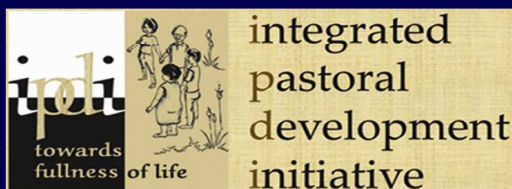


Caring for Others, Caring for Ourselves

Basic Training on DISASTER MENTAL HEALTH AND PSYCHOSOCIAL ASSISTANCE



23 - 25 November 2009
Sta. Rafaela House of Spirituality
Quezon City
PHILIPPINES

**DISASTER MENTAL HEALTH AND
PSYCHOSOCIAL ASSISTANCE
WORKSHOP REPORT**

**November 23-25, 2009
Sta. Rafaela Retreat House**

Day 1

Novembre 23, 2009

Introductions and Orientation

An opening prayer, led by one of the participants Sr. Cora Gaballo (formator of ~~Carriante~~ Missionaries, Caliraya, signaled the beginning of the workshop. It was ~~Beloved~~ ~~Ms. Ms.~~, Executive Director of Integrated Pastoral Development Initiative (IPDI), gave the opening remarks and did a roll call on the fourteen (14) participating organizations.

- Kilos Unlad Mamayan ng Real (KUMARE)
- Women's Institute for Sustainable Economic Action (WISE ACT)
- Center for Empowerment and Resource Department (CERD)
- Freedom from Debt Coalition (FDC)
- PREDA Foundation
- Partners in Health Care/Aktibong Komunidad Para sa Kalusugan ng Mamamayan(PHC/AKKMA)
- Christians for Social Reform (CSR)
- Kasarian Kalayaan (SARILAYA)
- Women and Gender Commission - Association of Major Religious Superiors of the Philippines (WGC-AMRSP)
- Institute for Women's Studies (IWS)
- Salvatorian Pastoral Care for Children (SPCC)
- Foundation for the Care of Creation, Inc. (FCCI)
- Asian Social Institute (ASI)
- Integrated Pastoral Development Initiative (IPDI)

The workshop was spearheaded by the Integrated Pastoral Development(IPDI) Initiative ~~with the~~ SARILAYA and IWS in collaboration with the U.P. Department of Psychology, ~~Dumara~~ support from MISSIO Germany and Swiss Catholic Lenten Fund.

After the opening remarks and the roll call of participant organizations, Prof. Jay Yacat, educator from the UP Department of Psychology provided the general introduction of ~~the topic~~ to be covered in the said workshop.

But, prior to the talk proper, a game called "Manok ni San Pedro," was played. At first, ~~part~~ participants were asked to form four (4) groups. This game challenged the participants ~~to~~ deliver the message with speed and accuracy. The lively exchange is as follows:

Manok ni San Pedro

Ang manok ni San Pedro ay pumuputak
Pumuputak ba?
Oo, pumuputak
Ah, pumuputak

The next activity was aimed to let the participants know more about their co-participants by grouping themselves according to the category called out by the main facilitator. The categories are:

- 1.(Organization
- 2.(Birth month
- 3.(relationship status
 - a.(Never been in a rel.
 - b.(Currently in a rel
 - c.(Previously in a rel
4. Project area location
- 5.(Days of attendance
 - a.(1 day
 - i.(Split into 2 groups
 - b.(3 days
 - i.(Split into 5 groups

After which, another activity tackled the participants' expectations of the workshop. Within the participants were asked to answer the following questions:

- Bakit kayo nandito? Ano ang inaasahang matutunan? Ano ang inaasahang gagawin dito?
- Ano ang inaasahan sa ibang kalahok?
- Ano ang maaaring asahan ng ibang kalahok sa inyo?"

After 10 minutes, the groups wrote their answers on the blank posted manila papers. The summary of the results are in the table below:

Why are you here?	Things we will do during the workshop	What do you expect from other participants	What can others expect from you?
review of past training	sharing & gathering data and experiences	active participation-walang pikon, masayahin, friendly	full cooperation
proper approach to critical situation	listening/active listening	cooperation	sharing of insights
assess critical situations	interactive	openness/maging bukas sa mga ideas	approachable
learn different psychosocial activities-concepts, methodologies, techniques	analysis of case studies	sharing of experiences	friendly
learn different psychosocial structure of individuals and community	input	walang matutulog	respect
additional knowledge on how to deal with people who are victims of calamities	workshop	makakuha ng experience from others	punctuality
matuto at magbahagi tungkol sa disaster preparedness	icebreakers/energizers	respect for one another	active participation

maibahagi sa komunidad na kinikilusan	activities that will make input more interesting	punctuality	ready to listen
paano i-process ang isang disaster victim		bonding	contribute ideas
matuto paano ang handling sa mga traumatized victims/effective facilitation		rich sharing	re-echo training to community leaders w/ facilitator skills
matuto kung paano magbigay ng tulong sa panahon ng kalamidad		mai-apply ang matututunan sa area	capacity building
paano maka-cope at makapagbigay ng tulong sa mga victims		help co-workers, apostolate, clients	
additional coping mechanisms			
malaman kung anong kasagutan sa nangyayaring kalamidad			
prepare myself to conduct a facilitator's training and conduct the activity itself among disaster survivors			
volunteered to take the training			
pinadala ng org			
how to care for self and others after a disaster			
personally unload			

After the participants wrote their responses, Prof. Yacat clarified that the processing of individual will not be included in the workshop. He also stressed that after the participants are not yet allowed to conduct a workshop like this on their own. He explained that what will be presented are only the basics and it entails a huge responsibility to conduct a workshop like this.

The workshop expectations can be summarized by the acronym "PAG-ASA" which stood "PAngarap" (wishes/dreams), "GAWain"(tasks/activities) and "SARili/Samahan," (Self/Group). Prof. Yacat then explained that each of the participants are bearers of "pag-asa" or hope. He also briefed the group on the schedule of activities for the next three days. He also encouraged the participants to draw up an agreement about the house rules during the workshop. An agreement or "kasunduan" was written on the manila paper which outlined the

KASUNDUAN

- 1.(cellphones on silent mode
- 2.(punctuality Dumating sa tamang oras
- 3.(making

4. lumahok/cooperate
 - a.(magtanong
 - b.(magbahagi
- 5.(Respeto
 - a.(Walang away
 - b.(Walang pikunan
 - c.(Walang matutulog

Once these were articulated and approved, the group took a fifteen minute break. Participants came in the conference hall from their break, they signed the agreement posted as Prof. Yacat proceeded in forming five (5) groups that had the tasks of sessions (1 1/2 day per group), timekeeping and providing the icebreakers. The names and assignments of the groups are as follows:

- Group 1 Spice Team** First Day PM
- Group 2 Nobody But You** Second Day AM
- Group 3 Grupong Masigasig** Second Day PM
- Group 4 Team Survivor** Third Day AM
- Group 5 Rescue 571** Third Day PM

Each group was also asked to assign an "umalohokan" like the native town crier in times, to provide a recap of the previous sessions and the "batingaw" or like the town bell to the participants of the time. The "payasos" or clowns prepare icebreakers and energizers.

