Coping with Psychosocial Effects of the Pandemic on Boys, Girls and Adolescents of APEC Economies

Resource Manual and Guide of Best Practices

APEC Emergency Preparedness Working Group

December 2024

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APEC Project: EPWG 04 2022A

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APEC#224-EM-03.1

Acknowledgments

This manual would not have been possible without the support of the Co-sponsoring Economies: Malaysia; the United States; and Viet Nam. We extend special thanks to the Emergency Preparedness Working Group (EPWG) and to Ms. Aurora TSAI, Director Program, and Ms. Carol CHIN, Program Executive, from the APEC Secretariat, for their continuous support in the preparation of this manual and the entire development of the project. Special thanks also to Mr. Luis Doñas, Head of Foreign Affairs and Cooperation at the National Disaster Prevention and Response Service (SENAPRED), for guiding the application process and facilitating the dissemination of the project among APEC economies. We would like to acknowledge Ms. Francis Valverde, Executive Director of ACHNU, who contributed immensely throughout various stages of the project's development, from the final review of this manual to her role as a guest expert in the workshop. Special thanks to Mr. Nicolás Russell, ACHNU administrator and Project Overseer, who provided guidance and was present in every stage of the project, without whose contributions this publication would not have been possible. Special appreciation also goes to Cristina Véjar, who contributed to the final editing of the English text.

We would also like to thank María Paz Lillo, Marjoreyn Barrientos, Patricio Álvarez, and Joseph Bandet, who participated as experts in the workshop and contributed to the development of the materials featured in the appendix of the manual.

Finally, we extend our thanks to Isabel Puga, in charge of event logistics, to the entire team involved in the development of the workshop held on 19-21 March in Santiago, Chile, and especially to the representatives of the APEC Economies who participated in the workshop: Chile; Malaysia; Papua New Guinea; Peru; The Republic of the Philippines; Thailand; and Viet Nam; whose participation enabled a fruitful exchange of knowledge and experiences, enriching the content of this manual.

Content

1. Executive summary

The effects of the COVID-19 pandemic have been pervasive worldwide, affecting both the economies and the general welfare of the population, who have seen the exercise of their rights, such as freedom of movement and education, partially restricted or altered, particularly boys, girls and adolescents. In this segment of the population, the psychosocial effects of prolonged confinement and online education have meant a profound alteration of socio-affective development, affecting coexistence and school climate in educational institutions, once they have returned to face-to-face activities. Although APEC economies in the region have experience in disaster management, there have been no previous records of an event with the characteristics of the pandemic, let alone the particular psychosocial effects it has generated, which highlights the need for greater preparedness.

Given this context, the manual seeks to enhance the technical capacities of education professionals in coping with the psychosocial effects of the pandemic on children and youth, by using a workshop model that is easily transferable and replicable. In this way, it is expected to contribute to strengthening the response, rehabilitation and build back better capacity of APEC member economies' educational communities when faced to the psychosocial effects of the pandemic –as well as those of other disaster situations– on boys, girls and adolescents.

This entails a journey that begins with the conceptual framework and leads to the practical elements involved in conducting a workshop, moving from the more general aspects to the more specific ones. While the original emphasis was placed solely on immediate support following the return to face-to-face activities post-pandemic, the time that has elapsed, as well as the specific context of some APEC economies, has partially shifted the focus toward psychosocial support in general. Nevertheless, the core specific elements related to the pandemic have been maintained. Furthermore, considering that strengthening the capacities of educational communities involves support both after a disaster occurs and preparation for new situations, which often overlap, it was important to provide a broader perspective.

In line with this, the manual begins with an introduction that includes a general overview of the post-pandemic issues, the purpose of the manual, and its approach.

The main body is organized into a first part (Chapter 3) of a theoretical-conceptual nature, addressing the general framework of the human rights approach to childhood in the context of emergencies and disasters, the nomenclature and key concepts of disaster risk management and reduction, focusing on community development (CBDRM), and specific conceptual elements of psychosocial support in the face of disasters, emphasizing specific elements of post-pandemic coping.

Then follows a second part (Chapter 4), which addresses more practical elements, such as the planning, structure, and methodology of a psychosocial support workshop, based on the experience of the workshop held in Santiago, Chile, in March 2024. This is presented as a matrix that organizes all the workshop activities. The aim is for the readers of this manual to be able to partially or fully replicate the workshop activities in their own specific contexts.

A third part (Chapter 5) provides a synthesis of best practices gathered from the participants of the workshop in Santiago, which were implemented in their respective APEC economies.

Finally, in the appendix section, all the materials and slides used by the experts in the Santiago workshop are presented to facilitate the replication of the workshop elements.

2. Introduction

2.1 Overview

Coping with disaster situations is an increasingly relevant issue worldwide. The effects on people's lives can be devastating at different levels, including infrastructure, economics, health, education, and human lives. Among the many disasters constantly faced by the world, the COVID--19 pandemic, along with the immediate measures taken to deal with it, such as lockdowns, has been the greatest disaster experienced in the last 100 years. The effects of the pandemic have been enormous: the loss of thousands of human lives, a global economic crisis, and profound alterations in daily life, with unprecedented psychosocial effects.

Although the pandemic is over, its effects, as with all disasters, will be felt for a long time. Especially when we refer to the psychological impact on people, either as a consequence of having to cope with the loss of loved ones, the stress triggered by economic factors, or as a direct consequence of confinement, especially in those places where it was very prolonged. All these situations are stress factors in themselves, but in addition, they produced great alterations in the exercise of people's rights – such as the right to freedom of movement or assembly, which were suspended as a result of the lockdowns – or a greater exposure to situations of violation of rights. Such is the case of children and adolescents, who in disaster situations are more exposed to all kinds of violations, ranging from impediments to the right to play, through problems in the exercise of their right to education, to serious forms of violation such as physical and psychological violence or sexual abuse. “While disasters create hardships for everyone, women and children are disproportionately vulnerable. During natural disasters, women and children are 14 times more likely to die than are men” (Peterson, 2007, p. 2)

From the perspective of the Human Rights-based Approach, which is present in all international treaties related to disaster risk management, rights’ violations are a form of damaging people's dignity, and the States are the main guarantors of ensuring that they do not happen, intervening when they are occurring, and adopting reparation measures when they have already taken place. Children and adolescents are subjects of full rights; however, because they are at a particular time in their physical, psychological and social developmental life cycle, they are considered special subjects of rights, as they cannot influence by themselves the conditions for the exercise of their own rights. This means that the adult world is mandated to safeguard their fundamental rights, especially in disaster situations, when these rights are seriously threatened. In this sense, the diverse types of assistance provided in these situations should comply with minimum standards to ensure that the rights of children and adolescents are respected at all times.

In disaster situations, people's mental health and well-being is usually seriously affected, even though it is not always the most evident damage. For this reason, psychosocial support for children and adolescents becomes very relevant in these situations, since both the specific right to protection as well as all their rights must be guaranteed.

Although additional support and resources are necessary in disaster situations, the best way to cope with them is by strengthening the capacities of the communities themselves, and it is in this sense that the psychosocial support provided by educational communities can be crucial to make a difference in coping with the mental health effects of disaster situations.

In general terms, the effects of disasters at the psychosocial level tend to present common features, although they may vary depending on specific aspects such as their origin (natural or anthropogenic), duration over time, etc. In this sense, the specificity of the pandemic was

characterized by its global nature, affecting the living conditions of practically the entire world population and implying significant disturbances in people's normality, a large number of loss of human lives, a generalized affectation of the economy, of health in general — and of mental health in particular.

Another characteristic feature of the pandemic was its long duration in time, which, added to the prolonged effect of some of the measures taken to deal with it, such as lockdowns, led to a generalized disruption of daily life, which had a profound impact on human relations, as it imposed new ways of relating to each other based on "social distance". The excessive duration in time also resulted in a climate of generalized uncertainty, multiplying the psychological effects of stress which are typical of disaster situations.

The impact of disasters is related not only to the threats – in this case the virus – but also to the vulnerabilities and capacities of each community to cope with a given situation. Thus, APEC economies with greater resources, both in terms of economic resources and in terms of networks and institutional support, were able to cope better with the situation than those APEC economies that are developing.

Throughout the pandemic, APEC economies implemented different measures to contain the spread of the virus, ranging from strict lockdowns to border closures. While these measures were necessary to curb the transmission of the virus, they also had a significant impact on the mental health and psychosocial well-being of the affected populations.

In the region's more developed economies, such as Australia; Japan; and Republic of Korea, prolonged confinement and the closure of schools and educational institutions had an impact on the mental health of millions of children and adolescents. These economies, although with more robust health resources, experienced significant increases in the levels of anxiety and depression among young people. Access to psychosocial support services, although available, was not sufficient to cope with the increased demand. Uncertainty about the academic and professional future, coupled with the disruption of daily activities, exacerbated psychosocial distress (Sharma et al., 2021; UNICEF, 2022).

On the other hand, in less developed economies, such as Indonesia; the Republic of the Philippines; or Thailand, the impact was even more severe. In these economies, where access to mental health services is limited, confinement exacerbated the pre-existing inequalities. Families with fewer resources faced greater challenges to adjust to school closures, as many children and adolescents did not have adequate access to online education. This not only affected their academic performance, but also their emotional well-being, as they were deprived of key social interactions for their development.

In the APEC region, a marked disparity in access to technology and psychosocial support can also be observed. While some economies have been able to implement virtual mental health programs, others have lacked the technological resources needed to provide adequate support. In economies such as Papua New Guinea or Viet Nam, where Internet access is limited, children and adolescents have been deprived of essential services, increasing isolation and emotional stress.

Cultural factors have also played an important role in the psychosocial response to the pandemic and in the impact levels. In APEC economies where collectivism is a cultural norm, such as People's Republic of China or Republic of Korea, measures of confinement and social distancing have generated significant stress. The lack of physical contact and prolonged isolation have clashed with cultural values that prioritize family and community relationships. This has generated emotional maladjustment in many people, particularly in young people,

who have been torn between complying with social norms and managing their emotional well-being in an environment of isolation.

Overall, the APEC region has witnessed a psychosocial crisis that has affected all generations, but has had a particularly strong impact on children and adolescents. As APEC economies recover from the pandemic, it is essential to continue to provide psychosocial support to help communities overcome from the effects of this crisis.

The psychosocial impact of the pandemic on children and adolescents has been one of the most disturbing consequences of the crisis. They have suffered not only the interruption or alteration of their right to education, but also the loss of spaces for socialization and recreation, which are key elements for their integral development. The lack of physical contact with friends and classmates has been a source of stress and isolation.

One of the most common effects has been an increase in anxiety levels (Sharma et al., 2021). Fear of contagion, concern for the health of family members and generalized uncertainty have triggered high levels of anxiety in many young people. This phenomenon has been particularly noticeable in adolescents, whose critical stage of development place them at a high level of dependence on social interactions to form their identity and sense of belonging. The lack of these interactions has produced an emotional emptiness that has been difficult to overcome by means of virtual media.

Prolonged social isolation has also led to an increase in depressive disorders (Sharma et al., 2021). For many children and adolescents, school is not just a place for learning, but also a safe space where they can express themselves and receive emotional support. Lack of access to this environment for extended periods of time has left many young people feeling disconnected and unmotivated. In some cases, this disconnection has led to the development of depressive symptoms, such as loss of interest in activities they once enjoyed, changes in sleeping and eating patterns, and a general sense of despair.

Although the return to normality has implied an improvement in many of these issues, it is still possible to note that the return to face-to-face activities has meant a mismatch in the forms children and adolescents relate, which raises the need for stable spaces and capabilities to provide psychosocial support and containment in educational spaces.

Psychosocial support has acquired a highly significant importance in the context of the pandemic and the confinement, especially for children and adolescents. These interventions not only seek to mitigate the immediate effects of crisis situations, but also to prevent the development of long-term mental health issues. The pandemic has generated an unprecedented global crisis, in which the effects on mental health are as significant as the health and economic impacts. The disruption of daily life, combined with social isolation and constant fear of the disease, has impacted to such an extent that psychosocial support has become a critical need.

One of the main reasons why sustained psychosocial support is required is the prolonged duration of the pandemic. As noted earlier, unlike other disasters, such as earthquakes or floods, which have a clear beginning and end, the pandemic has been an extended crisis. This has led to an emotional and mental fatigue in the affected populations, especially in young people, who have been confronted with a permanent uncertainty. Lockdowns, changes in the educational modality and the lack of prolonged social contact have generated an emotional overwhelm that requires specialized care. Failure to address these problems can lead to the development of more serious disorders in the future, such as post-traumatic stress disorder, chronic anxiety or depression.

In this context, psychosocial support should not only focus on treating existing problems, but also on promoting emotional well-being and strengthening the community's own capacities, thus increasing its resilience. By providing support to children and adolescents, they are helped to develop tools to address stress, anxiety, and difficult emotions. This is crucial to prevent emotional problems that emerged during the pandemic from becoming chronic disorders in the future. Similarly, psychosocial support can help young people process the material, family or symbolic losses they have experienced.

It is important to highlight that the psychosocial impact of the pandemic is not homogeneous. Some children and adolescents have been more vulnerable than others due to factors such as socioeconomic status, physical health, or family structure. For example, children from low-income families may have experienced higher levels of stress due to economic insecurity, lack of access to adequate educational resources, and a higher risk of domestic violence during confinement. For these groups, psychosocial support is essential to even out the situation and provide them with the tools they need to cope with the challenges they face.

For those children and adolescents who already had mental health problems before the pandemic, confinement and the health crisis have exacerbated these issues. Those who relied on regular contact with mental health professionals, therapists or school counselors experienced the loss of these crucial interactions during confinement. Lack of access to these services has had a significant impact on their well-being, and post-pandemic psychosocial intervention is key to helping these youth resume their recovery process.

Adolescents, as a particular group, have faced specific types of affectation that signal the need for greater psychosocial support. At this stage of life, social relationships and identity development are fundamental. Disruption of these interactions and the overload of interactions through digital technologies has generated stress and anxiety in many young people. The loss of important milestones, such as graduations, sporting events, etc., has deeply affected this group, generating a sense of loss and disorientation. Psychosocial support can help them process these losses and adapt to a new normality, providing them with tools to manage their emotions and enhance their self-esteem.

A return to “normality” does not mean that psychosocial problems will automatically disappear. The effects of the pandemic on the mental health of children and adolescents can persist long after the health crisis has ended. For this reason, it is essential to continue to provide psychosocial support even if considerable time has passed since containment measures have ceased and schools have resumed face-to-face activities. A long-term approach is required that includes not only direct interventions, such as psychotherapy, but also collective work aimed at enhancing resilience and coping skills in adolescents.

Even though considerable time has passed since the end of the health emergency, it is important to note that the need for psychosocial support resulting from the pandemic continues to exist in many cases, but it is even more important to strengthen the capacity of communities to cope with this type of situation. In this sense, the coping tools that are inherent to the recovery and response stages in a disaster situation also contribute to prevention, inasmuch as they strengthen the resilience of educational communities in the face of new events of similar characteristics or involving similar challenges.

It is in this respect that this manual hopes to contribute with both theoretical and practical elements to strengthening the capacities of educational communities, providing tools to those who work with children and adolescents in psychosocial support in disaster situations.

2.2 Purpose of the Manual

The main objective of this manual is to provide theoretical and practical elements in the psychosocial support of children and adolescents facing disaster situations in the context of post-pandemic recovery. In this way, it is expected to contribute to strengthening the response, rehabilitation and build back better capacity of APEC member economies' educational communities when faced to the psychosocial effects of the pandemic on boys, girls and adolescents.

This manual is based on the systematization of a workshop on DRM with a Child Rights Approach and a focus on the rehabilitation of the psychosocial effects of the pandemic, called "Coping with Psychosocial Effects of the Pandemic on Boys, Girls and Adolescents of APEC Economies", which took place in Santiago, Chile, in March 2024.

Consequently, this manual also aims for individuals from the various APEC economies to replicate the experience of this workshop, as well as to share best practices gathered from it.

2.3 Approach and methodology

The general approach of this manual is framed within the Children's Rights Approach, specifically applied to emergency or disaster contexts. This framework gives coherence to all the conceptual elements and proposed activities, as it considers safeguarding the rights of children and adolescents as central to psychosocial support in these situations.

The manual aims not only to provide conceptual elements but also to enable the replication of a psychosocial support workshop designed for people working directly with children and adolescents, particularly education professionals. The primary target audience consists of adults, yet the focus of all proposed topics and activities is on children and adolescents. Therefore, the contents and activities are specifically designed to raise awareness among adults about key issues faced by children in disaster situations, while also providing intervention tools for everyday work within educational communities.

From the perspective of Children's Rights Approach, all adults are considered rights guarantors, with varying degrees of responsibility, particularly those who work directly with children, such as education professionals. In this sense, protecting rights at all times and providing psychosocial support to children and adolescents in disaster contexts is both an obligation and a community-wide responsibility. This manual seeks to provide theoretical and practical tools for those who may need to intervene in such contexts.

As will be seen in the following chapter, one of the principles that organize human rights is the right to participation. This is particularly important in terms of Disaster Risk Management and Psychosocial Support, as only when people participate and engage in various stages of risk management can the adopted measures be effective. Additionally, one of the goals of Disaster Risk Reduction is to strengthen communities, their capacities, and resilience, which requires active participation from all involved stakeholders.

The participation of children and adolescents is crucial, as it not only exercises their right to participation but also involves them in preparedness for emergency or disaster situations as active members of their community.

Following this principle, the model workshop presented in the chapter 4 was designed. The use of participatory methodologies in the educational field should be comprehensive, and in this sense, a psychosocial support workshop should be built entirely with participatory methodologies. In learning terms, we tend to reproduce not only the content of what we learn

but also the form. This is why participatory methodologies must be integrated throughout, even when working with adults; theoretical knowledge alone will not be enough to adequately apply tools for dealing with disaster situations. Furthermore, from a Rights-Based Approach, participation is something that can only be learned by exercising it—that is, by participating. While it is impossible for a manual to convey the experiential element involved in participating in a workshop or in carrying out some of the proposed activities, it provides descriptions of the design, content, and activities as precisely and clearly as possible, in an effort to bridge this gap and thus facilitate the effective implementation of a psychosocial support workshop.

More specific elements related to the methodologies will be reviewed in the chapter 4.

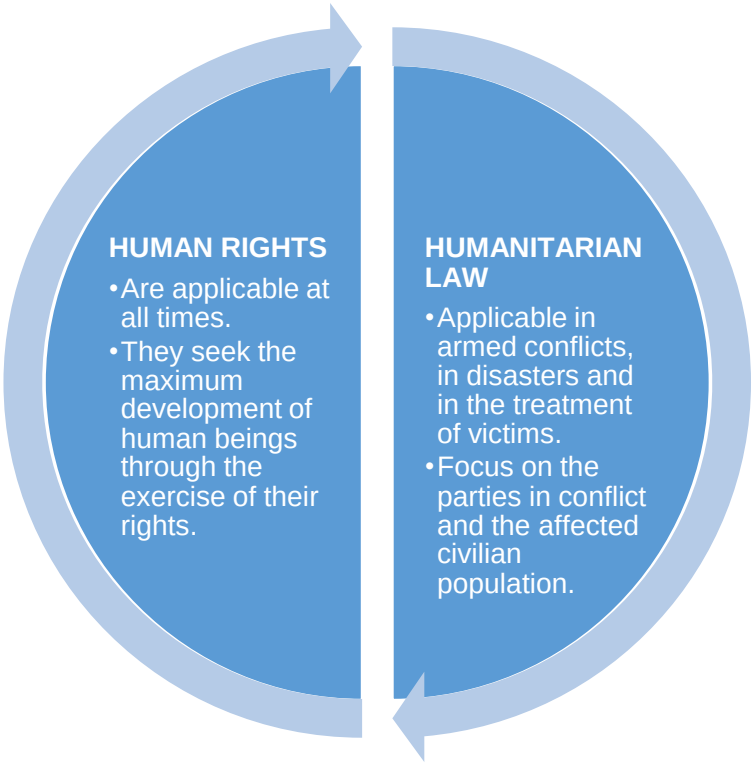
3. Conceptual Elements

In this section of the manual we will address the conceptual elements required to provide consistency to interventions in the educational setting, whether in direct work with children, or in the context of training involving adults who work with children and adolescents in the educational setting. In this sense, the different topics that we will address provide a minimum conceptual framework to define the activities that will be presented in the following section.

3.1 Children's Human Rights Approach

In this chapter we will address some of the core elements of the Children's Human Rights Approach, so that we can establish a general framework for understanding the importance of Disaster Risk Management in working with children and adolescents. This includes reviewing different conceptual elements, such as Human Rights in general, the Human Rights of children and adolescents more specifically, and Humanitarian Law and the principles of humanitarian aid, since the articulation of these elements leads to what is known as the International Protection System. We do not aim at going into each of these elements in depth, but rather want to present an overview and highlight some fundamental concepts that are important at the different levels of work with children in emergency or disaster situations.

a. International Protection System



What do we understand by Human Rights Approach?

The Human Rights Approach originates from the Universal Declaration of Human Rights (UDHR) and is a framework for analyzing social reality, which emerged in the post-war period (1948) with the aim of limiting the exercise of power by States over individuals. In this sense, it is a historical, political and social construct which has developed into a set of international instruments such as declarations, covenants, conventions, protocols, observations and

recommendations to the States – among which the Convention on the Rights of the Child (CRC) is particularly relevant for us – with the aim of protecting the *dignity* of all people.

As a tool for analysis, the Rights-based Approach considers three dimensions, namely: the **subjects** of rights, the **guarantors** of rights and the **causes** of violations. Thus, it states that all individuals are **subjects** of rights, which means that their fundamental rights must be respected at all times and places, irrespective of any condition, and that they can and should demand their respect, exercise and protection. It further holds that primarily the States, but also other social actors, that are relevant depending on the context of analysis, have the status of **guarantors** of these rights and, therefore, have the responsibility to safeguard them and to generate the necessary conditions for their protection and enforcement. It finally establishes that the **causes** of violations of these rights are never located at the purely individual level, nor are they the direct situations in themselves that affect people, but are associated with the guarantors and their different levels of responsibility.

In this way, the Rights-Based Approach and the different human rights instruments work as a protective framework for the rights of all people. In the context of this manual, it provides a general framework for understanding the dynamics of violations and the necessary protection and safeguarding measures, particularly in an emergency or disaster situation, as such situations can seriously affect the exercise of people's rights, especially those of children and adolescents.

In historical terms, subsequent to the UDHR it became increasingly evident that, although Human Rights were meant to safeguard the dignity of all people, this did not happen in practice, and so it became necessary to draw attention to the rights of those who continued to be marginalized. Thus, by means of various tools, emphasis was progressively placed on human groups whose rights remained unrecognized, such as women, indigenous peoples, people with disabilities, children and adolescents, among others.

This is why when we talk about the Children's Human Rights Approach (CHRA), we refer to boys, girls and adolescents, on the understanding that they are *special* subjects of protection, since historically a social asymmetry has developed that, by the mere fact of being younger, places them in a position of less power, exposing them to more situations of violation and restricting their opportunities to demand their rights on their own. Consequently, in 1989 the Convention on the Rights of the Child (CRC) was created, signed by all APEC economies and ratified by almost all of them – with the exception of the USA.

Its goal was safeguarding the rights of all individuals under the age of 18, making this asymmetrical state of affairs visible and seeking to eliminate the gaps that existed for the exercise and enforcement of all the rights of children and adolescents, taking into account the specificity of each stage of their development. This entails a complete change of paradigm and a shift in the way boys, girls and adolescents are viewed in society, as the CRC stipulates that they are **subjects of rights**, so that the age differences, as well as different capacities, needs and forms of dependence cannot be an excuse for not recognizing them and enabling them to fully exercise all their Human Rights.

This has presented a great challenge to the way in which each economy has implemented the transformations required by the CRC, as the ethnic, cultural and creedal differences in many of the economies may be contrary in some respects to the mandates of the CRC ratified by

the States, which is why in some cases there has been a certain resistance to the full recognition of the rights of boys, girls and adolescents.

However, the work of both governmental and non-governmental organizations that comply and promote the UN guidelines in this regard, has gradually made progress in practice, in a manner that is respectful of the above-noted differences. The CRC commits the States Parties to modify their legislation so it is consistent with this approach. This has taken place dissimilarly in the different APEC economies, but in all of them, there have been progressive advancements.

What do we understand by Humanitarian Law? What are the principles that guide humanitarian aid in emergency and/or disaster situations?

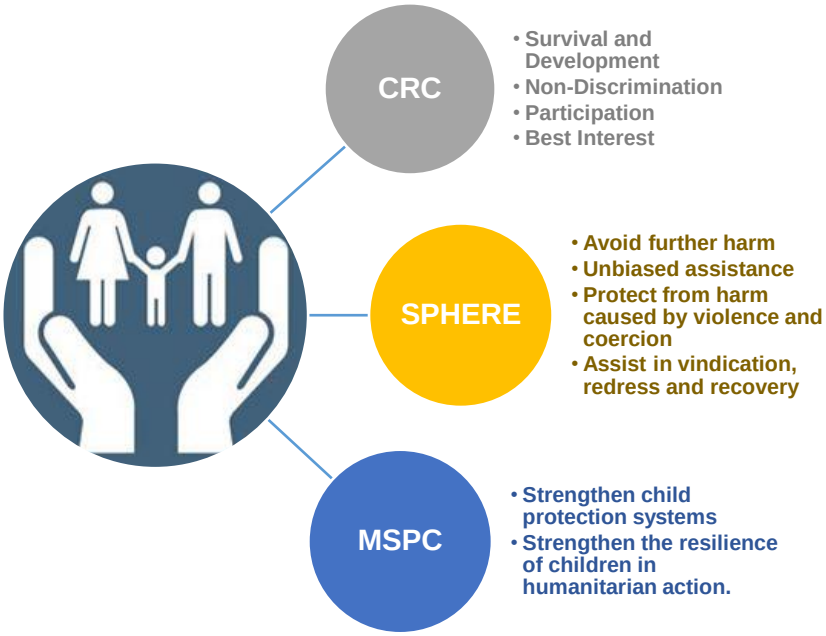
The International Humanitarian Law (IHL) arose from the rules that sought to regulate armed conflicts among states during the 19th century, but it was also restructured in the post-war period, to provide protection to the civilian population involved in conflicts and regulate military actions – expressly prohibiting, among other things, the participation of girls and boys in armed conflicts. The IHL seeks to protect people in extreme situations where the States and their institutions are unable to guarantee Human Rights.

Following the principles of the IHL and Human Rights, international aid is managed and organized in situations of armed conflict, but also in disaster situations where the economy's own resources are not sufficient to cope and international humanitarian aid is required, as has happened in many natural disasters in different economies around the world. The principles that guide humanitarian aid should be followed by any organization providing assistance in emergency or disaster situations.

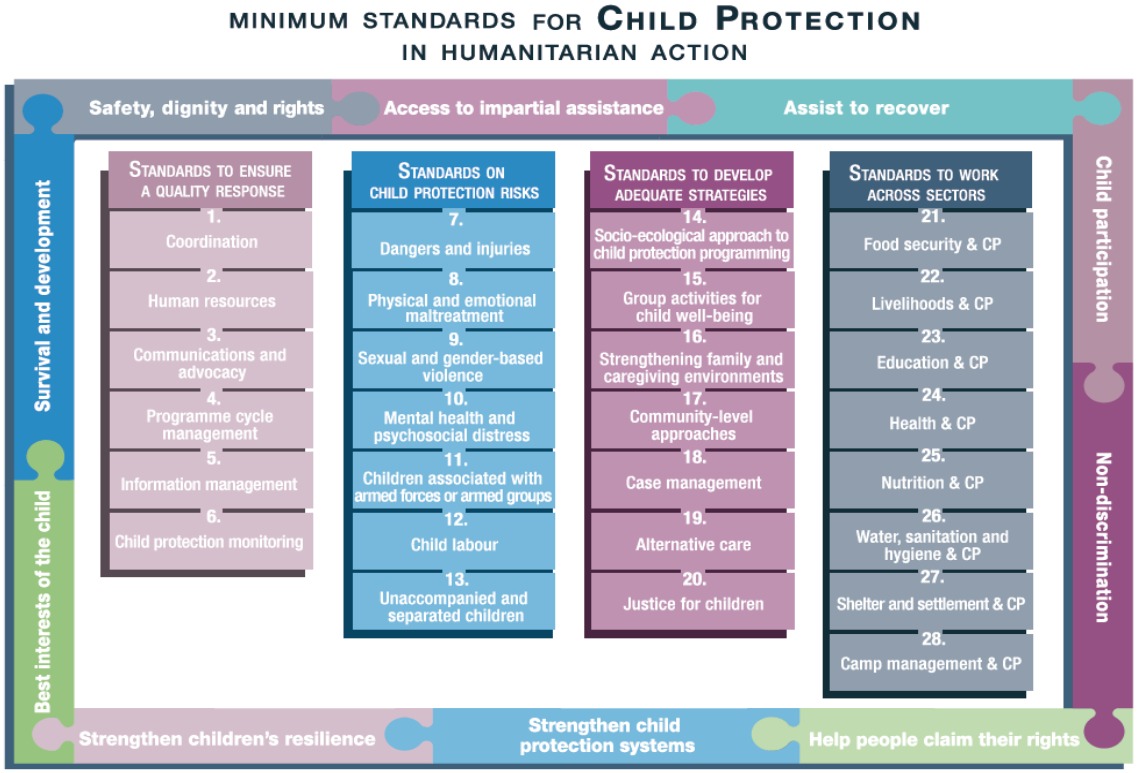
Promoted by the Red Cross and Red Crescent, and a large number of international humanitarian organizations, the Sphere Project and the Humanitarian Charter have sought to give concrete expression to the protection of Human Rights at the time of providing aid in emergency or disaster situations by setting out the principles that regulate humanitarian aid in these situations. The rationale is that aid must be organized and comply with minimum standards to achieve its objective of protecting people, because if aid is not properly coordinated, it could cause greater damage or a loss of economic and human resources, which are essential in these situations. These principles are:

Principle 1	Principle 2	Principle 3	Principle 4
•Avoid exposing people to additional harm as a result of our actions.	•Make sure that people have access to unbiased assistance, in accordance with their needs and without discrimination.	•Protect people from physical and psychological harm caused by violence and coercion.	•Help people claim their rights, seek redress and recover from the effects of the abuses they have suffered.

