Psychological First Aid (PFA) Training to Increase PFA Knowledge Among the Community in Sompok Hamlet, Bantul Regency

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ABSTRACT

Psychological first aid or PFA is a set of skills that aims to reduce the negative impact of stress, and prevent the emergence of worse mental health problems due to disasters or crisis situations. Sompok Hamlet is a residential area with a demographic area that is prone to disasters. Limited knowledge and skills in helping, especially the psychological impact, becomes an obstacle in providing help to other people around them. This research aims to test PFA training in increasing the PFA knowledge of the Sompok Hamlet Community. The research subjects were 54 people, aged 20-35 years, who had a level of PFA knowledge in the low category during the pre-test measurement. This research design uses design quasi experiment. PFA training activities include psychoeducation, case studies, discussions and role plays. The measuring tool used in this research was the PFA Pre-Test Post Test Scale which was adapted by researchers from the Psychological First Aid Pre-Test Post Test by the Minnesota Department of Health. Data analysis in this study used the Wilcoxon test. The training results show that there is a very significant difference, on the participants' understanding between before and after receiving information about psychological first aid (PFA), based on the results of analysis on the pre-test and post-test. The conclusion is that PFA training has been proven to increase PFA knowledge among the community in Sompok Hamlet and how to apply it in crisis situations

Keywords: disaster, psychological first aid, training.

Introduction

Crisis situation can be described as an event that is unstable, unpredictable, and can cause chaos and change (Dwi, 2023). Disasters are an example of a crisis situation that threatens and causes losses, which are caused by interactions between natural and human factors (Dewi et al., 2021). WHO defines a disaster as any event that causes damage, environmental problems, loss of human life, or worsening of health/health services on a certain scale that requires a response from outside the affected community or region (Kementrian Pertahanan RI, 2017).

As a result of interviews and field observations conducted on 10-16 January 2022, data was found that Sompok hamlet is included in a demographic area that is prone to disasters. The distribution of residential areas in Sompok hamlet is located from the river bank to sloping land. The potential disasters that most often occur in this area are These include landslides and floods.

Edi (2017) reported that the flood disaster in Sompok hamlet in 2017 resulted in one house collapsing and seven houses being damaged, a number of public facilities such as kindergartens were also flooded due to the overflow of the Oyo river. Then Amalia (2019) reported the flood and landslide disaster experienced by Sompok residents in 2019 due to continuous heavy rain, around 7 families were seriously affected. The 2019 disaster resulted in damage in the form of 5 cow pens being swept away by the river current, and 23 houses were damaged (Apriyanto & Setyawan, 2020).



The results of interviews with residents of Sompok hamlet show that the disaster that struck Sompok hamlet gave rise to an attitude of mutual cooperation in between residents in terms of saving themselves and valuables. Residents were also very alert in working together to deal with the consequences of the disaster, such as treating injured residents, fixing their homes, and providing food and medicine. However, the mutual cooperation that residents carry out is more focused on the physical impact of the disaster. In fact, there are also other impacts of disasters, namely psychological impacts such as panic due to disasters that occur unexpectedly. So far there has been no treatment for the psychological impacts before, during and after a disaster occurs.

The impact of natural disasters can potentially be a traumatic experience for victims and disrupt psychological conditions (Norris et al., 2006). General reactions that usually occur in individuals when experiencing a traumatic event include physical reactions, emotions, thoughts, and behavior (Yuwanto et al., 2014). Physical reactions include dizziness, nausea, cold sweat, palpitations, stomach ulcers, itching, eating disorders, and sleep disorders. The emotions that arise include anxiety, fear, worry, sadness, anger, guilt. The thoughts that arise include confusion, feeling helpless, not knowing what to do, losing orientation, hesitating, having difficulty making decisions, and imagining/constantly thinking about events. Behavior becomes withdrawn, restless, increasingly consuming cigarettes/drugs, crying, irritable, impatient, and easily involved in conflict.

