

“A TRUCE FOR VENEZUELAN:

A PRELIMINARY PROGRAM FOR THE PREVENTION  
OF VIOLENCE”

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The World Health Organization Global Report on Violence emphasizes the importance of developing prevention programs in the mental health area. Following the Resolutions of the Assemblies No. 49 (1996) and No. 56 (2003), in January 2003 a Global Campaign for the Prevention of Violence was declared emphasizing that violence is a public health problem, as perilous as any disease.

The Project “A Truce for Venezuelans” is a preliminary program aiming to stimulate initiatives that prevent the escalation of conflicts. It is a community-based project using the principals of Cognitive Behavior Therapy (CBT). The project is designed to teach individuals from various population segments how to substitute prosocial for violent behavior, more balanced emotions for anxiety and fear, and above all teach behaviors that are incompatible with hostility and anger. Its main goals are to inform the general public about the negative consequences of violence, to

disseminate alternatives to violence as a way to prevent social turmoil due to the high levels of political tension, and to promote mental health for a better quality of life.

The project thus aims to facilitate the wellbeing of the population and progress of Venezuela. This project has implications not only on the need for the dissemination of evidence based strategies, but also for dissemination of both in research and practice in the community applications of CBT.

A number of previous studies exemplify such community strategies and provided important models.

The San Francisco Mood Survey Project: preliminary work toward the prevention of depression (Muñoz et al., 1982) reported on a population-based intervention using CBT basic principals disseminated via television. A mood survey measured individuals' behavior and mood before and after viewing a television series. The television presentation was introduced as special segments on methods that have been

used to help people feel better and include pleasant activities; how to write agreements with yourself for positive behavior change; how to reward yourself; exercise; modifying negative to positive thoughts; relaxation; and assertion training.

The procedure to measure behavior and mood is via a phone survey conducted by trained volunteers which takes place the week before showing the first segment , and again the week after the last segment is shown. The results show a positive response to the segments, some changes in behavior and depression reduction.

Similarly, the program of Stress and Coping in Israel during the Persian Gulf War (Milgram, 1993) examines pre-war vulnerability, interpersonal and intrapersonal resources, levels of acute stress reactions (cognitive, behavioral and somatic) at the onset of the war and the reduction in intensity and frequency of these stress reactions.

The goal is to prevent post-traumatic stress disorder via a massive education campaign: 108 articles in the main newspapers; 72 radio announcements; 23 participations in “Family Ties” program; telephone surveys and hotlines. Mental health experts flood the media in an unprecedented fashion explaining to an apprehensive public how to deal with unfamiliar threats.

Self-Efficacy theory (Bandura, 1997) examines how control beliefs can enhance one’s capability to face adversity. It is the ground for several soap operas written for television by producer Miguel Sabido in Mexico using the hypothesis that collective efficacy can generate social change.

In our preliminary project for the prevention of violence we include CBT interventions ( Relaxation, Assertion, Anger management and Self-efficacy in four (4) 30 seconds television spots, designed specially for this project and shown to the public at large on the most important local

television channels for a period of two months several times a day.

Finally, we also looked at community projects for the promotion of health and the prevention of depression and anxiety. For example, Neumer et al. (2000) in the GO! Program (GO=Gesundenheit und Optimismus; German for Health and Optimism), which proposes a “Four Components Model” that takes into account physical, affective, cognitive and behavioral factors, geared toward educational interventions.

### **Methods and Design:**

1) A brief psychological survey assess psychological wellbeing and emotional symptoms in the population.

The survey was used previously as an exploratory study of the emotional well being of Venezuelan citizens (Kort et al, 1998). It is an 8 items questionnaire divided into two questions that measure anxiety, two measure

depression, and two anger symptoms, one question that measures the degree of happiness, and one final question measures expectations in regard to the future of Venezuela.

N = 880 (Female 67.5%; Male 31.59%, middle and lower middle class citizens complete the questionnaire , most of whom attend our workshops. Results of the survey reveal some distinctive features: 62% reported 'ignoring' conflict; common options are a ) leaving the country, b) having no interest in politics, and c) avoiding reading, watching or listening to the news.

38% report worries; 20% physical malaise; and 20% psychological tension. While surprisingly 52% report general happiness compared with 89% happiness reported in the 1998 (Kort et al.) exploratory study, possibly due to increase in political turmoil and economic difficulties.

Similarly, fearfulness, difficulties sleeping, and crying increased since the Kort et al. (1998) exploratory study.

2) 80,000 flyers depict CBT interventions for behavior change are distributed. The contents of the flyers offer the same behavioral interventions as the workshops described below.

