

Literature paper

Title: Diffusing and Implementing Psychological First Aid for Schools in Japan

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Abstract: Psychological First Aid (PFA) is a set of techniques that tells you what mental preparation you should have when talking to or taking care of disaster survivors and how you should deal with them in the aftermath of a disaster. I translated the “Psychological First Aid for Schools (PFA-S) Field Operations Guide,” developed in the US, into Japanese and conducted workshops to diffuse the PFA-S approach in Japan. In this paper, I discuss the history of PFA and review the experimental studies conducted on those techniques. I also summarize the points for introducing and implementing PFA-S.

Keywords: Psychological First Aid for Schools, mental care, children, adolescents

Text:

## I. Introduction

Psychological First Aid (PFA) is a set of techniques that tell you what mental preparation you should have when talking to or taking care of disaster survivors and how you should deal with them in the aftermath of a disaster. The WHO defines its PFA to be a “humane, supportive and practical assistance to fellow human beings who recently suffered a serious stressor.”<sup>1)</sup> I herein present the history of PFA and review the findings of experimental studies conducted on those techniques up through the present (in 2018). I created the Japanese version<sup>2)</sup> of the “Psychological First Aid for Schools (PFA-S) Field Operations Guide,” developed by the US National Child Traumatic Stress Network and the US National Center for PTSD, and conducted workshops to diffuse these techniques in Japan. I, therefore, also give an overview as to the diffusion of PFA in the country and discuss the key points for implementing PFA-S.

## II. History of PFA

The concept of PFA was already present in the 1950s.<sup>3)</sup> You can find the term “PFA and Triage” in “When Disaster Strikes,” a monumental textbook in the field of post-disaster psychiatry published in 1986.<sup>4)</sup> As the elements of PFA, the author of the book lists the following: (1) basic comfort; (2) physical care; (3) goal setting; (4) search and reunion; (5) practical assistance; (6) emotional adjustment; (7) sense of safety and sense of reality; (8) network of support; (9) protection from secondary harm; and (10) assessment. Those elements have been passed down in today’s PFA concept. PFA is a very common-sense approach; it instructs you to “grasp the needs of disaster survivors, to try not to worsen the situation for them, and to create a setting that helps their self-recovery from the disaster.” Because of its commonsensicality, however, the importance of PFA was long ignored.

During the period from the 1970s to 1980s, a method for managing stress caused by disasters called Critical Incident Stress Debriefing (CISD) was developed. CISD, which was originally designed as an early-stage intervention to prevent firefighters from suffering from PTSD, is a group method in which you share your traumatic experience with other people

immediately after the experience to cope with the trauma. In the 1990s, CISD came to be used as an intervention to take care of not only support providers, but also disaster survivors, although by this time it had come to be known as Psychological Debriefing (PD). Studies conducted later found, however, that a single session of PD in a setting where disaster survivors cannot receive sufficient specialist post-disaster care does not alleviate their PTSD or other disaster-related mental disorders, but could rather have a negative psychological effect on them.<sup>5)</sup> And thus emerged PFA as a standard approach for post-disaster mental care alternative to PD.

Since the 2000s, nearly 30 kinds of PFAs have been proposed. Elements shared by the current PFAs are: (1) safety; (2) comfort; (3) connection with the surroundings; (4) self-efficacy; and (5) hope.<sup>6)</sup> The most widely implemented PFAs both inside and outside of Japan are the US PFA<sup>7)</sup> developed in 2005 and the WHO's PFA<sup>1)</sup> developed in 2011. The US PFA has a version for children called "PFA-S," while the WHO has "PFA for Children," which was generated by Save the Children. The US PFA is comprised of the following eight actions: (1) contact and engagement; (2) safety and comfort; (3) stabilization; (4) information gathering on needs and concerns; (5) practical assistance; (6) connection with social supports; (7) information on coping; and (8) linkage with collaborative services. Anybody can provide PFA, however, it contains detailed information on mental health in times of disaster. Thus, it can be said that the US PFA is designed for supporters who have its basic knowledge. The WHO's PFA, meanwhile, is based on the four action principles of (1) prepare, (2) watch, (3) listen and (4) connect, and it has a simpler structure than the US PFA. Designed for use in low- and middle-income countries with limited human resources, the WHO's PFA is said to be for the general public.

PFA is built on the essential elements of psychological support with confirmed efficacy. The necessity of PFA is mentioned in the "IASC Guidelines on Mental Health and Psychological Support in Emergency Settings," which are international guidelines on humanitarian support, and also in the "Sphere standards." Although there is a criticism that few experimental studies have been performed on the efficacy of PFAs,<sup>8)</sup> some small-scale intervention studies in recent years are reporting that PFA is effective with junior and high school students,<sup>9)</sup> college students,<sup>10)</sup> and citizens in low-income countries.<sup>11)</sup>

### III. Diffusion of PFA in Japan (as of 2018)

As the means to propagate PFA, the following three methods are used: self-study using a manual guide; interactive workshops; and online learning.

#### The US PFA & PFA-S

- Psychological First Aid Field Operations Guide, Second Edition

- Psychological First Aid for Schools Field Operations Guide

Website of the National Child Traumatic Stress Network

<https://www.nctsn.org/>

Website of the National Center for PTSD

<https://www.ptsd.va.gov/index.asp>

#### The WHO's PFA

- PFA Guide for Field Workers

This guide is available on the WHO's website

[http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205\\_jpn.pdf;jsessionid=DF5957ACC7D9E54D8D7082752238EF30?sequence=18](http://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_jpn.pdf;jsessionid=DF5957ACC7D9E54D8D7082752238EF30?sequence=18)

- Psychological First Aid for Children (PFA for Children)

The brochure is available on the Save the Children's website

<http://www.savechildren.or.jp/lp/pfa/>

We can also use the following online-learning programs:

#### US PFA

- PFA mobile (iPhone/Android)

Mobile applications for self-study on the US PFA are developed and made available on the websites of the National Child Traumatic Stress Network and the National Center for PTSD.

