

Handbook of Psychological First Aid: EASE

Department of Mental Health

Ministry of Public Health, Thailand

Handbook of Psychological First Aid: EASE**ISBN** 978-974-296-716-1

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Preface

According to the previous political conflicts in 2010, there were various groups of protestors causing political chaos on March, 12th and so on. This terrible conflict ruined lives and belongings; injured and death. Moreover, the numbers of people were left by stress, anger, depression, panic, anxiety and insecurity. It was very harmful in sense of some of the victims might suffer from psychological problems if Psychological First Aid has not been implemented as soon as possible.

Department of Mental Health (DMH) has developed the curriculum of Psychological First Aid: EASE in order to guide the health personnel who worked in the crisis circumstances to help the victims along the line.

The Development of Psychological First Aid: EASE curriculum has constant structure; starting from practitioners' need analysis to create the conceptual framework, planning to designate manuscript, being validated by experts, being tried out and edited.

Psychological First Aid (PFA): EASE would help tons of people relief from psychological pains and wounds hopefully.

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History & Basic of Theories

The Historical background of Psychological First Aid (PFA) theory is as important as its applications. It is very knowledgeable for those who have to help people in sense of understanding the PFA conceptual framework; accordingly they could effectively apply PFA to their work.

History (in brief)

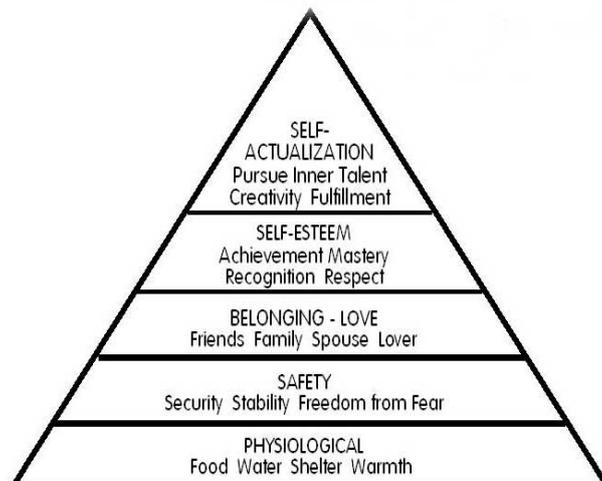
In 1997, Beverly Raphael, an Australian psychologist, had applied the theory of Client Center of Carl Rogers to the victims from train clashing in Granville city, Sydney, Australia. There were 213 injured and 83 deaths. Raphael found that a couple of days after this unfortunate event, people related to the accident—survivors, witnesses and the deaths 'relatives, had been suffering from anxiety and insecure feelings. He handed the concept of "Protect, Direct and Connect" to help these groups of people, that is, a kind of psychological supportive strategy—fulfilling people's basic needs as much as possible and connect them to the other channels of effective solutions.

It is crucial that PFA should not intrupt or event intervene the natural psychological recovery mechanism of the victims, on the other hand, PFA should support them in sense of resiliency. On this ground, PFA is something like to build up and elevate what would be cured due to the helper's point of views. (Brewin, 2003)

Basic Theory of Carl Rogers and Maslow

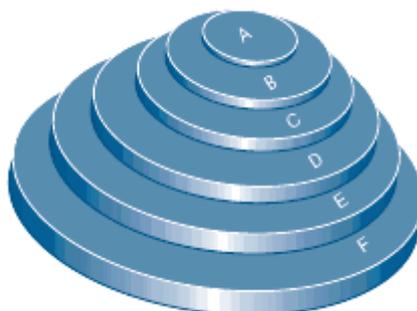
Psychological First Aid (PFA) is based on humanistic approach by Carl Rogers and Abraham Maslow.

The psychotherapy theory of Rogers has a unique characteristic—what we call "non-directive" and "client-or-person center". He focused on unconditional positive regards, empathy and genuine during the session. The role of the therapist is always about guidance which differs from other theories (psychoanalytic, cognitive and transactional). From Rogers' perspective, theories is not the most significant point of psychological healing but the positive attitude of the therapist is, for this reason, caring relationship in the session could strengthen the clients apparently.



