



Dos & Don'ts in Psychosocial Intervention



Training Issues (1)

DOS	DONTS
Ensure that staff are suitably qualified to conduct activities	
Train professionals (psychologists and psychiatrists) in clinical techniques	Train paraprofessionals in clinical techniques (such as EMDR)
Provide ongoing support/supervision to staff who participate in trainings	Conduct 1 off trainings



Training Issues (2)

DOS	DONTS
Conduct training in basic counseling skills for 2 weeks with regular support/supervision	Conduct training in basic counseling skills for less than 7 days.
Focus training for community members in how to provide basic psychosocial support. Have small section on how to identify severe problems as part of the training	Focus training on teaching people how to identify and refer trauma related problems



Training Issues (3)

DOS	DONTS
Conduct short trainings on basic psychosocial support (psychoeducation) for members of the community	Call this counseling or trauma treatment or. . . .



Activities (1)

DOS	DONTS
	Claim to 'heal trauma' with short activities
Support people to play an active role in rebuilding their community and return to normalcy	Treat people as victims in need of support from outside (e.g. focus only on talking without supporting joint action to address common problems)
Pair staff from outside Aceh with staff from Aceh	Use only staff from outside Aceh



Activities (2)

DOS	DONTS
Support indigenous, culturally and religious appropriate healing	Import external or foreign techniques without integrating or grounding them in local healing traditions
Take participants through a healing process (past, present, future)	Focus only on past (e.g. debriefing)
For the community, use easily understandable terms that normalize and destigmatise reactions	Use technical terms or terms that can stigmatise (e.g. trauma, illness etc.) except in a clinical setting



Activities (3)

DOS	DONTS
Focus on resilience and coping	Focus on vulnerability, 'trauma' and illness
Address trauma and stress related problems together	Focus only on trauma related problems and ignore stress related problems



Activities (4)

DOS	DONTS
<p>Provide the safest way for people to express their difficult events (e.g. asking to draw, write stories and or share in pairs). Ensure that if people are asked to express their experiences it is part of an ongoing, safe and supportive process.</p>	<p>Ask people or children to retell their difficult experiences without appropriate skilled support</p>



Activities (5)

DOS	DONTS
Ensure that only people with an ongoing relationship with children ask them sensitive questions	People not well known to the child ask sensitive questions (e.g. about difficult experiences during disaster)
Strengthen people's support networks	Create dependency among beneficiaries or undermine their existing support network



Activities (6)

DOS	DONTS
Integrate psychosocial and mental health services within integrated services for beneficiaries (health, education, social, community activities etc.)	Establish 'trauma centers'
Promote integrated and staged approach, with referral system to higher levels of specialization as required	Create stand alone specialized services that are disconnected from the existing systems



Thank You