Just before the talk, the group sang, "Balay ni Superman" as an icebreaker. The group emphasized the importance of an open mind to the success of the three-day workshop.

DISASTER 101

Jay Yacat

The definition of disaster was introduced to the group followed by the elaboration of its typology namely: natural(e.g., earthquakes, tsunami, volcanic eruption, tornado, insect swarms), technological(e.g. nuclear accidents, war, civil unrest, transportation accidents,terrorism), health/disease epidemics(e.g. AH1N1, dengue) and social(e.g. riot in prison.) He explained that it is important to classify disasters as they will help people to know what kind of help to give.

The features of disaster were also discussed:

- 1.(Natural vs. human-caused
 - a.(Human caused are painful because of the sense of control
 - b.(Natural disaster is more acceptable because it is out of human's control
- 2.(Degree of personal impact
 - a.(Physical
 - b.(Relationships
- 3.(Size and scope
 - a.(Location
 - b.(People affected

4. Visible impact/low point
 - a.(Cyclical (predictable)
 - b. Silent disaster (e.g. Sept 11 terrorist attacks, Chernobyl-through the years)
- 5.(Probability of recurrence

Zeroing in on the recent disaster which is the tropical storm, "Ondoy," the facts were presented. Ondoy is said to have a speed of 85 kph, classified as a tropical storm but in 900 people were affected and the total cost of damages is PhP 9.77 billion (National Disaster Coordinating Council, October 6, 2009.)

Assessing the situation through the features of "Ondoy," the participants believed that it was a natural disaster that was exacerbated by human factors, its degree of personal impact is widespread as most of the 8 million residents in Metro Manila alone, and participants least of all other person who was affected by the said storm. Its probability of recurrence is to change.

In line with this, a group activity, "Kahapon, Ngayon at Bukas, " was done. Here, the participants were asked to discuss among their group the following questions:

Anu-ano ang mga naobserbahan noong:

- 1.(bago ang Ondoy?
- 2.(Habang nangyayari ang Ondoy?
- 3.(Isang araw matapos ang Ondoy?
4. Isang linggo matapos ang Ondoy?
- 5.(Kasalukuyan (magdadalawang buwan mula noong Setyembre 26, 2009)?

The participants then wrote their answers in the manila papers that contained the questions discussed. The results of the discussion were presented in this fashion:

Bago ang Ondoy	Habang nangyayari ang Ondoy	Isang araw matapos ang Ondoy	Isang linggo matapos ang Ondoy	Kasalukuyan
normal ang buhay	na-shock/nataranta sa pagtaas ng tubig	umaasa sa relief/ tulong, mga bahay sira-sira, maraming nawalan ng hanapbuhay	siksikan sa evacuation center	mga naapektuhan ng Ondoy ay hindi pa rin naka-recover hanggang ngayon
nang marining ang announcement na may bagyo, nagkaroon ng kuro-kuro kung signal no. 1 o 2 o 3 eh tirik naman ang araw	pumunta sa mataas na bahagi	panic buying	health problem lagnat, ubo, leptu, alipunga etc.)	sa Pasig, naglilinis pa. May mga area na binabangka pa at 120/tao ang bayad

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matagal na ulan	pumunta sa evacuation center/eskuwelahan	naglilinis ng mga bahay, naghahanap kung may mapapakinabangan pa	sanitation problem-basura, putik, baha	di pa nakikita ang kasama sa bahay
hindi nakapaghandang, balewala kasi parang karaniwan lang	walang agarang responde sa bagyo ang local gov't.	walang kuryente, pasok	mga batang di makapasok sa school	force relocations->self demolition=mas hindi ligtas dahil tabi ng bundok(landslide issues)
masyadong malakas ang ulan	nagsisikap na ma-save ang puwede pang ma-save priority ang buhay nila)	hinahanap ang iba pang kasapi ng pamilya	relief problem-nag-aagawan, naghahabol, stampede, tiwalin g opisyal, walang kuryente	konting ambon nag-pa-panic
nagtali ng mga bubong, at haligi ng bahay	Iniakyat sa mga mataas na bahagi ang mga gamit	lubog pa din sa baha	nawalan ng trabaho	sa Pasig, naglilinis pa. May mga area na binabangka pa at 120/tao ang bayad
nag-impake (Cagayan Valley)	pumunta sa mataas na bahagi, meron ding ayaw mag-evacuate	tulala-hindi makapag-isip ng maayos	nagkaroon ng pansamantalang trabaho (bangka)	traumatic pag may parating na bagyo
naglagay ng kanal sa lagusan ng tubig sa bukid (Cagayan, La Union)	naghintay, nag-monitor ng mga balita, umakyat sa bubong, tumawag sa nga puwedeng tumulong dahil may balita ng binabaha-lampas tao/bahay \naliligo lang sa ulan, nung tumataas na, nag-panic na	may mga namatay/nawawalang bangkay	wash out ang bahay	na-trauma ayaw iwanan ang bahay kahit walang ulan o bagyo
Inani ang puwedeng anihin (Cagayan)	ni-rescue ang mga madre sa South Triangle	maraming missing na kamag-anak to date	nagkasakit ang mga victima (biktima) ng Ondoy at ang ibang mga nagbigay ng relief ay may nakitang patay sa loob ng bahay	meron pang nasa evacuation center
Malabon-prepared due to rubber boat gauge of low tide/high tide	sa mga kamag-nag-panic, tawag	hindi lahat na accommodate sa evacuation mga kapit-lugar center tumigil sa	naglilinis pa din, barangay ay kalahati ng	nagsisikap na ulit ng maayos na makapagsimula

After the exercise, Prof. Yacat then aligned the responses to the phases of disaster. At the moment, he said the victims are in the post impact phase. Looking at the responses, it indicated what was described in the post impact phase.

Phases of Disaster

	Phase 1 Pre- Impac	Phase 2 Impac	Phase 3 Post Impact	Phase 4 Recovery and Reconstruction
Expected Reactions	Fear, Feeling unsafe, lack of control	shock, panic, confusion, disbelief, guilt	elation, energy, with inventory, anger, despair, disillusionment, exhaustion, fear, depression	acceptance, objective inventory, self examination, renewed energy, hope, wisdom
Energy level	up	Up-low	Up-very low	increasingly up
Needs	Information, preparation, training, Evacuation	rescue, first aid, symptom, alleviation	inventory, grieve, establish rhythm	planning, problem solving, referrals, sourcing, coaching/psych care
Time Durations	minutes to days	minutes to days	2-6 months	1-5 years

Understanding Human Responses to Disaster

Dr. Violeta Bautista

Dr. Bautista started her talk by relating her own experience about the storm. Her own house was self-submerged in floodwater and it took them weeks, cleaning up their place. But she was thankful for good friends who came to help in uplifting her in different, creative ways.

She then proceeded to review the phases in disaster experience that was previously by Prof. Yacat in the earlier talk. Then she proceeded in stating some key principles in understanding people in disasters.

1-3.

