ACKNOWLEDGEMENTS

- TWG Psychosocial Empowerment And Crisis Education (PEACE):
  (Psychiatrist(2), Family Medicine Specialist(1), Public Health Physician(3), Clinical Psychologist(1), Psychology Officer(2), Senior MA(1))

- EPP-JICA: “Psychosocial Response to Disaster”
- Venue: Hyogo Institute for Traumatic Stress, Kobe, JAPAN
- Date: 12-24.2.2018
ACTION PLAN OF PSYCHOSOCIAL RESPONSE TO DISASTER IN MALAYSIA (2018-2020)

LEP 2.0 : TRAINING ON PSYCHOSOCIAL RESPONSE TO DISASTER

Ministry Of Health, Malaysia
Main Objective: To promote psychosocial response in disaster in Malaysia

1. To create awareness of the importance of psychosocial response in disaster in various settings.
2. To advocate stakeholders in psychosocial response to disaster
3. To strengthen inter-sectoral collaboration between government and non-government agencies.
4. To increase skills and competency of health care providers on psychosocial response to disaster
5. To encourage media to promote disaster education (responsible news coverage)
In order for the front liner to be able to deliver PFA effectively, training is an important element.

Among areas needs to be trained are:

- Understanding and recognizing distress reactions in crisis and disaster
- Identifying symptoms and signs that need further intervention
- PFA action principles
Psychological First Aid

• A **humane, supportive** and **practical** assistance who recently suffered exposure to serious stressors
Examples of Crisis

• Affecting many people

• Affecting individuals
People react in different ways during a crisis

• Not everyone develops significant psychological problems
• Many people show resilience (ability to cope relatively well in crisis)
Core Components of Early Intervention

Intervention / Care of Survivors

1. Basic Needs
2. Triage
3. Psychological First Aid
4. Outreach Information
5. Technical Assistance
6. Treatment and Rehabilitation
What is Psychological First Aid?

PFA is an evidence based modular approach to assist children, adolescents, adults and families in the immediate aftermath of disaster.

Can be given to anyone - survivors and affected individuals experiencing acute stress reactions and at risk of mental health problems.
Objectives of PFA

- To reduce initial distress
- To assist with basic needs
- To promote adaptive functioning
An objective of PFA is to reduce initial distress, meet current needs, promote flexible coping and encourage adjustment.

Five elements of PFA include:

- To promote safety
- To promote calm
- To promote connectedness
- To promote self-efficacy
- To promote hope
To reduce initial distress

To promote adaptive functioning

Objectives of PFA

*NOT to elicit details of traumatic experiences and losses
Not everyone who experiences a crisis event will need or want PFA
Providing practical care and support, which does not intrude
Assessing needs and concerns
Helping people to address basic needs
Listening to people but not pressuring them to talk
Comforting people and helping them to feel calm
Helping people to connect to information, services and social support
Psychological First Aid is....

- NOT Psychological debriefing
- NOT obtaining details of traumatic experiences
- NOT treating
- NOT labeling or diagnosing
- NOT counseling
- NOT something that only professionals can do
When should PFA be used?

Timing

*Immediately* after disaster
DISASTER

Immediate

1-2 weeks later

Psychological First Aid

Psychosocial Response to Trauma
Where can we provide PFA?

• Wherever is safe enough for you to be there.
• In any emergency situation
• One / multiple sessions

Privacy: to ensure confidentiality and dignity
Designed for delivery in diverse settings, example:
- general population shelters
- special needs shelters
- medical triage and acute care settings (A&E)
- Emergency operations centres
- Disaster assistance service centres
To Whom? Target Group

For children, adolescents, parents/caretakers, families and adults exposed to disaster or terrorism

- Individuals experiencing acute stress reactions or who appear to be at risk for significant functional impairment
- Survivors
- First responders/Disaster relief workers
Who provides PFA?

- Mental Health Workers
- Disaster response workers who provide early assistance during disaster
- Health & allied health professionals
- Volunteers
- Other faith-based organization
- Other trained responders from community organization
Different Requirements for PFA Providers

- Ability to work in chaotic, unpredictable environments
- Capacity for rapid assessment of survivors
- Ability to provide services
- Tolerance for intense distress and reactions
## DO’s and DON’T’s in Delivering Psychological First Aid

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<th>DO’s</th>
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<td>• Observe</td>
<td>• Don’t tell them someone else’s story</td>
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<td>• Ask simple respectful questions</td>
<td>• Don’t talk about your own troubles</td>
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<td>• Speak calmly and slowly, without jargon</td>
<td>• Assume everyone will be traumatised</td>
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<td>• Be patient, responsive and sensitive</td>
<td>• Don’t give false promises false reassurances</td>
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<td>• Acknowledge the victim’s strengths</td>
<td>• Label reactions as “symptoms”</td>
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### 8 Core Actions of PFA

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1. Contact and Engagement

To respond to contacts initiated by survivors or establish a connection with the victims in a non-intrusive, compassionate and respectful manner.
1. Contact and Engagement

- Introduce yourself and explain your role
- Ask for permission to talk
- Listen empathically and reassure
- Ask about the immediate basic needs and i.e. water, food and other needs i.e. religious/spiritual needs
“Hello. My name is ____________.

