



**GYEONGGI PROVINCIAL GUIDE FOR  
DISASTER PSYCHOLOGICAL SUPPORT SERVICE**

**D-Dim Ver.2**

**- English Version based on Applicable Contents -**

**ORIGINALLY PUBLISHED BY:**

**GYEONGGI PROVINCE**

**GYEONGGI PROVINCE COMMUNITY MENTAL HEALTH CENTER**

**TRANSLATED AND SUPERVISED BY:**

**WHO COLLABORATING CENTER FOR PSYCHOSOCIAL  
REHABILITATION AND COMMUNITY MENTAL HEALTH,  
MEDICAL FOUNDATION YONG-IN MENTAL HOSPITAL**



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※ Only Part II, III, and IV from original 'D-Dim Ver.2' were selected and translated as applicable contents.

# II

## UNDERSTANDING OF DISASTER AND PSYCHOLOGICAL STATE OF DISASTER VICTIMS

D-Dim ver.2

I

II

III

IV

# 1. Understanding of disaster

## A. Definition of disaster

UNISDR (United Nations International Strategy for Disaster Reduction) defines the disaster as 'a state that cannot be overcome without help of other in terms of life, property, economy, living facilities, lodging conditions, etc; it is caused by an unfortunate event that destroys the basic organization and normal functions of a local community.'

Similar to the definition of disaster from UNISDR, WHO (World Health Organization) stated 'a state that a local community is ecologically and socially beyond its coping ability due to severe damage.'

Korean Framework Act on the Management of Disasters and Safety defines it as something that can damage or harm people's lives, bodies, property and the nation.

## B. Handling by types of disaster

### 1) Different types of disaster based on Framework Act on the Management of Disasters and Safety

<b>Natural disaster</b>	A disaster that is caused by typhoon, flood, heavy rain, gale, wind wave, tsunami, heavy snow, lightening, drought, earthquake, yellow dust, algal blooms, tide, volcanic activity, crash of asteroids and meteorites and other natural phenomena.
<b>Social disaster</b>	Fire, collapse, explosion, traffic accidents (including aviation accidents and maritime accidents)-NBC accident-Environmental Pollution, any large damage that needs the Presidential Decree, the paralysis of the national infrastructure such as energy, telecommunications, transportation, finance, medical and water supply, spread of infectious disease stated in 'Infectious Disease Control and Prevention Act' or damage caused by the spread of livestock disease which is stated in 'Act on the Prevention of Contagious Animal Disease'

## 2) Understanding by types of disaster

### A) Major domestic disaster categorization

\*Gyeonggi-Province Psychological Support

Year of occurrence	Major disaster	Type of disaster	
1994	Seoul Seongsu Bridge collapse	social disaster	collapse
1995	Sampoong Department Store collapse	social disaster	collapse
1995	City gas explosion on Daegu Subway Line 1	social disaster	fire
1999	Hwaseong Sealand fire	social disaster	fire
2003	The Daegu Subway fire (arson)	social disaster	fire
2005	Sinchung construction site collapse in Icheon, Gyeonggi	social disaster	collapse
2007	Taeon Hebei Spirit oil spill (Proclamation of special disaster area)	social disaster	traffic accident(sea)
2008	Icheon cold storage warehouse fire (gas leak)	social disaster	fire
2008	ROKS Cheonan Warship Sinking	social disaster	terrorism
2009	Yangpyeong, Hongcheon, Jaecheon etc rainfall concentration (Proclamation of special disaster area)	natural disaster	heavy rain
2010	Bombardment of Yeonpyeong	social disaster	terrorism
2011	foot-and-mouth disease	social disaster	infectious disease in livestock
2011	Seoul Woomyeon Mountain landslide	natural disaster	landslide
2012	Jeollanam-do Typhoon 'Bolaven'(Proclamation of special disaster area)	natural disaster	typhoon
2012	Hube Global Hydrofluoric acid leakage	social disaster	chemical
2013	Gapyeong, Yeosu, Icheon, Hongcheon, Pyeongchang, Injae rainfall concentration (special disaster area declaration)*	natural disaster	heavy rain

2014	Gyeongju Mauna Resort Gymnasium collapse	social disaster	collapse
2014	Jellanam-do Jindo Sewol ferry incident (Proclamation of special disaster area)	social disaster	traffic accident (sea)
2014	Pangyo Techno Valley vent collapse*	social disaster	collapse
2014	Goyangsi Bus Terminal fire	social disaster	fire
2015	Yonginsi Road Construction Site Collapse	social disaster	collapse
2015	Uijeongbu Apartment Fire*	social disaster	fire
2015	Middle East Respiratory Syndrome Coronavirus (MERS)*	social disaster	disease
2016	Avian Influenza (AI)*	social disaster	infectious disease in livestock
2016	Gyeongju Earthquake (Proclamation of special disaster area)	natural disaster	earthquake
2016	Daegu Seomun Market fire	social disaster	fire
2017	Pohang Earthquake (Proclamation of special disaster area)	natural disaster	earthquake
2017	Dongtan Metropolis Mall fire *	social disaster	fire
2017	Incheon Yeongheung Bridge Fishing boat capsized. *	social disaster	traffic accident(sea)
2018	Yangju gas explosion	social disaster	explosion

## B) Psychological reaction and Counseling by types of disaster

Classification	Heavy rain, Typhoon, Flood, Landslide	Heavy snow, Cold wave	Drought, Heat wave
<b>Features</b>	<ul style="list-style-type: none"> <li>· Occurs every summer</li> <li>· With Rainfall Concentration</li> <li>· Big damage to South Korea</li> </ul>	<ul style="list-style-type: none"> <li>· Cold wave : Influence not only farming/fishing villages but also on a whole society</li> <li>· Heavy snow : It is a phenomenon when it snows a lot over time; it is divided into heavy snow, heavy snow advisory, and heavy snow warning.</li> </ul>	<ul style="list-style-type: none"> <li>· Drought : Watershortage occurs in the event of a prolonged period, and since there is no substitute, it is difficult to establish countermeasures for drought relief.</li> <li>· Hear wave: Direct damages to primary to tertiary industries due to increase in electricity usage. Social problems occurs because of rise of the discomfort index.</li> </ul>
<b>Action plan</b>	<ul style="list-style-type: none"> <li>· Checking Weather Forecast</li> <li>· Keep in touch with family and friends</li> <li>· Evacuate to safe area immediately if a typhoon or heavy rain advisory is issued in a coastal area, a habitual flood are, a mountain, a valley, etc or if an evacuation order is received</li> </ul>	<ul style="list-style-type: none"> <li>· Prepare a method to stay warm</li> <li>· Alert the situation to family and relatives, and actively cooperate with the police or the authorities</li> <li>· Follow the instruction of radio, etc in case of isolation or stagnation</li> </ul>	<ul style="list-style-type: none"> <li>· Check weather forecast carefully</li> <li>· Need to check if there are any drugs that can cause skin to burn quickly or cause heat exhaustion</li> <li>· Precautions for the elderly and children</li> <li>· stay cool and consume 8-12 glasses of water a day.</li> </ul>

<p><b>Psychological reaction</b></p>	<ul style="list-style-type: none"> <li>· overwhelming anxiety, sleep disorders, depression</li> <li>· Excessive anxiety, unknown guilt</li> <li>· Force</li> <li>· Fear of what will happen if the weather reports are about typhoons and floods</li> <li>· Experience repetitive nightmares, thoughts, memories, etc. related to typhoons</li> </ul>	<ul style="list-style-type: none"> <li>· Fear, anxiety</li> <li>· Despair, anger</li> <li>· Uncertainty about future</li> </ul>	<ul style="list-style-type: none"> <li>· Overwhelming anxiety</li> <li>· Persistent Worries</li> <li>· Sleep disorder, depression</li> <li>· Concern about dust, water shortage, air pollution, and related health</li> <li>· Financial concern related to poor harvests and rising food costs</li> </ul>
<p><b>Considerations during counseling</b></p>	<ul style="list-style-type: none"> <li>· Most people who experienced flooding suffers from mild physical problems.</li> <li>· Since many people complain of neuropsychological problems such as depression and anxiety after a disaster, it is important to detect and consult as soon as possible.</li> </ul>	<ul style="list-style-type: none"> <li>· Cold disease such as hypothermia and frostbite are sometimes present and more susceptible to older age.</li> <li>· When hypothermia occurs, possible symptoms would be consciousness, confusion and memory disorders.</li> <li>· Need more attention to infants, the elderly, the disabled, and patients as panic may arise due to heightened anxiety during isolation and congestion</li> </ul>	<ul style="list-style-type: none"> <li>· As it is a natural disaster that progresses slowly, psychological effects are difficult to detect and tend to last longer than other natural disasters</li> <li>· Psychiatric drugs may cause dry mouth, skin burn, and heat exhaustion, so it is necessary to check the medication if there is any medication in progress.</li> </ul>

Classification	Earthquake, Tsunami	Forest fire	Fire
Features	<ul style="list-style-type: none"> <li>· Earthquake: hard to predict, difficult to distinguish safe and danger area.</li> <li>· Tsunami: Massive waves can quickly hit the shore, causing many lives and property damage.</li> </ul>	<ul style="list-style-type: none"> <li>· Takes long time to recover</li> </ul>	<ul style="list-style-type: none"> <li>· Usually during winter</li> <li>· The main cause is people's carelessness and negligence</li> <li>· Fire in a large building has high possibility of large number of casualties.</li> <li>· Aftereffects of burns cause physical and psychological pain.</li> </ul>
Action plan	<ul style="list-style-type: none"> <li>· Continuously watching news about disasters adds stress, but do not miss out any accurate disaster information</li> <li>· Volunteering or donating to the victims provides great psychological help to themselves</li> </ul>	<ul style="list-style-type: none"> <li>· Quickly evacuate to safe areas such as fields and vacant lots away from forest fires</li> <li>· Sprinkle water around the house to prevent the fire from spreading</li> <li>· Residents who live close to the mountain where the fire broke out need to evacuate to a safe place.</li> </ul>	<ul style="list-style-type: none"> <li>· Use the stairs, but if it is not possible to evacuate downstairs, evacuate to the rooftop.</li> <li>· Move after covering the body and face with wet blanket or towel soaked in water</li> <li>· If there is no exit, block the door gaps with soaked clothes or blankets to prevent smoke from entering the room and wait for rescue</li> </ul>

<p><b>Psychological reaction</b></p>	<ul style="list-style-type: none"> <li>· Always nervous, easily surprised by small things</li> <li>· Continuous thinking and remembering about earthquake</li> <li>· Eating or sleeping irregularity</li> <li>· Low stamina, easily get tired</li> <li>· Fear that you cannot escape from the situation</li> <li>· Anxiety, guilt</li> </ul>	<ul style="list-style-type: none"> <li>· Causes palpitate, shortness of breath, restless, distractions</li> <li>· High levels of stress and anxiety can continue to lead to negative thoughts leading to wrong response to disasters</li> <li>· Children who have been through forest fires show regressive behavior, nightmares, sleep deprivation, irritation, anger, grizzling, trying not to get away from their parents, school rejection, and lack of concentration in class</li> </ul>	<ul style="list-style-type: none"> <li>· Experience nightmares, guilt of death, fear of fire</li> <li>· A strong desire to undo a fire event</li> <li>· Avoidance of confined space</li> <li>· Repeated check of exits</li> <li>· Obsessing to check gas fire or keeping fire away</li> <li>· "hyperarousal" to sound reminiscent of fire alarm</li> </ul>
<p><b>Considerations during counseling</b></p>	<ul style="list-style-type: none"> <li>· Not all survivors suffer from serious mental problems</li> <li>· Feeling of earthquake can continue and become more fearful and frightened.</li> <li>· Become more sensitive at night and may cause sleep disorders or insomnia</li> <li>· Maintaining a healthy lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>· Physical and mental responses must be identified</li> <li>· Breathing method and internal communication help to control emotions and thoughts</li> <li>· Even after the forest fire has been put out, children needs stability, relief, and support</li> </ul>	<ul style="list-style-type: none"> <li>· In case of burn treatment, the use of drug control can cause delirium and hallucinations during the delirium</li> <li>· Experienced extreme pain during necrosis removal and bandage exchange</li> <li>· The facial and hand scars make the patient mentally difficult, so do not recommend the victim to see it until</li> </ul>

	while continuing to do daily tasks as possible is effective in reducing anxiety about earthquakes		he/she is read · Social adaptation training is helpful for patients with impaired appearance and altered body image
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Classification	Traffic accident	Collapse	Radioactive accident
Features	<ul style="list-style-type: none"> <li>· Most frequent occurrence in life</li> <li>· High probability of death</li> <li>· There are large traffic accidents, road accidents, railway accidents, maritime accidents, and air accidents</li> </ul>	<ul style="list-style-type: none"> <li>· sudden and pernicious</li> <li>· The victims, family, and relatives lose their basic trust in their lives.</li> </ul>	<ul style="list-style-type: none"> <li>· a disaster resulting from radiation leaks and explosions caused by the destruction of nuclear facilities causes damages in human lives and properties.</li> </ul>
Action plan	<ul style="list-style-type: none"> <li>· Evacuate from the accident site in case of an accident involving dangerous materials</li> <li>· Leave the scene of the accident when the rescue team starts the operation</li> <li>· No smoking at the scene of an accident in case of leakage of oil or gas, which could cause a fire</li> </ul>	<ul style="list-style-type: none"> <li>· Find escape routes if building collapses while inside building</li> <li>· Temporarily evacuate to a safe place with strong walls such as elevator hall, stairwell, etc.</li> <li>· Protect the head so that it doesn't hurt the head with shrapnel (protect the head with bags, books)</li> <li>· Evacuate to safe place</li> </ul>	<ul style="list-style-type: none"> <li>· The propagation path of radioactive materials may vary depending on the weather conditions, such as the direction of wind</li> <li>· Behave calmly in accordance with the guidance of the local government for safe evacuation</li> </ul>
Psychological reaction	<ul style="list-style-type: none"> <li>· Experience invasive symptoms (images, sensations, emotions, and thought-provoking symptoms at the</li> </ul>	<ul style="list-style-type: none"> <li>· Sleep disorders such as nightmares and insomnia are the most frequently reported</li> <li>· Psychological pain</li> </ul>	<ul style="list-style-type: none"> <li>· Causes greater anxiety in that it is impossible to be recognized by the five senses</li> <li>· Causes fear as the</li> </ul>

	<p>time)</p> <ul style="list-style-type: none"> <li>· Avoiding auditory hallucination, hallucination, nightmares related to accidents</li> <li>· Guilt for the dead</li> <li>· "hyperarousal" to sound</li> </ul>	<p>caused by repeated recollections of accident scenes</p> <ul style="list-style-type: none"> <li>· Auditory hallucination to screams and sounds of collapse</li> <li>· Anxiety when entering a building</li> <li>· lethargy, despair, guilt</li> </ul>	<p>effects of radiation are not immediately apparent</p> <ul style="list-style-type: none"> <li>· Strong criticism and anger because of man-made disaster</li> <li>· Fear, hypersensitivity, guilt, overwhelming, sadness, lethargy</li> <li>· grudge, alienation, atrophy, numbness, depression</li> </ul>
<p><b>Considerations during counseling</b></p>	<ul style="list-style-type: none"> <li>· Survivors of major accidents often complain of being alive and fail to maintain their daily lives</li> <li>· Family members of accident victims also feel depression, anxious, doubtful though about other, anger, guilt, and despair, so must pay attention to their suicidal attempt.</li> </ul>	<ul style="list-style-type: none"> <li>· May complain about headache, chest discomfort, leg pain, back pain, and digestive system.</li> <li>· May show avoidance response in reminding an accident</li> <li>· Temperamental response to noise</li> <li>· Poor memory and concentration as a cognitive reaction</li> </ul>	<ul style="list-style-type: none"> <li>· Poor prognosis in case of severe physical damage, suspect severe damage to others, lack of social support</li> <li>· Poor prognosis if coping skills are insufficient for following symptoms. Depression, anxiety, neuropathy, personal loss, previous similar experience, pregnancy, divorce, single, perception</li> </ul>

Classification	Infectious disease	Livestock Infectious disease
<b>Features</b>	<ul style="list-style-type: none"> <li>· Diseases that develop and become popular due to infection by pathogens such as germs, viruses, fungi and parasites</li> <li>· Spreading infectious diseases according to Article 2 of the Act on the Prevention and Management of Infectious Diseases causes human casualties</li> </ul>	<ul style="list-style-type: none"> <li>· Infectious livestock disease, which is caused by infectious diseases such as germs, viruses, fungi and parasites, causes livestock damage by spreading infectious diseases according to Article 2 subparagraph 2 of the livestock disease prevention method</li> </ul>
<b>Action plan</b>	<ul style="list-style-type: none"> <li>· If diarrhea, fever and respiratory symptoms occur, visit the medical institution immediately</li> <li>· If a traveler experiences fever, respiratory symptoms, diarrhea and vomiting upon returning home, he/she shall faithfully fill out the health questionnaires and report it to the quarantine officer</li> <li>· Avoid close contact with people if they have fever or respiratory symptoms (sleep, sore throat, runny nose or nasal congestion), and avoid going out to places where many people gather.</li> </ul>	<ul style="list-style-type: none"> <li>· Quickly report similar symptoms to the state agency</li> <li>· Outsiders are restricted because it is highly contagious</li> </ul>
<b>Psychological reaction</b>	<ul style="list-style-type: none"> <li>· 'Anger' for isolated situation</li> <li>· 'Fear' for infection</li> <li>· 'concern' about social stigma</li> <li>· Emotional exhaustion over time; lethargy</li> <li>· Loneliness due to isolation, boredom</li> <li>· craving for alcohol and drugs</li> <li>· ambivalence, depression, PTSD symptoms</li> <li>· fardeau that keeping an eye on</li> </ul>	<ul style="list-style-type: none"> <li>· Pain, sorrow</li> <li>· Lethargy</li> <li>· Fear of new disaster</li> <li>· Flashback</li> <li>· Nightmares</li> </ul>

	<ul style="list-style-type: none"> <li>the symptoms of infectious diseases</li> <li>· Regretting contact with family members and acquaintances who may be isolated by contacting them</li> </ul>	
<p><b>Considerations during counseling</b></p>	<ul style="list-style-type: none"> <li>· Symptoms of sleep difficulties, psychological paralysis, irritability, anger and frustration, proxy trauma, physical response, depression or anxiety are stress reactions that can normally occur during disaster psychological support</li> <li>· Extreme helplessness, confusion, fatigue, obsession with trauma, social isolation, use of alcohol or drugs, severe insomnia, severe interpersonal difficulties, and suicide incidents should be considered for professional treatment</li> </ul>	<ul style="list-style-type: none"> <li>· Need to be aware of the economic losses, emotional difficulties, and difficulties with restrictions on activities of farmers and livestock</li> <li>· Most farmers and livestock already got negative judgment and they are in a state of intense emotion, so be careful.</li> <li>· Counseling is needed for public official mobilized for burial and killing in terms of the guilt, lethargy and alcoholism</li> </ul>

