



Psych.E.In. MOOC 1

Unit 7

5.2 Being leader in post crisis stage

A note: As a leading psychologist of psychological early intervention it is important to differentiate clinical follow up phase, by post crisis phase. In the literature it is possible to call post crisis intervention “follow up phase” but it is important not to confuse it with the clinical follow up phase.

- Clinical follow up phase of the intervention (e.g. psychological first aid, psychosocial intervention, trauma focused intervention...) still belongs to the acute phase (it could be after one months or even more, it depends on the situations, and it is focused on the evaluation of the results of the clinical intervention).
- The management of the post crisis intervention is the verification phase of the overall intervention in all its aspects (organizational and clinical). It is paid out at the very end of the crisis (after 6 months/one year depending on the situation).

The following describes a set of traits, abilities and actions that are commonly mentioned when describing effective leaders in post crisis stage.

As a leading psychologist

1. Monitoring and maintaining Resilience Post-Crisis:

While the definition of resilience implies that people with this quality will not experience significant distress after a disturbing event, they still should be monitored over time for any stress reactions that merit attention. In some cases people are able to function well during the heat of a crisis, but once the intense demands recede, posttraumatic stress symptoms begin to emerge. Therefore, be sure not to assume that personnel who demonstrate resilience throughout the response are immune to later psychosocial issues.

2. After a Crisis:

- **Take care of yourselves:** be sure there is someone working for you who you trust enough to lead if you need a break following the crisis.
- Think about your responsibility to and **compassion for your staff.**
- Create a **positive and supportive work** climate.
- **Keep your staff informed** and be sure they know that your door is open and that you are available for them.
- **Be fair and impartial** to your staff.
- Give every staff member something **challenging and important to do.** Everyone wants and needs to feel both valuable and appreciated for their contribution.
- **Hold regular meetings** to build teamwork and contribute to a positive atmosphere.
- Set **reasonable expectations** and be tolerant even and perhaps especially in crisis situations.
- **Do not point out** weaknesses in staff members in front of others.
- **Empower and show confidence** in those you give responsibility to.
- **Do not be afraid to change course** or change your mind if your approach to staff members is not working or your expected office response is not effective.
- **Never forget to congratulate** yourself and your staff for a job well done.

What managers can do:

Specific suggestions for effective post-disaster adjustment include:

- If possible, take some time off
- Engage in activities that are both enjoyable and feel restorative
- Use positive coping mechanisms
- Consider when to use problem-solving or emotion-focused coping • Write about your experiences
- If you find that you are struggling, you do not have to be alone:
- Reach out to friends, family, colleagues, faith-based resources
- Use the Peer Support Network
- Professional help is available through the Staff Counsellor's Office
- Do not underestimate the impact of your experience

What managers can do:

- Educate staff members about the need to practice self-care as an ethical imperative, and foster an organizational climate that supports effective coping.
- Model good coping practices for your staff, both during normal work periods and throughout crisis response.
- Do what you can to protect your staff from organizational and political stressors, while recognizing that you may be limited in your power to do so.

What managers can do:

- It is important to provide a sense of safety and a supportive recovery environment for your staff as quickly as possible, recognizing that they may need time to take care of their family needs.
- Be sure to pay attention to how the event may have impacted you personally so you can maintain your own resilience while you assist your staff. Your focus may need to be on addressing staff needs post-crisis, but you will not be able to do so indefinitely if you disregard your own needs.

Some Things Not To Do:

- Do not force or pressure people to share their stories with you. Do allow people to self-disclose at their own pace and in their own way. This is why Critical Incident Stress Debriefings are not recommended as they can increase stress at a time when the goal should be to decrease it.
- Do not provide naïve reassurance such as saying ‘Although you are badly injured, you are still alive’ or ‘At least some of your family survived’ or ‘I am sure everything will be alright.’
- Do not tell survivors how you think they should feel or what they should have done differently.
- Do not explain to survivors why you think they experienced this disaster based on your opinions or beliefs.
- Do not make promises that you cannot keep. For example, do not confidently reassure survivors that assistance or resources will soon arrive or that you will be available to help them over a long period of time if you do not know for sure.
- Do not criticize relief workers and agencies that are offering assistance as survivors may be depending on their services.

Source: FEMA Leadership in Emergency Toolkit, editing year not available