- Stage 1 shock
- Stage 2 externalization
- Stage 3 drawing inward
- Stage 4 recovery

4. We can show seemingly abnormal reactions to disaster situations

- There are children who would
 - Not like to go to school
 - Have nightmares
 - Have a loss of appetite
 - Hide under the table when there is thunder

5. Our normal reactions to life's challenges
- 6.(disasters affect children
 - a.(children may have their own understanding of their reality
 - b.(children are affected by stress
- 7.(Our response to disaster varies
- 8.(Disasters may put us in a state of crisis
- 9-13.
- 14 There are growth-oriented and program targeted responses
 - a. Resistance
 - b. Resilience
 - c. Transformation
 - d. Recovery
- 15 Adults and children and communities have their own natural ability to deal with stress and be resilient
16. Our response to disasters is determined by: Characteristics of the disaster event, accumulation of stress, coping skills, personal assets, personal liabilities

There was an hour of lunch break before coming back to the conference hall.

Recap

The afternoon session was welcomed by an action song icebreaker led by the Spice Team:

Sumasayaw at umindak-indak
 Sumasayaw at umindak-indak
 Sumasayaw sayaw katulad ng dagat
 Ako kasama sa sambayanan 4x
 Lalala
 Ako, Ikaw, Tayo

Afterwards, Ms. Fatima, a member of the team summarized what transpired that briefly described each event as follows: Opening Prayer, Welcome Remarks, Manok ni Badro, Expectations, Kasunduan, Pag-atas ng mga Grupo, Disaster 101, Pagbalik-tanaw sa aral, Responses sa Disaster ni Dr. Violeta Bautista

Key Concepts in Disaster Mental Health

Prof. Jay Yacat

- 1.(No one who experiences a disaster is untouched by it
- 2.(Most people pull together and function during and after a disaster, but their effectiveness is diminished
- 3.(mental health concerns exist in most aspects of preparedness, response, recovery
4. Disaster and grief reactions are "normal responses"
- 5.(Survivors respond to active genuine interest and concern
- 6.(Survivors may reject disaster assistance of all types
- 7.(Disaster mental health assistance is often more practical than psychological in nature offering a phone, distributing coffee, listening, encouraging, reassuring, comforting)
- 8.(There are two types of disaster trauma: individual and community

9. Mental health workers need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster
10. Interventions must be appropriate to the phase of disaster (e.g. Ondoy=post-impact at present)
11. Social support systems are crucial to recovery (e.g. evacuation center routines: waking up, taking a bath, principal)
12. Cultural competence is important in addressing disaster mental health needs

He also mentioned four (4) aspects needed in helping:

1. Kilala ang disaster (knows what disaster)
2. kilala ang taong naapektuhan (knows the people affected)
3. kilala ang mga programa (knows the program)
4. Alamin ang kasanayan para makatulong (knows the skills needed to help)

He also cited the Quick response (from the Philippine National Red Cross):

1. Immediate assistance cited as one of the good practices in the provision of effective psychosocial support (IFRC, 2001)
 - a. (immediate psychological needs following a disaster, and meeting these might make a difference to the successful of a psychosocial intervention)
 - b. (quick mobilization could help:
 - i. (prepare the affected people for the problems they were likely to face)
 - ii. (build confidence between survivors and relief workers)

However, he said that work on mental health and psychosocial assistance can cause unintentional harm (Anderson, 1999):

1. (Deals with highly sensitive issues)
2. (Lacks extensive scientific evidence of its efficacy)

Prof. Yacat defined and stressed the responsibility for all who would like to help: DO NO HARM

He elaborated on the steps to achieve the "do no harm" principle.

HOW?

1. (Participate in coordination groups to learn from others and to minimize duplication and gaps in response)
2. (Design interventions on the basis of sufficient information (e.g. barangay data))
3. (Commit to evaluation, openness)
4. Develop cultural sensitivity and competence in the areas in which you will work
5. (Stay updated on the evidence base regarding effective practice)

He then discussed the features of effective practices and programs:

1. Immediate assistance

Helping can be simply work with the mind set of getting things done
2. Caring and compassionate

"Kalinga," is a key value among work in Filipinos
3. Holistic

Different aspects of the person affected by the disaster and likewise are involved in the process of healing and recovery

- Looks into different domains
- Creates caring spaces
- Uses a developmental perspective
- Gender
- 4. Rights based
 - Equitable and non-discriminatory access to psychosocial intervention
 - Maximized
- 5. Multi-phasic,
 - Programs and activities appropriate to different phases
 - Examples at post impact
 - Honeymoon-channeling high energy to helpful activities
 - Inventory-
- 6. Integrated
 - Stand alone services create highly fragmented care system
 - Integrated services
 - Reach more people
 - Are more sustainable
 - Tend to carry less stigma
- 7. Balanced
- 8. Resource efficient
 - Able to manage resources well
 - Cognizant of group's limitations in terms of resources-material as well as human
 - Disasters by their very magnitude and depth of impact tempts groups to do more than what their resources allow them to
 - True for materials as well as human resources
 - Beyond social resources of a group
 - Dangers posed by going beyond the competencies of the group
- 9. Multi-layered
 - People are affected in different ways
 - Intervention pyramid
- 10. Evidence-based
 - a.(Not oriented to pathologizing responses
 - b.(Recognizes that disaster brings out seemingly abnormal reactions to high stress and trauma
 - c.(Does not readily pathologize though alert to spotting risk and danger signs
 - d.(Also oriented to identifying strengths and competencies
 - e.(Alert to possibilities of facilitating
- 11. Proactive
 - a. Reaching out to affected groups
- 12. Long term commitment
 - a. Program can speed up its pace
 - i.(It takes to train local "training of trainers" groups
 - ii.(These trainers have to train and supervise sufficient staff to ensure continuity of the work
- 13. Customized
 - a. Appropriate assessment of both psychological needs and available resources
 - b. Initial assessment made during the early stages of disaster response

14. Locally based programs
 - a. Mobilized community volunteers
 - i. Volunteers have access to-and the confidence of beneficiaries
 - b. based on local partnership, and on consultation with the concerned group
 - c. built on local resources
 - d. built on existing coping resources (e.g. Buro sa evacuation center: saan pa maglalamay kung nawalan na sila ng bahay)
15. Customized activities for different groups
 - a. Working with groups is the norm
 - iii.(Individual approaches
 - 1.(response to needs of few
 - 2.(takes problems in isolation
 - 3.(are expensive
 4. may stigmatize those who need help
 - b. Directly involve parents in programs that focus on children
 - c. Establishment of support groups
 - d. Use of creative activities
- 16.Care for Caregivers
 - a.(Support system for staff
 - b.(Monitoring, supervision and evaluation
 - c.(Psychological support
- 17.Supervised
 - a.(Program managers must supervise volunteers
 - b.(Has a supervision mechanism
- 18.Documented and evaluated
 - a.(Can be done even without funding
 - b.(Need for data base on disaster mental health and psychosocial intervention in the Philippines
 - c.(Documentation and evaluation ensures the programs develops guided by learning from the field
 - d.(Serves as input to ongoing theory building

At 4:05pm, the group took a fifteen minute break and once everyone came back from the break, Team once more prepared a song in connection with the earlier talk.

