



MOOC

Psyc.E.In. MOOC 2

Unit 6

Chapter 3

Case study/Good practice

3.2 Internal Communication in a Refugee Camp

Instructions for the learners

The following case study can be used in your classroom to practice emergency management in a complex scenario.

Instructions for the students: “Read the text, review the details of the case study, work in subgroups to answer the questions and prepare your management action plan for the plenary discussion.

You have 90 minutes:

- 15 minutes to read the paper.
- 30 minutes to answer the questions individually or in subgroups.

– 45 minutes for plenary discussion.”

Background Scenario Description

The reception centers for asylum seekers were established in Italy in 2002 under the name of CDI (Identification Centers) and CARA (Centri di Accoglienza per Richiedenti Asilo) and finally regulated by the Presidential Decree no. 303/2004 and the Legislative Decree no. 25/2008. These centers were established to house admitted asylum seekers, or migrants otherwise present in the national territory, for the time necessary to assess their application for international protection.

Asylum seekers are a growing presence in Europe. One of the reasons behind this phenomenon is the increase of humanitarian emergencies in the world: the tsunami in Southeast Asia (2004); the earthquake (2008) and the floods in Pakistan (2010-2011); the war in Libya, which began in 2011, opening a crisis in the Mediterranean and triggering a domino effect that led to the conflict in Syria and the largest exodus since World War II; the famine and drought that afflicted the Horn of Africa in 2012 as a result of climate change (El Niño), which hit especially Ethiopia, Somalia (a country also dealing with the consequences of the civil war), but also Mozambique, Zambia, Zimbabwe and various areas of Central America and Southeast Asia.

According to the United Nation High Commissioner, 130'000 migrants and refugees have been hosted in Identification Centers in the last ten years. Those migrants often presented respiratory, dermatological, gastrointestinal problems and posttraumatic symptoms caused by the inhuman life conditions they faced in their home country or the abuse suffered during their dreadful journey to Europe. This is revealed by “Out of the Field”, the latest report by Doctors Without Borders and it is confirmed by the stories collected by Osservatorio Diritti in Rome.

Since 2011, two refugee camps have been active in southern Italy with the main mission of welcoming those fleeing war and poverty. The two Centers offer health care and psychosocial support (including sex education, antenatal courses, and courses in support of parenting), legal

orientation services and bureaucratic and administrative support, in addition to activities aimed at promoting integration, like Italian language courses.

These centers have a maximum capacity of 200 people, but, during summer, there is usually a spike in the arrivals of migrants on the Italian coasts due to the favorable sea conditions; therefore, during summer, it is not rare for these centers to host at least 50 people more than the maximum capacity.

Migrants report different types of psychological needs to which it is necessary to respond with psychological support interventions, cultural mediation, and trauma-focused interventions (targeted to support severe physical trauma and/or sexual abuse suffered in the countries of origin or during the journey).

You are a psychological emergency facilitator, member of a voluntary association that operates in the areas of protection of civil rights, cultural mediation, and prevention of psychological and social distress. Inside the facility, the main activities of your agency concern:

- psychological support, psychotherapy, ethno-psychiatric consultations for refugees and asylum seekers,
- cultural mediation,
- prevention and treatment of psychological and social distress,
- support to families in the process of reunification,
- psychological support and psychotherapy for people that are victims of violence, enslavement and exploitation, and for people with social deviance,
- work in educational institutions for the inclusion of foreign and Italian minors.

In order to best accomplish these activities, your agency operates with a multidisciplinary team made up of psychologists and psychotherapists, developmental psychologists, anthropologists, sociologists, and ethno-clinical cultural mediators.

Each team of your agency can guarantee assistance for a maximum of 3 weeks; after that, it is replaced by a new team. In order to guarantee continuity of care, each group is required to keep a medical record with all the information necessary for the next group to work effectively.

Methods, resources and obstacles:

Your agency operates with a multidisciplinary team made up of psychologists and psychotherapists, developmental psychologists, anthropologists, sociologists, and ethno-clinical cultural mediators. Your team is composed of a group of 5 psychologists, 5 psychotherapists with specific training in trauma treatment, 1 anthropologist, and 3 cultural mediators. Each team could work for a maximum of 3 weeks. After that, to protect the psychological health of your members, a new volunteer team will replace the previous one.

To support your team, you have few resources available. The main concerns are about ensuring continuity of care. It is essential to structure and organize a process of internal communication that can ensure an effective handover of information between the groups that take turns in assisting the patients of the center.

As a psychological emergency facilitator, you will be expected to manage the creation of patient records and the handover of information with the group that will replace yours.

You will be dealing with the creation of the patients' medical/psychological records, for example through forums, group meetings, participatory methods and enhancing volunteers' experiences.

You will also be responsible for collecting all relevant and reliable information and for circulating it through the most appropriate channels. Finally, you will have to organize information dissemination and handover, which usually takes place within 24-48 hours. You can schedule in-person or online meetings for the dissemination of data and the explanation of the situation to the colleagues that will replace you.

Objectives:

The nature of the event makes it necessary to: create a focused inner communication plan based on reliable information and protocols; strengthen the dialogue between members of your agency; design timely, verified and clear steps to be followed in the handover between groups, in order to guarantee continuity in the assistance of refugees, especially when a three-week volunteer shift ends.

The aim is to guarantee a smooth and consistent intervention in a complex situation in which people from extremely diversified cultural and social backgrounds are involved.

The intervention must be global and should deal with issues concerning:

- dissemination of a communication plan with appropriate methods and tools,
- planning of medical/psychological records of patients treated in the refugee facilities,
- collection of all relevant and reliable information for medical/psychological records,
- dissemination and transfer of information to colleagues starting the next three-week shift,
- providing guidance to a multi-professional team,
- fostering group cohesion and social support.

Answer the following questions:

1. Which communication channels/tools would you propose as the coordinator of an Emergency Psychology Team?

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2. How and when would you organize the meetings for handover of information between the volunteer teams?

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3. Which methods and tools would you use in order to structure medical records of patients treated in the facility?

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4. How would you collect and verify relevant and reliable information for medical records?

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5. How would you disseminate and share the Emergency Psychology Team protocols?

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6. How would you disseminate and share data and information in medical/psychological records?

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7. How would you increase homogeneity of intervention within the team?

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8. How will you monitor and evaluate the communication protocol?

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