application of this framework to the Tsunami affected communities in Cuddalore district, the challenges faced, and the possible indicators of outcome are discussed.

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Introduction:

The field of psychosocial intervention in complex emergencies is currently characterised by a lack of consensus on goals, strategy and best practice[1]. The confusion has been increased through the existence of countless projects and interventions that describe themselves as "psychosocial" yet have little in common with one another.

During the past two to three decades there has been an increasing awareness of the psychological and social needs of disaster affected communities in addition to their physical needs. Natural and man-made disasters have always caused psychosocial morbidity of one kind or another. However, confusion exists about the definition of psychosocial interventions, and the best practices in planning, and evaluation. There have been many debates about these and other issues amongst practitioners in the field as well amongst academics who are involved in developing and evaluating psychosocial interventions. The heightened debate is predictable given the quantum of funding of post-disaster intervention, and has come to a head in the aftermath of the Super Tsunami of 24 December 2004. The response to the Super Tsunami saw US$ 35 million being earmarked for psychosocial intervention[2].

Many agencies have predominantly conceived suffering in the aftermath of disasters through the idiom of psychopathology, and particularly post-traumatic stress disorder (PTSD). This has been supported by an increasing body of evidence establishing elevated rates of symptom reportage associated with potential PTSD diagnosis in war-affected populations. However, the validity of the medical model of PTSD has been questioned and others tend to conceptualized trauma more in relation to community resources.[3]

As early as 1979, Torry[4] pointed out the importance of recognising that social systems undergo major changes during disaster recovery. Thus a disaster may be defined as a process / event involving the combination of potentially destructive agents and communities in a socially and technologically produced condition of vulnerability[5].

It is also well known that certain communities bear the brunt of disasters much more than others. This has been strongly brought out in the wake of the Gujarat earthquake[6].The Super Tsunami highlighted a number of pre-existing factors that made some people especially vulnerable and it also brought out the ways in which other people became vulnerable as a result of disaster (Carballo et al ibid). It caused tremendous loss to human life, property, livelihoods, and physical infrastructure in India, Sri Lanka, Indonesia, and Thailand. The devastation that it wreaked left coastal lands flattened and billions of dollars worth of infrastructure, economic assets and materials shattered. It had a severe impact on coastal fishing communities, causing massive disruption of social and economic infrastructures. Major social and demographic shifts occurred, and the social fabric of communities was severely eroded. Gender, age, extent of personal loss, personal experience (in terms of how direct or indirect exposure emerged as key factors together with loss of place), problems of temporary and permanent housing, poor income generation and uncertainty about if and when it would be possible to return to original home sites and communities were some the factors that led to diminished community resources. Host communities were also affected, albeit indirectly.

[1] Galapatti, A, What is a psychosocial intervention? Intervention, Vol 1 No.2, 2003 pp 3-17
[2] United Nations Consolidated Appeals Process, Indian Ocean Earthquake Tsunami – Flash appeal 2005
[3] Carballo M et al, Impact of the Tsunami on psychosocial health and well being, International Review of Psychiatry, 18:3, 2006.
[4] Torry, William I., Anthropological studies in hazardous environments: Past trends and new horizons, Current Anthropology, Vol 20, No. 3, 1979
[5] Oliver-Smith, Anthony, Anthropological research on Hazards and Disasters, Ann. Rev. Anthropol, 25, 1996.
[6] Jigyasu, Rohit, Sustainable Post Disaster Reconstruction through Integrated Risk Management – The Case of Rural Communities in South Asia, Journal of Regional Analysis and Policy, University of Wisconsin.

However the paucity of real-time monitoring and little agreement on the nature and classification of psychosocial problems and morbidity has resulted in poor definition of how and to what extent people were psychologically 'damaged' by the tsunami. Divergences of conceptual approaches, and a lack of clear linkage between assessment and means of intervention, have led to a wide variety of "psychosocial interventions" implemented in the aftermath of disasters. In 2001 a directory was compiled of 71 different projects that identified themselves as "psycho-social initiatives" in Sri Lanka[7] , which could be classified under 12 different categories (Table 1)

Table 1
Diversity of psychosocial intervention
(Galapatti 2003)