In addition, there are Minimum Standards for the Protection of Children (MSPC), which articulate these principles together with the principles of the CRC (which we will review in the following section):

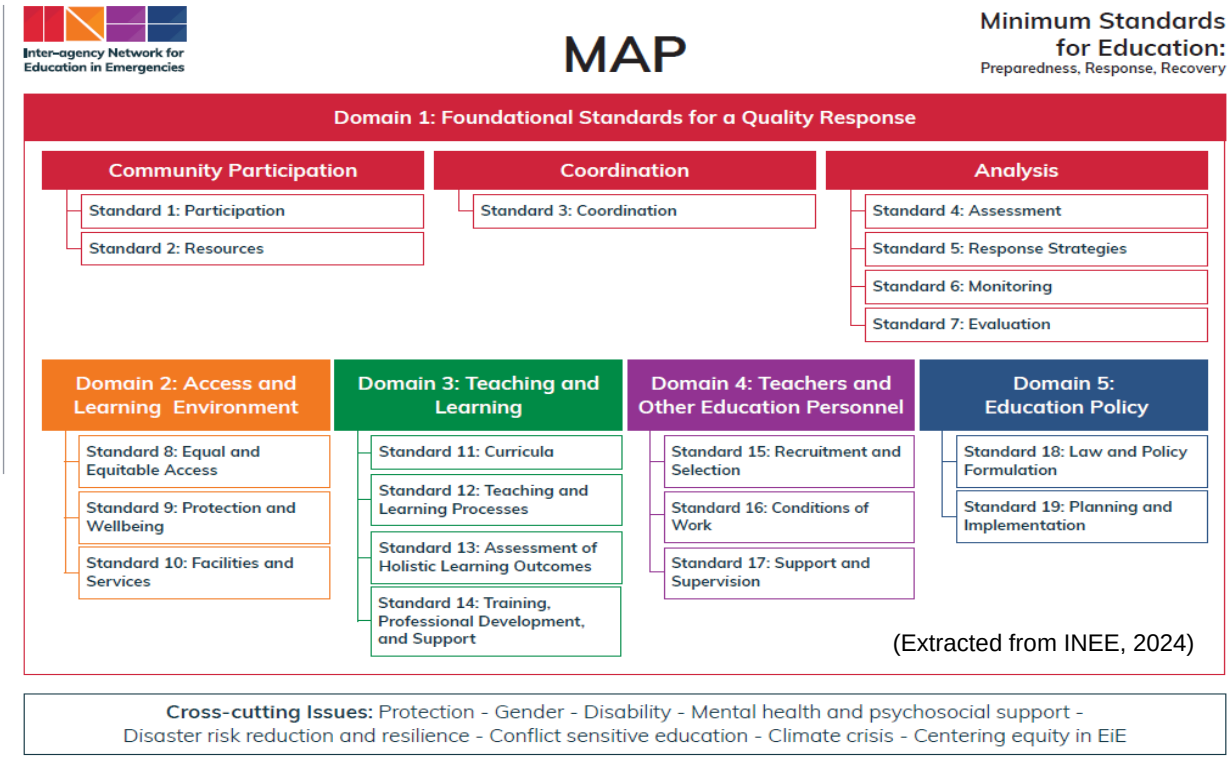


In this manual, we will not go into this subject in depth, but it is important that people working in the field of education be familiar with them, particularly those who must lead responses to emergency or disaster situations. In many economies, these standards have been incorporated into the instruments that regulate the work of aid organizations. A summary table is provided here:



(Extracted from The Alliance, 2019)

In addition to the MSPC, there are also Minimum Standards for Education (MSE) in disaster contexts, which cover the different dimensions involved in educational work under disaster situations as well as guidelines so that education in these situations comply with the necessary standards to safeguard the dignity of boys, girls and adolescents.



(Extracted from INEE, 2024)

b. Principles of the Convention on the Rights of the Child

The various human rights instruments comprise a large number of articles; however, there are some of these rights that work as *principles*, around which all the others are organized. To sum up, the UDHR comprises 30 articles guaranteeing a set of fundamental rights, but it is organized around four core principles:

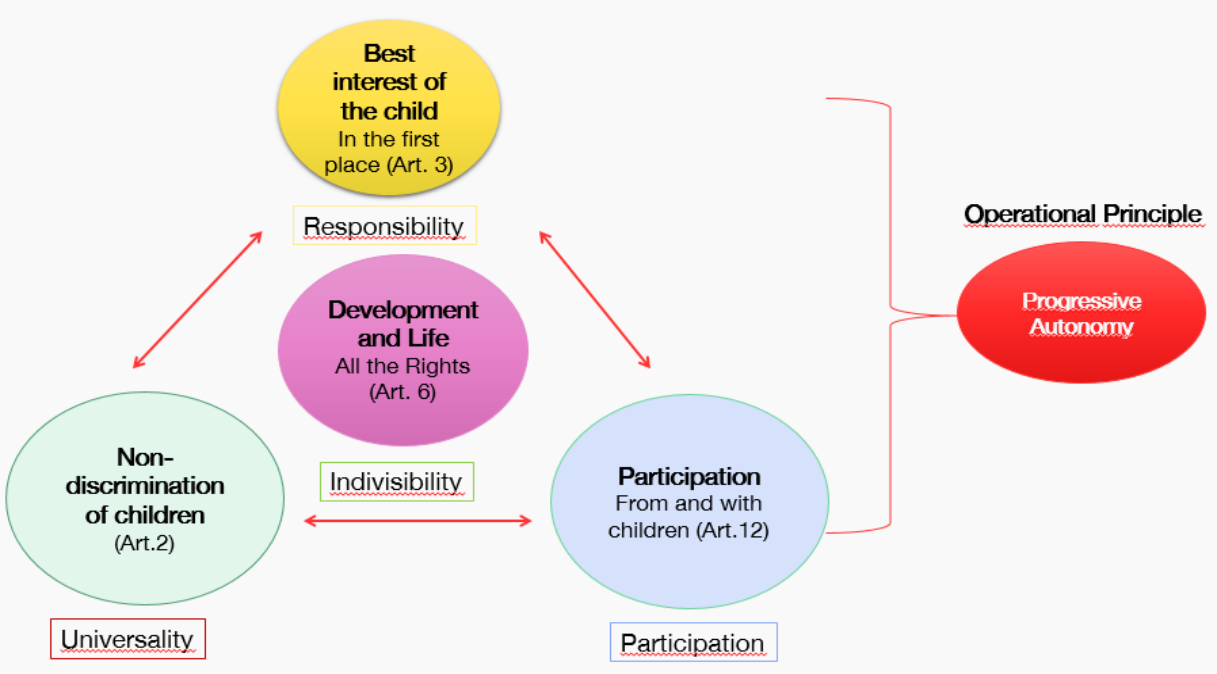
- Universality: dignity is at the heart of human rights. Human rights must be respected at all times and in all places, without distinction of any kind; "All human beings are born free and equal... in dignity and rights" (art. 1).
- Responsibility: States are responsible before their citizens and must generate the conditions for the exercise of rights and protect them.
- Indivisibility: Human rights work as a whole; they are interdependent among them and cannot be fragmented, hierarchized or partially applied.
- Participation: all people have the right to participate in political, social and cultural life.

For reasons that we have previously mentioned, these principles, i.e., that children and adolescents are considered *special* subjects of law, were adapted in the CRC, bearing in mind the specificity of the development stage and the situation of greater dependence in which they find themselves, and are thus set out in this way:

- **Non-discrimination:** Children have the same dignity adults have and must be respected. Children's physical, social and developmental disadvantages in relation to adults, or any other difference or characteristic, cannot be a source of discrimination.
- **Child's Best Interest:** We must always put the needs and interests of children above all other interests.
- **Development and Life**, or also called **Life, survival and development:** We are compelled to secure all the conditions required for the survival of girls and boys: food, affection, education, protection, play and recreation, as a minimum.
- **Participation:** We must recognize children as social and public subjects. They must always be provided with information so that they can have an opinion and make decisions according to their age. Only through participation can they exercise their own rights. If you pay attention, this is the only principle that does not change its name, since it states that the participation of children in social, cultural and political life should

be present from the moment of birth, adjusted to the abilities and needs of development at the different stages.

The latter leads us to mention a fifth principle, that of **Progressive Autonomy**. This is known as the *operational principle*, since it establishes that, in order to achieve the full exercise of all their rights, all rights and principles should adjust to children's different skills, abilities and needs, according to their specific stage of physical and psychological development. As we have seen, it is directly linked to **Participation**, i.e., to children's effective possibility to influence those issues and decisions that directly affect their lives.



In emergency and/or disaster situations, we tend to consider that safeguarding life is the only important thing; this is undoubtedly so, but the Rights-based Approach states that all rights are equally important and that some should not be ranked above others, which means that safeguarding life should not conceal the fact that certain rights are not being exercised in this type of situation. In fact, there will be situations in which rights should be *prioritized*, including situations in which some rights may be temporarily suspended, as was the case during the pandemic with the right to freedom of movement, but always bearing in mind that their enforcement should be restored as soon as possible.

Continuing with the same example, today we are far more aware of the damage caused by the disruption of the right to freedom of movement during periods of confinement, just as we are also more aware of the importance of exercising certain rights, such as the right to education, in these situations. It is important to understand that prioritizing does not mean *hierarchizing*, which means that the protection of some rights such as life – which in some contexts will be the highest priority because it is at risk – should not be exercised to the detriment of other rights. This is why the actions we carry out in emergency or disaster situations must be governed by these principles and special emphasis should be placed on the aforementioned rights.

In the following table, we can see how these principles can translate into questions that could guide our actions at all times:

Since its origins, the Rights-based Approach has sought to challenge certain cultural forms which are deeply rooted in most societies, considering children as second-class persons, and being subordinate in all aspects of life to the adult world. These *cultures* have been, in different ways, an obstacle to the recognition of children as subjects of rights and to the full exercise of all their rights. Thus, the **culture of ownership** considered children as the property of their parents; the **culture of expendability** saw children as expendable when it came to making decisions, including those that affected themselves; the **culture of dangerousness**, which saw children as potentially dangerous when they were not under the direct supervision of an adult; and finally, the **culture of protection**, mainly understood as overprotection, which prevented children from developing properly, for fear that they might suffer some kind of harm if they were allowed a certain degree of autonomy.

Though at present – except for some cultural differences – this is not the normative framework established in APEC economies, and although these cultures are in sharp conflict with the framework provided by the Rights-based Approach, and also with what most of us internally think, they are still present, even if not always visibly, or not all the time. Thus, when emergency or disaster situations occur, strong disruptions to our regulatory framework take place, and as we find ourselves in a state of emergency, these historical models resurface, as they are part of long-standing cultural patterns in which most of us have been educated to a greater or lesser extent. Consequently, when a disruption of “normality” occurs, we resort to them because they are what is closest at hand. This is why in this type of situation we must be particularly aware of these cultures, in order to prevent them from governing the ways in which we relate to children, as well as to be able to intervene when we see them in other adults.

c. System and Role of Guarantors

As noted at the beginning, one of the three dimensions of the Rights-based Approach is that of the **Guarantors**. This is part of the principle of **responsibility**, which governs States that are party to the UDHR and the CRC. Guarantors are all those social actors who must **guarantee** the exercise and protection of the rights of all people, without distinction. This not only implies enabling or not preventing the exercise of rights, but also generating the structural, material, cultural, social and political conditions so that the subjects of rights can really exercise their rights; as well as carrying out the necessary protective actions and intervening when violations of those rights occur, including reparation actions when appropriate.

Although the rights of all people must be equally protected, children and adolescents, as we saw earlier, are considered special subjects of law, since it is considered that they cannot by themselves directly influence the exercise of their own rights, as they cannot control the conditions for this, nor intervene in the causes of the violations. Therefore, they could never be in the position of guarantors. On the contrary, the adult world as a whole is called upon to become a guarantor of the rights of children and adolescents, according to its level and degree of responsibility, based on its capacity to influence the dimension of the causes. In order to understand this, we need to consider that there are different levels of guarantors and degrees of responsibility within those levels.

Levels of guarantors of the rights of children and adolescents:

- Main guarantors: they have to create the structural, cultural, economic, political, material conditions, etc. Who they are: State (executive, judiciary and legislative) and all its administration, from the central to the local level. All those organizations that do not belong directly to the State, but execute public policies, are also considered main guarantors.
- Co-responsible guarantors: Responsible for generating cultural and political conditions. They can have an impact on legislation, on changes in the cultural matrix and on public opinion. Who they are: civil society organizations, the media and the private business.
- Inter-relational guarantors: Responsible for generating conditions of coexistence in daily relations. Who they are: Families, the community, adults in general.

Within the same level of guarantor there are different levels of responsibility, depending on the position and/or function performed. All adults working in the State or in autonomous institutions that execute public policies are **Main Guarantors** of the rights of children and adolescents, even if they do not have the same level of responsibility. Obviously, even though a cleaning assistant in a public school and the director of the same establishment are both in the position of main guarantor, this does not mean that they have the same level of responsibility. The responsibility of an individual is determined by the distribution of power within an organization. Those who have a greater level of influence in decision-making and in affecting working conditions within an organization have more responsibility.

This means that people who hold positions of leadership have a greater responsibility as guarantors of the rights of children and adolescents than the people under their charge and, in addition, they are guarantors of the rights of the members of the work teams under their command, since they can have an impact on the working conditions, either by directly

generating them or by demanding them from higher levels. Likewise, when we consider the hierarchy that exists among the different governmental institutions, the higher the level in the hierarchy, the greater the degree of responsibility.

Knowing and assuming our role as guarantors at all times is essential, but even more so when facing emergency and/or disaster situations. This not only implies knowing the Rights-based Approach and the general principles that guide assistance in this type of situation, but also knowing the action plans and protocols that have been locally developed. Being clear about our role when facing this type of situation is a protective factor, both for children and for the workers of an institution.

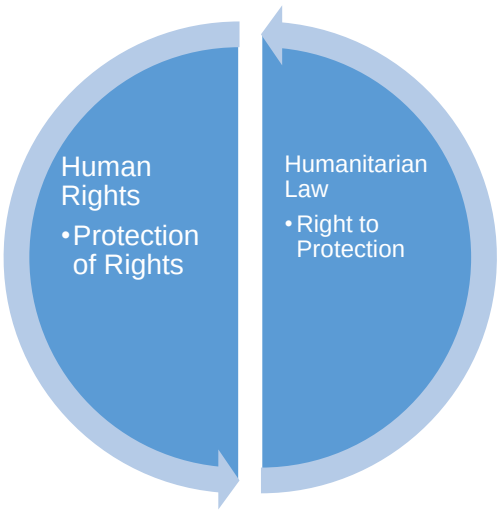
When we face disaster situations, we are presented with an apparent contradiction: I have to guarantee the rights of children, so I must carry out my work, but at the same time my family or myself are also affected by this situation. Then, how can I respond appropriately? Who guarantees my rights? Indeed, as we have seen, in this kind of situation the protection of children, and guaranteeing all their rights, is a priority over the protection of adults, but this does not mean that violations to workers' rights can occur, nor that the task of protection be a purely individual responsibility of each worker.

In the first instance, it is the responsibility of the staff who work directly with children and adolescents to respond to a disaster situation. But when a worker is unable to do so, the necessary measures should be taken at the institutional level so that these functions can continue to be carried out. In this sense, it is also very important to know the roles and functions of each person, since taking the appropriate measures depends on it. Likewise, *care of the response teams* is a central aspect, as it will make it possible to establish the necessary coordination and support well in advance to ensure an effective response.

Thus, in an emergency or disaster situation, staff who work directly with children and adolescents, such as education workers, will be the first line of direct work with the affected children and adolescents; however, the task of workers at the different institutional levels is equally important. Both logistically as well as in terms of the psychosocial support they can provide, they are the ones who will make sure that staff who work directly with children can, in turn, guarantee children's protection and rights.

d. Protection of Rights and the Right to Protection

So far, we have talked about the protection and the defense of rights, but is the *right to protection* the same as the *protection of rights*?



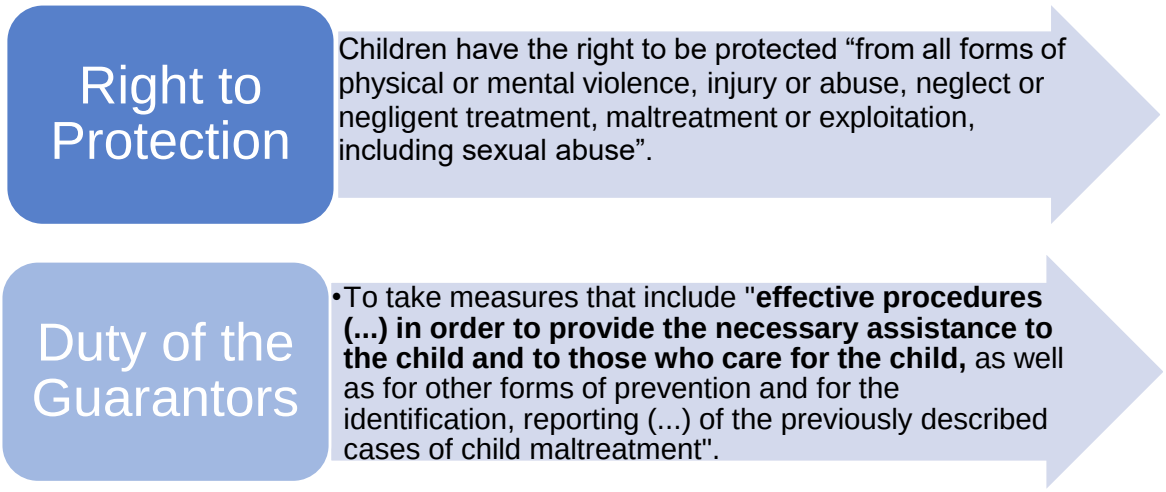
The **protection of rights** refers to safeguarding **all** the rights of children and, therefore, falls within the scope of Human Rights, while the **right to protection** refers to a specific right of children: to be protected from situations of violence. When we are in times of "normality", or even in certain emergency situations, this falls within the framework of Human Rights. Whereas, when we are in disaster situations, especially when it refers to protection in contexts of armed conflict, this falls within the framework of the IHL, but especially in any situation in which, due to its magnitude and impact on the institutional order, children may be more exposed to violence.

In terms of protection of rights, the right to life and to survival is a priority, but it cannot compromise the integral development of children, even in the context of disaster. The development of children in early childhood is the most dramatic in a person's life and determines the physical/psychic health of the other stages of childhood, as well as of adulthood. The most important rights for child development are the right to health, to adequate nutrition, to a healthy and safe environment, **to play**, and **to education**.

Clearly, the first three are a priority, but the other two are equally fundamental: in childhood, children's education should aim to develop their personality, skills and mental and physical abilities to their fullest potential; education aims to "empower the child by developing his or her skills, learning and other capacities, human dignity, self-esteem and self-confidence" (United Nations Committee on the Rights of the Child [CRC], 2001, p. 2).

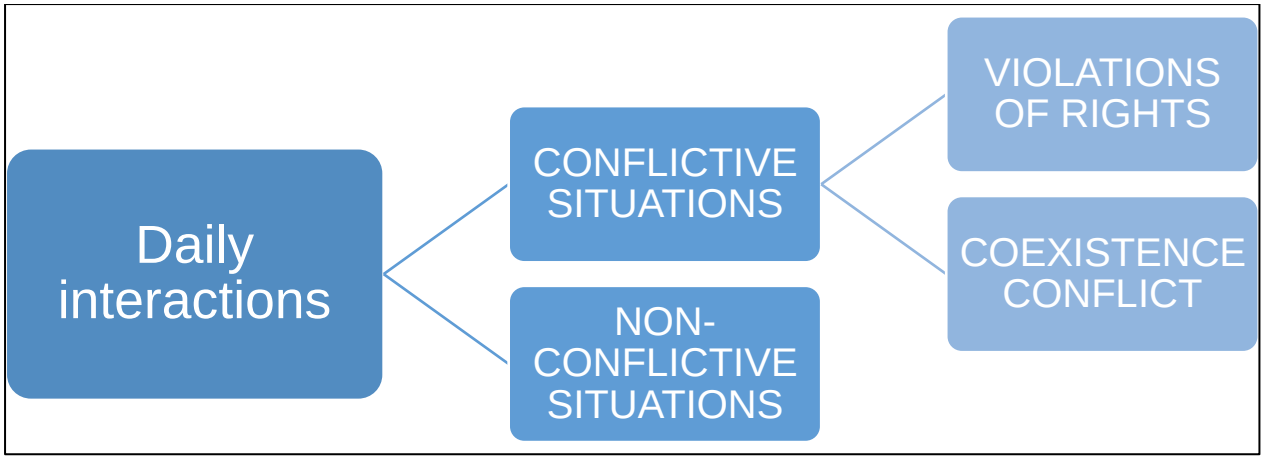
In emergency or disaster contexts, the right to education plays a very important role, as it guarantees all the other already mentioned rights, establishing that schools, kindergartens or other types of educational establishments – or, in emergency/disaster situations, other temporarily enabled educational spaces – should be precisely a safe space where children can be fed, educated and play. The right to play, on the other hand, is a crucial element in this kind of situations, as it can be both a diagnostic tool to determine the psychological impact of the situation on children, especially on the youngest ones, and an intervention tool to deal with such impact.

On the other hand, the right to protection refers, as we have already mentioned, to a specific right of children to be protected from different forms of violence at all times (art. 19, CRC), but which becomes even more relevant in emergency or disaster situations, since in such situations, children are much more exposed to violence or to abuses of all kinds:

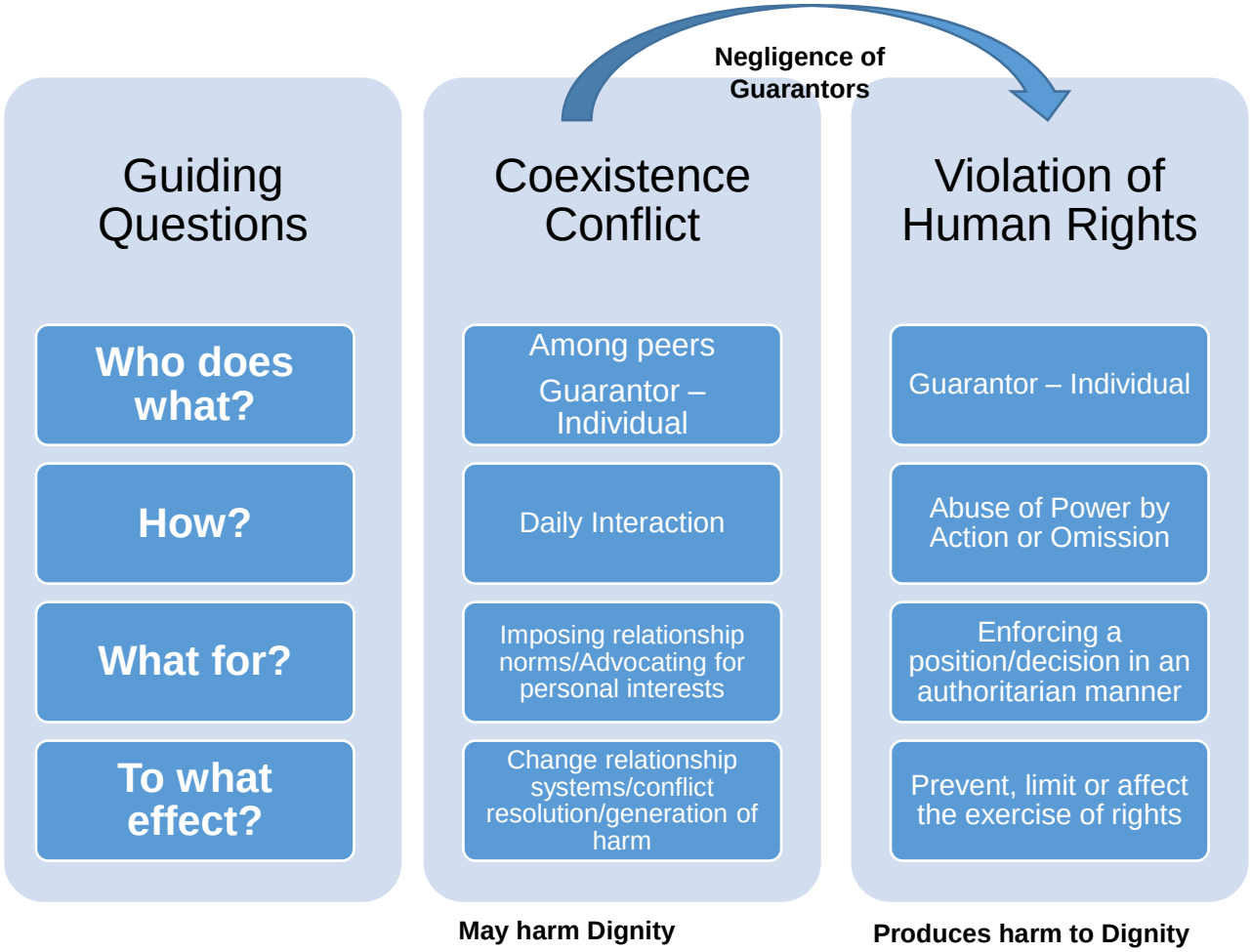


e. Distinction between violations of rights and conflicts of coexistence

We have seen that an essential task in emergency or disaster situations has to do with protection, which implies preventing, interrupting or repairing violations of rights. In this kind of situations all people face high levels of stress and, many times, they experience such a disruption of “normality” that interactions with others become tense and complex. In all human interactions there may be situations of conflict, whether they are between children, between children and adults, or between adults. Conflicts are an expression of opposing interests, which acquire the form of disputes that affect coexistence, and that may or may not involve different forms of violence, so we must know how to distinguish them. Similarly, when they involve violence, they could imply violations of rights. Do we know how to distinguish these situations?



Criteria to distinguish coexistence conflicts from violations of rights:



As can be seen in the graph, detecting violations of rights requires analysis of each case based on the criteria described above, on the understanding that fulfillment of each one alone is not enough, and that all of them must be present for a violation to be considered as such. On the other hand, when there is negligence or the absence of adequate action on the part of the guarantors (negligence by action or omission), situations that were originally conflicts of coexistence escalate into violations of rights. Especially during the period of return to face-to-

face activities after the pandemic, there was an increase in coexistence conflicts as a consequence of prolonged confinement periods and lack of face-to-face interaction between children and adolescents. In many educational contexts it was difficult to address these conflicts in a timely manner, which increased the exposure of children and adolescents to situations of violations of rights.

3.2 Disaster Risk Management

In this chapter we will discuss some of the core elements of Disaster Risk Management (DRM) and Disaster Risk Reduction (DRR). Most of these elements are familiar to those working in disaster risk management, but not to the people to whom we provide psychosocial support or to whom a workshop of this nature is directed. One of the priorities of the Sendai Framework (United Nations Office for Disaster Risk Reduction [UNDRR], 2015) is understanding disaster risk, and this is why conceptual elements, such as the notions of risk, hazard, vulnerability, the temporality of disasters, etc., should be simply explained when providing psychosocial support in educational contexts.

a. General Context and Importance of DRM

Understanding the impact of disasters on our lives is crucial. Since the 70s' and 80s' of the last century, risk management has been a central issue in contemporary societies. Disasters bring enormous losses, both in tangible terms as well as in terms of human lives.

Disaster Risk Management (DRM) is a fundamental framework for ensuring that societies are resilient to disasters. It considers a set of actions aimed at **prevention**, **preparedness**, **response** and **recovery**, and is oriented to reduce the vulnerability of populations to natural or human-induced hazards (Disaster Risk Reduction). A key aspect is to recognize that disasters are not “natural” by themselves but are the result of the interaction between hazards and vulnerabilities. This raises the need for integrated management that includes the social, economic and political dimensions, and incorporates a Human Rights-based Approach, which is fundamental since it ultimately seeks to safeguard people's dignity, even in disaster contexts.

The impact of disasters is devastating in human and economic terms. According to (UNDRR, 2023), although the affectation with respect to the previous decade has diminished in several aspects, the figures continue to be alarming: based on estimates of the WHO, between 2015 and 2021 an average of 40,797 people lost their lives each year in disaster-related situations, excluding the 6.5 million people who lost their lives as a result of the COVID-19 pandemic. In economic terms, the annual average for the same period corresponds to a loss of USD330 billion per year, without fully considering the economic impact of the pandemic. However, not all economies suffer these impacts in the same way. Economies with fewer resources and institutional capacities are more vulnerable. This illustrates the socio-political nature of disasters: they are not just natural phenomena, and their effects are exacerbated by poverty, inequality and poor planning.

When approaching DRM from a Human Rights-Based Approach perspective, **vulnerability is not understood as a condition** of individuals or communities, but as a construction resulting from human decisions, such as management, access to resources and development policies. A clear example are poorly planned urban areas, where a storm can turn into a disaster due to the lack of adequate infrastructure or to the absence of mitigation policies. In this sense, vulnerabilities are always related to rights violations, which is why guarantors must intervene to prevent them.

Disasters not only generate material losses, they can also seriously affect people's access to fundamental rights such as life, health, security, housing and education. Human Rights

mandate States Parties to protect people from disaster risks through public policies that reduce vulnerabilities, enhance resilience and ensure that *"no one left behind"* (UNDP, 2017).

The Rights-Based Approach also states that those groups that have traditionally been considered more vulnerable, such as the communities living in poverty, the ethnic minorities, the rural communities, children and adolescents, among others, should receive priority attention in the planning and implementation of risk reduction measures. This is essential to guarantee equity in disaster response and to ensure that mitigation and response measures have a broad and effective scope:

"The key lesson is that disasters are social constructs. People are vulnerable to the impacts of climate change and natural hazards due not just to their geographical context, but their financial, their social status, their cultural status, their gender status, their access to services, their level of poverty, their access to decision making, and their access to justice. Good development is good adaptation and it's good risk reduction." (Arnold, n.d.).

Over the past decades, there have been more efforts by different international organizations to establish treaties and frameworks for action to adequately manage and reduce disaster risk. The Sendai Framework and the Sphere Project are two of the main regulatory frameworks in force. They determine the priority actions in DRR and humanitarian aid in the context of disasters.

The Sendai Framework for Disaster Risk Reduction 2015-2030 is grounded in the protection of people as an essential human right. This framework has four key priorities that are aligned with human rights principles:

1. **Understanding disaster risk**: Collecting data disaggregated by gender, age and socioeconomic status is essential to identify those that are most vulnerable, ensuring that DRM policies protect the rights of the most affected.

2. **Strengthening disaster risk governance**: A human rights-based approach requires that public policies be inclusive and participatory, where the communities that have been most affected by disasters have a voice in decisions.

3. **Investing in disaster risk reduction for resilience**: Ensuring equitable access to resilient infrastructure is a right for all people, particularly in economies where poverty and inequality increase exposure to risk.

4. **Enhancing disaster preparedness for effective response**: The right to protection from disasters also includes ensuring a rapid and efficient response and a recovery process that not only restores but improves living conditions.

Another key framework is the **Sphere Project**, which, as noted in the preceding chapter, establishes minimum humanitarian standards in disaster situations. This project advocates that humanitarian interventions be carried out with respect for the dignity and rights of affected people, ensuring their access to resources such as water, sanitation, food and shelter. It also establishes that the communities have the right to participate in decisions that affect their well-being and promotes a person-centered approach.

b. Key elements of DRM in Asia-Pacific

In order to build a minimum common language, we need to know some of DRM core concepts and relate them to what we have previously seen.

Key concepts

What is a disaster?

In general terms, a disaster is “a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources” (UNISDR, 2009, p. 9)

From the Human Rights-Based Approach perspective, a disaster is a situation in which the fulfilment of all people’s rights and their conditions (especially those of children), as well as families’ and communities’ management and development capacity are seriously affected. Children and adolescents are in a particularly vulnerable situation in emergency or disaster contexts.

