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## THE DEVELOPMENT OF THE BRITISH RED CROSS' PSYCHOSOCIAL FRAMEWORK: 'CALMER'

*This paper presents the history, development and approach of the new psychosocial framework which in 2008 was adopted by the British Red Cross, and a piece of research designed to review its fitness for purpose as an educational tool. The framework CALMER is a single, overarching approach for considering and delivering psychosocial services across all of the British Red Cross. It is being included in all relevant training programmes, such as within first aid and psychosocial support and within services in emergency response, event first aid, health and social care, international tracing and message and refugee services and across human resources. The framework includes six prompts which should be followed sequentially, with guidance on facilitative behaviours within each. The research considered the levels of confidence and worry of participants on one day training programmes delivered to three different groups of personnel in three different countries. While finding support for the CALMER framework, further recommendations are made for future research.*

**Keywords** psychosocial support; staff and volunteer training; crisis; prevention; trauma

### Background

Psychosocial support is described 'as any type of local or outside support that aims to protect or promote psychological well-being and/or prevent mental disorder' (IASC, 2007, p. 1). In responding to crises or emergencies of any kind, it is important to attend to the emotional and physical needs of those involved (Pardess, 2005; Sphere Project, 2004; IASC, 2007).

Empirical evidence has highlighted five key elements which should be promoted in any intervention and prevention in crisis work: a sense of safety; calming; a sense of self and community efficacy; connectedness; and hope (Hobfall *et al.*, 2007). Early social support is an extremely important mediator of recovery following a crisis (Sphere Project, 2004; IASC, 2007). The provision of shelter, information, orientation, warmth and hope are key in supporting resilience and coping following a perceived threat (Brewin *et al.*, 2000; Hobfall *et al.*, 2007; Maslow, 1943; Ozer *et al.*, 2003).

Providing support in the form of a safe space with empathic/soothing others may have profound effects, fostering a sense of hope, meaningfulness, adaptation and resilience (Gibson, 2006; Hobfall *et al.*, 2007; Watson & Shalev, 2005).

Components of psychosocial support or 'psychological first aid' have involved some combination of establishing safety (e.g. evacuation, protection from reminders), facilitating social connection and access to additional resources (e.g. Cloak & Edwards, 2004). Adverse reactions are reduced through education regarding what to expect, basic relaxation and re-establishing a sense of self worth (Freeman *et al.*, 2000; Litz & Gray, 2004; Pynoos & Nader, 1993; Raphael, 1986; Raphael *et al.*, 1996).

It is also important to recognize the risks of working with traumatized populations and to find ways to minimize burnout and secondary trauma (Danieli *et al.*, 2005; Figley, 1995). Those responding to people in crises need to be considered and supported through the provision of ongoing training and guidance. Training aims to empower personnel to respond in a sensitive and responsible way by activating their listening skills, common sense, life experience and inner strengths (Pardess, 2005). Guidance includes being able to reflect with experienced others before and after an event, in order to consider and get feedback on the experience.

A calm, considerate response which facilitates trust, respect and a collaborative relationship is fundamental to being able to give or receive information from someone involved in a crisis. Without such a collaborative, respectful relationship those affected may put themselves at risk of further harm, not disclose an important injury or need, and may remain in a highly distressed state. The behaviours recommended within the CALMER framework are aimed at minimizing further harm and distress, facilitating trust and providing support in order to facilitate the coping, resilience and recovery of those who are affected. Thought is also given to how those providing the support can best look after themselves after the event.

## **The needs of the British Red Cross**

The British Red Cross has worked with people in crises for decades drawing on a range of strengths and developments such as listening skills, skills in breaking bad news, good management practice and various support schemes. These resources have been used to positive effect in a range of services, including in responses to the London Bombings in 2005; the sinking of a dhow in Bahrain in 2006; and the UK floods in 2007 and 2008. However, following a review of psychosocial support across the organization, a number of requirements were identified which required greater emphasis and systematic inclusion. These included the need to address assessments of risk (for both the responder and beneficiary) and assessments of need; the need to accommodate diversity and promote dignity; to include enabling and execute appropriate exit strategies; and to enhance the provision of holistic, practical and psychosocial care to people in crisis. Importantly, senior managers identified the need for a single organization-wide framework for use in conducting assessments, responses and evaluations, to replace the multiple models and frameworks which had been used within different services.

