



Topics

IAGP Disaster/Trauma Task Force	1
IASCAP's Supportive Action for the Great East Japan Earthquake	3
Introducing the Psychodrama	4

IAGP Disaster/Trauma Task Force

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Disasters, environmental and/or man-induced, destroy, devastate, and become extreme mental health challenges. The destruction in the aftermath of these happenings on survivors and communities can last for years. There often is no way to predict when the disaster and its effects will end, thereby adding to the difficulties of coping with these traumatic experiences. The many disasters and traumas that occurred in recent times that instantly come to mind are the terrorist attacks of 9/11, the starvations in Somalia, the killings in Rwanda, the nuclear fallout in Chernobyl, the earthquake and rains in Rio, the fires in Melbourne, the earthquakes in China, Haiti and in 2011 in March the tsunami, earthquake, nuclear fallout and rains in Japan and in Sep-

tember the earthquake in the Himalayan region of India.

The International Association of Group Psychotherapy and Group Processes (IAGP) was founded in 1973. The initial discussions about forming an international association, where group psychodramatists and dynamic group psychotherapists would meet and work together toward a common goal, began in the late 1940's. Jacob Moreno, a psychodramatist, invited his international group work colleagues to discuss his ideas for the formation of an international group psychotherapy organization. An Advisory Board was organized and during their 5th International Congress in Zurich, Switzerland, IAGP was officially established. The goal was to collaborate, share, and exchange ideas about the clinical practices of group psychotherapy. The endeavor was primarily scientific and educational.

Today, almost 40 years later, IAGP's mission statement reads: I quote from the website:

The International Association for Group Psychotherapy and Group Processes (IAGP) is a network of professionals involved in the development of group psychotherapy and group processes in the areas of theory, clinical practice, training, education, research and consultancy. Our network provides opportunities for meeting the others: professions, theories and cultures - who are exploring the applications of small, median and large group processes in clinical, organizational and political settings. These meetings have great potential for furthering international cooperation on training, research, clinical work and consultancy in a multicultural society

To promote this mission IAGP has set up Sections: psychodrama, group analysis, family therapy, consultancy, transcultural overviews. Section members can interact, exchange ideas, and discuss issues related to their common orientations via Yahoo Discussion lists. The broader educational/training activities of IAGP are offered in the IAGP International Congresses (3 year cycle), as well as IAGP co-sponsored regional congresses. There is also an Education Committee whose task is to provide training for group workers in situations where this is not easily accessible.

During the organization of the 17th International Congress in Rome, August 2009, there was an earthquake in Aquila, in the Abruzzo region of central Italy. The need for a community outreach task force to support and assist our colleagues in such situations emerged. As the new IAGP Board convened after the

2009 Congress Disaster/Trauma Task Force (D/T TF) was formed. Since I actively advocated for this program, I was asked to chair the committee

The initial task was to form a committee and brainstorm about what our mission should be: what was realistic and doable; who our contacts would be; and how do we develop an appreciation of the various cultures where disasters might occur, and most importantly to curb our “rush” to help, and wait until we are asked. Members who volunteered were requested to be available for consultation via Skype.

In March 2011, responding to the immediacy of the situation in Brazil and the request from FABRAP, the Brazilian Psychodrama Association, we set up a pilot project, a Yahoo Disaster/Trauma Discussion Group with the Task Force members and several Brazilian colleagues. The mental health articles reviewed disaster/trauma that we had compiled, though not yet indexed were forwarded to FEBRAP. The discussion group members outlined strategies and offered consultation and support to the helpers. The initial messages were that mental health issues were not the first line of defense: that the victims and survivors needed food, shelter, medical care and to find their family members. The Mental Health workers primary job during this phase would be to provide consultation and support for the caregivers, to prevent vicarious secondary trauma, when appropriate provide training for trauma work and provide direct services. The flow of communications with our Brazilian colleagues was complicated by language difficulties, and we are currently working on this.

