



## TOPICS

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### The reason why I promoted to make "Psychological First Aid For Short Version"

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With the letter that I send email of March 20th to one professor in Hiroshima University, I describe my feelings and thoughts after March 11th.

"I have a favor to ask for the Great East Japan Earthquake"

I think you know about the disaster. We felt the big shake in the university. We are lucky to live in the city without accidents, but I had watched TV creating great impact with the Tsunami. It looked like the airplane that crashed into the World Trade Center.

I went back for last week and made my own decisions to hold the emergency evacuation for the students, to build the evacuation center, and to confirm the safety of the students.

In Miyagi and Iwate, the coast areas most severely hit by the earthquake, almost all buildings are broken down by the Tsunami, the families are missing, and some of our undergraduate students were presumed dead. So we become cloaked in a negative mood. The situation of them just breaks my heart. I hear that the staffs in the mortuary work with tears in their eyes. Moreover, preschool buses were flowed by the Tsunami, and the teachers helped to pick up some of children out of the Tsunami.

Therefore, I hope our department can be of service to people who suffer the disaster. If we can, we will take care of psychological care to the best of our resources. I would like to avoid having researches with questionnaires, concerning the situation. Please tell me about the appropriate cases or good practices. Or introduce the professors who are familiar with the psychological care with disaster in great detail.

(I left out a part of sentences from the letter)

Remembering my own experience in the Great Hanshin-Awaji Earthquake, I assumed that the affected area is limited in specific areas. And then, I thought I should make a contact with Hiroshima University for the following reasons: (1) The Earthquake and Tsunami would not make an impact on the pretty far university; (2) The capital university shares the staffs who are familiar with psychological care and some information. (3) We can have psychological supports for mid and long term.

Fortunately, we were able to get the documents "PFA: Psychological First Aid (2nd edition)" and the others with the assistance of Professor Hidefumi Kotani in ICU. We thought it was very beneficial for the unfamiliar preschool teacher, students, or the others to understand stress management under the disaster. On the other hand, the unfamiliar people would need any assistance to understand and practice it. In order to solve the problem, 4 professors in psychology and social welfare discussed each other, after a great deal of consideration, and then made two new PFAs: for child care and for social worker separately.

Considering the record of the disaster with this letter, I recognized the importance of creating backup and cooperative support system in case that disaster occurred suddenly.

Now, about 6 months have passed since the disaster occurred on March 11. The current situation moves from first step to next second or third step. In our projects, we discuss the tasks with the assistances for mid and long term, and I'm just thinking about some ideas for keeping the psychological assistance.

## Mental Healthcare Activities by Care-Miyagi after the Great East Japan Earthquake

Misako Hatayama, President, Care-Miyagi; Professor Emeritus, Miyagi Gakuin Women's University

At 2:46 pm, on March 11, 2011, the huge earthquake shook Miyagi prefecture; it measured upper 6 on the Japanese scale of seven points. The 9.0 magnitude earthquake centered offshore Miyagi was the largest in the recorded history of Japan. A giant tsunami attacked the Pacific coast of Tohoku district right after the earthquake, and caused a major catastrophe, and more than 20,000 died or were missing.

Many schools located along the coast of Miyagi suffered damage, and those which did not served as evacuation centers. There are many teachers who suffered from the disaster and still worked for the management of evacuation centers, even as they were rushing to prepare for the new school year. It was obvious that those school teachers needed mental healthcare, in order for them to support their students.

I thought that if psychologists living in Miyagi could cooperate together, we might be able to offer some degree of support to those school teachers. I therefore talked to the presidents of the Society of School Psychologists Miyagi section, the Japanese Organization of Clinical Developmental Psychologists Tohoku section, and the Japanese Society of Certified Clinical Psychologists Miyagi section, and started to organize the solidarity body to support school teachers. We named it "Care-Miyagi" and set the agreement of the content of training workshops, and also agreed to provide workshops with no charge and no gratuity for instructors. From a management point, NGO Plan Japan volunteered to support our activities in this process.

Then we made an offer to the Miyagi Board of Education, and they immediately made a deployment plan for mental healthcare training workshops for school teachers supporting the minds of children, and workshops were planned to be conducted and hosted by Care-Miyagi and co-hosted with the Miyagi Board of Education. In addition to the workshops held at the municipal Boards of Education, we were also asked to offer workshops for individual schools and for parents as well, and targets of the workshops increased.

Before the actual workshops, we thankfully received a boost from Professor Kotani and staff members of International Christian University, Institute for Advanced Clinical Psychology, and we

practiced the workshop experience.

Although the basic construction of mental healthcare workshops was aiming to offer the lecture and mental healthcare for school teachers, we flexibly planned the schedules and contents by each needs as we conducted them. The content of the lectures we offered was mainly based on the Psychological First Aid by the American National PTSD Center (translated by Hyogo Institute for Traumatic Stress), and we informed each target the knowledge they needed. We organized workshops to mainly introduce relaxation methods.

We held 40 workshops hosted by Care-Miyagi in Miyagi prefecture in about three months, from the end of May to the beginning of September. Professor Kotani and his staff members handled two workshops. The total number of the attendees was 2,260 (1,530 school teachers, 672 parents, and 58 students).

According to the result of the questionnaire survey on the workshops for school teachers, 63% of the attendants were "glad to attend", 61% "enjoyed the workshop", and 35% "felt better afterward" and workshops achieved a measure of legitimacy. As we received an appeal from the Miyagi Board of Education, this activity will also go on during the later term of the school year.

Furthermore, we held a forum for supporting children for the public in May and September.

