

Presentation of Alan Cohen to the 3<sup>rd</sup> World Forum 26<sup>th</sup> April 2001, Athens

I am a psychologist working in the Community Stress Prevention Centre, (CSPC) Tel Hai College in the Upper Galilee, Israel. The town I live in, Kiryat Shmona, has some 23,000 residents and is on Israel's northern border. One of its major claims to fame is that since 1967 over 3,200 rockets have fallen within the small area of the town [but most have missed me by well over 100m. so far]. (To date there have been 44 dead, 373 wounded, 487 severely shocked and many more reporting lesser symptoms).

The CSPC is a humanitarian charitable trust. Work with both individuals and all types of communities in Israel (Jewish, Muslim, Christian, Druse) as well as having international experience in Yugoslavia and former Yugo. Countries, NI, Turkey & Bangladesh. It was founded by Prof. Mooli Lahad, an educational psychologist as response to psychological needs of teachers and children. Up till then the prevailing attitude was one of interrupting the studies for the period of the bombing, taking shelter and then resuming studies as if nothing had happened. Prof. Lahad convinced a local principal that if teachers were prepared in advance and trained to cope with the problems that arose, then a full and speedy return to routine would be much easier. This proved to be case. Teachers and children who had been prepared in advance exhibited more helping behaviour when in the shelter, they were less agitated and they made a quicker return to normal afterwards.

Few mental health professionals live in the outlying areas so a fan method of training is particularly effective. In principle, we at the CSPC work with other caregivers such as social services, ministries, police, hospitals or any organisation that wishes to prepare itself for emergencies or disasters. They then work with the population at large. Accidents, security related problems, natural disasters, industrial hazards (such as evacuation due to chemical leaks) all come under the category of events to be prepared for.

Over the years we have learned from our experience. Recommendations that we have made to local authorities for example regarding evacuation include keeping families together when evacuating them from areas with security problems, and placing evacuated families in community centres rather than hotels following evacuation due to flooding. This avoids the serious condition "hotelitis" whereby there are serious difficulties getting people to return home once the situation allows it.

The rationale behind our work is based on Caplan's model of three stages of intervention –, at any stage intervention can prevent the situation from getting worse. Primary intervention – the best and most recommended, takes a community or organisation before anything has happened and trains them in general emergency management, bearing in mind the particular situation of the this community or organisation.

Secondary intervention takes place around the time of or just after the disaster. This intervention is planned to avoid the onset of posttraumatic illnesses and facilitate return to normalcy as quickly as possible.

Tertiary intervention will typically be about one month later, monitoring the population for signs of distress and preventing the onset of delayed posttraumatic reactions

The underlying assumption for our work is based on a health centred approach, searching for people's coping abilities (rather than looking to see what is wrong with them) and enhancing them. One of the training models according to which we work is BASIC Ph – analysis and basis for skills building. Each letter of the acronym represents a particular mode of coping utilised by people on an everyday level.

B = Beliefs and values

A = Affect, emotion

S = Social skills, family, community

I = Imagination, creativity

C = Cognition, knowledge, logic

Ph = Physical/physiological responses.

In practical terms – we will teach the helpers in times of emergency listening skills for example, to tune in quickly to the needs of the affected population (e.g. for emergency phone services) (pacing & leading exercises for teams at the scene of a disaster), debriefing skills, and then we use practical exercises to enhance these skills in times of quiet and preparation through simulations, relaxation and storytelling.

Even communities which do not feel that they are at any particular risk benefit from emergency training, as evidenced by the town of Bet Shemesh. Although not in an area either of natural disasters or particular security troubles, the psychosocial services received a training workshop. Less than two weeks later, schoolgirls on a field trip to the “Island of Peace” in the Jordan River were shot at and seven were killed by a soldier from across the border. Many were injured. The scenes at the school in the home town were frantic. Those who had been trained felt empowered and were able to deal with relatives, friends and public who swarmed to the school to await news and return of the survivors.

If we turn our attention to young children - we find that most of them are alike the world over are in fact surprisingly normal. e.g. some odd behaviours (such as preferring always to sleep with windows closed or hyperalertness)

Different types of fear

- 1) due to circumstances (healthy - Janis), but when natural responses are inhibited then bodily symptoms appear and regression
- 2) increased imaginary fears - mixing reality & imagination
- 3) fear caused by behaviour or reactions of those around - over or under reacting - people who had been through the same or worse react differently as parents. Even very young children notice. When children are denied the chance to verify their own perceptions it often leads to guilt, confusion and isolation.
- 4) fear of separation – conscription of fathers, evacuation with or without families
- 5) fear of death – this is natural but is heightened in times of stress. Over-exposure to death and injury can flatten emotions with implications for the future.
- 6) traumatic fears – the range of usual reactions to traumatic incidents, such as flashbacks - need for treatment.

In this age range, our work will focus on teaching the teachers (who will often work with the parents) how to cope with the above reactions and restore calm and confidence

Another Chinese saying (rather popular at this Forum!)

“We may not be able to stop the birds of worry from flying above our heads, but we *can* stop them from building their nests in our hair”.