Magagawa Natin

Magagawa natin ang lahat ng bagay
 Ang lahat ng bagay sa mundo
 Isang bagay ay di magagawa
 Ay di magagawang mag-isa

One participant asked a question as to how will a person address the needs of those in need who will not be discriminating. Prof. Yacat answered the question, explaining that the decision process for selection must be fair. This is achieved if there is initial data gathered that is the basis for selection. He also differentiated the concepts of discriminating and

discriminatory. The former employs analytical in decisions, the latter entails favoring a ~~get~~ only.

Another fifteen-minute activity was assigned to the participants with the following instructions:

1. (Group according to organization/area of operations
2. Identify a program or an activity which could provide a locus for integrating disaster mental health
3. Assess/analyze the target program/activity based on its characteristic features:
 - 3 strongest features, evidence and facilitative factors
 - 3 weakest features, evidence, inhibitory factors

The groups placed their outputs on manila papers and posted them around the ~~conference room~~, the next speaker was introduced:

Barriers to Disaster Mental Health Program Implementation

Angela Yu

Prof. Yu started her talk by stating that she has gone over some of the program ~~postulations~~ and the conference room and found out that there are some concerns that resonated with what she will talk about that afternoon. The following were the aspects ~~that~~ one way or another become barriers to disaster mental health program implementation:

- Financial Resources
- Needs awareness
 - Low priority of mental needs among people
- Program Awareness
- Legal Requirements/political constraints
- Skilled people to run the program
- Service-led approach in Program Design
 - Service-led approach that follow service hierarchy was used when planning program instead of needs-led approach (Amin and Goldstein, 2008)
- Cultural sensitivity
 - Cultural gap can be addressed through training, designing programs
- Fractured program
 - Communication and coordination gap
- Emergencies and difficult cases
 - Emergency or difficult cases are beyond community health workers' capabilities
 - Set up emergency response system and a referral system that can be activated when such situations occur
- Care giver fatigue
 - Train care providers on self care techniques
 - Set up care-provider support group
- Information gap
 - Lack of information may lead to wasted resources, negative consequences, time lag and gaps in the delivery of disaster assistance
 - Institute project documentation and data management measures

- Develop a community disaster management plan that can be immediately activated, using data collected

She also pointed out the factors needed in developing program indicators:

- International and local mandates and standards
- Organizational factors
 - Services
 - Infrastructure
 - Resources
- Community factors
 - Social determinants of mental health and risk factors (e.g. being marginalized, poverty, minority in religion, sexual orientation)
 - Gatekeepers and stakeholders (e.g. konsepto ng "tulay," informal leaders in the community)

She articulated that in the future, decisions may be largely stakeholder-led. She also gave guidelines on how to address some concern in partnerships:

Infrastructure
 Availability of sex-disaggregated data
 Data on life-stage/age
 Presence of tools
 Programs and services
 Increased access mental health care
 Increased utilization
 Research
 Community linkages
 Financing

Also, she provided indicators for implementing programs on disaster mental health that should have the following qualities: precise, quantifiable, reactive, relevant, and reliable.

Closing of Day 1

Ms. Bembet thanked the speakers for the day and also acknowledged that the multi-stakeholder approach is being utilized in the working models presently, in companies.

Second Day

Once again, the day started with an opening prayer led by Sr. Gracia Makatol. It was followed by "tulay" icebreaker by Group 2 also known as the "Nobody But You" group. Next was the recap of the previous afternoon's activities. It was creatively presented by Jonathan, a member of the same group, through a drawing.

As an introduction to the second day of the workshop, Prof. Jay Yacat gave the participants the schedules that day. The main topic for the day was assessment: assessment of the morning and assessment of the clients in the afternoon session. First off, an activity about the origin of names was done. The members were asked to specify questions about their own names.

What's in a Name?

Saan galing ang first name? Bakit ito ang pangalang ibinigay sa iyo?
Saan galing ang pamilyang may taglay ng inyong middle name?
Saan galing ang pamilyang may taglay ng iyong apelyido?

Before the participants broke off into discussion groups, Prof. Yacat shared the history of the name. The groups were then given fifteen (15) minutes for discussion and later proceeded with the value of a name by the same professor.

Ang Pangalan

Mahalaga

Karapatan ng bawat bata ang magkaroon ng pangalan.

Reflection ng mga nagbigay nito: magulang

Tanda ng pagpapahalaga ang pangalan

Binibigyan natin ng pangalan ang mga bagay na mahalaga sa atin

Ang mga mahahalaga sa atin ay nagiging batayan rin ng ating pagpapangalan

Ating mga pangalan (identity function)

Ang pangalang Pinoy

Saan galing ang ating pangalan?

Pamilya at kamag-anakan

Magulang

Lolo, lola

Kaibigan: ninong, ninang

Relihiyon at paniniwala

Kabuhayan at libangan

Ang pangalan

May kagustuhang maging unique ngunit di labis na kakaiba ang pangalan

May kinalaman sa konsepto sa sarili

Ang kuwento sa likod ng ating pangalan

Kuwento ng sariling buhay (kuwentong buhay)

Kuwento ng grupong kinabibilangan (kultura at kasaysayan)

The next activity was "Kamayan," where the participants were asked to do the following:

Iguhit ang kamay sa isang pirasong papel

Isulat sa bawat daliri ang sisimbolo sa aspeto ng iyong pagkatao

Hinlalaki-kalakasan
Hintuturo-kahinaan
Hinlalato-nagbibigay ng inspirasyon para makuha ang iyong pangarap
Palasingsingan-mga sagabal sa pagkamit ng iyong mga pangarap
Hinliliit-pangarap/mithiin sa buhay

Ibahagi sa kasama sa grupo ang output (drawing)

Pumili ng isa o dalawang aspeto at gamitin itong batayan sa pagsagot ng mga tanong na ito:

Ano ang naging papel ng mga ito sa inyong trabaho sa development at/o disaster work?

Ano ang naging papel ng mga ito sa inyong relasyon sa mga katrabaho at mga kliyente o beneficiaries?

Ipaskil ang bawat papel sa manila paper para sa bawat grupo

The results of the said activity is shown in the pictures below:

A fifteen (15) minute break was in place after the activity. And when the people came back to the conference hall, "Nobody But You" group provided an icebreaker before the topic on "pagkalinga sa sarili" or care of the self was presented by Prof. Jay A. Yacat. But before he commenced with his talk, he introduced an "Evolution" game. The evolution game starts with the assumption that everybody is an "ipis" or a cockroach. The participants will then challenge through "jack en poy." Whoever loses becomes a cockroach but whoever wins "evolves" to a higher order as presented below:

Ipis (cockroach)
Palaka (frog)
Ibon (bird)
Unggoy (monkey)
Tao (human)

"The goal is to be human," as Prof. Salvador, another speaker put it.