The framework was developed following a review of the literature and of recently published occupational standards such as those developed by the relevant Skills Sector

organizations (Skills for Health, Skills for Care and Skills for Justice). Key texts and guidance were consulted such as the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), the Sphere Project (2004), the British Red Cross Corporate Strategy: Across the World and Around the Corner (2007), the Strategy of the Movement and Strategy 2010 and the Movement's Seven Fundamental Principles (Humanity, Impartiality, Neutrality, Independence, Universality, Unity and Voluntary Service). Consideration was given to the work of partner organizations, such as the Samaritans, other Red Cross Societies and the Federation of Red Cross and Red Crescent Societies' Psychosocial Reference Centre. The views of user led organizations such as Disaster Action were sought and the framework tested against their principles and best practice guidance. A process of consultation and information gathering also took place within the British Red Cross itself to ascertain further the needs and wishes of different populations and services across the organization.

## **Development of the framework**

The single psychosocial framework for all services and human resource activities was created in order to facilitate familiarity, communication and collaboration between those who deliver different services and preparedness for times of crisis. In times of crisis people follow procedures and processes that they are familiar with. In order to facilitate readiness to respond, British Red Cross staff and volunteers (who number over 33,000) must understand and know the key priorities which facilitate safe practice and good engagement. Through using these practices across different service settings and contexts, Red Cross personnel can develop and improve upon their confidence and competence in delivering psychosocial support for use at any time.

The use of an overarching framework also facilitates flexibility in the types of responses offered. Whilst the prompts within the framework remain consistent (to promote harmony in communication and collaboration, as described) the implications of the prompts are considered and dealt with differently according to the context. Thus, in an emergency response environment, the contact with beneficiaries is immediate and short term and statutory services are usually also involved; whilst those working with destitute asylum seekers may go on for a longer period with little or no access to statutory services. This framework was developed to take account of the diversity of Red Cross services and provide both a unity in understanding psychosocial activity with the flexibility required to respond safely and appropriately.

A recent priority for the Red Cross has been to develop the ability to enable and advocate for people in crisis. The psychosocial framework, CALMER, incorporates enabling as one of its six steps and addresses different types of enabling for different circumstances. The framework also supports the Red Cross' Diversity Agenda, through more explicit acknowledgement of people's differences and how to attend to these when establishing trust and developing supportive, helping relationships. Psychosocial activity also complements the Red Cross' human resources priorities to work better together with greater effectiveness and better communications, through explicit acknowledgement of what makes situations more difficult to deal with and by cueing actions that aim to ameliorate these, and support self care and consideration of others.

## The philosophy

People exist in relation to one another and are happiest when supported by others who are familiar to them. People are resilient, able to cope and manage with a range of stressors if given adequate information, treated with respect and dignity, and are empowered/enabled to make their own decisions. Stressful situations are usually ones which threaten or remove important people and/or resources, such as: a person's close family or friends; their home; health; safety; wellbeing; independence; freedom; and important possessions.

## The approach

People who are or have experienced stressful events should therefore be:

- acknowledged — recognized as possibly needing support and having a range of needs and resources that will be different according to their age, ability and situation;
- listened to and heard without being expected to behave in any particular way;
- treated with respect and dignity;
- enabled through access to timely and relevant information and where possible the resources to help them feel safe and secure, e.g. shelter, warmth, food, drink and access to others who are familiar with them;
- given choices — particularly regarding what information they give and how this is managed (confidentiality) and what happens next;
- sign posted to resources that they can access after the event, e.g. other agencies, helplines and further sources of information. Sometimes it will be important to help them access such resources, by making a referral or going with them to another service or organization.

The Red Cross provides services which help people cope. This is done by providing trained personnel who are able to remain calm in crises, manage and be aware of their own responses and those around them, and access appropriate resources for themselves and those they are working with.

## The framework

CALMER is a framework which uses a mnemonic to facilitate the learning of six key sequential steps in supporting people who have been through emotionally challenging or traumatic experiences. The steps prioritize risk and needs assessments (under the initial titles: Consider and Acknowledge), then focus on how to listen, be and address particular issues relating to diversity, dignity, confidentiality and empowerment (under Listen, Manage and Enable), and signposting (Resource).

The needs of the responder are considered within each step as well as those of the person/s being responded to. The emphasis is on assessment of risk and safety

(including health and safety and security considerations), consideration of people's individual needs and the need to establish these through listening and acting accordingly. An individual's right to respect, confidentiality, dignity and information is highlighted, as is the need for enabling and signposting, and the inclusion of supportive others where desired. The framework thus aims to address individuals' practical, emotional, cultural and psychosocial needs; and to remind those responding to get the necessary support for themselves before, during and after their response.

