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**THE TRAINING OF PUBLIC, HEALTH PERSONNEL AND SCHOOL
COUNSELORS TO HELP TSUNAMI SURVIVORS:
MALAYSIAN EXPERIENCE**

Associate Professor Dr. See Ching Mey
School of Educational Studies
University Science Malaysia
Malaysia

The disaster Tsunami struck on 26th December 2004 and its' devastating effects were concentrated at the northern coastal areas of Penang, an island in Malaysia. The number of deaths currently stands at 68 with 52 in Penang, 12 in Kedah, 3 in Perak and 1 in Selangor. Many families were traumatized by the experience.

It is the first time Malaysia has such a disaster and the immediate response was to develop a training module for the public, health personnel and school counselors to equip them with intervention skills so that they can reach out to help the survivors quickly. This paper seeks to share the Penang experience on the training of the public, health personnel and school counselors to identify and assist the survivors to cope with the devastating effects of Tsunami. The approach used has helped to reduce the overall impact of the disaster.

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Malaysia was spared the full impact of the tsunami because it was fortuitously sheltered by Sumatra itself. Nonetheless, the experience was terrifying for many, especially those living in or visiting the resort island of Penang. Although the earthquake had struck at Sumatra early that morning and terrible events were already unfolding there and elsewhere, no general warning had sounded and people, in a holiday mood, were thronging popular beaches on the western and northern coasts of Penang when the first wave landed some 4 hours later.

When the sea receded as the waves further out built up height, some curious observers actually followed the sea out!

The waves when they came were unexpected and disastrous. There are 52 recorded direct deaths in Penang, 15 on the mainland and one in Langkawi. All in all, 68 people died from the tsunami in Malaysia². Coastal villages were severely inundated and many homes destroyed.



***Picture: First Wave Approaching
The Shore In Tanjung Bungah,
Penang***

Tragedies of such magnitude are rare in Malaysia. In July 1988, a footbridge crowded with worshippers going to and from coincidental religious festivals collapsed at a ferry terminal in Penang and 32 people lost their lives. In

² http://en.wikipedia.org/wiki/Impact_of_the_2004_Indian_Ocean_earthquake_on_Malaysia

December 1993, one of three blocks of luxury apartments collapsed. Forty-eight residents or visitors died. Inquiries were made, blame apportioned, cases brought to courts and then matter essentially rested except for those who are survivors or relatives of victims. In Malaysia, since the number of victims was small and inconsequential, the management of their mental health following these disasters was often left very much to individuals. There is nothing organized.