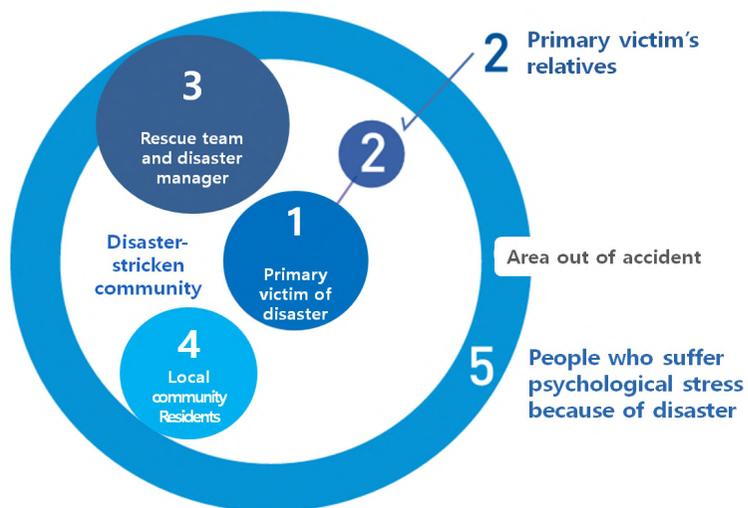
<b>Classification</b>	<b>Terrorism</b>	
<b>Features</b>	<ul style="list-style-type: none"> <li>· Leaving a great physical and mental trauma to the direct victims of terrorism and their families</li> <li>· The general people who experienced terrorism through mass media has experienced considerable social trauma</li> <li>· Terrorist Survivors: Those who experienced terrorism directly or indirectly, and many of the victims of terrorism suffered from mental disorders such as PTSD, depression and anxiety disorders.</li> </ul>	
<b>Action plan</b>	<b>The scene where explosives were found</b>	<b>Gun terrorism</b>
	<ul style="list-style-type: none"> <li>· Never touch anything presumed to be a bomb. Keep away from it and report to 119.</li> <li>· If you hear an explosion right next to you, immediately lie on the floor and take a few minutes to get as far away as possible</li> </ul>	<ul style="list-style-type: none"> <li>· It's best to lie on your stomach during a shooting spre. Always maintain a low posture (capture position) and immediately report to 119 if circumstances permit</li> </ul>
	<b>Detainment and kidnapping</b>	<b>Postal terror</b>
	<ul style="list-style-type: none"> <li>· Conform first, in case of kidnapping and incarcerating</li> <li>· Answer as short as possible in a natural posture</li> <li>· Don't feel hopeless and know what conditions you can use to your advantage, such as escape routes.</li> <li>· Lie on your stomach immediately when the rescue operation takes place.</li> </ul>	<ul style="list-style-type: none"> <li>· Report suspicious mail immediately to 119</li> <li>· Do not smell or touch with bare hands; put down carefully</li> <li>· Do not give a shock or put firearm around it</li> <li>· Do not pull or cut thin strings or lines. Do not use electronic devices such as mobile phones</li> </ul>

	early~3 month	After 3 months
Psychological reaction	<ul style="list-style-type: none"> <li>· Severe anxiety, fear reaction, re-examination of terror scenes, nightmares</li> <li>· Avoid all the stimuli reminiscent of terrorism</li> <li>· Surprised by small things; irritated by minor problems with close people.</li> <li>· In the case of the loss of someone close to terrorism, the loss of interest in life.</li> <li>· Sad negative response while positive feelings cannot be felt.</li> <li>· Poor appetite, lethargy and other physical symptoms.</li> <li>· The guilt that only survived</li> <li>· Strengthening distrust in society</li> <li>· Alcohol or Drug Addiction</li> </ul>	<ul style="list-style-type: none"> <li>· Continuous anxiety, nervousness and irritation</li> <li>· Severe physical aftereffects</li> <li>· If a person loses his or her foundation of life, he or she tries to commit suicide because of despair</li> <li>· Don't show as much interest around victim as it was the first time.</li> <li>· Going through the situation of blaming the victim for her weakness, gradually aggravating and chronicling psychological symptoms</li> </ul>
Considerations during counseling	<ul style="list-style-type: none"> <li>· Mental, behavioral, and cognitive symptoms increase over time</li> <li>· Sometimes, it gets worse before or after the first anniversary of the terrorist attack</li> </ul>	

## C. Victims of disaster

A person who suffers from damage to property or means of living due to a disaster, or who is unable to overcome it on their own due to damage to social facilities, and who needs someone else's help, is called a disaster victim.

### 1) Community Disaster psychological classification of victims



- **Primary Victim** : Someone directly shocked or damaged by a disaster.
- **Secondary Victim** : In the case of the death of the primary victim among the family members or relatives (ambient persons), the secondary victim becomes an important target of psychological support
- **Tertiary Victim** : Firemen, police officers, doctors, nurses, social workers, clinical psychologists, mental health workers, emergency workers, clerics, etc. who participated in the rescue and restoration work as disaster managers.
- **Quaternary Victim** : A person living in the community where the disaster occurred, excluding the disaster victims
- **Quinary Victim**: A person who suffers from indirect psychological stress through the mass communication or through the media

## **2) Disaster victim's characteristics**

In general, people experience a stress from the shock right after the incident, which usually leads to anxiety or fear, and can also feel shame or guilt. These emotions last for a considerable period of time and then gradually decrease. However, in some cases there are severe pain and trauma exists over time, most notably post-traumatic stress disorder or acute stress disorder are corresponding.

## 2. Related statutes for disaster psychological service activities

### A. Framework Act on the Management of Disasters and Safety (Abbreviation: Disasters Safety Act )

[Enforcement 2017.7.26.] [ACT NO. 14839, 2017.7.26., Amendment by Other Act]

**Article 14 (Central Disaster and Safety Countermeasure Headquarters, etc.)** ① The Central Disaster and Safety Countermeasure Headquarters (hereinafter referred to as the "Central Countermeasure Headquarters") shall be established under the jurisdiction of the Ministry of the Interior and Safety in order to exercise general control over, and to coordinate matters concerning the response and recovery (hereinafter referred to as "management") from large-scale disasters prescribed by Presidential Decree (hereinafter referred to as "large-scale disasters"), and to take necessary measures.

**Article 16 (Local Disaster and Safety Countermeasure Headquarters)** ② A Mayor/Do Governor or the head of a Si/Gun/Gu shall serve as the head of a City/Do countermeasure headquarters or the head of a Si/Gun/Gu countermeasure headquarters (hereinafter referred to as "head of a local countermeasure headquarters"), and the head of each local countermeasure headquarters shall exercise general control over affairs of the local disaster and safety countermeasure headquarters and, if deemed necessary, may convene meetings of the local disaster and safety countermeasure headquarters, as prescribed by Presidential Decree.

**Article 60 (Declaration of Special Disaster Areas)** ① Where a disaster, the scale of which is prescribed by Presidential Decree, has occurred, and as results thereof, the maintenance of national security or social order is seriously affected, or it is deemed necessary to take special measures to effectively control the damage, or the request of a local countermeasure headquarters under paragraph (3) is deemed reasonable, the head of the Central Countermeasure Headquarters may recommend the President of the Republic of Korea to declare the relevant area as a special disaster area following deliberation by the Central Committee.

**Article 66 (Support to Disaster Areas, including Subsidies from National Treasury)**

**The Fifth Clause** ① The State and local governments may assist any disaster victims in getting **counseling for their psychological stability and adaptation to society**. In such cases, specific procedures for assistance and other necessary matters shall be prescribed by Presidential Decree.

**B. ENFORCEMENT DECREE OF THE FRAMEWORK ACT ON THE MANAGEMENT OF DISASTERS AND SAFETY**

[Enforcement 2016.1.25.] [Presidential Decree No. 26930, 2016.1.22., Partial Amendment]

**Article 13 (Scope of Large-Scale Disasters)** "Large-scale disasters prescribed by Presidential Decree" in Article 14 (1) of the Act means the following disasters:

1. Disasters recognized by the head of Central Disaster and Safety Countermeasure Headquarters referred to in Article 14 (2) of the Act (hereinafter referred to as "head of the Central Countermeasure Headquarters"), after receiving recommendation from the head of the competent ministry or the head of a local disaster and safety countermeasure headquarters (hereinafter referred to as "local countermeasure headquarters") referred to in Article 16 (2) of the Act (hereinafter referred to as "head of local countermeasure headquarters"), since the level of harm on human lives or property is remarkably great or the impact of disasters is far-reaching on a social or economic aspect;
2. Disasters equivalent to those referred to in subparagraph 1 and deemed by the head of the Central Countermeasure Headquarters that it is necessary to establish the Central Disaster and Safety Countermeasure Headquarters referred to in Article 14 (1) of the Act (hereinafter referred to as "Central Countermeasure Headquarters").

**Article 73-2 (Procedures for Supporting Counseling Activities for Disaster Victims)**

① he Minister of the Interior and Safety or the head of a local government shall formulate and implement a plan for supporting counseling activities containing the

following matters, in order to systematically support counseling activities to ensure disaster victims' psychological stability and adaptation to society (hereinafter referred to as "restoration of mentality") pursuant to Article 66 (5) of the Act:

1. Detailed measures for supporting counseling activities by type of disaster and damage;
2. Securing finance resources necessary for supporting counseling activities;
3. Securing experts in restoration of mentality and building a collaboration system with related institutions;
4. Linking medical treatment with mental health improvement facilities defined in subparagraph 4 of Article 3 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients;
5. Education, research, and publicity for supporting counseling activities;
6. Other matters deemed necessary by the Minister of the Interior and Safety or the head of a local government for supporting counseling activities to ensure disaster victims' restoration of mentality.

② The Minister of the Interior and Safety and the head of a local government may render preferential support for counseling activities under Article 66 (5) of the Act to any of the following areas:

<Amendment 2014.2.5., 2014.11.19., 2017.7.26.>

1. Any area declared as a special disaster area pursuant to Article 60 (2) of the Act;
2. Any area where a disaster stipulated under any subparagraph of Article 13 has occurred.

[This Article Newly Inserted by Presidential Decree No. 22511 2010.12.7.]

**Article 74 (Use of Disaster Management Funds)** The use of disaster management funds referred to in Article 68 (3) of the Act shall be prescribed by ordinance of a relevant local government within the following scope of uses: <Amendment 2012.8.23., 2014.2.5., 2017.1.6.>

10. Counseling activities for disaster victims for restoration of their mentality;

[This Article Wholly Amended by Presidential Decree No. 22982 2011.6.27.]

### 3. Disaster Victim's psychological state of mind

#### A. Psychological reaction in disaster situations

##### 1) Possible stress response after a disaster

In the event of a disaster, people who have experienced a disaster have a psychological stressful response. Stress slowly disappears during the reconstruction of life, but the shocks that are hard to bear are often not resolved over time.

Physical symptoms	Behavioral symptoms
<ul style="list-style-type: none"><li>· Bad heart, stomachache</li><li>· Fails to create a space</li><li>· Cold sweat, chills</li><li>· Diarrhea, rapid heart rate</li><li>· Muscle pain</li><li>· Shivering, xerostomia</li><li>· Visibility is blurred</li></ul>	<ul style="list-style-type: none"><li>· Changes in brain activity</li><li>· Doubt has arisen</li><li>· Avoiding interpersonal relations, atrophy</li><li>· Changes in appetite</li><li>· Increased use of alcohol and tobacco</li><li>· Excessively wary of the environment</li><li>· Strange behavior</li></ul>
Cognitive symptoms	Emotional symptoms
<ul style="list-style-type: none"><li>· Confusion</li><li>· Not paying attention</li><li>· Calculation is impossible</li><li>· Memory loss</li><li>· Watch and repeat and repeat</li><li>· Nightmare</li><li>· No logical thinking</li></ul>	<ul style="list-style-type: none"><li>· Anxiety, depression</li><li>· Negation, fear, anger</li><li>· Uncertainty of emotion, numbness</li><li>· Sorrow, guilt</li><li>· Lack of emotions, feelings of abandonment, loss</li><li>· Want to hide, want to die</li><li>· Worry, despair</li><li>· Feel sorry for the victim</li></ul>

## 《 What must be said during disaster psychological support 》

- ☞ Report that stressful reaction occurrences are normal after a disaster impact.  
"Everyone can have scary, anxious and angry experience with this kind of difficult experience. This reaction is normal. It may be more strange if there is no reaction at all.
- ☞ Allows people who experience disasters to express symptoms without hiding them.  
"If anyone experiences such an event, they may experience a number of different symptoms."

## 2) A Step-by-Step Psychological Response in a Disaster Situation

<p><b>Acute Phase</b> (after 3~7 days)</p>	<ul style="list-style-type: none"> <li>· Physical assistance is the top priority in the period immediately after the disaster occurs</li> <li>· First thing to do is understanding what happened to the victim</li> </ul>
<p><b>Subacute Phase</b> (After 1~3 month)</p>	<ul style="list-style-type: none"> <li>· Time when the symptoms of post-traumatic stress disorder appear in earnest</li> <li>· The victim's painful memories are getting smaller and smaller, but victim suffers with just a small stimulation</li> <li>· As the physical condition recovers, the return to society begins</li> <li>· Victims may forced to return to their home or work</li> <li>· Secondary damage caused by people around them or by media</li> <li>· In case the victim is not understood or has to recall the trauma again, the victim's fear, distrust, or isolation is created</li> </ul>
<p><b>Chronic Phase</b> (after 3 months~)</p>	<ul style="list-style-type: none"> <li>· Symptoms of nervousness, anxiety, and anger are easily caused, hard to control by themselves</li> <li>· Express feelings of anger and increase guilt, depression, or devastation more.</li> <li>· In case of loss of a close colleague or friend, or family, a serious reaction appears</li> <li>· No one can understand the continuation of mental health problems</li> <li>· It is easy to treat the victim's symptoms as a personality problem that is weak and incompetent</li> <li>· Anniversary reaction, i.e. reminders of accident time, date, day of week, location, etc. cause a strong reaction by causing various psychological reactions to the victim</li> </ul>

## B. Disaster-Related Mental illness

### 1) Mental illness caused by disaster

<b>Acute stress disorder</b>	<ul style="list-style-type: none"> <li>· Symptoms occur immediately after a disaster</li> <li>· Difficulties of concentration and repeated reminders of painful experiences show anxiety, depression, anger, despair, etc.</li> <li>· Most recover from days to weeks, but may progress to post-traumatic stress disorder</li> </ul>
<b>Acute psychosis</b>	<ul style="list-style-type: none"> <li>· Symptoms start to appear immediately after a disaster</li> <li>· State of psychosis such as seeing hallucination or experiencing auditory hallucination due to a strong shock</li> <li>· Intensive early response can improve and help symptoms</li> </ul>
<b>Post traumatic stress disorder</b>	<ul style="list-style-type: none"> <li>· During a life-threatening disaster, the shock becomes a psychological trauma and shows various mental symptoms</li> <li>· Re-experience of shock, hyper-arousal with continuous extreme excitement, dissociative, avoidance of memory showing its impairment are the typical symptoms.</li> <li>· Approximately 50% recover within 3 months, but without proper response, recovery may be difficult</li> </ul>
<b>Somatization disorder</b>	<ul style="list-style-type: none"> <li>· Symptoms occur during the period when recovery and reconstruction</li> <li>· Shock and psychological damage caused by disasters are converted into anxiety, unconsciousness and physical symptoms such as paralysis, blindness, and pain</li> </ul>
<b>Dissociative disorders</b>	<ul style="list-style-type: none"> <li>· May happens during trauma situation or after</li> <li>· Dazed condition, feels like in slow motion, time-sensitive distortion, loss of memory in selective and localized range</li> <li>· In case of dissociative symptoms in a disaster situation, it is one of the bad prognostic factor</li> </ul>
<b>Sleep disorder</b>	<ul style="list-style-type: none"> <li>· The most common symptom in disaster victims.</li> <li>· The number of sleep disorders increase as scale of disaster and victim's age increases.</li> <li>· Sleeping disorder is related to quality of life as it is accompanied by fatigue, concentration, memory loss, and irritation during the day</li> </ul>

<b>Substance use disorder</b>	<ul style="list-style-type: none"> <li>· Some people use habitual substances such as alcohol or cigarettes to improve anxiety, insomnia and depression</li> <li>· Material use itself not only negatively affects the mind and body of an individual, but also creates or worsens mental disorders such as post-traumatic stress disorder (PTSD) or depression (MDD) after a disaster, making it difficult to recover social functions</li> </ul>
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**2) Differences between grief reaction and Post-Traumatic Stress Disorder (PTSD)**

Sort	PTSD	Grief Reaction
<b>Cognitive process</b>	<ul style="list-style-type: none"> <li>· Infiltration of traumatic events (e.g. death)</li> <li>· Not related to longing</li> <li>· Pain of scene, anxiety</li> <li>· Absorption of traumatic events and situations</li> <li>· Mostly re-experience memories of traumatic scenes, threatening moments of events</li> </ul>	<ul style="list-style-type: none"> <li>· Relate to the ever-rising imaginations of a dead person</li> <li>· Pain from non-existing person</li> <li>· Absorption for the departed and the good memories</li> <li>· Emotional memory towards people (sometimes positive)</li> <li>· Experience as there is a person when a person actually does not exist (e.g. hallucination)</li> </ul>

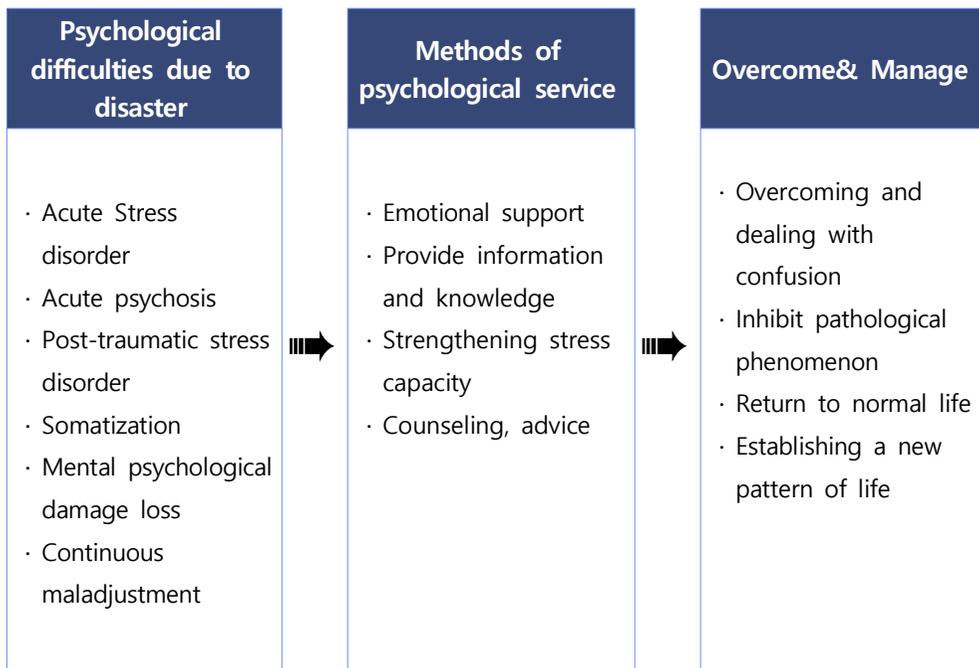
Sort	PTSD	Grief Reaction
<b>Avoidance phenomenon</b>	<ul style="list-style-type: none"> <li>· Avoid remembering the place and the event</li> <li>· Damaged response: numbness, usually damaged feelings</li> <li>· Sometimes victim may have a strong urge to talk about trauma, but while they are avoiding it, it is quite difficult to talk about the incident</li> <li>· Avoiding others (protecting oneself)</li> </ul>	<ul style="list-style-type: none"> <li>· Find friendly and valuable objects</li> <li>· Try to avoid reminding dead people's absence</li> <li>· Try to alleviate sorrow, but mind is distracted</li> <li>· A strong sense of impulse to talk about the dead man and the relationship with that person.</li> <li>· Look for someone to can support or talk to about the dead</li> </ul>
<b>Awakening state</b>	<ul style="list-style-type: none"> <li>· Focus on threats and risks</li> <li>· General awakening to danger, fear</li> <li>· Exaggerated surprise (Response even in small threats)</li> <li>· Excessive response to the evidence of the trauma</li> </ul>	<ul style="list-style-type: none"> <li>· Focus on the dead</li> <li>· Awakening to the environment for the dead</li> <li>· Finding dead people</li> <li>· Excessive response to the evidence of the dead</li> </ul>

Sort		PTSD	Grief Reaction
Emotional reaction	Anxiety	<ul style="list-style-type: none"> <li>· Anxiety is a major reaction</li> <li>* General threat generated response</li> <li>* Fears of threat/risk</li> <li>* Promoted by repetitive re-accidents</li> </ul>	<ul style="list-style-type: none"> <li>· Current anxiety is isolation anxiety</li> <li>* Isolation anxiety from the lost person</li> <li>* Future anxiety caused by the dead</li> <li>* Promoted by the fact that the dead do not return</li> <li>* Suppresses anger</li> </ul>
	Grief / sorrow	<ul style="list-style-type: none"> <li>· Not a grief for a special target</li> <li>* Not focused on people</li> <li>* Normal level of sorrow for dead simply if grieving</li> </ul>	<ul style="list-style-type: none"> <li>· Grieving of the dead</li> <li>* Strong, painful, deep lament</li> <li>* Remember about exploding dead people</li> <li>* Assuming that the dead will return</li> </ul>
	Sadness	<ul style="list-style-type: none"> <li>· Indescribable sadness</li> <li>· Indescribable longing</li> </ul>	<ul style="list-style-type: none"> <li>· Frequent and serious grief</li> <li>· Continuous longing</li> </ul>

## 4. Understanding of Counseling in Disaster Psychological Services

Psychological service refers to activities that help victims in disaster occurrence area to recover for themselves by alleviating emotional pain through psychiatric counseling and advice. Through these efforts, it provides assistance in overcoming and dealing with psychological difficulties that arise after a disaster at an early date · to return to daily life before the disaster or to establish new patterns of life.