A prevalent reaction during the processing after game was that it was stressful especially if you were away from being a human, that is, being a monkey and suddenly becoming a cockroach once more. This became the introduction on the topic of stress:

Pagkilala sa Stress

Normal

May mabuti at masamang dulot

Necessary

Para makita ang pagbabago sa buhay

Productive at destructive

Acute at delayed

Acute=Matinding stress=hal. nagkasakit ang anak, nawalan ng bahay

Delayed=sa mahabang panahon

Cumulative

Naiiipon

Identifiable

Saan galing? Kailangan malaaman para malaman kung paano kumilos

Preventable at manageable

Maaring kontrolin ang reaction natin sa stress para humaba ang buhay

After the short talk on stress by Prof. Yacat, a twenty(20) minute activity that identified stressors in the lives of development workers was conducted:

- Ano ang pinakapahalagahan mo tungkol sa iyong trabaho sa kasalukuyan?
- Sa iyong palagay, ano ang pinaka-stressful at pinaka-fulfilling na aspeto ng disaster work?
- Paano mo natitiyak na ikaw ay stressed?
- Ano ang puwede gawin ng iba para sa iyo pag ikaw ay stressed?
- Ano ang puwede mong gawin para sa sarili mo?

After the small group discussions, insights were shared in the big group. The participants' comments:

- Decision-making kapag kulang ang resources (financial, human, logistical) and general allocation of resources
- Wala pa ang relief, andyan na ang mga tao
- Andyan ang relief, ayos na ang lahat, tapos darating ang boss.

Prof. Yacat commented that disaster work does not have the luxury of time. Once a disaster relocation, one needs to act promptly. But he gave guidelines to identify the stressors in the lives of the volunteers/participants:

Alamin ang pinagmulan ng stress:

Galing sa Loob (pagdududa sa sarili)

Galing sa Labas (conflict sa pamilya)

Ang stress sa disaster work ay maaring

Event-related

Occupational

Organizational

Paano maka-cope sa stress?

1. Magkaroon ng realistikong pagtatasa (assessment) ng sitwasyon

2. Tigilan sa di-wastong pag-iisip

-pagiging kritikal sa sarili

-pagdududa at takot

-labis na kagustuhang ma-please ang lahat

-need to control (hal. sa emosyon at pag-iisip ng iba)

-pag-pokus sa negatibo

-over-analyzing (hal. Lahat ng bagay ay iniisip)

-pag-pe-personal nang lahat ng bagay (mga taong mahirap sumaya, laging may kulang)

3. Tigilan ang di-angkop na pag-aangkop (coping)
 - hindi pagkain o labis na pagkain
 - pagmumukmok
 - bisyo (hal. pagsisigarilyo)
 - labis na pagtrabaho
4. Magpahinga
5. Huminga

At this point, Prof. Divine Love Salvador, another Psychology professor was introduced by Prof. to teach the correct way of breathing which, as he said people may take for granted.

Correct breathing

Breathing for relaxation

Inhale (through the nose) 4 counts

Exhale (through the mouth) 4 counts

Shoulders are not raised, when inhaling, chest expands, exhaling, chest contracts, otherwise, reverse breathing happens

Energizing breath

Breath through nostrils=short breaths

20 short breaths

6. Umiyak (kung kailangan)

7. Maging grounded

Maramdaman ang lupang tinatapkan

8. Kumain ng REAL food

Regular

Eat a balanced diet

Avoid processed food

Low and light

9. Makipagkaibigan

Ang may kaibigan ay humahaba ang buhay

10. Bigyang solusyon ang mga problemang may solusyon

Hal. Pagbayad ng utility bills sa tamang oras)

11. Gawin ang mga nagbigay saya sa iyo

Hal. Pagbigay ng reward sa sarili pagkatapos ng isang mahirap na trabaho)

12. Maging organisado

13. Palakasin ang ispiritwal ng buhay

Hal. Pagsisimba at pag-nobena)

14. Maghanap ng balance

Oras para sa sarili at para sa iba

Before ending his talk, Prof. Yacat gave an assignment for the participants:

- Gumawa ng isang Gawain ng “pagkalinga sa sarili” ngayong gabi matapos ang workshop. Bukas, may ilang piling kalahok na mag-uulat ng kanilang mga ginawa.

A one-hour lunchbreak was in order.

During the afternoon of the second day, Prof. Divine Love Salvador took over the task of coordinating the sessions. She introduced the speaker who will talk about the importance of

The Need for Assessment

John Hudson Go

By way of introduction, Prof. Go emphasized that assessing the mental health of affected by a disaster is never a one-time endeavor. He then proceeded with:

General Principles

1. First, DO NO HARM

>MHPSS assessments have various effects on different people. While some may see it as a positive experience, others may react with frustration and agitation

Action point: Continuous monitoring of assessment as helpful or causing distress
At this part, Alan, a participant suddenly asked how will one know if the client is ready for assessment? Prof. Go answered that in order to know, one must be sensitive and learn to be an emphatic listener. He also gave some important facts about assessment:

- 1.(Most people respond normally not pathologically
- 2.(service providers must assess the emergency setting and adapt to the unique requirements
- 3.(The nature of assessment should be tailored specific phase of the disaster
4. Affected individuals must be given the opportunity to express their most pressing needs in their own language without preconception or judgement
- 5.(Affected individuals should be provided concurrent education about the nature of the process
- 6.(If feasible, review assessments should be done by the same service provider
- 7.(Assessments should be always informed of the complexity of the process
- 8.(Assessors are themselves by traumatic situations
- 9.(Assessment is a continuous, multi-faceted process

Key Actions

- 1.(Ensure that assessments are coordinated
- 2.(Collect and analyze key information relevant to MHPSS
 - a.(Relevant demographic and contextual information
 - b.(Experience of the emergency
 - c.(Mental health and psychosocial problems
 - d.(Existing sources of psychosocial well-being and mental health
 - e.(Organizational capacities and activities
 - f. Programming needs and opportunities

Comment of participant: Kailangan pa rin ng basic information for assessment purposes hindi ka papasok na standard ang form

- Sagot ng isa pang participant (Noel): Kailangan ng appropriate form. Need to validate with community leaders
- 3.(Conduct assessments in an ethical and appropriately participatory manner
 - a.(Participatory and collaborative
 - b.(Analyze priorities
 - c.(Avoid raising
 4. Collect and disseminate information

Factors that Determine the Stressfulness of a Disaster

- 1.(Features of the disasters (e.g. familiarity)
- 2.(Community factors (e.g. community resources, community preparedness, consequent social unrest)
- 3.(Characteristics of the individual (e.g. actual or threat of loss, physical or psychological)

Assessment at Different Disaster Phase and Social System Levels

Divine Love Salvador

Review of Guiding Principles

- 1.(Assessment is a continuing process
- 2.(Assessment is done at different phases during a disaster and also at different levels of social systems (adult, child, family, community)
- 3.(
4. The goal of multi=phase at multi-level assessment
- 5.(There is no one set of assessments to make or questions to ask
- 6.(Development an assessment style that is relevant to a community's culture, tone, mood and morale
- 7.(Impact of disaster phases and social systems often overlap with each other
- 8.(Events in one phase influence those in the next phase
- 9.(Family may also be affected if one individual in the family is affected

Quick Review

- Pre-impact
- Impact
- Post impact
- Recovery and reconstruction
 - Physical rebuilding
 - Empowerment of the community

Social System Levels

- Communities:
 - Network
 - Leadership structure

How are communities assessed?