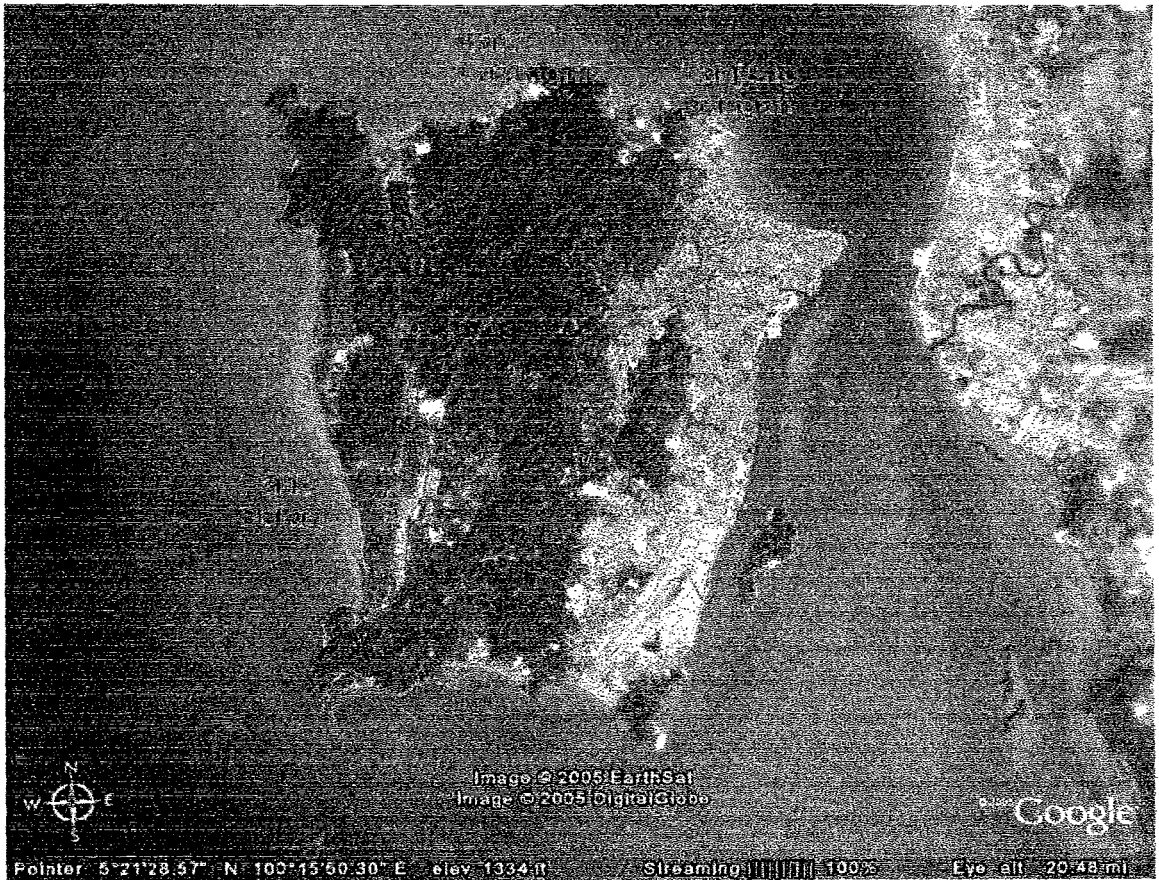
The tsunami was different. There were many lucky people who escaped with their lives though they lost their homes and belongings. However there were many others, who, through exposure to very horrifying and graphic videos and pictures of the death and destruction and from the sheer magnitude of the scale of death so nearby, became traumatized. The treatment of post-traumatic stress disorders (PTSD) became important as it was very soon noticed that PTSD had spread to a wider swath of the population.

This paper describes the various efforts put in place to train quickly health personnel, school counsellors and volunteers to recognize, treat or manage PTSD directly arising from the tsunami tragedy. This was needed to arrest emotional and mental decline in the survivors, victims, and others who were affected.

The Malaysian Association of Scientific Research in Psychiatry (MASRP) - Penang Association of Counselling and Psychology (PACP) Joint Effort in Penang

The Malaysian Association of Scientific Research in Psychiatry and the Penang Association of Counseling and Psychology joined hands and selected Balik Pulau site (see Map) for the preliminary work. On 3rd January 2005, a team of medical personnel, psychologists, counsellors and concerned individuals met to

discuss and develop an intervention plan³. It was decided that the intervention had to begin with the immediate training of health personnel, school counsellors and volunteers who could identify and assist survivors cope with the devastating effects of the tsunami. This primary group would be trained with the module that was quickly developed by the core trainers identified. The people trained would then act as trainers themselves to train a second and subsequent echelon with the module they have been trained with. The grant was provided by the Malaysian Association of Scientific Research in Psychiatry.



Map Of Penang Island Showing The Badly Affected Shores

³ Faculty staff and research students from the National University of Malaysia, Kuala Lumpur; Faculty staff from University Science Malaysia (the author); health professionals, doctors and nurses from the Primary Health Clinic in Balik Pulau and the General Hospital Pulau Penang; representatives from the Education Department of Penang; school counsellors from selected schools; and representatives from the Mental Health Association, Penang and Bureau on Learning Difficulties (BOLD), Penang.

As the enormity of the tragedy demanded immediate reaction and from a desire to assist in helping to reduce the psycho-social impact of the trauma experienced by survivors, all the team members essentially volunteered their time and effort to devise the primary set of module. The training module comprises classroom and practical sessions with lectures, discussions, role plays, and supervised counseling sessions.