Disaster-psychological counseling set a basic premise that there is elasticity to recover one's ability in times of crisis, and psychological intervention focuses on strengthening the inner advantages that individuals and communities have.



## A. Principles of counseling in Disaster Psychological Service

- Psychological service's purpose should not be treatment for disorder; the objective is to alleviate the psychological problems (distress) of the post-disaster of acute period.
- Must consider the continuous service covering treatment and case management
- On-site visiting service is the main activity strategy
- Must consider the cooperation with civil volunteers.
- Agreements of experts should be considered important in providing service
- Provide services primarily on disaster victims and minimize work inefficiency and exhaustion caused by the disturbance of expert groups.

## B. Role of Experts in Disaster Psychological Service

### 1) Intervention of Disaster-psychological experts by time period

Reaction Phase	Shock (0~2 days)	Rescue (0~1 week)	Recovery (1~4 weeks)	Re-integration (2 weeks ~ 2 years)
<b>Objective</b>	Survival/ communication	Adaptation	Assessment/ plan	Re-integration
<b>Major action</b>	Fight/run away, petrified, yield etc	Elasticity vs burnout	Reevaluation, invasive memory, sorrow, plotting	Adaptation vs phobia, PTSD, depression etc
<b>Role of assistant</b>	Rescue, protect	Pre-education, fulfill needs	Sensitive reaction	Continuous assistance

<p><b>Role of expert</b></p>	<p>☞ <b>Satisfy basic needs</b></p> <ul style="list-style-type: none"> <li>· Ensuring survival/safety/food and shelter</li> <li>· Provide initial information</li> <li>· Help contact to family and friends</li> <li>· Monitor continuous threat</li> </ul>	<p>☞ <b>“Needs assessment”</b></p> <ul style="list-style-type: none"> <li>· Assess the level of satisfaction with the needs of the target</li> <li>· evaluate the need for additional intervention in individuals, groups, and communities</li> </ul>	<p>☞ <b>Monitoring recovery environment</b></p> <ul style="list-style-type: none"> <li>· monitor high risk group</li> <li>· monitor past and current threat</li> <li>· monitor adequacy of provided service</li> </ul>	<p>☞ <b>Treatment</b></p> <ul style="list-style-type: none"> <li>· individual or group psychotherapy</li> <li>· drug treatment</li> <li>· Short or long term hospitalization treatment</li> </ul>
	<p>☞ <b>Psychological emergency treatment</b></p> <ul style="list-style-type: none"> <li>· Stay with support</li> <li>· let staying with family</li> <li>· provide information and education</li> <li>· protect victim</li> </ul>	<p>☞ <b>Triage</b></p> <ul style="list-style-type: none"> <li>· Clinical evaluation</li> <li>· Request experts if necessary</li> <li>· Identify vulnerable and high risk groups</li> <li>· request emergent admission and foreign</li> </ul>		

	<ul style="list-style-type: none"> <li>· physiological awakening, soothing</li> </ul> <p>☞ <b>Continuous Monitoring</b></p> <ul style="list-style-type: none"> <li>· Monitor most affected relatives</li> <li>· Evaluate stress</li> <li>· Advise and provide technical support and training to helpers and agencies</li> </ul>	<p>☞ <b>Out –reach</b></p> <ul style="list-style-type: none"> <li>· Provide information</li> <li>· examine people who have not requested service</li> <li>· Provide service information available to the subject</li> <li>· Provide information about the recovery and treatment</li> </ul>		
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## 2) Attitude of disaster-psychological expert

When dealing with the victims in disaster psychological counseling, there should be an active interest and sincerity toward the victims, and it is not right to keep the distance in an overly objective or cool-headed manner. It should be understood that while it is necessary to listen to the victim's story without criticizing it, it does not mean that all actions of the victim should be accommodated.

### 《 10 attitudes in interview with disaster victims 》

1. The counselor should state her affiliation, reason for intervention and express his/her willingness to help.
2. It's important to have receptive attitudes such as eye contact, nodding, etc. while fully waiting for the response of the subject
3. In early contact, actual help such as bottled water, food, and blankets is needed
4. Consider delaying contact in situations that may interfere with the subject or the family
5. To be interviewed, aware that the subject can avoid or rely on them easily
6. Consultants should use simple, specific terms and avoid using technical terms
7. Explain or ask again of the subject's words and make sure the counselor fully understands them correctly.
8. Understand that the person is ready to listen and try to cooperate
9. Be aware of the needs of the target and be careful not to be exposed to another dangerous situation (excessive drinking, violence, etc.).
10. Explain the information suitable to the age of the subject and repeat what is important if necessary

### 3) Self management of disaster-psychological experts

Providing emotional support and care for those in a psychological emergency is a rewarding job to help those in need and contribute to society, while also physically and emotionally challenging. That is why disaster-psychologists must first maintain a healthy mind and body condition in order to fulfill their duty as a helper.

#### « Considerations for self management »

Do your best	Must be avoided
<ol style="list-style-type: none"> <li>1. Monitor yourself and adjust your pace</li> <li>2. Avoid intervention with a large number of subjects at one time</li> <li>3. Maintain regular meetings with colleagues, family, and friends</li> <li>4. To be with a partner or team</li> <li>5. Manage stress, take care of your body, take proper rest and relax</li> <li>6. Get advice and regular supervision</li> <li>7. Have flexibility, patience and generosity</li> <li>8. Admit the fact that you can not change everything</li> </ol>	<ol style="list-style-type: none"> <li>1. Working for a long time alone without colleague</li> <li>2. Working day and night without rest</li> <li>3. Excessive use of food or substance for comfort</li> <li>4. Ideas that are generally detrimental to self-protection                      "It would be selfish to rest"                      "The other are working day and night, so should I."                      "The needs of the victims are more important the needs of our colleagues."                      "I can make the biggest contribution only if I work all day."</li> </ol>

## C. Consideration for disaster-psychological service counseling

What should be considered in consultation is a different approach from traditional mental treatment. In particular, experts who are familiar with traditional psychotherapy methods try to modify the nature of their patient or resolve fundamental psychological conflicts. However, it is important to bear in mind that the victims of the disaster do not suffer from mental illness, but responding to situational stress.

« Consideration during consultation »	
DO ! 7 things	DO NOT ! 7 things
<ol style="list-style-type: none"> <li>1. Clearly indicate that you are in the victim's prominence and always able to assist the victims</li> <li>2. Identify various resources, such as family and neighbors, that may be helpful to the target</li> <li>3. Encourage the victim to share their thoughts and feelings without external coercion or pressure.</li> <li>4. Check each person's mourning process and remind them that restarting their daily life (sleeping, laughing, eating, etc) is not a matter of forgetting the dead person.</li> <li>5. The following four empathic methods: - 'talk, light touch, show tears, spend time</li> <li>6. Be sure to answer the victim's questions honestly and not be afraid to say "I don't know" when you do not know</li> <li>7. Request help to experts who can provide appropriate assistance when</li> </ol>	<ol style="list-style-type: none"> <li>1. Most initial responses can be natural and transient, so avoid the using words such as 'symptoms', 'diagnosis' and 'disorder' which can give morbid stigma</li> <li>2. Individual responses are different, so do not engage in conversation with prejudice</li> <li>3. "I know how you feel now. Maybe that was the only option." We shouldn't be pre-judging the behavior or feeling of the victim.</li> <li>4. Do not assume that every exposed people to disasters will experience psychological difficulties or force them to seek help</li> <li>5. Be careful not to change the subject during consultation and do not say cliché like "We're all going to die someday" or "Thank God you're alive."</li> <li>6. Do not make promise that can not be kept or provide misinformation</li> </ol>

the victim asks for it or you need professional help because it is beyond your limit	7. Do not exaggerate your abilities, and do not abuse your position as a helper
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《 Consideration during mourning consultation 》	
DO!	DO NOT!
<ul style="list-style-type: none"> <li>· refer deceased person and state that you are aware of his/her death</li> <li>· Listen to the words of a mourner</li> <li>· Remember that mourning is one of the process, and do not forget that the support is needed continuously even after a long time after the incident</li> </ul>	<ul style="list-style-type: none"> <li>· Do not use conventional expressions such as "Time heals all wound " and "This, too, shall pass away."</li> <li>· Do not compare mourning methods with others</li> <li>· Do not encourage big life changes or give advice</li> <li>· Do not suggest replacing what's lost, such as "have a baby to replace the dead"</li> </ul>

#### D. Psychological intervention by the time of disaster

Stage	Psychological condition	Major supporting activities
<b>Emergency</b> (1~3 days after the disaster)	Shock, anxiety, fear, rigidity, abandonment, poor judgment, cognitive impairment	<ul style="list-style-type: none"> <li>· Acquiring and providing customized support personnel for each type of disaster</li> <li>· Create a stable atmosphere by visiting disaster areas, comforting residents and talking to them</li> <li>· Basic need evaluation               <ul style="list-style-type: none"> <li>* Confirms stability, security, and survival</li> <li>* Acquire food and shelter</li> </ul> </li> </ul>

Stage	Psychological condition	Major supporting activities
		<ul style="list-style-type: none"> <li>* Continuously assesses the fearful environment</li> <li>· Practical assistance in daily activities</li> <li>· Connect with social support resources</li> <li>· Provide information and educate psychological support services</li> <li>· Reduce psychological awakening</li> <li>· Monitoring the surrounding environment</li> <li>* Listen to and observe the most affected person by the disaster</li> <li>* Monitor source of the stress</li> <li>* Starts On-off Line Counseling Activity</li> </ul>
<p><b>Early</b> (3day~1 month after the disaster)</p>	<p>Shock, anxiety, anger, despair, degraded coping ability</p>	<ul style="list-style-type: none"> <li>· Classification of injured persons</li> <li>* Identify the degree of psychological impact of disaster victims (normal, mild, severe, and extremely severe)</li> <li>* Promote natural healing through counseling and support for minor victims</li> <li>* Request clinical evaluation if needed</li> <li>* Conducts specialized psychological counseling for victims with severe shock</li> <li>* Hospitalize or discharge emergency patients</li> <li>* In case of severe shock, such as family death, counsel by visiting residence once or twice a month</li> <li>· Establishing resilience</li> <li>* Train coping ability</li> <li>* Educate about stress response, coping method for post-traumatic accident, etc.</li> <li>* Support of groups and families</li> <li>* Establish a natural social support system</li> </ul>

Stage	Psychological condition	Major supporting activities
<p><b>mid</b> (1~3 months after the disaster)</p>	<p>Communities Conflict Indication, the anger and anxiety of the vulnerable, Appearance of PTSD</p>	<ul style="list-style-type: none"> <li>· Key approach principles: Enhance interpersonal relations, fully accept and support the victim's sentiments</li> <li>· Activities to resolve conflicts among residents</li> <li>· Designation of patients with PTSD symptoms to the mental health and welfare center and the health center in the government run system.</li> <li>· Provide professional counseling service to the notified person and observe continuously through telephone consultation</li> <li>· Guidance on specialized care, such as psychiatric institutions, when classified as PTSD patients</li> </ul>
<p><b>Long term</b> (3 months ~ after disaster)</p>	<p>Function is recovered to pre-disaster  Or the state of mind is broken by extreme confusion.</p>	<ul style="list-style-type: none"> <li>· Organize and support operation of self-help group</li> <li>· on-off line counseling activity</li> <li>· Regular flow-up and observation of new subjects</li> <li>· Review details of the psychological support according to the level of disaster, number of victims, and degree of coping</li> <li>· Expansion of self-help group programs</li> <li>· Encourage potential individuals to return to society</li> <li>· Make sure that acute stress does not become chronic to individuals who are still struggling to recover</li> <li>· Plan community programs in the first year after the disaster</li> </ul>

## **E. Psychological intervention by types of disaster victims**

### **1) Pre-schooler age**

#### **A) characteristic of victim**

- Experience lethargy, intense fear, and instability because they do not have the ability to protect yourself
- Lack of linguistic and conceptual skills to effectively cope with sudden stress
- Responses from parents or family members have a strong influence on children
- Worry about being abandoned when parents or family members face disaster
- Children who have lost their family or pets need help especially

#### **B) Response after disaster**

- Stick to parents or close adults
- Being passive, urinating at night, or sucking fingers
- Fear of darkness or animals, being left alone, strangers
- Language problem such as mutism, stammering, etc.
- Cry or shout out for help
- Can't move by expressing trembling or startled expression
- Loss of appetite, stomach cramps, vomiting, nightmares, insomnia
- Anxiety, sensitivity, anger explosion, sadness, staying locked up

#### **C) How to help**

- Parent need to be with the child always
- Encourage the expression of emotion by replaying the disaster situation
- Stabilize by verbal and nonverbal expressions, and provide physical comfort
- Showing frequent interest
- Encourage expression of loss of pets or toys
- After a disaster, sleep in the same room with parents until victim can sleep without fear
- Maintain sleeping time and environment to show steadiness and to maintain daily living condition evenly.

## 2) School age

### A) Characteristic of victim

- Children in school age can recognize objectively more than children before school
- Understand the persistence of loss
- Recognize that the world is no longer safe and that parents can not protect them from all dangers as they have a realistic view
- Some children are extremely obsessed with the details of the shocking incident and want to continue talking about it
- May show various reactions such as guilt, sense of failure, anger or fantasy of impersonating a rescue worker

### B) Response after disaster

- Decrease in grades, refusal to go to school, and daunting in peer relations
- Aggressive behavior at home or at school
- Poor preparation for school, homework, daily life activity etc.
- Dangerously act or lose self-control when playing
- Compete for more parental attention than younger siblings
- regressive behavior, night terrors, nightmares, change in eating habit, headache, gastrospasm, insomnia etc.
- fear, self critique, guilt etc.

### C) How to help

- Notify the school, what the children are going through
- Have playtime with adults or peers and talk about disasters.
- Do not scold children for rough or outgoing behavior
- Temporarily lower the level of expectations at school or at home, and understand slow behaviors.
- Listen to children who repeatedly express their trauma
- Structuration is needed in a daily life, but do not ask for any responsibilities, such as housework from the victim.
- Let him/her practice how to cope with future disasters

### 3) Adolescence

#### A) Characteristic of victim

- Responses to impact become similar to adults, responses contain both children's and adult's characteristic.
- May be involved in dangerous behaviors such as reckless driving, drinking, or using drugs, or may be afraid to leave home on the contrary
- Unlike most teens who want to go out to the world, the world can look dangerous and insecure when shocked
- Interpersonal relationship to ease the difficult mind has shifted from parent-centered to peer

#### B) Responses after disaster

- Physical symptoms such as headache, vague pain, rash, gastrointestinal disorder, sleeping problems, etc.
- Mental confusion and de-concentration
- Excessive immersion or extreme avoidance of certain actions, such as games
- Irresponsible behavior, juvenile delinquency, anxiety, energy degradation, academic degradation, shrinkage and isolation
- Imagine revenge on someone who caused a traumatic event
- Consider oneself incompetent and helpless
- Develop negative self-image
- Loss of interest in peer activities, depression

#### C) How to help

- Encourage participation in community rehabilitation programs
- Encourage participation in social activities, sports, and club activities
- Talk about disaster experiences with peers, families, or others
- Temporarily lower expectations of academic or overall level of achievement
- Encourage but not force to talk about fear of disaster in the family
- Provide personal attention and consideration
- Structuration, but ask for responsibility that are not burdensome
- Participate in peer group activities

Method of communication to children and adolescents	
DO !	DO NOT !
<p>☞ <b>Say something positive and supportive</b></p> <p>"You are good at many different things"</p> <p>"I know that you tried your best"</p>	<p>☞ <b>Never say anything that is negative</b></p> <p>"You can do this"</p> <p>"You always fails at ~"</p>
<ol style="list-style-type: none"> <li>1. Use more 'Do'(positive) and explain it simply and carefully to meet realistic expectations of both the speaker and the victim</li> <li>2. Encourage and support the efforts. Use polite words like "Please" and "thank you" like when you talk to an adult</li> <li>3. Listen to the child's words, and see their face as you speak.</li> </ol>	<ol style="list-style-type: none"> <li>1. Never use "Don't" (negative)</li> <li>2. Don't expect a child to know how to do all things by themselves</li> <li>3. Don't slur and shout; don't abuse your language.</li> <li>4. Don't assume that you know the child's opinion.</li> </ol>

#### 4) Senior age

##### A) Characteristic of victim

- Degraded cognitive function, physical function, health, and athletic function
- In many cases, financial power is poor
- Poor understanding of the situation, poor ability to respond quickly, and slow response to damage

##### B) Responses after disaster

- Believe that it is too late to start over
- Anger because of failure in a whole life
- Sorrow from loss

- Feel more distress and pain
- Depression, avoidance of others, numbness, attention deficit, confusion, memory loss
- Expand the problem and delay treatment
- Losing confidence in the environment
- Decrease in appetite and show sleep disorder

### **C) How to help**

- Attention must be paid to changes in the body as the body functions may decrease rapidly after a disaster
- Listen to victim's stories and support them emotionally
- Express interest by regular visits and telephone calls
- Make sure to live with their family if they can be with family.
- Connect to community welfare services for the elderly
- Educate how to deal with stress
- Help to have daily life that they used to have before the disaster as much as possible.
- Encourage spiritual activity, reduce anxiety about death
- Participate in activities of similar age groups and exchange information with each other
- Promote regular health examination and participate in community rehabilitation programs
- Make cognitive modifications by degrading themselves and the environment

## 5) Workers related to disaster

### A) Characteristic of victim

- Firefighters, police officers, public servants, etc. consider as the tertiary victims
- Preconceived idea exists that a trauma should be tolerated
- There is a tendency to emphasize masculinity and regard stress response as individual vulnerability
- Poor representation in the workplace in about the traumatic event.
- Sometimes he feels guilty or ashamed that he has not been completely rescued after the rescue
- May cause cognitive or emotional pain by equating victims with close people.

### B) Response after disaster

- Extreme fatigue and physical exhaustion
- Stress from seeing and touching the dead body
- Guilt or shame for failing to prevent an accident
- Difficulty adjusting to normal work, increase or decrease level of activity, excessive adherence to work
- Insomnia, paralysis, re-experience obsessiveness from direct or indirect experienced trauma
- Avoiding social isolation and others
- Abuse of substances to forget the pain by alcohol, tobacco, and drug use
- Changes in sleep habits, depression due to excessive stress and violence

### C) How to help

- Sleep, rest, and shift time should not exceed 12 hours.
- Conduct proper training to manage stress such as abdominal breathing and meditation
- Keep in mind that too much association with the frustration, anger and despair of the victim is blur the view and role
- Staff who were exposed to high-risk situations are put into low-risk
- Clarify roles and responsibilities within professional competence

- Immediately review and provide opportunity to exchange ideas with a skilled colleague when a problem is identified
- Provide an opportunity to look at the feelings caused by self-exploration and disaster-related work

## **F. Evaluation of Counseling in disaster psychological service consultation**

### **1) Things to be included during interview or psychological counseling**

#### **A) What should be included during the interview**

- Date of interview, interviewer and interviewee's basic information
- Target needs, current status (emotional, physical, cognitive, etc.)
- History of psychiatric treatment
- Resources available for help
- Future plans and interventions

#### **B) What should be included during the psychological counseling with disaster victim**

- Date of counseling, counselor, counselee's basic information
- Disaster-hit areas and findings
- Counseling process and request  
(selective inspection \*self-report, observer etc)  
(inspect risk factors, status of counselee)  
(changes in relativity, emotional state, alcohol, tobacco, and drug use etc.)  
(medical history after disaster)
- Link the treatment with follow-up observation and mental health service in case of abnormal findings with consent of the disaster victim

### **2) Evaluation of psychological service**

#### **A) Importance of time of the assessment**

- Diagnosis by assessing the victims after the first few days of an incident may be different from the diagnosis made a week after the incident. (Acute stress symptoms may subside in the first few weeks)
- Evaluation of the condition shall be carried out after the traumatic event has been

stopped. In fact, many disasters are persistent, so it is dangerous to make an assessment before the cause of the stress stop.