1. Provision of explicitly psychological or medically therapeutic services
2. Awareness raising and psycho-education,
3. Interpersonal skills development for community members
4. Social activities to support the expression of feelings and thoughts
5. Mobilization of existing social networks in the community
6. Supportive practices for child development**,**
7. Skills training to improve material security and sense of self-sufficiency**,**
8. Provision of material and other support to remove structural threats to well-being,
9. Strengthening of spiritual dimension,
10. Provision of psychology-oriented skills training
11. Provision of training on various rights based issues
12. Improving links and interchange between resources and support services through networking initiatives

These strategies broadly stem from three different orientations viz., Mental Health, Community Development, and Social Rights / Justice. With such diverse approaches there are poor prospects for establishing a clear evidence base to guide psychosocial interventions in the field of disaster management. A common framework is required with respect to which alternative formulations, strategies and, ultimately, outcomes can be compared and contested.

Defining "Psychosocial":
The most common definition of the term 'psychosocial' originated from UNICEF[8]. It emphasizes the close association between psychological effects of our experience (thoughts, emotions, behaviour, learning, perceptions etc) and our wider social experience (relationships, status, networks, loss – personal as well as economic, etc.)

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[7] Psychosocial Working Group - Sri Lanka, Directory of Psychosocial Initiatives 2000-2001, Sage Publications, New Delhi.

[8] McCallin, M., Understanding the Psychosocial Needs of Refugee Children and Adolescents, Loughry, M & A. Ager (eds) The Refugee Experience: Psychosocial Training Module. Refugee Studies Programme, Oxford, 1999.

Table 2
Definition adopted by the participants in the Symposium on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Child Soldiers in Africa, organized by UNICEF in cooperation with the NGO Sub-group of the NGO Working Group on the Convention on the Rights of the Child, Cape Town, 30 April 1997

The term 'psycho-social' underlines the close relationship between the psychological and social effects of armed conflict, the one type of effect continually influencing the other.

By 'psychological effects' is meant those experiences which affect emotions, behaviour, thought, memory and learning ability and how a situation may be perceived and understood.

By 'social effects' is meant how the diverse experiences of war alter people's relationships to each other, in that such experiences change people, but also through death, separation, estrangement and other losses.

'Social' may be extended to include an economic dimension, many individuals and families becoming destitute through the material and economic devastation of war, thus losing their social status and place in their familiar social network.

However, this definition lacks flexibility and dynamism. For example, it does not cover the disruption or alteration of cultural values, customary practices and social institutions seen in widespread natural disasters such as the Super Tsunami. Therefore, it requires further qualification before it can be of use to psychosocial practitioners in the field.

In an attempt to address the 'lack of consensus on goals, strategy and best practice that challenges the field of psychosocial intervention in complex emergencies' the Psychosocial Working Group (PWG) has developed a conceptual framework for psychosocial intervention[9]. The purpose of this paper is to examine the PWG's theoretical frameworks of psychosocial[10] intervention and how it can be applied in complex post-disaster situations, using experiences from the post-Tsunami project in Cuddalore district. Such an examination, it is hoped, will enable humanitarian agencies to contribute to the growing understanding of the links between disasters, psychosocial intervention, and development, by identifying important considerations for psychosocial transformation in the context of disaster mitigation.

Conceptual Frameworks

During the past two to three decades there has been an increasing awareness of the psychological and social needs of refugees and displaced populations, in addition to their physical needs. The PWG has identified the factors considered by those working in the field to influence the psychosocial 'well-being' of a community.

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[9] Strang, Alison B & Ager, Alastair, Building a Conceptual Framework for Psychosocial Intervention in Complex Emergencies: Reporting on the work of the Psychosocial Working Group, Centre for International Health Studies Queen Margaret University College, Edinburgh, 2005

[10] Psychosocial intervention - "external support seeking to enhance the community's ability to deploy resources to 'transform' itself in response to its changing circumstances for enhanced psychological and social well-being of its members "

The domains of community resource:
Naturally occurring psychosocial resources provide important protection against adverse outcomes[11]. Unfortunately these same protective resources are vulnerable to the impact of disasters and decline or deteriorate in strength. Three major domains have been identified, with respect to which such community resources can be mapped[12]. The PWG framework begins with the assumption that the needs of individuals in complex emergencies can be conceptualized within the context of a family or household which, in turn, is located within an 'affected community'. Attention is commonly focused on this community as a result of some 'event' or 'events' that have affected it, such as conflict, mass displacement, natural disaster etc. The nature of these events is very diverse, and they often contribute to broader conditions which continue to impact the community over many years. The common feature of such events and conditions is that they challenge the community and its members by disrupting or diminishing the resources of that community in some manner. Such challenges typically involve physical, material and economic losses. They also potentially erode the three core domains (human capacity, social ecology and culture & values) of psychosocial wellbeing.

