

Increasing Student Capacity in Disaster Preparedness through Psychosocial Training

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Abstract.—Psychosocial knowledge and skills are very important considering guidance and counseling services are also needed in crisis counseling during disaster response. This refers to the Minister of Education and Culture number 23 of 2008 concerning Indonesian Counselor Competency Standards (SKKI), counselors must have professional competence to master counseling service practices in various areas of individual life. Ideally the competence of the counselor must be in accordance with the rules in SKKI, but the fact that psychosocial service competencies are not yet possessed by the guidance and counseling study program students. Therefore, the Guidance and Counseling Study Program carries out psychosocial training for students. The purpose of this study was to analyze student capacity building in disaster preparedness through psychosocial training organized by the Guidance and Counseling Study Program. This research is a qualitative research with data collection in-depth interviews, observations, and documentation. The results showed that (1) there was an increase in students' knowledge and skills related to psychosocial, (2) students were very active in participating in training, (3) students needed further training to increase psychosocial capacity for disaster preparedness.

Keywords: *Training, Student, Capacity, Psychosocial, Disaster*

I. INTRODUCTION

The nation of Indonesia is in an area of geological instability, resulting in repeated and severe natural disasters. As a result, Indonesian residents are likely to be exposed repeatedly to significant traumatic events. (Widyatmoko, Tan, Seyle, Mayawati, & Silver, 2011). Disaster impacts physical, psychological, social and economic aspects of the individual, family and the community. The impact of the disaster on children of different age group is many times greater than that of the adults. Psychosocial disaster preparedness, through teachers, is one among the best ways to prepare children to face the psychosocial consequences of disasters (Elangovan & Kasi, 2014a). Natural disasters negatively affect children's emotional and behavioral adjustment. Although treatments to reduce psychological morbidity following disasters are needed, it has been difficult to conduct treatment research in post-disaster environments because of the sensitivity of victims to perceived intrusiveness and exploitation (Reiff, 2002). Increased levels

of posttraumatic stress, depression, and anxiety symptoms were reported significantly more often among victims versus non-victims. Also, females more often reported greater levels of psychological symptoms than males (Jones, Ribbe, Cunningham, & Weddle, 2003).

In children with persistent disaster related trauma symptoms, a school based psychosocial intervention reduced disaster related trauma symptoms. Group and individual treatments did not differ in effectiveness but group treatment had higher retention rates. (Kazdin, 2002). The psychological and psychiatric impact of great natural disasters is beginning to be understood leading to new methods of prevention, intervention and mitigation. There is an urgent need for training for mental health and NGO personnel alike to deliver evidence-based psychological first aid. There is no justification for mental health responses to be delayed until weeks after a disaster happens. (Yule, 2006). After a disaster, children's mental health needs range from support utilizing psychological first aid to psycho-education. The skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive behavioral intervention for trauma school will also be needed when children and adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety, depressive mood, re-experience, and so on (Chang, Lee, Park, Bharg, & Seo, 2015).

Psychosocial disaster preparedness, through teachers, is one among the best ways to prepare children to face the psychosocial consequences of disasters (Elangovan & Kasi, 2014b). Successful disaster psychosocial planning and the institutionalizing of psychosocial response within emergency management require clearly-defined skill sets. This necessitates anticipating both the short- and long-term psychosocial implications of a disaster or health emergency (ie, pandemic) by developing effective and sustained working relationships among psychosocial providers, programs, and other planning partners (Cox & Danford, 2014). The training program has contributed significantly to the building of national and local capacity to deliver psychological first-aid and psychosocial response management to assist the populations who have been affected by disaster (Ng et al., 2009).

Yogyakarta Special Region and Central Java Province is located in Java Island. The Java Island is a part of Indonesia

territory among 17.508 islands. Most of the islands are characterized by tectonic and volcanic activity, and humid tropic climate. That is why most part of Indonesia is prone to so many types of natural disaster, such as flood, drought, landslide, earthquake, volcanic eruption, and tsunami (Suktino, 2007). Ahmad Dahlan University (UAD) is one of Islamic University in Yogyakarta. One of the study programs at UAD is a guidance and counseling study program. The guidance and counseling study program annually holds psychosocial training. Psychosocial training is very important for students in the guidance and counseling study program, as guidance and counseling services are also needed in crisis counseling during disaster response. This refers to Minister of Education and Culture number 23 of 2008 concerning Indonesian Counselor Competency Standards (SKKI), counselors must have professional competence to master counseling service practices in various areas of individual life. Ideally the competence of the counselor must be in accordance with these rules, but the reality of psychosocial service competencies is not yet possessed by the guidance and counseling study program students. Psychosocial training makes students able to have superior competencies related to psychosocial handling of students and society in disaster-prone areas. Thus, to answer the needs of the community, the professional competence of counselors is required not only to be proficient in providing guidance and counseling services in schools, but also in various relevant settings one of which is related to psychosocial support services.