[https://www.translatetheweb.com/?search=&resource\\_type=94&trauma\\_type=All&language=All&audience=All&other=All&from=&to=ja&a=https%3A%2F%2Fwww.nctsn.org%2Ftreatments-and-practices%2Fpsychological-first-aid-and-skills-for-psychological-recovery%2Fnctsn-resources&f=1](https://www.translatetheweb.com/?search=&resource_type=94&trauma_type=All&language=All&audience=All&other=All&from=&to=ja&a=https%3A%2F%2Fwww.nctsn.org%2Ftreatments-and-practices%2Fpsychological-first-aid-and-skills-for-psychological-recovery%2Fnctsn-resources&f=1)

[https://www.ptsd.va.gov/appvid/mobile/pfa\\_app\\_pro.asp](https://www.ptsd.va.gov/appvid/mobile/pfa_app_pro.asp)

- Psychological First Aid Online/Psychological First Aid for Schools webinar (English version)

A six-hour webinar on PFA has been developed and made available by the US National Child Traumatic Stress Network. The program, which contains video lectures by experts in trauma and first-hand accounts by disaster survivors, is useful in studying PFA for the first time as well as to refresh one's knowledge on PFA. A webinar on PFA-S is also available, although it is in English only.

<https://learn.nctsn.org/>

#### Other PFAs

The PFA developed by John Hopkins University, called the RAPID model, is available through the university at Coursera, an online learning platform. The University of Minnesota also makes available an online learning course called "Psychological First Aid tutorial." Both in English only.

- Johns Hopkins University: <https://www.coursera.org/learn/psychological-first-aid>

- University of Minnesota: <http://www.sph.umn.edu/pfatutorial/>

As you can see above, various means are employed to popularize PFA. Studies on the effectiveness of those means were also conducted.<sup>12-16)</sup> I must point out, however, that the effectiveness of interactive workshops is not strictly verified in those studies, considering the fact that they were conducted without a control group to compare the knowledge and understanding levels between before and after workshops.

I created the Japanese version of the "PFA-S Field Operations Guide," conducted one-day interactive workshops based on the Guide, and evaluated the effectiveness of those workshops. As the name indicates, PFA-S is designed for schools; schools are not only the place where most children spend much of their time, but can also be a hub for support activities in the aftermath of a disaster. The PFA-S techniques are designed to provide psychological and social supports for not only children, but their parents and teachers as well. It is possible for anybody to provide PFA-S if he or she has the knowledge, but the most likely providers will be teachers and school counselors. Therefore, in this study, I limited my workshop participants to school staff who have contact with children for five or more days every week. I held eight one-day interactive workshops in total, in which nearly 200 people participated. To evaluate the effectiveness of those workshops, I randomly assigned the participants to an intervention group or waiting group to compare their PFA-S competency. The outcome indicators were subjective confidence in providing mental care and the frequency of mental care actions deemed as desirable by PFA-S. The comparison between the two groups found that the intervention group had significantly better results in both outcome indicators than the waiting group. (The data are not published yet; "The Development of

Psychological First Aid for Schools Japanese version,” a study conducted in 2015-2017 under the Grants-in-Aid for Young Scientist (B) Program)

#### IV. Implementing PFA-S

From now on, I discuss the key points for implementing PFA-S at schools based on the afore-mentioned study along with the PFA-S Field Operations Guide (hereafter, the “Guide”) and the presentation slide I used in my training workshops (hereafter, the “Slide”).

##### IV-1. Introducing PFA-S

You need to clearly tell your school why the school should introduce PFA-S and when, for whom and by whom PFA-S should be provided. The Guide says that PFA-S should be provided immediately after the occurrence of a disaster event (during the period from one hour to weeks later) to maximize its efficacy. I believe that it is beneficial to use the PFA-S approach with your students in ordinary times in order to heighten their resilience since the PFA-S actions are commonsensical and not harmful. Moreover, it will be otherwise difficult for you to exercise it in the event of a disaster; you need to get used to doing it in peacetime.

You should also pay attention to cultural diversity. Since PFA-S was developed in the US, a country with multiple cultures, the Guide emphasizes the importance of respecting the diversity of cultures, ethnicities, religions, races and languages. In Japan, too, you should keep in mind the importance of respecting different cultures; respecting them is equal to putting yourself in other people’s positions, an attitude that needs to be fostered in all PFA-S providers. You can find PFA-S’ basic action policies in the Guide (pages 12-13), which will help you briefly describe the whole picture of PFA-S for others who do not yet know it. As a tip outside the Guide, I suggest that you prepare, before holding a training workshop on PFA-S, some icebreakers and determine basic rules for your workshop (e.g., respect other people’s opinions, protect the confidentiality of personal information, do not force others to speak what they do not want to); you will find them useful to running your PFA-S training effectively.

##### IV-2. Action 1: Contact and Engagement

The most important thing in the support of disaster survivors is to build rapport with them, and the goal of Action 1 is to get a foothold for such rapport-building. More specifically, you should introduce yourself (by telling your name, affiliation and role) when you talk to disaster survivors whom you have never met before, seek prior permission from them or their parent to talk with them, and focus on the needs of disaster survivors. You should also keep it in mind that you need to have empathy with disaster survivors whenever talking to or taking care of them. Since it is particularly difficult to protect privacy in an emergency situation, make the best effort to prepare a private setting before talking to a disaster survivor.