Some of DRM key concepts are:

- **Hazard**: It refers to any natural or human-induced event that has the potential to cause damage. Hazards include earthquakes, storms, tsunamis, forest fires, as well as armed conflicts or economic crises. However, hazards on their own are not disasters. From the Rights-based Approach perspective, it is important to consider that the situations and not the people should be considered as hazards.
- **Vulnerability**: This concept describes the characteristics or conditions that make a population more susceptible to the impact of a hazard. Vulnerability is determined by factors such as poverty, lack of access to essential services, inequality, or poor urban planning. Communities living in informal settlements or in disaster-prone areas, for example, are more vulnerable. As previously mentioned, from the Rights-based Approach perspective, vulnerabilities are not a condition of individuals, but are related to rights violations, such as the right to housing, to work or to education.
- **Risk:** Risk is the combination of hazards and vulnerabilities. An earthquake in a well-planned city with resilient infrastructure does not generate the same level of risk as in a city with poor infrastructure and no prevention policies. Therefore, risk is directly related to a society's capacity to prepare for and respond to hazards.
- **Disaster:** Disaster is defined as an event that occurs when a hazard affects a vulnerable community, exceeding its capacity to cope and generating significant losses in terms of life, health, infrastructure and assets. Disasters are not just natural events; they are the result of human vulnerabilities and the lack of adequate preparedness and response.

Disaster Risk Management is:

A continuous, social, professional, technical and scientific process of formulation, implementation, monitoring and evaluation of policies, plans, programs, regulations, tools, standards, measures and permanent actions for the knowledge and reduction of disaster risk.

The purpose of Disaster Risk Management is **to avoid** the generation of new disaster risks, **reduce** existing ones and **manage** the residual risk.

It should consider the organization and management of resources, the powers and attributions that will make it possible to deal with the various aspects of emergencies and the administration of the various phases of the disaster risk cycle.

According to international instruments, in DRM the **best interest of the child** must be the main concern in making decisions that affect children and adolescents, adopting measures to **guarantee all their rights**, as well as their **right to protection**. Likewise, the **participation** of adults, children and adolescents in preparedness actions **at the different levels**, according to their capacities and stages of development, is critical to face emergency situations.

One of the main obstacles to achieving this objective, at the different levels of action, is **Invisibilization**. Both in the design of risk management instruments as well as in the actions adopted in the different phases of risk management, the **main vulnerability** faced by children, especially the youngest ones, is their invisibilization, since, although there is a tendency to protect their physical integrity, in the first moment after an emergency or disaster occurs, many of its effects, especially those of a psychological nature, are relegated to a secondary level. In this type of situation, adults tend **not to consider** the specific needs of children and adolescents, thereby leading to losing sight of their status as subjects of rights and disregarding their perceptions, emotions and opinions about what has happened.

Phases of Disaster Risk Management

Disaster Risk Management is structured in several phases that facilitate a comprehensive approach to events before, during and after they occur. These phases are **prevention and preparedness**, **response** and **recovery**. Each of these phases include sub-phases that enable the development of specific actions to mitigate the impacts of disasters.

1. Prevention and Preparedness

This phase focuses on **risk mitigation** and proactive actions to reduce vulnerability to potential disasters.

- **Risk assessment:** This involves identifying and analyzing the types of hazards to which a community or region is exposed. In Asia-Pacific, this includes the assessment of seismic, hydrological and climatic risks.
- **Development of resilient infrastructure:** Investments in earthquake-resistant buildings, flood drainage systems, and coastal protection in areas exposed to cyclones or tsunamis are critical to reduce the exposure of communities.
- **Planning and training:** This involves designing evacuation plans, training the communities, and public education on what to do in the event of different types of disasters. Risk management education programs, both at school and community level,

have been effective in economies such as Japan, where annual drills are conducted to prepare the population.

- **Early warnings:** Developing early warning systems saves lives, especially in cases of earthquakes or tsunamis. Monitoring technologies and communication systems are essential for the rapid mobilization of vulnerable populations.

2. Response

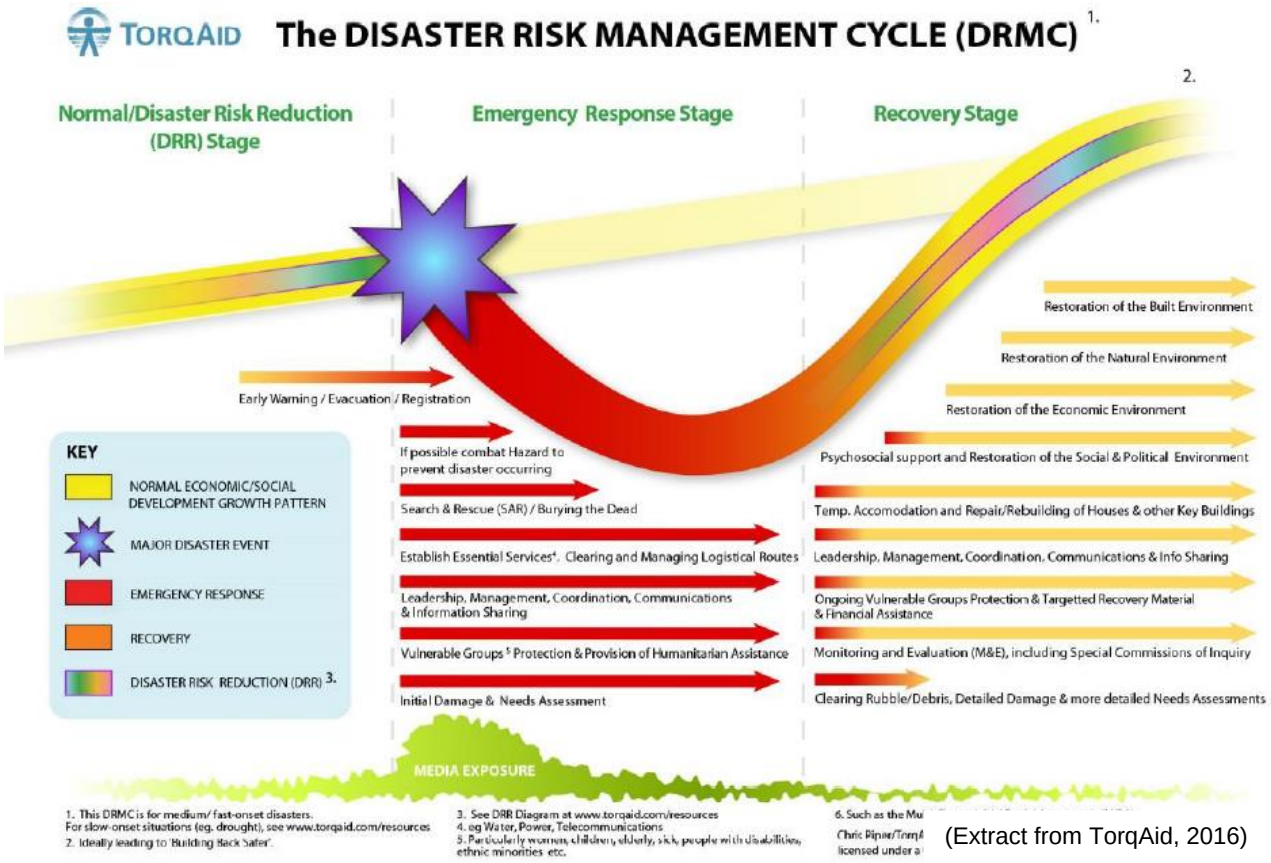
The response phase is activated immediately before or during the disaster, with the main objective of protecting lives, minimizing damage and ensuring humanitarian assistance.

- **Resource mobilization:** This includes the activation of emergency teams, distribution of supplies, and implementation of communication systems to coordinate assistance. In this phase, speed is key, so specialized teams such as rescue forces, fire departments and emergency medical teams are used.
- **Evacuation and shelter:** In many Asia-Pacific economies, such as Indonesia and the Republic of the Philippines, mass evacuations are frequent due to the threat of typhoons and tsunamis. This sub-phase involves the relocation of people to safe areas and the provision of temporary shelters.
- **Humanitarian assistance:** Response teams distribute food, water, medicines and other essential supplies. Psychosocial support is also provided to disaster victims, which is critical to address the initial emotional after-effects.

3. Recovery

The recovery phase focuses on the restoration and reconstruction of the affected areas, addressing both the physical and social aspects of the impact.

- **Early recovery:** This involves the restoration of essential services such as electricity, potable water, transportation and communications. It also includes the provision of initial financial assistance to the affected communities.
- **Reconstruction:** In this sub-phase, affected infrastructure such as housing, schools and hospitals are rebuilt. The Asia-Pacific region has learned from past experiences the importance of integrating the resilience principles into reconstruction projects, such as building more resilient housing in high-risk areas.
- **Psychosocial and economic rehabilitation:** Psychosocial support programs play a critical role in long-term recovery, especially for children and adolescents, who are most vulnerable to the emotional effects of disasters. In addition, efforts are made to revitalize local economies by providing employment opportunities and access to credit for livelihood reconstruction.



(Extract from TorqAid, 2016)

These phases are interrelated and, in many cases, overlap, as preparedness for future disasters begins during the recovery phase of a previous event. **Community-based DRM (CBDRM)**, which will be discussed later, seeks to integrate communities into each of these phases, promoting **long-term resilience** and active participation in risk planning and management.

Context of the Asia-Pacific Region

The Asia-Pacific (APEC) region is one of the most prone to natural disasters, due to a geography that exposes it to earthquakes, tsunamis, typhoons and volcanic eruptions. These events have had a major economic and social impact, especially on the most vulnerable populations. As noted, current models consider that disasters are not inevitable events of natural origin, but the result of the interaction between hazards and human vulnerabilities and can therefore be prevented or managed by reducing the social, political and economic vulnerabilities that exacerbate their effects (DRR). This is why Disaster Risk Management (DRM) is so important, in its different levels of action.

Integrated approaches such as the previously mentioned Sendai Framework seek to minimize human and material losses through disaster preparedness, response and recovery. This framework also promotes the active participation of communities and the incorporation of human rights in risk reduction, a key connection to the right to life, to health and to the protection of the most vulnerable, such as children and adolescents. Even though the midterm report (UNDRR, 2023) states that significant progress has been made in the four priorities considered by the framework in the APEC region, there is still a long way to go to achieve the

proposed objectives. The main challenge is that traditional management and governance models fail to address the “systemic” or “cascading” risk phenomena, which appear to be increasingly frequent, such as those resulting from climate change or pandemics.

Indeed, the COVID-19 pandemic unfolded not only as a health crisis, but also as a systemic and global phenomenon, in which multiple interrelated factors were mutually amplified, generating a much more complex and far deeper impact. Systemic risk (UNDRR, 2022) refers to how disasters do not occur in isolation, but interact with other crises, as well as with other social and economic vulnerabilities. In the case of the pandemic, the convergence of factors such as confinement, economic disruption, school closures and social isolation exacerbated existing inequalities, critically affecting the **mental health** of the population. This intertwining of crises magnified the psychological impact, particularly on children and adolescents, who were deprived not only of their face-to-face education, but also of key social interactions for their emotional development. Uncertainties about the future, loss of support networks and family stress have added layers of complexity to risk management, highlighting the need for responses that address these interconnected risks and their psychosocial effects.

During the pandemic, APEC economies – like the rest of the world – faced an unprecedented global disaster. While the region has historically faced devastating events such as tsunamis or cyclones, the prolonged impact of the health crisis defied the response and recovery capacity of the health, education and social welfare systems. Millions of children and adolescents experienced the consequences of confinement, of prolonged school closures, and lack of social interaction, leading to alarming increases in mental health problems such as anxiety, depression, and post-traumatic stress disorders (UNICEF, 2022). These effects not only intensified pre-existing mental health problems (Sharma et al., 2021), but also showed the need for increased psychosocial support as part of the response and especially in recovery due to the prolonged nature of the disaster. In this sense, the challenge of providing psychosocial support now, despite the time that has elapsed since the pandemic was declared over, contributes not only to recovery, but also to increasing the resilience of communities to be better prepared for future events (build back better).

c. Sustainability and institutionalization of the CBDRM

Community-Based Disaster Risk Management (CBDRM) is a strategy that places communities at the center of disaster preparedness, response and recovery, emphasizing the active role that individuals and local groups can play in reducing risk. This approach is key in the Asia-Pacific context, where communities are often the first and most affected by disasters. In the APEC region, which includes both developed and developing economies, CBDRM has been recognized as one of the most effective tools to achieve a faster, more efficient and equitable response to disasters, but its effectiveness depends largely on its long-term sustainability and institutionalization within domestic risk management frameworks. The institutionalization of this approach has been promoted by the Global Network of Civil Society Organizations for Disaster Risk Reduction (GNDR), with participation in APEC economies such as Chile; the Republic of the Philippines; and Thailand.

CBDRM is defined as the process through which “communities at risk are actively engaged in the identification, analysis, treatment, monitoring and evaluation of disaster risks in order to

reduce their vulnerabilities and enhance their capacities" (Khan & Jan, cited in GNDER, 2018, p. 2). This approach seeks to break the verticality with which DRM has traditionally been addressed, to place communities and the most vulnerable groups at the center of it, thus contributing to strengthen local capacities in a participatory manner.

Sustainability of the CBDRM

The sustainability of CBDRM efforts is based on the capacity of communities to maintain their preventive and response actions beyond external intervention or an immediate crisis. This implies that local capacities are continually strengthened and updated, and that plans and strategies developed by communities are integrated into centralized and regional risk management systems. To achieve this sustainability, it is crucial that several factors are taken into account:

1. Ongoing and local funding: Community-level risk management initiatives require consistent sources of funding to ensure continuity of training activities, equipment, and updating of emergency plans. This funding can come from international donations, but it should ideally be supported by local or central funds so as to reinforce local ownership of the process.

2. Local capacity building: Training community leaders and creating local response networks are critical to ensure that risk management actions remain operational and responsive in the face of new challenges. This also involves the integration of new technologies and resilient management methods that take into account the climatic and social changes affecting the region.

3. Involvement of all sectors of the community: CBDRM sustainability depends on being inclusive, i.e., that all groups in the community, including women, children, people with disabilities and the elderly, actively participate in decision making and in preparedness and response actions. Diversity in participation increases the resilience of the community as a whole.

4. Integration with local development plans: To ensure their long-term sustainability, CBDRM strategies must be aligned with the communities' economic and social development plans. In this way, risk reduction efforts are not perceived as isolated actions, but as an integral part of community growth and well-being.

Institutionalization of the CBDRM

The institutionalization of CBDRM refers to its formal and recognized inclusion within the public policies and legal frameworks of local and central governments. Without this institutionalization, community efforts run the risk of being marginalized or failing to have the necessary support to be sustainable over time.

1. Policies and legal frameworks: The incorporation of CBDRM into public policies allows governments to recognize and support community-led risk reduction strategies. This also includes the creation of legal norms that facilitate community participation and ensure access to resources for the implementation of risk management plans.

2. Collaboration among stakeholders: Effective coordination of local, regional and central authorities with the communities is key to ensuring that CBDRM efforts are

successfully institutionalized. Governments should create *formal consultation mechanisms* that would make it possible for communities to influence decision-making on risk management policies.

3. Adaptability and ongoing review: Regulatory frameworks must be flexible enough to adjust to changes in the disaster context. Periodic review of CBDRM plans, based on previous experiences and lessons learned, is essential for strategies to remain current and effective.

4. Incorporation into educational programs: To fully institutionalize CBDRM, the concepts of risk reduction and disaster preparedness should be included in school curricula and in technical and university training programs. This would ensure that new generations grow up with a clear understanding of the importance of community resilience.

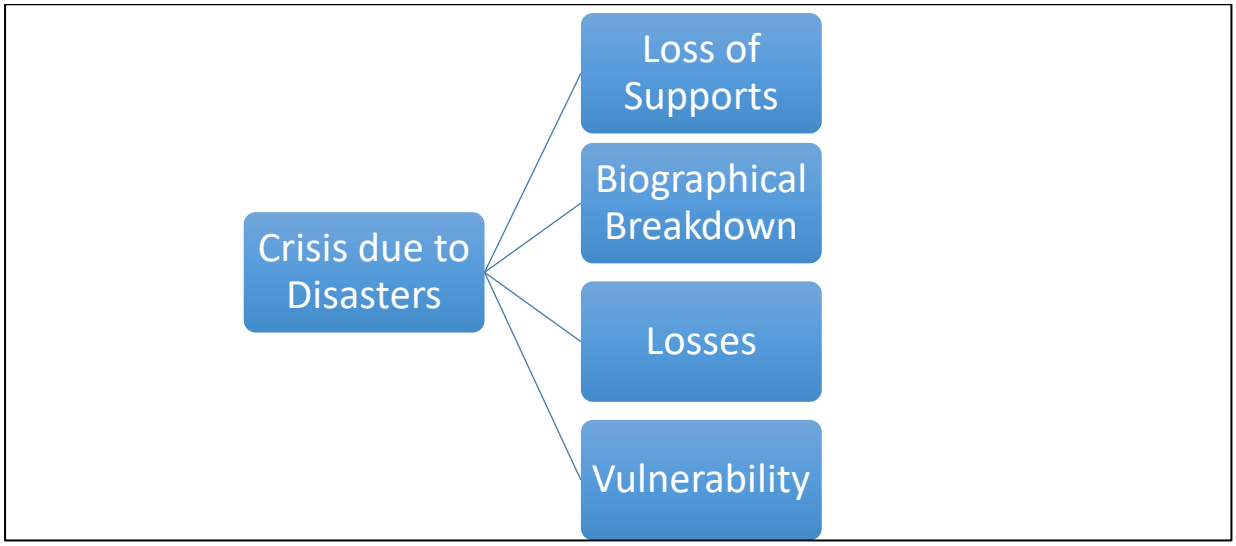
In summary, the institutionalization and sustainability of CBDRM are vital for the long-term effectiveness of disaster risk management in the APEC region. It is essential that community-based strategies, which often appear spontaneously in the face of crises, not only surface in a reactive manner, but remain stable over time. CBDRM should be considered as not just another response tool, but as a key component for building more resilient and equitable societies, in line with the mandates of a rights-based approach. In this sense, this manual seeks to contribute to the dissemination and replication of some psychosocial support tools in order to enhance local capacities in APEC economies.

3.3 Psychosocial Support

In this module we will address some general elements related to the psychological disruptions and effects of emergency or disaster situations on people, as well as some of the criteria for psychosocial support in emergency or disaster situations.

a. Symptomatology and usual reactions to emergency or disaster situations

When faced to emergency or disaster situations, we experience what is called a crisis. Crises involve an internal disorganization resulting from an intense emotional experience, which exceeds an individual's psychological skills or resources to cope with it. They can be considered traumatic, depending on the intensity and persistence of their effects, and on whether they respond to normal situations (normative crises) or exceptional situations, as in the case of emergencies or disasters (see González de Rivera and Revuelta, José Luis, 2001; Arriagada & Valdebenito, 2011).



The crisis in emergency or disaster situations is caused by a *collapse* of the social and symbolic *supports* that sustain what we generally consider as "normality". Thus, in many of these situations, people's lives are at risk, infrastructure or people's integrity is damaged, and when these situations are serious, it is also frequent that basic services, communications and the exercise of some rights, such as freedom of movement, are severely compromised. Even when our physical integrity or that of people who are close to us, has not been directly affected, we experience a strong disruption of our daily lives: those elementary actions that we constantly perform without stopping to think, such as drinking water, eating, sleeping, or going for a walk, among others, may become impossible or limited; our routines may also be partially or completely disturbed.

Indeed, it would be really odd if, when faced to such a level of disruption of the external reality, we did not experience some form of internal disorganization. Obviously, the level of this disruption will depend on the available psychological resources as well as on family and community support, but when we talk about disasters – or catastrophes –, the alteration of normality is so great that it is likely that a large number of people will be heavily affected in psychological terms. The global disaster resulting from the COVID-19 pandemic is a clear

example of the levels of disruption of reality and of what we call normality, that we can experience.

This is why, in the area of Disaster Risk Management, it is often insisted that crisis is “a normal reaction to an abnormal situation”, because it is important to understand that what we are experiencing is not something personal. It is rather a situation that, with nuances and differences, is affecting a large number of people; that is, although they affect us individually, they are not a personal crisis, but a collective situation, either at the community or social level.

Crises entail a *biographical breakdown*. They mark us individually and collectively, affecting the way we think of ourselves, the way we narrate our history or that of our community. This is due to the fact that most of the time these situations burst in unexpectedly – hence the need to be prepared! – and mark our lives in ways that only with time will we become aware of, altering so strongly our sense of reality that some *psychic work* will be required to be able to properly come to terms with what has happened and, in that way, to be able to insert it into the fabric of our lives.

The traces left by these situations on individuals and communities are so great that we can say a *trauma* has been caused. Whether a situation becomes traumatic for a particular person will depend to a large extent on his or her psychological resources and previous experiences, so that not every disaster situation is experienced as traumatic by all people. However, as these situations affect a large number of people and social functioning in general, they generate trauma in social terms, i.e., a wound in society that will take time to heal and, like any wound, will leave traces or scars.

Even when we have not directly suffered such a great affectation, these events work as a time reference; for example, when we want to tell someone a story and we do not remember well when it happened, we say: “It must have been in January 2020, because the *pandemic* had just been declared. This is due to the fact that, although it may not have marked us directly, they work as a mark in social terms; this is why social and community support in the face of these phenomena is so important.

In addition to the disruption of our symbolic references in terms of reality and temporality, in disaster situations we are directly or indirectly faced with *losses*. There is a great deal of material losses, which not only have an economic impact, but also entail the loss of objects or places that are highly significant. When a person loses, for example, his or her house as a result of a flood, it is not only an economic tragedy, since his or her memories were also in that house and, therefore, part of his or her history and identity have been compromised.

Later on, we will see that for boys and girls, especially the younger ones, this dimension acquires a much greater relevance. In addition to this type of losses, there are others that are more important: the losses of human lives. All Disaster Risk Management efforts aimed at avoiding them, but even so, this is not always possible, since we speak of a disaster precisely when it exceeds the response capacity. Many of the disaster situations experienced worldwide have left from dozens to thousands of deaths. In such a scenario, fear and hopelessness are usually very deep. Overcoming the loss of a loved one requires a *bereavement* process, i.e., a psychic work that enables reorganizing the inner world of the person and that takes a long time. Depending on the significance of the bond and the psychological resources of each individual, it usually lasts between six months and a year, at least. In symptomatologic terms,

bereavement is characterized by the same symptoms as depression, including a loss of the ability to enjoy previously pleasurable activities (anhedonia) and a generalized lack of “vital energy” (asthenia).

Unlike depression, bereavement is a normal reaction to a loss and, therefore, is expected to end spontaneously after a certain amount of time. This process requires a great deal of effort on the part of the individual, so the support of family, friends and others in the community is very important. In disaster situations, where many people – or society as a whole – have been confronted with losses of human lives, it is important to understand that bereavement *is not just a private matter*. Evidently, the pain felt by each person is individual and, to a certain extent, incommunicable, but it is important that the bereavement process faced by each person can have a social correlate. This explains the high significance of, first, the social recognition of the losses, and then, the collective processes of bereavement: initiatives of public commemoration, such as acts or memorials.

All of this brings us face to face with our own *vulnerability*. In crisis situations we are confronted with the fragility and precariousness of life, whether our own or that of others. Faced with disaster situations, people often feel helpless, disoriented, anxious or distressed. There is an existential dimension to this vulnerability since these situations affect all people and confront them with the fragility of life itself. However, not only the direct impact on each person, but also the resources they have to face these situations can be very different, so there is a social or political dimension to vulnerability.

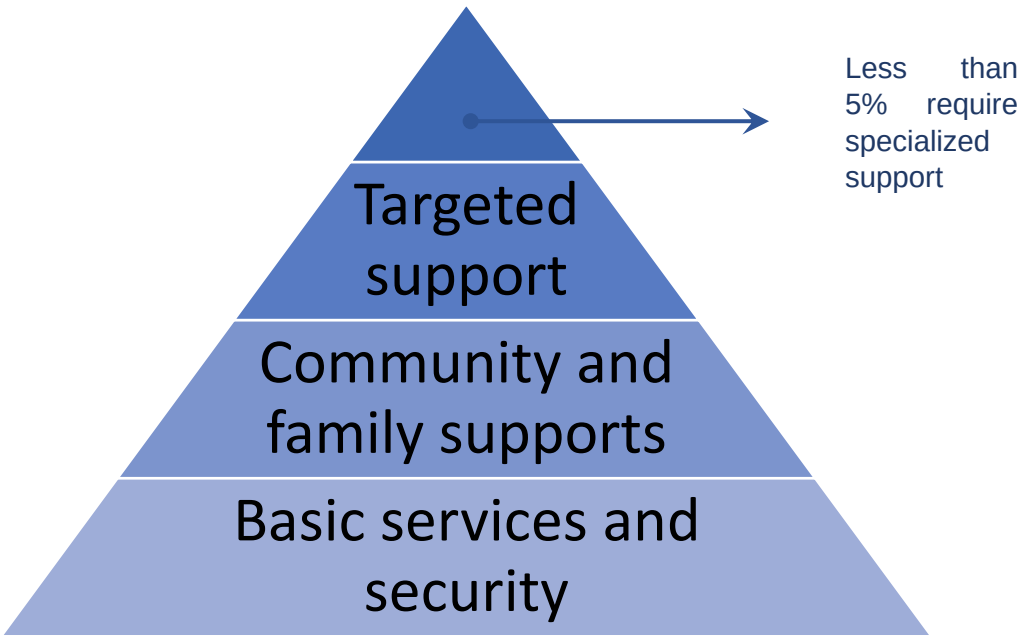
This is why the Rights-based Approach holds that vulnerability is usually associated with violations of rights and, precisely because of this, the support provided by those who are in a position of guarantors is so important. Understanding the significance of psychosocial support in emergency or disaster situations is crucial to ensure that not just material but also psychological support can reach the affected people, for which there must be adequate preparation.

Among the effects of the crisis, a series of symptoms or discomforts may appear, affecting different areas of psychological and bodily functioning. The following table shows some of the common complications (Arriagada & Valdebenito, 2011):

Cognitive	**Emotional**	**Behavioural**	**Physical and physiological**	**Relational**
Difficulties to think in an organized way, solve problems and make decisions	State of emotional shock	Overexcitement or erratic behaviors	Generalized and diffused body aches	Change in the usual way of relating
	Emotional overflow	Reduction of social life	Burnout	Uncoordinated actions

Concentration issues and tendency to dispersion	Reliving the emotional effects of the earthquake	Paralysis or inhibition of behavior	Abrupt alterations of blood pressure	Emergence of latent conflicts
Re-experiencing the critical event	Isolation	Withdrawal	Dizziness or fainting	Mutual blaming
	Distress	Increase of alcohol or drug use	Pressure in the chest	Difficulty to reach agreement
	Generalized anxiety	Changes in sexual activity	Sleeping or appetite disorders	Disqualifying the resources of others

It is important to emphasize that the presence of these symptoms is not in itself indicative of a pathological condition. People may present these symptoms in different degrees of affectation and this may be considered “normal” as a consequence of the crisis resulting from an emergency or disaster situation. Most people will tend to recover following the restitution of basic services and security, another significant portion of those affected will be able to recover with the presence of community and family supports; a smaller portion will require more focused supports, while only a small portion of those affected will require specialized professional support to recover:



In the case of children and adolescents, it is important to consider that the support provided by their caregivers is essential. This is why the role of workers in the educational field is central, since after the first impact of a disaster, and once the affected people are safe, they must provide emotional containment and guarantee safe spaces for children, protecting all their rights, especially the rights that involve the expression of their interests (principles of **Participation and Best Interest of the Child**), along with the **right to play.** As the pyramid shows, most children will be able to recover from a crisis experience as long as they have the support, both from their families and other community actors, especially education staff.

b. Time evolution of disasters and their effects

Emergencies and disasters can be classified based on their causes and evolution over time. The origin of these situations can be **natural** causes, such as an earthquake, the eruption of a volcano or a flood, or **anthropic** causes, such as an armed conflict, a gas leak or a social uprising. The Integrated Disaster Risk Management (IDRM) and the Rights-based Approach emphasize that regardless of whether some emergencies or disasters have a natural origin, both their effects and their management are always a **human** problem, since, on the one hand, a hazard only implies disaster risk when it is combined with the vulnerabilities of a human group, and on the other, because although there are natural phenomena that may be unpredictable (such as earthquakes), the degree of affectation they can have on people is highly variable, depending on the preparedness (mitigation) measures that have been taken.

An example of this is the great differences between the earthquakes in Haiti (7.0 Mw) and Chile (8.8 Mw), in January and February 2010, respectively. Although the latter had an intensity more than 30 times greater than the former, the difference in terms of its effects on the population was huge, conversely to its magnitude. If we merely consider the number of deaths – without taking into account the number of people affected, the impact on basic services, on the economy, etc. – the differences are overwhelming. In Chile, around 500 people lost their lives (the latest official figure is 525 people, many of whom lost their lives as a result of the tsunami caused by the earthquake, and not directly by it), while in Haiti, there were more than 200,000 deaths[1]. Beyond the specific geological differences between both events, the great difference in terms of the impact on the population can only be explained by social, economic and political factors, as well as by preparedness (especially infrastructure, in this case).

This is why it is so important to understand disasters and their effects, as well as to rely on adequate risk management, as although there are events that cannot be controlled and which, by their nature, tend to exceed the resources available to cope with them, this does not mean that we do not have ways of having an impact on their effects.

Regarding the manifestation of an event, there are disaster situations that are characterized by being episodic or by having a relatively rapid development over time, as is the case of

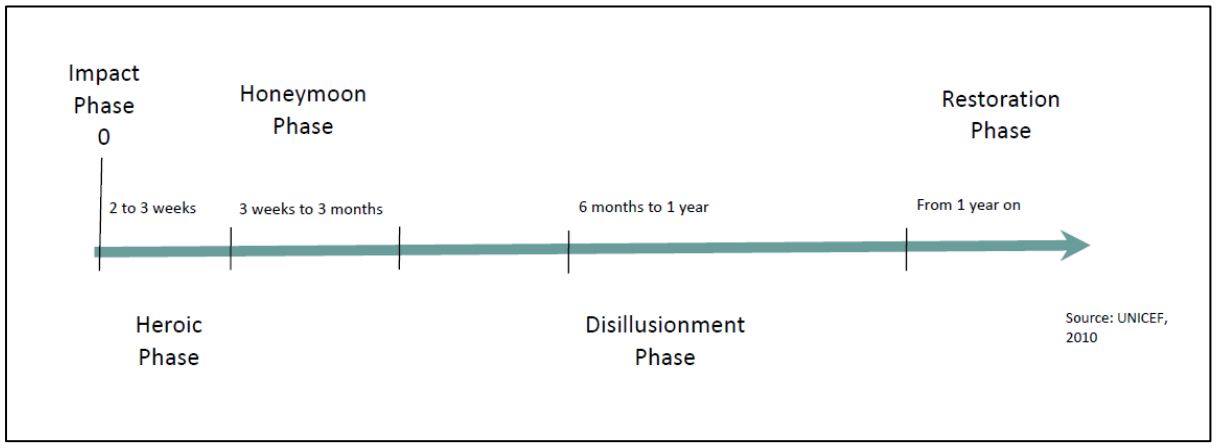
[1] Figures related to the number of victims, the intensities of each earthquake and their geological differences, the economic impact, the number of homeless or displaced people, among others, are very variable in literature (the vast majority corresponding to journalistic and non-scientific articles), although all the figures show an enormous gap between the two disasters. For more information see Bertero (2014); also see Zilio et al. (2017).

earthquakes, tsunamis, floods, among others. In this case, although the **impact phase** of the emergency or disaster lasts for a limited and relatively short period of time, its effects on people and communities may extend over a fairly long period of time.