Human capacity. Human capacity is fundamentally constituted by the health (physical and mental) and knowledge and skills of an individual. In these terms, improving physical and mental health, or education and training in support of increased knowledge, enhances human capacity and thus psychosocial well-being. This domain is taken to constitute such resources as the health and well-being (both mental and physical) of community members, the skills and knowledge of people, their household livelihoods etc. (All of which may be referred to as the 'human capital' of the community). Depression, social withdrawal, physical disability, and loss of skilled labour all serve to degrade available human capacity, as do less tangible impacts such as a reduced sense of control over events and circumstances.

Social ecology[13]. While the importance of mental and physical health (particularly with reference to children and adolescents), and development of skills are widely accepted as contributing to psychosocial well-being, social connection and support has recently been seen as an important complementary dimension of post disaster experience. There is strong empirical evidence linking mental health outcomes to the presence of effective social engagement, including wider cultural and programmatic concerns. These justify the specification of social ecology as a discrete domain underpinning psychosocial well-being[14]. Social ecology includes social relations within families, peer groups, religious and cultural institutions, links with civic and political authorities including changes in power relations between ethnic groups and shifts in gender relations etc. (All of which may be referred to as the 'social capital' of the community).

Culture and values. Events may also disrupt the 'culture and values' of a community, leading to a sense of violation; challenging human rights; and undermining cultural values, beliefs and practices. (All of which may be referred to as the 'cultural capital'). Conflict and natural disaster can each threaten cultural traditions of meaning that have served to unite and give identity to a community. Conflict can also serve to reinforce hardened images of other political or ethnic groups, encouraging escalation of violence and

[11] Norris, Fran H et al. Psychosocial Resources in the Aftermath of Natural and Human -Caused Disasters: A Review of the Empirical Literature, with Implications for Intervention. Georgia State University and Indiana University of Pennsylvania.

[12] Psychosocial Working Group, Psychosocial intervention in complex emergencies: A conceptual framework, Working paper, 2003

[13] Basic Definition of Social Ecology: "The application of multiple levels and methods of analysis and theoretical perspectives to social problems, recognizing the dynamic and active nature of human-environment interactions and the social, historical, cultural and institutional contexts of people's lives" - Whitley, John M., (1999) *Conceptual Social Ecology*, (School of Social Ecology, University of California Irwine)

[14] Colletta, N J, & Cullen, M, Violent Conflict and the Transformation of Social Capital. World Bank: New York, 2000.

hatred.

Fig 1

The Domains of community resource
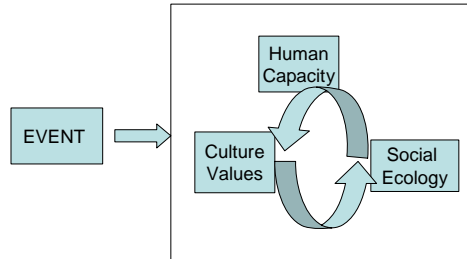
Galapatti (ibid) points out that many social workers feel that this framework fails to address the issue of material well-being, , which is often intimately and inextricably linked to the other identified domains and the overall psychosocial well being. Some feel that cultural beliefs and practices helped construct the significance and meaning of all other domains and their components. Taking into account these concerns, as well as some of the constraints of translating concepts into the local language, one group of psychosocial workers in Sri Lanka developed a draft variation on the PWG framework that captured their own broad understanding of the realm of the psychosocial.