Psychological impacts resulting from crisis or emergencies also need to be treated (World Health Organization, 2022). These treatment efforts can be carried out if individuals have knowledge about psychological first aid (PFA) (Kurniawan et al., 2022). Knowledge is a fundamental thing that needs to exist within oneself, because it is a very important domain in shaping a person's actions (Notoatmodjo, 2003) including actions taken when facing crisis situations (Jenex & Raman Murali, 2009).

Knowledge is defined as an impression in an individual's mind that is obtained from the five senses (Mubarak et al., 2006). Meanwhile, Notoatmodjo (2003) defines knowledge as the result of "knowing" and occurs after an individual senses a particular object. Knowledge can be obtained through both formal and non-formal education, the experience of oneself and others, as well as through mass media and the environment (Notoatmodjo, 2007).

Psychological first aid (PFA) can be analogous to the concept of *physical first aid*, usually given to treat physical injuries experienced by disaster victims(Yuwanto et al., 2014). Meanwhile, psychological first aid (PFA) focuses on the psychological impact experienced by disaster victims, treating the emotional wounds that leave an impression on people who have just experienced a traumatic experience (Center for Public Mental Health, 2020).

Psychological first aid (PFA) is a set of skills that aims to reduce the negative impact of stress and prevent the emergence of worse mental health problems due to disasters or crisis situations (Everly et al., 2006). Psychological first aid (PFA) is also defined as a humane and supportive response to fellow humans who are suffering or need support (Inter-Agency Standing Committee (IASC), 2007); The Sphere Project, 2018).

So, it can be concluded that PFA knowledge is a series of impressions about the concept of psychological first aid (PFA) obtained as a result of sensory experience. One way to increase PFA knowledge is through psychological first aid (PFA) training.

McCabe et al. (2014) explained that PFA training is considered capable of increasing knowledge and competence in several things, including establishing initial contact, helping responsibly, preparing to help, observing situations, listening, referrals, and self-care in dealing with crisis situations. PFA can be used by anyone, not only health workers or psychologists, but anyone who has received training or has the knowledge to apply it(Cahyono, 2015). PFA training is needed to help reduce the risk of stress getting worse in crisis situations (Everly & Lating, 2022).

Several research results have proven that PFA training has proven to help increase knowledge, especially in dealing with crisis situations, including research from Kurniawan et al.

(2022) which shows that psychological first aid (PFA) training can increase the PFA knowledge of teachers in Indonesia and Malaysia, especially to help students deal with crisis situations. Research from (Abu Sabra et al., 2023) also showed that psychological first aid (PFA) training was effective in increasing the knowledge and competence of faculty members in the field of PFA, to deal with students who experienced traumatic events. Apart from that, research from Ismail et al. (2023) also shows that psychological first aid (PFA) training has been proven to increase PFA knowledge in students who become disaster volunteers.

Several other studies have also proven the positive impact of implementing psychological first aid (PFA) in crisis situations, including research from Putri (2023) which shows that the implementation of PFA principles is quite helpful in handling cases of violence against women and children. Research from Zalafi (2022) also shows that the implementation of telePFA in counseling services helps overcome anxiety, frustration, and even post-traumatic depression as well as abnormal mental health conditions in clients. Research from Widiasari et al. (2022) also shows that telePFA services in peer counseling are very helpful in alleviating client problems and also increasing peer counselors' self-development, especially related to counseling skills.

Based on the explanation above, psychological first aid (PFA) is also something that needs to be applied to residents in Sompok hamlet. This is because the demographic area of the hamlet has the potential to experience natural disasters in the future.

The entire description of the disaster risk problems that occurred in Sompok hamlet, illustrates that the impact of disasters can affect physical and psychological conditions, so appropriate handling needs to be carried out. Physically, the residents of Sompok hamlet already have the ability to handle the physical impacts of facing a disaster. Meanwhile, the psychological impact has not been handled properly, therefore the author proposes a psychological first aid (PFA) training solution to increase the knowledge of the Sompok hamlet community, especially in their independent efforts when faced with a crisis situation.