- The evaluation period can be extended according to the circumstances for effective evaluation rather than focusing only on the initial assessment.

☞ *Selection through formal questionnaires or interview is not appropriate at a very acute stage. Because formal questionnaires and interview are limited in content. Generally, recommended timing for selection is two weeks after the disaster or later.*

## **B) Evaluation of psychological service**

### **► Wait? Visit?**

- In general, victims prefer to go to their families or friends rather than going to traditional mental health services after traumatic events.
- Therefore, it is better to visit the victim in person instead of waiting.

### **► When, where, and what trauma have you experienced?**

- Evaluate the type and intensity of trauma experienced by the victim.
- Identify the nature of trauma based on the principle of 5W1H (what, when, where, why, who and how)
- Get the information you need from the people around victim if the victim does not respond properly.

### **► What's the level of risk and severity of the victim?**

- What is the most urgent problem at the moment?
- Which problem can be solved most quickly?
- What was the main incident that occurred just before asking for help?
- What problems could be more serious if not addressed first?
- What resources and factors may be in the way of solving the problem?

### **C) Precautions in evaluation**

- The assessment could rather inflict pain on the victim. It should be a helpful assessment fundamentally.
- Be sensitive to the reactions of the victims during the evaluation process. For example, men and women are almost alike in response to disasters, but the way they complain is different.
  - \***Woman** - Symptoms of post-traumatic stress disorder, anxiety and depression
  - \***Men** - Show symptoms such as alcohol abuse, physical appeal, hostility or acting out.

### **D) Instrument for evaluation**

- Conduct basic interview and selective test
- If any abnormal results are found after consultation, it is necessary to obtain consent from the victim and connect them to the disaster-psychological stability services such as monitoring and follow-up inspection.
- Follow-up inspection shall be conducted every month and completed up to six months before closing
- The case study service is provided from mental health and welfare center if necessary.

### **E) Things to check after disaster**

- Social support
- Coping skills
- Responses of the local community
- Causes of ongoing or additional stress
- Drug abuse
- Secondary symptoms

## 5. Correct knowing of the media for counseling in disaster psychological service

### A. Press

**It is very important for disaster psychological support experts to understand the positive and negative effects of disaster reports, provide the media with the necessary information, and cooperate properly with the situation.**

- Fast and fair reports can be used to provide information about the situation and the facts of the disaster
- If the affected area is connected to other local residents or experts by the press, a kind of therapeutic network can be formed to help them get out of the shock quickly.
- Although reports of disasters may affect psychological trauma, it is still unclear to decide whether there is a correlation between disaster reports and psychological trauma.
- However, since all people are experiencing extreme stress, the disaster crisis situation requires a drastic change in the media to reduce the psychological and emotional instability of the people to return to daily life.

### B. Effects of disaster report on victims and the public

#### 1) Foreign case

- Friend (2006) : Instead of asking, "Where were you when you heard the news of the Kennedy assassination?" speaker emphasized that the disaster report had changed from auditory information to visual information, as speaker had asked, "Where were you when you saw the World Trade Center collapse?"
- In a study of finding correlation between feeling of watching 9·11 related new

reports and PTSD or deep depression on adults immediately after 9/11, 92% of respondents felt sad, 77% feared, and 45% felt exhausted while watching 9-11 news report, but the press said these responses were not necessarily morbid or abnormal.

- In other cases, Smith(2006) said that the younger children (5~8 years old) were more tormented towards visual images and the older children (13~17 years old) were more afraid of the abstract concepts associated with the news article itself.

## 2) Domestic case

- In 2003, the Journalists Association of Korea promulgated the Rules for Disaster Reporting in order to improve the problem of reckless and provocative media reports after the Daegu subway disaster.

- **(situation) Interview with survived schoolgirls from Sewol ferry incident**  
'How many students are there?' 'Can you contact other students?' 'How did you get out?' etc
- **During the interview (reporting the death of Jeong, a sophomore at the same school)**  
"Are you aware of your friend's death?"
- The student was shocked by this news and responded "No, I haven't hear it". Then the student burst into tears during interview. **(Interview end)**

- However, in most cases related to the Sewol ferry disaster, the media did not check the accuracy of the information, but recklessly disclosed the false rumors, the identities of the victims, the victims' families, and reported provocative scenes without any hesitation,
- As a result, the Korean Journalists Association enacted the 'Regulations on Disaster Reporting' in December 2014 after the Sewol ferry sinking accident.

## C. Precautions in reporting disaster

- Collect news without disturbing the rescue of life
- Focus on reducing psychological and mental uncertainty about a crisis
- The contents of uncertainty must be thoroughly verified to help curb the spread of false rumors
- Do not force victims and their families to interview
- Avoid close-up shots
- Do not cover provocative scenes
- The terms that are provocative, sensational, frightening or offensive banned.
- Verification of experts in the collected information
- Refrain from revealing the victims and casualties

## D. Example of answering the press

**There are times when a media comes up and asks to take pictures or ask a few questions. The following is an example of how to respond to media during the Sewol ferry incident in 2014.**

### 1) Example of answering the press

#### A) Frequently asked question by media

Q. What kind of psychological counseling can you offer here? It's an open space. Can you talk here?

A. This counseling center is an open space for people to access easily and also a space of mourning and consolation. The first round of consultation can be done here to obtain the necessary information and consent for follow-up management. Ansan Mental Health Promotion Center and the Integrated Disaster Psychological

Support Center are helping the victims to receive follow-up care if they agree.

Q. Are there many students coming? Who are the actual counselee? What is the result of the consultation (performance)

A. The classes of the people who request counseling varies, and although many people are coming to counseling booth since 18th, it can not be said which specific class is the main visitors. (Performance disclosure is a sensitive part) For more detailed inquiries, contact the Integrated Disaster Psychological Support Center of Gyeonggi-Anshan City

**B) How to respond to a request for a photo shoot**

- Identify the purpose of the shooting and cooperate with the shooting as will
- Receive the name card of the reporter who went through a shooting or questioning and report it later
- Identify and monitor when and what is going to be reported

From 2014 Management Manual for Citizen Counseling Office,  
Integrated Disaster Psychological Service Center of Gyeonggi-Ansan City.

# III

## EXPERT INTERVENTION OF DISASTER PSYCHOLOGICAL SUPPORT SERVICE

D-Dim ver.2

I

II

III

IV

## 1. Disaster Psychological Service Intervention

Psychological first aid (PFA) and Problem Management Plus(PM+) are evidence-based intervention programs for human being who is suffering and who may need support to help recover from the damage. In particular, Problem Management Plus involves in subacute phase and it is based on cognitive behavioral therapy with a combination of approaches, including managing stress, managing problems and behavioral activation. PM+ is published under World Health Organization in 2016 for the application of theory to practice. This manual introduce the actual status of the disaster psychological service with two professional interventions. For more information, please refer to below link.

\* Reference : Mental health Care Service in Disaster and Human Resource Management of Specialty (<http://www.disaster-edu.kr/>)

Section	Psychological first aid (PFA)	Problem Management Plus (PM+)
<b>Intervention Period</b>	<ul style="list-style-type: none"> <li>Acute phase (Initial Crisis Stage)</li> </ul>	<ul style="list-style-type: none"> <li>Subacute phase (If intensive intervention is required or after Psychological First Aid )</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Intervention to help with immediate response → Recovery to pre-crisis functional level</li> </ul>	<ul style="list-style-type: none"> <li>Involvement in dealing with psychological and realistic issues by adding behavioral strategies to problem management → Mitigate and manage problems</li> </ul>
<b>The role of the professional</b>	<ul style="list-style-type: none"> <li>Be together and supportive</li> <li>Make sure to stay with family</li> <li>Provide information and training</li> <li>Protect the client</li> <li>Help them to calm down</li> </ul>	<ul style="list-style-type: none"> <li>Providing information and training</li> <li>Therapeutic advice</li> <li>Role as coach (to teach strategy and practice in life)</li> </ul>
<b>Procedure</b>	<ul style="list-style-type: none"> <li>Preparation stage → Reporting, Listening and Connecting stage → Final stage</li> </ul>	<ul style="list-style-type: none"> <li>Five sessions total, once in a week.</li> <li>Using the Problem Management Plus strategy for constructing a session.</li> </ul>

## 2. Early Intervention of Disaster Psychological service in Acute Phase

### A. Psychological First Aid : PFA

Psychological first aid (PFA) means the provision of comprehensive services, including psychological and social assistance needed in the early stages of a disaster, to those exposed to trauma and any adversity. Psychological first aid contains interventions and principles that has been recommended by many international and national expert groups.

Section	Psychological first aid (PFA)	Crisis counseling/treatment
<b>Duration</b>	· Minutes to hours	· Weeks to months
<b>By Who</b>	· Professional relief workers in the first line, police, pastors, doctors, nurses, social workers, teachers, etc.	· Counselor or psychotherapist
<b>Where</b>	· Within the community, preferably not far from disaster place (site)	· A clinic or hospital
<b>Objectives</b>	· Immediate response (Supplying, informing, providing resources that help to reduce mortality)	· Overcome a crisis (Troubleshooting the case, reintegrating it into life)
<b>Procedure</b>	· Preparation stage → Reporting, Listening and providing stage → Final stage	· Traditional counseling and psychotherapy techniques

## 1) Who is Psychological first aid for?

PFA is for distressed people who have been recently exposed to a serious crisis event. You can provide help to both children and adults. However, not everyone who experiences a crisis event will need or want PFA. There may be situations when someone needs much more advanced support than PFA alone. Know your limits and get help from others, such as medical personnel (if available), your colleagues or other people in the area, local authorities, or community and religious leaders.

In the following box we have listed people who need more immediate advanced support. People in these situations need medical or other help as a priority to save life.

### People who need More immediate advanced Support

- people with serious, life-threatening injuries who need emergency medical care
- people who are so upset that they can not care for themselves or their children
- people who may hurt themselves
- people who may hurt others

### « Principles of Psychological first aid »

The principles of psychological first aid below must be kept in mind, as it can sometimes give wrong images such as distrust and fear to victims during the disaster psychological service intervention.

- ☞ **Proximity:** Helping the victim return to their life
- ☞ **Immediate:** Immediate intervention when the need arises
- ☞ **Expectancy:** Expecting to be able to return to the original function
- ☞ **Forwardness:** Approach to someone in need
- ☞ **Innovation:** Try positive and widespread thinking
  
- ☞ **Simplicity:** In a disaster situation, short and simple intervention is effective
- ☞ **Practicality:** It is necessary to set a realistic and specific direction and goal
- ☞ **Flexibility:** Flexibility to respond to unexpected events and situations
- ☞ **Confidentiality:** keeping a client's information between you and the client and ensure confidentiality to a client

## 2) Behavioral principles of Psychological first aid

Psychological first aid should be approached with a focus on practical problem-solving rather than a basic psychological approach. The purpose of first aid intervention is not to treat but to reduce the negative effects of disasters. It is an accurate initial assessment that determines the success or failure of psychological first aid, and intervention should be centered on the merits of the victim.

👉 Before entering a crisis site, learn about the following:

<b>A crisis situation</b>	<ul style="list-style-type: none"><li>· What happened?</li><li>· When and where did it happen?</li><li>· How many people are likely to be affected and who are they?</li></ul>
<b>Available Service and Support</b>	<ul style="list-style-type: none"><li>· Who is providing for basic needs like emergency medical care, food, water, shelter or tracing family members?</li><li>· Where and how can people access those services?</li><li>· Who else is helping?</li><li>· Are community members involved in responding?</li></ul>
<b>Safety and security concern</b>	<ul style="list-style-type: none"><li>· Is the crisis event over or continuing, such as an aftershock from an earthquake or continuing conflict</li><li>· What dangers may be in the environment, such as rebels, landmines or damaged infrastructure?</li><li>· Are there areas to avoid entering because they are not secure (for example, obvious physical dangers) or because you are not allowed to be there?</li></ul>

 **After entering a crisis site, learn about the following:**

<b>Prepare</b>	<ul style="list-style-type: none"><li>• Learn about the crisis situation</li><li>• Learn about the services and support available</li><li>• Learn about safety and security issues</li></ul>
<b>Look</b>	<ul style="list-style-type: none"><li>• Check for safety</li><li>• Check for people with obvious urgent basic needs</li><li>• Check for people with serious distress reaction</li></ul>
<b>Listen</b>	<ul style="list-style-type: none"><li>• Approach people who may need support.</li><li>• Ask about people's needs and concerns.</li><li>• Listen to people, and help them to feel calm</li><li>• Help people address basic needs and access services</li></ul>
<b>Link</b>	<ul style="list-style-type: none"><li>• Help people cope with problems.</li><li>• Give information.</li><li>• Connect people with loved ones and social support.</li></ul>

### 3) Communication skills for Psychological first aid

#### A) Nonverbal communication

It is already widely known that the majority of communication is transmitted non-verbally. 70% of communication is body language. As such, non-verbal communication plays an important role in effective communication. It is summarized as "ENCOURAGE".

	<b>Eye contact</b>
'E'	Giving the person a proper level of eye contact (Avoid looking elsewhere frequently or a penetrating gaze)
	<b>Nods</b>
'N'	Maintaining proper nods during conversation.
	<b>Cultural differences</b>
'C'	Recognizing and respecting differences in the sex, age, socioeconomic status, occupation, region of origin, religion, etc. of the subject.
	<b>Open stance</b>
'O'	Keeping open manner to the target during initial contact.
	<b>Um-hmm</b>
'U'	Showing your openness by frequently saying " I'm sure that's right", "yes" etc.
	<b>Relax</b>
'R'	Psychological support service personnel should act naturally and be relaxed.
	<b>Avoid</b>
'A'	Avoiding distracting behavior (distracting behaviors such as over express own emotions, constantly turning eyes around, looking at watches, playing with a pen, etc.).
	<b>Grammatical style</b>
'G'	Conversations should be made according to the client's age or education level and avoid using excessively technical terms.
	<b>space E</b>
'E'	Don't sit too close or too far apart from the client. The appropriate distance between the psychological support service personnel and the client must be determined.

## B) Verbal communication I : Restatement

A 'restatement' is an act of revising one or repeating back to the client single words or short phrases they have used. It is often a quick and easy way of prompting further discussion. It shows that you understand and are listening to what is being said to you.

## [Tips to help you restate]

- Selectively restate what is considered to be the most important words.
- Be short and brief, never give advice.
- One of the purposes of restatement is to allow the client to continuously explore his or her feelings and thoughts, so the focus should always be on the client, even if it is restatement.
- Ensure that the client has anything else to say before proceeding.
- If you don't understand what the client victim says, it's better to ask the client to repeat than pretend you understand it.

Example)

☞ **Client :**

"Recent massive flood swept away everything, including my husband, my house, all of my properties. I don't know what to do and what I need to do support my children in this situation."

☞ **Psychological support service personnel restatement :**

"You're saying that it's hard to live with your children after losing your properties and husband."

☞ **Psychological support service personnel restatement :**

"I guess you feel like you don't know what you will do to support yourself and children because now you are the head of household due to this disaster."

### **C) Verbal communication II : Things to be careful**

Here are some things you should be careful in communication. Especially, when you are asking open or closed-end questions in consultation.

1. Asking multiple questions can be confusing, so it's better not to ask more than one question at a time.  
**e.g.** "Where were you, what happened, and what happened afterwards?"
2. Don't ask, "Why?". It may seem defensive and make the client difficult to be honest.  
**e.g.** Instead of saying "Why were you there?", try to say "Can you please explain briefly how you got here?"
3. Don't ask questions that come from your own interest and you don't need to feel pressure to solve their problem right away.

### **D) Verbal communication III : Empathizing with the client**

Restatement is to confirm the understanding of the content in what the client says, while empathy is to recognize and understand the feeling contained in the client's statement.

## « Examples of expressing empathy »

"Recent massive flood swept away everything, including my husband, my house, all of my properties. I don't know what to do and what I need to do support my children in this situation."

☞ "You must be frustrated about this situation."

☞ "You must be sad, worried about the future, and I think you're in a complicated mood."

⇒ Psychological support service personnel are more prescriptive and active in problem solving than counselors, nevertheless, it is best to lead the clients to solve their own problem by themselves.

- The most important way to empathize with client's feelings is choosing and responding what you think is the most important and intense emotion at the moment rather than capturing everything the clients have stated.
- It is effective to talk about the current feelings rather than the feelings of the past.
- By expressing several key human emotions such as anger, sadness, despair, loneliness, fear, etc. can we deliver enough empathy to the clients. (However, considering client's age, education level, gender etc.)
- If it is hard to empathize with the client's emotions, ask the clients to explain in detail and again in order to fully understand their emotions.

#### 4) Examples of Psychological first aid

A) Scenario(natural disaster: earthquake)

Conversation with a distressed adult	
<b>Situation</b>	You hear that a large earthquake has suddenly hit the center of the city in the middle of the working day. Many people have been affected and buildings have fallen. You and your colleagues felt the shaking, but are okay. The extent of the damage is unclear. The agency you work for has asked you and your colleagues to help survivors, and to support any severely affected people you encounter.
<p>In this conversation, you have come to a woman standing outside the rubble of a fallen building. She is crying and shaking, although she does not appear to be physically injured.</p>	
<b>Counselor:</b>	Hello, my name is __. I'm working with the agency __. May I talk with you?
<b>Subject:</b>	It's terrible! I was going into the building when it started shaking! I don't understand what's happening!
<b>Counselor:</b>	Yes, it was an earthquake and I can imagine it was terrible for you. What is your name?
<b>Subject:</b>	I'm Jasmina - Jasmina Salem. I'm very scared! [shaking, crying] I wonder if I should go in there and try to find my colleagues? I don't know if they're all right!
<b>Counselor:</b>	Ms. Salem, it's not safe at all to go in the building now, you may get hurt. If you like, we can talk just over there where the area is safer and I can sit with you for a while. Would you like that?
<b>Subject:</b>	Yes, please. [You move to a quieter place a short distance away from the scene of the fallen building where rescue and medical people are working.]
<b>Counselor:</b>	Can I get you some water? [If available, offer practical comfort like water or a blanket.]
<b>Subject:</b>	I just want to sit here a moment.
<p>[You sit quietly near the woman in silence for two to three minutes, until she begins to speak again.]</p>	

**Subject:** I feel terrible! I should have stayed in the building to help people!

**Counselor:** I can understand that.

**Subject:** I ran outside. But I feel so badly for the other people!

**Counselor:** It's difficult to know what to do in a situation like this. But it sounds as though you acted on good instincts when you ran from the building, or you might have been injured.

**Subject:** I saw them take a body out of the rubble. I think it was my friend!  
[crying]

**Counselor:** I'm so sorry. There is a rescue team working, and we will find out later how the people are who were in the building.

[The conversation continues for another 10 minutes with you listening to the woman's story and asking for her needs and concerns. The conversation wraps up as follows:]

**Subject:** I need to find out if my family is all right, but I lost my phone when the shaking started, and I don't know how to get home.

**Counselor:** I can help you call your family, and then we can figure out together how you can get to them.

**Subject:** Thank you. That would help a lot.

 **In this sample conversation, notice that you:**

- introduced yourself by name and told the person the agency you work for.
- asked the person if they would like to talk.
- addressed the person by their name, respectfully using the last name.
- protected the distressed person from further harm by moving to a safer place.
- offered the distressed person some comfort (for example, some water).
- listened and stayed near the person, without forcing them to talk.
- reflected back to the person ways they had acted appropriately.
- took the time to listen.
- identified the person's needs and concerns.
- acknowledged the person's worry over the possible loss of colleagues.
- offered to help connect the person with their family members.