Fig 2
PWG Psychosocial Domains adapted in Colombo (Galapatti)
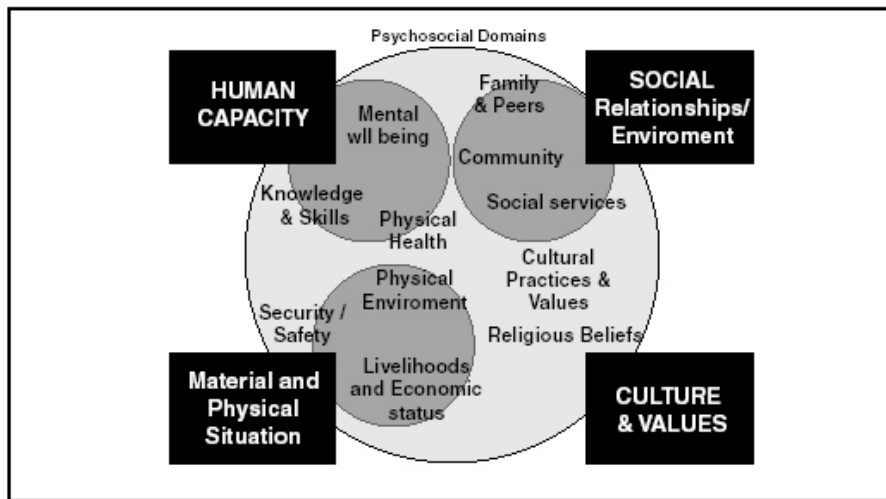
But even this does not lay out clear cut interventional strategies that take into account the factors that are peculiar to the ethnocentric communities, such as the fishing communities, in large scale disasters.

**Towards an expanded framework for psychosocial intervention:**

Disaster situations need to be looked at in a continuum, as actions taken during various phases have an impact on each other" [15]. While the PWG framework is apt for the medium and long term response to complex disasters it needs to be elaborated to take into consideration the short term response, on the one hand, and the link between disasters and development on the other. This highlights the importance and interdependence of both domains and intervention especially in the stages immediately after and in the long term strategies adopted.

Vulnerability context in the immediate aftermath of large scale disasters:

In the immediate aftermath of large scale natural disasters there is disruption of physical infrastructure, health and psychological wellbeing (Fig. 2). All three of these have an impact on human, social and cultural capital. Disruption of physical infrastructure has a direct impact on livelihoods, family and social networks. Disruption in health can cause serious setbacks to the community. Psychological trauma can interfere with restoration of Human, Social, and Cultural capital. In an immediate post disaster setting all three of these have to be addressed besides meeting the basic needs of the affected individuals.

Fig 3

Vulnerability context in the relief phase
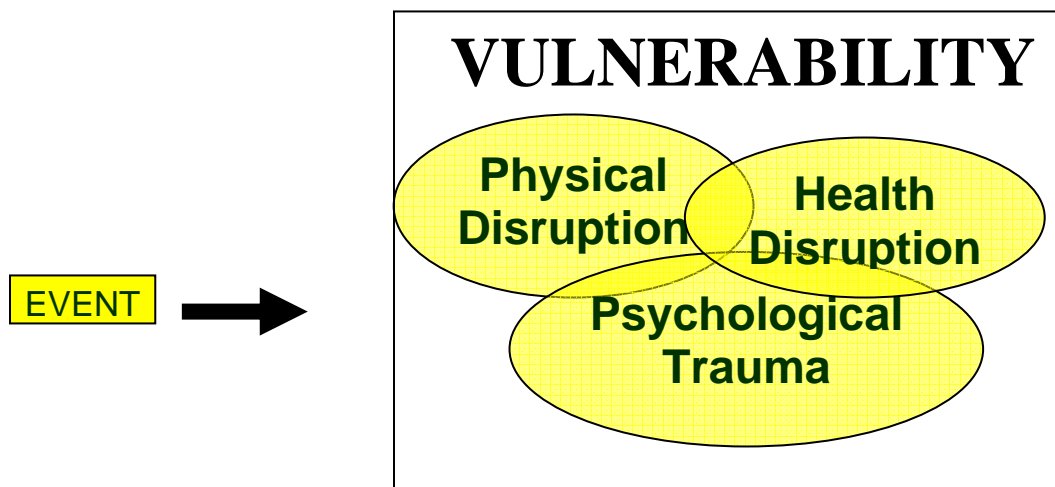
The effect of relief operations:

Natural disasters impoverish the communities they strike. Therefore, the material, information, and manpower influx into a disaster disabled system create the paradox of abundance within privation. The post disaster response to the tsunami exceeded all expectations, locally as well as internationally. As a result, there were dramatic changes in the traditional social relationships and power structures that had remained unchanged for several generations, particularly in the fishing communities.