I work with ____________. I’m checking in with people to see how they are doing, and to see if I can help in any way.

Is it okay if I talk to you for a few minutes? May I ask your name?

Mrs. ____________, before we talk, is there something right now that you need, like some water or fruit juice?”
“Hi ___________, I’m ____________ and I’m here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes”.
1. Contact and Engagement

Personal contact

- Obtain guidelines on normal culture
- Varies from one person to another
- Varies in terms of culture and social groups
- When dealing with family, identify the spokesperson

IF UNSURE OF CULTURE,
DO NOT ENGAGE TOO NEAR
BUT
MAINTAIN EYE CONTACT/TOUCH
## CORE ACTIONS OF PFA

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GOAL: Enhancing immediate and ongoing safety as well as provide physical and emotional support

Usually offered to those acute bereaved individuals
- Family may tear apart following death of loved ones
- Grief reaction vary from person to person

Social support is important
Safety and Comfort

- Find appropriate officials who can resolve safety concerns, example, threats, weapons.
- Ensure immediate physical safety: (broken glass, sharp objects, furniture, spilled liquid; children have a safe area where they are adequately supervised).
- Elderly or disabled: ask about eye glasses, hearing aids, walkers.
Safety and Comfort

- Ask about current need for medication, example, medication for DM, HPT or psych illnesses
- Contact relatives, if available, to further ensure safety
- Medical concerns requiring urgent medical attention, example, shock (pale, clammy skin, weak/rapid pulse, dizzy, irregular breathing, agitated, confused)

Seek immediate medical support
Safety and Comfort

- Attend to physical comfort
- Promote social engagement
  - place children near adults/peers who are calm
- Attend to children who are separated from parents/caregivers
- Protect from additional traumatic experiences and trauma reminders
- Media viewing
Things to Say and NOT to Say for survivors whose family/close friend has died

**To Say**

- What they are experiencing is understandable and expectable
- Use the deceased person’s name

(They will be most likely continue to experience periods of sadness, loneliness or anger)
Things to Say and NOT to Say for survivors whose family/close friend has died

Do NOT Say

- I know how you feel
- He is better off now, it was his/her time to go
- You are strong enough to deal with this
- Let’s talk about something else
- It could be worse
- Everything happens for the best according to a higher plan
- You will feel better soon
- You did everything you could
- (To a child) You are the man of the house now
- Someday you will have an answer
1. Contact and Engagement
2. Safety and Comfort
3. Stabilization
4. Information Gathering
5. Practical Assistance
6. Connection with Social Support
7. Information on Coping
8. Linkages with collaborative Services
Stabilization

To calm and orient emotionally -overwhelmed or disoriented survivors.
Signs of a person who are not stable

- Fidgety at times
- Irritable, agitated
- Exhibiting strong emotional responses
- Looking fearful
- Frantic behaviour
Stabilization

Steps Towards Stabilization

1. Give the person a few minutes / moments (of privacy), Say “you are available if they need you…”

2. Remain calm and quiet. **Just remain available**

3. Offer support and help him/her
   - focus on specific manageable goals

4. Enlist support from family and friends

5. Teach the person breathing techniques

6. Get the person orientated to the surroundings by providing him/her information (GROUNDING)
Ask the person to:
- Listen to and look at you
- Talk about hopeful or positive situation
- Breathe in and out slowly and deeply
- Name 5 non-distressing things he/she can see/hear/feel

For younger children, ask them to identify colours that they see around them, example, colour of the shirt they are wearing
Stabilise emotionally overwhelmed survivors

For children and adolescents

- Is he/she with parents?
- Is the adult stable?
- Empower parents in their role to calm their children
- DO NOT take over and undermine parents’ authority
For extremely agitated, anxious, extreme panic, psychotic states, dangerous to self or others:

- Remove to safe place
- Communicate with physician/psychiatrist available
- May need medication to calm down
### CORE ACTIONS OF PFA

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GATHERING INFORMATION

Identifying immediate needs and concerns

- Nature and severity of experiences
- Death of a loved one
- Concerns about post-disaster
- Concerns about safety of loved ones
- Physical illness, mental health condition and need for medication
- Loss of property
GATHERING INFORMATION
- things to consider

- Avoid asking the victims / survivors in depth description of their traumatic experience
- When discussing events, follow the lead of survivor
- Victims / survivors should not be pressed to disclose details of any trauma / loss
For survivors who may be anxious to talk about their experiences

- Emphasize that what is most helpful is for them to give basic information that can help with current needs
- Tell them they can discuss their experiences in a proper setting
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PRACTICAL ASSISTANCE

Being offered to help victims/survivors in addressing immediate needs and concerns.