##### IV-3. Action 2: Safety and Comfort

Safety is the top priority. The goal of Action 2 is to ensure the safety of yourself, disaster survivors and others at the site and thereby provide reassurance. The key factor of Action 2 is the collection and handling of information. In an emergency situation, information does not come to you; it needs to be collected through direct communication with other people, media, or on the internet. It is often said that the better you use information, the earlier you recover from a disaster. Meanwhile, various types of information abound in the acute stage of a disaster. Exposing

children to excessive information about the disaster carries the risk of causing them to suffer a secondary trauma, and hence adults should censor some information for children. Adolescents, however, can easily get information on the internet by themselves, and it is impossible for adults to control it. Therefore, you should ask adolescents what information they have and how they fell about it. If you find they are misinformed, correct it. When asked questions by children, parents, or other school staff members, give them only accurate information in an easy-to-understand manner; never give them any speculated, inaccurate information. When asked about something you do not know, tell the person that you have no information about it, limiting yourself to tell him/her what might work to get that information.

#### IV-4. Action 3: Stabilization

You should carry out Action 3, or stabilization, only when it is necessary. The goal is to help disaster survivors who are emotionally overwhelmed to stabilize their feelings. It is important to know that many disaster survivors do not require your intervention to stabilize their feelings. You should carry out stabilization only for those who are obviously very agitated or confused, although there are cases where people who appear to be calm outside are actually very agitated or confused inside (and for them, too, you should carry out stabilization). You can find how to perform “grounding,” a stabilization method, in the Guide (pages 39-40). I recommend that you practice the method before holding a workshop on PFA-S.

#### IV-5. Action 4: Information Gathering on Needs and Concerns

Information is essential to properly assessing the situation. The goal of Action 4 is to clarify the needs and concerns of disaster survivors and figure out priorities. In order to collect such information, you may sometimes have no choice but to ask disaster survivors about the traumatic event that they have gone through. Therefore, you should not start Action 4 if Actions 1-3 are still incomplete, in other words, do not start Action 4 if you have not yet established a rapport with disaster survivors, if neither safety nor comfort is yet secured, or if disaster survivors are not yet stabilized. At the acute stage of a disaster, you should also be careful so as not to ask too many details about the traumatic event. When disaster survivors try to tell you every detail about it, you should tell them, without nevertheless instructing them to stop the talk, that you do not need any other information than that regarding their current needs, but tell them that you know a school counselor or other expert to whom they can talk about the traumatic experience.

#### IV-6. Action 5: Practical Assistance

Under extreme stress, people, whether children or adults, tend to become incapable of seeing things in the big picture. When faced with a problem that is too serious to solve, people tend to think “there is no solution” and lapse into apathy. The goal of Action 5 is to provide disaster survivors with assistance that helps them regain the energy to solve their problem. The first thing to do is to clarify what the problem is. Then, divide it into smaller pieces that are as specific as possible. Do not try to solve a problem at once. The next step after clarifying the problem is to think, together with disaster survivors, about how to solve it. You will probably find brainstorming useful as a way to come up with a solution. Brainstorming is a group free discussion to create new ideas. When organizing a brainstorming session, you should pre-determine rules, such as not judging the feasibility of an idea on the spot, coming up with as many ideas as possible, and integrating ideas to evolve them. Once you and disaster survivors have a solution, it’s time to plan how to implement it. Throughout all the processes, you should limit your role to playing

support and let disaster survivors solve their problem on their own.

#### IV-7. Action 6: Connection with Social Supports

Social supports are the most important element to bring mental stability and recovery to disaster survivors. After experiencing a traumatic event, people tend to lose their sense of connection with other people in both materialistic and psychological terms. Your role is to give them advice so that they can regain the sense of connection they used to have. Not to mention the help they are needing to regain the sense of connection with their family members and friends as soon as possible, various kinds of social supports such as those provided by public organizations can also be important sources. In addition, you are, indeed, a meaningful supporter for disaster survivors even though it is only recently that they meet you.

#### IV-8. Action 7: Information on Coping

The goal of Action 7 is to provide stress-related psychoeducation for disaster survivors to enhance their adaptive skill. In that education, you tell them, in an easy-to-understand manner, what stress reactions involve and what reactions can be triggered by traumatic experiences, all the while emphasizing that such reactions are normal reactions to emergency situations. Every disaster survivor has his/her own skill to cope with stress. Your role is to help disaster survivors exercise their coping skill to a sufficient extent.

#### IV-9. Action 8: Linkage with Collaborative Services

Every support activity has an end. The goal of Action 8 is to link disaster survivors with the resources that they will need in the future. This is a very important Action to provide consistent support.

#### IV-10. Self-care of Support Providers

PFA-S providers need to be taken care of, too. You cannot provide good support for disaster survivors unless you are physically and mentally healthy enough. To give self-care to yourself, you should “notice” the reactions of your mind and body, try to “strike a balance” between activity and rest, and “stay connected” with your family members, colleagues and other support providers. The approach and techniques that you will use for disaster survivors will also work for you to maintain your own mental balance.

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# Psychological First Aid for Schools

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## Introduction

- This training is based on the Psychological First Aid for Schools (hereinafter referred to as PFA-S) Field Operations Guide, and lectures on PFA-S which are opened to the public on the web by the National Child Traumatic Stress Network (<http://www.nctsn.org/>). Please note, however, that this is not official training in PFA-S.
- The materials used in this training were prepared using Grants-in-Aid for Scientific Research of JSPS (Japan Society for the Promotion of Science) (JP15K17323).