An important asset is that the text is adapted by a successful soap opera writer, in order to use an accessible vocabulary, easy to comprehend.

Flyers and posters are distributed in subway exits, centers for mental health, and the four areas where the workshops were held.

Focus groups in the poor sectors of the capital confirm the comprehension of its contents.

3) Also 1500 posters are distributed. The content of the posters is the same as the flyers, but only describe main points. The idea is to disseminate the words “cognitive behavior therapy”, “the decade of behavior”, “a first aid

psychological kit” and the interventions: Relaxation, Assertion Training, Anger Management, and Self-Efficacy.

These posters are also distributed in popular public areas such as shopping malls, museums, theaters and subway entrances.

4) 80 workshops are held for the community. Duration of workshops is 3 hours and the leader is the author and three licenced clinical psychologists trained in CBT. Participants are mostly residents of the areas in which the workshops are held.

5) Content of the workshops include

a) Progressive Muscle Relaxation: theory and “in vivo” practice accompanied by a relaxation CD which describes each of the exercises, differential relaxation and pleasant imagery.

Anxiety levels were measured pre and post, with 80% of participants reporting improved relaxation;

b) Assertion Training includes Andrew Salter's (1949) theory and practice of role playing;

c) Anger Management using the treatment guide book on Anger Management ( Kassinove and Tafrate ,2002);

d) Self-efficacy was introduced with emphasis on collective efficacy. (Bandura, 1997) Since we did not have sufficient personnel to conduct formal assessments, feedback was ad hoc.

However the main objective is to inform that CBT interventions are effective in modifying emotions, thoughts and behaviors .

Most of the participants the words "cognitive behavior therapy" was heard for the first time.

Workshops took place in the same areas of Caracas, the capital

6) A number of ecological interventions are conducted including a ) the landscape of a garden which

was burned down at the Center for the Prevention of Violence at Lídice Psychiatric Hospital, and the restoration of three trees: b) refurbishing the Bucaral Home for Children in a slum area; c) clean open spaces in the slum area Los Erastos, and d) repair filtrations at the Psychologist Federation which serves Maracuy's community.

6) Four (4) 30 "second television spots were presented on six television channels in Caracas and two television channels in Porlamar and Barquisimeto, both are two other main cities of Venezuela.

The themes described are the same as those used at the workshops and flyers, in order to reinforce the information, provide and enhance the learning of psychological interventions which promote mental health and anger management.

(<http://www.felicitaskort.com/youtube>)

The goal is to help overcome the stigma of mental disorders and to inform that the prevention of violence is possible when appropriate intervention is applied. Positive public responses to these are indicated by the numerous interviews in the press, radio and television and phone calls about the project.

7) A weekly 1 hour radio program “Hábitos y Habitantes” (which had been on the air for 5 years) and now , as part of the project, is on the air for 12 weeks at prime time in the early evening. The target audience is the general public which commutes home in peak traffic hour and housewives.

The main topic in the radio program is 12 prevention of violence projects, including ours, which aim to produce psychosocial changes to increase quality of life, mental health promotion and prevention of violence.

We also interview policy makers and leaders of the Venezuelan community.

## **Summary**

In Venezuela, the promotion of mental health is practically non-existent, and programs for the prevention of violence are even more rare. Therefore our main goal is the promotion of mental health and prevention of violence via workshops, flyers, factsheets, posters, television spots, one hour radio program, three minute radio tips and response to frequent invitations to television and radio talk shows.

All of these emphasize the dissemination of scientific psychology, evidenced based strategies and the promotion of mental health

The priority is to attract and be heard by leaders and policy makers in order to seek support for the continuation of this program and to stimulate decisions to attend prevention of violence and mental health issues.

The Project “A Truce for Venezuelans: a preliminary program for the prevention of violence” is highly pertinent to the present needs of the population in Venezuela and it is well accepted internationally to the extent that we have received invitations and established coalitions with other NGO’s to continue our initiative.

We have achieved the goal of informing and disseminating alternatives to violence when conflict arises. However, at the time of writing this paper, we have not yet won the attention of policy makers and leaders in the Venezuelan society. More funds and further coalitions are needed to continue the dissemination of accessible and easy to understand information regarding empirically supported strategies for the prevention of violence.

In particular, funds are needed to support television spots, radio programs and emergency mental health units where the general public can be guided and/ or treated by professionals of mental health.

The population served so far has been restricted to three slum areas and one suburban area in the city of Caracas, the capital of Venezuela.

We must pursue the same objectives in the rest of the venezuelan states since the public welcomes initiatives which saves lives and stimulate the quality of life.

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