Picture 1: Maslow's hierarchy of needs 5 stages

The theory of Maslow's hierarchy of needs displayed 5 stages of human's basic needs presented in top-up chart; physiological needs, safety and security needs, love and belongingness needs, self-esteem needs and self-actualization needs. People must be served by the first need to the other, that is, they must fulfill their needs in order. The National Institute of Mental Health of America (NIMH, 2002) suggested that PFA should rely on psychological needs; helpers should serve the victim's physiological needs first then followed by safety and security atmosphere and the others.



Picture 2: People who suffered from various kinds of crisis

Retrieved from Dewolfe's Model: Flynn, 2003

A: People directly injured from the event (Family and relatives)

B: People directly faced to the traumatic experience (Witness)

C: Relatives and friends of those who lose beloved person (Rescue team and bad new informers)

D: Homeless people or immigrants; ones who lose jobs, pets, belongings. (Mental Health team, volunteers, community leaders, religious leaders, close relatives and news reporters)

E: Government officials (People related to victims or those who lose some benefits from the event)

F: Community

This model has been pointing out the crucial impacts happened in the community after crisis. There are few directly injured people from A and B. Comparatively to the second victims. In fact, people who directly injured from the events trend to suffer from stress and emotional distress much more than other group and left by psychological conflicts. However, this model reveals that everyone related to the bad events especially in F; those with slightly effect might be stressed out or panic as well.

The interesting point is that what the health personnel should do and deal with in such chaos circumstances among the variety of target groups. The group of A and B probably need physical and psychological support by PFA, risk assessment and crisis intervention, while the

helpers also need some. For those who have just received news from medias without any considerations might be anxious, panic or so no.

The definition of Psychological First Aid (PFA)

Psychological First Aid (PFA) is the way of helping people who experienced crisis—love object lost, physically or mentally injured, survivors or witness of disaster, immediately with no exception. Thus, they could be cured or relieved from wounds in sense of what they basically need, safety and security need. For example, providing some resources or networks of assistance, key persons and organizations were mostly required.

The purpose of Psychological First Aid (PFA)

Harperm & Tramontin (2005) has purposed the Psychological First Aid (PFA) as 4 elements;

1. To relief physical and mental wounds; in any great crisis happened to one's life, comes great and various kinds of sorrow. The victims who have directly experienced crisis must get injured both physically and mentally. For this reason, the key of PFA is something we could do for them in order that their sufferings will be moved out.
2. To strengthen the victims' ability of management; after facing the dangerous situation, the ability of management; perception, cognitive function, judgment, etc., will be disorganized. People sometimes reacted without reasonable consideration, so, things are out of order. They are confused about what they should do next. PFA is the tool of helping them recognize what is priority to their lives without any inductiveness. Victims all finally realized what would come up with their action and their inner ability of adjustment and recovering on their own legs.
3. To help the victims get as strong as before. PFA is not only a psychological supportive strategy but also the guidance of pointing out the effective coping skills to people. For which victims could learn and fight in their long-life term.

4. To facilitate the victims in order to access resources—physical and mental. A number of victims always feel overwhelmed; unable to make any effective decisions. PFA could help people find out what they should take for their own sake (food, drink, and network for further assistance).

Attitude and Characteristic of PFA helpers

Attitude is a kind of thought and feeling of individuals towards things around them. Attitude combined of 3 components; opinion, feeling, and operating which has been come up with these characteristics;

1. Consideration
2. Analysis
3. Looking for impacts (individual, community and society)

Basic attitude of PFA helpers

1. **Calmness**

The helpers should stay calm while the victims might be panic or insecure. The most important thing is helpers should try to calm down the victims' behavior and feeling in the same time.

2. **Warmth**

The helpers should be active listeners; showing interest to the victims' story, sitting by them and touching sometimes with warm manners and tone.

3. **Problem realization**

The helpers should aware of the severity of the problem. Never look down or under-estimate what happened to the victims or try to say something like "It's all right, everything will be OK".

4. **Showing empathy**

To show empathy is different form showing sympathy. Empathy is about active listening with compassion to what happened to the victims as if such bad thing really

happened to the helpers as well. So that, the helpers will be feeling as same as the victims do. Empathy is the feeling of wearing someone else's shoes.