Method

Research subject

The research subjects were 54 people with an age range of 20-35 years, who had a level of PFA knowledge in the low category during the pre-test measurement and lived in Sompok Hamlet. The characteristics of participants in this training are representatives of hamlet residents who have influence, and represent the total population, namely the Karang Taruna group, the Katana (Disaster Response Village) group, and the PKK women's group. Design

This type of research uses a quasi-experimental design, with a pretest-posttest one group design approach. This research tests the hypothesis that psychological first aid (PFA) training can increase PFA knowledge among the community in Sompok Hamlet.

| | One Group Pre-Test Post-Test Experimental Design | | | | |
|-----------------------------|--|-----|---|------|--|
| | | Pre | Х | Post | |
| Pre X Post 2.3 In: | : Giving the PFA pretest-posttest scale before training : PFA training activities last for 4 sessions : Providing the PFA pretest-posttest scale after training nstrument | | | | |

Figure 1.

Tiara Dewi Tualek & Faridah Ainur Rohmah (Psychological first aid (PFA) training ...)

The instrument or measuring tool used in this research is the PFA Pre-Test Post - Test Scale which was translated by researchers from Psychological First Aid Pre-Test Post Test by the Minnesota Department of Health. The PFA Pre-Test Post-Test Scale consists of 12 items. The choice of using this scale was based on the consideration of effectiveness and ease of filling for the training participants.

Implementation Method

Training activities for the Sompok hamlet community were carried out offline in Sompok hamlet, Sriharjo Village, Bantul Regency. The method used to carry out this activity is: (a) lecture, as an introduction to training for information facilities related to psychological first aid (PFA). (b) training, in the form of focus group discussions and role plays based on cases. Pre-test and posttest were given before and after the training, to determine participants' understanding. Evaluation of program implementation is by conducting a post-test to determine the extent of residents' understanding regarding PFA regarding how to behave when experiencing a disaster. The success of this training was carried out by measuring participants' understanding of the material presented, namely comparing the pre-test results before the material was presented, and the posttest results after the material was presented.

The training was attended by 26 participants from the Karang Taruna group, 14 participants from the Katana group, and 14 participants from the PKK women's group. The division of participants into 3 groups was carried out based on the participants' considerations. The participants asked that the implementation of activities be given specifically to each organization, without combining members, to create comfort in participating in the entire series of activities. Training Implementation Procedures

This training begins with session I, namely the opening, which aims to help participants get to know each other better and build participant enthusiasm. In this session, introductions were carried out between the facilitator and participants to build good rapport, through ice-breaking activities. The facilitator explains a brief description of the training program and the stages of training activities that the participants will undergo. The facilitator guides the participants to fill out the pretest sheet before the training is given.

Session II is PFA psychoeducation, which aims to provide information, knowledge, and understanding about PFA to participants. In this session, the facilitator started with trigger questions to open an interactive conversation with participants about knowledge about PFA. After the participants provided their responses, the facilitator continued to deliver complete material starting from the definition of disaster and its types, the definition, aims, targets, time and place of PFA, as well as the basic principles of PFA action.

Session III is PFA Training, which aims to improve participants' ability to carry out PFA. This session began with the facilitator dividing the participants into two groups. Then the facilitator displays a description of one case example on the screen, and explains the case example, then asks the participants to discuss through a focus group discussion about their views on the case, and how to provide PFA in responding to the case. The facilitator asks representatives from each group to role-play the basic principles of PFA action from the results of the group discussion. After that, the facilitator asks the participants to create their creations in the form of a crisis situation (the source can be free from personal experience or whatever) and apply the basic principles of PFA in the form of a role-play and display it in front.

Session IV is the closing, which aims to evaluate activities and cross-check participants' understanding of PFA. In this session, the facilitator began by asking the participants to convey their impressions and reflections obtained from the training activities that had been provided. After that, the facilitator asked the participants to fill out a post-test sheet after attending the training. Then the facilitator closed the activity by saying thank you and expressing the hope that this training could have a positive impact on the participants.

Data analysis

In this study, the data analysis used was the Wilcoxon test to measure differences in the level of PFA knowledge of the 54 participants. SPSS analysis was chosen using the Wilcoxon test for non-parametric data because the sample size was relatively small because it was <100 people.