There are other situations that develop very slowly, without well-defined limits, such as a drought or the desertification resulting from climate change in an area. In others, there is a precise impact phase which remains for a prolonged period, as occurred with the COVID-19 pandemic, the impact of which lasted at least one year – two years until the pandemic was formally considered over. And lastly, there are those situations of anthropic origin, such as armed conflicts or situations of profound disruption of the framework of rights, such as dictatorships. In many APEC economies, confinement due to quarantines lasted for months.

The exceptional nature of these measures entailed a disruption of people's rights (such as the right to free movement and assembly) and, therefore, of their "normality". This disruption in the exercise of some rights, when extended over time, caused harm to people, especially in terms of mental health. In emergencies or disasters of anthropic origin that involve some form of violence, especially when violence is perpetrated by the State, the effects on people are more serious and long-lasting than when they are of natural origin: when a situation such as an earthquake occurs, people tend to unite and show a high degree of solidarity, whereas when a political conflict occurs, people become divided, take different positions and trust in the other can be strongly affected. When situations of extreme systematic violence occur, as in a war or a dictatorship, the traumatic effects on the population are usually very serious and may persist even for generations.

Based on the experience of psychosocial support following the 2010 earthquake and tsunami in south-central Chile, UNICEF (Arriagada & Valdebenito, 2011) developed a method to schematize the time evolution of disasters which, although it relates more closely to the first type of emergency and disaster situations described (rapid development), enables us to have a general idea of how these situations evolve over time:



In general terms, three main phases can be distinguished: before, during and after the impact. The **pre-impact phase** corresponds to the **preparedness** stage and includes the **warning**. The **impact phase** refers to the time when the emergency or disaster situation occurs and when the greatest disorganization (external and internal) takes place. Protection of life is the

first priority, and many people may remain in a state of emotional shock, requiring immediate help even to look for protection, as individuals usually experience fear, confusion and disorientation Preparedness will be crucial to determine an adequate response of people in general and, specifically in the work with young children in kindergartens, where the protection of their integrity at all times will be a priority.

At this time, the **first response** will take place, which corresponds to rescue actions and psychological first aid. It then follows the **post-impact phase**, which is made up of four phases: heroic, honeymoon, disillusionment and reconstruction. The heroic phase corresponds to the time following the impact and can last for up to three weeks. It has been named as such because after the initial shock and downheartedness, individuals begin to mobilize and take action, especially in terms of rescue actions and support to the victims, with solidarity coming at the forefront. Due to general disorganization, situations of violence (robbery, looting, sexual abuse, among others) may also occur during this phase. During this or the next phase, the **second response** will begin, the characteristics of some of which we will see later.

Then comes a **honeymoon phase**, so called because the expectations of recovery and the solidarity experienced create a climate of optimism and hope resulting from the additional resources and support mobilized. People create new bonds or strengthen previous bonds, understand what has happened and project recovery. However, already at this stage, the first difficulties begin to appear, since all those expectations of a quick recovery rarely correspond to reality.

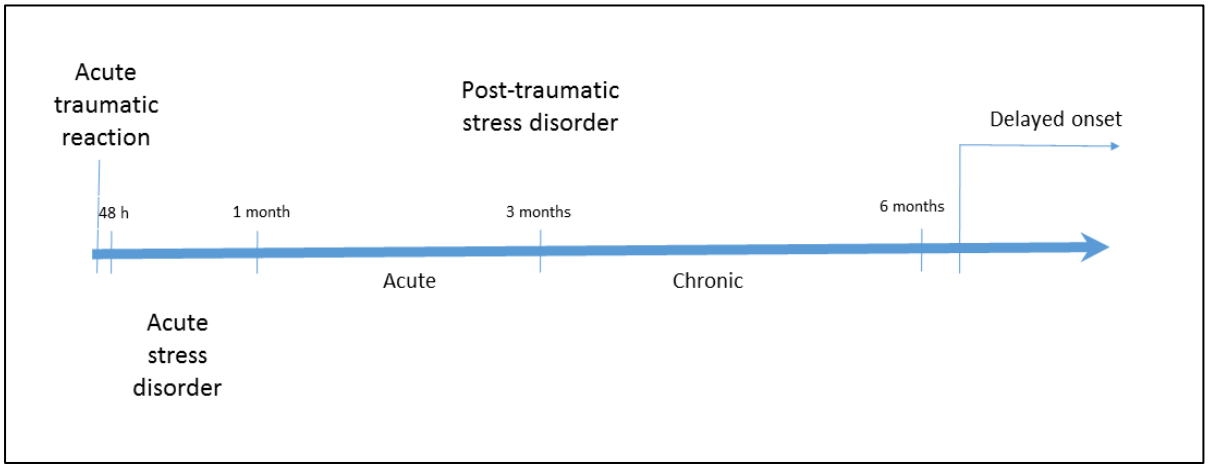
This gives way to a new phase, that of **disillusionment**, in which expectations fall, recovery does not come as quickly as expected, people often have to continue living in temporary places (shelters, emergency homes or with relatives), and despair, helplessness and anger emerge strongly. This is a critical moment, as the phenomena of violence intensify, the typical symptomatology may return or just begin to appear; media attention, help and support tend to disappear, and people begin to become aware of the true magnitude of what has happened. The affectation of people in this phase is so great that it is even referred to as a “second disaster”.

This is why it is so important to prepare people for this moment in the previous phases, as well as to make sure that support continues to be available in this phase, even when the disaster situation has apparently ended. And lastly, there is the **reconstruction phase**, which usually begins about a year after the event and can last for many years (Arriagada & Valdebenito, 2011). In the specific case of the pandemic, the international health alert issued by the WHO extended from 30 January 2020 to 5 May 2023, which implied an impact phase of an exceedingly long duration, which meant that the previous temporal scheme was considerably affected.

How long can the recovery phase last? In fact, although in most APEC economies the direct impact of the virus has been under control for about two years, the economic, social and psychological effects of the pandemic persist; and it has not yet been possible to assess how long will they last and their impact in the long term, especially in terms of mental health and education. It is therefore important to continue providing targeted support and accompaniment to educational communities, especially in the APEC economies that have been most affected. It should be noted that, as we saw earlier, the management of emergencies and disasters

involves a cyclical temporality, which means that the recovery stage will always overlap with actions for the prevention of future situations.

The **crises** triggered by these situations also have a similar time evolution. The following table shows different denominations from psychology, according to the time evolution of the psychological effects:



This terminology makes direct reference to the **post-traumatic stress**, but it can be applied in general to all the development of symptomatology associated with crisis situations, regardless of whether or not individuals meet specific diagnostic criteria. It should be mentioned that, as we saw earlier, not all people develop a **trauma** from emergency or disaster experiences, and consequently not all will develop acute or post-traumatic stress disorder either. In most cases, symptoms will tend to reduce or disappear with just the restitution of a certain “normality” and with general psychosocial supports, and only in very few cases will specialized psychological or psychiatric professional support be required. Attention should be paid to the late development of symptoms, or **delayed-onset** post-traumatic stress disorder, as in such cases, it is very difficult for people, both for the one who is suffering and for their environment, to link the symptomatology they present with an event that occurred so many months before.

Consequently, the individual may feel completely bewildered, or his/her surroundings may show little understanding of what is happening to the individual. It should be emphasized that the psychological and social effects of emergency and disaster situations can be very persistent over time, depending on many factors, such as the characteristics of the situation faced, its duration over time, the previous psychosocial resources available to each person and the support available for him or her. This is why it continues to be important for education professionals to monitor the development over time of the possible psychological effects of the crisis on children and adolescents.

c. General coping criteria

As we have seen, the factors that affect how people experience emergency or disaster situations, and the crisis that is triggered, can be very diverse, which means that the experience of each affected community can be very different, even when faced with the same event. Therefore, there is no single way to intervene, as each situation is different. However, as there are certain elements of affectation that may be common, some criteria can be implemented when providing psychosocial support.

The role of education workers during the first and second response will be crucial to ensure that the physical and psychological integrity of children is protected. The individuals who work directly with children and adolescents will be those who will have to take safeguarding actions if an emergency takes place during the facilities' operating hours. But if it takes place at another time, or if it is sustained over time, as with the pandemic, after the first moment of the emergency, they will be the ones who will be in direct contact with the needs of these children: providing children and adolescents with support and gathering the necessary information to convey to the higher levels will be their main task.

In many of these situations, the staff of educational communities will have to provide psychosocial support directly to children, to their families, or to colleagues who are affected by the emergency or disaster situation. In such case, we must distinguish the timing of the response. With regard to the **first response**, the first task will be to assess affectation of people. Eventually, there will be people who will require **Psychological First Aid** (PFA). We will not review this in depth in this manual, as it is a specific subject that is more directly related to another type of crisis, but it is important to point out some general criteria:

What to do?

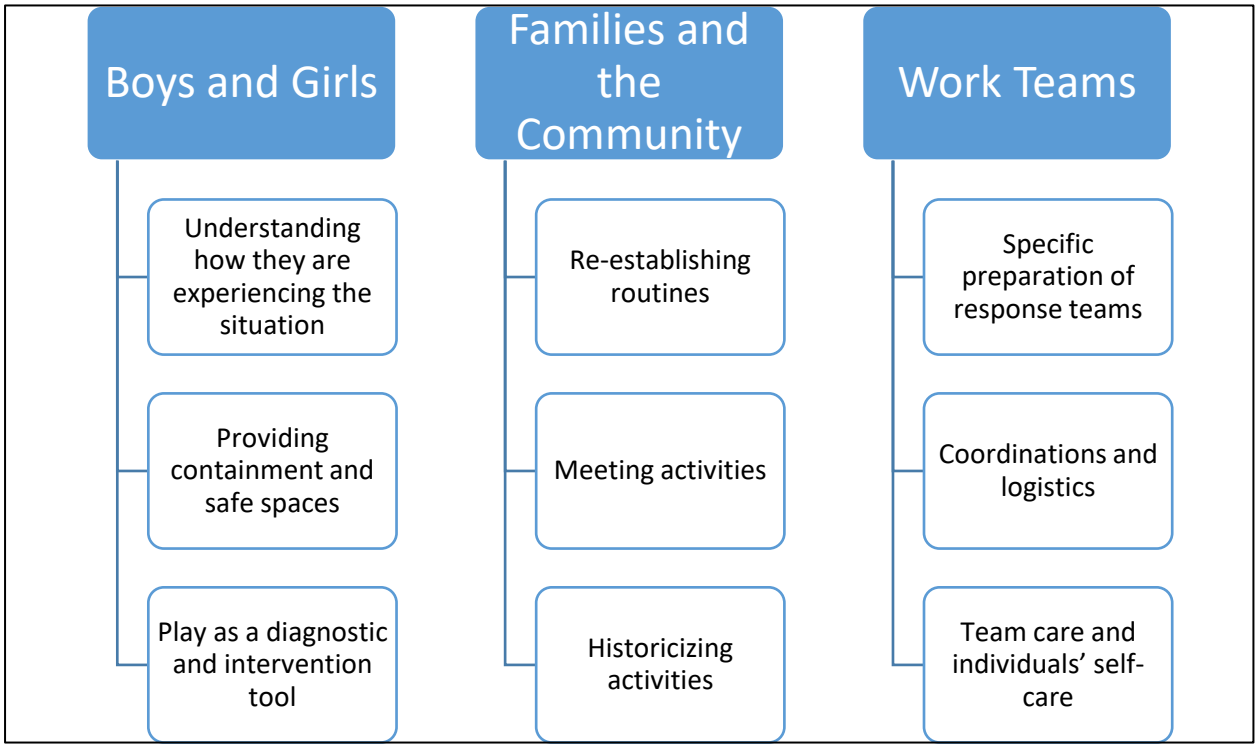
- Ensure that there are no imminent risks to integrity.
- Facilitate emotional decompression.
- Invite, welcome, listen to people talk while respecting the way they perceive the situation.
- Help to deal with the **tunnel vision***.
- Acknowledge the presence of help from others.
- Help to seek help.
- Encourage the organization and distribution of tasks.
- Make sure the affected person is accompanied and safe (because he/she was referred or because he/she is in the company of a family member).

What not to do?

- Be judgmental. Reprimand the affected person.
- Offer things that cannot be secured.
- Say generic things like "all is going to be fine".
- Use complex technical language.
- Start talking about the helper's own difficulties.
- Talk and/or provide too much information.
- Impose your own beliefs or points of view.
- Force people to do something they do not want to do.
- Make fun of the individual, even in a humorous sense.

These criteria refer to the PFA for adults. For example, in the event that a female worker is in shock due to an earthquake, it will be her own colleagues who should provide this initial support. In the case of children, we will address some of these general criteria later on.

Regarding the *second response*, there are three priority axes in which psychosocial support will be developed:



The first axis (support to children) will be the priority task of education workers, especially teachers since they have the closest and most direct contact with children and adolescents. The second axis (families and community) will also be a task to be addressed by teachers, but with the support of non-teaching staff (such as psychologists, social workers, educational psychologists, managers, etc.) as well as from other higher-level agents, depending on the educational structure of each APEC economy. As the people who work in educational establishments are precisely those who know their community best, their role in this instance will be essential.

Also, in the third axis (work teams), education workers should provide support, especially by taking the necessary measures for self-care of people and team care, but in this case, it would be advisable that the managers of the facilities monitor the teams under their responsibility and request the necessary support from other agencies of the support network, based on the structure and resources of each economy. Some type of workshop or discussion group may be required to address the issues presented by the educational communities.

As long as the conditions allow, it is important to be able to work with each group separately (children and adolescents separated by age ranges, families and the community separately). When these spaces for psychosocial support are focused on the family or the educational community in general, workers may facilitate them. On the other hand, when this activity is aimed at the workers of the educational establishments themselves, it should be facilitated by people outside the institution itself.

With regard to support for adults – although this can also apply to adolescents – the conversation groups or workshops held should have two objectives: to establish a diagnosis to assess the impact of the situation and whether there are people who require some type of specialized professional support, in order to make the corresponding referrals; and what is known as “normalization of the experience” (or “normalization of the symptoms”) (Arriagada & Valdebenito, 2011). As we have seen, people may present, in varying degrees and forms, the symptoms previously mentioned, but a large number of them may not be aware that these discomforts are “normal”, i.e., they should be thoroughly expected in a situation as the one they have experienced; what is “abnormal” is the crisis situation they are going through.

Providing spaces for emotional decompression and psychoeducation will enable people to name what is happening to them and reorganize their experience, reinserting the disruptive or traumatic event into a coherent pattern of events. This will enable them to take some emotional distance, break the *tunnel vision* or loss of the prospective capacity and, in general terms, get some alleviation of such discomforts.

As for emotional decompression, it would be advisable that this is confined to the psychoeducational sphere, i.e., through a structured workshop with pedagogical objectives, and not directly therapeutic, since, although it is always possible to carry out this task in specific work groups designed for this purpose, by means of techniques such as *psychological debriefing*, its application is controversial. It is therefore recommended that, if they are used, these techniques should be specifically designed to work with teams that provide psychosocial support, but not with the people directly affected, especially with children (Arancibia et al., 2022).

Emotional decompression should be encouraged, provided it is inserted into a certain framework, so that it does not become a collective catharsis, in which people will open up emotionally to those who provide support, drain their feelings and feel some temporary relief, since, as there will be no work that gives continuity over time, these unprocessed feelings will be likely to return. This can contribute to re-victimization or to increased distress, as when facilitators come and provide support, people will open up emotionally, and then when the formers leave, people remain emotionally the same or worse than they were. To prevent this from happening, it is important to have a psychoeducational and participatory framework, in which people work in small groups and are not overexposed, neither in front of the other participants nor in front of the workshop facilitators.

The first step should be directed to generate confidence in the groups through dynamics for the introduction of participants. This should be followed by raising participants' expectations for the workshop development and then, once the group is ready to work, facilitators should begin with diagnostic activities and the presentation of the contents we have reviewed in this section. Raising participants’ expectations is very important, since it is the time that will allow to adequately frame the work to be carried out in this process, finding out the interests and limits of the group, indicating in a realistic manner what can and cannot be done during the workshop, and reaching agreements between participants and facilitators, which will favor achievement of the proposed objectives.

The general dynamics of a workshop of this type must be participatory at all times, as this is the only way for people to become involved in the work, but also because it is a way of articulating their own experiences with the contents. Thus, for example, it will be of no use to

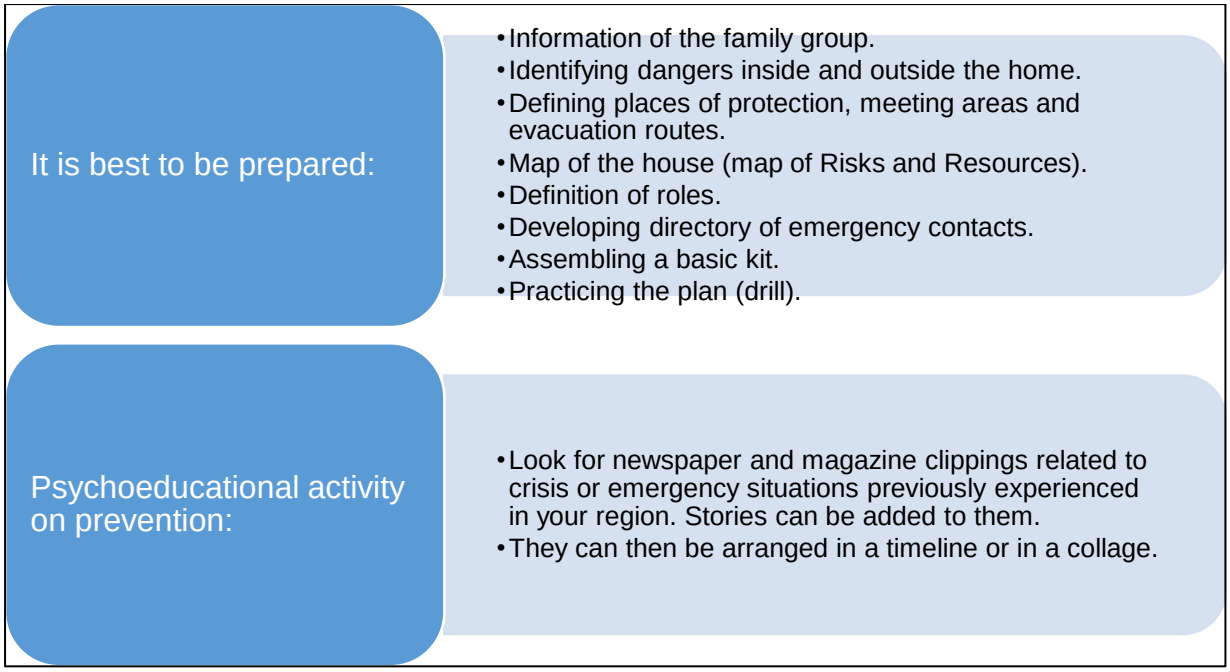
simply read a slide presentation, or merely inform people of the typical symptoms and what is expected to happen, as this will not enable any kind of processing. On the contrary, as long as workshop participants can “connect” their experience with these contents through activities, they will be able partially elaborate on what happened. There will be individuals who will “air” their emotions more, and others who will be much more reserved; working with small groups will allow to protect these particularities and only those who want to disclose will do so, which will favor that everyone can process in their own way the situation they are facing.

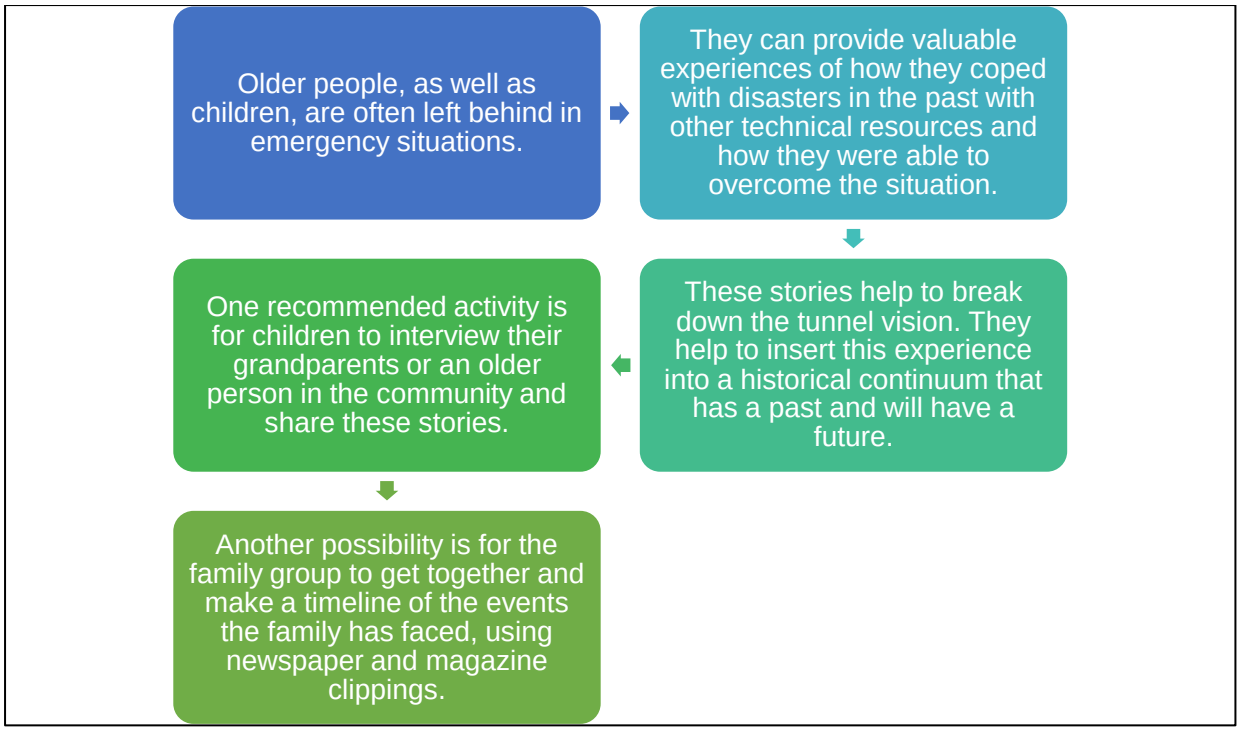
As we indicated before, it is important that if the focus were the workers themselves, this psychoeducational space would be guided by someone external to the team, though the criteria we are addressing are useful for working with families and the educational community in general. It will also happen, especially in disaster situations of a certain magnitude, that volunteers will offer their help. It is important that any type of help or psychosocial support offered by volunteer organizations or individuals is done in coordination with the managers or higher authorities that are coordinating the help, to ensure that such support meets the appropriate standards, because in these situations “not all help helps”, and often, despite the good intentions of individuals, it can have negative rather than positive effects.

Regarding the specific work with families, we must consider that, in an emergency or disaster situation, family habits and functions tend to get disorganized, routines are strongly disrupted, new priorities emerge that were not considered, which usually leads to children being neglected within the families. This, added to the fact that adults in the family may present high levels of stress, irritation, tiredness and sadness, increases the likelihood of the reactivation of cultural mandates contrary to the human rights-based approach to children (culture of ownership, expendability, dangerousness and protection). Therefore, psychosocial support to families should be focused on restoring the priority place of children in the family, making parents or primary caregivers aware of the importance of safeguarding children's rights, and also of how the situation is affecting them, so that they can address their own problems in the best possible way, activating referral networks when necessary.

Families should be able to realize that if there is no time to spend together, there is no family, i.e., despite the difficulties they are facing in the crisis situation, they should try to protect the time shared with all members of the family group.

Generally speaking, historicizing activities, both for prevention (following the emergency, prevention elements should be strengthened) as well as for coping with the effects of a crisis, are usually successful:





It should be stressed that most of the individual symptoms and family disturbances will gradually diminish provided that:

- No other difficulty (health, economic, housing, etc.) arises.
- Adults in the family group can explain to children in simple and direct terms what is troubling the parents (or primary caregivers). Not talking about what happened is harmful.
- Reconstruct the current family history, get together at certain times of the day, share routines and establish them as rules for all family members.

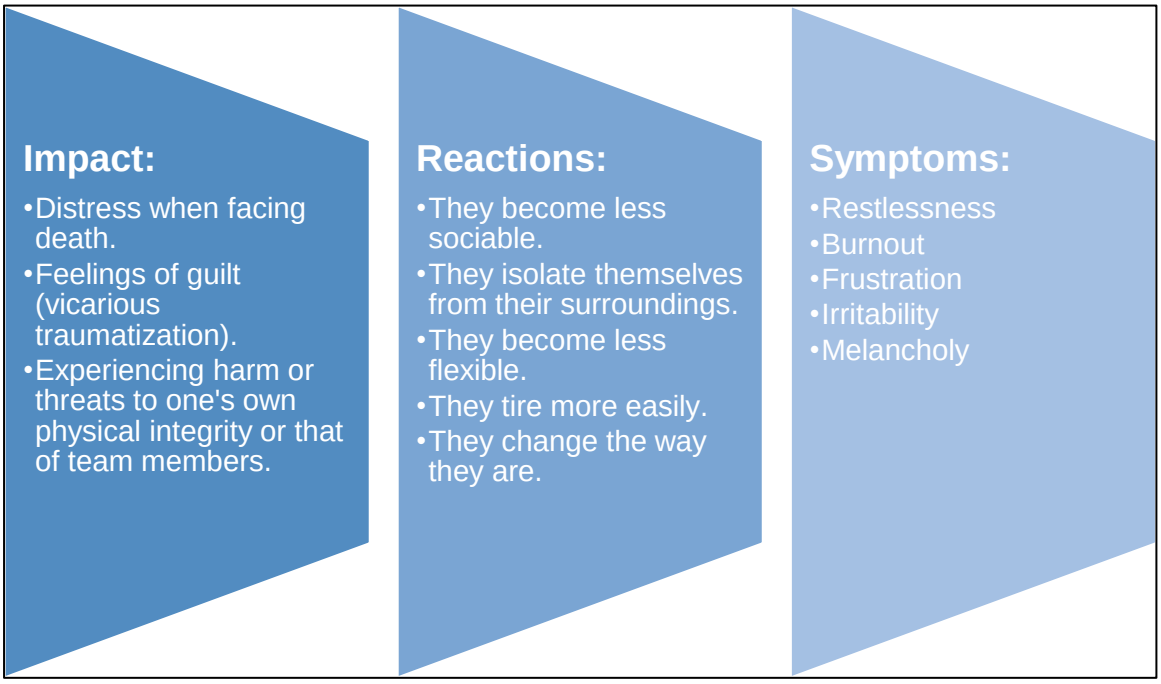
- Setting time aside for family sharing, such as to carry out recreational activities that involve the different members of the family group, will help children feel more secure and regain confidence.

d. Importance of team care in emergency/disaster situations.

The teams that provide psychosocial support in disaster situations also suffer the impact of disasters, even if they have not experienced the situation directly. The burnout of the people who provide support can be very high, since carrying out containment actions, such as Psychological First Aid, in the first response, or psychosocial support workshops, in the second response, implies listening to and dealing with the suffering of others, and this does not leave them unaffected. As a general rule, work teams tend to replicate what they have to cope with, and this can take different forms: as *thematic contamination*, which refers to how people are permeated by the suffering of others; as *vicarious traumatization*, which consists of experiencing as their own the traumas or situations of violations suffered by the people with whom they work, and as *team traumatization*, which refers to how teams replicate in their interactions the abusive and violent dynamics with which they work (Aron and Llanos, 2004).

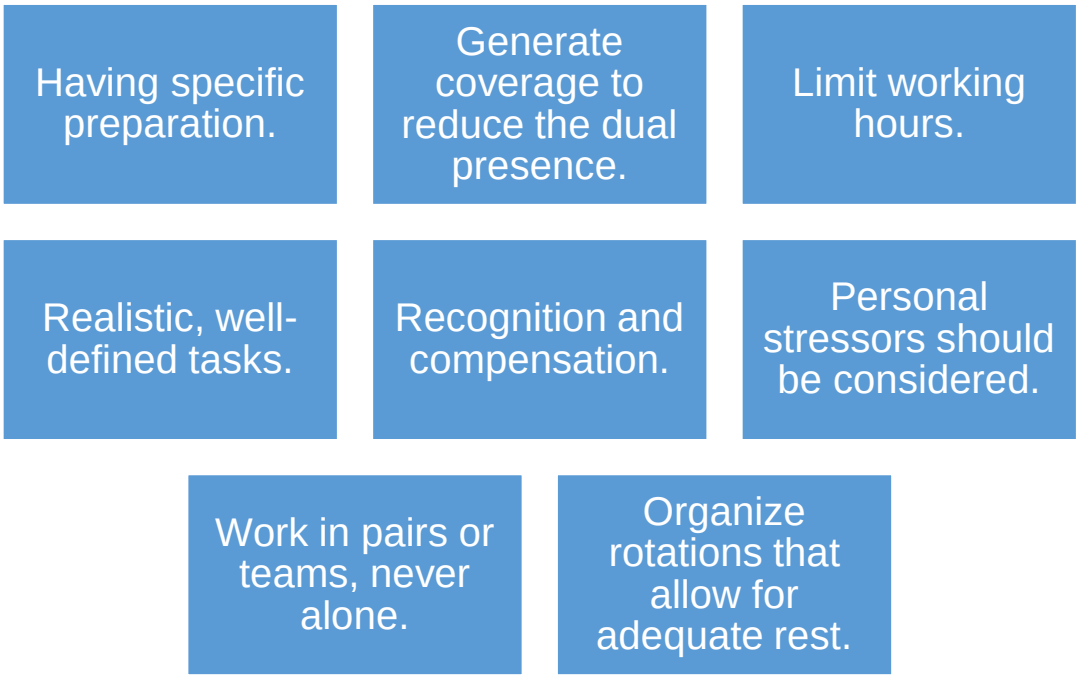
In those teams that have to cope with emergency or disaster situations, this type of affectations is usually more intense, particularly the *vicarious traumatization* (also called *compassion fatigue*), since response teams can often witness situations of great harm to people and communities, and they simultaneously must repeatedly listen to narratives of the situation: listening to the emotions of others also implies being emotionally affected. Obviously, the preparation of the teams that provide support is crucial to mitigate the emotional impact, but even the best prepared team will sooner or later be affected, if it does not take adequate measures.

The following table shows some common elements of the impact suffered by those providing support:



In addition, teams responding to emergency or disaster situations usually have to work in adverse environments, are subject to time pressure, have inadequate or insufficient equipment, and feel responsible for the people in their teams. They are also affected by the *dual presence* (they must respond at the same time to the work mandate while they are concerned about their own family group), among others. This is why preparation, in terms of coordination and logistics, is crucial, as it becomes a protective factor for the teams in itself.