👉 **What can you do to link affected people with information and practical support?**

- What challenges might there be in this situation to finding out about available resources (food, shelter, water) or services for affected people?
- What worries and concerns may be on people's minds? What practical suggestions could we give to help them address their problems?
- What information will affected people want? Where can they find updated and reliable information about the crisis event?
- What can we do to connect affected people with their loved ones or services? What challenges might there be?
- What may children and adolescents or people with problems in health need? How can we help link vulnerable people with loved ones and services?

### 3. Intervention of Disaster Psychological service in Subacute Phase

#### A. Problem Management Plus : PM+

This brief psychological intervention for adults applies an approach that we call Problem Management Plus (PM+). In addition to 2 assessment sessions, intervention sessions take place once a week for five weeks. All sessions are individual. The intervention also allows for involving family or friends if this is what client wants. The approach involves problem management (PM) plus (+) selected behavioural strategies. Hence the term PM+. In combining these strategies, this programme aims to address both psychological problems (e.g. stress, fear, feelings of helplessness) and, where possible, practical problems (e.g. livelihood problems, conflict in the family and so on). PM+ aims to reduce problems that clients identify as being of concern to them.

#### 1) Who is PM+ for?

Appropriate target for PM+	Not appropriate target for PM+
<ul style="list-style-type: none"> <li>· for adults with depression, anxiety or stress who live in communities affected by adversity.</li> </ul>	<ul style="list-style-type: none"> <li>· PM+ was not developed for use with the following problems:</li> <li>· A plan to end one's life in the near future;</li> <li>· Severe impairment related to a mental, neurological or substance use disorder (e.g. psychosis, alcohol or drug use dependence, severe intellectual disability, dementia).</li> <li>· For clients presenting with acute needs and/or protection risks (e.g. a young woman who is at acute risk of being assaulted), it is advised that you respond initially with psychological first aid (PFA). If appropriate, such clients may also receive PM+.</li> </ul>

## 2) Structure of the session

- PM+ is made up of five 90-minute individual sessions. It is recommended that you have the sessions once a week.
- Constructing the contents by using the psychological strategies that make up PM+

Introduction to PM+ (Session 1)	PM+ (Session 2)	PM+ (Session 3)
<ul style="list-style-type: none"> <li>• Introductions and confidentiality (5 mins)</li> <li>• <b>Review from assessment and PSYCHLOPS (10 mins)</b></li> <li>• What is PM+? (20 mins)</li> <li>• Understanding Adversity (30 mins)</li> <li>• Managing Stress (20 mins)</li> <li>• Ending the session (5 mins)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>General review and PSYCHLOPS (5 mins)</b></li> <li>• <b>Managing Problems (70 mins)</b></li> <li>• <b>Managing Stress (10 mins)</b></li> <li>• Ending the session (5 mins)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>General review and PSYCHLOPS (5 mins)</b></li> <li>• <b>Managing Problems (35 mins)</b></li> <li>• <b>Get Going, Keep Doing (35 mins)</b></li> <li>• <b>Managing Stress (10 mins)</b></li> <li>• Ending the session (5 mins)</li> </ul>
PM+ (Session 4)		Ending treatment (Session 5)
<ul style="list-style-type: none"> <li>• <b>General review and PSYCHLOPS (5 mins)</b></li> <li>• <b>Managing Problems (20 mins)</b></li> <li>• <b>Get Going, Keep Doing (20 mins)</b></li> <li>• <b>Strengthening Social Support (30 mins)</b></li> <li>• <b>Managing Stress (10 mins)</b></li> <li>• Ending the session (5 mins)</li> </ul>		<ul style="list-style-type: none"> <li>• General review (20 mins)</li> <li>• <b>Staying Well (30 mins)</b></li> <li>• Imagining How to Help Others (20 mins)</li> <li>• <b>Looking to the future (15 mins)</b></li> <li>• Ending the programme (5 mins)</li> </ul>

### 3) PM+ strategies and examples

<b>Managing stress</b>	<ul style="list-style-type: none"><li>• Introduce this strategy very early on in PM+ (Session 1), should also be practiced at the end of every session</li><li>• Teach the client a brief stress management strategy</li><li>• The stress management technique in PM+: slow breathing and relaxation</li></ul> <hr/> <p><b>[Slow breathing]</b></p> <p>When we feel stressed or anxious, our natural physical response is for our breathing to quicken, and to take place in the chest and become shallower. By slowing the rate of breathing and taking breaths from the stomach instead of the chest, we are sending a message to the brain that we are relaxed and calm. The brain then tells the rest of the body, like the muscles and the heart, this message and the whole body begins to relax. Being relatively calm and relaxed is an important state to be in, especially if the client needs to make important decisions or when facing difficult situations (...).</p>
<b>Managing problems</b>	<ul style="list-style-type: none"><li>• Introduce this strategy at session 2</li><li>• Apply in situations where a client is experiencing practical problems (e.g. unemployment, conflict in family and so on)</li><li>• Listing problems → Choose a problem → Define → Brainstorm → Decide and choose helpful strategies → Action plan → Review</li></ul> <hr/> <p><b>[Listing problems]</b></p> <p>The first step of Managing Problems involves reviewing these concerns, asking if the client has other concerns and deciding whether these are solvable problems, unsolvable problems or unimportant problems. Discuss with your client first which problems are important but also solvable; in other words, can the client have any control or influence over the problem, or even just part of it? If your client is feeling very hopeless, they may think that none of their problems can be solved, so you may have to tell them why you think a problem is actually solvable (...).</p>
	<ul style="list-style-type: none"><li>• Introduce this strategy at session 3</li><li>• aims to improve clients' levels of activity (e.g. social activities or carrying out necessary tasks or jobs)</li></ul>

<p><b>Get going, Keep doing</b></p>	<ul style="list-style-type: none"> <li>• Introducing the inactivity cycle → Identify activities in which the client can begin to get involved again → Breaking down the task into smaller steps → Schedule in tasks</li> </ul> <hr/> <p><b>[Problem of the inactivity cycle]</b></p> <p>It is very common for people who are exposed to hardship, loss and stressful life events to experience changes in their mood and to get tired easily. Over time, if a person's mood does not improve, they often begin to feel a lack of energy and motivation to do things they used to do quite easily. They may also start to find they no longer enjoy activities that used to give them pleasure. This can start a cycle where the person's mood gets lower, which leads to more withdrawal from activities, which results in a further lowering of mood and so on.</p> <p>We call this cycle the inactivity cycle. Unfortunately, this cycle of inactivity keeps you stuck in your low mood or grief.</p> <p>For many people it is starting the activity that is the hardest. But I can assure you that many people find that once they start doing activities it gets easier to keep going (...).</p>
<p><b>Strengthening social support</b></p>	<ul style="list-style-type: none"> <li>• Introduce this strategy at 4 session</li> <li>• Promote well-being by strengthening a client's social support (e.g. with trusted friends, family, co-workers or community organization)</li> <li>• Help the client to decide in what way they want to strengthen their social support, e.g. by talking to someone, by getting more practical help, such as borrowing something, or connecting with another agency or community organization</li> </ul> <hr/> <p><b>[Introducing social support to the client]</b></p> <p>Strengthening social support can mean different things to different people. For some people, it means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. For others, it might be asking to use resources from trusted people, such as tools or even knowledge that is needed to get something done. And for others still, it might mean connecting with community organizations or agencies to get support. These forms of social support can be very powerful in reducing difficulties and distress. Is there some way you think you might be able to strengthen your social support?</p>

<b>Staying well and looking forward</b>	<ul style="list-style-type: none"> <li>• Introduce this strategy at session 5</li> <li>• Start after you review the client's progress on all the strategies you have taught them so far PM+ strategies (Managing Problems; Get Going, Keep Doing; Strengthening Social Support; or Managing Stress)</li> <li>• Give examples of when the client has made important gains or shown considerable efforts or courage to reinforce the client's confidence in practising the strategies by themselves and managing their own emotional problems</li> <li>• ex) Imagining how to help others</li> </ul>
	<p><b>[Introducing staying well]</b></p> <p>As you are aware, today is our last session and I want to start by congratulating you on reaching this stage. You have shown a lot of courage and effort to talk about some difficult topics and face these head-on. How do you feel about this being the last session? Are there areas that you think have improved since starting PM+? What about areas that have not improved? Do you have any ideas about what you can do to try to improve those areas?(...).</p>

#### 4) PM+ assessment and Challenges during assessment

Section	PRE PM+ intervention assessment	PM+ the beginning of every session (during intervention)	POST PM+ intervention assessment
Obejctives	<ul style="list-style-type: none"> <li>• meet your client</li> <li>• hear your client's story</li> <li>• decide if a client is suitable and ready for PM+</li> <li>• gather specific information about their practical and emotional problems to help you prepare for PM+.</li> <li>• completing assessments during and after PM+ is helpful to monitor your client's progress and better support their emotional recovery</li> </ul>		
Period	<ul style="list-style-type: none"> <li>• pre-PM+ assessment: this happens before you start PM+ with a client</li> </ul>	<ul style="list-style-type: none"> <li>• At the beginning of every PM+ session: this is a brief assessment to monitor a client's progress</li> </ul>	<ul style="list-style-type: none"> <li>• Post-PM+ assessment: this happens within a few weeks of the client completing PM+</li> </ul>

<p><b>How</b></p>	<ul style="list-style-type: none"> <li>· Use simple and clear language.</li> <li>· Make sure you speak appropriately for the client's age, sex, culture and language.</li> <li>· Be friendly, respectful and non-judgmental at all times.</li> <li>· Respond sensitively to private and distressing information (e.g. about sexual assault or self-harm).</li> </ul>
<p><b>Steps to follow</b></p>	<ul style="list-style-type: none"> <li>· Introduce yourself → Tell the person the reason for the assessment and what will happen → Tell them about confidentiality → Give brief information about PM+ → Begin the assessment</li> </ul>
<p><b>Challenges during assessment</b></p>	<p><b>[When a client is shy or reluctant to share information]</b></p> <ul style="list-style-type: none"> <li>· It is important to respect the client at all times. If they appear to be nervous or uncomfortable about sharing information, do not pressure them to tell you personal information.</li> <li>· It can also be helpful to let the client know at the beginning that they do not have to answer your questions. It is important for the client to feel in charge of the session and not feel forced to provide information if they feel uncomfortable about doing so.</li> </ul> <p>☞ "If you don't feel comfortable answering any question I ask you, you don't have to answer. Just share with me what you are comfortable with."</p> <p><b>[When you need to stop a client from talking]</b></p> <ul style="list-style-type: none"> <li>· There will be times when you need to redirect a client who might be talking a lot about a topic that is not relevant to the assessment or if you need to get some specific information you do not have. It is important that you display warmth when prompting a client to move on.</li> <li>· Sometimes you may need to be a little more direct with a client, especially if you are running out of time. It is important that you still communicate concern and warmth when doing this.</li> </ul> <p>For example:</p> <p>☞ "It sounds like you are faced with a lot of difficulties at the moment. One thing I am most interested in hearing about at the</p>

moment though, is (ask next question) ...”

☞ “I am very interested in hearing about this, but I do not want to run out of time. I still have a number of questions I need to ask you. Would it be okay if we went through those now and with the time we have left we can talk about these other concerns you have?”

※ **Source**

- For more detailed information about PM+, refer to the 'Management System for Disaster Mental Health Professional Personnel'

: the information is available for download, at the Management System for Disaster Mental Health Professional Personnel (<http://www.disaster-edu.kr/>), for those who completed Skills for Psychological Recovery (SPR) or Problem Management Plus (PM+) program.

- English version of PM+ is available for free download at WHO website (<http://www.who.int/>)

[http://www.who.int/mental\\_health/emergencies/problem\\_management\\_plus/en/](http://www.who.int/mental_health/emergencies/problem_management_plus/en/)

# IV

## REALITY OF GYEONGGI PROVINCE DISASTER PSYCHOLOGICAL SUPPORT SERVICE

D-Dim ver.2

I

II

III

IV

## 1. Disaster cases in Gyeonggi Province, South Korea

<b>Epidemic disasters</b>	<ul style="list-style-type: none"><li>- Middle East respiratory syndrome-related coronavirus (MERS-CoV) (2015)</li><li>- Slaughter of Foot and mouth disease virus infected animal (2011)</li><li>- Avian influenza (2016)</li></ul>
<b>Boating accidents</b>	<ul style="list-style-type: none"><li>- Sewol ferry sink (2014)</li><li>- Fishing boat turning over in Incheon Youngheoung bridge (2017)</li></ul>
<b>Fire disasters</b>	<ul style="list-style-type: none"><li>- Goyangsi bus terminal fire accident (2014)</li><li>- Uijeongbu Daebonggreen apartment fire accident (2015)</li></ul>
<b>Explosions and collapses</b>	<ul style="list-style-type: none"><li>- Pangyo Techno Valley vent collapse(2014)</li><li>- A gas explosion in YangJu (2018)</li></ul>

## ① Middle East respiratory syndrome-related coronavirus (MERS-CoV )



Source: <http://gnews.gg.go.kr>

<b>Types</b>	<b>Natural disaster (infectious disease)</b>	<b>Date</b>	<b>August, 2015</b>
<b>Area</b>	Nationwide	<b>Damage</b>	62 Gyeonggi Province (completely cured), 37 bereaved families, 6,231 people were kept in quarantine.
		<b>Victims</b>	MERS confirmed persons, persons who were isolated due to MERS confirmed and suspected cases, and families of the victims (a total of 6,330 people).
<b>Situation</b>	<ul style="list-style-type: none"> <li>· MERS is a virus first discovered in Saudi Arabia in 2012 and was named Middle East respiratory syndrome since it has occurred intensively in the Middle East and mainly on the Arabian Peninsula in the Middle East.</li> <li>· Clear sources of infection have not been identified, but it has been reported that it is highly likely to be infected through contact with camels and spread through human.</li> <li>· The first infection case in South Korea occurred on May 20, 2015, resulting in 186 confirmed cases.</li> </ul>		
<b>Psychological support period</b>	August, 2015. ~ December, 2015.	<b>Target for psychological support</b>	6,330 confirmed MERS patients, quarantine experience, and bereaved families 3 public medical institutions (346 medical workers), general citizens, etc.
<b>Psychological support</b>	- Individual counseling (telephone, in-house, visiting interview), screening test, and introducing treatment (psychiatrist's		

<p><b>intervention method</b></p>	<p>consultation)</p> <ul style="list-style-type: none"> <li>- Survey for public health workers working at MERS intensive care hospitals</li> <li>- Hold audit concert to overcome MERS</li> <li>- Developing and disseminating psychological recovery programs (Residence Online and Offline Programs)</li> </ul>
<p><b>Psychological support process</b></p>	
<p><b>Considerations for psychological support</b></p>	<ul style="list-style-type: none"> <li>- MERS infection provided an opportunity to prepare a system for disaster psychological support related to infectious disease, and provide rapid psychological support by establishing a unified administrative system focusing on Gyeonggi Province.</li> <li>- We were able to efficiently identify the mental health status and the psychological support service through the survey of all the staff members and the medical workers, and thus promoted emotional stability of the residents of Gyeonggi Province by developing on- and off-line resilience programs as well as Disaster psychological service</li> <li>- Disaster psychological service should be provided based on the characteristics of the victims (isolated person, the bereaved, survivor, etc.), and which actually make professional staff difficult to provide customized qualitative counseling services to each victims.</li> </ul>

## Consultation Example of Middle East respiratory syndrome-related coronavirus (MERS-CoV) Case

<b>Sex</b>	Male	<b>Age</b>	38
<b>Situation</b>	A person who was unable to go to work and under home confinement after tested positive for MERS virus.		
<b>Key points</b>	<ul style="list-style-type: none"> <li>- Talk regularly with victims and check resource availability.</li> <li>- Ensure that the victim is in a state of high anxiety and anger.</li> <li>- It is important to express gratitude for the cooperation of the participants</li> <li>- Explain the meaning of home confinement to the victim and the need for self-regulation since it is critical element for his/her family, neighbors and themselves in order to prevent further spread.</li> <li>- Encourage taking sufficient rest, sleep, healthy life.</li> </ul>		

**Counselor:** Hello, is this Mr. OOO? I am OOO of the OOO Mental Health and Welfare Center. I am calling to help you. May I speak to you now?

**Subject:** Ah...Yes ..

**Counselor:** Thank you for generous consideration. The anxiety and stress that you may have felt during the isolation period is a very natural and normal emotional response. I'm calling to see if you have any of discomfort, or if your are having any difficulties in your current life.

**Subject:** Okay. I don't know how to handle this. and it is quite hard.

**Counselor:** You're saying that it is hard, could you please tell me more in detail?

**Subject:** I understand why I am feeling so anxious about it. This is because I can't go outside, so I feel stuffy ... And I'm worried that I might get MERS virus after all this. That's my concern.

**Counselor:** Yeah. you can definitely felt that way. I know. Sir, it's going to be worse as time goes by since you stay alone...After about 14 days of quarantine, you'll be able to get back to your normal life, so I'd like you to cheer up a little bit. By any chance, who do you usually talk to about the difficulties? Do you have any frequent contacts?

**Subject:** Yes. I talk to my family. They are helpful.

**Counselor:** Ah. I see. You're in touch with your family. Having a frequent contact with your families is great thing especially when your are alone. Sir, do you sleep well?

**Subject:** I couldn't sleep. I do not feel good. I'm barely eating and I can not go outside.

**Counselor:** You must be frustrated by all this. And also you're not free to go out. that's hard part. I understand. If you're frustrated and tired and you can't handle it alone, you can talk to an expert anytime. I'd like to suggest having counseling, if you don't mind.

**Subject:** Counseling?

**Counselor:** Yes.

**Subject:** So counseling means calling like this?

**Counselor:** We are talking on the phone right now, but face-to-face counseling is also available when the quarantine period is over. We can visit you or you can visit the Mental Health and Welfare Center when you are available.

**Target:** Center? Besides visiting the center, what else I can do when I'm at home like this?

**Counselor:** There is also a 24-hour mental health hotline. The number is 1577-0199. You can call there anytime for counseling when you're in trouble.

**Subject:** Ah...I see. I see. Thank you for your explanation.

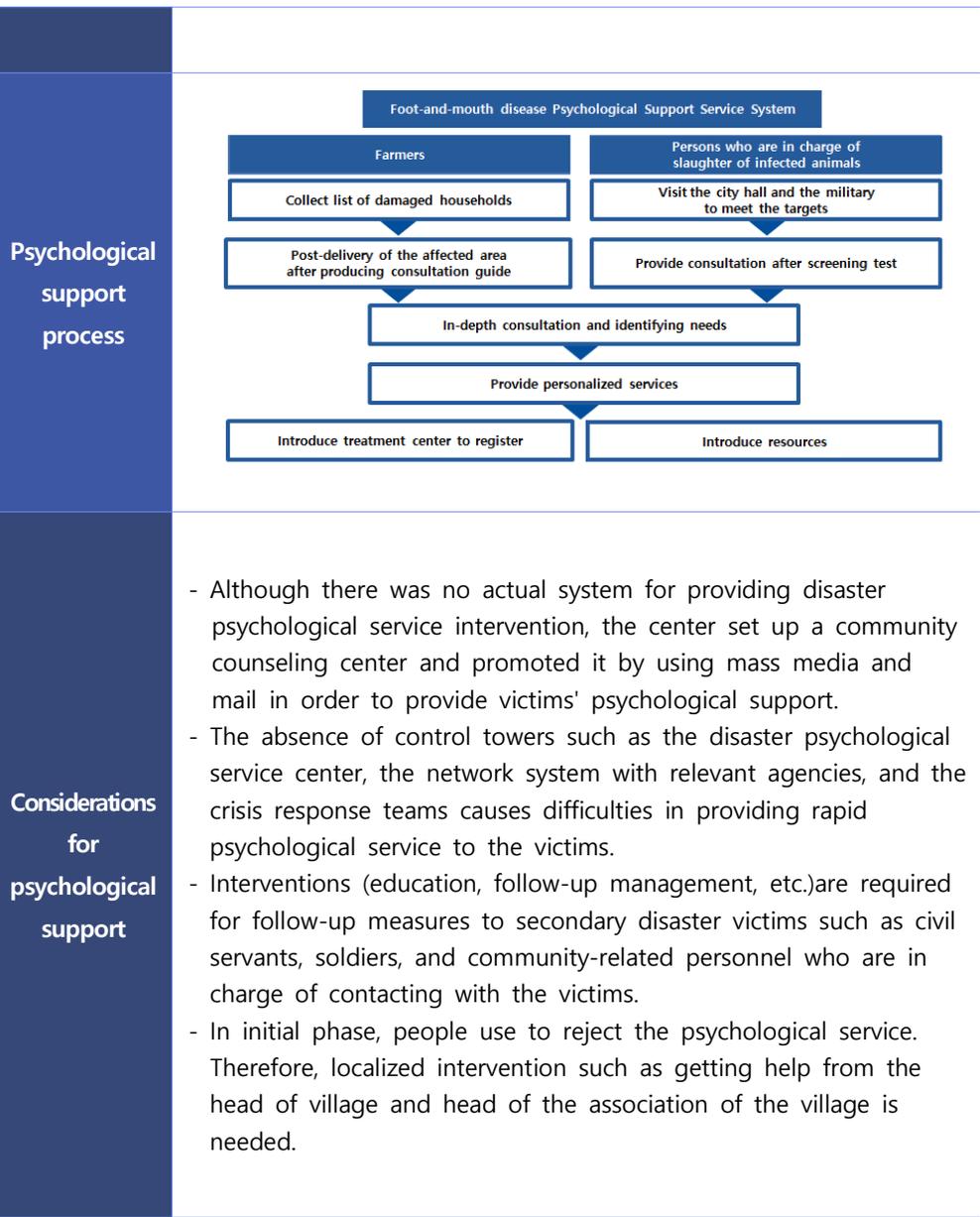
**Counselor:** Thank you. We are so grateful for your cooperation. I'll call you again tomorrow.