Soon after our Discussion Group was established, an earthquake, tsunami and nuclear fallout devastated Japan. We reached out to our Japanese colleagues to let them know of our concern and of the D/T Discussion Group. For some the trauma was so overwhelming, that they appreciated our support, but they were unable to actively participate with us. However, a former IAGP Board member, Hidefumi Kotani acknowledged the importance of IAGP support and a line of communication was established. Fortunately, Dr. Kotani's psychological experience and expertise, his creativity, and a very dedicated clinical team were pre-

pared to be the “second responders.” In my report to the IAGP Board I wrote

Hide and his ICU team have been relentless in their reaching out to those who have been directly in the midst of the earthquake/tsunami and nuclear fallout. Miyagi Prefecture; Sendai, Yamamoto etc. Their focus is training, supervising and diagnosis - the settings are the schools, the teachers, the children, the parents, and the caretakers who are also survivors. The approach is clearly culturally sensitive and some of the techniques employed during these early stages, where survivors are numb and feel they need to "be brave", are the expressive arts: drawings for both the children and the adults. As the team has interacted with the people they have become in addition to clinicians, advocates for educational and mental health services..., they are setting up a Disaster Clinic Center for the East Japan Great Earthquake and have partnered with the Miyagi Gakuin Woman's University and the Komamoto University. There will be a Disaster Conference in July to launch the Center and another next year in Sendai as part of 18th Annual Conference of International Association of Dynamic Psychotherapy.

The IAGP Executive Committee has given support for the Disaster Clinic Center for the East Japan Great Earthquake.

On July 12, 2011, a truck carrying a group of students accidentally went off the road into a river in Mirsarai Chittagoan premises in Bangladesh killing 44 students. The driver was speaking on his cell phone.

The Bangladesh group, the United Theater of Social Action (UTSA) contacted IAGP asking that we send aid and volunteers who were psychodramatists, to train Bangladesh workers in disaster/trauma work. Their request was posted on the D/T Discussion List as well as on local, national and international psychodrama lists. As a result the IAGP TF has developed a line of communication with clinicians in these communities. We hope to continue these connections and dialogues. We have also begun discussing joint projects with the IAGP Education Committee as they explore how they

may provide group trainers and training to the Bangladesh community.

We have been fortunate that colleagues from Australia, the United States, who have expertise in hands-on disaster/trauma work and are not IAGP Board members, have joined our group and offer their expertise and service.

At the IAGP Congress in Cartagena, Columbia in July 2012 the D/T TF will sponsor a symposium, discussing trauma dynamics from the intrapsychic, interpersonal and cultural dimensions. The session will include participants working together in small groups. Their task will be to figure out how to help with a 'common trauma,' being cogni-

zant of the clinical and cultural dynamics unique to the country and the culture.

What I continue to learn in monitoring this Task Force is the uniqueness of people and their cultures. Of extreme importance is that we "do no harm." We must understand the nature and mores of a society: to offer help one must have knowledge and sensitivity to differences and not impose our values and need "to do good." Thus the understanding and responses to each of the crises in Brazil, Japan and Bangladesh have been very different. And as we reach out to our Indian colleagues we need to remember this.

IASCP's Supportive Action for the Great East Japan Earthquake (Continued Report)

Kayoko Hige., Clinical Staff, IASCP, International Christian University

East Japan Center for Free Clinical-Educational Service (EJ Center) was founded in Miyagi Gakuin Women's University (MGU) in September 2011. EJ Center is headquartered in MGU Institute of Developmental Science and its clinical practice organization is composed of ICU psychotherapy team, MGU Developmental Clinical team, and Kumamoto University Psychiatric Nursing team.

EJ Center set its first working period as one year from September 2011. Subsequent work will be developed depending on the achievement and necessity, but two years is the minimum possibility of our work.

The project description of the EJ Center is wide-ranging: a private consulting service with afflicted people (children, parents, teachers, families, schools, education boards, and others) by specialty of clinical psychology, clinical developmental education, and clinical psychiatric nursing; clinical service for leadership in organization and community building; seminars of PTSD and its treatment techniques; supervision; and on-site support.

EJ Center opens semimonthly from 10am-5pm on Saturdays. The staffs are: Dr. Adachi, the representative of the EJ Center and the director of the MGU Institute of Developmental Science; Ms. Honda, the assistant of MGU student counseling center; and three members each time from ICU psychotherapy team, including the team leader, Prof. Kotani.

The main activity from September 2011 to January

2012 was the seminar of Educational Dialogue and Socio-Energetic Training (SET) for cultivating the ability of activating one's own mind. The maximum number of the participants was 20. The majority of them were the students of MGU and its graduate school, but sometimes the professional of clinical psychology or public welfare in the community and MGU administrative staffs also joined our program.

Around December 2011, the professionals who had been supporting afflicted people since right after the disaster started to come see us for supervision little by little. Sometimes they talked their own affected experience in little increments. This experience of unloading marked the beginning of our "Free Group" for free talking.