Results

Psychological First Aid (PFA) training for resilience with the Sompok hamlet community was held on 28, 29, 30 January 2020 at the Sompok hamlet hall/SSB building. In the Karang Taruna group, the results of the pre-test and post-test Wilcoxon test analysis showed a Z value = -4.725 with a significance of p = 0.000 (p<0.01). This means there is a significant difference between the participants' understanding before and after receiving information about psychological first aid (PFA).

In the Katana group, the results of the pre-test and post-test Wilcoxon test analysis showed a Z value = -3.347 with a significance of p = 0.000 (p<0.01). This means there is a significant difference between the participants' understanding before and after receiving information about psychological first aid (PFA).

In the group of PKK mothers, the results of the pre-test and post-test Wilcoxon test analysis showed a Z value = -3.418 with a significance of p = 0.000 (p<0.01). This shows that there is a significant difference between the participants' understanding before and after receiving information about psychological first aid (PFA).

Discussion

This research aims to test whether the PFA training held in Sompok Hamlet effectively has an impact on increasing the community's PFA knowledge. The results showed that one day PFA training with designed procedures was proven to effectively increase knowledge and understanding of psychological first aid (PFA), especially in dealing with crisis situations.

The results of the analysis of the scores of all participants consisting of three organizations in Sompok hamlet, namely the Karang Taruna, Katana and PKK Women organizations, showed a significant increase with the condition p<0.01. In the Karang Taruna group, the significance value was -4.725. In the Katana group, the significance value is -3.347. In the group of PKK mothers, the significance value was -3.418.

The benefits of PFA training are identified through measures that directly reflect the content of PFA training such as factual knowledge and understanding of PFA principles, and knowledge of how PFA should be applied in practice to deal with crisis situations. Residential areas that are vulnerable to disasters affect the psychology of their residents. Therefore, research was conducted so that the PFA training program could help prepare participants to face crisis situations in the future.

The application of PFA through training in this research was carried out based on four basic principles of PFA (World Health Organization, 2016; Pratiwi et al., 2021), namely (1) prepare, need to understand the crisis situation that is occurring, study the available assistance services, learn about safety and security of affected people. (2) Look / observe, need to pay attention to the environment and conditions surrounding the survivors for their safety, observe people with very urgent basic needs, and observe people with serious distress reactions. (3) Listen / listen, active listening is a key component in this basic principle. Make contact with people who may need support (build rapport), ask about people's needs and concerns, and listen to people and help them feel calm. (4) Link / connect, help people to meet basic needs and access help, help others face their problems, provide needed information, connect with loved ones and social support or professional services.

The strength of this research is that the research subjects are quite heterogeneous, and represent the hamlet community population from three large organizations in the hamlet. The selection of heterogeneous subjects was intended to be a link for information about PFA to the entire village community, so that participants were selected who were divided into the Karang Taruna, Katana, and PKK Women's organizations. This is different from other research where the research subjects are homogeneous, such as the research from Kurniawan et al. (2022) only focused on increasing the PFA knowledge of teachers in Indonesia and Malaysia. Research from Abu Sabra et al. (2023) also only focuses on increasing the knowledge of faculty members in the field of PFA, to deal with students who experience traumatic events. Then research from Ismail et al. (2023) also only focuses on increasing PFA knowledge in students who become disaster volunteers.

The limitation of this research is that the measurements carried out only focused on measuring increased knowledge and did not measure increased PFA skills due to time constraints and the busyness of the participants. However, in general, the participants who took part in this PFA training were able to apply the basic principles of PFA simply, and showed a statement of commitment to implementing their knowledge, especially because the areas where they lived were vulnerable to experiencing disasters/crisis situations. Therefore, it is hoped that further research can comprehensively measure the increase in knowledge and skills in implementing PFA, especially in communities living in disaster-prone areas.

Conclussion

In the pre-test and post-test scores that were carried out, there were changes in the participants' knowledge and understanding scores regarding psychological first aid (PFA). This educational activity also makes residents aware that it is not only physical help that is needed during a disaster, but also psychological help.

Ongoing socialization or psychological first aid (PFA) training be held to further hone the knowledge and skills of Sompok hamlet residents.

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