## Icebreaker activity

- Form groups of 4 or 5
- Each participant introduces him/herself
- Give name, affiliation, and what you want to learn through this training

## Objectives

- The lecturer and participants discuss and clarify how to practice mental health care in schools in accordance with PFA-S
- Understand the philosophy and specific intervention strategies of PFA-S
- Utilize PFA-S to prepare for and respond to emergency situations
- Plan schoolwide support involving students, teachers and staff, and families

## Developers of PFA-S

- Melissa Brymer (chair)
- Pia Escudero
- Anne Jacobs
- Mindy Kronenberg
- Robert Macy
- Lou Ann Mock
- Linda Payne
- Robert Pynoos
- Matt Taylor
- Juliet Vogel

## Goal: Change your behavior through the training

To achieve it,

- Make yourself relevant.
- Actually do things yourself.
- Link to your immediate problems.
- Think about what you can actually do from tomorrow.
- Do it from tomorrow.
- Keep trying.

## What is PFA-S?

- An **evidence-informed** approach to help children, adolescents, adults and families in disaster-stricken schools and communities.
- Evidence-informed means "the elements of various support methods whose effectiveness has been verified are systematically compiled."

## Target persons

- Those who have been exposed to a stressful/traumatic event
- I. Students
  - II. Teachers and other staff members
  - III. Families

## When should PFA-S be provided?

- School emergencies
- Disaster
- Act of terrorism

PFA-S can be provided immediately after the occurrence of these events

## Why in schools?

- Schools play an important role in the event of a disaster or other emergencies (Examples: as evacuation centers, providers of child care, etc.).
- Schools need to be prepared for emergencies. (Example: disaster resilience education)
- Children are vulnerable to psychological stress (psychological trauma).
- Distress associated with psychological trauma can have long-term effects if overlooked.
- Even brief interventions can produce positive results.

## PFA-S providers

- Any teachers and staff can provide PFA-S
- PFA-S is **not** psychotherapy. Therefore, a background in psychology, psychiatry, etc. is not essential.
- Other potential providers of PFA-S
  - Mental health professionals
  - Religious practitioners
  - Disaster-relief volunteers
  - Healthcare professionals
- In an emergency situation, teachers and staff play a major role in promoting students' resilience, in recognizing the signs of traumatic stress, and in helping students to regain a sense of normalcy.

## Prior to providing PFA-S

- If you are going to provide PFA services in a school as an outside supporter, you need to get information about the school circumstances in advance.
- You need to be aware of the nature of the stressful/ traumatic event.
- Identify who is particularly vulnerable to stress/trauma (Example: experience of losing someone, some sort of disability, physical/psychological proximity to an event).
- Give consideration to cultural and racial diversity.

## Guidelines for providing PFA-S

- Implement within the framework of a school's emergency response system.
- Before you approach the person(s), first observe him/her/them.
- Listen carefully and understand what the children are trying to tell you.
- Speak slowly and calmly.
- Offer practical assistance (Example: food, water).
- Ask the children simple questions about how you may help them.
- Focus on the strength of children and bring out their coping abilities.

## Behaviors to avoid

- Adults should not make quick assumptions about how children are feeling and thinking.
- Do not assume that everyone who was exposed to a disaster will be traumatized.
- Do not pathologize.
- Do not view children as weak.
- Do not assume that all children want or need to talk about what they have experienced.
- Do not debrief by asking for details.
- Do not speculate or give inaccurate information.

## Eight actions of PFA-S

1. Initiate contact with survivors and start engagement
2. Safety and comfort
3. Stabilization
4. Information gathering
5. Offer help in solving practical problems
6. Help promote contacts with people around them
7. Information on coping
8. Linkage with collaborative services

## Guidelines for providing PFA-S

- Provide information to address the child's current needs.
- Provide accurate information in an age-appropriate manner. Tell the truth in simple terms.
- Tell children that adults are there to protect them.
- Try to maintain the school routine.

## Providers should also be cared for.

- Support for children is the main focus in PFA-S, but various adults who support children also need to receive care.

## Action 1: To initiate contacts with survivors and start engagement

- Goal: To initiate contacts or to respond to contacts by students, teachers, and staff in a non-intrusive, **compassionate manner**



## Action 1: To initiate contacts with survivors and start engagement

- **Build relationships with survivors in a non-intrusive, compassionate manner.**
  - Introduce yourself and describe your role.
  - Ask for permission to talk to survivors.
  - Explain the purpose.
  - Find out what they need now.
  - Speak slowly and calmly.
  - If a child is in severe psychological distress, contact the school counselor, parents, etc. immediately.

## Action 1: To initiate contacts with survivors and start engagement

- Be aware of the following points if you are not familiar with the survivor's cultural background
  - ✓ Do not stand too close.
  - ✓ Do not make too much eye contact.
  - ✓ Avoid physical contact.

## Action 1: To initiate contacts with survivors and start engagement

- Avoid delivering PFA-S to large groups of individuals.
- For a child who is particularly unstable, provide a place where privacy can be ensured.
- Organize small groups of children with the same experience (Example: A friend deceased) to have a place for discussions.
- Focus on providing information that might be helpful and coping methods, etc. in activities in small groups with children who have had various experiences.

## Approach to children

- Think of one child you have concerns about.
- Let's think about how to approach the child.
- In pairs
  - A person who plays the role of the child: Play while imagining how the child would react
  - A person who plays the role of the teacher: Deal with the child in a way you actually do in real life
- Goal: To become able to have a specific and visual image of the child's situation.