The framework aims to include flexibility so that it may be tailored to different contexts and circumstances, whilst maintaining the same approach and the six considerations and responses. For example, the Acknowledge step recognizes issues of diversity and highlights differences to follow such as when dealing with young people and children, where the needs of the child and their protection are paramount. This step explicitly acknowledges such factors and includes measures to address them. In the Enabling step in a short term, emergency response setting, enabling may involve contacting an ambulance or facilitating access to a rest centre or minor injuries unit; while in a refugee service, enabling may involve helping someone register with a GP or longer term advocacy with a range of services. The other steps also indicate a variety of behaviours according to service context, need and geography, whilst following the overall progressive framework.

Before the framework could be adopted, a small piece of research was conducted to test its effectiveness as an educational tool. The framework was tested outside of the Red Cross in order to access a more naïve population (who were not aware of the framework's development). One aim of CALMER as an educational tool was to facilitate those responding to crises to feel more confident. Another aim was to provide a containing resource (Bion, 1962) that could be used to help them to plan, prioritize and perform in a crisis. Training using the framework therefore aimed to reduce worry relating to becoming overwhelmed or making situations worse during crisis situations.

## Method

In order to evaluate the effectiveness of this framework as an educational tool, a one day workshop using CALMER was delivered to three diverse groups in three countries: multi-disciplinary first responders in Scotland; a Jewish group in the North West of England; and a group of seafarers and chaplains in Rotterdam. Each of these groups had requested training on providing emotional support following crises, and were told of a new framework that had recently been developed. The training was given by the same, experienced trainer (Marion Gibson) and the pre- and post-training questionnaires were given out to each participant to fill in anonymously just before the CALMER framework was delivered, and just after the framework and practice role plays had been used.

The questionnaires contained 10 questions which asked about the participants' confidence and level of worry on five-point Likert scales. These were the same questions asked before and after the workshops to measure change. The second page of the questionnaires asked participants what they were most concerned about in respect of a crisis (both pre and post) and in the pre questionnaire, the second qualitative

**TABLE 1** The participants' demographics

<i>cohort</i>	<i>total</i>		<i>mean age</i>	<i>gender (percentage)</i>
	<i>number</i>	<i>age range</i>	<i>(standard deviation, sd)</i>	
Scottish group of first responders	31	32–62 years (3 not given)	mean: 49 years (sd: 6.88)	7 men (22.5%) 22 women (71%) 2 undeclared (6.5%)
Northern England Jewish group	13	32–55 years	mean: 46 years (sd: 7.66)	7 men (54%) 5 women (38%) 1 undeclared (8%)
Rotterdam seafarers group	20	25–76 years (1 not given)	mean: 55 years (sd: 12.83)	5 men (25%) 15 women (75%)
Total	64	25–76 years (4 not given)	mean: 50 years (sd: 9.74)	19 men (30%) 42 women (66%) 3 not given (4%)

question asked what they hoped to get from training. In the post-workshop questionnaire, the second question asked what the participant had most valued about the training. The answers to the questions on the first page were subjected to statistical analyses, whilst the second page questions were subjected to a thematic analysis, as described by Aronson (1994).

The demographics of the 64 participants varied between the three groups (see table 1). There were more women than men and the average age was 50 years old.

## Results

Table 2 contains the descriptive statistics for the number of participants who had completed each question, and the mean and standard deviation of each answer. There were 10 questions in each of the questionnaires. Question numbers 1–10 were on the pre-training questionnaire and contained the same questions as questions 11–20, which were on the post-training questionnaire. Thus, question 1 was exactly the same question as question 11 (pair one), but given before the training; similarly question 2 was the same as question 12 (pair two) and so on.

Skewness and Kurtosis were within acceptable ranges for most of the items (Skewness < 1, Kurtosis < 3) and accordingly the differences between scores (pre and post) were subjected to paired sample *t*-tests. Questions 6, 16 and 11 were non-normal (Skewness > 1 and Kurtosis > 3 in every case) and accordingly were subject to non-parametric Wilcoxon Signed Ranks tests.

Table 3 demonstrates significant differences (at  $p < 0.05$ ) for question pairs two, three, four, five and nine, but not for question pairs seven, eight and ten. Table 4, which used non-parametric tests, contains significant differences for question pair one, but not for question pair six. Thus, out of 10 pairs of questions, six showed significant changes following training, and four did not.