5. Sincerity

Helpers should give victims the truth; this would make them trust on helpers. In the long-term relationship, truthfulness will bridge over other kinds of good company. Moreover, helpers showed awareness of strengths and difficulties of their own ability; not pretend to help what they are unable to help.

6. Strengthening ability of self and other control

Victims always feel disable, so, helpers should strengthen their ability to deal with problems by supporting, encouraging and cheering up. It is crucial that helpers should let the victims have their own decision making.

Basic Characteristics of PFA helpers

1. Warmth and sincerity
2. Active listening skill
3. Self-controlling
4. Service-mind
5. Patient
6. Self-confidence
7. Compassion
8. Keen on basic counseling
9. Cultural background understanding
10. Flexibility
11. Observant
12. Sensitive

Psychological Reactions of the victims

Psychological reaction means the reactions happened after a person had been facing any crisis. There are 4 dimensions;

1. Physical reactions; faint, giddy, mild fever, sore throat, headache, weak, stomachache, nauseous, bored with food, or over-appetite, and poor health.
2. Behavioral reactions; nightmare, frightened, lament, flat mood, isolated, paranoid, panic and substance abused.
3. Emotional reactions; shocked, denial, anxious, scared, depressed, angry, thought of revenge, upset, introjection, projection, emotionally unstable and unpredictable.
4. Perceptual reactions; confused, poorly concentrated, poor-memory, poor-decision making, and flash back.

All these reactions are normal reactions after crisis but they would be disappeared within 1 month. If some of them still remain, victims should go to see psychiatrist, psychologist, or psychiatric-nurses for further assistance.

Post-traumatic Reactions

1. Shocked and Denial

Person might be giddy, confused with poor-memory and muddling, thus, he or she is unable to perceive or accept changes. One might try to deny what had happened. Some get depressed, angry and lose of self-control with physical disorder; body shaking, panting or fainting.

2. Anger

Aggressive behaviors are presented; shout at others, fidget, self-harmfulness, blaming, in-cooperate and isolation. People sometimes are not acting out or showing harmful behaviors but facial expressions, for example, hand clenching, teeth gnashing with anger or give a sharp and angry look.

3. Bargaining

The victims had been always mumbling repeatedly or forcing some favor; pestering for something, bargaining for impossible claims, feeling with in acceptability or praying for miracle and self-lying.

4. Depression

Depression had been often shown; crying, dumbly, exhausted, fainted, guilty and projection.

Psychological First Aid: EASE

EASE contains of;

1. E: Engagement

The way that helpers approach the victims appropriately, comes trust and good relationship.

Approaching techniques (3R);

1. Recognition: recognize to facial, behavioral and emotional expressions of the victims.
2. Relationship: make friend through open-minded manners.
3. Recall: warmly talk to the victims with open-ended questions (feeling reflection)

2. A: Assessment

Assess the victims physically, mentally and socially (Bio-Psycho-Social perspectives)

1. Biological assessment: to consider about what victims basically need for example, food, drugs, clothes, clean water, and accommodation.
2. Psychological assessment: to assess about what victims are worrying or feeling; shocked, denial, bargaining and depressed.
3. Sociological assessment: to assess with whom or which organization victims need to contact.

3. S: Skills

Any Related skills the helpers must have in order to decrease emotional disturbances and to build up the ability of dealing with problems for the victims, there are 3 steps;

1. Calming down: breathing exercise technique, grounding, touching skills and massaging.
2. Mental relief: active listening skill, ventilation and understanding with unconditional positive regards.
3. Strengthening: emotional management technique

4. E: Education (3 what)

To Educate the victims concerning to mental health knowledge in order that some of them might recover by themselves.

1. What is their urgently need? (Need assessment)
2. What do they need to do with their stress? (Knowledge fulfillment)

3. What will it be like? (Following up)

Engagement

E: Engagement contains of 3R; Recognition, Relationship and Recall.

Recognition (Body language and behavior)

Nonverbal; facial expression, eye contact, gestures, and body movement, such as; hand movement and tone of voice; shouting, whispering, sobbing, face hiding, paralyzing, hopelessly lying down, walking up and down.