It is also important that there are specific care factors for the teams, which would allow mitigating the previously mentioned effects of exposure to the suffering:



Finally, in order to prevent extreme burnout or the previously-mentioned forms of traumatization, there should be decompression spaces for the teams that provide psychosocial support. Although the logic of *psychological debriefing* has traditionally been used, it has controversial evidence: there is some research that supports it, but many other research studies consider it ineffective and some even outright harmful (Arancibia et al., 2022). However, there should be spaces for people to "unburden" and, above all, to be able to detect signs of burnout or traumatization, in order to make timely referrals. An alternative is to hold evaluation meetings (of the workday), supervision (by the manager or supervisor) or inter-vision (among peers), as opportunities of a more administrative nature, typical of the team, which do not seek an evaluation in terms of the achievement of objectives, but rather being able to detect what difficulties have been faced and seek collective solutions, but which, in no case, have a psychotherapeutic character. This type of actions can be coordinated by the relevant leadership or by the support team itself. Another alternative would be conversation groups, guided by a specialist, which follow the logic of a psychological debriefing, but the difference lies in the fact that they do not focus on a detailed report of the traumatic experience and the emotions associated with it, as this could contribute to re-victimization or fixation of the trauma.

They are rather a space of Team Care, in which people can speak freely. These conversation groups should be carried out after a considerable period of time (at least three weeks or a month), once the support team has already had enough rest time and has taken some distance

from the situation, since before this, the experience has not subsided and it will be impossible to process anything. As previously mentioned, it is important that this type of events is coordinated by a person outside the educational community itself, so that a third party facilitates the team care opportunity. Finally, it is very important to bear in mind that work-related burnout or any of the previously mentioned forms of traumatization can still occur, even if all precautions have been taken and opportunities of team care have been carried out. Consequently, it is essential that there is some kind of follow-up or monitoring of the people who have provided psychosocial support, by the managers or supervisors, so that if symptoms or warning signs appear, the individual can be referred to a psychotherapeutic space in a timely manner.

e. How children experience disasters

If we reflect on our first experiences of coping with an emergency or disaster as children, we will quickly realize that, most probably, the way we currently react to this kind of situation is permeated by those early experiences. If our memories are dramatic, chaotic, unsafe, fear-provoking, or in some way negative, it is possible that as adults we live this experience with much fear, distress or anxiety, or even in an uncontrolled manner. On the other hand, if that memory, even though related to an adverse situation, has some positive traits, left us some funny story, or, if we were able to find protection and calm even if we were frightened, the way we will cope with current similar situations will most likely be more assertive. We will also note that in most cases this difference is marked by the role played by the adults around us. In fact, the way children experience emergency or disaster situations greatly depends on how adults react, particularly those trusted or significant adults, such as educators and nursery assistants, or primary caretakers, such as the parents or some other individual, generally from the family group.

Children perceive and experience the world differently to adults, especially the youngest ones. During childhood, the discursive forms of expression do not always prevail – particularly in early childhood –, they are substituted by other forms such as playing, drawing, modelling, or by mixed forms, that enable building words based on other supports. It is thus important not to impose on children's experiences our "rational" or "logical-verbal" forms, along with the perception of the world advanced by these. This does not mean that we should not talk or explain to them what is happening, but the way we communicate with them should take into account the particularities of each child, their cognitive development and the forms of expression that are known to them.

At the beginning of life, children find themselves in a situation of extreme dependence on adult's caregivers. This not only refers to physical care, but also to their psychological condition. Upon birth, children do not have language, but they will acquire it – quickly, by the way – at the time of meeting with the world and the people close to them, who will be their first attachment figures, the ones who speak to them. Accordingly, they cannot express their experiences using the same paths that adults do, neither can they get "organized" internally, without the mediation of adults. Consequently, people who take care of the child become an affective and symbolic support for their experiences, and their reaction to emergency/disaster situations will be mediated, modulated, by how these people experience them. This means that both adults' words and silences will partly shape children's experience of certain situations. It is also important to remember that for the youngest children, there are no similar previous experiences of coping, therefore, the first thing they will encounter will be bewilderment: we have surely observed how a young child looks at the adult caregiver when he/she does not understand what is happening and, depending on what that adult does or says, only then will the child react in a specific way to the situation.

As part of the adult world, we tend to believe that fantasy and reality are two completely separate realms, but this is part of a process of separation that we carry out throughout life, which is based on the incorporation of social norms. In the case of children, reality and fantasy are much closer than we think, so their ways of interpreting or referring to the world can be easily misunderstood by adults. Several literary texts try to recover these ways of experiencing the world and to bring them to the attention of the adult world. Adults have a way of perceiving reality that they often pass on mechanically to children, forgetting that they have their own way of perceiving, often quite different from ours.

During crises, the way children experience reality may be very different from the way we are experiencing it. It is therefore essential to provide them with a space of support and containment that allows both the expression of their emotions and the understanding of the situation they are going through. In crisis situations, we tend to worry about vital safeguards while at the same time neglecting other concerns. This usually has a negative impact on children, as we are often not aware or do not value their own needs as much as they do.

Thus, a request for attention, a request to play, a cry or a laugh may bother us because it is something secondary for us at that moment, or contrary to our own state of mind, but for the child it may be a peremptory demand. It is also essential to explain to the children what is happening: silence usually causes distress, and a lie, no matter how harmless it might be, usually generates a strong shock with reality. Most adults tend to think that if children are not told anything they will not find out, or that to avoid harm they must be distracted at all costs from what is happening, but children, from an early age, are active interpreters of their environment and, therefore, they are capable of realizing that something is happening, and more often than not they are directly affected by the moods of their caregivers.

This does not mean telling them the truths in a blunt manner, but trying to adapt to their own languages and explain things to them in simple terms, but, above all, being able to offer some **words**, so that they can understand, in their own way and at their own pace, what is happening:

> Once I heard a three-year-old boy, from the room where he had been left in the dark: "Auntie, talk to me; I am frightened because it is so dark." And the aunt answered him: "What good would that do? You can't see me anyway. To which the child replied: "It doesn't matter, there is lighter when someone speaks". (Sigmund Freud, 1905, p. 205)[2].

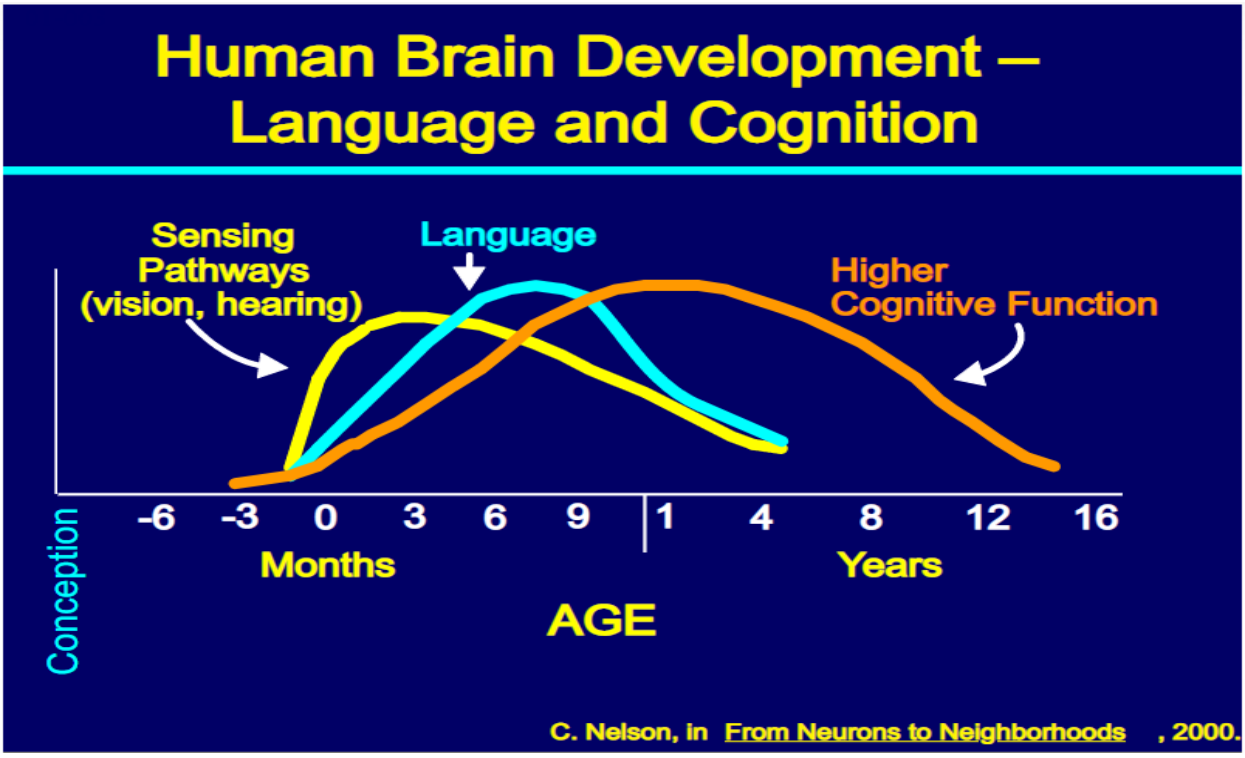
Human Brain Development and early childhood in contexts of disasters.

"Disasters produce undeniable negative effects on human development in the short and long term. They destroy lives as well as livelihoods." (UNICEF & Plan, 2013, p. 23). In these situations, the affectation of children in early childhood is particularly critical, since brain development is not complete at the time of birth, and therefore the first life experiences are extremely significant in building the brain and psychic structure.

Individuals are born with about *one hundred billion brain cells* (neurons), which represent the potential of all life, although most of them are not interconnected at birth. Synapses (or neuronal connections) *are formed mainly in the first years of life*, at a rate of up to 2 million synapses per second.

The "new neural pathways" enable the child to see, hear, smell, walk, talk, think, etc. This process is almost complete **by the age of two**.

[2] Freud mentions this to explain that the anguish and fears that young children develop are not so much due to the context (darkness, having heard a horror story), but to the fear of separation from the loved one, i.e., their primary caregiver or attachment figure. But this quote also reveals something else: the relief that words can produce in the face of distress.



The development of the central nervous system and neuronal maturation occurs not only due to children's genetic load (heredity), but also, and even more importantly, to the characteristics of the physical, social and cultural environment that shapes the socio-affective environment in which they live (interactions):

> During the first years of life, human beings, through complex processes, learn to recognize themselves, and the physical and social environment; to build their self-concept, self-image, and the basic skills for self-care and for relating and interacting with the social and physical environment. At this stage, the foundations are laid for the processes of individual and collective communication, socialization, discovery, amazement and transformation of the environment and reality. In addition, notions about the norm, about coexistence and the formation of values are introduced and, in general, skills, capacities and competencies are developed that in other stages of life would have to be built with greater difficulty. (UNICEF & Plan, 2013, p. 21).

Early childhood is the key period in the life cycle of human development. The development processes that take place are **irreplaceable**, and the needs of children at this moment of life **cannot be postponed**. "Taking into account that during this period the foundations are created for the development of capacities, skills and potentialities that enable children to assume themselves as persons, subjects of rights and social beings" (UNICEF & Plan, 2013, p. 30), should make us rethink the specific threats and impacts for this sector of the population during disasters and crises.

f. Factors influencing the impact of emergencies or disasters on children

As we have seen so far, disasters cause illnesses, injuries, loss of human life and damage to infrastructure. They also affect the livelihoods of families, such as productive assets (animals, machinery, etc.) and sources of work for adults.

Children are vulnerable to disasters due to their anatomical and physiological peculiarities (García et al., 2022). These characteristics make them more vulnerable to dehydration, shock, hypothermia, radiation and intoxication (cutaneous and inhaled). And to a greater risk of trauma in relation to their body surface area, as well as suffocation and drowning. It is very important that those who work directly in the care of young children constantly monitor these parameters.

In children, disasters can cause trauma, due to the panic and the stress of going through a catastrophic experience, to family separation, to the disruption of the normality of daily life caused by the change of housing and school, and to the alteration of dietary patterns (UN, CEPAL, 2014).

The distress and shock caused by the disaster can affect their growth and development, as well as their long-term health and well-being. (Arriagada & Valdebenito, 2011).

Disasters are the result of the combination of natural phenomena and the physical, social, economic and environmental vulnerability of people and human settlements (ECLAC, 2014).

Vulnerability, as we have seen in the first chapter, originates to a large extent from the violations of rights, and works as a pre-disaster condition that manifests itself during and after disasters. In this context, due to their dependence on adult care, children present a degree of vulnerability that is determined by their families, by **the family's income level or by the educational level of the mother, father or caregivers**.

Consequently, children in poverty contexts have been identified as *the groups most at risk of neglect, abuse and death during and after disasters* (Datar et al., 2013).

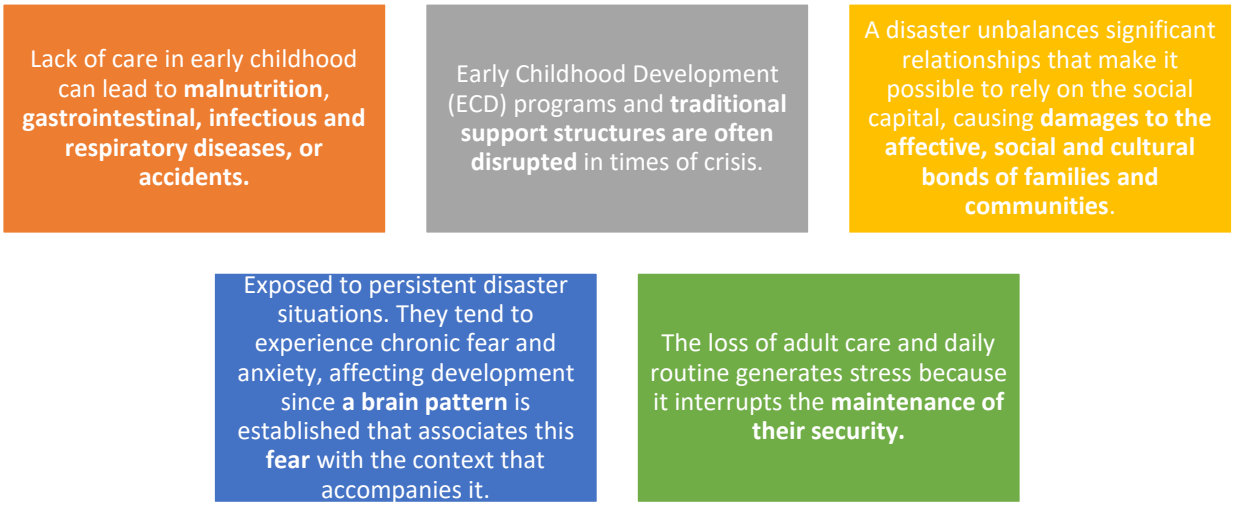
Specific threats to early childhood in disasters and emergencies

Disasters and crises generate **specific threats to early childhood**, which can be added to natural hazards or phenomena. There is a **differentiated type of possible impact** on children in early childhood affected by disasters, mainly associated with their **dependence on external support**.

The most significant threat is that primary caregivers (mother, father, grandparents, older siblings, etc.) in these circumstances may not be able to meet their needs for attention and care.

Caregivers may be missing, injured or dead. Or they may be overwhelmed by the situation, unable to provide adequate care or make good decisions. Without support, or with support weakened by the crisis, children are deprived of their protective environment and are more vulnerable to the multiple risks arising in the event of a disaster.

In this sense, the specific threats and their impact can be grouped according to the following scheme:



Thus, the **vulnerability of each child** in disaster and crisis situations is conditioned by their own characteristics, by **their age**, by **the vulnerability of their families and availability of food, housing and security** that their surroundings can provide, but also by how adults manage their protection and care.

Given this dependence, the central development processes that may be affected or disrupted by disasters and emergencies are:

Trust	Ability	Identity
• The impact of an emergency on their lives reduces opportunities to explore, as well as opportunities to develop skills and abilities.	• Children can lose the opportunity to develop physical skills, such as running and jumping, because they have to stay in restricted spaces for safety reasons.	• Throughout childhood, the sense of self develops. It is the result of trust in oneself and in the relationships with the wider community. Adults convey to children their uncertainties about the family.

The Children's Charter for Disaster Risk Reduction

In 2011, the Children's Charter for Disaster Risk Reduction was developed through consultations with more than 600 children in 21 economies in Africa, Asia and Latin America (UNICEF et al., 2011). In the *Charter*, the children themselves identify five priorities to cope with disasters:

i) Schools must be safe and **education must not be interrupted.**

ii) Child protection must be a **priority before, during and after a disaster.**

iii) Children have the **right to participate** and to access the information they need.

iv) **Community infrastructure** must be safe, and relief and reconstruction must help reduce future risk.

v) Disaster Risk Reduction must reach **the most vulnerable**.

g. Common responses from children. Reactions of adults towards children.

The primary driving force of childhood development is *affective relationships*. Their first – and most developed – interaction system is based on *emotions and senses*. Therefore, their reaction to an emergency or disaster situation will depend on how they are perceiving (senses) what is happening and how safe or exposed they feel (emotions). Both dimensions will be mediated by the role of the adults in their care; the younger the child, the greater the incidence of this mediation.

Some of the elements that determine the reaction of children are:

The age of children determines certain specific reactions and, therefore, can guide the actions taken by the adults who care for them:

0 to 2 years: A baby's reaction depends largely on *the reaction of the adults* around him/her. Babies are very alert to changes in their environment that can put their integrity at risk. They are also very sensitive to the moods of their caregivers, especially to states of distress. Therefore, calmness of adults will be crucial at this time of development for children to feel safe and protected.

2 to 3 years: Due to the power of their *imagination* and the strength of their *emotions*, they can interpret situations in many different ways; they can even believe that they are responsible for the situation. Adult caregivers should adequately explain what is happening and must be receptive to their emotional states. They should ask children how they are feeling and should be attentive to the behavioral changes they can present.

4 to 6 years: they have *concrete thinking*, so they can better understand the situation and the explanations of adults, although they do not adequately dimension the dangers. Nonetheless, it is important to keep in mind the role of imagination: several days after the 2015 earthquake, in the town of Canela, a female teacher notices a very withdrawn and distressed girl at school, even though apparently nothing had happened to her or her family; when asked why she was like that, the girl "confesses" that she "is to be blamed", because "she wanted so much to stay

at home, not to go the next day, not having to go to school, that she asked and asked for something to happen so that she would not have to go the next day... and just that night was the earthquake".

6 to 11 years: At this stage, children have greater cognitive skills and have internalized to a greater extent the social norms, which makes their judgment more developed; however, they still do not adequately measure many of the dangers to which they are exposed and may engage in risky behaviors. They have greater access to information and understand much more the dimension of the damage caused by disasters, but fantasy and reality still coexist, so they can often present levels of fear that seem unjustified to the adults.

12 to 18 years: Coming into adolescence is in itself a moment of crisis in development (normative crisis), as it marks the passage from childhood to adulthood. It is a crucial moment in terms of identity construction and relationships with others. Although not exclusive to this stage, belonging to the community or to certain social groups occupies a central place in adolescent issues, so that alterations in the sense of belonging, as well as conflicts with authority may be part of the conflicts experienced in disaster situations. Adolescents are more exposed to situations such as drug use, overexposure to information and excessive use of electronic devices.

The following table (extracted from PAHO, 2010) describes some of the most frequent symptoms and behavioral disturbances in children of different age ranges:

0 to 2 years	Reactions in the first 72 hours	• Agitation • Frequent screaming and crying. • Over-attachment to parents (they do not tolerate separation). • They do not sleep or they wake up frequently. • They overreact to all kinds of stimuli and it is difficult to calm them down.
	Reactions in the first month	• Sleep disorders. • Loss of appetite. • Over-attachment to parents. • Apathy. • Regressive behaviors.
	Reactions in the second and third month	• Sleep disturbances. • Increased tolerance to physical separation. • Unjustified crying.
3 to 5 years	Reactions in the first 72 hours	• Changes in behavior, passivity, irritability, restlessness. • Exaggerated fear of any stimulus, especially those that remind them of the event. • Spatial disorientation (they do not recognize where they are). • Sleep disturbances, insomnia, waking up distressed, etc.
	Reactions in the first month	• Regressive behavior: bed-wetting, baby talking, thumb sucking. • They do not tolerate being alone. • Loss or increase of appetite. • Sleep disorders.

		• Loss of speech or stuttering. • Specific fears to real beings or situations (animals or darkness) or to fantastic beings (witches, etc.).
	Reactions in the second and third month	• Refusal to go to nursery school. • Headaches and body aches. • Refuse to eat or overeat. • Repeatedly play the traumatic event.
6 to 11 years	Reactions in the first 72 hours	• Changes in behavior, passivity. • Aggressiveness, irritability. • Confusion (they look puzzled) and disorientation (do not recognize date, place, etc.). • Frequent crying. • Regressive behaviors. • Language problems.
	Reactions in the first month	• Unjustified fear. • Difficulty to remain quiet. • Difficulty to focus attention. • Headaches and other somatic ailments. • Repeatedly play the traumatic event.
	Reactions in the second and third month	• Difficulty to concentrate at school. • Refuse to go to school. • Feel guilty or assume the disaster happened because of a previous behavior or thought. • Seem withdrawn or shy. • Repeatedly play the traumatic event.
12 to 18 years	Reactions in the first 72 hours	• Confusion and disorientation. • Refusal to talk and withdrawal. • Looking absent or distracted.
	Reactions in the first month	• Loss of appetite. • Loss of sleep. • Headaches and body aches. • Loss of interest in common activities.
	Reactions in the second and third month	• Rebellion against family or authority in general. • Behavioral problems. • Running away from home. • School rejection.

The *psychological resources* encompass a number of factors. The brain plasticity and flexibility in psychic terms that children have when they are younger may facilitate a greater capacity to adjust to emergency conditions and may also favor their understanding of complex events – when they are adequately explained. However, as we saw earlier, it is also a factor that exposes them to greater harm when they do not receive adequate care and attention. The type of attachment may also play a role: children who have previously developed secure attachments will experience less impact in psychological terms. The language and cognition-related capacities that each child has developed will also be a protective factor.

Restoration of normality is a key factor for children to feel safe and protected. It involves the availability of food, housing and safety. So long as normality is restored as quickly as possible, this will favor the reduction of the impact on young children, and consequently, this is one of the key aspects in the Integrated Disaster Risk Management (IDRM) adjusted in terms of scale and relevance to childhood.

According to all we have reviewed, the *reaction of adults* is a determining factor in how children and adolescents, but especially younger children, will experience emergency or disaster situations. If they have been adequately accompanied, they can recover more quickly than adults from difficult experiences. However, as stated earlier, adults also present very different reactions, such as fear, distress, disorientation or loss of control. When caregivers do not respond in an assertive manner, they can contribute to children experiencing the situation in a traumatic way. It is therefore important to know the spontaneous reactions of each person in the teams that work directly with children, in order to take appropriate precautions at the institutional level. For example, if a female teacher is terrified of earthquakes, her team should know this, so that when such an event occurs, another person take charge of caring for the children and, possibly, there will be another person to assist the colleague who will be overwhelmed at that moment. Training (e.g., through drills) is key to this, but it often cannot change our spontaneous ways of reacting.

Hence, we must consider these factors in the preparation phase. When facing emergency or disaster situations, adults in charge of children's care may also be affected in different ways, and so coordination, clarity in roles and functions, and knowledge of established plans and protocols is crucial to provide adequate containment for children, who will be the priority at that time. Another usual reaction of adults is not to allow children to express themselves with regard to what happened, because it makes them relive the traumatic experience. In such cases, it is important to be able to intervene at the institutional level so that this person can receive the necessary support, and someone else can take care of the children at that moment, because in no case should we prevent or be an obstacle for them to express what they feel, either verbally or, as we will see below, through play.

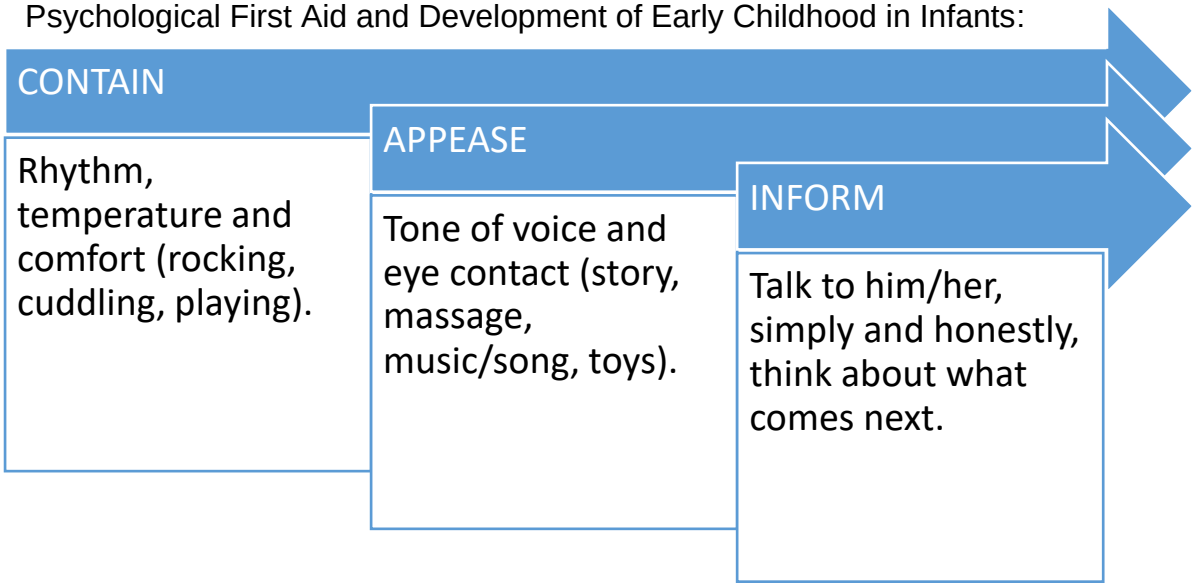
We should remember what the *main needs* of children in crisis situations are:

- **To understand what is happening:** Through information which is appropriate to their age and developmental level, with a space where they can talk about what happened and an adult who is prepared to answer their questions.
- **Feeling safe and at ease again:** Verifying with concrete facts that they are protected and cared for.
- **Expressing their ideas and emotions:** Knowing that it is fine to express them and that it is normal to feel fear, anger or grief.

In the specific case of early childhood children, especially infants, who have not yet developed language, these needs present specific elements in terms of communication and on how to act about such needs. To do so, it is necessary to review and strengthen the characteristics, profiles and experiences of the people who work with them at the preschool level. In order to provide adequate containment and respond to the needs of children, nursery school teams should focus on the points indicated in the general objectives of emotional education which, summarized, involve **knowledge of their own emotions**, **adequate identification of the emotions of others** and, fundamentally, the development of skills to **regulate their own emotions and prevent the harmful effects of these.**

Emotional regulation allows an adequate response to children's needs, which in the case of infants, implies an articulated process of containment, appeasement and information:

Psychological First Aid and Development of Early Childhood in Infants:

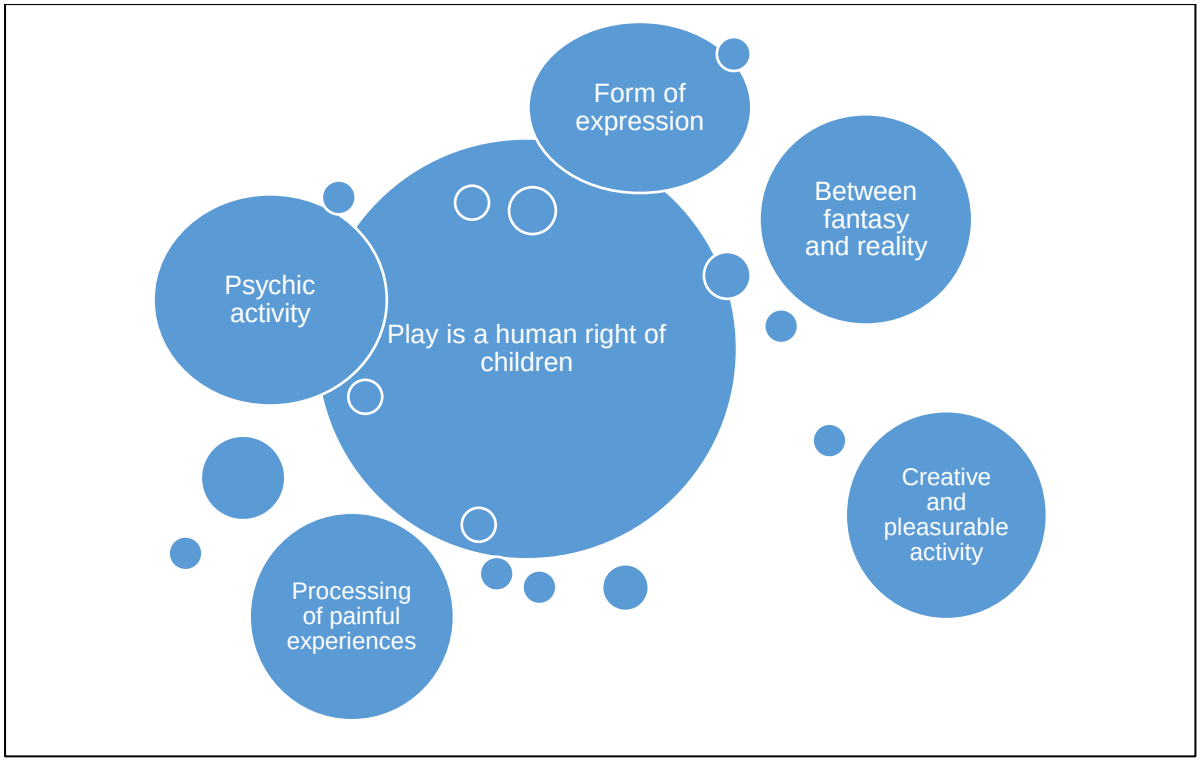


h. Play as a working tool in emergency/disaster contexts

Play fulfills a central role in the recovery from emergency or disaster situations. In educational communities, this will be one of the main tools for the psychosocial support of children, from the moment of the **second response** onwards.

In addition to being recognized as a human right of children (art. 31, CRC), play is a fundamental psychic activity in their development, and one of their main forms of expression. Play is an intermediate space between fantasy and reality, through which children unfold their desires and conflicts, while at the same time it is a creative and pleasurable activity that allows them to process painful situations that they would not be able to deal with in any other way. Games are a form of expression similar to that of dreams, always holding a meaning behind an activity that at first sight may seem incomprehensible to adults.

Rather than trying to understand the meaning behind each game, it is important to be able to **facilitate it**, without intervening too much in its development. Attention should be paid, especially if there is an absence of play, or if it is presented in a too aggressive or distressing way, or if there is some other alteration with respect to the usual playing activity of each child.