## Approach to children

How: Questions & compassion

- Questions
  - Types of questions: open, closed, Socratic
  - Good questions will be those that promote awareness and evoke many things in mind.
  - Adverse effects: tension ↑, pressure ↑, shrink away +
- Compassion
  - Do not jump to a conclusion!
- Create a relationship whose nature is not conflict
  - "If you push, some people will push back, others will run away."
  - Pushing → "But...", Good relationship → "I see."

## Rapport experiment

- Child: Mr./Ms. xxx (teacher), I can't do this assignment. I think it's impossible. I've been working on it since last week, but I don't think I can do it at all. I get irritated and I think it's no use trying. Can I give up now?
- Teacher: Let's answer in the "pushing approach."
- Teacher: Let's answer in the "no-pushing approach."

## Action 2: Safety and comfort

- Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort



## Action 2: Safety and comfort

- Do things in the following manner.
  - Be active, rather than waiting passively.
  - In a practical manner by using available resources.
  - In a familiar manner by drawing on past experience.
  - Soothe, relax, and calm down.
- Provide accurate and up-to-date information.
- Tell what supporters are doing to ensure safety.
- Provide comfort and help connect with others.
- Protect individuals from exposure to additional potentially traumatic events and reminders.

## Action 2: Safety and comfort

- Discuss negative consequences of excessive viewing of media coverage.
- Ask children what information they have learned, and address any errors or distressing information.
- Introduce parents, teachers, and staff to official websites that provide up-to-date information and resources.

## Action 2: Safety and comfort

### Attend to grief

- Listen attentively.
- Learn about cultural norms.
- Understand that grief reactions vary from person to person and inform children and staff of this.

## Action 2: Safety and comfort

### Support teachers and staff

- Even if teachers and staff look calm, do not assume that they are not worried about their safety. The majority of them try to hide anxieties for the sake of children.
- Discuss with teachers and staff in a private place that is apart from the students.
- Enhance a sense of safety by providing psychological education about general emotional reactions.
- Acknowledge fears or concerns about personal safety or health.
- Assist teachers and staff so that they can contact their family members.

## Summary of Safety and comfort

- Information
  - Provide accurate information in easy-to-understand terms.
  - If you cannot answer a question, say so honestly.
  - Confirm what information the person has obtained and correct it if it is wrong.
- Resume their normal daily routine activities.
- Protect children from news, SNS, etc. (Discuss with the child)
- **Caution: During the acute phase, care should be taken to protect them from trauma reminders.**

## Responses to bereaved individuals

- Group discussion (5 minutes)
- Have you ever dealt with a bereaved child? If you have, please share your experience with the group.
- If not, please tell us your own experience, within the range you can share, about the loss of your loved one (feelings, thoughts, actions, physical conditions, etc. at that time). You don't have to force yourself to talk.
- Share with all the participants (5 minutes)

## Responses to bereaved individuals

- Acute grief reactions
  - Shock, disbelief in death, sorrow, anger, guilt, regret, miss the deceased, etc.
  - Normal reactions to death
  - Change to bittersweet feelings over time through talking about memories and thoughts about the deceased.
- Response
  - Grief reactions vary from person to person.
  - Promote compassion, recognition, and connection with others.
- **Caution: Reactions to anniversaries of past events**

## Things you should not say to bereaved individuals

- I know how you feel.
- He is better off now.
- At least he didn't suffer.
- Let's talk about something else.
- It's good that you're alive.
- You'll feel better soon.
- You did everything you could.

## Things you should not say to bereaved individuals

- You need to relax.
- Something worse might have happened. You still have a family.
- Someday you will find an answer.
- (To a child) You're the man/woman of the house now.
- You should work towards getting over this.

## Action 3: Stabilization

- Goal: To calm and orient overwhelmed or disoriented students, teachers, and staff



## Action 3: Stabilization

- **When is stabilization needed?**
  - Psychological reactions are so intense and persistent that they are interfering with one's daily life.
  - Very distraught or extremely restless immediately after an event.
- **Points to remember**
  - Most individuals will not require stabilization techniques.
  - Temporary episodes of intense emotion, apathy, and increased anxiety are common immediately after an emergency.

## Action 3: Stabilization

### Examples of persons who need stabilization

- Staring blankly
- Unresponsive
- Exhibiting frantic behavior
- Exhibiting intense emotional reactions
- Having uncontrollable physical reactions
- Exhibiting regressive behavior (Example: sucking a thumb)

## Action 3: Stabilization

### Grounding

- Ask the individual to look at you (provider) and listen to you.
- Ask him/her to look around.
- Ask him/her to talk about things under his/her control, or something he/she feels hopeful or positive about.
- Breathe slowly.
- Ask him/her to name five things he/she can see, hear, or feel that don't make him/her feel distressed. (You can have the child name five colors of objects around him/her.)
- When the situation settles down, suggest that he/she see a doctor just in case.

## Additional note: Grounding

- Purpose: Regain contact with reality
- Method: Use five senses
- Techniques:
  - "Please listen to me and look at me."
- Find out if he/she knows who he/she is, where he/she is, and what is going on.
- Ask him/her to describe the surroundings and tell where both of you are.

## Action 3: Stabilization

### Calming techniques for children

- (Yourself) Remain gently and quietly in the present situation.
- Speak in a calm tone, making eye contact with the child.
- Provide age-appropriate information (Do not give too much).
- Reconnect the child with his/her guardians, teachers, or staff who know him/her well as soon as possible.
- Distract the child from the situation by asking questions about his/her hobby, favorite sport or song.