Verbal; repeating words, murmuring, reviling, and crying for help.

Relationship

Helpers should calm down with self confidence, firmly self introduce to the victims through warm eye-contact and active listening manners; nodding, touching or politely responding and concerning to their background history (nurture, culture and religious). Please note that never smile against the victims' shocking faces, do not try to move them out of somewhere else but just only sit by them until they have already calmed down and relaxed.

Recall

When the victims were ready to talk, let them talk and kindly focus on their feelings; "what do you feel now?" This would encourage the victims to ventilate what hurts them so much. Do not force to tell you about what had happened except they would like to talk about it voluntarily.

Assessment

A: Assessment means to assess needs of victims in order that they would be priority responded through bio, psych, and social aspects.

Biological needs;

- Physical wounds and illnesses should be cured by drugs.
- Food and clean water should be provided.
- The fainted should be taken care of.

- Encourage through belief or religion and meaning of life.

Suicidal assessment; helpers with PFA should aware of every detail the victims try to communicate as the significant signs of suicide attempt.

Good signs

- Acceptance to what happened
- Calm down manners
- At least or none of bargaining
- If the victims expressed any signs of depression, the helper should immediately recognize.

Sociological need assessment

- The victims might need to contact to their relatives, family members by phone.
- In case of victims have no one to contact to, helpers should let the community leaders know in order to provide shelters or foundation for further accommodation.
- The victims might need to find some financial support, helpers should contact to related organizations; ministry of Social development and human Security or provincial crisis center, etc.

Psychological Healing Skills

1. Breathing exercise

For emotional relaxation and calmness which affect to heart rate and blood circulation;

- Inhale and exhale with deep breath and count 1-4
- Pray “ bud” while inhaling and pray “dha” while exhaling (Buddha)
- Pray “Je” while inhaling and pray “ sus” while exhaling (Jesus)
- Pray “Al” while inhaling and pray “lah” while exhaling (Allah)

2. Touching skill

Physical touch; hold hands or massage but carefully regard to religion and belief of the victims, for example; Muslim men do not touch other women who do not belong to their family. In this case, sitting side by side is proper enough and polite (asking for permission when you need to touch or express some kind of physical attachment is acceptable.) Respecting to

human rights and dignity is pretty civilized. Warm and polite touching could build up relaxation and caring relationship.

3. Grounding

Grounding is the technique of letting the victims free from being struck in overwhelmed feeling, pulling them back to the reality, the helpers should follow these instructions;

- Sit in the comfortable area
- Take a deep breath and slow down
- Look around and name things; "Now I see the floor, shoes, red table, etc., (5 things)
- Listen to the surroundings and describe; "Now I hear the girl's crying, a typing clerk, the door opening, etc.,
- Take a deep breath and slow down (again)
- Sense of your own feelings; sitting on the cozy couch, putting on comfortable shoes, facing to the gentle wind, shutting up a pair soft lips, etc.,
- Take a deep breath and slow down (again)

Grounding technique is an effective relaxation technique. It can help the victims so much by projecting calmness and reality recognition of here and now. Grounding is pretty good for those who have lost of self control and awareness from the crisis.

For children, if they could name the color of any objects around them, it would be very beneficial as well.

4. Relaxation massage

4.1 Massaging skill

Massaging can relief tension and be a kind of muscle relaxation. Touching through massage provides the victims warmth and sense of security. Massage is the systematic muscle relaxation method; having massaged make them comfortable and relaxed. It is very good for blood circulation system as well.

Massaging is suitable for those who have lost self control and might need to be calmed down through sense of physical attachment. This kind of massage is focusing on communicating of good feeling.

Remark; massage should be applied for children or man to man and woman to woman approach. The helpers might begin with touching arms or hands first because the victims might

set their own personal boundaries naturally, massage is not proper for them at all. However, helpers could teach massaging skill to their family members instead.

How to massage

1. Sit down or lay down as comfortable as you need.
2. Softly touch on face, chin, forehead and cheeks (carefully)
3. Continuously touch
4. Sense or feel the organs on parts of body which have been massaging

Cautions

1. Never do massage when
 - Having muscle pain
 - Having fever
 - Having skin disease condition
2. Do not touch too hard on the muscle; it could be harmful to the vascular system.
3. The long finger nail should have cut.