The fishing communities in Cuddalore district faced the effects of these forces in the aftermath of the Tsunami. The killer wave devastated the coastal community and traumatized the fisher folk for whom Mother Sea was a source of livelihood and sustenance. Of the 51 villages directly affected by the Tsunami in Cuddalore district, two villages were totally wiped out and forty-nine were partially affected.

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[15] Kaplan, Alan., *Developing of Capacity,* Community Development Resource Association (Homepage) 1999.

In total 99,704 people were affected, 617 died, 198 people sustained injuries and 15,200 households were displaced. While ADEPT[16] immediately addressed the healthcare and psychological needs of the community through a full fledged forty bedded field hospital and the "community counsellor" program[17], a needs assessment[18] showed that there was extensive loss of neighbourhood relations and in community living and cohesion, and disintegration of social infrastructure such as self help groups (SHG), anganwadis, mahila mandals, youth organizations etc. with a high degree of social discontent. There was a differential psychosocial impact of the Super Tsunami on the men and women from the fishing communities in Cuddalore District with serious and long-term implications for the rehabilitation process.

The enormous amounts of funding mobilised by the local and international NGO community, also created an extremely competitive environment. Aid organisations competed for a space in which to help by offering a diverse array of appealing material assets. In the short term such practices may have benefited the fisher-folk. However, the long term implications of this for sustainable development of the affected communities were disastrous. Providing *ad hoc* assets without community consultation and participation in analysing the potential impact on local relationships, market capacity and the environment resulted in new social and power dynamics that threatened to undermine the social ecology and culture, increasing the likelihood of inter-communal tensions in an already ethnically charged environment. Fishing communities are largely organized communities and power structures tend to stabilize within fairly inequitable conditions and lead to perpetuating the cycle of rural poverty. This in turn led to large scale migrations not only from the region but also from the industry itself particularly among the youth where the opportunities for alternate livelihoods were unlikely to fetch them the equivalent economic self sufficiency enjoyed by previous generations.

Transformational Strategies:
Experiences in large scale disasters have showed that interventions do not return the survivors to their pre-disaster conditions but instead transform the fundamental social and economic inequities of the affected communities. The disaster literature postulates a variety of reasons why the post-disaster terrain seems so fertile for social transformation[19]. While disasters are horrific and appalling events for those who suffer through them, those who survive often find themselves in a unique and potentially transformative position. Reconciling pre disaster scarcity of the customary with a post disaster surplus of the unfamiliar (due to a flood of material aid) creates a challenge that opens up the affected community to transformation.

In-house discussions based on experiences and outputs of the international workshops organised by ADEPT[20], made it apparent that an approach was needed to be developed for bringing about a transformation in attitudes and expectations of the Tsunami affected community.

Delaney et al have developed some recommendations for transformative action in disaster rehabilitation. These include:

- Sustainable development

- Transforming gender roles

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[16] ADEPT is the acronym for the Academy for Disaster Management Education Planning & Training

[17] Gauthamadas U., A Model for Crisis Intervention in Large Scale Disasters using Lay Community Counsellors, paper presented at the First National Congress on Disaster Management, 2005

[18] See reports on ADEPT's website: http://www.adeptasia.org/publications.aspx

[19] Delaney, Patricia L, Gender and Post Disaster Reconstruction: The Case of Hurricane Mitch in Honduras and Nicaragua, in Decision Review Draft, The World Bank, 2000

[20] See reports on ADEPT's website

- High profile of gender and other specific vulnerabilities
- Social and economic empowerment of women
- Local capacity building and participation
- Sound environmental management
- Partnership among public and private agencies

Based on the experience of ADEPT in the aftermath of the Super Tsunami and the South Asia Earthquake, Delaney's transformational strategies can be adapted to expand the psychosocial intervention framework

ADEPT realized early the importance of a strong local presence and local manpower for effective implementation of community recovery activities. It was decided that the best way to implement this is to set up centres within the community, operated by young, educated, unemployed women from the same community for carrying out activities to support community recovery and development. These community support workers were highly effective as they represent the groups they are serving, and can readily gain access. They are "natural helpers" who effectively work alongside their fellow survivors providing the required special skills and training and both community and individual level services to the affected families, bringing about a change at the grassroots level.