## Action 3: Stabilization

### Stabilization in group settings

- Monitor how students respond to discussions.
- If you see any student getting distressed, stabilize the group by conducting a neutral activity (drawing, coloring, writing, breathing exercise, making a collage, etc.) .
- If there is a student still showing restlessness, take care of him/her individually.

## Additional note: Grounding

- Sit in a comfortable position and take three slow deep breaths.
- Name five non-distressing objects that you can see.
- Name five non-distressing sounds you can hear.
- Name five non-distressing things you can feel.
- You might have a child name colors of objects that he/she sees around him/her.
- "Next, name five colors you can see from where you're sitting. Can you see something blue? Something yellow? Something green?"

## Grounding exercise (5 minutes)

- Practice in pairs
- One of you plays the role of a child who is emotionally confused and agitated (or overwhelmed and stunned) .
- The other implements grounding for the partner.
- When finished, switch the roles.
- Discuss your impressions.

## Other stabilization techniques

- Breathing exercise
  - Purpose: To reduce anxiety by breathing slowly, lowering blood oxygen levels, and focusing on one thing.
  - Method: With abdominal breathing, breathe out slowly and quietly for about 4 seconds while concentrating on the exhalation. Then inhale in a relaxed manner (Continue this for at least 10 minutes).
- Muscle relaxation techniques (Introduced in Action 7)
- Externalization
  - Write your thoughts out in sentences.
  - Express emotions in a drawing.

## Action 4: Information gathering

- Goal: To gather information surrounding a survivor and identify his/her immediate needs and concerns Tailor PFA-S interventions to meet those needs.



## Action 4: Information gathering

The purpose of gathering information is to determine the following.

- Need for immediate referral to other agencies
- Need for additional support
- Which PFA elements are likely to be helpful

## Action 4: Information gathering

- In an emergency, you will have limited time to gather information. It is therefore necessary to identify individuals' needs and priorities.
- Points to remember
  - Be flexible in adapting PFA-S interventions
  - Formal assessment, which takes some time, is inappropriate.
  - Gather enough information to determine how to intervene to meet the needs.

## Action 4: Information gathering

- Gather the following information directly
  - What is the the person's most pressing concern?  
"How are you doing now? Is there anything you need or are concerned about?"
  - How did he/she experience the event?  
"Where were you during the event? How did you feel? Are you scared now?"
  - How is his/her everyday life affected?  
"How has the event impacted you, your family, and your friends? Can you sleep? Can you concentrate in school?"

## Action 4: Information gathering

- Gather the following information indirectly
  - Ask teachers and staff to contact you if there is any change in student behaviors.
  - Make a map showing what happened.
  - Monitor daily attendance and infirmary records to identify students at-risk.

## Additional note: Information gathering

- What kind of painful experience have you had? (Summary)
- **Caution!**
  - Avoid asking details of traumatic experiences.
  - Ensure that a child can talk at the his/her own pace.
- How to ask questions
  - What is bothering you the most now?
  - How do you think/feel about it?
  - Is there anything you can't do any more that you were able to do before?
- Decide how to help based on information gathered
- **Caution!:** Assess objectively, do not jump to a conclusion!

## Action 5: Practical assistance

- Goal: To offer practical assistance to students, teachers, and staff to address current needs and concerns



## Action 5: Practical assistance

### **Providing students with needed resources will:**

- Empower them
- Help them have hope
- Restore their dignity

## Action 5: Practical assistance

### **Offer practical assistance to teachers and staff**

- Let them know the currently available resources.
- Discuss how to structure classes and homework assignments (especially for students who have difficulty concentrating).
- Encourage students to participate in various extracurricular activities for recovery.
- Help teachers set class goals and make the class's progress visible.
- Think together about ways to support each other.

## Action 5: Practical assistance

- Offer practical assistance to students, teachers, and staff.
- Identify the most immediate needs.
- Clarify needs (What are the priorities and what to do next?).
- Discuss and develop an action plan (brainstorm).
- Help them act to address the needs (Example: set an appointment, help paperwork).

## Additional note: Problem-solving technique

Children's problems are usually difficult!



### Step 1: Identify problems

- Listing problems  
(As specifically as possible)
- Create an image of a situation in which a problem has been solved.  
(Avoid using negative forms such as "not.")

How do you get to the top of a mountain?



Source: Implementation manual for Problem-Solving Therapy for cancer patients

### Step 2: Consider possible solutions

#### Brainstorming

- Rule 1. "Number" rule
- Rule 2. "Postponing judgment" rule
- Rule 3. "Variety" rule

### Step 3: Is it a SMART goal?

- Specific: Is it specific or a small goal?
- Measurable: Can you later evaluate if it was successfully done?
- Achievable: Is it not too difficult?
- Relevant: Does the problem seem to get any smaller?
- Timed: Do you think you can achieve it by around next week?

## Step 4: Select a solution

- Rule 4: Eliminate solutions that are obviously impossible or extremely difficult to implement.
- Rule 5: Eliminate solutions that will bother others or burden yourself.
- Rule 6: Consider advantages, disadvantages, feasibility, and expected effects of each solution.

## Step 5: Implement the solution

- Rule 7: Make it clear what, when, and how much you want to do!

## Step 6: Evaluate the outcomes

- Rule 8: Keep a record of the outcomes (What, when, and how you did).
- Rule 9: Write down what you think was good/not good to do.
- Rule 10: Write down the problems and difficulties you have experienced while trying.