## ② Slaughter of Foot and mouth disease virus infected animal



Source: <http://gnews.gg.go.kr>

<b>Types</b>	<b>Social disaster(domestic animal infectious disease)</b>	<b>Date</b>	<b>December, 2010</b>
<b>Area</b>	<b>Icheon, Gyeonggi Province</b>	<b>Damage</b>	Livestock Damage (20%(40,000) of cattle, 93%(360,000) of pigs buried)
		<b>Victims</b>	Persons who are in charge of slaughter of infected animals. (4,039 officials, soldiers, police, Nonghyup employees, etc.)
<b>Situation</b>	<ul style="list-style-type: none"> <li>· The outbreak foot-and-mouth disease in South Korea from 2010 to 2011.</li> <li>· It continued until April, 2011 and the spread has been reduced since then.</li> <li>· Foot-and-mouth disease was spread nationwide, excluding Seoul, South Jeolla Province, North Jeolla Province and Jeju Special Self-Governing Province</li> <li>· Foot-and-mouth disease outbreak in Icheon, December 2010, target for psychological support</li> </ul>		
<b>Psychological support period</b>	December, 2010 to March 2011	<b>Target for psychological support</b>	65 farmers, Persons who are in charge of slaughter of infected animals. (Public officials and Soldiers)
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- Individual counseling, screening test, and psychiatrist counseling</li> <li>- Post-traumatic stress education and counseling and art therapy for trauma handling</li> </ul>		



### Consultation Example of Foot and Mouse disease Case

<b>Sex</b>	Male	<b>Age</b>	62
<b>Situation</b>	A farmer who are having psychological and economic hardship due to the slaughter of infected animal (cow, pig)		
<b>Key points</b>	<ul style="list-style-type: none"> <li>· Need to give a plenty of time for the victim to express his feelings.</li> <li>· Make him aware of the disaster is not his fault.</li> <li>· Find out accurate and helpful information to help the victims know and let him know the sources of information.</li> <li>· Education and advice on managing health and stress is required.</li> </ul>		
<p><b>Counselor:</b> Hello, I am OOO of the OOO Mental Health and Welfare Center. I heard you are having hard time because of the foot-and-mouth disease. I'd like to talk further about your situation and I want to help you. May I talk to you?</p> <p><b>Subject:</b> I've been raising livestock for 35 years. And I've buried my pigs and cows. I used to raise them just like my kids. At first, I was just out of my mind. You do not even know how I feel. I thought I'd get better over time, but I do not think I can. This is not my life.</p> <p><b>Counselor:</b> Yes, you must have been frustrated by the sudden incident and massive killing of the livestock. I think you need some psychological help. What's your name?</p> <p><b>Subject:</b> It's Kim OOO.</p> <p><b>Counselor:</b> Yes, Mr. Kim. Could you please tell me more about your situation?</p> <p><b>Subject:</b> This is not only about financial damage, but also my psychological damage. You know that I was at the site. I raised them like my own kids...but I pushed my pigs into a narrow puddle with a fork-lifts... it was so painful. They needs to be buried alive. It is so heartbreaking....</p> <p><b>Counselor:</b> Kim OOO, you must have been in pain as you were at the site. Especially you raised livestock just like your kids.. So, could you please tell me the hardest part right now?</p> <p><b>Subject:</b> Public officials are constantly coming to my home these days, and I don't care about them coming to my house. But I can't stop thinking about the scene.....scene.. I can't forget. Pigs were desperately trying not to die and to stay away from the puddle. I have nightmares. I am in an</p>			

hallucination. I keep hearing my pigs' crying. Whenever I hear pig's crying, I go outside.

**Counselor:** You said that you are having a recurring picture or scene of an accident. So, if you do not mind, could you please tell me your pain scale? Range from 0 to 10, 0 is zero pain and 10 is full pain.

**Subject:** This week, it's seven.

**Counselor:** Okay, so how are you handling these painful situation?

**Subject:** I'm depressed and I don't have anything to do, so I drink and...drink. I am being offensive to my family. I know my family is nothing to do with this, and I know they are also angry about the situation but...just because I am freaking out right now. I'm embarrassed to see my children because It is like I'm unemployed out of blue. When I go to a cattle pen,, I feel like it is all my faults. I am in a prison without bars.

**Counselor:** Mr. Kim, I think you are blaming yourself for this, but Mr. Kim is not responsible for this. And it's natural for anyone to experience such a difficult experience. They are scared, anxious, and angry. No reaction is much more worse thing. You said you drink a lot to get rid of feeling of anxiety, but alcohol can temporarily make you forget, but it can't help you solve the actual problem. This is a very stressful situation, so I think you need professional help. Would you like to try the service of the center?

**Subject:** Yes, I do. I think I'm getting a little nervous. Everybody has been asking me a lot of things these days.... I want to get my life back. The way I used to live.

**Counselor:** Yes, it may be a difficult, but I'm very grateful for your consideration. What do you need right now?

**Subject:** First of all, I want to get some sleep. I don't know what to do with it. They, public officials, say they're amedning a bill, but I'm frustrated that they don't give any feedback.

**Counselor:** Oh I see.. so is it okay if I visit again tomorrow with the director of the center, the psychiatrist, for an in-depth consultation? I'll ask the city government in the financial sector for help.

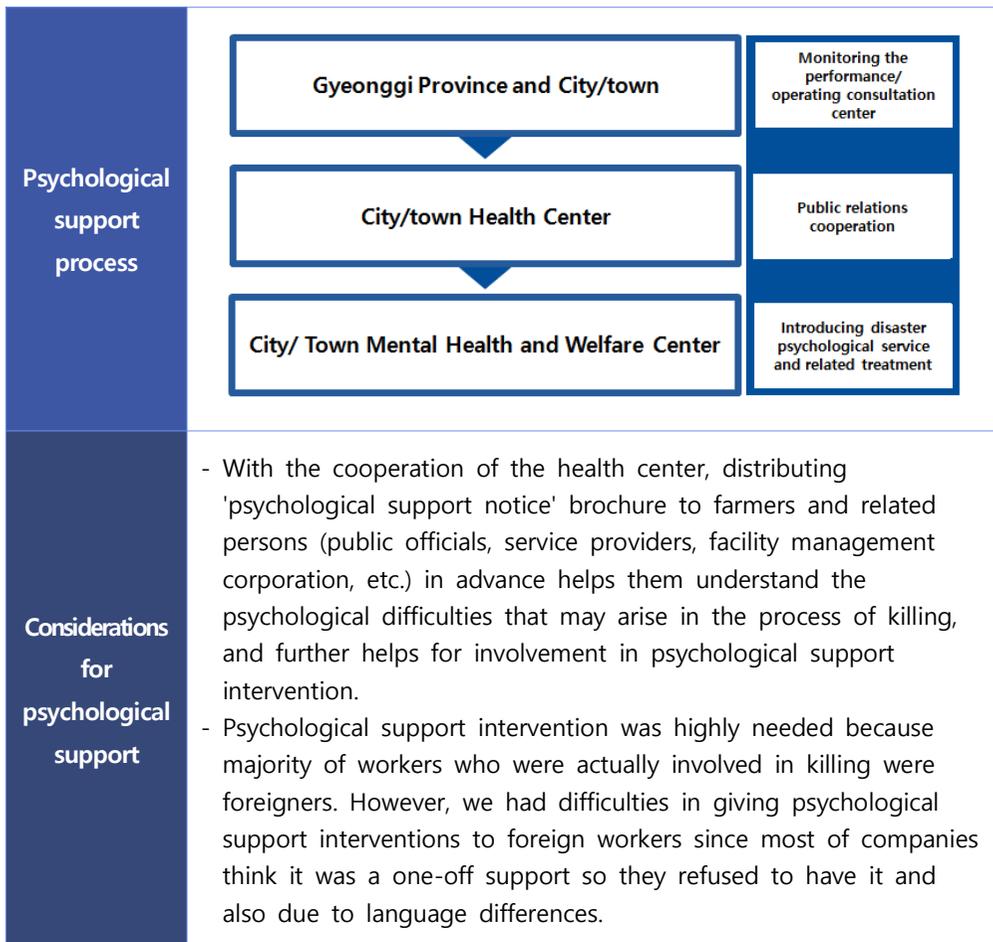
**Subject:** Yes, I need help, not just words.

### ③ Avian influenza : AI



Source : <http://gnews.gg.go.kr>

<b>Types</b>	<b>Natural disaster(Infectious disease)</b>	<b>Date</b>	<b>November 16<sup>th</sup>, 2016</b>
<b>Area</b>	Nationwide and especially Gyeonggi Province	<b>Damage</b>	AI confirmed at farm No. 123 in 14 cities and counties in Gyeonggi Province
		<b>Victims</b>	Cattle farmers, public officials, etc.
<b>Situation</b>	<ul style="list-style-type: none"> <li>- Avian influenza (AI) was spread across 8 provinces and 27 cities. Support for dealing with psychological shock, such as depression, anxiety, and stress caused by killing livestock were needed.</li> <li>- Avian influenza (AI) outbreak in 46 regions, and 14 regions (30.4%) are in Gyeonggi province.</li> <li>- Approximately 12 million (48.2 %) among 25 million of livestock was killed in Gyeonggi Province.</li> </ul>		
<b>Psychological support period</b>	December 19th, 2016 ~ April 3rd, 2017	<b>Target for psychological support</b>	65 livestock farmers, 102 public officials, 121 others (Korea Federation of Livestock Cooperatives, facilities management, etc.)
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- Community Mental Health and Welfare Center were involved</li> <li>- Screening test were conducted for high risk groups by Community Mental Health and Welfare Center</li> <li>- Conducting telephone and face-to-face consultations with high-risk groups at the community mental health and welfare center.</li> </ul>		



### Consultation Example of Avian influenza Case

<b>Sex</b>	Male	<b>Age</b>	36
<b>Situation</b>	A public official who were in the slaughter of infected animals complains of PTSD symptoms		
<b>Key points</b>	<ul style="list-style-type: none"> <li>- Providing accurate information about psychological support service was needed because he thought that having psychological consultation would harm his career path in the future.</li> <li>- Need to empathize his feeling and his circumstances.</li> <li>- It is important to find out exactly what information is available from the center and provide those information.</li> </ul>		
<p><b>Subject:</b> Hello. I am calling after saw the notice that saying giving psychological help to those who were involved in killing livestocks.</p> <p><b>Counselor:</b> Yes. hello. Thank you for calling. so what is your concerns?</p> <p><b>Subject:</b> Actually, before I get into it. I'm a public official. I am worried about leaking my information to the public by having this consultation.</p> <p><b>Counselor:</b> No worries. you are safe. we are doing this based on the confidentiality principle. However, when we detect any signs of attempting suicide or other dangerous behaviors from you, we may break confidentiality and discuss those issues to protect you.</p> <p><b>Subject:</b> I see. Then it's okay. so.. I am involved in killing livestocks. But after this... I can't fall asleep. I can't sleep whenever I kill livestock. So I often drinks liquor to sleep, but I do not get any help. As time goes by, I keep drink and drink.... sometimes too much. and then I woke up late next morning and spend a lot of time being absentminded. People around me worry about me. Yeah, well....I barely fell asleep, but in my dream, the chickens I killed.... appear. I'm sick and tired of hearing chicken crying.</p> <p><b>Counselor:</b> I see. You must be very frustrating.</p> <p><b>Subject:</b> I'm not the only one, there are many people just like me. Others say it's nothing, so no need to have consultation. And some people say it's better to hold back because of disadvantages that I may get in the future if you get counseling.... Ha. It's hard. I do not know what to do. I'm very sorry to the livestock farmers.... for nothing. I am doing this because I was told to do.</p>			

**Counselor:** It's meaningful that you contacted us under these hard circumstances. First of all, it's important to know that all of those things are not your fault. What's worrisome is that you haven't been able to sleep well lately, and the frequency of drinking has increased, and because of that, I am sure that you are having a hard time in living your daily life.

**Subject:** That's right. It was and it is hard.

**Counselor:** Sir, have you ever talked to anyone close to you about your concerns?

**Subject:** I did. But it didn't help me. People listen to me once or twice and they do not listen anymore and ignore it. So I just stopped talking because I did not feel like I am being understood.

**Counselor:** I see. I'm sure it was very hard for you to understand as well. But it's not good to be alone without having company to talk to. I understand that it's a very stressful situation.

**Subject:** How can I get more help?

**Counselor:** There is a way. You can register for consultation at the center to continue to have more counseling. I think you need a professional help. Would you like to try the service of the center?

**Subject:** It's so hard right now. Will counseling solve this problem? Most of all, right now, I can't sleep.

**Counselor:** It may not be immediately resolved. If it gets worse and worse, we can consider and discuss about not being involved in killing. Also, you can visit a psychiatrist and hospital and get a prescription. And if you find it difficult to visit a hospital, you can get help from your local mental health center.

**Subject:** Thank you. I will consider.

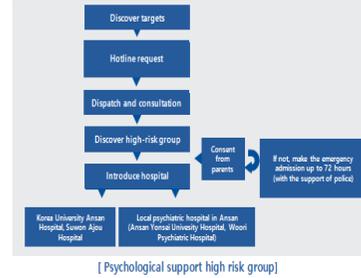
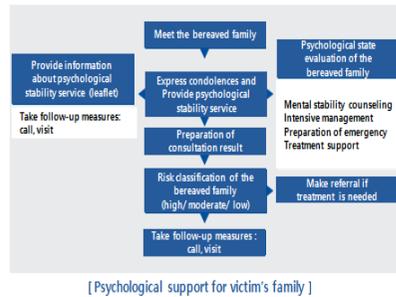
#### ④ Sewol ferry sink



Source : Ansan early 14 days of disaster psychological service

<b>Type</b>	<b>Man made disaster(boating accident)</b>	<b>Date</b>	<b>April 16th, 2014</b>
<b>Area</b>	The coastal area of Byeongpung Island in Jindo-myeon, Jindo-gun, Jeollanam-do	<b>Damage</b>	476 passengers (295 fatalities, 172 rescue, 9 missing)
<b>Situation</b>	<ul style="list-style-type: none"> <li>· On April 16<sup>th</sup> 2014, Cheonghaejin Marine Sewol ferry(6,835 tons of drainage) leaving Incheon for Jeju Island sank in the sea near Jindo-gun, South Jeolla Province</li> <li>· 295 out of 476 passengers, including students from Danwon High School students in Ansan, have died.</li> </ul>		
<b>Psychological support period</b>	April 18 <sup>th</sup> - April 30 <sup>th</sup> , 2014	<b>Target for psychological support</b>	Victims, victim's families, the public
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- From the beginning, when survived students arrived at the hospital after the incident, emergency meetings were held every day, and share information about situation in detail including people's psychological status.</li> <li>- The 'Integrated Disaster Psychological Aid Group' in Gyeonggi-Ansan City is established to operate psychological counseling, support school psychology counseling, counseling and case management for the victim's families, 24-hour hot line counseling telephone operation, and education and management of volunteer groups.</li> <li>- With the establishment of the Ansan Mental Health Trauma Center on May 1<sup>st</sup>, the work of the 'Integrated Disaster Psychological Foundation' in Gyeonggi-Ansan City was transferred.</li> </ul>		

## Psychological support process



## Considerations for psychological support

- For fast troubleshooting, the government has established and operated a community counseling center near the victims, victim's families and local residents. It helps regain the victims' mental security.
- Cooperation between the private, public, and academic sectors has resulted in active involvement of professional personnel, but inconsistent administrative processes and communication difficulties have resulted in work delays.
- Manual of managing disaster were made right after the accident, and efforts were made to provide approachable psychological consultation and education to the early victims.
- It is necessary to prepare reasonable standards for existing center users since they were not able to get normal service due to the accident. Also, overall, a shortage of labor at disaster psychological service center make it difficult to carry out the work.

Consultation Example of Sewol ferry sink Case			
Sex	Male	Age	In 50s
Situation	Victim's father, having extreme depression, insomnia, anger, and feel guilty		
Key points	<ul style="list-style-type: none"> <li>• Institutions such as mental health and welfare centers should visit regularly and continuously to pay attention and listen to the victim's stories.</li> <li>• Regular check on basic necessities of life is needed and provide assistance in proper response.</li> </ul>		
<p><b>Counselor:</b> Hello, I am OOO of the OOO City Center for Mental Health and Welfare.</p> <p><b>Subject:</b> Hi. I am OOO. I'm having a hard time with many things lately.</p> <p><b>Counselor:</b> Yes. Can you tell me more? Which part is the hardest part?</p> <p><b>Subject:</b> I am okay when I am with people, but when I'm alone, I can't hold back tears because the face of my children keep popping in my head.</p> <p><b>Counselor:</b> It's going to be hard for you to handle alone.</p> <p><b>Subject:</b> I cried a lot recently. It is very painful, heartbroken, and I keep swear.</p> <p><b>Counselor:</b> The more you think about it, the harder it is, with having mixed feelings. so are you saying that you swear a lot?</p> <p><b>Subject:</b> Yes. I have no idea why this accident happen to me.... It's so unfair and suffocating. I can't talk to anyone feely.... (Keep shedding tears, wait for two to three minutes to calm down.)</p> <p><b>Counselor:</b> I understand. you can feel that way. I don't think you want to talk to your family.</p>			

**Subject:** Right. my wife and son are having a hard time, too, but these days it's too hard to handle it.

**Counselor:** It's a tough situation, but I'm glad you have been doing great job so far. Do you sleep well?

**Subject:** I can't sleep well. But whenever I go to bed, I need to open my bedroom door, otherwise I have a paralyzing nightmare.

**Counselor:** You've been through a lot of grief and it's definitely difficult time, so I think you need counseling and get some help. What do you think?

**Subject:** I know my wife and son have asked for counseling before. Please let me know how to get counseling and I'll do so.