Play can function simultaneously both as a **diagnostic** and as an **intervention** tool. In terms of **diagnosis**, any significant disturbance in children's play can be a sign that something is happening to that child; for example, that he or she has a higher level of traumatization as a consequence of the situation faced, or that he or she may be a victim of some kind of violation, or that his or her socio-affective needs are not being adequately met. **It is normal for children to play; what should attract our attention is that they do not.**

When we talk about a diagnosis, we are not referring to a clinical diagnosis, but to a general evaluation of each child. If there is any alteration in plays, such as if a child stops playing, becomes withdrawn, plays in an overly violent or anxious manner, it is important to pay attention and consider other variables. If a child presents any of these alterations in his/her play, it is important to find out if there are other disorders, whether at behavioral level, a sleeping or eating disorder, or any other symptom or sign of impairment (for example, children who already controlled their sphincters stop doing so, go back to sleeping with their parents, or present any other "setback" in their development, i.e., they lose some capacity or degree of autonomy that they had previously achieved). It is important **not to pathologize** children, on the understanding that, as we have previously mentioned, many of these "alterations" are normal in this type of situation, and it is to be expected that, as they recover confidence and have adequate emotional support, they will spontaneously recover.

Many times, these developmental "setbacks" are necessary so that the child can reorganize his/her emotions and continue "moving forward". However, the presence of multiple alterations could suggest a more complex problem and the child may need to be referred to a specialist. The emergence of sexual elements in plays, when it goes beyond the child's own self-exploration, especially when some explicit sexual content of adult sexuality appears, it may be indicative of sexual abuse or exposure to some type of sexual content. It should be remembered that in emergency or disaster situations, due to the disruptions of living conditions (e.g. families in shelters, in the houses of relatives or other people, overcrowding, etc.), children are more exposed to suffer violations of all kinds and, in particular, the risk of suffering sexual abuse or being exposed to adult sexuality increases, which is an element to be taken

into even greater consideration in this context. In the case of adolescents, who are in a stage of discovery and experimentation of adult sexuality (General Comment n4, UNCRC, 2003), it is important not to forget that they may also be victims of abuse or may also be experiencing some disturbance in their sexuality, which could also be noticed in behavioral disorders or games in which sexuality appears in a disruptive way. They should be provided with spaces for orientation or conversation on these topics in the educational environment.

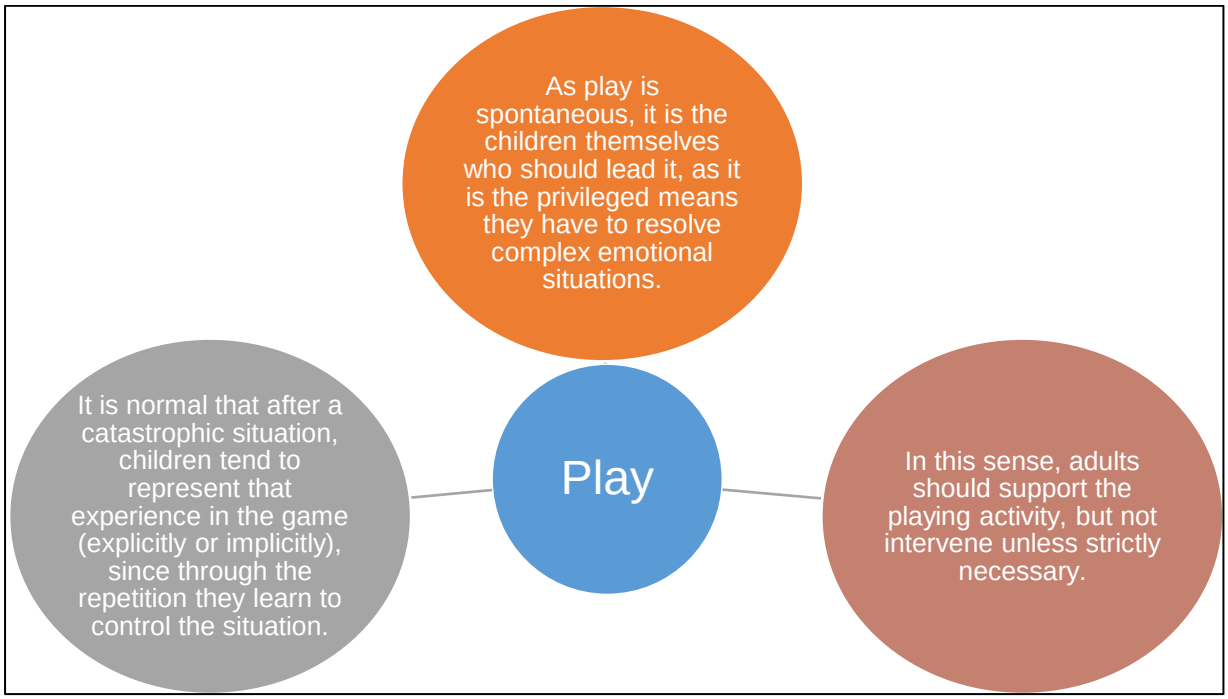
After having faced emergency or disaster situations, it is common for children, especially the youngest ones, to play at reproducing the situation in different ways. For example, after having gone through an earthquake, it is to be expected that children will play precisely at the earthquake! This is crucial, because it is a way of repeating the difficult situation but moving from a passive to an active position: in the game, the child controls what happens, completely the opposite of when the disaster occurred. As we pointed out earlier, this often affects the adults who care for them, because it makes them relive the traumatic experience. It is important not to obstruct these forms of expression and for adults to seek support when something like this happens to them.

Let's look at a case: after the 2010 earthquake and tsunami in Chile, in a coastal town in the southern part of the economy, a couple of small children were playing at the tsunami; they placed all the little cars and figurines they had in a very orderly way, and then they poured a bucket of water over them, sweeping away all the toys. A female teacher who saw them playing like that, and who had also been affected by the situation, became very nervous and told them "children, stop playing at that nonsense", reprimanding them lightly, without the children understanding very well why, and making them lose interest in continuing to play. Repeatedly reproducing the "traumatic" situation was pleasurable for the children, but not so for the caregiver, and it does not mean that the children were traumatized, but that they had faced, directly or indirectly, a socially traumatic situation.

As we have pointed out, in this situation, the children are moving from the passivity experienced when facing the disaster to controlling the action themselves: the game functions here as a symbolic substitute for the real situation they lived, which allows them to process the experience and to recover some of the confidence lost due to the totally unforeseen disaster situation they had to face. Contrary to what the adult caregiver did in this case, what we should do is to allow children to play what they prefer and how they prefer – as long as it does not involve exposing themselves to any kind of risk – and to accompany that play, supporting them and participating when they require it. We can ask them about the game, but without being inquisitive or taking control of the action and letting them be the protagonists.

After facing the pandemic, it was common that little children incorporate the "virus" in their games as another character in the plot, through phrases such as "and then the virus came and killed them all". Of course, for an adult who had lost close relatives due to the pandemic it must be shocking to see little children playing in this way, but for children it is a way to process the traumatic experience they have faced.

It is in this sense that play serves as an **intervention** tool. Psychosocial support for children involves facilitating and accompanying the play, so that they can, on their own, work through the emergency or disaster situation they had to face. For this, the structure of the playing activity (in a script, materials, etc.) should be sufficiently neutral, so that the children can determine the content, i.e., they can express their own preferences when playing. However, it is also possible to guide the play in that direction, providing elements that facilitate the representation of the disaster by the children, provided this is done as an insinuation and never openly or explicitly, so that they are the ones who decide on the game.



Carrying out other activities, such as reading stories to them, watching a puppet show, a play or a movie, can also be very helpful in supporting children's elaborations, even if they do not relate – according to our criteria – directly to what is happening. If the child insists on that story or movie, over and over again, in spite of the tedium that this tireless repetition may generate, we must bear in mind that it is important for him/her, and that if he/she insists on it, it is because something that we do not understand well is being elaborated in that repetition. There are also many educational materials (guides, stories, coloring booklets, etc.) that have been developed in the various disaster situations that have occurred in recent years, which can be useful for use in the educational work. In the case of older children and adolescents, movies, books and other materials can be good "triggers" in a conversational setting, offering material for reflection.

Finally, it must be emphasized that, beyond the difficulties we may be going through, it is crucial that adults can provide structure, support, affection and security to children in times of crises.

4. Practical Elements

In previous chapters, we reviewed the conceptual elements necessary for conducting a psychosocial support workshop in response to disaster situations. This section offers general considerations for carrying out such a workshop, as well as a detailed outline of practical components (contents, activities, etc.), using as a model the workshop held in Santiago, Chile, in March 2024. This model can be replicated in full or in part, depending on the specific needs of each community.

It is important to note that the workshop is designed to be replicable with professionals who work with children and adolescents, especially—but not exclusively—in the educational field.

4.1 Workshop Preparation

It is essential that all aspects of the workshop design, both content and form, are guided by the theoretical elements we reviewed earlier. In this regard, planning is crucial for the workshop's success, as there are several factors that are sometimes underestimated but can be central to the proper development of a workshop—such as building trust, setting a framework, and ensuring respectful treatment of participants.

Especially in a second-response context, participants may be significantly affected, which can make engagement challenging; in these moments, relational aspects like trust, respectful treatment, and attentive listening become even more crucial, as they will influence participants' willingness to engage in the workshop activities.

Although, as stated in the introduction, it is not possible to convey the experiential nature of this type of workshop through a manual, it is vital to always keep certain principles in mind:

1. **Building an environment of respect and equity:** To encourage genuine participation, it is essential to create a space where all voices are respected, regardless of background or prior experience. This involves setting clear guidelines for respect and cooperation from the outset, which allows participants to feel safe in sharing their ideas and experiences. To build trust, it is important to work in small groups, where people can share and reflect on sensitive topics without feeling exposed to all participants or even to facilitators. Later, only a few members from each group will present a summary of their reflections to the larger group, allowing those deeply engaged emotionally to maintain some distance while still having participated.

2. **Horizontal structure and co-creation of knowledge:** Participatory methodologies seek to break away from the hierarchical model of teaching based on a teacher (who knows) and student (who does not know) dynamic. Instead, facilitators act as guides helping to co-create knowledge with participants, who are seen as active agents in their own learning process. This approach requires facilitators to adopt a stance of dialogue rather than merely delivering content. Activities must be designed to build upon participants' experiences and prior knowledge, gradually leading toward the concepts to be conveyed.

3. **Ownership and contextualization of topics:** The workshop's content must adapt to the specific reality and context of the participants. Both the overall design and the activities should be flexible and open to modifications that address the local and cultural needs of the group.

4. **Use of interactive and creative dynamics:** Participatory methodologies rely on practical activities, such as dramatizations, role-playing, and brainstorming, which facilitate understanding and ownership of the concepts. These dynamics not only make the workshop more engaging but also help internalize learning in an experiential and meaningful way. They also support participants in later applying or transmitting that knowledge in a participatory manner, as people tend to replicate the form of learning rather than just the content.
5. **Emphasis on critical reflection and empowerment:** Following the principles of popular education and a human rights-based approach, workshops should promote critical reflection by participants on their context and foster an empowered attitude toward transforming their reality. This is achieved through activities that not only transmit knowledge but invite participants to question and build new perspectives for collective action.
6. **Continuous and adaptive evaluation:** An essential element is participatory evaluation. Instead of relaying only on a final evaluation, the facilitator should conduct ongoing assessments that allow for adjustments based on the group's needs and feedback, ensuring the workshop progresses in the desired direction and meets its objectives. This means adapting as the workshop unfolds, modifying based on the group's needs and context, and incorporating participants' contributions. For this reason, a detailed but flexible design is crucial, ideally with alternative activities or resources if adjustments are needed.

The aim of these methodologies is for a workshop to be not just a learning session but a collective transformative experience in which participants take an active role in building knowledge, thereby strengthening the capacities of their communities.

It is important for workshop facilitators to keep the following elements in mind:

- Maintain a cordial and respectful manner at all times, being approachable but not intrusive with participants.
- Practice active listening to ensure participants feel acknowledged and genuinely heard in their contributions.
- Foster trust within the group.
- Always begin a workshop with introductions and a session on expectations.
- Prioritize small group work, with opportunities to share insights with all participants afterward.
- Avoid pressuring anyone to share experiences or join activities they are uncomfortable with.
- Break away from hierarchical dynamics to establish a horizontal atmosphere of mutual respect—while being mindful of each community's cultural nuances.
- Base learning on playful and/or experiential activities. While content takes priority over form, activities should be the focal point of each module to encourage deeper engagement with the material.
- Move from practical activities to theoretical concepts or elements, from experience to reflection. People often replicate the form of what they learn more than the content itself.

- Leverage participants' own creative abilities during plenary sessions.

4.2 Workshop Application Form

This section presents the design for a psychosocial support workshop, using a “training plan” matrix that serves as a guide for the entire workshop. It is important to specify who will be responsible for facilitating each part of the workshop when constructing it.

The instructions and materials required for the activities, as well as the slides mentioned in the materials list in the last column of the training plan, are found in the appendices.

Training Plan	
Workshop	Coping with Psychosocial Effects of the Pandemic on Boys, Girls and Adolescents of APEC Economies.
Number of participants	20 - 30
Duration	24 h (3 days)
Objective	The project's objective is to improve the response, rehabilitation and build back better capacity of APEC member economies' educational communities when faced to the psychosocial effects of the pandemic on boys, girls and adolescents, through the implementation of a workshop on DRM with a Child Rights Approach and a focus on the rehabilitation of the psychosocial effects of the pandemic, which can then be replicated by the attendees. Based on the systematization of this experience, a Resource Manual and Guide of Best Practices will be developed that would enable capacity building of APEC member economies.

Day 1						
Session	Subject	Duration	Learning objective	Content	Activity	Materials
N° 1 08:45 – 09:00	Welcome and orientation	15'			Participants register at the entrance of the room. Then, the facilitators welcome each participant, initiating informal conversations that aim to create connections between the facilitation team and the workshop attendees. This way, the team understands the group's characteristics and considers these profiles for the workshop's development.	Credentials for participants and facilitators' team
09:00 - 09:45	Participants' presentation	15'	Establish trust between the team and the workshop participants. Make a difference from traditional training environments.	Creating an appropriate atmosphere for the development of participatory methodologies.	Participants pair up and introduce themselves. The instruction for each pair is: "Now, for the next fifteen minutes, converse freely and introduce yourselves."	Slides with orientations. It is preferable that all the slides for the day are

			Foster connections among participants who do not know each other.			organized in a single file.
		15’			Participants are grouped into small groups of 6 to 8 people, and each participant is asked to introduce the partner they were conversing with at the beginning. A playful alternative, if the number of participants and time allow, is for participants to introduce themselves with ‘swapped identities,’ presenting the partner they conversed with in the first part.	
	Participants’ expectations.	10’	Create a participatory instance with the attendees and align their expectations with the workshop agenda.	Establish agreements for the proper development of the workshop and participatory methodologies.	Participants are asked to discuss in their groups what they expect to find in this workshop and what they would not like to encounter. Then, in a plenary session, each group presents their expectations, and a flipchart is filled with a summary of what each group expresses. The team gathers the participants' expectations, indicating which items were already considered, which were not but can be included, and which cannot be changed.	Flipchart or cardboards.
	Presentation of the workshop’s objective and program.	05’			The team presents the contents and the agenda of the workshop.	Slides.
N° 2 09:45 - 10:30	Childhood and Children Rights Approach.	10’			Motivational video about Human Rights Approach.	Video: https://www.youtube.com/watch?v=76eP2nr3s5s&t=8s
		35’	Review and discussion of	UNCRC principles in the Disaster Risk Management	Dialogue-based presentation: CRC, Rights Approach, principles of Human Rights.	Slides.

			conceptual elements.	context. (CRC and DRM Principles). Guarantees system and obligations.		
10:30 – 11:00	Coffee Break	30’				
11:00 – 13:00	Childhood and Children Rights Approach.		Analyze the main obstacles to exercising rights in the participants' context.	Children protection Coping cultural patterns that impede childrens’ rights exercise.	**Group Work:** Cultures that the CRC faces and how they are expressed in the participants' local contexts. Creative presentation. The presentations highlight elements such as adult-centrism and gender discrimination. The emphasis is on the role of Participation as a core right and its interrelation with other principles (especially non-discrimination) in comprehensive risk management. In an open plenary, a brainstorming session is conducted to identify the main obstacles in Disaster Risk Management (DRM) regarding adult-centrism and gender discrimination, and best practices and/or challenges are raised from the perspective of the guarantor role.	Art and craft supplies.
13:00 – 15:00	Lunch break	120’				
N° 3 15:00 – 16:30	Warm-up: Rights-based approach exercise in DRM	20’	Recognize the barriers to achieving the premise of "No one left behind".	Exercise: "Inclusion March"	Exercise in which each participant embodies a person with a given set of characteristics and actions that these people could or could not undertake in DRM are stated. Those who cannot perform them are "left behind".	Case profiles and printed slogans.
	Elementos esenciales de la GRD en el Asia Pacífico	30’	Recapitulate on the essential elements of DRM with a community approach.	Community-based disaster risk management	Overview of the essential elements of DRM and the results derived from it.	PPT
		40’	To know the experiences of	Reconstruction of concepts, key	Conversation in groups facilitated by cards with concepts, in which people link their experiences	Printed game 1

			other participants in terms of DRM.	success factors and gaps that stand out from the experience.	with different concepts, guidelines, instruments, etc. Subsequently, there is a sharing of experiences.	
16:30 – 16:45	Coffee Break	15’				
16:45 – 17:30	Sustainability and institutionalization of the CBDRM	20’	Recapitulate on the process and key factors for sustainability and institutionalization of community-based DRM	DRM process in communities and elements of sustainability and institutionalization	Overview of the stages of the community-based risk management process and the results derived from it.	Slides
		20’	Recognize facilitators and hindrances to achieve CBDRM in fictional scenarios in a playful way.	Stages, facilitators and obstacles in fictitious scenarios of implementation of disaster risk reduction actions.	Exercise game: "Ludo of community-based disaster risk management ".	Printed “Ludo” game 2
	Putting into practice the day's learnings	35’	Design a successful case of disaster risk management with a community and rights-based approach.	Success factors for the institutionalization and sustainability of disaster risk management with a community and rights-based approach.	Design of a fictitious scenario in the format of the previous game, in which participants pose real challenges or barriers that they would have faced in their experience and design strategies that allow them to overcome them to reach the goal without leaving anyone behind.	Printed charts
17:30 - 18:00	Evaluation of the day				“Pizza” evaluation: The facilitators draw a pizza divided into three parts (what I liked, what I didn't like, and what I would change) and present the following prompt to the participants: "If we imagine today's session as a pizza, with the content and activities as its ingredients, what ingredient would	Flipchart, cardboard or whiteboard.

					you keep, which one would you remove, and what would you add?" Then, participants write on post-its and stick them onto the drawing in each section. This allows the team to quickly evaluate what participants valued the most and the least, in order to make any necessary methodological adjustments for the next day.	

Day 2						
Session	Subject	Duration	Learning objective	Content	Activity	Materials
N° 4 09:00 - 10:30	Participatory Methodologies: Psycho-social diagnosis tools in group work.	45’	Express, recognize, write, and agree on the socio-emotional state after the pandemic. Highlight the importance of small groups as spaces that shape socio-emotional exposure.	Learn socio-emotional diagnostic tools using a participatory approach.	Participants return to the groups where they introduced themselves and fill out a form on “How did I experience and what did I feel in the pandemic we have recently lived?” Each participant shares their individual work. They are asked to choose a secretary to create a group synthesis based on the individual opinions. The summary is read, and they are asked to draw conclusions that “group” the opinions into categories, such as physical, psychological, social, etc.	Worksheet: How did I experience and what did I feel in the pandemic we have recently lived”
	Human figure.	45’	Identify and conceptualize symptoms derived from crisis situations.		The group draws a full-body human figure on a large sheet of paper (or several sheets taped together). Then, on the figure, they indicate what discomforts and/or sensations are associated with each part of the body. They can write it, but priority is given to expressing it graphically by drawing the discomforts on the human figure. Once finished, the drawing is posted somewhere visible in the room.	Brown paper or white poster boards Colored markers and pens.

10:30 – 11:00	Coffee Break	30’				
11:00 – 12:00	Identifying and conceptualizing common symptoms and reactions. Plenaria figura humana	60’		Generate a collective identification of the main psychological and psychosomatic symptoms associated with a crisis.	Presentation of the activity in the “museum visit” format: The facilitator leading the activity asks everyone to stand up and move around the room to observe the participants' “works.” They stop at each drawing, and one or two people from the group that created it present the main reflections that emerged while making the drawing. The facilitator guides the discussions to highlight the common elements of the crisis and the importance of being able to recognize them.	
N° 5 12:00 – 13:00	Crisis intervention and coping with psychosocial effects of the pandemic: Thinking about crisis concept.	60’	Reflect on the concept of crisis, considering some specific characteristics of adolescence.	Concept of crisis, personal and social backgrounds, cultural and/or religious beliefs about the origin of the crisis, and differentiate it from other concepts such as “traumatic event.”	The game consists of 30 cards that contain statements about crises, their definition, contexts, and social and individual backgrounds. These should be distributed equally among the group members. One person from the group starts by taking one of their cards and reading it aloud. Then the group shares their opinions, experiences, and knowledge that each person believes they can contribute. After this discussion, the group must decide whether they consider the statement on the card to be correct or incorrect, placing them in the "accepted" or "rejected" box as appropriate. It is very important that this classification of the card’s content is done by consensus. If consensus cannot be reached, the card is placed in the “To Discuss” box. It is important to emphasize that the objective of this activity is the quality of the discussion and the exchange of experiences, and it is not a race against time to see which group finishes first.	Set of cards and board “Crisis cards”
13:00 – 15:00	Lunch break	120’				

15:00 – 16:30		30’		Presentation of group conclusions.	Participants present their group conclusions to the plenary, emphasizing the cards that generated the most debate or confusion. The facilitator guides the discussion by incorporating conceptual elements to reach a consensus.	Brown paper or white poster boards Colored markers and pens.
		30’	Systematize the definition of the concept of crisis.	Definition of crisis, stages and evolution of the crisis, main symptoms.	Dialogue-based presentation on concept of crisis.	Slides.
	Terapeuthical technics on crisis intervention.	30’	To identify the main psychotherapeutic techniques for crisis intervention.	Clarification, addressing tunnel vision, emotional validation, support techniques.	“Definition Matching Game”. The activity consists of two sets of cards: one deck contains the name of the psychotherapeutic technique, and the other contains a set of definitions. The activity involves the group members pairing the name of the technique with its corresponding definition. This is not a race against time; rather, the goal is to encourage discussion, generate questions, and ultimately foster a plenary discussion where doubts can be clarified and any aspect deemed necessary can be explored further. In a second phase, participants will need to consider which of these interventions are appropriate for someone who is severely affected (in a state of shock) and which are more suitable for individuals with greater psychological resources available.	Set of cards “Definition Matching Game”
16:30 – 16:45	Coffee Break	15’				
16:45 – 17:30	Terapeuthical technics on crisis intervention.	15’	Continuation of the previous activity.			
		30’		Presentation of group conclusions.	Each group presents a summary of their reflections from the activity. The facilitator encourages reflections to progress from the more experiential to	

					the more technical, discussing the relevance of the different techniques reviewed in various contexts.	
17:30 - 18:00	Evaluation of the day	30’			“Pizza” evaluation.	

Day 3						
Session	Subject	Duration	Learning objective	Content	Activity	Materials
N° 3 09:00 - 10:00	Terapeuthical technics on crisis intervention.	60’	Systematize, define and exemplify the various technical resources for psychological first aid and crisis intervention reviewed in the previous day's activity.	Support, clarification, containment, tunnel vision, elucidation, emotional validation, and catharsis. Psychological First Aids	Dialogue-based presentation on concept of crisis.	Slides.
N° 5 10:00 - 10:30	Best practices Sharing and gathering best practices.	30’	Sharing and gathering good practices.	Gather information on measures adopted in their respective economies that have been effective and distinguish those that have not.	In the same groups, participants gather information on measures adopted in their respective economies that have been effective in coping psychosocial effects of the pandemic or another post-disaster situation.	Best practices template.
10:30 – 11:00	Coffee Break	30’	Terraza del Salón			
11:00 – 13:00	Continuation of Best practices activity.				The participants share their different coping experiences in their respective economies during the plenary session.	

13:00 – 15:00	Lunch Break	120’				
15:00 – 16:30	Modeling: Applying psychological technics of crisis intervention.	90’	Illustrate, recognize, and apply knowledge of emergency psychotherapeutic skills and crisis intervention.	Emergency psychotherapy. Psychological first aid.	Participants practice the techniques reviewed in the “Definition Matching Game” activity through dramatization.	Instructional.
16:30 – 16:45	Coffee Break	15’	Terraza del Salón.			
16:45 – 17:30	Integrative evaluation.	45’	Integrative evaluation.	Rescue, share, and integrate the most significant learnings for the participants, endowing them with personal emotional value.	**“The Letter”**: Participants should write a letter to a loved one, sharing the most important learning they have gained during their participation in this workshop. The goal is not to provide a technical or precise description of the topic, but to highlight the personal dimension, emphasizing what has been most relevant for each individual or the learning they take away from the workshop. The exercise is individual, but participants are invited to share their letters with the entire group.	“The Letter” Instructional.
17:30 - 18:00	General evaluation.	30’			Participants are invited to evaluate in general terms the workshop. They complete an evaluation form.	Evaluation form.

5. Best Practices

Throughout this manual, we have reviewed various theoretical and practical elements related to Disaster Risk Management (DRM) and Psychosocial Support. From these, we have seen how, in the field of DRM, particularly in response to the COVID-19 pandemic, the integration of psychosocial support has emerged as a critical component in addressing the multifaceted impacts on vulnerable populations. Children, adolescents, and their caregivers have faced unprecedented challenges, from mental health issues to social and economic vulnerabilities. The best practices compiled in this section highlight innovative and effective approaches that have consistently yielded positive results in mitigating these impacts, according to the actors themselves who participated in their implementation.

The best practices presented here were gathered during the workshop held in Santiago, Chile, in March 2024, and were shared by participants from various APEC economies. They presented the experiences they considered most significant in disaster response, in which they had been directly involved. While most were experiences related to the pandemic, not all were directly tied to it. Some addressed other disasters, such as floods or fires. However, even if they didn't directly deal with the pandemic, they still took place within the broader post-pandemic recovery context. What is offered here is a synthesis of the information they provided.

Case 1: MOE School Safety

Background information	
Location of the initiative	Thailand
Name of the organization	Office of Basic Education Commission (OBEC), Ministry of Education
Brief description of the organization	The Office of the Basic Education Commission (OBEC) serves as the secretariat for the Basic Education Commission in Thailand, overseeing nearly 30,000 schools and more than 650,000 students. OBEC's mission focuses on providing quality education for all, emphasizing human security, safe learning environments, and the development of 21st-century skills among students.
Objective of the initiative	The MOE Safety Center aims to establish a comprehensive safety system that promotes security in educational institutions, monitors protected situations, and creates a security network to ensure safe

	learning environments for students, teachers, and educational personnel.
Brief summary of the initiative	Motivated by the need to safeguard students' well-being in an evolving global landscape, OBEC formalized the "SAFE School" project in collaboration with multiple ministries in 2022. This initiative led to the development of an incident reporting system, the "MOE Safety Center," which serves as a digital platform for reporting unsafe incidents categorized into accidents, violence, health concerns, and rights violations. Designated authorities within schools are responsible for addressing these incidents, ensuring enhanced safety standards across educational institutions.

Best Practices

Childhood and Children's Rights Approach:

Thailand's commitment to international standards for children's rights, including the Convention on the Rights of the Child and domestic legislation, underscores the MOE Safety Center's efforts to address challenges, especially for vulnerable groups. The initiative prioritizes prevention through risk assessments, education on children's rights, and intervention strategies when incidents occur. This comprehensive approach involves collaboration among various agencies at all levels, ensuring effective implementation of safety measures.

Preventive Measures:

The MOE Safety Center implements a range of preventative measures, such as designating safe areas, developing safety plans, and fostering community networks. Education initiatives raise awareness of safety among students, teachers, and parents, while intervention strategies address safety incidents and provide psychological support.

Community-Based Disaster Risk Management (CBDRM):

Under the 12th National Economic and Social Development Plan, the MOE Safety Center emphasizes community involvement in disaster risk management. School safety committees, comprising representatives from local networks, actively participate in planning and managing local-level disasters, enhancing preparedness through practical skills training, such as first aid and evacuation drills.

Participatory Methodologies:

The MOE Safety Center fosters collaboration across multiple levels, establishing networks among various stakeholders, including local agencies, NGOs, and community organizations. This

participatory approach facilitates comprehensive safety measures and disaster preparedness, ensuring that all voices are heard and integrated into the planning and implementation processes.

Lessons Learned

1. **Comprehensive Approach:** The integration of prevention, education, and intervention strategies is essential for effective school safety. Engaging multiple stakeholders fosters a holistic understanding of safety needs.
2. **Community Involvement:** Active participation from communities enhances the relevance and effectiveness of safety measures, ensuring they address local needs and vulnerabilities.
3. **Collaboration is Key:** Strong partnerships among various agencies and organizations amplify the impact of safety initiatives, facilitating resource sharing and expertise.
4. **Continuous Monitoring and Adaptation:** Ongoing assessment of safety measures and community needs is crucial for adapting strategies to evolving challenges, such as the psychosocial effects of the pandemic.
5. **Focus on Mental Health:** Addressing mental health issues among students is paramount for fostering a safe and supportive learning environment. Initiatives aimed at training educators to recognize and respond to mental health concerns contribute to overall student well-being.

Case 2: The Philippines Government's Crisis Intervention and Coping with the Psychosocial Effects of the Pandemic

Background information	
Location of the initiative	The Republic of the Philippines
Name of the organization	Department of the Interior and Local Government (DILG)
Brief description of the organization	The Department of the Interior and Local Government (DILG) is responsible for overseeing and supporting local government units in the Philippines, promoting peace, public safety, and good governance. It provides technical assistance, policy development, and capacity building to local units.
Objective of the initiative	The primary objective is to strengthen local leadership, governance, and community empowerment, especially in addressing vulnerabilities

	affecting children during disasters. The initiative also aims to recognize and promote best practices at the local level.
Brief summary of the initiative	The Republic of the Philippines is highly susceptible to natural disasters due to its location within the Pacific Ring of Fire and typhoon belt. In 2018, the government launched the Comprehensive Emergency Program for Children (CEPC), developed under Republic Act No. 10821, the "Children's Emergency Relief and Protection Act." The CEPC is designed to safeguard children and vulnerable groups, such as pregnant and lactating mothers, during emergencies. The program includes eight components that address evacuation, shelter, health services, educational continuity, and the protection of children's rights during disasters. The implementation of the CEPC involves collaboration between various government departments, local government units, and NGOs.

Best Practices

Childhood and Children's Rights Approach:

The CEPC aligns with international conventions on children's rights, such as the Convention on the Rights of the Child. The Republic of the Philippines is committed to upholding these standards, especially for vulnerable populations such as displaced children, children of migrant workers, and those affected by violence. The CEPC addresses this by integrating a child rights perspective into disaster planning and response, ensuring the protection of children from violence, abuse, neglect, and exploitation.

Preventive Measures and Interventions:

The CEPC includes measures such as the establishment of child-friendly evacuation centers, shelters, and referral systems for orphaned or unaccompanied children. It also ensures the delivery of essential health services and the rapid resumption of educational activities post-disaster.

The program has been localized through policies that guide local government units in incorporating CEPC components into local disaster risk reduction and management plans. The DILG has also issued specific guidelines on strengthening evacuation systems.