Transformational learning is defined as learning that induces more far-reaching change in the learner than other kinds of learning, especially learning experiences which shape the learner and produce a significant impact, or paradigm shift, which affects the learner's subsequent experiences. It includes new realizations pertaining to one's belief and value system and shifts in meaning of experiences. It can be personal, deep and enduring. Encounters with new concepts and behaviors render obsolete old ways of thinking and doing. ADEPT's programme sought to rebuild human, cultural, and social capital through strategies devolving around the elements of transformation (Table 3).

Table 3

ADEPT's Transformational Strategies for psychosocial intervention

- Gender role transformation through training, educating, and empowering adolescent girls and women
- Transformation of groups with specific vulnerabilities through programmes focussing on children, the elderly, pregnant women etc
- Social and economic empowerment through alternate livelihood skill building
- Environmental management through public health and hygiene, nature preservation, and environmental development programs
- Local capacity building through community based disaster preparedness, ADEPT's Social Health Attendants (ASHA)
- Public-private participation
- Community Participation

An extended framework of Psychosocial Intervention for sustainable development of communities affected by large scale disasters:

Psychosocial intervention in complex large scale disasters therefore, includes building human, cultural, and social capital through strategies devolving around the elements of transformation. With these strategies intervention will lead to sustainable development especially when all players (including the state, private enterprise, non-governmental organisations, and community based organisations) come together for a public-private participation.

The PWG framework could thus be elaborated to incorporate the vulnerability context in the immediate aftermath of the disaster and transformational strategies to bring about a positive change in the psychosocial domains affected by the disaster, recognizing that the individual must also be supported and integrated within social support structures.
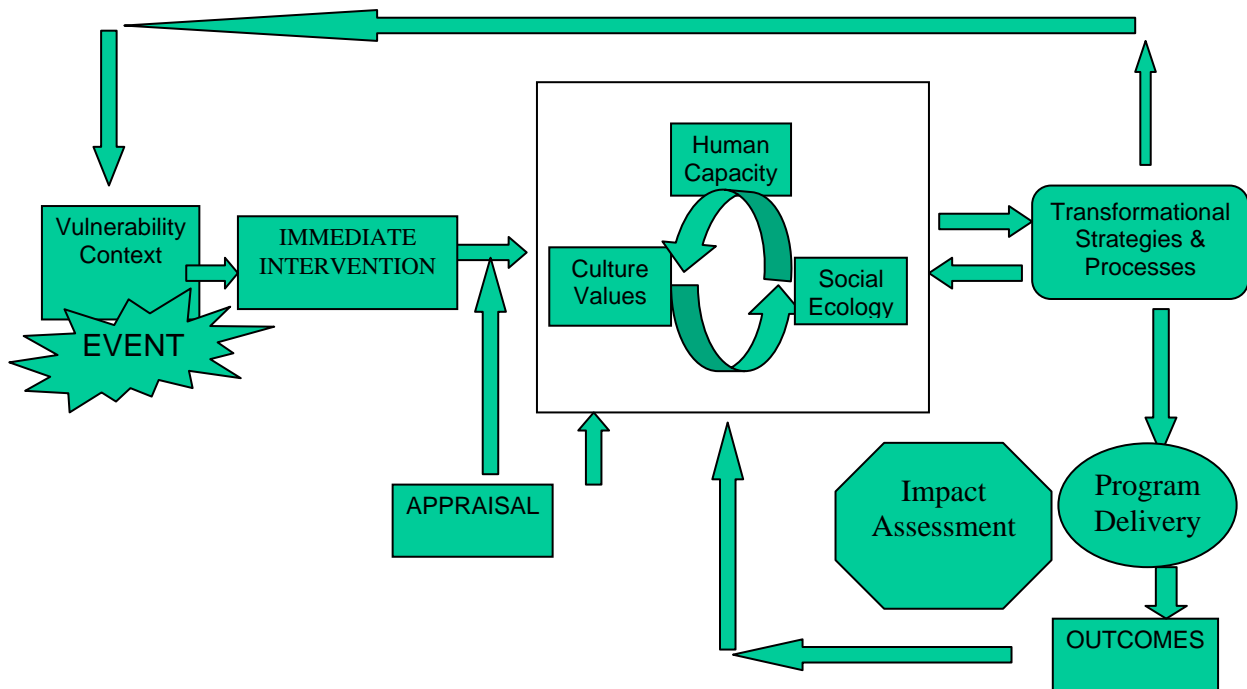
Fig 4