**TABLE 2** Descriptive statistics

<i>question</i>	<i>number of participants who completed the question</i>	<i>mean</i>	<i>standard deviation</i>
q1	64	3.66	0.781
q2	64	3.89	0.669
q3	64	3.69	0.687
q4	64	3.11	0.945
q5	64	3.02	1.000
q6	64	4.14	0.663
q7	64	3.66	0.672
q8	64	3.06	0.889
q9	64	3.41	0.904
q10	64	2.72	1.031
q11	64	3.95	0.575
q12	64	4.09	0.462
q13	64	3.97	0.666
q14	64	2.63	0.882
q15	64	2.63	0.882
q16	64	4.14	0.587
q17	64	3.70	0.659
q18	64	3.05	0.862
q19	64	3.73	0.802
q20	64	2.56	0.924

The questions which showed significant changes asked:

- Pair one: How confident do you feel about responding to a crisis?
- Pair two: How confident are you in your ability to respond to someone who is distressed?

**TABLE 3** Quantitative analysis: paired-samples change statistics

<i>pair</i>	<i>items</i>	<i>mean change</i>	<i>sd of change</i>	<i>se of change</i>	<i>*t-test statistic</i>	<i>df</i>	<i>sig. (2-tailed)</i>
1	q1–q11	–0.297	0.885	0.111	* – 2.492	63	**0.013
2	q2–q12	–0.203	0.671	0.084	– 2.422	63	**0.018
3	q3–q13	–0.281	0.766	0.096	– 2.938	63	**0.005
4	q4–q14	0.484	1.054	0.132	3.677	63	**0.000
5	q5–q15	0.391	1.002	0.125	3.119	63	**0.003
6	q6–q16	0.000	0.777	0.097	* – 0.068	63	0.945
7	q7–q17	–0.047	0.653	0.082	– 0.574	63	0.568
8	q8–q18	0.016	0.968	0.121	0.129	63	0.898
9	q9–q19	–0.328	1.024	0.128	– 2.563	63	**0.013
10	q10–q20	0.156	0.930	0.116	1.345	63	0.184

Notes: \* Wilcoxon Signed Ranks Test statistics are reported for the non-normal data. \*\* Statistically significant result ( $p < 0.05$ ).

- Pair three: How confident are you in your ability to be able to help someone who is distressed?
- Pair four: How worried about you about becoming overwhelmed when dealing with a crisis?
- Pair five: How worried are you about making someone who is upset, following a crisis, more upset?
- Pair nine: How confident are you in your ability to consider your own needs?

The direction of change meant that the questions relating to reported confidence (one, two, three and nine) increased after the training workshops, whilst questions relating to worry (four and five) decreased after the workshops, indicating a decrease in reported worry after the training.

The questions which showed non-significant changes asked:

- Pair six: How confident are you in your ability to listen to someone who is upset?
- Pair seven: How confident are you in your ability to be aware of issues of risk and safety?
- Pair eight: How worried are you about the risks to yourself of responding to a crisis?
- Pair ten: How worried are you about responding to a crisis?

A General Linear Model was conducted on the data to check for the contributions of the factors of gender, age and cohort. No main effects were found across the data.

The thematic analysis (Aronson, 1994) identified five themes relating to what the participants were most concerned about, hoped for (prior to the training) and gained from (after) the training:

- New Information, Knowledge and Training;
- Awareness of Self and Others;
- Confidence;
- Protocol and Procedures; and
- Building Relationships and Supports.

Table 4 contains a summary of all the written comments on the questionnaires, where repetitions and similar comments have been excluded, under the headings they were written (e.g. Concerns, Hopes and Values).

Awareness of Self and Others, was by far the largest area of participants' comments, demonstrating the significant worries of causing further harm both to oneself and others. Although the number of reported concerns were smaller after the training, many remained, which is in keeping with the non-significant changes in worry and confidence on the Likert scales on ability to be aware of issues of risk and safety, risks to yourself of responding to a crisis and about responding to a crisis generally. Confidence was the smallest category and in the post-training questionnaire, no concerns were reported relating to confidence. The themes of New Information, Knowledge and Training; Protocol and Procedures; and Building Relationships and Supports were each themes which valued systems and highlighted the importance to participants of information and resources that are both available and sufficient for the task.