Earthquake disaster reconstruction is a long-term battle. There are fewer people with licenses in psychology in the Tohoku district than in the Tokyo metropolitan area, so we feel we are lacking human resources. We are practicing Care-Miyagi's activities as we receive encouragement from groups and individuals from different prefectures (such as Professor Kotani) with gratitude. Although we have some difficulties as a hastily built group, we are hoping to continue the support activities in a step-by-step process, under the sharing aim of supporting the school teachers who support the minds of children after the earthquake disaster.

## IASCP's Supportive Action for the Great East Japan Earthquake

*Yoshiya Ishikawa, Assistant, IASCP, Japan*

Professor Kotani, the director of IASCP, organized the IASCP Task Force of Mutual-and-Child-Aid soon after the 3.11 Great East Japan Earthquake. At first, we opened a free telephone hotline for disaster victims and helping professionals, and a free drop-in consulting system. In parallel with these services, we gathered information and materials about psychological first aid, ASR, and PTSD that occur after disasters from internal and external sources, translated English materials into Japanese with the help of staff and graduates of Psychological Consulting Services—an attached clinic of IASCP—and sent the materials for those professionals who needed information.

Since May, we have visited Miyagi prefecture in the East Japan area every month and have engaged in supportive activities there. In May, we visited Komatsushima Kodomo-no-ie, a short-term therapeutic institution for emotionally disturbed children in Miyagi, and checked the children and staff of the institution for ASR and PTSD. In addition, we did a training workshop for school teachers and clinical psychologists at Tohoku University. The workshop was organized by an NPO named Care-Miyagi, established soon after the earthquake, and is consisted by voluntary school psychologists, clinical psychologists, and experts in child education in Miyagi prefecture. In June, we revisited Komatsushima Kodomo-no-ie to see the children and staff we had seen in May. After the visit, we went to help with the lecture and workshop by staffs of the Care-Miyagi for children and parents of an elementary school in Kesennuma, one of the worst hit areas of



the earthquake and tsunami. After the workshop, Professor Kotani provided consulting services for sufferers of the earthquake. A part of our activities in May and June appeared in an article in the newspaper Asahi Shimbun on June 29th, written by a newsperson who had accompanied us in our activities. In July, we did a workshop for school teachers on psychological reaction after the disaster, and on educational dialogue for making psychological space at the elementary school of Yamamoto-cho, southern part of Miyagi prefecture. Two elementary schools have joint classes and activities in one school, because the other school suffered major damages from the tsunami. In a tense atmosphere, the participants worked hard in the workshop after the tsunami, preparing for possible earthquakes and tsunamis. In August, we did a training workshop with expanded staff members for about 120 experienced school teachers in Miyagi prefecture who were in charge of training first-year teachers. From September on, we opened the East Japan Center for Free Clinical-Educational Services with the Institute of Developmental Science in Miyagi Gakuin Women's University and started continuous supportive activities.

Working as a member of the taskforce, I have been strongly reminded of the etymology of the word clinical, meaning "pertaining to a sick-bed." I think that creating a psychologically safe space, and listening to the inner voice of the suffering person who is in front of us, should be the starting point when providing a wide-range and continuous support from now on.



## Growing Together: SNAP Camp 2011

*James Johnson Amagasa, IASCP*

*Kaoru Nishimura, Associate Proffessor, IASCP, ICU*

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*SNAP*, based at Psychological Consultation Services, is a psychoeducational activity group for elementary school children. It is usually a weekly two-hour program held on a university campus, consisting of a little over 10 members, boys and girls combined. And this summer was the first time that *SNAP* did an overnight camp. The children had expressed their wish to go camping from before, and it finally came true. On July 29-30, 13 children (including irregular *SNAP* members), 6 parents, and 9 staff members (including volunteers) participated in the camp which was held at a camping site in Akigawa Valley, located twenty miles away from central Tokyo.

Three goals were set for the camp. They were: 1) Have fun, 2) Achieve by helping each other, and 3) Get to like each other more. These are based on the developmental tasks of the school-age child, and are an extension of *SNAP*'s main purpose: to facilitate the children's psychological growth through physical activities in a group.

The camp activities were mostly summertime-oriented. They included watermelon splitting, fishing, swimming in the river, barbeque, and toy fireworks. The adults committed themselves to helping the youngsters. The main actors in the activities—even during cooking and cleaning—were the children.

We believe the following episodes represent the achievements of this camp. A boy ran around with a smile on his face and screaming, "Yay!" after successfully splitting a watermelon. Another boy, who volunteered to cook at barbeque, gave precise instructions to the others while cooking the food himself, maneuvering his tongs and chopsticks. The girl members planned and prepared the food on their own, working hard and getting their jobs done. The other participants watched these spectacles, smiling

warmly and praising the children. Catching fish, splitting watermelons, cooking food—the children worked diligently at accomplishing these tasks, however simple they may seem. The activities stimulated the members' sense of industry, and the acquired experience of joy was shared in the group. Additionally, there were more interactions between members and thereby strengthening their bond. We noticed when we looked at the pictures taken at camp that the distance between the members had gotten closer on the second day. Each member, including some with a mild developmental disorder and one who cannot attend school regularly, spent the two days heartily. All were shining. The parents also seem to have learned a lot from seeing these children.

Unfortunately, we could not have a campfire the first night due to heavy rain. The children are already saying that they would like to go camping again, in addition to having a campfire and going on a courage test at night (a traditional Japanese activity done in the summer). Now that the children have a better idea of what camp is like, we believe that they can participate in such things as organizing and preparing for the program more actively. It is our wish that they will exert their autonomy and further develop their industry and sociality in the safe space that we build together.



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**Publisher:** Hidefumi Kotani  
**Editors:** Toshinori Hanai, Naoko Sekido, Yoshiya Ishikawa, Kayoko Hige  
**Translation:** Chizuru Funama, James Amagasa