- Formal and informal visits

Attending briefings
Convening meetings
Special sources of information

Assessments are made by different people at different levels
Integrate these to overall assessments
Preferably by someone who does not have operational responsibilities and has the skills and experience

Assessments should be monitored for potential adverse consequences

Assessments should be mapped

Assessment of Families

1. Families include parents, children
2. Families may protect vulnerable members from scrutiny. Be aware and ready for this
e.g. Take note: children may be protected by parents and thus do not say outright the true conditions
3. Wider family networks may suffer secondary stress and should also be assessed
4. The same ethics for individuals and their family
5. Individual adults are assessed as part of families and communities
- 6.
7. Function/dysfunction is not static; may fluctuate in different times
e.g. non-communication among some family members
8. Assessment must ensure privacy and confidentiality
9. Each child should be assessed individually (where possible)
10. Assessment of child requires knowledge of normal developmental phases, age appropriate communication and use of play, drawing techniques (especially with younger children)
e.g. after 3-4 months follow-up and there is no change in the condition, there is something wrong
10. Children express their distress more through actions and physical symptoms
e.g. use drawing, clay etc.
11. Children are likelier to "personalize" meanings
e.g. the child claims to have caused the disaster because they were "bad"

What do we assess?

Range of psychological reactions

An individual may experience one or more of the ff:
Anger, grief, anxiety, depression, reactivity
Interpersonal relations may also suffer as individuals

exhibit one or more of the following:

Severity of Psychological Reactions after a traumatic event
(see diagram)

Psychosocial well-being

Equally important to assess the means by which survivors not only cope but try to move beyond the disaster towards well-being

Do I refer?

When it is already beyond your capacity
Not a "paghuhugas ng kamay"

Participant question: is there a psychosocial service "counseling" in UP?
Prof. Salvador's answer:

Psychological Triage

"triage" in French means "pick or select"

Interventions should be in response to assessed needs

Not implemented wholesale

Wholesale interventions may impede normal processes

Tasks of the Assessor

Good Coping

Fight or flight response

Acute episodes of muscle aches

Cold hands

No appetite

Constipation/diarrhea

These are normal in order to survive in emergency situations

Poor Coping

Responses counter to fight or flight response

Warning signs

Freezing

Severe distortions in perception of time

Apathy or indifference

Traumatic amnesia

Feelings of unreality, not being present

Panic attacks

Guilt reactions

Helpless, hopeless ideation

Suicidal or homicidal ideation

Important for follow-ups
Establish an integrated referral system
Come up with own guidelines
No standard assessment form
A good assessment form includes
 Location
 People involved
 Date
 Time
 Inventory of services
 Resources for psychosocial resource available
 Financial resources
 Transportation resources
 Inventory for partnerships
 Reference part: who assessed when and where and contact number

A twenty (20) minute break was given after Prof. Salvador's talk before going to the "Lights, Camera, Action" activity:

Lights, Camera, Action

Divine Love Salvador and John Hudson Go

Procedure

- 1.(Hatiin sa dalawang grupo (bumilang ng 1, 2)
- 2.(Ang isang grupo ay mga assessors, ang isang grupo ay mga biktima ng kalamidad
- 3.(Ang mga miyembro ng kabilang grupo ay magsisilbing assessor
4. Ipapares ang bawat biktima sa isang assessor
5. Isadula ang isang assessment scenario
- 6.(bilang assessor, magtanong at magtala ng mahalagang impormasyon hinggil sa biktima
- 7.(Pagkatapos ng 15 minuto, bumalik sa kanya-kanyang grupo

Katanungan sa small groups

Para sa biktima

Ano ang naramdaman mo bilang isang biktima?

Para sa assessor

Ano ang naramdaman mo bilang isang assessor?

NOTES FROM SHARING OF ASSESSOR GROUP: (by Prof Divine Love Salvador)

- Nahirapan sa kausap na di nagsasalita at walang sigla o iyak ng iyak.

- Hindi na nasagutan ang buong assessment form. Mahirap makuha lahat ng impormasyon, lalo na pag sasalalay lang sa sasabihin ng kausap.
- Ang iba ay nag-iisip na nang praktikal na itutulong. Ang assessment opportunity ay opportunity for helping also.
- May natutunan din ang assessor mula sa katatagan ng inaassess.
- May kinabahan dahil baka di sapat ang kakayahan mag-handle ng kausap na hindi nagsasalita at may mabigat na dalahin.
- Marami-rami ring nakalap na datos/impormasyon.
- May nagkwento ng tungkol sa sariling karanasan in an effort to get the person to talk and share.
- Di kailangang direkta ang pagtatanong.
- May impormasyon namang nakukuha sa simpleng pag-oobserba.

NOTES FROM THE VICTIM-CLIENT GROUP (by Prof. John Hudson Go)

- Bilang umaarteng biktima, nararamdaman ko din ang sitwasyon nito. Mahirap pala lalo na kapag di pa handang magsalita.
- May mga tao rin pa lang kahit na ano pang problemang dumapo sa kanila ay kaya nilang harapin. Jolly pa rin sila.

Gathering from the comments, there was also a big group discussion afterwards which addressed some concerns regarding the matter.

Are we qualified to do assessment? Make sure we are with psychologist and/or psychologist when we do this.

Prof. Salvador: "Huwag magbukas ng sugat na di niyo masasara." Learn emphatic listening. Non-verbal, non-judgmental listening. Kailangan alamin ang sarili para alam ang kalakasan at kahinaan. Learning orientation palagi. Suggestion: Case study conference para malaman ang best practices at consultation

Paano kapag may severe reaction sa interview? What is the usual set-up?

Prof. Salvador: People don't do it alone. Form an assessment team. Hal. May nagwawala, may assigned magpahupa. May isang assigned sa mga nakakita noong episode na ito. This shows that the person can be in control. Responses to a disaster can be a "normal reaction to an abnormal situation."

What does DSWD do? What do we do with the data

Prof. Salvador: Puntahan ang DSWD at hingiin ang data

Mabagal ang DSWD. Kami, nag-v-validate.

Prof. Salvador: It is still best to coordinate LGUs/government and NGOs

May pangyayaring poblacion ang turing noon at na-jumble ang location term ng beneficiaries dahil iba ang coding ng World Vision

Suggestion of another participant: Ask the people who have assessed them. Then locate the assessors and borrow the data

In the end, the concerns of assessment will always be there, as seen in the activities processing that transpired right after the role-playing but the courage and perseverance to address these challenges is what is needed especially in disaster stricken situations.

Third Day

The third day commenced with a prayer sung by the whole group complete with guitar accompaniment by the lone IPDI participant, Noel Feliciano. The recap from yesterday was done followed shortly by the recap of that previous afternoon's activities. Then the icebreaker entitled, "Bahay, Baboy, Bagyo, " was played.

