

**EFPA (SC Trauma) Statement on the Role of Psychologists in Pan European and International Emergencies**  
**March 2011**

In collaboration with National European Psychology Associations and both the European Union and the European Commission, the EFPA-Standing Committee on Disaster, Crisis and Trauma Psychology has been working for many years to develop Pan-European guidelines for psychologists responding to cross-border disasters and emergencies within the EU. This guidance can be briefly summarised:

1. Psychology has an important role to play in planning at governmental level to mitigate the effects of any disaster or act of terrorism.
2. All personnel responding in the aftermath of a major incident should have had prior training in the psychological impact of traumatic events and know how to support survivors and their families. They also need to know how to connect needy survivors to mental health services.
3. Each National Association will work with their National Civil Emergency Authority and assist in identifying suitably qualified psychologists who can work either within one country or across countries.
4. Responding to International Disasters outside the boundaries of Europe require additional consideration.

**Early intervention/emergency response**

Whenever there is a highly publicised international traumatic incident, many people wish to help. Such altruism is to be welcomed, but the actual presence of people going to the scene of the disaster is not. Recent experience shows that individuals or groups rushing to a disaster scene invariably get in the way of smooth working. Thus EFPA (SC) agrees with some (but not all) of the advice drawn up by the WHO (2007) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

It is important to realise that the IASC achieved a great deal in getting a document that reflects the consensus of many humanitarian NGOs who have experience of responding to disasters. But all psychologists know that consensus (reliability) does not always reflect validity. Many of the individual bits of advice have little, if any, evidence to support them. The whole field needs many more scientific evaluations before firmer guidance can be delivered.

Having said that, EFPA (SC) endorses many of the key points made by the IASC and further accepted by APA as guidance for American psychologists (APA, 2008).

**Responding within Europe**

Each country within Europe has a well developed emergency plan. This should cover first responding as well as meeting psychological needs. Countries at present vary in the emphasis on psychological sequelae of crises and disasters. Psychology associations have been encouraged by EFPA to establish some infrastructure through which training in disaster, crisis and trauma psychology is co-ordinated and which can

be accessed by authorities when an emergency is declared. Thus every country in Europe should be able to access professionally qualified psychologists with expertise in disaster planning and response.

The Council of the European Union recognises there is a need for cross-border co-operation as and when a disaster strikes more than one country. This would include dealing with nationals of one country caught up in an incident in another. The Council has asked for a register of suitably qualified psychologists who may be called on to assist after a cross-border incident. Each National Psychology Association has been charged with keeping such a register. At present, the register can only be indicative – that is people nominate themselves if they believe they have the requisite training – as there are as yet no agreed standards to draw upon. The reality is that such a register is unlikely to be activated from Brussels but that the relevant Civil Emergency authority in one country would consult their opposite numbers in other countries who in turn would contact their local psychological association for the names of suitable psychologists.

Psychologists responding to a crisis should work with the proper legal authority and alongside national organizations and NGOs. Professionals who are not formally invited and are not affiliated to a recognised organization that has been mobilised to help should not travel to the disaster affected area.

### **Role for European psychologists working internationally outside Europe**

EFPA members who work in disaster areas outside of their own country, as well as those dealing with refugee groups inside one's own country, should be aware and respectful of cultural differences. Although acute trauma responses have been found to be largely universal, the way people deal with the situation over time will reflect different cultural expectations and practices. The expression of grief reactions may vary greatly between cultures. A broad psychosocial response to recovery requires understanding of and consultation with local community and mental health leaders, and with the affected population itself. In many disaster situations a public health approach that reach out to groups is necessary and individual therapeutic approaches may be inappropriate for responding to disasters of a massive magnitude.

Although often motivated by altruism initially, it is important that all interventions should be properly evaluated. All psychologists responding to a request for help following an incident should remember that their professional code of ethics applies as strongly overseas as in their country of origin. There remains an obligation to protect participants and so all ethical codes and research guidelines should be followed.

Unless the psychologist is fluent in the language and customs, it is unwise to get involved in any individual treatment. This is especially the case if the psychologist is likely to be in the affected country for only a few weeks. In general, EFPA endorses the advice on international help promulgated by APA.

### ***Offer to provide Information, Consultation or Training***

Psychologists with relevant experience of working in disaster mental health can offer to consult with local psychologists and recognized humanitarian NGOs. In some cases, they can offer training provided that they are experienced in so doing. Wherever possible, this should be in collaboration with the national psychology association.

The aim is to help build local capacity to deal with the sequelae of disasters and training can contribute to doing this in a sustainable way.

### ***Develop collaborative research relationships***

The evidence base for managing disasters and mitigating the psychological effects is woefully small. Efforts should be made to collaborate with local counterparts to evaluate the current crisis plans and lay the ground for better research in the future. This includes the need to develop appropriate, brief measures that are valid indicators of need and that are sensitive to change following interventions.

### **References**

American Psychological Association (2008) APA Statement on the Role of Psychologists in International Emergencies. APA: Washington, DC.

Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: WHO.

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