Mental Health and Psychosocial Support (MHPSS) during the COVID-19 Pandemic:

The pandemic posed significant risks to children's mental health, exacerbating existing issues due to isolation, family stress, and disrupted education. The government responded by launching several MHPSS initiatives through the Department of Health (DOH) and other agencies. For example, the Department of Social Welfare and Development (DSWD) developed "WiSupport," a

wireless mental health support platform for Filipinos, providing remote services to individuals in distress.

Local government units also played a role in addressing the psychosocial effects of the pandemic. The city of Valenzuela, for instance, launched the "TeleCPU" center to offer remote services, including medical follow-ups, mental health counselling, legal advice, and a child helpline. As of now, TeleCPU centers have been established in 14 cities, covering 61 barangays.

Community-Based Disaster Risk Management (CBDRM):

Local government units are required to engage communities actively in disaster risk management, focusing on child protection. The DILG's policies have facilitated the establishment of child-friendly evacuation centers and promoted the inclusion of NGOs, civil society, and community stakeholders in disaster preparedness.

Participatory Methodologies:

The implementation of the CEPC and related programs involved significant collaboration across different government levels and community stakeholders. This participatory approach has been key in identifying and addressing local needs. The performance of local government units in implementing disaster risk management programs is regularly monitored, with technical assistance provided to those with weaker performances, and incentives offered for exemplary work.

Lessons Learned

1. **Comprehensive Collaboration:** The CEPC demonstrates the importance of cross-sectoral collaboration, involving central and local governments, civil society, and international partners to ensure the protection of children during disasters.

2. **Mental Health Focus:** The COVID-19 pandemic highlighted the critical need for mental health support for children and families. Initiatives like WiSupport and TeleCPU have proven effective in providing remote psychosocial assistance during crises.

3. **Community Involvement:** Active participation from local communities enhances the relevance and effectiveness of disaster preparedness measures, especially in safeguarding children and vulnerable groups.

4. **Adapting to Local Needs:** Localizing the CEPC through policies and technical guidance has ensured that disaster risk management strategies are tailored to the specific needs of each area.

5. **Resilience and Education:** Ensuring the prompt resumption of educational activities post-disaster is crucial for maintaining children's development and emotional stability. Schools and local governments play a key role in fostering resilience.

Case 3: MyHealthyMind@PPR

Background information	
Location of the initiative	Malaysia
Name of the organization	National Centre of Excellence for Mental Health, Ministry of Health
Brief description of the organization	The National Centre of Excellence for Mental Health is a leading institution under the Ministry of Health in Malaysia. Its focus is to enhance mental health care, support, research, education, and advocacy through collaboration with various stakeholders including healthcare professionals, NGOs, and community groups.
Objective of the initiative	The initiative aims to raise awareness about mental health among residents of public housing projects (Projek Perumahan Rakyat - PPR), conduct research on psychological distress and coping strategies, foster collaborations with key stakeholders, and advocate for policies that prioritize mental health in marginalized communities.
Brief summary of the initiative	Projek Perumahan Rakyat (PPR) is a government housing project in Malaysia aimed at supporting low-income families. Despite improvements in living conditions, residents continue to face socio-economic challenges, overcrowding, and limited resources. Alarming statistics from research conducted in 2022 by the Ministry of Health and UNICEF revealed that 12.3% of children and adolescents in PPR areas experienced mental health issues, including depression and suicidal thoughts. The initiative MyHealthyMind@PPR was created to address these mental health concerns. Key activities included research to identify factors contributing to psychological distress, launching the "Program Bersama Komuniti" to raise awareness, and developing support systems for affected individuals. This ongoing effort targets long-term mental health needs within PPR communities, especially post-COVID-19.

Best Practices

Childhood and Children's Rights Approach:

The initiative places a strong focus on protecting the mental health rights of children and adolescents living in PPR communities. Cultural barriers, such as stigma surrounding mental health and traditional gender norms, often impede children's access to care. MyHealthyMind@PPR uses a collaborative approach, involving various stakeholders like NGOs and community leaders, to overcome these challenges. By doing so, it promotes children's access to educational and recreational opportunities, addressing broader rights-based concerns.

Community-Based Disaster Risk Management (CBDRM):

The initiative engages the PPR community in disaster risk management through a participatory approach. Local knowledge and vulnerabilities were integrated into risk analyses, with community consultations and the establishment of local monitoring teams. This community-led process ensured that disaster response plans were tailored to local needs.

Participatory Methodologies:

MyHealthyMind@PPR employed participatory methodologies, such as focus groups and surveys, to involve children in identifying mental health challenges. Consultative meetings with stakeholders helped refine intervention strategies and ensure they were culturally appropriate and effective.

Crisis Intervention and Coping with Psychosocial Effects of the Pandemic:

During the COVID-19 pandemic, the Ministry of Health implemented multiple efforts to address the psychosocial impact on children and adolescents in PPR communities. Services included:

- **Mental Health and Psychosocial Support (MHPSS):** Delivered via a helpline (HEAL Helpline 15555) and in-person sessions, offering psychological first aid to families in distress.
- **Tele-Counseling and Hotlines:** A confidential helpline was launched to increase access to mental health services outside traditional health settings.
- **Peer Support Groups:** Facilitated by trained professionals, these online communities provided emotional support.
- **Psychoeducation:** Distributed materials to raise awareness about mental health, coping strategies, and available services.
- **Art Therapy and Creative Expression:** Engaged children in creative activities like drawing and music therapy to help manage emotions.
- **Mindfulness and Relaxation Techniques:** Mindfulness exercises and relaxation practices, available through the MyMinda app, helped children regulate anxiety and stress.

Lessons Learned

1. **Collaborative Efforts:** The initiative's success lies in its collaborative approach, bringing together health agencies, academic institutions, NGOs, and community leaders to tackle mental health challenges.
2. **Addressing Stigma:** Through targeted awareness programs, the initiative helped reduce stigma associated with mental health, particularly in marginalized PPR communities, encouraging more individuals to seek help.
3. **Culturally Relevant Interventions:** Tailoring interventions to the specific cultural context of PPR communities ensured their relevance and effectiveness in addressing local mental health needs.
4. **Policy Advocacy:** Research conducted in collaboration with UNICEF and other agencies informed policy changes aimed at improving mental health services in Malaysia, especially in underserved areas.
5. **Ongoing Support:** The long-term focus of MyHealthyMind@PPR, particularly in the wake of the COVID-19 pandemic, ensures that mental health support remains accessible and sustainable for children and families.

Case 4: National Disaster Management Agency (NADMA) Flood Response

Background information	
Location of the initiative	Malaysia
Name of the organization	National Disaster Management Agency of Malaysia (NADMA)
Brief description of the organization	NADMA is the focal point agency in charge of managing disasters in Malaysia, covering all stages of disaster management: pre-disaster, during disaster, and post-disaster. The agency outlines the roles and responsibilities of various actors involved in disaster response.
Objective of the initiative	The main objective is to provide holistic disaster management policies and mechanisms, with special attention to the welfare of women, children, and adolescents during the disaster response, particularly during floods.
Brief summary of the initiative	The initiative took place during floods, where temporary shelters were set up for affected families. NADMA collaborated with the Women and Children Welfare Department to ensure that women, children, and

	adolescents received special care. Activities for children included briefings on safety measures and the provision of psychosocial support in collaboration with the Ministry of Health. This initiative aimed to help children and adolescents adapt to the challenges of being displaced due to the floods.

Best Practices

Childhood and Children's Rights Approach:

Children in the shelters were given the right to know how long they would stay, and specific cultural needs were addressed. For example, Muslim girls were provided with hijabs and prayer areas to accommodate their religious practices. Although it was not possible to meet every need during the disaster, NADMA focused on addressing sensitive cultural issues, highlighting the importance of inter-agency coordination.

Community-Based Disaster Risk Management (CBDRM):

Communities were trained in advance as floods are a regular occurrence in Malaysia. Local leaders were aware of vulnerable households, including those with disabled residents or pregnant women. Although some community members ignored evacuation warnings, authorities, along with NGOs, worked to deliver food and basic supplies to those who stayed behind. The training and coordination efforts ensured a more effective disaster response.

Participatory Methodologies:

Local leaders, state governments, and NGOs played significant roles in the disaster response. Communities were trained to respond to evacuation sirens, and NGOs helped by providing food, clothing, and other necessities. Volunteers managed shelters, while authorities focused on search and rescue operations, ensuring that the needs of victims were met.

Crisis Intervention and Coping with Psychosocial Effects of the Pandemic:

The initiative also addressed the psychosocial effects of the pandemic on children and adolescents, respecting their rights during disaster relief efforts. Mental health support, particularly for vulnerable groups, was considered essential.

Lessons Learned

1. **Cultural Sensitivity in Crisis:** By addressing cultural and religious needs, the initiative demonstrated that even during a crisis, respecting cultural practices can enhance the well-being of affected individuals.

2. **Community Preparedness:** Training local communities ahead of disasters, particularly for anticipated events like floods, increased the efficiency of the response and minimized risks for vulnerable populations.

3. **Collaboration with NGOs:** The involvement of NGOs in providing essential supplies and managing shelters allowed authorities to focus on critical disaster management tasks, improving overall coordination.

4. **Mental Health Support:** The initiative recognized the importance of mental health support for all victims, particularly children and adolescents, who are more vulnerable during disasters.

Case 5: Psychosocial Support for Kindergartens in Emergency and Disaster Contexts in the Valparaíso Region, Chile

Background information	
Location of the initiative	Valparaíso Region, Chile
Name of the organization	Junta Nacional de Jardines Infantiles (JUNJI; "National Kindergarten Board")
Brief description of the organization	JUNJI is a public institution under the Ministry of Education in Chile. Its mission is to provide high-quality early childhood education and comprehensive well-being to children, especially from socioeconomically vulnerable families, focusing on children aged 0 to 4 years old.
Objective of the initiative	The initiative aimed to support educational teams and families to create safe, protective, and emotionally supportive spaces for children attending emergency kindergartens established due to the wildfires in the Valparaíso region.
Brief summary of the initiative	Motivated by the need to create safe spaces for children affected by the wildfires in Viña del Mar and Quilpué, JUNJI developed a strategy in collaboration with its central and regional offices. The initiative involved: • Establishing four emergency kindergartens (two in shelters and two in kindergartens) in affected areas to provide safe spaces for children.

	• Offering emotional support and guidance to educational teams on providing socioemotional support to children. • Conducting individual and group sessions with families to identify emotional needs, protective and risk factors, and provide psychoeducational guidance to caregivers. • Ongoing multidisciplinary support from psychologists, social workers, and educators. This strategy was implemented in February and March 2024.

Best Practices

Childhood and Children's Rights Approach:

The initiative focused on ensuring children's basic rights, such as safe spaces, opportunities for play, emotional expression, and the restoration of basic needs like food and hygiene. Initially, families were reluctant to send their children to the emergency kindergartens, as they did not want to be separated from them. To address this, the educational teams conducted outreach visits to raise awareness among families about the protective environments the kindergartens provided.

Community-Based Disaster Risk Management (CBDRM):

The strategy was developed after the emergency and did not include pre-disaster community involvement. However, the regional JUNJI office identified community needs and available resources to determine where to establish the emergency kindergartens.

Participatory Methodologies:

The initiative employed participatory methodologies to identify the needs of children and families. These included:

- Dialogues with the early childhood education staff.
- Individual consultations with families and caregivers.
- Observations of children's behavior in the educational context.

The goal was to identify protective and risk factors, emotional and behavioral indicators, and provide guidance to families and educators on supporting children during emergencies.

Crisis Intervention and Coping with Psychosocial Effects:

Although the initiative was not designed to address pandemic-related effects, it focused on the psychosocial impact of the wildfires on children. A successful technique used with families was the installation of a "worry mailbox", where families could submit concerns about their children. These concerns were later worked through in workshops using materials developed by the Chile Crece Contigo (Chile Grows with You) program.

Lessons Learned

1. **Rapid Response:** The quick establishment of emergency kindergartens in affected areas provided essential safe spaces for children, allowing families to focus on rebuilding their homes.
2. **Outreach to Families:** Direct outreach by educational teams helped overcome initial resistance from families, ensuring children received the protection and care they needed.
3. **Multidisciplinary Support:** The involvement of psychologists, social workers, and educators ensured that the emotional and social needs of children were addressed holistically.
4. **Limited Impact Assessment:** Although the initiative was well-received, the short duration of the kindergartens and the relocation of families from shelters made it difficult to evaluate the long-term impact.

Case 6: "Línea Libre" (Free Helpline) - Fundación Para la Confianza, Chile

Background information	
Location of the initiative	Chile
Name of the organization	Fundación para la Confianza ("Foundation for Trust")
Brief description of the organization	Fundación para la Confianza is a non-governmental organization that has been combating child sexual abuse for over 13 years. It offers comprehensive support (legal and psychosocial) to direct and secondary victims of abuse and focuses on prevention and education by providing training tools in educational communities. The organization also runs Línea Libre, a free helpline offering remote support to children and youth.
Objective of the initiative	The initiative aims to provide a free, professional, and secure support channel for all children and adolescents in Chile, ensuring they are listened to and respected. The helpline is staffed by trained psychologists who offer crisis intervention, guidance, and mental health support.
Brief summary of the initiative	Línea Libre operated as the only dedicated help channel for children and adolescents in Chile between 2013 and 2017 before being temporarily closed due to resource shortages. In 2019, Fundación Para la Confianza reopened the helpline, which has since served approximately 6,400

	children and youth in 2023 alone. Currently, Línea Libre operates from Monday to Friday, providing access through its toll-free number and website for all the citizens.

Best Practices

Childhood and Children's Rights Approach:

The intervention carried out in Línea Libre is grounded in a rights-based approach, considering that those who contact are not seen as passive recipients of what happens to them but as capable of acting and participating actively. It is crucial to respect their autonomy and subjectivity, allowing the user to decide which topics to address and how deeply. The intervention is a space of non-obligation and non-pressure, reversing adult-centered logics present in other spaces. Some of the key aspects for putting this into practice were:

- Building a space that promotes active listening and the right to participation for children.
- Empathetic listening as a central element of support, ensuring that the user feels heard and taken seriously, demonstrating respect for their perspectives.

Community-Based Disaster Risk Management (CBDRM):

Línea Libre plays a crucial role in providing psychological support during crises, including disasters. It fills a gap often left by traditional risk management that focuses on immediate physical needs. The helpline enables prolonged therapeutic contact and supports users through crises, ultimately helping them access further therapeutic resources.

For instance, the progressive work conducted with users through Línea Libre involves maintaining contact for extended periods based on the level of risk identified. This ongoing support paves the way for users to eventually access therapeutic processes or connect with significant others who can help address their needs. The service plays multiple roles: it facilitates the establishment of therapeutic conditions, provides a supportive environment during severe crises, and helps individuals navigate the complexities of their therapeutic journeys. When psychologists engage with users, they offer empathetic listening and therapeutic support, aiming to provide relief and empower individuals to actively pursue their well-being.

Maintaining awareness of a free support channel during crises aids in decompressing emotional states and validating the feelings of children and adolescents, effectively creating therapeutic opportunities. For example, during the summer of 2024, following forest fires, Línea Libre was made available to affected communities. The initiative was supported by training volunteers in the disaster zone, enabling them to share the contact information for this vital resource with the community, focusing initially on children but ultimately benefiting the entire population. The primary reasons for reaching out to Línea Libre include mental health issues, interpersonal conflicts, abuse, discrimination, and educational concerns. The channel is designed as a safe space, triggering immediate action protocols when risks to children are identified, particularly in cases of severe rights violations or suicidal ideation. In these scenarios, therapeutic support aims

to alleviate the sense of hopelessness, facilitating recovery and engagement through meaningful interaction.

Participatory Methodologies:

While Línea Libre does not utilize participatory methodologies in its direct operations, it respects the autonomy and participation of children and adolescents in shaping their support experiences. The service focuses on psychoeducation, enabling users to understand and manage their emotional challenges actively. Users are encouraged to actively engage in understanding their experiences, enhancing their sense of agency.

Crisis Intervention and Coping with Psychosocial Effects of the Pandemic:

The pandemic highlighted the urgent need for accessible therapeutic spaces. Línea Libre emerged as a vital resource during this time, addressing the psychological repercussions of the crisis, such as anxiety, domestic violence, and suicidal ideation among youth. Continuous support was key: the helpline facilitates ongoing therapeutic processes, providing a space for emotional release and crisis management.

Lessons Learned

1. **Community Engagement:** Active participation of community members in identifying and addressing mental health needs enhanced the effectiveness of psychological support initiatives like Línea Libre.
2. **Prolonged Contact for Therapeutic Support:** Maintaining ongoing communication with users in crisis was essential in creating conditions conducive to therapeutic processes, allowing for gradual emotional stabilization.
3. **Empathetic Listening as a First Step:** Establishing Línea Libre as a space for empathetic and active listening provided immediate relief and support for individuals experiencing severe emotional distress during crises.
4. **Holistic Approach to Crisis Intervention:** Integrating psychological support with community resources, such as local volunteers, allowed for more comprehensive care that addressed the diverse needs of children and families.
5. **Early Detection and Response:** The implementation of rapid response protocols for safeguarding children enabled timely interventions, ensuring that critical issues like abuse or suicidal ideation were addressed effectively.

Case 7: Psychosocial Accompaniment Program for Children and Adolescents Orphaned by COVID-19

Background information	
Location of the initiative	Peru
Name of the organization	Ministry of Health of Peru
Brief description of the organization	The Ministry of Health of Peru aims to guarantee the protection and improvement of the physical, mental, and social health of the population through health governance.
Objective of the initiative	To protect, promote, and address the mental health of children and adolescents in orphanhood due to COVID-19, as well as that of their caregivers, fostering their autonomy and participation.
Brief summary of the initiative	The findings of the research study "Mental Health of Children and Adolescents in the Context of COVID-19" show that 30% of this population is at risk of developing emotional, behavioral, or attention-related mental health problems. Additionally, Peru has the highest rate of loss of primary caregivers (parents or grandparents who assume guardianship) and secondary caregivers among children and adolescents during the COVID-19 context, at 10.2 per 1,000 children. The psychological suffering caused by this orphanhood places these children at a higher risk of mental health issues such as post-traumatic stress disorder, depression, and suicidal ideation, alongside other psychosocial risks such as child maltreatment and sexual violence. In response, the Ministry of Health implemented the Psychosocial Accompaniment Program for Children and Adolescents Orphaned by COVID-19 as part of the 2021 Mental Health Plan. The initiative involves multiple actors, including the Community Mental Health Centers (focusing on children and adolescents), mobile teams from the National Program for Family Well-being (INABIF), mental health officials from health networks, and the Ministry of Health's Mental Health Directorate, among others.

Best Practices

Childhood and Children's Rights Approach:

The program recognizes the suffering and needs of children and adolescents, acknowledging that the state has an obligation to protect these vulnerable groups by ensuring the provision of

culturally relevant mental health services. Informed consent from caregivers and assent from adolescents, as well as from children over 10 years of age, were sought for their participation in interventions. However, cultural patterns that impede the exercise of children's rights were identified, such as the expectation that children should obey and remain silent, leading to misconceptions about their needs. There was also widespread misinformation about children's rights, a prevailing stigma surrounding mental health, and fears related to health personnel being perceived as COVID-19 transmission agents. Additionally, cultural beliefs limited children's participation in mourning rituals and restricted emotional expression.

To overcome these barriers, the program utilized social and community communication efforts in collaboration with the Ministry of Women and Vulnerable Populations, disseminating key messages for the health care of children and their caregivers. Access to an orphan pension was facilitated, and protective measures were implemented during visits. Open dialogues with parents –in cases where only one of them had passed away– and caregivers about emotional health and positive parenting were encouraged, and home visits helped establish trust and inform families about psychological interventions.

Community-Based Disaster Risk Management (CBDRM):

The initiative actively involved community agents who provided support and advice. Collaboration with local actors, such as the police, was crucial in mobilizing resources to areas at risk. The partnership between the Ministry of Health and the Ministry of Women and Vulnerable Populations ensured coordinated efforts. The identification of orphaned children was conducted through the National Program for Family Well-being (INABIF), which facilitated the creation of a registry to support monthly economic assistance for children in poverty. Connections were made with community social programs, and partnerships were established with the Ministry of Education for training teachers in mental health protection and prevention.

Participatory Methodologies:

The program employed participatory methodologies, such as experiential workshops for children and families, art therapy sessions to express emotions, and mobilization of community resources to recognize their psychosocial strengths. Psychoeducational sessions were provided to inform families about the grieving process, while meetings with social actors helped build a supportive network around the children and adolescents.

Crisis Intervention and Coping with Psychosocial Effects of the Pandemic:

The program aimed to reach out to orphaned children and adolescents through registers from the Ministry of Women, utilizing community agents and other social actors for support. Mental health teams provided emotional support at the children's homes, which included active listening sessions for both the children and their caregivers, emotional expression and regulation sessions targeted at the children, psychoeducation on the grieving process, identification and mobilization of social support networks, and collaboration with institutions addressing social, educational, or economic issues. Information and communication were disseminated via the Ministry of Health’s official social media channels.

The program also involved early identification of mental health problems among children and caregivers, with assessments of their mental states, risk factors, and protective factors. Referrals to community mental health centers were made for those identified with mental health issues during home visits. Specialized care was provided, including diagnosis and treatment based on individual needs and continuity of care for severe mental disorders or psychosocial risks such as family violence. Mutual support groups were organized for both children and caregivers, and clinical supervision was conducted for professionals involved in the program.

Lessons Learned

1. **Comprehensive Support:** Providing psychological professionals to accompany orphaned children and connect them to health services and support networks was crucial in addressing their basic needs.
2. **Community Engagement:** Mobilizing community agents and fostering collaboration with local actors significantly enhanced the program's reach and effectiveness.
3. **Culturally Sensitive Approach:** Understanding and addressing cultural barriers allowed for more effective communication and intervention strategies, ensuring that the children's rights were respected.
4. **Sustained Intervention:** Systematizing the experiences gained from this initiative can establish a permanent line of intervention within community mental health services, making it a model for future programs addressing grief in children and adolescents.

6. Appendix

6.1 Workshop's Materials

Game instructions

THE COMMUNITY BASED DISASTER RISK REDUCTION DOMINO

APEC Project: EPWG042022A

Objectives

1. Explore key concepts of the Disaster Risk Management and the Community Based Disaster Risk Reduction approach
2. To learn about significant disaster risk reduction work experiences of the participants

What is "CBDRM Domino"

The Community Based Disaster Risk Reduction Domino is an activity that leads to conversation about the concepts of disaster risk reduction linked with the own thoughts and experiences of the players.

It is composed of a deck of cards with key concepts and terms defined by the United Nations system, especially the Sendai Framework for Disaster Risk Reduction and the Community Based Disaster Risk Reduction.

How to play

Participants are randomly divided into groups of four to six people.

Each group has a set of cards with terms and concepts commonly used in disaster risk management. Each card has a term and its definition.

1. To begin, all the cards are placed face up to the center of the table so that the participants can read and familiarize themselves with them.
2. After a few minutes, the cards are turned over and shuffled.
3. Three cards are randomly dealt to each player, the rest are stacked in a deck.
4. The game begins by drawing a card at random, which is placed in the center of the table.
5. Whoever takes the first turn must choose a related term or concept from their own cards and tell the rest of the players why they think the concept is related and/or how they have experienced it. It is suggested that each turn take no more than 1.5 minutes.
6. The card is placed next to the first one like the domino game, not on top of it.

7. Following the hands of the clock, the next player must connect one of his cards with one of the cards on the table, following the same instructions. If none of their cards fit with those in the table, they may take another from the pile.

8. The game ends when the cards of the given time runs out.

Card's References:

2017. Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction. https://www.preventionweb.net/publication/report-open-ended-intergovernmental-expert-working-group-indicators-and-terminology

https://www.preventionweb.net/sendai-framework/sendai-framework-at-a-glance

https://www.preventionweb.net/understanding-disaster-risk

https://www.undrr.org/gender

Acceptable Risk or Tolerable Risk	The extent to which a disaster risk is deemed acceptable or tolerable depends on existing social, economic, political, cultural, technical and environmental conditions.
Build Back Better	The use of the recovery, rehabilitation and reconstruction phases after a disaster to increase the resilience through integrating disaster risk reduction measures into the restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economies and the environment.
Capacity	Capacity refers to all the strengths, attributes and resources available within a community, organization or society to manage and reduce disaster risks and strengthen resilience. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management.

Paritipatory Process ***Community Based Disaster Risk Reduction***	CBDRM is a process in which communities at risk actively participate in the analysis of disaster risk-related problems, challenges and capacities, as well as in decision-making. CBDRM seeks to elicit the views of the most vulnerable, who are generally excluded from traditional top-down disaster risk management.
Community-Based Disaster Risk Management	**Community-based disaster risk management** promotes the involvement of potentially affected communities in disaster risk management at the local level. This includes community assessments of hazards, vulnerabilities and capacities, and their involvement in planning, implementation, monitoring and evaluation of local action.
Multi-Sector And Multi-Disciplinary Expertise	A wide range of multi-sectoral and multi-disciplinary knowledge, expertise and skills needs to be utilized in CBDRM. At the same time, it makes use of local traditions and values that support the goal of realistic disaster management planning. It combines indigenous and local knowledge, with science, technology and innovative approaches.

Disaster	A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.
Disaster Risk	Disaster risk is expressed as the likelihood of loss of life, injury or destruction and damage from a disaster in a given period of time. It is determined probabilistically as a function of hazard, exposure, vulnerability and capacity
Disaster Risk Governance	The system of institutions, mechanisms, policy and legal frameworks and other arrangements to guide, coordinate and oversee disaster risk reduction and related areas of policy.

Disaster Risk Information	Comprehensive information on all dimensions of disaster risk, including hazards, exposure, vulnerability and capacity, related to persons, communities, organizations and economies and their assets. **Disaster risk information** includes all studies, information and mapping required to understand the disaster risk drivers and underlying risk factors.
Disaster Risk Management	**Disaster risk management** is the application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses.
Empowerment of Individuals and Communities	People's choices and capabilities are increased with greater access to and control of basic social resources and services through concerted action. Participating in CBDRM builds self-esteem, autonomy and confidence among community members to participate in other development projects.

Exposure	The situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard-prone areas.
Extensive Disaster Risk	The risk of low-severity, high-frequency hazardous events and disasters, mainly but not exclusively associated with highly localized hazards. Extensive disaster risk is often exacerbated by poverty, urbanization and environmental degradation.
Gender Mainstreaming in Disaster Risk Reduction	Gender inequalities, which exist in every society, result in gender-differentiated disaster impacts. Understanding the impact of gender norms, roles and relations on people's lives within a given culture and society is critical to reducing disaster risk

Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation. Hazards may be natural, anthropogenic or socionatural in origin.
Increased Responsiveness of Communities	Community participation leads to actions and ownership of the CBDRM process and its results. It contributes to addressing the root causes of vulnerabilities and transforming the structures that generate inequality and underdevelopment.
Integration of Communities	In the CBDRM, the community addresses short-term impacts and enhances long-term community resilience building through linkages with other communities, organizations, and government units or agencies at various levels. Especially as it relates to vulnerabilities that cannot be address with its own existing resources and capacities.

Intensive Disaster Risk	The risk of high-severity, mid- to low-frequency disasters, mainly associated with major hazards
Local And Indigenous Peoples' Approach to Disaster Risk Management	Local and indigenous peoples' approach to disaster risk management is the recognition and use of traditional, indigenous and local knowledge and practices to complement scientific knowledge in disaster risk assessments and for the planning and implementation of local disaster risk management.
Mitigation	The lessening or minimizing of the adverse impacts of a hazardous event.

Preparedness	The knowledge and capacities developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to and recover from the impacts of likely, imminent or current disasters.
Prevention	Activities and measures to avoid existing and new disaster risks. Disaster prevention expresses the intention to completely avoid potential adverse impacts of hazardous events. While certain disaster risks cannot be eliminated, prevention aims at reducing vulnerability and exposure in such contexts where, as a result, the risk of disaster is removed.
Proactivity	CBDRM focuses on pre-disaster interventions and risk identification and assessment, prevention, mitigation and preparedness measures. It contributes to the progressive realization of safety, resilience and development for all.

Comprehensive Process **Community-Based Disaster Risk Reduction**	CBDRM uses structural and non-structural measures for the implementation of preparedness and mitigation. CBDRM also optimizes disaster risk reduction and management by adopting viable options for environmental conservation, ecosystem-based DRR, coastal management, among others.
Reconstruction	The medium- and long-term rebuilding and sustainable restoration of resilient critical infrastructures, services, housing, facilities and livelihoods required for the full functioning of a community or a society affected by a disaster, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk.
Recovery	The restoring or improving of livelihoods and health, as well as economic, physical, social, cultural and environmental assets, systems and activities, of a disaster affected community or society, aligning with the principles of sustainable development and "build back better", to avoid or reduce future disaster risk.

Rehabilitation	The restoration of basic services and facilities for the functioning of a community or a society affected by a disaster
Residual Risk	Residual risk is the disaster risk that remains even when effective disaster risk reduction measures are in place, and for which emergency response and recovery capacities must be maintained. The presence of residual risk implies a continuing need to develop and support effective socioeconomic policies as part of a holistic approach.
Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management.

Response	Actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.
Sendai Framework, Priority 1: **Understanding Disaster Risk**	Disaster risk management needs to be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment
Sendai Framework, Priority 2: **Strengthening disaster risk governance to manage disaster risk**	Disaster risk governance at the central, regional and global levels is vital to the management of disaster risk reduction in all sectors and ensuring the coherence of central and local frameworks of laws, regulations and public policies that, by defining roles and responsibilities, guide, encourage and incentivize the public and private sectors to take action and address disaster risk

Sendai Framework, Priority 3: **Investing In Disaster Risk Reduction For Resilience**	Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, economies and their assets, as well as the environment.
Sendai Framework, Priority 4: **Enhancing disaster preparedness for effective response and to «Build Back Better»**	Experience indicates that disaster preparedness needs to be strengthened for more effective response and recovery. The recovery, rehabilitation and reconstruction phase is an opportunity to **«Build Back Better»** through integrating disaster risk reduction measures. Women and persons with disabilities should publicly lead **gender-equitable** and **universally accessible** approaches during the response and reconstruction.
Systemic Risk	Systemic risks involve: multiple communities, cities, regions, or economies; risks that are interconnected; effects that move from one system or network to another and are uncertain or unpredictable; and they have potentially devastating outcomes – like the collapse of entire systems and threats to society as a whole.

Underlying Disaster Risk Drivers	Processes or conditions, often development-related, influence the level of disaster risk by increasing levels of exposure and vulnerability or reducing capacity. Underlying disaster risk drivers include poverty and inequality, climate change, demographic change, non-disaster risk-informed policies, the limited availability of technology, pandemics and epidemics
Vulnerability	The conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.

Game instructions

THE COMMUNITY BASED DISASTER RISK REDUCTION LUDO

APEC Project: EPWG042022A

Objetives

Identify stages, facilitators and barriers to achieve the CBDRM in hypothetical playful scenarios of implementation of disaster risk reduction actions.