**TABLE 4** Qualitative results—themes arising

<i>themes</i>	<i>pre-training concerns &amp; hopes from training</i>	<i>post-training concerns &amp; valued from training</i>
new information, knowledge, and training	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• having the resources available</li> <li>• lack of information</li> <li>• giving wrong information</li> </ul> <p><b>hopes:</b></p> <ul style="list-style-type: none"> <li>• having clear knowledge of who I can get information from and knowing enough</li> <li>• to have an overview, to find out where I am most needed at the moment</li> </ul>	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• that I have enough information about the plan at the scene</li> <li>• availability of appropriate resources</li> </ul> <p><b>valued:</b></p> <ul style="list-style-type: none"> <li>• being provided with enough practical info</li> <li>• calmer</li> </ul>
awareness of self and others	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• making matters worse</li> <li>• supporting in the event of a crisis—knowing when to have a break if I've run out of energy</li> <li>• not knowing when to withdraw as emotions become very heightened &amp; difficult to leave people at times</li> <li>• being overwhelmed</li> <li>• no real concerns</li> <li>• dealing with the unknown</li> <li>• being ineffective</li> <li>• danger to myself &amp; others</li> <li>• not responding appropriately</li> <li>• not being able to cope myself &amp; help others to cope</li> <li>• where I will fit into the scheme of things when a crisis occurs</li> <li>• the long term effects on individuals</li> <li>• to be able to stop other activities &amp; responsibilities</li> </ul>	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• that I don't help to make the situation easier</li> <li>• would there be an immediate danger to myself or others</li> <li>• memories I won't be able to erase</li> <li>• do not know how I would react</li> <li>• my own fear and inadequacy</li> <li>• not concerned about anything at present</li> <li>• fear of the unknown</li> <li>• intrusions into person's feelings</li> <li>• long term effects</li> <li>• having the emotional strength to follow through with someone</li> </ul>

TABLE 4 *Continued*

themes	<i>pre-training concerns &amp; hopes from training</i>	<i>post-training concerns &amp; valued from training</i>
confidence	<ul style="list-style-type: none"> <li>• to see the affected one (someone in crisis) is safe and free</li> <li>• panicking</li> </ul> <p><b>hopes:</b></p> <ul style="list-style-type: none"> <li>• able to identify yourself (security) &amp; accessing the crisis</li> <li>• that I don't make it worse for the client</li> <li>• knowing how to cope myself &amp; help others to cope</li> <li>• dealing with those directly &amp; indirectly affected</li> <li>• doing the right thing/get things right</li> <li>• ability to be able to provide all the needs that could be asked of me</li> <li>• that I work to calm myself</li> <li>• make things better for people and not worse</li> </ul> <p><b>hopes:</b></p> <ul style="list-style-type: none"> <li>• would like to be confident</li> <li>• to be confident in helping those involved</li> <li>• to be credible and structured</li> <li>• being able to deal efficiently</li> </ul>	<p><b>valued:</b></p> <ul style="list-style-type: none"> <li>• maintaining calmness- having the strength to be sustained</li> <li>• feel that I would be able to respond</li> <li>• less concerned than previously</li> <li>• being of help</li> <li>• responding appropriately to the individuals needs</li> <li>• more concerned when I am dealing with crisis with compassion and care</li> <li>• dealing who needs help first</li> <li>• how best to approach &amp; offer support</li> <li>• looking after myself better</li> <li>• my own capabilities</li> <li>• being able to cope</li> <li>• to give the reassurance</li> <li>• I think I would be able to cope</li> </ul> <p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• not very concerned now</li> </ul> <p><b>valued:</b></p> <ul style="list-style-type: none"> <li>• I am more confident that I can deal with and remove myself from this situation at the end of the day</li> <li>• more confident now</li> <li>• not very concerned now/about anything at present</li> <li>• being able to help effectively and being honest with questions</li> </ul>