As of February 2012, we are really at the beginning of "Support Group" which has three 45 minutes sessions for free talking based on our own affected experience. The participants, who had not been able to talk about their experience of 3.11 and after that day even with their close friends who spent that day together, at long last started to talk their own experience in the new relationship with others. Many of them had been ignored how they are out of shape or on the slide, but finally accepted that after talking.

This March marks one year since the Great East Japan Earthquake. I wish we could remain on a steady recovery path of our mind in an unhurried way.

Introducing the Psychodrama

Sue Daniel., Director, the Psychodrama Institute of Melbourne, Australia

The Psychodrama Institute of Melbourne (PIM) was born on 22 July 2001. It has its own building in Collingwood, an inner city suburb of Melbourne, Australia. Having a building means having a home and because of this we've been able to create a vibrant community. This is important to us because relationships are central to our work and life.

Trainees and trainers use PIM's group rooms for group work, couple and family counseling or individual psychotherapy. Upstairs, we have one small group room and a comprehensive library, with over a thousand articles, numerous books, and 85 theses, projects or papers written by trainees and practitioners. Downstairs we have a large group room, a relaxation room for tea drinking, coffee and lunches, an entrance area, kitchen, bathroom with all facilities and an outside patio where we sit on nice sunny days.

PIM provides training, supervision, and professional and personal development courses in group leadership, psychotherapy, counseling, staff development and organisational consultancy. The institute has at its core the sociometric principles of Dr. J. L. Moreno. PIM is one of two institutes, both branches of the Moreno Psychodrama Society, coming under the umbrella of the Australian and Aotearoa (New Zealand) Board of Psychodrama (APB).

The activities at the Psychodrama Institute of Melbourne are diverse:

Trainers, practitioners and trainees work in a wide range of places including the fields of mental health, addictions and disability, in government, hospitals, in all levels of education, in organizations, medicine, psychiatry, general and psychiatric nursing, social and youth work, and in palliative and pastoral care. Some of us, involved in trauma relief work, worked in the aftermath of the Black Saturday bushfires in Melbourne in 2009, while others work with refugees and collaborate with overseas colleagues in training programs in Bangladesh and Chennai.

Our training program has four levels. Training generally begins with Level 1 (1 year), followed by Level 2 (2 years), Level 3 (2 years) and the Practicum group (1-2 years). Commencing in February and concluding in November, the training is usually held over 4 terms each year and includes workshops, seminars, peer groups, writing and one-to-one supervision. There are many additional groups and activities including personal and professional development groups, supervision and practitioner groups and residential and elective training groups. It takes approximately 5 to 7 years to become a fully accredited

psychodramatist. A minimum of 100 hours of supervision is necessary plus 700 hours of ongoing training and education for successful accreditation.

Activities of the Moreno Psychodrama Society:

Through the Moreno Psychodrama Society, we conduct a monthly Theatre of Spontaneity, which is open to the public. We explore personal, local, national and world issues and events through spontaneous and creative methods such as Sociodrama, the Living Newspaper, the Magic Shop, Poetry and various techniques. For example, September 2011, I conducted a seminar "Boat People - A Sociodrama for Our Time: What does it mean to be a refugee? What does it mean to be an Australian?"

About the Director

In my private psychotherapy practice I see individuals, couples, families and adolescents. I conduct seminars and workshops in a range of settings and am a consultant, supervisor and mentor to people in positions of top management. I also supervise staff in a range of organizations and conduct innovative seminars and programs in the community including the mental health field. I am a published author and have written seven journal articles and two book chapters. One journal article pertains to working with adolescents, "Day by Day - Role Theory, Sociometry and Psychodrama with Adolescents and Young Women (Journal of Group Psychotherapy, Psychodrama & Sociometry, Vol. 58, No. 4 Winter 2006). At the moment I am in the process of conducting a research project, "The Effect of Role Reversal in One-to-One Supervision".

I am on the Board of Directors of the International Association of Group Psychotherapy and Group processes (IAGP) and I am the Chairperson of the Australian and Aotearoa Board of Psychodrama. I am one of the early pioneers of psychodrama in Australia. My earlier work was in the fields of early childhood education and addictions.

I have worked extensively throughout Asia, Europe and the Americas. A regular visitor to Japan since 1986, I have enjoyed conducting training and supervision workshops in Honshu; Tokyo, Yokohama, Akita, Hachinohe, Matsue and Yonago and also in Hokkaido; Sapporo, Date, Muroran and Tomakomai. Some of my work has been in hospitals, once in a psychiatric institution with staff and patients, and in universities.

Two of my personal pleasures are to sit in the sun, and to write poetry.

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