What is “CBDRM LUDO”

The Community Based Disaster Risk Reduction LUDO is a race game that reinforces the phases of the process in this approach. The winner is the one who manages to complete all the stages of the process.

How to play

The participants are arranged standing in the room, keeping the working groups formed by each table. On the floor, the ballots that mark the six steps of the CBDRM will be placed consecutively.

One participant will take the role of narrator and the rest of the group will be players.

All players start in stage 1 "community selection", placing themselves on the imaginary line marked on the corresponding ballot paper. They will wait their turn to roll the die.

Development of the turn:

1. The narrator reads the description of the stage in which the player is placed (on the following pages).
2. The player rolls the die, which will determine the action he/she will have to perform (move forward, backward, stay in the same stage).
3. The narrator reads the action according to the number rolled on the die.
4. The player advances to the next stage, moves back or stays, depending on his/her luck. The turn is resolved when the player loses.

Materials

- Slips of paper with the names of the steps in the CBDRM process
- Booklet with instructions
- One die

STEP 1

SELECTION OF THE COMMUNITY

NGOs, disaster management agencies, government and other intermediary organizations play a key role in initiating the CBDRM process. They respond to requests from vulnerable communities or select at-risk communities where disaster risk reduction programs should be prioritized.

Criteria for the selection of at-risk communities may include the following: most disaster-prone area, least served by the government, additional considerations such as the possibility of spreading program effects to neighboring communities, or the presence of existing development projects.

Actions according to the number obtained on the die	
1	Your team failed to agree on the community selection criteria. Stay at this stage until the next turn!
2	Your team chose an over-intervened community Stay at this stage until the next turn!
3	Your team considered the right criteria Move on to the next step!
4	You chose a disaster-prone community Move on to the next step!
5	Your team is responding to an institutional rather than a community need. Stay at this stage until the next shift!
6	Your team is responding to a community need. Move on to the next step!

STEP 2

BUILDING A RELATIONSHIP AND UNDERSTANDING WITH THE COMMUNITY

Professionals supporting the community should form an idea of the community's characteristics, needs and resources. It involves building a trusting relationship with the community and gathering basic information to get an overview and understanding of the community.

Actions according to the number obtained on the die	
1	You fail to understand the cultural dynamics of the community. Stay at this stage until the next shift!
2	You are linking yourself from an assistentialist stance Stay at this stage until the next shift!
3	You are getting along well with the community Move on to the next step!
4	You have established a relationship with different groups in the community. Move on to the next step!
5	You didn't consider talking to men and women, the gender perspective escapes you! Stay at this stage until the next shift!
6	You were sensitive to older people Move on to the next step!

STEP 3

PARTICIPATORY RISK ASSESSMENT

This is a process to identify the risks faced by the community and how people overcome them using local knowledge and resources.

Participatory Community Risk Assessment unites the community in a common understanding of their disaster risks and typically has four components: Hazard Assessment, Vulnerability Assessment, Capacity Assessment, People's Perception of Risks.

Actions according to the number obtained on the die	
1	Your evaluation incorporated the hazard assessment Move on to the next step!
2	Your assessment incorporated vulnerability assessment Move on to the next step!
3	Your assessment incorporated the capability assessment Move on to the next step!
4	Your assessment did not incorporate the population's perception of risks Stay at this stage until the next round!
5	Your assessment incorporated risk perception by the population. Move on to the next step!
6	Your assessment did not incorporate the use of local knowledge and resources. Stay at this stage until the next round!

STEP 4

PARTICIPATORY RISK REDUCTION PLANNING

Preparedness, prevention and mitigation measures are identified to reduce disaster risk. These risk reduction measures are not necessarily large projects. What is important is to initiate the risk reduction process through community mobilization based on existing capacities and resources within the immediate reach of the community.

The people, schedules, resources needed to realize the intent of the plan are identified, agreements are formalized with intermediary organizations regarding their support in the implementation of the risk reduction plan and their expectations/resource requirements, which they commit to mobilize.

Actions according to the number obtained on the die	
1	Identified existing people, schedules and resources Move on to the next step!
2	Formalized agreements with intermediary organizations. Move to the next step!
3	The project is mobilizing the community based on its resources. Move to the next step!
4	The planning is not considering the resources already available to the community Stay at this stage until the next turn!
5	Your planning is being unrealistic, you may disappoint people's expectations! Stay at this stage until the next shift!
6	Your planning is not mobilizing anyone Stay at this stage until the next turn!

STEP 5

COMMUNITY-MANAGED IMPLEMENTATION

The formation and strengthening of a community disaster management mechanism is often useful for the implementation of the risk reduction plan.

Apart from monitoring the progress of implementation, this core group usually motivates the community by translating the plan into action. This group also leads the necessary adjustment of goals and plans and helps to stay on track with the objectives.

Actions according to the number obtained on the die	
1	The neighborhood council decided to create a commission that will be in charge of the project. Move on to the next step!
2	The committee is encouraging the community to participate. Move on to the next step!
3	A team of volunteers has been formed to manage the project. Moving to the next step!
4	The committee is not working properly Stay at this stage until the next shift!
5	The local committee stopped meeting Stay at this stage until the next shift!
6	The implementation is not being managed by the community Stay at this stage until the next shift!

STEP 6

PARTICIPATORY MONITORING AND EVALUATION

The assessment is concerned with the effects of risk reduction measures in terms of increasing community resilience.

If resilience has not increased significantly, the reasons are analyzed.

Participatory monitoring and evaluation also examines how capacities have been improved.

Lessons are learned and best practices are shared with other groups and communities to promote the CBDRM framework and strategy.

Actions according to the number obtained on the die	
1	The effects of the project have been evaluated in a participatory way. Move on to the next step!
2	Resilience has not increased in the community... but they are participatory assessing to understand why Go to the next step!
3	A participatory systematization process has been generated to present the experience at the community meeting. Move on to the next step!
4	It has been monitored only from the NGO, the community has not been considered! Stay at this stage until the next turn!
5	The evaluation considers only institutional management criteria Stay at this stage until the next shift!
6	Monitoring and evaluation was only done to be accountable to the donor Stay at this stage until the next shift!

STEP 1

COMMUNITY SELECTION

STEP 2

BUILDING A RELATIONSHIP AND UNDERSTANDING WITH THE COMMUNITY

STEP 3

PARTICIPATORY RISK ASSESSMENT

STEP 4

PARTICIPATORY RISK REDUCTION PLANNING

STEP 5
COMMUNITY-MANAGED IMPLEMENTATION

STEP 6

PARTICIPATORY MONITORING AND EVALUATION

YOU MADE IT!

WORKSHEET:

“HOW DID I EXPERIENCE AND WHAT DID I FEEL IN THE PANDEMIC WE HAVE RECENTLY LIVED?”

Description of the activity:

The activity consists of carrying out an analysis of the sensations and experiences that marked your experience of the COVID-19 pandemic.

Each participant will have to detect in his/her life experiences the main facts, learnings and processes lived during the pandemic.

Expected outputs: Brief presentation of the analysis individually generated to the working group.

One of the participants will have to synthesize the experiences of the group.

Instructions:

- Participants will analyze their experience during the COVID-19 pandemic by answering the question “How did I experience and what did I feel in the pandemic we have recently lived?”

CRISIS CARDS

Name of the activity: Crisis Cards

Objective: to reflect on some contents related to the concept of crisis considering some particularities of childhood and adolescence.

Description: the game consists of 43 cards that shall be equally distributed among the members of the group.

Instructions:

Participants have been given a set of 43 cards. They also have a “Board” with three empty squares: “Accepted”, “Rejected” and “To be discussed”.

First of all, participants must “shuffle” the cards as if it were a game of “chance” cards and distribute them equally among all members of the group. One person in the group begins by taking one of his/her cards and reading it aloud. Then the group shares opinions, experiences and knowledge that each one considers can contribute in this regard. Once the discussion has taken place, the group must decide whether they consider the statement on the card to be correct or incorrect.

It is very important that this classification of the card content is done by consensus. If a consensus cannot be reached, the card will be placed in the “To be discussed” box.

It should be remembered that the goal of this activity is the quality of the discussion and the exchange of experiences and it is not a race against time to see which group finishes first.

In the plenary, participants will present the card or cards that generated most debate and discussion in the group.

Not all people develop a crisis when facing the same event.	According to international studies, women are more likely to develop stress symptoms when faced with a similar event than men.
A crisis can be defined as a person's emotional reaction and must be differentiated from the triggering event.	Unlike a normal psychological response to a stimulus, the response of a person in crisis is usually inadequate, ineffective, disproportionate and can increase the risk of aggravating the situation both for themselves and for others.
People who have gone through a traumatic event usually manifest a characteristic pattern of memory impairment; in this condition, they tend to remain “attached” to the memories of the event as if they were still experiencing it for days, weeks or even months later.	Every crisis goes through different moments or stages: the first is called impact (initial) stage.

Approximately 50% of people who have experienced a traumatic situation will require specialized professional care.	A person can show symptoms of post-traumatic stress even months later, even if he/she has not noticed any symptoms in the weeks and months immediately after the event. Do you think this could be real?
Rumors and conspiracy theories are common in crisis situations. What experiences do you have in this respect?	Time heals everything, there is no need to provide psychological support; in any case, people are going to get out of this on their own.
The presence of journalists is usually in itself a source of stress or re-traumatization. In your experience is this sentence correct or not?	A crisis can be defined as the result obtained by dividing (metaphorically speaking) the amount of available psychological resources (predominant psychological defense mechanisms, quality of available socio-emotional relationships, skills and knowledge), by the characteristics and magnitude of the potentially traumatizing event.

Crises are always the result, in part, of human decisions or negligence and in that sense, it cannot be said that they are of purely natural origin, not even earthquakes. What do you think about this?	People who have a physical or mental disability are usually more vulnerable to potentially traumatizing situations such as socio-natural disasters and require greater attention.
The ability to rebuild the social fabric, not only to “air” (share) their impressions in the face of events or disasters, but to organize their responses, establish priorities and be able to act collectively is essential as an element of protection and psychological recovery in situations of emergency.	When faced with an unforeseen and potentially threatening event, the best predictor that exists is how this person has reacted in the past to events of the same nature.
It is common for men to experience expressions of anxiety and grief as irritability, while women experience them as sadness or distress.	A fundamental element to take into consideration is the care and protection of children in emergency situations, given that there are two risk factors that combine: parents are busy trying to resolve urgent situations of basic resources or health and, on the other hand, overcrowding can favor situations of child sexual abuse.

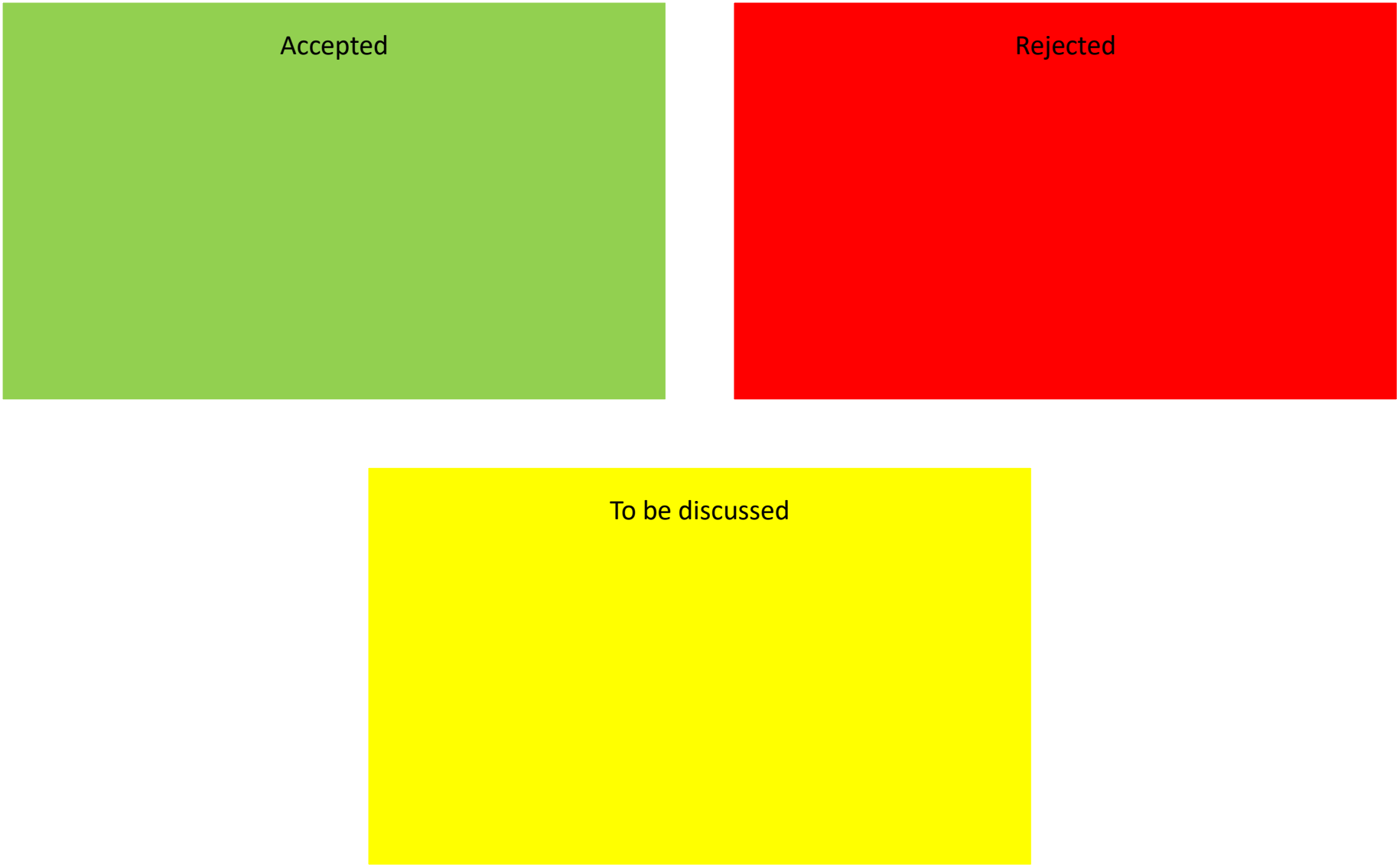
Working through grief is usually the most demanding psychological task in situations of socio-natural emergencies.	The loss of the feeling of invulnerability and self-efficacy usually underlies the phenomena of psychological crises.
When faced with a crisis, most people suffer insomnia, muscle aches and other manifestations of anxiety, and require medical attention.	It is normal for children to “return” to behaving like they did when they were minors; they want to be closed to their parents and it is difficult for them to sleep alone. Would this be normal?
Children who are emotionally affected stop playing, become aggressive or want to be close to their parents.	Adolescents primarily need to be in contact with their group of peers. For them, they are an essential identity reference.

During periods of confinement, adolescents tend to be more exposed to multimedia content that includes confusing cultural and sexual models based on values that highlight appearance, commercial beauty canons, consumption and figuration as central elements, which can hinder their process of configuring their own identity.	Periods of confinement can hamper the development of skills such as the ability of conciliation, the establishment of agreements and the development of teamwork skills.
The most vulnerable people tend to be those who have suffered physical, psychological and/or sexual abuse during childhood.	Adolescents sometimes find it difficult to measure danger and realistically evaluate their abilities. Do you have any experience to share with the group in this respect?
Long periods of confinement can lead to deterioration in the area of the moral formation of adolescents; for example, they resort to copying or to various forms of transgression in the preparation of their academic homework.	During adolescence, the reaffirmation of their sexual identity represents a relevant developmental task; periods of confinement can make this process difficult given that it is an essentially social process.

Adolescents usually suffer greater deterioration in their social skills, since they are at a sensitive moment in their development, in which the group and the formation of identity converge.	Adolescents often go through a period in which they remove the idealization they had made of their parents during childhood. In crises, this phenomenon can worsen. What have you seen in this respect?
One of the central tasks of adolescence is the search and testing of sexual identity roles. Confinement or the crises severely interfere with this function.	Adolescents need to rehearse social roles in the context of gathering with their peer group. Crises and confinement seriously disrupt this process.
You don't have to explain children what is happening, because, in most cases, they don't realize what is going on.	Adolescents need to value their peers and actively disqualify their parents, but without losing their protection and affection at the same time.

In children who go through a threatening or unexpected situation, “regressive” reactions may arise, that is, reacting again as they did some time ago. For example, if they slept alone, now they want to sleep with their parents again.	How do you think this process is affected during crises?
Addictions often increase in times of crisis.	During periods of greater confinement, group collaboration processes are difficult and signs of social phobia may increase, even long after the event has concluded.
Do you know of any experience in this respect?	After long periods of confinement, confidence in managing social relationships tends to be lost and, therefore, social anxiety increases.

It is essential to allow children to play as part of the normal process of crisis elaboration in contexts of socio-natural disasters.	Children' stories are often useful in helping children process the traumatic experiences they go through during a crisis.
A young boy or girl who eroticizes the plays with his or her peers may have been or may be a victim of sexual abuse.	


Accepted
Rejected
To be discussed

Definition Matching Game

Normalizing

Explain that the reactions experienced are normal in the presence of an abnormal situation. For example, feeling anxiety, sadness and uncertainty is normal after suffering injuries and loss of life and property due to a tsunami. In this sense, these symptoms are normal and are not signs of an illness.

Working on the tunnel vision

In a crisis, people tend to narrow their perceptual field. They tend to feel that their whole (entire) life is in crisis. It is necessary to help them visualize other aspects of their lives that are stable, unaffected, and gradually help them circumscribe the area in which the problem has developed. For example: this fire, which affected the family home, undoubtedly brings great economic damage, but fortunately he/she has a large family and everyone is in good health. Besides, his/her job has not been affected; therefore, it seems that not all his/her life is in crisis, but this is a material problem, hard and difficult, but it seems that not all his/her life is in crisis".

Clarifying

After undergoing a crisis, people may experience intense emotions which may impair their normal logical-rational functioning. To help re-establish these normal functions, it may be helpful to define the events in their time sequence, dates, places, people involved, causes and effects. In other words, to help moving from a confusing and very emotional account to a slightly more detailed and logical description, paying attention to the affects experienced by the protagonist.

It should be remembered that this is a process and that no one should be forced to make a direct confrontation with very painful events: it should be a gradual process and it should be carried out with tact and consideration.

Validating the emotional expression

Feeling grief, anxiety or anger tends to provoke adverse reactions in some communities, which perceive this as acts of demoralization or as manifestations of weakness.

Crying or feeling grief and anguish is normal in a disaster situation. Many people tend to repress the expression of these feelings in others because they consider them harmful for others: family, population or team. Far from this, expressing the feelings associated to the traumatic experience turns out to be one of the most useful psychological tools in the elaboration of crisis situations.

Active listening

This refers not only to paying attention, but to complying with a series of more precise aspects that can contribute to more effective and clarifying interventions; this includes:

a- Stop doing other activities

b- Establish eye contact

c- Listen carefully (without interrupting)

d- Ask a few questions to help clarify facts, people, physical space and time in which events are taking place.

e- Make small summaries in the form of questions that help ratify if you are understanding what your interlocutor is telling you and accept clarifications or corrections if necessary.

f- Validate the emotional experience

g- Do not set yourself as an example

h- Offer to be available in case the person wishes to share his or her experience at another time.

Giving hope

In an environment of devastation, a pat on the shoulder, giving confidence in the future and remembering that they have already found the strength and support to move forward can often be the best help that can be provided or received.

Managing the environment

In persons who are seriously affected or in shock, remove the person from the stressful situation, offer a safe place. Find out if there is a family member or friend nearby to provide company. In the case of children, it is essential that they be accompanied by a responsible adult.

Offer something to drink: water, infusions.

Tuning in with the patient

Assess the person's available psychological capacities and adjust to his or her pace and time to elaborate and respond.

Catharsis

Encourage the expression and the release of affects. Listen to the story carefully; help the person to make contact, recognize, communicate and feel the emotions experienced during the traumatic experience, to the extent of his or her capacity and respecting his or her capacity and condition.

Multidisciplinary intervention

In crisis situations, always consider the participation of other professionals. Interventions accompanied by a social worker, physician, nurse or lawyer (depending on the case) may be helpful, provided they are sensitive and empathetic.

Discouraging denial and spliting

These are two primitive psychic mechanisms. Some individuals may display the existence of "regressive" type defensive psychological mechanisms (corresponding to the functioning of previous stages of development) such as denying the existence of feelings of anxiety, grief or uncertainty; this may go as far as denying that losses have occurred or even a significant alteration of their environment, family-social life or the normal course of daily life.

Other worrying reactions may include the tendency to idealize some people and to demonize others in an extreme way (other families or the authorities, for example). This mechanism is particularly dangerous since it enables extreme acts that may involve an increased risk of impulsive behavior.

Both psychological mechanisms represent primitive forms of psychic functioning and severely interfere with the ability to deal with grief or loss, and greatly hinder social coexistence and organized social activity aimed at conflict resolution.

Auxiliary Ego

Cognitive abilities may significantly deteriorate in some people under stressful situations. In such circumstances, assessing, prioritizing, evaluating risks, organizing resources and preventing events or consequences can be very difficult for the patient. In these circumstances, the rescuer him/herself must assume this role.

Do not pressure to do (to act)

Do not force people who are too depressed or distressed to take action, take initiatives or participate. In such cases offer to contact relatives, friends or responsible adults and always consider the use of psychotropic drugs.

Respect for the autonomy of the other

Decisions are made by the patient; it is not the professional who decides whether or not it is in the patient's best interest to separate, change jobs, or undertake legal proceedings, for example. The support work consists of accompanying, clarifying, enabling people to decide by helping them define the decision as a goal, and using the sessions as parts of the process that can contribute to this effect.

Abandoning the "technical neutrality"

In situations where the **patient's or another person's life is in danger** or in situations of shock, the therapist should be more active and take a greater initiative in deploying actions, aids or decisions for the patient that can bring relief, security and protection. For example, accompany the patient, make calls for him or her, enabling the company of a relative or responsible adult and helping to postpone other decisions for when the patient is in better emotional condition; i.e., helping to discriminate between what is urgent and what is important.

Only under these circumstances is it legitimate for the therapist or rescuer to decide for the patient and to communicate to other responsible persons what was discussed during the session.

Committed relationship

In the case of severely traumatized persons (due to war, torture, rape, etc.) a non-ambiguous attitude towards such events should be adopted. It should be made explicit by the therapist – for example – that the violent act constituted a crime and make this position explicit to the patient. In this type of cases maintaining "technical neutrality" is "iatrogenic" (it aggravates the patient's main suffering or distress).

In severely traumatized persons, abandon technical neutrality: offer yourself as a direct companion to request further appointments with other professionals, guide and provide information to them directly.

Providing information

Provide useful information that contributes to the solution of the patient's current problems and needs, particularly those related to the current crisis; for example: if the trigger of the crisis is the job dismissal, the existence of and access to employment opportunities could be relevant information.

Physical contact is justified in people who are deeply affected or hurt by their situation, but this should always be limited to a few pats on the shoulder or to a few words of encouragement. It should not be forgotten that the relationship is asymmetrical: the patient is in a situation of vulnerability and the therapist in a situation of power, and the risks of transgressions or sexual abuse are real and should be clearly communicated to the treating team prior to the start of interventions in the field.

Explain that the reactions experienced are normal in the presence of an abnormal situation. For example, feeling anxiety, sadness and uncertainty is normal after suffering injuries and loss of life and property due to a tsunami. In this sense, these symptoms are normal and are not signs of an illness.

In a crisis, people tend to narrow their perceptual field. They tend to feel that their whole (entire) life is in crisis. It is necessary to help them visualize other aspects of their lives that are stable, unaffected, and gradually help them circumscribe the area in which the problem has developed. For example: this fire, which affected the family home, undoubtedly brings great economic damage, but fortunately he/she has a large family and everyone is in good health. Besides, his/her job has not been affected; therefore, it seems that not all his/her life is in crisis, but this is a material problem, hard and difficult, but it seems that not all his/her life is in crisis".

After undergoing a crisis, people may experience intense emotions which may impair their normal logical-rational functioning. To help re-establish these normal functions, it may be helpful to define the events in their time sequence, dates, places, people involved, causes and effects. In other words, to help moving from a confusing and very emotional account to a slightly more detailed and logical description, paying attention to the affects experienced by the protagonist.
It should be remembered that this is a process and that no one should be forced to make a direct confrontation with very painful events: it should be a gradual process and it should be carried out with tact and consideration.

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Crying or feeling grief and anguish is normal in a disaster situation. Many people tend to repress the expression of these feelings in others because they consider them harmful for others: family, population or team. Far from this, expressing the feelings associated to the traumatic experience turns out to be one of the most useful psychological tools in the elaboration of crisis situations.

This refers not only to paying attention, but to complying with a series of more precise aspects that can contribute to more effective and clarifying interventions; this includes:

a) Stop doing other activities
b) Establish eye contact
c) Listen carefully (without interrupting)
d) Ask a few questions to help clarify facts, people, physical space and time in which events are taking place.
e) Make small summaries in the form of questions that help ratify if you are understanding what your interlocutor is telling you and accept clarifications or corrections if necessary.
f) Validate the emotional experience
g) Do not set yourself as an example
h) Offer to be available in case the person wishes to share his or her experience at another time.

In an environment of devastation, a pat on the shoulder, giving confidence in the future and remembering that they have already found the strength and support to move forward can often be the best help that can be provided or received.

In persons who are seriously affected or in shock, remove the person from the stressful situation, offer a safe place. Find out if there is a family member or friend nearby to provide company. In the case of children, it is essential that they be accompanied by a responsible adult. Offer something to drink: water, infusions.
Assess the person's available psychological capacities and adjust to his or her pace and time to elaborate and respond.
Encourage the expression and the release of affects. Listen to the story carefully; help the person to make contact, recognize, communicate and feel the emotions experienced during the traumatic experience, to the extent of his or her capacity and respecting his or her capacity and condition.

In crisis situations, always consider the participation of other professionals. Interventions accompanied by a social worker, physician, nurse or lawyer (depending on the case) may be helpful, provided they are sensitive and empathetic.

These are two primitive psychic mechanisms. Some individuals may display the existence of "regressive" type defensive psychological mechanisms (corresponding to the functioning of previous stages of development) such as denying the existence of feelings of anxiety, grief or uncertainty; this may go as far as denying that losses have occurred or even a significant alteration of their environment, family-social life or the normal course of daily life.

Other worrying reactions may include the tendency to idealize some people and to demonize others in an extreme way (other families or the authorities, for example). This mechanism is particularly dangerous since it enables extreme acts that may involve an increased risk of impulsive behavior.
Both psychological mechanisms represent primitive forms of psychic functioning and severely interfere with the ability to deal with grief or loss, and greatly hinder social coexistence and organized social activity aimed at conflict resolution.

Cognitive abilities may significantly deteriorate in some people under stressful situations. In such circumstances, assessing, prioritizing, evaluating risks, organizing resources and preventing events or consequences can be very difficult for the patient. In these circumstances, the rescuer him/herself must assume this role.

Do not force people who are too depressed or distressed to take action, take initiatives or participate. In such cases offer to contact relatives, friends or responsible adults and always consider the use of psychotropic drugs.

Decisions are made by the patient; it is not the professional who decides whether or not it is in the patient's best interest to separate, change jobs, or undertake legal proceedings, for example. The support work consists of accompanying, clarifying, enabling people to decide by helping them define the decision as a goal, and using the sessions as parts of the process that can contribute to this effect.

In situations where the **patient's or another person's life is in danger** or in situations of shock, the therapist should be more active and take a greater initiative in deploying actions, aids or decisions for the patient that can bring relief, security and protection. For example, accompany the patient, make calls for him or her, enabling the company of a relative or responsible adult and helping to postpone other decisions for when the patient is in better emotional condition; i.e., helping to discriminate between what is urgent and what is important.
Only under these circumstances is it legitimate for the therapist or rescuer to decide for the patient and to communicate to other responsible persons what was discussed during the session.

In the case of severely traumatized persons (due to war, torture, rape, etc.) a non-ambiguous attitude towards such events should be adopted. It should be made explicit by the therapist – for example – that the violent act constituted a crime and make this position explicit to the patient. In this type of cases maintaining "technical neutrality" is "iatrogenic" (it aggravates the patient's main suffering or distress).
In severely traumatized persons, abandon technical neutrality: offer yourself as a direct companion to request further appointments with other professionals, guide and provide information to them directly.

Provide useful information that contributes to the solution of the patient's current problems and needs, particularly those related to the current crisis; for example: if the trigger of the crisis is the job dismissal, the existence of and access to employment opportunities could be relevant information.
Physical contact is justified in people who are deeply affected or hurt by their situation, but this should always be limited to a few pats on the shoulder or to a few words of encouragement. It should not be forgotten that the relationship is asymmetrical: the patient is in a situation of vulnerability and the therapist in a situation of power, and the risks of transgressions or sexual abuse are real and should be clearly communicated to the treating team prior to the start of interventions in the field.

Normalizing	Managing the environment
Working on the tunnel vision	Tuning in with the patient
Clarifying	Catharsis
Validating the emotional expression	Multidisciplinary intervention

Active listening	Discouraging denial and spliting
Giving hope	Auxiliary Ego
Do not pressure to do (to act)	Respect for the autonomy of the other
Abandoning the "technical neutrality"	Committed relationship

Providing information

INSTRUCTIONS FOR THE MODELING ACTIVITY FOR PARTICIPANTS

Name of the activity: Identifying and modeling crisis intervention and emotional support techniques.

Objective: To recognize, specify and model the application of psychotherapeutic techniques which are common to crisis intervention and psychological first aid.

Materials: set of "cards in pairs". There are 17 pairs with the name of the technique and its corresponding description.

Duration: One hour thirty minutes.

- Half an hour to build the scene
- The presentation should not last more than 5 minutes each.
- The exchange of experiences and discussion will take place immediately after each presentation.

Description: Participants will be organized into working groups of six to eight people. Each group will be given three (or four) pairs of cards from the "cards in pairs" activity, describing some specific crisis intervention techniques. The different groups will be given cards with different techniques each.

First, participants should think, individually, of a situation related to the pandemic or to its effects on children or adolescents that they have identified in their territories (especially their cultural reality).

Once each member of the group has thought of a situation, they proceed to share it with their peers. Once everyone has shared his or her experiences about one or some of the effects on mental health derived from the pandemic, participants will have to choose one, either because it is the most common, the most representative or the one that causes them most doubts about how it could be addressed.

Next, participants will need to think about how to represent it through a small dramatization or sketch.

It is important that they build a small script that:

1. Briefly describe the scene and place it in time and space
2. Describe the characters that take part in the scene
3. Contain some of the dialogues' meaning, role distribution, and interaction

This distribution of roles MUST contain one or more characters (education worker, health worker, social worker, etc.) who implement the techniques that were assigned to them on the cards they received at the beginning of the activity.

LETTER TO A LOVED ONE

"Dear ..... I would like to tell you that these last three days I have been participating in a workshop on "Coping with Psychosocial Effects of the Pandemic on Boys, Girls and Adolescents of APEC Economies" in the city of Santiago, Chile.

I have met very interesting people and have participated in various activities and, in the end, of all the experiences and activities that we have done, what has caught my attention and the most important learning that I will take with me is:

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