4.2 Acupressure skill

1. Use your thumb, index or middle finger
2. 10 seconds of pressuring period with 2 times of relaxing period
3. Softly press and slacken
4. Press 3-5 times in the same area

Critical areas for acupressure

- Occipital bone
- End of eye brow
- Middle of left and right eye brow (forehead)
- Nape
- Shoulder (back and front)

Psychological Pain relief skills

1. **Active listening** is the respectful manner of paying attention to one's story by focusing on content and emotional expressions.

Active listening is to listen with eye contact while trying to conceptualize the main idea of the story in the same time. No disturbances even though the victims were very talkative with tons of words. The helpers should have paraphrasing skill for accuracy understanding. It's crucial that both verbal and nonverbal emotional expressions of the victims should be recognized. Paying warm and understanding manners through facial expressions, gestures, and wordings are very important. The victims would sense of all caring relationships the helpers try to communicate finally.

2. **Emotional reflecting** is the heart of psychological pain relief. It is quite easy and effective by sending any smooth and polite words with unconditional positive regard and calmness. The victims would notice what was in their mind and try to calm themselves.

3. **Silent** is a part of conversation between victim and helper. There are 2 kinds of silent;

3.1 Absolutely silent; no sound from both which means it's time to think or deny talking about something.

3.2 Silent with signals; well, umm, ahh, ohh which represent sense of understanding, skepticism, anxiety, etc.,.

Helpers sometimes should interpret the silent as negative or positive signs.

4. **Paraphrasing** is the technique of catching what the victims said without any interpretations or modifications of wordings in order to;

4.1 To help the victims understand what they really intend to communicate.

4.2 To show the understanding, acceptance and warmth from the conversation.

4.3 To let the victims show the character of open-minded.

4.4 To verify the accuracy of the conversation understanding.

Coping Skill Promoting

Coping skills could relief tension and other psychological symptoms related to crisis. Victims with good coping skills are able to get through bad events by using these techniques;

- Chatting with friends

- Taking a good sleep
- Doing favorite hobbies
- Concentrating on daily life activities
- Setting up happy time table
- Enjoying good food
- Relaxing muscle
- Self-talking
- Going exercise
- Finding some good advices
- Writing down
- Playing music
- Listening to the music
- Watching TV or movies
- Going for a walk
- Having meeting with friends
- Playing sports
- Aerobic exercise
- Enjoying humility
- Short-term relaxation techniques; walking, taking a shower, swimming, driving, listening to classical music, shopping, sightseeing, course taking, partying, reading, being volunteer, meditating, feeding pets, vacating, and cooking.
- Avoiding activities; drinking some alcohol, eating too much, smoking, substance abusing, and risk taking.

Education

E: Education (Psychological education) contains of 3 what

To Educate the victims concerning to mental health knowledge in order that some of them might recover by themselves.

1. **What** is their urgently need? (Need assessment)
2. **What** do they need to do with their stress? (Knowledge fulfillment)

3. What will it be like? (Following up)

1. **What** is their urgently need? (Need assessment) is about to investigate in these topics;

- Financial and career concerns
- Family problems; child behaviors and physical illnesses
- Relationship with neighbors

(For further psychosocial cares and medical assistances)

Remark; need assessment would be launched through the process of home visit or hospital wards. However, it would be beneficial if helpers could reach this need at the first met in the hospital.

2. **What** do they need to do with their stress? (Knowledge fulfillment)

Helpers should provide basic of psychological education for victims in various forms, for example; brochure, leaflet, and documentary sheet. Accordingly, they could have self study at home.

Stress and stress management

Stress and tension is the most found out state after the crisis, they obstruct the positive adjustment of human beings, delayed recovery ability and disability in dealing with any problems effectively. On this ground, basic relaxation skills are very important in daily life. It would be good for tight sleep, concentration and organism empowerment. Relaxation is about to get muscle relaxed, breathing exercise, meditation, swimming, yoga, going exercise, listening to the music and enjoying natural environment.