## Development of problem-solving mindset

- Problems arise as long as you live. Accept that there is a problem you need to face.
- Try to identify various factors, not assuming only a single one, which cause the problem.
- Think of the problem as a "situation in which some solution should be attempted," rather than a "worry."
- Break down a big problem into smaller pieces.
- Determine whether the problem is something "you will be able to cope with" or "you can't cope with," instead of "something that can be solved."
- Start by doing what you can. Challenge as an "experiment"

## Using collective intelligence

- Ox weight guessing contest (F Galton)
- Quiz Millionaire  
Coincidentally 65% < Experts 25% < General 91%  
(Only if diversity is ensured.)
- Let as many people as possible express their opinions freely
- Organize the opinions that were presented  
Grouping: Grouping of similar opinions  
Flow: Making a flow chart of how to cope with the problem  
Target classification: When and for whom is it effective?

## Summary of problem-solving technique

- Help children take initiative in solving problems.
- Help children acquire problem-solving skills.
- Identifying problems and setting goals are important.
- Take plenty of time to brainstorm
- Emphasize that the goal is not to solve the problem well, but to acquire attitude to try problem-solving techniques and verify them (self-experiment).

## Action 6: Connection with social supports

- Goal: To help establish brief or ongoing contacts with primary support persons including family, friends, teachers, and staff, as well as with school and community helping resource:



## Action 6: Connection with social supports

- Help to connect with people who provide support (family, trusted friends).
- Support each other with people around you.
- Discuss support-seeking and giving.
  - Identify a person who will be supportive.
  - Think together about what to do and what to discuss.
  - Consider reasons for being reluctant to seek support.
- Respond to extreme isolation and withdrawal.

## Action 6: Connection with social supports

### Encourage connections with others in schools

- Tell students, teachers and staff that everyone is on the way to recovery.
- Encourage students to watch out for each other. Tell students that they should notify an adult if they see a change in a friend's behavior.
- Create an environment to integrate new students who have transferred to the school.
- Find ways for classmates to communicate with each other if the school is closed.

## Action 6: Connection with social supports

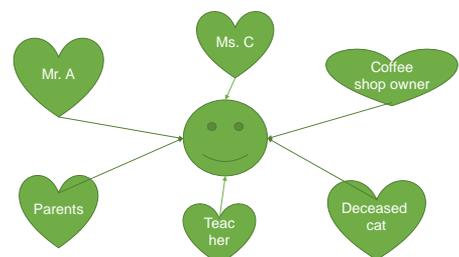
### Encourage connections with others in schools

- Increase group activities and collaborative assignments to facilitate mutual support.
- Pay attention to whether events such as a graduation ceremony have been suspended, and consider alternative events.

## Create a network of support

- Look for someone you can greet or have a small talk with.  
"Who has something to do with you?"  
It doesn't have to be a person.
- Look for someone or an organization that helps you when you need support.  
"Who (Where) can you talk to about your problems?"  
Who (Where) → How does it help?
- Look for someone who warms your heart by merely imagining him/her.  
"Who gives a good response to your heart?"  
Imaginary persons or characters are OK.

## Externalize a network of support



## Advice for people who are not good at seeking support

- Make a note of what is bothering you and what kind of help you want.
- In one consultation, focus on one topic.
- Separating Time (Example: Round up to 30 minutes).
- Praising yourself for asking for help, regardless of outcome or effect.
- Recognize the fact that "I had someone to consult with," regardless of outcome or effect.
- Continue actions seeking help tenaciously. Don't give up by only one trial.

## Action 7: Information on coping

- Goal: To provide information about stress reactions and coping strategies to alleviate distress and enhance adaptive functioning



## Action 7: Information on coping

### Providing information about stress reactions and coping

- Convey what is currently known about the event.
- Inform what support resources are available.
- Clarify psychological reactions after a disaster and how to manage them.
- Support and promote self-care and family care.

## Action 7: Information on coping

- While it can be helpful to tell survivors what stress reactions are and that intense reactions are common but often diminish over time, it is not advisable to blindly assure that stress reactions will disappear over time. It may give them unrealistic expectations about recovery.

## Action 7: Information on coping

### Provide brief information about stress reactions and coping

- Discuss mainly on the reactions experienced by individuals
- Include possible negative/positive reactions
- Avoid pathologizing stress reactions
- Discuss both adaptive/maladaptive coping actions

## Action 7: Information on coping

### Maladaptive coping actions

- Result in unintended negative consequences
- Isolation, withdrawal
- Extreme avoidance of thinking or talking about the event
- Watching too much TV or playing computer games too long
- Anger, violent behavior
- Alcohol, drugs
- Overeating, refusal to eat
- High-risk behavior

## Action 7: Information on coping

### Adaptive coping actions

- Bring about positive outcomes
- Social supports
- Positive distracting activities
- Set a goal and try to achieve it
- Shift expectations and priorities
- Breathing exercise, relaxation techniques, and rest
- Exercising
- Counseling
- Humor

## Action 7: Information on coping

### How long the stress reactions lasts depends on the following factors

- Intensity of exposure to a traumatic event and significance of losses
- Adversities after a traumatic experience
- Frequency of exposure to trauma reminders

## Additional note: Stress and Coping

## What is stress?

- A stress-free state
- A state under stress



## List as many stressors in your life as possible

First, list them individually (2 minutes).

Next, share and discuss in each group (3 minutes).

Share with all the participants (around 2 minutes for each group)

## Types of stressors

- Physical stressors: heat, cold, noise, congestion, etc.
- Chemical stressors: pollutants, drugs, oxygen deficiency/excess, carbon monoxide, etc.
- Psychological and social stressors: human relations, work-related issues, family issues, etc.  
⇒ Most of what we usually call "stress" refers to this "psychological and social stressors"

## What stress reactions did you have when you had a stressor?

First, list them individually (2 minutes).