**Counselor:** We'll help you get in touch with someone who can help you.

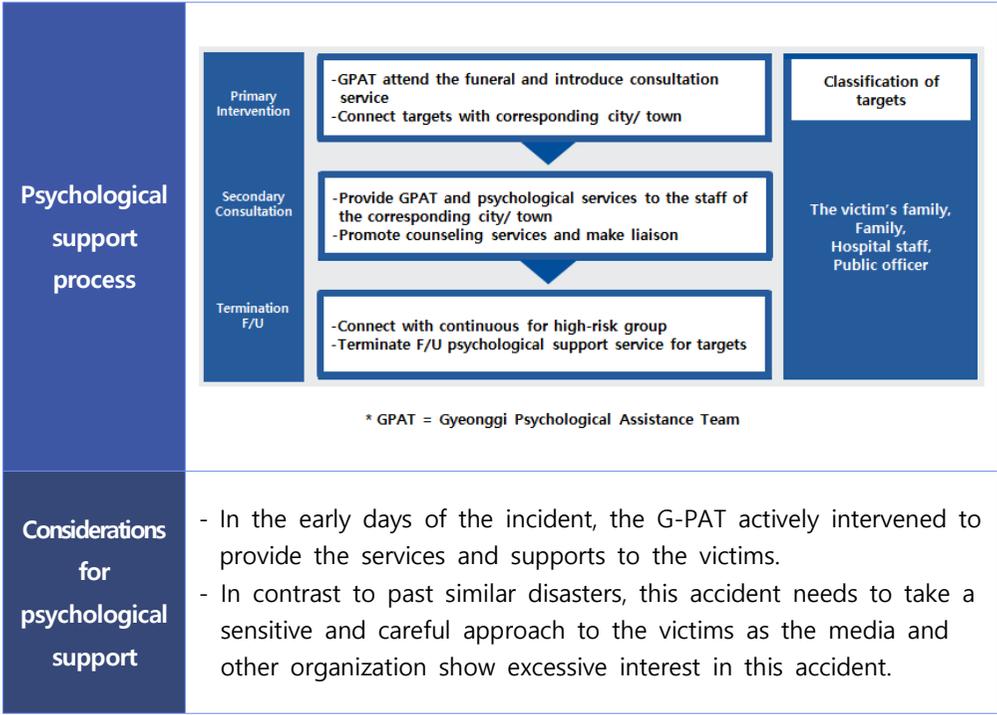
**Subject:** Thank you. I'll be looking forward to hearing from you.

## ⑤ Fishing boat turning over in Incheon Yeongheung bridge



Source : <http://gnews.gg.go.kr>

<b>Type</b>	<b>Boating accident</b>	<b>Date</b>	<b>6 A.M. December 3<sup>rd</sup> 2017</b>
<b>Area</b>	Youngheung bridge, Incheon	<b>Damage</b>	15 fatalities, 7 injured
		<b>Victim</b>	22 passengers
<b>Situation</b>	A fishing boat carrying 22 people collided with a refueling tanker near Yeongheung Island in Incheon, killing 15 people and injuring 7 people. Measures of support for psychological shock, such as depression, anxiety and stress, were needed for the bereaved families and victims of the accident.		
<b>Psychological support period</b>	December 3 <sup>rd</sup> , 2017 January 12 <sup>th</sup> , 2018	<b>Target for Psychological support</b>	Victims, victim's families, other related victims. (hospital workers, rescue team workers, and public officials)
<b>Psychological intervention method</b>	<ul style="list-style-type: none"> <li>- On the day of the accident, attend the funeral and visit the hospital to provide the psychological support intervention to the survivors and their families and help them to recover from the psychological damage such as trauma caused by the sudden disaster.</li> <li>- In response to the initial response of the Gyeonggi Province Disaster Management Foundation (G-PAT), the institution provided psychological support by rapport building with the victim's family and cooperate with the city and community mental health and welfare centers, and continue to manage and follow up the high-risk groups.</li> </ul>		



## Consultation Example of Fishing boat turning over case in Incheon Youngheoung bridge

<b>Sex</b>	Female	<b>Age</b>	68
<b>Situation</b>	A victim's mother who shows an emotion appeal to her son's death.		
<b>Key points</b>	<ul style="list-style-type: none"> <li>- Intervention is required timely for the vulnerable social group such as elderly people.</li> <li>- Intervention are provided at the beginning of the loss, so it is important to provide systematic and continual services.</li> <li>- The another similar boating accident after Sewol ferry sink, it needs a sensitive and careful approach to the victims as the media and other organization show excessive interest in this accident.</li> </ul>		

[Location : Funeral hall]

**Subject:** Thank you for coming to funeral and helping me out every day.

**Counselor:** I'm glad we're able to spend time together like this. Did you sleep well?

**Subject:** Uh... no I did not sleep well. How can I sleep well? I keep thinking "why did this happen to me all of a sudden?" It thought I was going to cry a lot and live miserably but I'm not. just dazed.

**Counselor:** I see. In such a difficult situation, many people usually experience a variety of emotions, including extreme fear, grief, extreme sadness, and excessive despair. Some people say they do not feel anything or feel numb like you.

**Subject:** Thank you for knowing how I feel. Everyone was worried about only daughter-in-law. I felt like that. So I feel like I am abandoned and I don't even know who I'm talking to. Definitely, I know my daughter-in-law is having a hard time, but if you go somewhere and tell people I'm having a hard time too, I will be blamed for that. ..so..I am very comfortable right now.. you listen to me.. you cared about me.

**Counselor:** Where do you go after the funeral?

**Subject:** I'm going home. I can't stay there, I will burden my daughter-in-law.

**Counselor:** I'm worried about you. If you don't mind, may I contact the Mental Health and Welfare Center where you live?

**Subject:** What kind of contact?

**Counselor:** I'd like to ask you to get a counseling while you are at home.

**Subject:** wow.. you do not need to..do..(Sobbing)

**Counselor:** You feel dazed just right now, but you may feel extreme sadness all of a sudden. If you don't mind, I'd like to talk to the center where you can get a help.

**Subject:** Yes... thank you for taking care of me, such an old lady. I think my son's death is my fault. Thank you for listening and helping me.

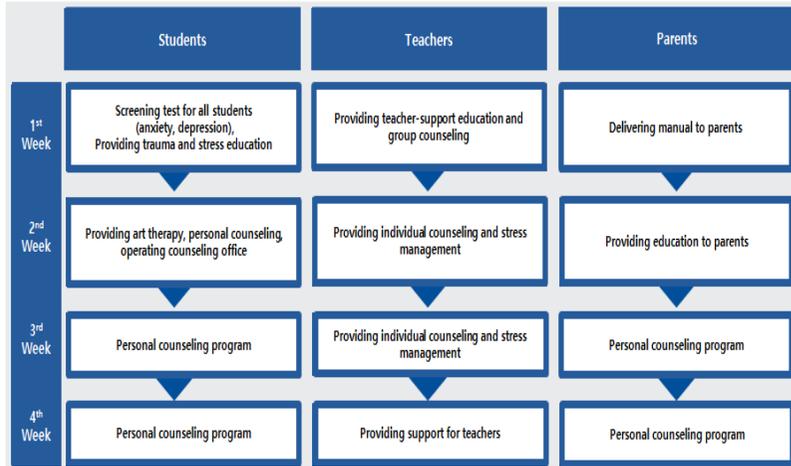
## ⑥ Goyangsi bus terminal fire accident



Source : [www.goyang.go.kr](http://www.goyang.go.kr)

<b>Type</b>	<b>Man made disaster (fire disaster)</b>	<b>Date</b>	<b>May 26th, 2014</b>
<b>Area</b>	Goyangsi bus terminal	<b>Damage</b>	8 fatalities, 58 injured
<b>Situation</b>	<ul style="list-style-type: none"> <li>· Fire occurred during welding operation at the food court construction site, Goyang terminal building basement.</li> <li>· On the school field day, students and teachers of A school inhaled toxic gas inside the subway terminal station. They are rescued and sent to the hospital due to respiratory injury and skin burns.</li> </ul>		
<b>Psychological support period</b>	June, 2014	<b>Target for psychological support</b>	81 (Total number of A school students) and 13 teachers
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- Providing individual counseling and on-site consultation (screening test was conducted). <ul style="list-style-type: none"> <li>: The first survey (81 students, 13 teachers of A school): screening test for anxiety (RCMAS) and depression (CES-D)</li> <li>: 2nd survey (80 students of A school); screening test (CROPS)</li> </ul> </li> <li>- Individual counseling were conducted based on the test results and their application. Also, counseling for high-risk students, for applied and screened students' parents and for individual teacher were conducted.</li> <li>- Art therapy, stress management education, teacher training, and academic performance education were provided for all student.</li> </ul>		

**Psychological support process**



**Considerations for psychological support**

- 59% of the screening respondents experienced severe stress, 26.7% experienced anxiety attacks, and 42% experienced depression, and thus need to provide rapid psychological support. The victims were actively participated various quality services.
- The victims who were recommended to have counseling carelessly by others, not by themselves shows a resistance to get the consultation. Education for people around victims is also necessary.
- Even though emergency response systems were being prepared internally before the accident, the employees who were constantly exposed to the scene of the crisis have been experiencing difficulties such as excessive workload and psychological exhaustion. So prevention of those is necessary.

## Consultation Example of Fire Accident Case with Distressed Adolescents

<b>Sex</b>	Female	<b>Age</b>	Teenager
<b>Situation</b>	A girl who is hospitalized and suffered from skin burns due to a fire accident		
<b>Key points</b>	<ul style="list-style-type: none"> <li>· The Rapport building is an important element for children and adolescents victims' consultation and setting the accurate time for kakao message conversation is required.</li> <li>· Need a medium such as gifts, snacks, etc. that the subject may like to start consultation smoothly and naturally.</li> <li>· Sometimes, caregiver's anxiety and psychological difficulties can affect children and adolescents. Caregiver counseling requires more time and energy. It also affects children and adolescents.</li> </ul>		
<p><b>Counselor:</b> Hi. I am OOO from the OOO City/Town Mental Health and Welfare Center.</p> <p><b>Subject:</b> Hello. I heard about you from my friends.</p> <p><b>Counselor:</b> I see. How are you doing? I heard from your mother that the first surgery was done successfully.</p> <p><b>Subject:</b> I'm feeling good. I'm worried about my teacher more than me because the teacher got hurt a lot.</p> <p><b>Counselor:</b> I see. I hope the operation goes well for the teacher. First meeting is always awkward. Don't you think?</p> <p><b>Subject:</b> A little bit. But I heard a lot of this through my friends, so I think I am comfortable.</p> <p><b>Counselor:</b> That's a relief. You may heard this too from your friends, there was a stress management education, a simple psychological test, and an art therapy program for friends at school. Everyone is very worried about you and your teacher and they hope for a full recovery of you two.</p> <p><b>Subject:</b> Are there any friends who are having a hard time?</p> <p><b>Counselor:</b> Well, you know, this was a tough case for everyone. So some friends are very depressed and having headaches or insomnia. Are you having</p>			

a hard time these days?

**Subject:** Not really.

**Counselor:** Yeah, but if you feel discomfort or anything, just let me know, okay?

**Subject:** Yes.

**Counselor:** And I heard that you wanted to have consultation at the center rather than the hospital. Is there any reason for that?  
(She is inpatient at a general hospital)

**Subject:** No specific reason. All my friends and teachers at school know about the consultation since I've been in touch with them. So I just decided to have it openly.

**Counselor:** I see. Your friends helped us out a lot. Is there anything you want to get help from me?

**Subject:** Just...I feel like staying here is a waste of time. It's so stuffy that I think it'd be nice to talk to someone.

**Counselor:** Yes, it's natural to feel that way. How many times a week do you want me to come and see you ?

**Subject:** Since I have treatment and surgery schedule, I think we should do it twice a week.

**Counselor:** Yes, I'll come to see you twice a week. I noted that you need to take your time for surgery or treatment, so let's make sure we meet next time. If you don't mind, could you please tell me your favorite foods or plays that you would like to eat and play with me?

**Subject:** I like ice cream and I do all kinds of handcrafts activities.

**Counselor:** Oh I see. You like handcrafts. Could you tell me your favorite handcrafts?

**Subject:** Clay Art.

**Counselor:** Okay, let's have a ice cream and clay art activity together next time.

**Subject:** Yes.

**Counselor:** If you any concerns or something that you want to share, please feel free to contact me. I will give my number. It's only for you, so keep it safe. Okay? Then let's meet next time.

(Disclosure of personal contact of the counselor)

## ⑦ Uijeongbu Daebong green apartment fire accident



Source : Uijeongbu city mental health and welfare center

<b>Type</b>	<b>Man made disaster (fire accident)</b>	<b>Date</b>	<b>January 10th, 2015</b>
<b>Area</b>	Daebong Green Apartments, Uijeongbu	<b>Damage</b>	5 fatalities, 125 injured, 296sufferers
<b>Situation</b>	<ul style="list-style-type: none"> <li>· A fire broke out on the first floor of Daebong Green Apartments in Uijeongbu and later spread to several adjacent detached houses and other apartments.</li> <li>· Motorcycle wiring short circuit is assumed to be the cause of the fire.</li> </ul>		
<b>Psychological support period</b>	Jan ~ Feb, 2015	<b>Target for psychological support</b>	Victims
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- Conducting individual counseling, screening of high-risk groups, operating shelters for victims, providing community counseling Health and Welfare Center in Uijeongbu City .</li> <li>- Making and distributing guide brochure for victims to provide information about material support and disaster psychological services. (location of shelters, hospital rooms, etc.)</li> </ul>		
<b>Psychological support process</b>			

**Considerations  
for  
psychological  
support**

- The screening results showed that the anxiety and insomnia of the victims were severe in the early stages, but gradually decreased over time. Psychiatric treatment were recommended to those who show a high degree of anxiety, especially those who had a history of psychiatric treatment, but those who refused to receive we continued to monitor them.
- Rapid intervention by disaster psychological service center provided close support to the victims. And also it encouraged to have active communication between the city and the related organization. However, most of the victims were more interested in real-life issues such as financial, and medical issues than psychological support. Therefore, it is important to provide not only psychological support but also their practical information.
- Chaotic atmosphere made the victims do not want to talk, which indicates that independent counseling space was needed for future counseling.

## Consultation Example of Fire Accident with Distressed Adult

<b>Sex</b>	Female	<b>Age</b>	In 30s
<b>Situation</b>	Women who lost her houses, live in temporary shelters, are exhausted and can not sleep at night.		
<b>Key points</b>	<ul style="list-style-type: none"> <li>- Need to make comfortable atmosphere to ease tension and reduce anxiety. listen carefully and not to make a judgement. It is important to help people express their feelings naturally.</li> <li>- Make her aware of that disaster is not her fault and you are not responsible for.</li> <li>- Explain that she can get help from her close friends or experts when it's hard to handle alone.</li> <li>- It is important to provide accurate information related to the incident so as not to be affected by rumors.</li> </ul>		

**Counselor:** Hello, I am OOO from the OOO City/Town Mental Health and Welfare Center. May talk to you? Shall we sit down? It seems you are thinking hard right now.

**Subject:** I ran right after hearing the news. I was so surprised.

**Counselor:** Yes, I'm sure you did. Where were you when the fire broke out?

**Subject:** I was at a friend's house so I ran.

**Counselor:** What is the most difficult thing right now and about this accident?

**Subject:** I was horrified that everything I cared about, my precious properties were gone. I lost my house after the fire. so now, I don't have anything.

**Counselor:** You must be very upset. How do you feel about what happened? How do you feel now?

**Subject:** All I know is why this happened to me and what I did wrong.

**Counselor:** We don't know why this accident happened. But what's clear is that you're not responsible for this accident. Don't blame yourself for this. Have you noticed any strange reactions or symptoms since the incident occur?

**Subject:** I didn't sleep last night. I am anxious.

**Counselor:** It must have been very difficult for you to sleep at night. Do you have concerns or things that come to mind over and over again?

**Subject:** I can't forget the scene, the scene of burning my apartment.

**Counselor:** As you may have noticed, the reactions and symptoms you're experiencing after the incident, and the thoughts and feelings you're suffering from, are so natural. Many people suffer and go through the same thing after experiencing traumatic events.

**Subject:** I'm afraid I won't be able to sleep tonight.

**Counselor:** The thing is that it depends on how well you cope with those symptoms. Slow breathing and relaxation help relieve your symptoms. It will be helpful. Please do it frequently. Shall we try now? Follow me. Taking a deep breath. Feel your chest to the bottom of your stomach as you breathe slowly through your nose. Speak to yourself quietly and gently. To calm down, we are sending a message to the brain that we are relaxed and calm. The brain then tells the rest of the body, like the muscles and the heart, this message and the whole body begins to relax. And breathe through the nose, comfortably from the chest to the bottom of the stomach. Speak to yourself quietly and gently. 'My body is relaxing.' Please try this five times, very slowly. You will be comfortable.

**Counselor:** In the past, was there anyone around you who could help you when you were having a hard time?

**Subject:** My parents. My parents live in rural area.

**Counselor:** It can be helpful to have your parents come and stay with you if possible.

**Subject:** I'll contact my parents.

**Counselor:** What do you want to know now?

**Subject:** I am most curious about how the compensation issue will be resolved. I can't wait to get out of here. If the compensation issue is resolved successfully, I will be very happy and comfortable. I have to go to work, but I don't have any clothes to wear.

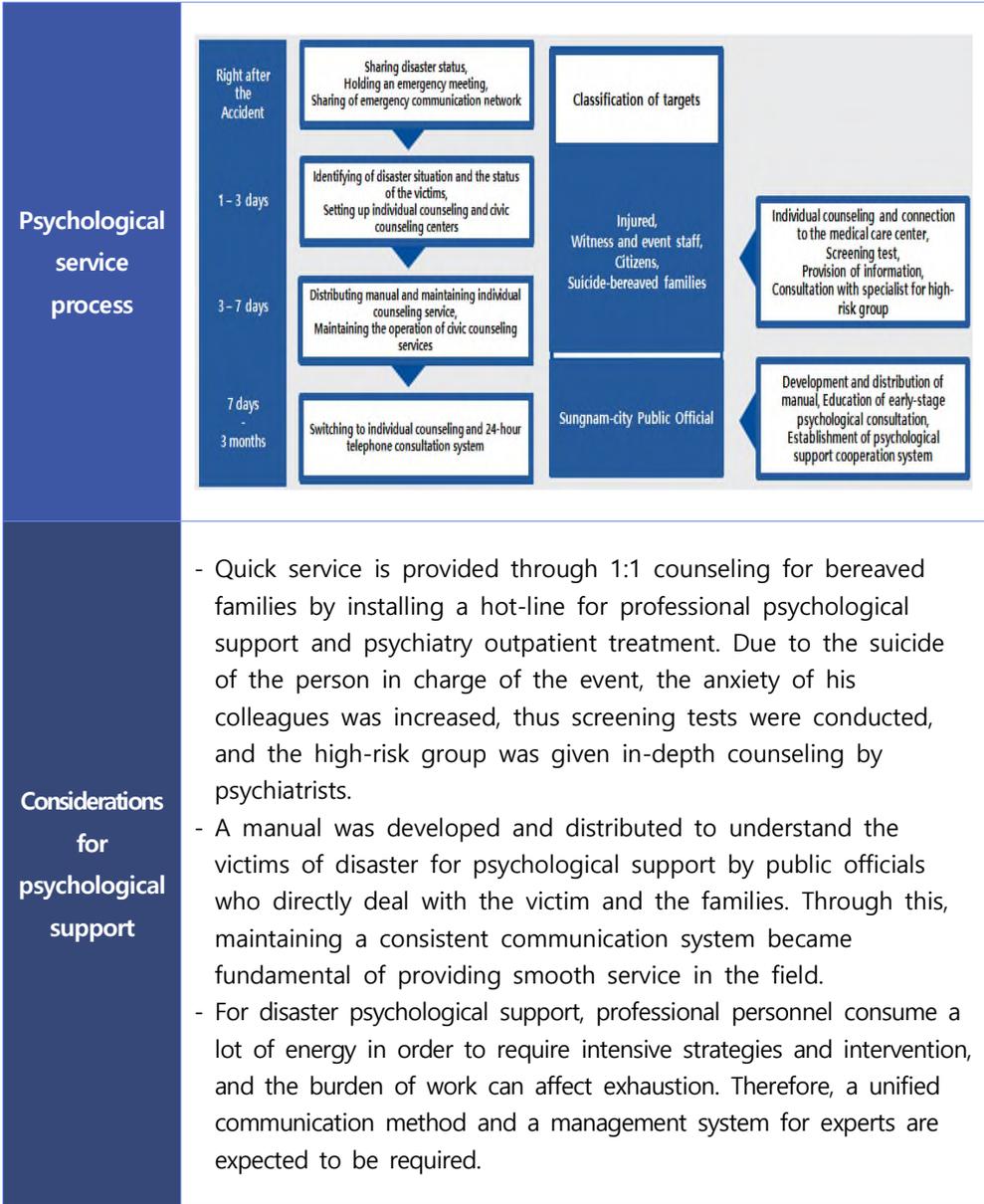
**Counselor:** I'll see what's going on. The anxiety, fear, etc. that you felt right now is not a strange sign, but a natural reaction. Symptoms will gradually disappear over time.