Based on the introduction that has been described above, it can formulate the problem in this research is (1) How the implementation of psychosocial training, (2) What are the constraints in the implementation of psychosocial training?

II. METHODS

This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for student in UAD. Primary subjects in this study were 80 participants of psychosocial training and facilitator of training. Secondary subjects are Local Board Disaster Agencies (BPBD) of Sleman Regency and chair of the guidance and counseling study program. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation

III. RESULTS

A. Pre-training phase

A needs assessment was conducted by focus group interviews with Participant and Facilitator on 25 September 2018. This assessment aimed: (i) to identify the needs, resources and feasibility of developing and evaluating psychosocial training; and (ii) to explore ideas from the facilitator and enhance the acceptability and applicability of the Psychosocial Training. This information was important to frame the training objectives and guided the design and content of the Psychosocial Training.

B. Training phase

We embedded the active participants in a variety of activities to suit the broad range of educational background and age of participants who were served by a facilitator. The psychosocial training consisted of four sessions (three hours per session) held over two days on 21 and 22 October 2018. The training location is Campus 4 of UAD. The training participants were 100 students in the guidance and counseling study program who had an interest in psychosocial training.

TABLE I. DETAILS OF THE CURRICULUM

Day	Details of The Curriculum	
	Session	Material
1	1	Psychosocial understanding Psychosocial legal basis
	2	Psychosocial impact after a disaster Psychosocial well-being
	3	Pyramid of psychosocial interventions Gaming simulation for psychosocial support
2	1	Understanding and purpose of gaming simulation How to design gaming simulation for psychosocial support
	2	Examples of design simulation for psychosocial support Group work makes psychosocial support service programs using gaming simulation for psychosocial support
	3	Presentation and practice of gaming simulation for psychosocial support

Table 1 shows the details of the curriculum. We introduce the purpose of overall psychosocial training. The first material delivered was a psychosocial understanding. The facilitator explains psychosocial understanding, then integrates with psychosocial examples so that participants can understand psychosocial understanding well. An explanation of psychosocial notions becomes the basis of the next material.

The next material is about the psychosocial legal basis. The facilitator explains the legal basis of psychosocial implementation in accordance with the laws and regulations in Indonesia. The facilitator also explains the psychosocial impact of post-disaster. The facilitator divides participants into five groups. Each group discusses the psychosocial effects that include physiological effects, feelings, thoughts, behaviors, and social relationships. Then each group pasted the discussion meta plan paper. The presentation of each group and discussion between groups occurred because of differences in the results of group discussions.

The facilitator also delivered material on psychosocial well-being and the pyramid of psychosocial interventions, gaming simulation for psychosocial support, understanding and the purpose of gaming simulation, how to design gaming simulation for psychosocial support, and examples of design simulation for psychosocial support. The facilitator divides participants into five groups. Each group has the task to design a psychosocial support service program using gaming simulation. Tools and media have been provided, so participants can choose according to the purpose of the intervention. Then the participants made presentations and practices of gaming simulation for psychosocial support. Five groups produced different programs for psychosocial intervention programs using gaming simulation.

Students are very interested in program design material for psychosocial interventions using gaming simulation. Each group is free to explore the knowledge and skills to design programs that are tailored to the case of the intervention subject. Diverse equipment is provided at the time of the training, making the design of student programs very creative and implementable to be applied during disaster response.

Psychosocial training is carried out by using various training methods and making participants active in activities. The facilitator briefly explains the material to the trainees. The facilitator also actively engages participants in group work, designing programs, role playing, and simulating program interventions. The activity of participants was very visible during the psychosocial training process.

We also conducted a post test that was used to see whether there was an increase in knowledge before and after the implementation of psychosocial training. Psychosocial training documentation is also conducted to determine the success of the training specifically and provide input on the training that will be carried out later.

Psychosocial training makes students understand the psychosocial importance of disaster management well. This directly influences student preparedness in the face of disaster threats. Preparedness focuses on psychosocial preparedness that will be implemented in the event of a disaster.

Psychosocial training has several limitations. These limitations included a very short time because they were only held for two days of training. Ideally training will be carried out continuously so that psychosocial knowledge and skills can be maximally obtained by students, so that it will increase capacity in disaster management. In addition, the absence of a psychosocial training module for students also affects the knowledge given during training.