The module consisted of:

1. Identification and recognition of Post Traumatic Stress: Its Signs and Symptoms
2. Differentiating Normal and Abnormal Grief: Causes and Effects
3. Critical Incident Stress Debriefing (CISD)
4. Critical Incident Stress Management (CISM)
5. Intervention skills such as:
 - a. Normalization
 - b. Validation
 - c. Reframing
 - d. Play and Art Therapy for Children

A screening instrument was also developed to identify those who needed immediate referral to a mental health specialist. The instrument originally developed in English was translated into the colloquial languages (Malay and Mandarin).

The draft module was used in a two-day workshop for the first echelon comprising doctors, nurses, school counsellors and representatives from Non-Governmental Organizations. Some were assigned to home visiting to interview the survivors using the initial screening instrument developed. The collected data was used to devise scenarios for role plays that were based on actual *verbatim* or interpretation of the responses of the survivors. The training thus became relevant as it took into account the varied cultural experiences and social

practices of the local communities at the site. The training module was amended and it incorporated these improvements.

A broader purpose was also served when the task group organized a public awareness talk that explained the signs and symptoms of post-traumatic stress, normal and abnormal grief, intervention skills that would be generally helpful, and referral procedures. This was to empower members of the public who may want to help others in their own community to come to terms with the impact of the disaster in their lives, and to recruit more volunteers to join in the training. The ultimate goal is to train as many people as possible to recognize those with the PTSD signs and symptoms so that they may be referred for effective professional psycho-social or psychiatric treatment as quickly as possible.

As a result of this approach, we found that many people were reached and helped quickly. With the increased number of trained and willing volunteers, there was more chance of reaching out to those who were traumatized.

School children were given special consideration. More than 200 school counselors from primary and secondary schools were identified as important resource persons to be trained. The Penang Association of Counselling and Psychology, the Penang State Government, and the Penang State Education Department, took on this role and organized a one-day training three months later with the module developed.

These school counsellors became resource persons and also trainers in their school to assist the trauma survivors among the staff and students. The training was captured on video compact discs (CD) and made freely available to those who wanted to learn but were not able to attend the training.

With time and experience, later versions of the role-playing were improved especially those sections on the identification of signs and symptoms associated

with the trauma and how they are manifested. We found that the trained school counselors became quite adept at suggesting intervention or referral accordingly.

We introduced play and art therapy as a means of helping the children with trauma as this is an excellent technique for them to express their feelings and for us to interpret them. Play therapy is a helping interaction between a trained adult and a child that seeks to re-live the child's emotional distress through the symbolic communication of play⁴. Enzer (1988) agrees, noting that the therapist not only helps bring about relief of clinical symptoms (important as this may be to parents and child), but also works toward removal of impediments to the child's continuing development, so that the prospects for the child's future growth are enhanced.

Woltmann (1955/1964) quotes Erikson as saying that "the child uses play to make up for defeats, sufferings, and frustrations, especially resulting from... limited use of language". Winnicott (1971) reminds us that "the child does not usually possess that command of language that can convey the infinite subtleties that are to be found in play".

We extended this technique to the children affected by the tsunami and found that it was very useful in helping our trained health personnel, school counsellors and volunteers to interpret the experiences and to suggest intervention routes.

⁴ "The assumption is that children will express and work through their emotional conflicts... within the metaphor of play" (Reid, 1986, p.261)

Other Efforts

1. The National Committee of Mental Health Response Towards Disaster

The National Committee of Mental Health Response Towards Disaster was set up by the Department of Psychiatry and Mental Health, Hospital Kuala Lumpur in the aftermath of the tsunami to provide counseling services to survivors, and to the aid workers who participated in the tsunami disaster. They have begun preparing a trauma training module for professionals which is meant as a manual for future tragedies.

2. Training By Crisis Relief Squad Of MCA (CRSM)

The Crisis Relief Squad of MCA (CRSM) was set up under the Malaysian Chinese Association (MCA) to provide humanitarian services to the survivors of disaster. Its purpose includes the enhancement of their image in social service. Initially a Crisis Management Training Camp was first held for the CRSM about four months after the disaster. At this camp, about 100 representatives (from the various states in Malaysia) were identified to become members of CRSM and they were trained on the following topics:

- a. Signs and Symptoms of Post-Traumatic Stress
- b. Team Work Collaboration To Handle Crisis
- c. Role of Police In Crisis Management
- d. Planning A Community Project Proposal
- e. International Linkage To Incident Command System

3. Training By The United Nations Children's Fund (UNICEF) Malaysia

The United Nations Children's Fund (UNICEF) Malaysia has also began to build a local mental health support network by training residents (teachers, medical workers and community leaders) to form Local Mental Health Team (LMHTs)⁵.