Example of basic breathing exercise; the victims might try this recommendations.

1. Inhale a deep and slow breath form nose-lung-stomach.
2. Self talk "my body is full of calmness" exhale through mouth kindly.
3. Self talk " my body is free from stress"
4. Repeat for 5 times.
5. Repeat as you want.

The child victims might try these suggestions;

1. **Descript to the children as below;**
 - "we'll try breathing exercise which relaxes our body and mind"
 - Put one hand on the stomach slowly.

- “Well, we’ll take a deep breath in and out through the nose until the stomach is full of the air.”
- Take a deep breath in and out count 1-2-3
- Repeat one more time.
- “Well done”

2. Breathing game

- Blow the balloon by using a straw.
- Blow the balloon by chew gum.
- Blow over the piece of paper or cotton wool.
- Take a deep breath in and out.

3. Breathing exercise

- Comfortably sit down and close your eyes, hold your hands on the stomach. Point your index finger at your navel. Take a deep breath in and out and count 1-4.
- Sense of bulge stomach.
- Count on 1-4.
- Kindly blow out with 1-8 counts.
- Take a deep breath as the role model.

4. Muscle relaxation (for 15 minutes)

- Right hand and arm Contract and loosen
- Left hand and arm Contract and loosen
- Forehead Contract and loosen
- Eyes, cheeks and nose Contract and loosen
- Jaws, tongue, and lips Contract and loosen
- Neck Stay nodding, look up and down, and loosen
- Chest, shoulder, and back Take a deep breath, lift up the shoulder and loosen
- Stomach Pull in the stomach and loosen
- Right foot and leg Stretch and loosen
- Left foot and leg Stretch and loosen

5. Crisis centers of Public and Private sectors

For those who need long-term assistances, helpers should provide this information;

- Provide the document concerning to public health organizations or community mental health centers and other related mental health crisis centers in the local areas.
- Let the victims and local authority staffs know each other formally and informally.

6. Continuous following up

Helpers and victims should have made the commitment and follow up plan together through these ways;

- Formal appointment at the Primary Care Unit
- Telephone talking
- Home visit

Psychological Self Healing for Helpers

Crisis always hurts people somehow mentally and physically both victims and helpers; they might suffer from lost, stress, anxiety, hopelessness which were considered as normal reactions and gradually vanish by time passing. However, helpers sometimes were the secondary victims from bad events and probably need to be cured and empowered.

Stress of Mental health crisis helpers;

1. External stress; frightening incidents, workloads, uncertainty circumstances, and cultural difference challenges.
2. Internal stress; former stress, and lack of social supports.

The 4 impacts of stress reaction;

1. Emotion
2. Cognition
3. Physic
4. Behavior

Stress Management Techniques;

1. Breathing exercise

2. Muscle relaxation
3. Imagination technique
4. Safe place technique

Daily self-care techniques;

1. Good sleep
2. Good nutrition
3. Hobbies
4. Exercising
5. Leisure activities
6. Chatting
7. Learning from mistakes
8. Humiliating
9. Religion
10. Group therapy

Psychological self-care for team members;

1. Peer reviewing and consulting
2. Experiences sharing and feeling
3. Changeability recognizing
4. Grouping

Group Psychotherapy for psychological debriefing

There are many kinds of group psychotherapy for psychological debriefing. One of the most effective group sessions is the Critical Incident Stress Debriefing (CISD). It is focusing on ventilating negative feelings towards mental health crisis operation among helpers. CISD had been established by Mitchell Model which name by the founder of this technique.

The Basic assumptions of CISD

1. Here and Now; recently approach within 48-72 hours after the crisis.
2. In the group of CISD, there could be more than 1 leader (debriefers) in a session.
3. The members will be encouraged to share and exchange feelings and experiences.

The 3 steps of CISD group (Herman, 2004)

1. Introductory phase; focusing on building climate of security among the group members.
 - a. To empower members in sense of environmental and self controlling.
 - b. To give psychological education and reaction knowledge.
2. Remembrance and mourning phase; focusing on recalling the past experiences which hurt them so bad. The members would clarify what makes them suffered both physical and mental impacts. This phase could be figured out of any stage of fixation the victims were struck in any hardness of mourning.
3. Reconnection phase; focusing on encouraging the members to look forward to the future, trying to spend their life as usual.