Extended framework for Psychosocial Intervention in Large Scale Disasters

The constituent elements of the framework, viz., vulnerability context, psycho-social domains and transformational processes, are interdependent, constituting different ways of describing interrelated phenomena. As expressed by Jigyasu (ibid), the disastrous event and the mode of aid delivery, has an impact (positive or negative) on the vulnerability context, and this shapes the way the affected community perceives any psychosocial intervention in the aftermath of the disaster. This in turn has a bearing on the response of the community to psychosocial intervention. The vulnerability context, psychosocial domains and transformational processes influence each other requiring constant programmatic modification. The outcomes in turn have a bearing on the ongoing psychosocial intervention as they modify the resource pool. The list of activities described by Galapatti (Table 1) would then indicate programme delivery mechanisms e.g. the objective of bringing about a positive attitude to alternate livelihoods in the fishing

community could be achieved through gender role transformation using the delivery mechanism of skills training. Thus young women could be trained in alternate livelihood skills such as beauty care. An indicator of successful outcome would be the setting of a home based beauty care center on an experimental basis by the trained women or practicing beauty care in the community.

Beautician Training	**Home Based Beauty Parlour in Singarathoppu**

Implications for impact assessment:

Measuring the success of psychosocial interventions is crucial to developing an understanding of what makes programmes effective. Evaluation of psychosocial programmes often stays at the level of measuring progress and outputs (such as provision of services). What is crucial is to develop measures of outcomes and impacts. This requires specific thinking about what the the precise objectives of an intervention are. This PWG framework suggests a way of evaluating the impact of events by looking directly at the effect on the constituent domains (Table 4).

Table 4
Sample indicators of psychosocial outcomes based on ADEPT's Tsunami programme

Human Capacity	Social Ecology	Culture & Values
Improved Health status	Improved community sanitation and hygiene	Communal Harmony
Better health seeking behaviour	Cleaner and greener villages	Improved knowledge and attitudes on rights based issues
Community based primary health skills	Better neighbourhoods	Restoration of cultural practices
Changed attitude towards alternate livelihood	Greater community – civil society links	Incorporation of technology into traditional practices
Development of alternate livelihood skills	Better community – public administration links	Transformed gender roles with cultural fit
Community prepared for future disasters	Community program for protection and preservation of vulnerable groups.	Harmonious transformation of vulnerable communities

Conclusion:

In the aftermath of the "super tsunami" ADEPT was confronted with the challenge of mustering local response and building local resources in the wake of massive material, information, and, manpower influx that had rendered the community dependant on aid. Exploring strategies for psychosocial intervention and bringing about an enduring "developmental" psyche within the community and its members, ADEPT was forced to improvise in the absence of a tried and tested framework,. Drawing on available literature, the PWG's work and experiential learning, ADEPT evolved an extended framework for psychosocial intervention that gives scope for replication in similar situations, both at the micro as well as the macro level. While the framework emerged empirically as early as April 2005 later field level experiences have reaffirmed its theoretical basis. Since it taps into existing community resources, this framework minimizes dependence on external resources and has the advantage of not needing the continued presence of the external agent of change.

The extended framework for psychosocial intervention recognizes that the community possesses both psycho-social and physical resources, but that while physical resources may be obliterated, psycho-social resources have only been temporarily weakened by the event / disaster and need to be strengthened. While the community may be capable of transforming itself without external intervention, programmatic interventions based on this framework can accelerate the process through the interaction between the affected community and the external community.

This framework presents the community as dynamic, and constantly adjusting to events and circumstances, and implies that there is no 'normal' state for a community to return to, in the aftermath of a disaster / event. Thus the goal of any external intervention should not be to 'restore' the community to its

former state. Instead the external support should seek to enhance the community's ability to deploy resources to 'transform' itself in response to its changing circumstances. The long-term goal would be that the community would be able to continue to meet these challenges independently without the need for external support. Sustaining the "transformation" processes, however, is more difficult than mobilizing resources. The effects on the individual, the family, the community will be long lasting only if alternate strategies are developed to deal with the constant changes in human, cultural, and social capital.