This game was similar to open the basket where a team is composed of three players. The players are what constitute the "bahay, " the one between them is the "baboy." Once the game master says, "bahay," the partners are the only one who can change places but the "baboy" stays put. When the game master says, "baboy," the person in the middle are free to another "bahay." And when the game master says "bagyo," everyone can trade places with anyone. Each time, those who are not part of the triad are considered out. This symbolizes what "bagyo" or a disaster does to the order of things...it is in disorder.

Basic Listening Skills

Michael Luistro and Arlin Ocampo

Prof. Luistro posed a rhetorical question, "Bakit kailangan nating makinig?" and opened the importance and skill of listening in helping others:

- Sharing my skills
 - active listening
 - facilitating skills
- Having a great desire to help
 - ethics
 - referral

Developing cultural competence

He expected the participants by the end of the workshop to at least be aware of the points to listen effectively:

Attending is important

Communicate that you are there to listen

Isipin na siya ay kapwa

Avoid expressions of shock

Have undivided attention

Active listening

How does the other person perceive you?

Outsider(ibang tao) vs. Insider(hindi ibang tao)

You will not be doing trauma or grief counselling but crisis intervention

Process of helping

Crisis Work

1.(Joining

2.(Stabilization (meet basic needs, mitigate acute stressor if the encounter)

3.(Allowing for the story to be told

4. Assessment /triage/catharsis

5.(acknowledge the event, crisis

6.(facilitating understanding

7.(encouraging effective coping

8.(referral

Stage 1 Relationship building (steps 1-4)

Stage 2 Problem solving phase (steps 5-8)

Remember, build the relationship first before moving on to the problem solving phase or giving advice

The other person needs to trust you (the listener) first

The participants were also given the freedom to give their questions/comments on the topic at

Comment/question from a participant: Is there a difference between advice and giving options?

Prof Luistro: Giving advice is more directive while giving options is done after listening

Comment/question from a participant: What will you say if the survivor asks what you can do to help?

Prof. Luistro: Clarify what you are there for...that you are not there to give money.

In order to apply what was just discussed, an activity facilitated by Prof. Arlin Asuncion-Ordoñez was presented:

Two (2) volunteers: one as victim and one as facilitator. The situation of the victim was that he lost his house and has nine children

Comments from the group

1. "Pangangamusta" or asking how the survivor is the initial step.
2. (Pagsabi ng nawawalang biyenan or bahay: maari nang entry point
3. Huwag sabihin ang "refer." gumamit ng Filipino e.g. refer=tulong, relief=pagkain
4. Maging alerto
5. (A challenge to calm down the victim.
6. Must have enormous patience
7. One must also know one's capacity and limit
8. Acknowledge the emotions

Characteristics of effective listening

1. Is open and accepting of the other person
2. Non-judgemental
3. Trustworthy
4. Understanding and respectful
5. Exudes warmth, care and concern
6. Genuine and true to oneself
7. Listener must be extremely patient

Non-verbal listening tips

SQUARELY face the other person

Have an OPEN posture

Slightly LEAN towards the person

Maintain EYE CONTACT (or look at the center of the forehead)

Have a RELAXED position

Some verbal listening techniques

Using ENCOURAGERS

Using simple words such as "uh-huh," "okay," "yes," "that's right," "Is that so?"

May be in tandem with non-verbal prompts such as nodding

PARAPHRASING

SUMMARIZING

REFLECTION OF FEELING

Introduction

Add perceived emotion

Specify cause or reasons

Check for accuracy

After the tips on listening were given, the participants had the opportunity once more to ~~the~~ ask questions:

Comment from a participant: Okay lang ba sabihin na "puwede ka bang kumalma?"
Prof. Luistro's answer: Depend.

Comment: Paano kung sobrang bilis at dami ng mga detalye?
Prof. Luistro: My thought-stopping techniques na ibabahagi ni Prof. Arlin Asuncion-Ocampo mamaya

Prof. Luistro proceeded in giving some facilitating techniques like the following:

Tracking (choosing w/c of the topics mentioned to probe)
Focusing (sticking to a flow, not changing the topics)
Paraphrasing

Another activity on non-verbal behavior was presented:

Face to face

Without speaking, study the face of the othr person for one minute
Non-verbally decide who will go first

Comments after the activity

1. Nakakailang
2. (Di ko alam anong iniisip niya sa akin
3. Naaasiwa ako
4. Noong una, di namin alam kung sino mauuna
5. Pakiramdam ko'y sinisisid niya ang aking pagkatao
6. Naramdaman ko maya-maya'y nag-relax
7. Di ko matantiya
8. Very reassuring ang ngiti niya

Prof. Luistro summarized the situation as, " Nakakailang dahil hindi tayo sanay mabigyan ~~bugng~~ atensyon." He then proceeded to the topic on how to ask the proper way:

Sample Questions
2 types

Close: answerable by yes or no or exact
Open: extended answers

Tip: Start with closed questions before asking the open questions

At this point, a break and an icebreaker were done and a guest speaker from one of the funders of IPDI was introduced and gave her piece:

Ms. Helena Jeppesen
Desk Officer
Fastenopfer-Philippines

Ms. Jeppesen just came from Germany and was happy to be with the group. She acknowledged the importance of listening as this is very crucial in helping other people.

She also said that the challenge is try to help in the best way possible and for their part the funds in the best way. She commented that of course one can buy a lot of food but there a lot of things that are important like the caregivers themselves might get sick.

As she looked back, she realized that since 2004 in Infanta, every year these situations [disasters] have been happening. She can really see the need to respond to the situation. And to achieve this, one has to be prepared and know how to assist.

It is her hope to continue to work with the Philippine counterpart and reminded that the volunteers/workers must be careful of their life also.

She remembered an excerpt from the disaster tsunami in India. She said that after the tsunami, they came there to help to the point that people had everything there. They were given houses but eventually, people did not want to fish anymore...and that was their primary livelihood.

She suggested that psychosocial work is not only for disaster work, but also for the participants. Sometimes, she said, people want to develop the whole world but they feed themselves also.

She advocates that trainings like this must continue because caregivers must also take some time out and reflect how they are doing.

In the end, Ms. Jeppesen encouraged all of the participants take care of themselves too just for the people they are serving.

Role playing

Prof. Arlin at Prof. Luistro

Situation 1

Prof. Ocampo: victim/survivor

Prof Luistro: psychosocial worker

Situation 2

Prof. Ocampo: psychosocial worker

Prof Luistro: victim/survivor

The audience was then asked to assess: Which is good?