Psychological self-care for helpers and team members

In the field of mental health crisis, helpers always faced to urgent circumstances and bad news all the time; listening to very sad stories, which sometime discourage themselves in return. Helpers could be burn out and left by fatigue. Group psychotherapy among the learned helplessness helpers is helpful and necessary.

Supportive group psychotherapy; a group of experiences sharing in order to create the universal feeling for the helpers

Purposes

1. To promote good relationship among members.

2. To exchange opinions, experiences and problems from the mental health crisis operation.
3. To encourage each other and brain storm for new solutions.
4. To explore oneself and others.

Expectations

1. To build up the sense of universality.
2. To ventilate the frustration.
3. To exchange experiences learned from the fields.
4. To support each other.

Characteristic of group psychotherapy

Size of group; there are 3-12 people in a session but the most appropriate size of group members is 5-8. This would be very beneficial for group members to share and discuss.

Time/Frequency; it's up to the purpose of group session which could last about 1-1.5 hours but not over than 1.5. That is a very long last session which could left the members so tired and bored. There should be once a week group session with the total of 5-25.

Place/Pattern; place of performing group session influences the interaction of members, so, the appropriate size of room should be keep in mind. To consider about secret confidentiality and free association atmosphere is very significant.

However, the group components should be going on the very flexible with easy going style as much as possible.

Roles of the group leader and members

Group leader plays as a facilitator with kind and warm personality rather than a dictator or director in the session. Group leader should create the climate of security throughout the session. Participatory learning is the heart of group psychotherapy. Carl Rogers (1970) had purposed the roles of group leader as below;

1. **Good atmosphere;** warmth and freedom with active listening skills to the members, and unconditional positive regards. The members would be relaxed and feel free to ventilate what was in their minds.
2. **Acceptance;** a group leader must be patient to any pressure happened in the session, it might be expressed by the group members at any time.

3. **Understanding of individual differences;** members in a group probably show various emotional expressions, for example; frightening, hesitating, and silence.
4. **Empathy;** group leader should have strong empathetic personality; truthfully understand the members' feeling and hardiness. The members would finally trust and relief their psychological tension with open minded to the group discussion. The communication between group members would be very clear and obvious. However, sympathy is the huge burden happened in the session because the leaders might absorb too much angers, sadness, and depression which badly effect to the leader's role.
5. **Natural character;** the group leader should feel free to express his/her own feeling naturally to the whole group. Sometimes, the leader might have some similar problems as the member's, this would be very useful to be shared with proper manners; non-bias. Naturally act out sincerely with proper manners in the session make the members trust.
6. **Bravery;** the group leader should to be courage to give clearly suggestions or feedbacks based on his/her own points of view to the members. This sometimes could be very painful but fruitful to learn in the same time.
7. **Semi-structure;** the group session could be very preferable for members if they could throw away all the worries concerning to group formality and structure. Moreover, staying away from criticism characteristic would eliminate the members' wall of self protection. It's crucial that no need rushing up the discussion and jump to the conclusion.
8. **Supportive climate;** group leader must let the members feel free to communicate to other group members with supportive manners. This would be a very strong psychological healing relationship in group.

Group process

1. **Opening phase**
 - 1.1 Greeting and self introducing (group leader)
 - 1.2 Self introducing (members' name and duty)
 - 1.3 Group purposes informs
 - 1.4 Basic commitment and time constrain announcement
 - 1.5 Confidentiality confirmation
2. **Ongoing phase**

2.1 Problem identifying

- Ask “who need to share what is in your mind first?”
- Voluntarily shared experiences by the members

2.2 Problem exploring and clarifying

- To explore the member’s needs and let them ventilate

2.3 Group discussion

- Suggest/share/comment
- Compare to each other
- Give solutions/encouragement/support/reinforcement

3. Closing phase

- Perform conclusion
- Lesson learnt clarification
- Further appointment arrangement
- Farewell

Remark; the lecturer of Less Plan 9 and 8 should be the same person.

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