TABLE 4 *Continued*

<i>themes</i>	<i>pre-training concerns &amp; hopes from training</i>	<i>post-training concerns &amp; valued from training</i>
protocol and procedures	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• prioritizing needs</li> <li>• having no control over the potential chaos of a major incident is a concern</li> <li>• I fear the panic and chaos</li> </ul> <p><b>hopes:</b></p> <ul style="list-style-type: none"> <li>• that there is a robust co-ordinated local response</li> <li>• creating order in chaos is important when dealing with crisis</li> </ul>	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• getting the instruction right for the individual and situation</li> </ul> <p><b>valued:</b></p> <ul style="list-style-type: none"> <li>• being able to respond in an appropriate way by being given proper direction, i.e. coordination</li> </ul>
building relationships & supports	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• need to ensure I have a good support mechanisms &amp; structure</li> </ul> <p><b>hopes:</b></p> <ul style="list-style-type: none"> <li>• giving, sharing</li> <li>• positive contributor to the team</li> <li>• ensuring access/enough volunteers/responders available</li> <li>• communication and support during &amp; after crisis</li> </ul>	<p><b>concerns:</b></p> <ul style="list-style-type: none"> <li>• who will support me</li> </ul> <p><b>valued:</b></p> <ul style="list-style-type: none"> <li>• need to consider more about how to support staff in the short and long term</li> <li>• level of support and back up</li> <li>• management's ability to support workers</li> <li>• I need to listen to consider the situation</li> </ul>

## Discussion

Initial results seem to indicate that the CALMER framework has benefits for those being trained in psychosocial support skills with those who have experienced a crisis. Specifically, the framework seemed to increase participants' reported sense of confidence in responding to a crisis and their ability to respond and help someone who is distressed and look after their own needs. Following the training using CALMER, participants also reported feeling less worried about becoming overwhelmed when dealing with a crisis and about making someone more upset.

Four items were not significant however. One of these related to the participants' confidence in their ability to listen to someone who is upset. On examination of the results for this pair (six) it is apparent that there are ceiling effects in the first (pre-training) question, where the mean score exceeded four (4.14) out of a possible

five. It would seem as if the participants on these one day workshops already believed themselves to have good skills in listening and reported confidence in these skills, so additional training did not have a significant impact.

The three other items which did not show significant changes measured confidence in the participants' ability to be aware of issues of risk and safety (pair seven), reported level of worry about the risks to self of responding to a crisis (pair eight) and worry generally about responding to a crisis (pair ten). Although these items showed very slight changes in the mean ratings after training (confidence increasing very slightly and worry very slightly decreasing) the changes were nowhere near significant. This may be because the training raised issues relating to risk (as befits conducting a risk assessment) and the need to be mindful of these. In crisis situations it is often not possible to remove factors which threaten risk and safety, and therefore maintaining a level of worry about these aspects could be considered functional. Furthermore, as participants learn more about the realities of crises situations and the risks associated with responding (to themselves as well as those involved) it could be argued that maintaining worry about these aspects serves to protect the potential responders, who may otherwise have leapt in without adequate consideration. The Inter-Agency Standing Committee (2007) notes that the protection (and improvement) of people's mental health and psychosocial wellbeing is one of the priorities in emergencies and therefore coordinated assessments are required throughout any response.

Within the qualitative feedback, the largest theme relates to awareness of self and others. Following the training, many participants commented on their awareness of their own limitations (e.g. 'I might get too involved myself', 'my own fear and inadequacy', 'that I don't make it worse for the client who is experiencing a crisis'). It is possible that in a one day training, a useful outcome is to raise people's awareness of the challenges involved and their role within the crisis, so that they may be able to consider this further, practise, plan and prepare. The new framework should have highlighted the need and provided a system with which to gather information relating to needs and risk and to consider how to manage these. Further research is required to see if the raising of awareness around risk, safety and responding generally lead to longer term change and more appropriate responses which protect those who plan to help others in crisis. It is hoped that these groups could be followed up, so that in the event they respond to a crisis they may be able to feedback which aspects (if any) of their training, they found to be of benefit.

Whilst this small scale research into the efficacy of a new framework for providing psychosocial support following crises shows reason for some optimism, further research is recommended. In particular, a larger population should be included from more diverse populations. Interviews and focus groups following the training would facilitate a greater degree of understanding into what was perceived as useful and less useful; and importantly, follow up of participants following responding to a crisis, to hear their perspectives from having put some of the skills and steps into practice. This would identify whether the positive findings were more than merely a warm afterglow from a positive training experience. Additionally, research should involve those who have received care using the framework, to see if the steps adequately address their needs and wishes.

Finally, this research would not have been possible without the contribution of Marion Gibson, a highly experienced trainer, who commented on the development

of the framework CALMER and then included it in her one day workshops. A number of participants noted her extraordinary skills in their feedback, finding her manner and expertise of significant benefit. In order to further evaluate CALMER, different facilitators will need to be used in case the results received to date are linked to Marion's effectiveness as a trainer, rather than any benefit of the framework *per se*.

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