

Richard Williams

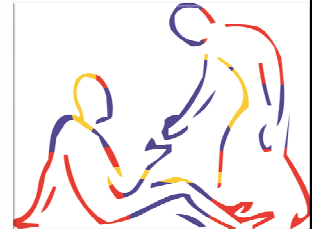
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Psychosocial resilience:

Developing communities' abilities to cope with disasters through educating and supporting children

Acknowledgements:

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My agenda for today

1. The nature of psychosocial trauma and how people respond to it
2. Differentiating distress from disorder
3. What is resilience and what makes people resilient?
4. How children's resilience may be developed through education

Children's involvement in disasters

- Children may be:
 - Directly affected by their presence
 - Indirectly affected by, for example:
 - Adults' reduced capacity for parenting
 - The impact of military deployment of family adults on children
 - Dislocation, displacement and deprivation
 - Perpetrators (e.g. combatants)
 - Affected by a mix of more than one of these experiences

The nature of psychosocial trauma

- Janoff-Bulman's 3 fundamental assumptions:
 - The world is essentially a good place
 - Life and events have meaning and purpose
 - One's own person is valuable and worthy
- Psychological trauma occurs when events +/or circumstances challenge these assumptions and take a person beyond their tolerance

How children are affected

- Personal responses
- Responses of groups of people that involve children
 - Families and communities ("family is absolutely important" Beah, April 3 2009)
 - Peers and adults in schools and at work ("what training can do: that's absolutely important" Beah, April 3 2009)
 - Groups of people who are strangers but thrust together by events

How children are affected

- Distress
- Deprivation
- Displacement
- Developmental impairment
- Disorder
- Disability
- The impacts may be:
 - Immediate
 - Short-term
 - Medium term
 - Longer-term
 - Chronic

Responses of children that should alert attention

- **Short-term**
 - Regression (the most common)
 - Disobedience
 - Worries about safety
 - Emotional withdrawal
 - Decline in school performance (a sensitive screening question)
- **Longer-term**
 - Loss of wish to engage in pleasurable activities
 - Apathy
 - Pretending not to care
 - Episodic aggression and violence
 - Injuries to self
 - Problematic sexual attitudes
 - Truncated moral development

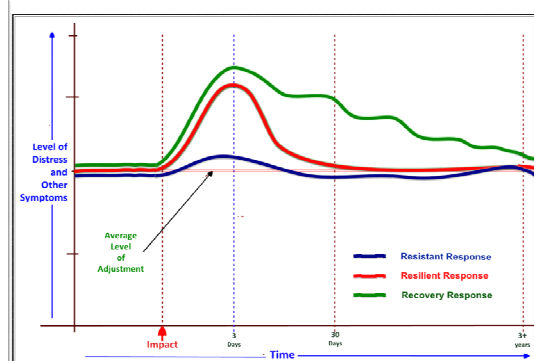
Additional impacts of disasters on children

- Psychological development
- Emotional development

Anticipated reactions

| Emotional Reactions | Cognitive Reactions | Social Reactions | Physical Reactions |
|---------------------|-----------------------------------|------------------------|--------------------|
| Shock and numbness | Impaired memory | Regression | Insomnia |
| Fear & anxiety | Impaired concentration | Withdrawal | Hyperarousal |
| Helplessness | Confusion or disorientation | Irritability | Headaches |
| Hopelessness | Intrusive thoughts | Interpersonal conflict | Somatic complaints |
| Fear of recurrence | Dissociation or denial | Avoidance | Reduced appetite |
| Guilt | Reduced confidence or self esteem | | Reduced energy |
| Anger | Hypervigilance | | |
| Anhedonia | | | |

Resilience, resistance and recovery



Psychosocial and mental health risk factors

- The risk of morbidity or developmental problems is greatest for children who:
 - Have perceived high threat to life
 - Have been exposed to dead bodies and grotesque circumstances and odours
 - Are faced with a circumstance of low controllability and predictability
 - Have their illusions of safety undermined
 - Have experienced the limitations of their parents' power to protect them
 - Have experienced great loss and physical injury
 - Have experienced higher degrees of community destruction
 - Have to live with the possibility that the disaster might recur
 - Have parents who develop a psychiatric disorder

Distress or disorder?

- Stress, dysfunction and disorder have become confounded
- Distress
 - Implies an external and usually temporary cause of great physical or mental strain and stress
 - Emotional responses that:
 - are referable to the advent of a stressor
 - are proportionate to the impact of the stressor
 - tend to improve or resolve with withdrawal of the stressor
- Disorder
 - Feelings and dysfunction that:
 - are disproportionate to the anticipated impact of the stressor
 - persistent after removal of the stressor
 - taken to indicate an anatomical, physiological or psychological abnormality of a particular person

Psychosocial resilience

- "Ordinary magic" (Masten)
- Personal
 - *"Resilience, a multi-dimensional construct, is the capacity of individuals, families, communities, systems and institutions to anticipate, withstand and/or judiciously engage with catastrophic events and/or experiences, actively making meaning out of adversity, with the goal of maintaining 'normal' function without fundamentally losing their identity"* Almedom, 2008
 - *"a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self, relationships or personal development in the face of adversity, threat or challenge. It is NOT about avoiding short-term distress, but about adapting to, and realistic recovery from adverse events and/or circumstances"* Williams, 2007