Through the training, teams are equipped to:

- a. Identify children and adults who are experiencing psycho-social problems or mental disorder related to the tsunami.
- b. Conduct initial assessment interviews to identify the severity and nature of the mental problem.
- c. Provide counselling sessions.

What follows is largely extracted from their website.

To facilitate the work of the Local Mental Health Team (LMHT), UNICEF conducted many community awareness activities. Its purpose is to establish trustful working relationships with local residents, and to this end UNICEF is identifying community contacts, lobbying for support and active participation, and mobilizing people in the community, including women and youths.

The Langkawi Community Education Workshop was held from 19-21 May 2005, about five months after the disaster. It was attended by 30 local residents. The workshop included a brief training session for parents and teachers on recognizing psycho-social disorder in their children. Until the end of December 2005, it aimed at providing 12 briefing and seminars for parents and teachers to help them understand psycho-social disorders.

UNICEF continues to conduct post-trauma mental health training throughout Malaysia among organizations that are sending relief workers to Kedah and

⁵ www.unicef.org/media/files/UNICEFResponse17January05.pdf

Achéh in order to safeguard the mental health of the workers. In the longer term, UNICEF will also build the capacity of emergency aid and relief organizations to strengthen their mental health infrastructures and systems. This training will build a larger pool of human resources from which to draw to provide post-disaster mental health care when the next disaster strikes in Malaysia or elsewhere the region.

4. Critical Incident Stress Management Training At HELP

Higher Education Learning Program (HELP) University College is a private University. It's Centre for Psychology organized a two-day Critical Incident Stress Management (CISM) training at its campus in March 2005⁶.

CISM in this context is defined as a form of crises intervention and can be characterized as psycho-social first aid. CISM interventions cover all phases of a crisis from preliminary through acute to post-crisis and can be applied to both groups and individuals. During the training, the participants had hands-on experience with activities on Defusing and Debriefings. Participants were set up in teams where they had the opportunity to practice skills by delivering support interventions.

The training is the first multi-disciplinary certified CISM training in Malaysia involving 80 participants from over 30 bodies comprising Non-Governmental Organizations, Educational Institutions and Private Hospitals.

⁶ http://www.help.edu.my/news/press_room/20050314_cism.php

Conclusion

The Malaysian Government and many Non-Governmental Organizations (NGOs) have played a significant role in helping the tsunami survivors. They have actively supported the humanitarian efforts in affected areas soon after the tsunami struck by providing humanitarian aid, medical relief and mental health support. The Malaysian Government and NGOs, within a short time, have developed training programs and organized public awareness activities to public, mental health personnel and school counsellors so that they can help the tsunami survivors to better understand what has happen and to cope with it. This has been something that had been talked about before on those rare occasions when tragedies have struck in Malaysia. However the sheer scale of the tsunami disaster has galvanized public opinion and concern; and highlighted the lack of preparedness to provide post-traumatic counseling for future disasters.

Although the training of public, health personnel and school counsellors were *ad hoc* to meet the immediate need of the recent disaster, cohesive organization must continue. For a start, those organizations which had already responded, such as the Penang Association of Counseling and Psychology (PACP), National Committee of Mental Health Response to Disaster, Crisis Relief Squad of MCA (CRSM), Malaysian Chinese Association (MCA) and United Nations Children's Fund (UNICEF) should pull their resources together and proceed (a) to plan strategies of training so that there is no duplicate of training, and (b) to review the module and techniques of counselling post-traumatic stress disorder. It must be mentioned that, although no mention has been made here of Critical Incident Debriefing (CID) for those involved in aid and rescue. Nonetheless, CID is an essential collateral to the whole issue of mental wellness in rescuers and rescued.

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