- Identify the most immediate need(s)
- Discuss an action response
- Act to address the need
- Know what services are available
- Inform those affected about what they can realistically expect in terms of potential resources and support
- Help victims to set achievable goals
## CORE ACTIONS OF PFA

1. **Contact and Engagement**
2. **Safety and Comfort**
3. **Stabilization**
4. **Information gathering**
5. **Practical Assistance**
6. **Connection with Social Support**
7. **Information on coping**
8. **Linkage with Collaborative Services**
Social Support

Social Support is related to **emotional well being and recovery** following a disaster.
Important to establish on-going contacts with primary support persons or other support sources, including family members, friends and other resources.

Facilitate pathway towards individuals/support system (family members, friends)
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Know that the reactions are common in an abnormal situation

Reaction period will depend upon:
- Severity of trauma
- Life difficulties post-disaster
- The frequency of affected individual reminded of the tragedy / disaster in a negative way
• Provide information on stress reactions and basic information on ways of coping
• Teach simple relaxation techniques
• Discuss coping with families
Information on Coping

- Provide information on stress reactions and how to cope
- Teach simple relaxation techniques
  - breathing exercises
- Anger management
- Handling negative emotions: anxiety, anger
- Handling sleep disturbances
- Handling alcohol and substance abuse

Discuss coping with families
Basic Coping Methods

- Talking to another person
- Getting needed information
- Getting adequate rest, nutrition, exercise
- Engaging in positive distracting activities
- Maintain normal schedule as far as possible
- Natural to be upset – telling yourself
- Spending time with others
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What to do if referral to Mental Health Care is refused?

- Suggest an *evaluation* rather than treatment
- Normalize the idea of treatment
- Involve the person’s spouse or partner in the discussion
- Follow-up on the issue
Link survivors with available services needed at the time or in future

- Mental Health Services
- Medical services
- Spiritual Services
- Alternative treatment
- Welfare services
- School
- Relevant Support Groups
When to refer to Mental Health Professional

- Inability to perform necessary everyday functions
- Inability to make simple decisions
- Disorientation to time and place
- Significant disturbance of memory
- Abuse of alcohol and/or drugs
- Suicidal or homicidal talk or actions
- Serious withdrawal
- Hallucinations
- Regression to an earlier stage of development
PRINCIPLE ACTIONS OF PFA

PREPARE....

LOOK

LISTEN

LINK

Psychological first aid: Guide for field workers. WHO.
# PRINCIPLES OF PFA

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<td>• Observe for people with serious distress reactions</td>
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<td>• Listen to people and help them feel calm</td>
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<td>• Help people address basic needs and access services</td>
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<td>• Help people cope with problems</td>
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<td>• Give information</td>
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<td>• Connect people with loved ones and social support</td>
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What we learnt?

- **Disaster Management**

  ✓ After the Great Hanshin-Awaji Earthquake 1995, Japan had established **5 strategies goals** to mainstream disaster risk reduction

  1. Establish and strengthen a disaster management system
  2. Foster correct understanding of natural disaster risk
  3. Implement disaster risk reduction measures for sustainable development
  4. Plan for speedy and effective disaster preparation and response
  5. Transition seamlessly from post-disaster emergency response to reconstruction for a disaster–resilient society
EARTHQUAKE MUSEUM, KOBE JAPAN
“The Great Hanshin-Awaji Earthquake Memorial Disaster Reduction and Human Renovation Institution”
What we have?
MATERIAL AIDS:

- "Bantu Segera Kurangkan Derita"
- Psychological First Aid: Pocket Guide
- Psychological First Aid (PFA)
PSYCHOSOCIAL SUPPORT ACTIVITIES

• Basic helping skills
  • Effective communications skills especially active listening
  • Breathing exercise, relaxation technique
• Other identified skills for training:
  • Movement activities
  • The different parts of me
  • Puzzle
  • Emotional Freedom Technique
  • Physical activities- massage, tai chi
  • Cross roads
What is Crossroads?

• “Crossroads” is a disaster simulation game that is designed to have players to make decisions when faced with difficult choices under a variety of situations such as responding to a disaster.

• The Crossroads game was developed by Professor Katsuya Yamori of Kyoto University,

• Originally designed as a tabletop exercise to teach disaster preparedness and responsiveness.
DISASTER PREVENTION GAME

YES / YA

CROSSROAD

NO / TIDAK

DISEDIKAN OLEH:

TWG Psychosocial Empowerment And Crisis Education (PEACE)
THANK YOU

PEACE TEAM