Collective resilience

- *"Collective resilience refers to the way crowds of people express and expect solidarity and cohesion, and thereby coordinate and draw upon collective sources of support and other practical resources adaptively to deal with adversity"* Drury, 2009



| Resilience is: | | |
|-------------------------------------|---|--|
| Dynamic | | Resilience changes over time and may be of differing strength in differing situations |
| Developmental | | Resilience is affected profoundly by a person's experience in childhood and beyond |
| Interactive | Passive - increasing a person's ability to withstand trauma | Resilience may be thought of as related to each person's ability to withstand trauma. So, one approach is to help people to develop their ability to cope well when faced with trauma. |
| | Active - shaping the environment | More resilient people organise the world around them to minimise the risks of being exposed to trauma. |
| Gender related | | Generally, women are more resilient than men though they are also more likely to develop longer term psychiatric disorders too. |
| Related to personal characteristics | | Intelligence and temperament and, particularly, a combination of the two |
| | | The quality of each person's family relationships |
| | | The level of social support that is available to each person |
| Relates to attachment capabilities | | Research has shown strong relationships between people's capacities for secure attachments and their resilience. |

Features of resilience

- Personal skills
- Personal beliefs and attitudes
- Interactive skills, relationships and achievements

4 core features of psychosocial resilience

- The abilities of people to accept and use social support and the availability of it are two of the key features of resilience that may have greater effect than exposure to events
- A staunch acceptance of reality
- Belief in oneself buttressed by strongly held values
- Ability to improvise

A strategic model of psychosocial care

| Intent | Nature of Activity | Actions | Time Scale |
|---|--|---|------------------------|
| Develop and sustain collective and personal psychosocial resilience | Preparedness | 1. Strategic planning | Continuing |
| | | 2. Develop community resilience | |
| | Public welfare, social and health care paradigms | 3. Humanitarian aid | Immediate & continuing |
| | | 4. Psychological first aid | |
| Deliver responses to personal psychosocial and health care needs | Personal psychosocial and health care paradigms | 5. Augmented primary health and social care | Medium term |
| | | 6. Specialist mental healthcare | Medium and long term |

Psychological first aid (PFA)

- Comfort and consolation
- Protection from further threat and distress
- Immediate physical care
- Goal-orientated and purposeful behaviour
- Helping reunion with loved ones
- Sharing the experience (but not forced)
- Linking survivors with sources of support
- Facilitating a sense of being in control
- Identifying those people who need further help (triage)

Developing the resilience of children and families

- General interventions
- Disaster and incident specific interventions

General interventions through the curriculum 1

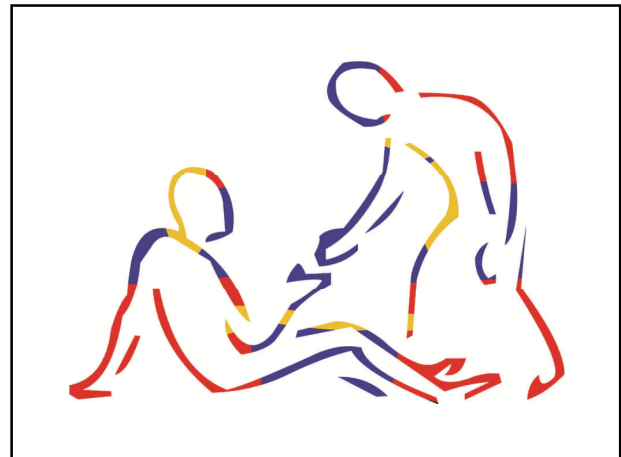
- Based on
 - Developing optimism
 - Developing self-confidence
 - Support from families, friends, clubs etc
 - Seeing possibilities for coping with problems
- Improving social relationships
- Work to develop attachments and attachment capacity
- Developing problem-solving skills
- Improving literacy and numeracy

General interventions through the curriculum 2

- UK Government's Foresight project
- New Economics Foundation's 5 ways to wellbeing
 - Connect
 - Be active
 - Take notice
 - Keep learning
 - Give

Resilience-specific programmes

- Messages from the Impact programme for children in schools
 - Together you are strong - be a friend to someone else
 - Believe in yourself - see problems as challenges to be solved
 - Be positive - you can't change the situation but you can deal with it differently
 - Make a plan - in steps, not everyone can do the same things well
 - Stay calm and relax



A stepped strategic model of care

- Level 1: Family, welfare and humanitarian aid
 - Families and peers provide 'support'
 - Communities - schools are particularly important
 - Object is to promote and sustain 'resilience'
- Level 2: Trained resources for selected people
 - Psychological First Aid
- Level 3: Primary level mental health services
 - Community services, primary care and augmented primary care
- Level 4: Specialist and very specialised mental health services
 - Specialist mental healthcare (assessment and intervention including treatments)