## ⑧ Pangyo Techno Valley vent collapse



Source : Sungnam-si mental health welfare center

<b>Type</b>	<b>man made disaster (collapse)</b>	<b>Date</b>	<b>October 17th, 2014</b>
<b>Area</b>	Sungnam-si Bundang-gu pangyo-dong	<b>Damage</b>	death 16, serious injury 9, minor injury 2
<b>Situation</b>	<ul style="list-style-type: none"> <li>• 27 people went up to the vent to watch the performance held at Pangyo-dong outdoor plaza which caused the ventilation iron cover to collapse and caused the crash to fall below the fourth basement level (about 10 meters).</li> <li>• In addition, the person who was in charge of the performance committed suicide.</li> </ul>		
<b>Psychological support period</b>	October, 2014	<b>Target for psychological support</b>	5 bereaved family, 1 injured, 23 witness, 9 event staff, 11 civilian, total 49
<b>Psychological support intervention method</b>	<ul style="list-style-type: none"> <li>- development and distribution of 'education and counseling manual for public officials who are dealing with bereaved families' for public officials in Seongnam-si</li> <li>- individual counseling, operation of on-site consultation room in Pangyo Technobelli office and Seongnam-si mental health and welfare center, provision of 24-hour telephone counseling with experts.</li> <li>- Promotion through local broadcasting system helped citizens to recognize and use the service. Distribution and promotion of psychological service information at funeral and hospital.</li> </ul>		



## Consultation Example of a victim who lost a colleague in the collapse

<b>Sex</b>	Male	<b>Age</b>	30's
<b>Situation</b>	Example of the person who called in longing for dead colleague who fell to 4 basement floors when the vent's cover collapsed during the event.		
<b>Key points</b>	<ul style="list-style-type: none"> <li>- In case of high-risk group, consult with psychiatrist.</li> <li>- Make sure the counselor listens to his story well so that he can share his story. Need to inform that the thoughts and feelings associated with the suicide of a co-worker are not his fault.</li> <li>- Explaining the details of confidentiality allows the victim to consult with more confidence.</li> </ul>		

**Counselor :** Hello, I am OOO from the OOO City/Town Mental Health and Welfare Center. The conversation with me will be confidential.

**Subject :** My colleague died. A colleague who worked in the same office. Because of ventilation collapsed (crying)

**Counselor :** Yes, many people were injured because the Pangyo vent collapsed. You must be very frightened and hard to believe that your colleague died.what is your name?

**Subject :** My name is Kim00. I don't think I can see the empty seat when I go to work on Monday, and I can't talk to anyone. I think people will think me strange if I talk about it.

**Counselor :** Mr.Kim, It is not your fault. No one will think you are strange.

**Subject :** Yes, I get it.

**Counselor :** If you would like to share more stories please do so.

**Subject :** Well, I was looking for the place to hear my story. (quietly waits for 2~3 minutes before he starts to speak again) I just can't believe it. (hear weeping sounds)

**Counselor** : Yes, it must be tough.

**Subject** : I watched the performance hectically. I am so sorry for my colleague.

**Counselor** : I understand you. There is nothing we can do about it in such situation. Try to reorganize your thoughts and call me whenever if you are having a hard time and tell me your story. (Give the number of the center and the 24-hour available consultation.)

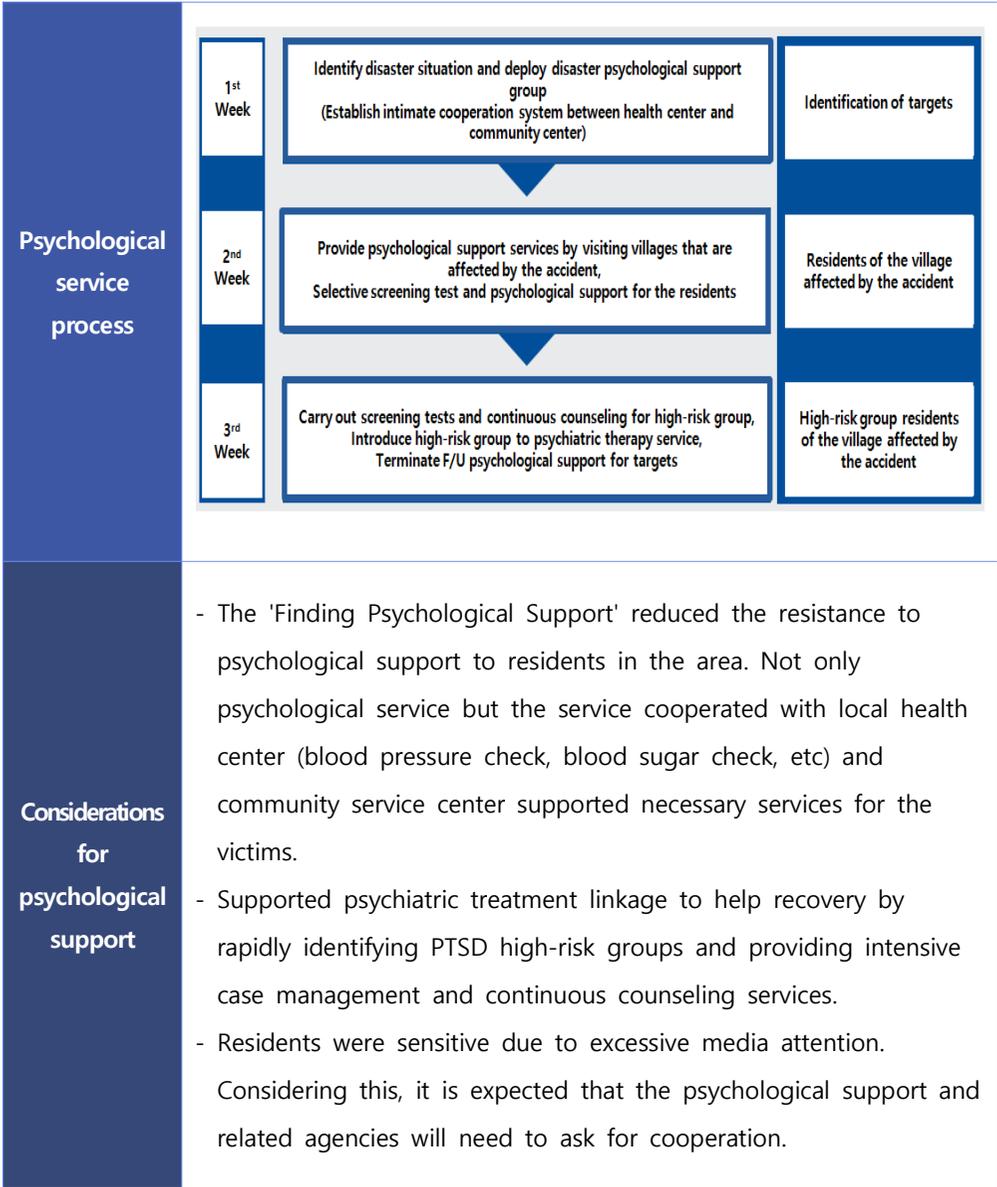
**Subject** : Thanks, I will call you when I am having a hard time.

## ⑨ A gas explosion in Yangju



Source : Yang Ju-si mental health and welfare center

Type	Man made disaster (explosion)	Date	May 7th, 2018
Area	Town of Yang Ju-si Bong yang-dong	Damage	2 dead, 1 injured
Situation	<ul style="list-style-type: none"> <li>· An explosion caused by a LP gas leak occurred at a house in Bong yang-dong, Yang ju-si, caused the collapse of a detached dwelling nearby and damaged houses, and vehicles.</li> <li>· The cause of the accident is estimated as an intentional explosion</li> </ul>		
Psychological support period	May, 2018	Target for psychological support	13 villagers affected by the accident
Psychological support intervention method	<ul style="list-style-type: none"> <li>- Provide psychological supporting service by visiting the villages affected by the accident in cooperation with local health centers and community centers.</li> <li>- Individual counseling and screening of high-risk groups were carried out for local residents. Disaster psychological service guide books were distributed to provide information on the psychological difficulties that may arise from disasters.</li> <li>- Supporting and connecting psychiatric treatment for psychological stability through continuous management of high-risk groups</li> </ul>		



## Consultation Example of psychological service for gas explosion adult victim

<b>Sex</b>	Female	<b>Age</b>	70's
<b>Situation</b>	The situation in which the health center provides health examination through prior cooperation with the health center and the mental health welfare center provides psychological support.		
<b>Key points</b>	<ul style="list-style-type: none"> <li>· Accepted without resistance about the residents' psychological support through cooperation with the local health center</li> <li>· In the beginning of the incident, she was sensitive due to excessive media attention, but efficiently contacted with the villagers after about 7 days of provision of psychological support</li> <li>· In case of high-risk group, consult with a psychiatrist.</li> </ul>		
<p><b>counselor</b> : Hello, I am OOO from the OOO City/Town Mental Health and Welfare Center. I heard that you are in very difficult situation because of the explosion happened few days ago. So I am here to help you with health center helpers.</p> <p><b>subject</b> : Thanks. I've lived in this town for a long time, and how could I possibly imagine this would happen in my life? I'm so surprised that my heart is still pounding. However, I'm just thankful that health center workers are here to listen to me.</p> <p><b>counselor</b> : How's your blood pressure and blood sugar? it seems your blood pressure was a little high...</p> <p><b>subject</b> : Ah.... it's okay, I am taking medication for hypertension.</p> <p><b>counselor</b> : How's your sleep? Do you usually sleep well?</p> <p><b>subject</b> : I am old.... I don't sleep in the morning usually.... I used to go to bed early, but I can't sleep well theses days. I wake up because of what happened that day is happening again and again in my dreams. I'm nervous and tensed because it happened in my neighborhood.</p> <p><b>counselor</b> : What do you usually think these days?</p>			

**subject** : I keep think about that incident; I can't remember what I was going to do when I got out of the room. I can't concentrate even though I'm trying to do something and my heart pounds and sweat whenever I hear loud noise from outside. I don't want to think about it but I keep do....

**counselor** : It was a big thing no one had ever thought about. If anyone been through something like this, they are all going to suffer. It's natural to be confused and flashback. By any chance, did you do that before this happened?

**subject** : Even though I'm this old, I used to hold my mind straight, but I don't think I am anymore....

**counselor** : If you go through something big, you need some time to relax. Have you tried anything to forget that thoughts?

**subject** : Well.... when my heart thumps, I drink a glass of water or sleep to forget but I can't fall asleep easily, I toss and turn....

**counselor** : How do you feel about talking about this now?

**subject** : I thought this would be gone if I don't think about it and forget about it, but it does not.... I think it would be hard for me to forget about it by myself.

**counselor** : It might be more helpful for you to talk to me consistently.

**subject** : Right, old man can't do this alone.

**counselor** : You can talk to me more today and, if necessary, consult with the mental health care center or a psychiatrist.

**subject** : Mental hospital? can I go there?

**counselor** : If you are reluctant to visit the hospital, talk to us more and if you still don't feel better about it, you can get some therapies that can help your sleep, and emotional changes.

**subject** : This old man doesn't know much. take good of me.

**counselor** : Yes. We'll stop here today, and we'll see you again the next promised day. (give the number of the center and the number of the 24-hour consultation) Feel free to call me through this if you're having hard time before we meet.

**subject** : Thanks.

## 2. Gyeonggi-do Disaster psychological service action guide (check & check by agencies and individuals)

Key-point check & check		Yes/No
Interview tools & guidebook	- Psychological consultation record (business log, counseling log)	<input type="checkbox"/> / <input type="checkbox"/>
	- Psychological condition assessment questionnaire (for adults, children, adolescents)	<input type="checkbox"/> / <input type="checkbox"/>
	- Provide a guidebook for psychological help (replit, banner, contact information from relevant agencies, etc.)	<input type="checkbox"/> / <input type="checkbox"/>
Preparation material	- Medical equipment (emergency medical kit, blood pressure gauge, etc.)	<input type="checkbox"/> / <input type="checkbox"/>
	- Medical cloth (uniform, name tag, mask)	<input type="checkbox"/> / <input type="checkbox"/>
	- Equipment (laptop, camera, chair, desk, phone, etc.) (*Consider noise and exposure of bereaved families and victim's face when filming)	<input type="checkbox"/> / <input type="checkbox"/>
Place of consultation	- Ensure that the area where the crisis occurred is safe enough	<input type="checkbox"/> / <input type="checkbox"/>
	- Check the location of the civic counseling office (collateral counseling site for disaster victims, etc.)	<input type="checkbox"/> / <input type="checkbox"/>
	- Identify residences, food, transportation, etc. of the disaster psychology expert team	<input type="checkbox"/> / <input type="checkbox"/>
Psychological victim	- consider age, sex, and cultural background of the victim	<input type="checkbox"/> / <input type="checkbox"/>
	- Identify who will get the help first	<input type="checkbox"/> / <input type="checkbox"/>
	- Identify emotional responses that the target usually complains	<input type="checkbox"/> / <input type="checkbox"/>
	- Identify the current needs of the victim	<input type="checkbox"/> / <input type="checkbox"/>
Psychological support experts	- Ensure that the experts are ready to help the victim	<input type="checkbox"/> / <input type="checkbox"/>
	- See if there are any personally significant concerns before the consultation	<input type="checkbox"/> / <input type="checkbox"/>
	- See what information is available about this crisis	<input type="checkbox"/> / <input type="checkbox"/>
	- Familiarization with the pre-consultation call records, assessment methods, communication methods, etc.	<input type="checkbox"/> / <input type="checkbox"/>
Psychological support agency	- Monitoring of disaster occurrence and damage scale	<input type="checkbox"/> / <input type="checkbox"/>
	- Division of works is needed for the psychological support in the institution.	<input type="checkbox"/> / <input type="checkbox"/>
	- Establishment of psychological support team and administrative system	<input type="checkbox"/> / <input type="checkbox"/>
	- Establishment of operation manual and emergency communication network	<input type="checkbox"/> / <input type="checkbox"/>
	- Establishing a network system for connecting community resources.	<input type="checkbox"/> / <input type="checkbox"/>
	- Prepare consistent response towards media	<input type="checkbox"/> / <input type="checkbox"/>

**Again check check!!**

<b>Do O</b>	<b>Do Not X</b>
<ul style="list-style-type: none"><li>· Be in a prominent position to help at any time</li><li>· Respect the right of the victim to make his or her own decisions.</li><li>· Behave honestly and trustfully to the victim</li><li>· Use positive language and be careful not to say what the counselor says as if it were true</li><li>· Focus on the victim's interests.</li><li>· Respect each victim as an individual</li><li>· Make sure that the people around the victim understand the loss of the victim</li><li>· Look for the positive aspects of the victim's life</li><li>· Realize that not talking about loss does not mean it has not happened</li><li>· Remember how you empathize : talk, light touch, show tears, spend time.</li></ul>	<ul style="list-style-type: none"><li>· Do not describe or brand the subject pathologically</li><li>· Do not force victim to talk or seek help</li><li>· Do not give false information</li><li>· Do not advise, criticize, or reproach</li><li>· Do not change to another subject during the consultation</li><li>· Do not believe that children and adolescents will think the same as adults</li><li>· Do not use the cliché such as "We'll all die"</li><li>· Do not speculate on the feelings of the victim</li><li>· Do not reduce the loss of the subject</li><li>· Do not make promise you can not keep</li><li>· Do not exaggerate your abilities, and do not abuse your position</li><li>· Do not compare with other victim</li><li>· Respect the privacy of the victim and keep a secret</li></ul>

### 3. Example of basic communication skills

Method	Purpose	Note
<b>silence</b> (listen without word)	<ul style="list-style-type: none"> <li>• expedite conversation</li> <li>• encourage conversation to continue without interrupting</li> </ul>	<ul style="list-style-type: none"> <li>• use with care as it may seem to lack interest</li> </ul>
<b>non-linguistic interest</b> (indicating interest)	<ul style="list-style-type: none"> <li>• continue talking without interrupting</li> <li>• explore</li> <li>• may show interest</li> </ul>	<ul style="list-style-type: none"> <li>• a facial expression showing interest or nods</li> </ul>
<b>repeat</b> (speak repeatedly) "I hate this place" "you hate this place?"	<ul style="list-style-type: none"> <li>• indicates that listener is listening</li> <li>• ensure accuracy</li> <li>• clarify meaning</li> <li>• explore</li> </ul>	<ul style="list-style-type: none"> <li>• It may appear uninterested if used too often</li> <li>• can clarify when the meaning is ambiguous</li> </ul>
<b>re-phrase</b> (understanding what the arbitrator has heard in communicating with the subject and making it easier to learn) "In other words, you were treated like a package at the time."	<ul style="list-style-type: none"> <li>• indicates interest, understanding, and empathy</li> <li>• ensure that the speaker's intention is fully understood</li> <li>• identify what the speaker wants to say in the future</li> </ul>	<ul style="list-style-type: none"> <li>• easier and more natural, use it more frequently than "repeat"</li> <li>• powerful techniques that can change behavior</li> </ul>
<b>reflection of emotion</b> (expressing the feelings of the disaster victim in an implied language) "You must be very angry?"	<ul style="list-style-type: none"> <li>• identify the victim's feelings based on their verbal and nonverbal expressions</li> <li>• remove emotional blockage from the victim and encourage them to express their feelings</li> </ul>	<ul style="list-style-type: none"> <li>• it is important to allow emotions to be expressed. However, emotion may stop problem solving ability and intensifies emotion further, so this technique should not be used frequently and should be used with caution</li> </ul>

<p><b>open questionnaire</b>  "what kind of car was in the accident?"  "can you tell me what happened?"</p>	<ul style="list-style-type: none"> <li>• maximize victim's response</li> <li>• the questions that can avoid limited answer</li> </ul>	<ul style="list-style-type: none"> <li>• use in the beginning of a conversation</li> <li>• use when a conversation stops</li> </ul>
<p><b>closed questionnaire</b>  "is this the car in an accident?"  "Is the car in the accident a bus? or was it a truck?"</p>	<ul style="list-style-type: none"> <li>• use to indicate or respond on something particular</li> <li>• use to structure the contents of a conversation</li> </ul>	<ul style="list-style-type: none"> <li>• effective when persuading for a purpose</li> <li>• effective when trying to confirm a known fact</li> </ul>

## GYEONGGI PROVINCIAL GUIDE FOR DISASTER PSYCHOLOGICAL SUPPORT SERVICE (D-Dim Ver.2)

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PUBLISHER		Gyeonggi Province Gyeonggi Province Community Mental Health Center
ADDRESS		Gyeonggi Province [1, Hyowon-ro, Paldal-gu, Suwon-si, Gyeonggi-do, Republic of Korea] Gyeonggi Province Community Mental Health Center [2nd Floor of Gyeonggi Provincial Medical Center Suwon Hospital, 69, Suseong-ro 245beon-gil, Jangan-gu, Suwon-si, Gyeonggi-do, Republic of Korea]
TELEPHONE		Gyeonggi Province Health Promotion Division [+82-31-8008-4756] Gyeonggi Province Community Mental Health Center [+82-31-212-0435]
FAX		Gyeonggi Province Health Promotion Division [+82-31-8008-2219] Gyeonggi Province Community Mental Health Center [+82-31-212-0442]
WEBSITE		Gyeonggi Province Community Mental Health Center [ <a href="http://www.mentalhealth.or.kr">www.mentalhealth.or.kr</a> ]

		ENGLISH VERSION
DATE		November, 2019
TRANSLATOR / SUPERVISOR		WHO COLLABORATING CENTER FOR PSYCHOSOCIAL REHABILITATION AND COMMUNITY MENTAL HEALTH, MEDICAL FOUNDATION YONG-IN MENTAL HOSPITAL
ADDRESS		940, Jungbu-daero, Giheung-gu, Yongin-si, Gyeonggi-do, Republic of Korea
TELEPHONE		+82-31-288-0233
FAX		+82-31-288-0361
WEBSITE		<a href="http://www.yonginwhocc.or.kr/">http://www.yonginwhocc.or.kr/</a>

※ The WHO CC for PSR and CMH selected applicable contents from original 'D-Dim Ver.2', translated in English and supervised the translation.