Situation 1

- victim talked first. no introduction. lack in relationship building
- diretso agad sa problema
- lengwahe ay iba
- paggamit ng iba pang
- mabuting maisip kung paano ang mangyayari sa pagbalik sa komunidad. kailangan ng pagbabalanse, hindi laging magparaphrase. Hindi sobrang pormal. Importante ang tracking pero kailangan di ng warmth. Imagine natin sa pakikinig sa kaibigan
- Flexible dapat ang assessor

Situation 2

- Biktima ng bagyo, biktima pa ng assessor
- Hindi focused, hindi nakikinig ang assessor, may cellphone
- May judgement
- Insensitibo: pinapipila na agad
- Parang walang concern sa biktima
- Actual situation, kailangan may separate room?
- Prof. Yacat's answer on the concern for a separate room: May espasyo ba? Baka magkaroon ng stigma. Ang alternatibo ay gawin itong malayo sa ibang tao o di kaya'y gawin sa grupo

Some Responding Tools

Arlin Ocampo

To assist those who are tasked to respond to the disaster situation, Prof. Ocampo gave helpful guidelines on the matter:

1. People in crisis need to feel that those who are assisting them are responsive to where they are and when they are coming from. (Alamin ang pinanggagalingan nila)
2. (The experience of disaster workers being responsive to one's needs to help people in disaster situations
 - To form more trusting and cooperative working relationships with the worker
 - Orients them to better understanding of their situation, enhanced coping and more effective solving process
3. (The tools used must be appropriate
 - For recovery and reconstruction phase: referral

Kinds of Responses

- Acknowledging Response
 - acknowledge the stories told to you
- Reframing
 - giving a more therapeutic and helpful meaning to a situation
 - "normalization" a kind of reframing

Examples of Reframing

- nagbabalot ng mga damit="nababaliw," palitan ng "proactive, laging handa"

- lalaking hindi tumulong="walang kuwentang tao" palitan ng "normal na reaksyon sa abnormal na sitwasyon."
- teenager na umaalis sa bahay na nasasalanta imbes na tumulong-"suwail" palitan ng "nagpapalipas"
- pagkatapos ng unos, di na makatrabaho-"tanga at bobo" palitan ng "nag-aadjust pa"

4. The Use of Silence

5. Giving feedback

- Effective feedback
 - feedback should focus on strength or something the client can do something about
 - specific, concrete
- Pasakalye
- Pagtiyak sa kilos
- Feedback
- Check

6. Enactment=role playing

7. Asking circular questions (orient the person to strengths and solutions)

8. Soft confrontation (calling the client's attention to incongruity in words, actions)

9. Thought stopping (e.g. stopping negative thoughts)

10. Calming and relaxation exercises

11. Offering prayers

12. Providing tips on self care and stress management

13. Having focus group sharing

- it is a temporary and supportive group process that allows for
- continuing assessment of client's condition in group setting,
- validates other one's experience
- Focus group discussion is not psychotherapy or substitute for this
- Goals: lessen distress, allow for catharsis, serve as forum for
- stress management education, serve as a platform for
- psychological triage and referral.
- Ideal set-up
 - 2 facilitators: 1 lead, 1 auxiliary
 - 3-5 members in a group (with binding factor:family, "kumare," kapitbahay
 - 2-4 hours, depends

An hour of lunchbreak was given to the participants and when they came back, an icebreaker “Shibashi=I Have Two Hands” provided by Group 517 was done followed by a recap from the group.

After the recap, the remaining time was dedicated to the simulation of a group sharing set-up.

Focused Group Sharing Activity

Divine Love Salvador and Arlin Ocampo

The facilitators asked five volunteers who experienced Ondoy. The main facilitator was Prof.Salvador while Prof. Ocampo acted as co-facilitator. These are the volunteers:

- Case 1 mother na nasa seminar noong may Ondoy
- Case 2 mother na kakalipat sa dela Costa
- Case 3 mother na nalubog ang bahay hanggang 3rd floor
- Case 4 single woman

Ano ang pinakanatutunan ninyo?

- Case 1:basta ang mga anak ko ay safe at binata at dalaga na kaya na at ako pa ang inaalala
- Case 2: Affirmation na simple lang kami sa bahay: basic lang walang masyadong inintindi sa matrial na aspeto
- Case 3: sabi ng anak ko, “Mama, kung tumaas pa,nakikita mo yung kakapitan mo doon” Naiyak ako dahil pinatatatag ako ng anak
- Case 4: natutunan ko mag “let go”at na-empower din ako dahil sumusunod sila(pamilya) sa akin (bunso kasi sa pamilya at madalas taga-sunod sa mga nakakatanda)

Comments:

1. Naobserbahan na proseso: introduction,paghingi ng permiso sa mga kalahok,nagbigay ng gagawin, share ng bawat isa, probing, summarizing, paraphrasing, build up on strength, reframing, closing
2. Prof. Salvador) umpisa pa ang sabihin ay ito ay pakikinig ng walang panghuhusga
3. Congratulate ang 4 na volunteer na magbahagi ng mga kuwento. Sa daloy ng group sharing: okay naman, ang sharing ay may realizations (hal. nagdalaga at nagbinata nng mga anak ng isang Nanay), lumabas na katotohanan sa pamilya at sa komunidad
Prof. Salvador) Ang realization ay manggagaling sa mga kalahok at hindi sa facilitator
Hindi kailangan ng mahabang panahon kundi ang pakikinig
4. Hindi nag-impose ng sariling interpretasyon ang facilitator
5. Prof. Salvador) Hindi tumutok sa solusyon sa sitwasyon kundi ay mailabas muna ang kanilang karanasan
6. Gaano karami ang facilitator sa 3-5 na tao? (Sagot ni Prof. Salvador) 2 tao, tulungan at pagsalo
7. Paano kung maiyak? (Prof. Salvador) Okay lang iyon at punasan na lamang ito sapagkat ang mga emosyon
8. Bakit kailangang i-tape? (Prof. Salvador) Maaaring maging datos at dokumentasyon,

- gayundin, magandang review/learning para sa facilitator
- 9.(Paano kung sa totoong buhay ay mahaba? (Prof. Salvador) Hanapan ng punto kung saan puwede mag-summarize at sabihin sa banayad na pamamaraan na ang iba pa ay magbabahagi din
 - 10.(mula sa mga participants) pagkatapos ay naibsan ang pakiramdam. Kami'y palaging napagkukuwentuhan
- BREAK
3:20-3:35 PM

A closing activity was assigned by Prof. Jay Yacat. On the sheets provided, the participants to complete the following sentences:

- 1.(Sisimulan kong
2. Ititigil ko na ang
3. Ipagpapatuloy ko ang

After the activity, Prof. Yacat gave a few reminders:

- 1.(Mahalaga ang disaster mental health
- 2.(Kakayahan, limitasyon ng bawat isa
- 3.(stratehiya ng pagtulong
 - kailangan maihanda rin ang mga organisasyon ay komunidad bago natin i-apply ang ating mga natutunan sa ngayon
4. Huwag lalarga mag-isa, integrated dapat
- 5.(Do no harm
- 6.(Pag-confront ng Psychosocial issues: maaari na ngunit kung psychosocial program ay hindi pa
- 7.(Comment: Ano na po ang tawag sa amin?

Closing

The participants along with the speakers and facilitators held their hands facing the center of they formed, said their parting words, turned outward and bid each other goodbye. The certificates were then awarded, the evaluation sheets collected and there was also group-taking.

The workshop was really a learning experience not only for the participants, but for the organizers as well.