Next, share and discuss in each group (3 minutes).

Share with all the participants (around 2 minutes for each group)

## Stress reactions

- Psychological: Decreased vitality, irritation, anxiety, depression (feeling depressed, losing interest)
- Physical: Pain in the joints of the body, headache, stiff shoulders, lower back pain, eye fatigue, rapid heart beating and shortness of breath, stomachache, loss of appetite, constipation and diarrhea, insomnia
- Behavioral: Increased alcohol intake and smoking amount, increased errors and accidents at work, and increased near misses

## How did you cope with stress?

First, list them individually (2 minutes).

Next, share and discuss in each group (3 minutes).

Share with all the participants (around 2 minutes for each group)

## Stress coping

- Behavioral coping: rest, sleep, nutrition, exercise, and relaxation
- Cognitive coping: rethinking
- Social coping: social support

## Stress reduction method 1) Progressive muscle relaxation

- Take a comfortable position and lightly make fists with your hands.
- Next, squeeze your fists slowly, then squeeze them tighter and tighter.
- With your fists clenched, focus your consciousness to them.
- Make sure you feel the tension and stiffness in your fist muscles (3-4 breaths).
- After you sufficiently feel the tension, release the force you used, all at once.
- Pay attention to the sense that your muscle tension is eased, and keep the focus on the muscles.
- Feel the relaxed state of the muscles for a while. (3-4 breaths)
- Fist → upper arm → shoulder → neck → face (eyes, mouth, and cheeks) → back → stomach → thigh → calf → instep

## Stress reduction method 2) Mindfulness breathing exercise

- Relaxation breathing exercise
- 3-minute breathing exercise: Concentrate on breathing for only 3 minutes
- Breath-holding exercise
- Mindfulness breathing exercises
- Your belly expands slowly when you breathe in, and it contracts when you breathe out.
- Float on the waves of your breath
- If you notice that your mind has moved away from your breathing, check to see what the distraction is and then return to your breathing.

## Additional note: Reactions to trauma and reminders

## What are reactions to trauma and trauma reminders?

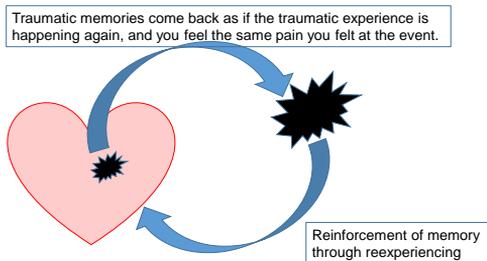
Reactions to trauma

- Intrusive reactions
- Physical arousal reactions
- Avoidance and withdrawal reactions

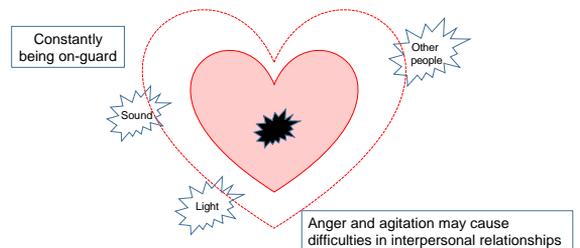
Reminders

- Trauma reminders
- Loss reminders
- Change reminders

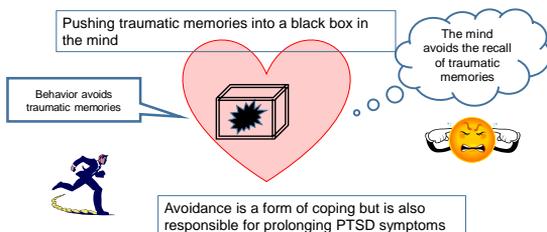
## Intrusive reactions



## Hyperarousal reaction



## Avoidance reactions



## Action 8: Linkage with collaborative services

- Goal: To link students, teachers, and staff with available resources they need now or will need in the future



## Action 8: Linkage with collaborative services

- Determine whether or not further support is necessary in light of a person's needs and current difficulties, and, if necessary, consult with the person on how to connect with those additional support resources.
- Examples of situations requiring a referral
  - An acute medical (psychiatric) problem
  - Worsening of a preexisting medical, emotional, or behavioral problem
  - Harm to self or others
  - Alcohol, drug problems
  - Domestic violence, child abuse
  - Ongoing difficulties with coping

## Action 8: Linkage with collaborative services

- Pay attention to a school policy and the existing network of the school when referring to external agencies
- Confirm compliance with the Act on the Protection of Personal Information and the policy of notifying parents
- Do what is necessary to link to additional resources effectively (Example: going to the outside agency with family members)

## Care for providers

- Awareness  
The first step is to seek awareness. To do this, you need to slow down and focus inwardly to determine how you are feeling, what your stress level is, what thoughts are going through your head, and whether your behavior is consistent with what you really want to do.

## Care for providers

- Balance  
Next, seek balance in all areas of your life (work, self, family, rest, hobbies). You will be more productive when you have had opportunities to rest and relax. When you realize you are losing balance in your life, it is a chance to change something.

## Care for providers

- Connection  
The final step is connection. It is important to build supportive relationships with your colleagues, friends, family, and community. The most powerful stress reducer is social connection.

## Take Home Messages

- You, who work in schools, are the key persons who will restore schools.
- It is very important to provide PFA after an emergency.
- Take a flexible and practical approach according to needs, contexts, and phases of recovery.
- Please also refer to the PFA-S Field Operations Guide.
- Take good care of yourself and your colleagues.