IV. DISCUSSION

More communities and countries need to do more disaster preparation that includes psychosocial first aid for children. It is important that multiple modalities of psychosocial assistance be used and available to strengthen families, to restore livelihoods, and to revitalize communities in the aftermath of a disaster(S., P., L., K., & T., 2010). There is an urgent need for training for mental health and NGO personnel alike to deliver evidence-based psychological first aid. There is no justification for mental health responses to be delayed until weeks after a disaster happens(Yule, 2006). Psychosocial first aid is a very important part of disaster response management. This is due to the psychosocial impact that has not become an important aspect to be dealt with immediately. Handling during disaster response is more focused on the physical impact of the disaster.

Development of psychosocial disaster preparedness program and its integration with existing policies, programs and services would help children to be psychosocially prepared as well as make the school system more effective in dealing with the psychosocial issues of children during disasters(Elangovan & Kasi, 2014a). Therefore, it is important to include psychosocial components of mental health protection and treatment of the affected persons in disaster risk preparedness and management to make it a comprehensive package(Dorji, 2006). Interventions are

provided in a staged sequence across a timeline. Relationship among agencies associated with a disaster, training professionals and prepared programs for disaster will be needed in pre-disaster stage(Chang et al., 2015). The importance of psychosocial skills during a disaster response period, making increasing pre-disaster psychosocial capacity very important. Increasing individual capacity through psychosocial training can involve various parties, one of which is university. These psychosocial capacity building activities have been carried out by the guidance and counseling study program of Ahmad Dahlan University (UAD) in 2018.

The sessions over three days were sequenced to give an overview to disasters and disaster management followed by an overview of psychosocial aspects of disaster, leading on to the specific skills and techniques involved in working with individuals and special groups like elderly, differently abled, children and women. Sessions on communication, networking, gender, research and working on self was also incorporated to ensure the comprehensive coverage of topics in the area of disaster(Nayar, Pandey, & Jaswal, 2007). Psychosocial training conducted for two days by the guidance and counseling study program of Ahmad Dahlan University (UAD) in 2018. Psychosocial training involved 100 students who were very focused on learning psychosocial and psychosocial interventions using the method of gaming simulation.

Seven psychosocial factors: (a) chronic/role stressors, (b) daily hassles, (c) stress appraisal, (d) coping efforts, (e) coping style, (f) perceived social support, and (g) received social support.(Yamashita, 2012). From this it is possible to draw some general principles of psychosocial disaster intervention: (1) Assessment of disaster, extant service systems and incoming resources. (2) Assessment of help-seeking pathways and cultural models of illness. (3) Facilitation and support for family reunion, identification of the dead and cultural and religious practices to address death and grief. (4) Foster and bolster community group activities where possible. (5) Psychosocial training of community, aid and health workers using a train the trainer model to promote case identification, psychoeducation and intervention, with specific emphasis on vulnerable groups, especially children. (6) Promote general community psychoeducation. (7) Train medical and health staff in basic psychiatric and psychological assessment and intervention for post-traumatic stress, mood and anxiety disorders. (8) Minimise risk factors for psychiatric morbidity such as displacement and loss of gainful activity. (9) Reshape mental health systems recognising the long-term psychiatric sequelae of disaster. The collective learnt experience from Asian natural disasters may be constructively used to plan strategies to respond appropriately to the psychosocial consequences of disaster both within Asia and in the rest of the world.(Sundram et al., 2008). Psychosocial training will then be directed towards more applicable things in accordance with psychosocial factors and principles.

In children with persistent disaster related trauma symptoms, a school based psychosocial intervention reduced disaster related trauma symptoms. Group and individual treatments did not differ in effectiveness but group treatment had higher retention rates.(Kazdin, 2002). The training program has contributed significantly to the building of national and local capacity to deliver psychological first-aid

and psychosocial response management to assist the populations who have been affected by disaster (Ng et al., 2009). It identifies that psychosocial training is important because it can increase national and local capacity to provide psychosocial interventions to help affected communities.

V. CONCLUSION

Psychosocial training was conducted for two days in 2018 by the Ahmad Dahlan university (UAD) guidance and counseling study program. The psychosocial training involved 100 students. The facilitator provides material on the psychosocial basis to psychosocial interventions using gaming simulation. Constraints in training are very limited time. Time is very limited resulting in the material delivered cannot be maximized. Another obstacle is the absence of a psychosocial training module for students.

The benefits of the training include an increase in students' knowledge and skills related to psychosocial. Students are also active in participating in psychosocial training. The session that was considered most enjoyable was when designing a program for psychosocial interventions using gaming simulation. Very applicable gaming design tailored to the subject of intervention. In addition, students were very active in participating in training.

The recommendation for improving psychosocial training in the future is that the training time is expected to be adjusted to the material so that psychosocial knowledge and skills can be well conveyed. The psychosocial training module for students is also very necessary to improve the psychosocial capacity of students in disaster management.

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