

RINGKASAN BUKTI KORESPONDENSI

- Judul artikel : Increasing guidance and counseling teacher capacity in disaster preparedness through psychosocial training
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 4. Lampiran 4 : Pada tanggal 14 Desember 2021 penulis telah berhasil merevisi berdasarkan masukan-masukan dewan reviewer dan dilanjutkan untuk submit ke OJS.
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Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training

Abstract

The Psychosocial Training was held in July 2021 and involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Junior High Schools in Yogyakarta City. The aims of this research are (1) Knowing the implementation of Psychosocial Support Services training, (2) Obstacles in the implementation of Psychosocial Support Services training, and (3) Knowing the benefits of Psychosocial Support Services training. This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for guidance and counselling teacher Junior High School in Yogyakarta City. Primary subjects in this study were 20 participants of psychosocial training and facilitator of training. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation. The training is carried out in three stages: Pre-training Stage, Training Stage, and Evaluation Stage. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. The increase in the psychosocial knowledge of Guidance and Counseling Teachers after training is evidenced by the increase in post test scores. Cooperation of various parties with school residents is needed so that psychosocial preparedness can be applied to pre-disaster, emergency response, and post-disaster.

Key words: *Psychosocial; Preparedness; Disaster; Training; Teacher*

Introduction

1
2 Indonesia is a country that has a high disaster risk. The territory of Indonesia, which is a
3 disaster-prone area, especially geological natural disasters, is geographically located at the
4 confluence of 3 (three) world tectonic plates, namely the Indian-Australian Plate in the
5 south, the Eurasian Plate in the west and the Pacific Plate in the east. The plate boundaries
6 are a series of world volcanoes, which encircle the Pacific Ocean called the Pacific Ring of
7 Fire. The series then met with the Mediterranean series and then formed volcanoes in
8 Sumatra, Java and Nusa Tenggara (BNPB, 2017). This condition also makes Indonesia have
9 very high vulnerability and threat to various disasters such as earthquakes, tsunamis, floods,
10 landslides, hurricanes, disease outbreaks, droughts and volcanic eruptions (Tjandra, 2015).

11 Law Number 24 of 2007 concerning Disaster Management explains that disaster is an event
12 or series of events that threatens and disrupts people's lives and livelihoods caused, both by
13 natural factors and/or non-natural factors as well as human factors, resulting in human
14 casualties, environmental damage, property loss, and psychological impact. The impact of
15 the disaster is not only loss of life and loss of property, but also psychological impact.
16 Disaster impacts physical, psychological, social and economic aspects of the individual,
17 family and the community. The impact of disaster on children of different age group is many
18 times greater than that of the adults (Elangovan & Kasi, 2014a). After a disaster, children's
19 mental health needs range from support utilizing psychological first aid to psycho-education.
20 The skills for psychological recovery, trauma focused cognitive behavioral therapy, and
21 cognitive behavioral intervention for trauma school will also be needed when children and
22 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
23 depressive mood, re-experience, and so on (Chang et al., 2015).

24 The Special Region of Yogyakarta is one of the provinces that has quite a lot of potential
25 disaster threats, from the results of the risk assessment the City of Yogyakarta has potential
26 threats including earthquakes, floods, landslides, volcanic eruptions, extreme weather,
27 epidemics and disease outbreaks (BPBD Yogyakarta City, 2015). This condition is generally a
28 natural phenomenon that cannot be predicted quickly and precisely, such as an earthquake
29 for which until now there is no tool capable of detecting when an earthquake occurs and in

1 March 2020 the Covid-19 pandemic hit the whole world, causing teaching and learning
2 activities to be diverted. online or online.

3 The Institute for Research and Community Service (LPPM) of Ahmad Dahlan University
4 Yogyakarta conducted training on Psychosocial Support Services (LDP) for Guidance and
5 Counseling Teachers. Training on Psychosocial Support Services (LDP) for Guidance and
6 Counseling teachers throughout the city of Yogyakarta held in July 2021. Psychosocial
7 Support Services (LDP) training is very much needed in crisis counseling both during pre-
8 disaster, during emergency response and post-disaster. This refers to the Regulation of the
9 Minister of National Education number 27 of 2008 concerning Standards of academic
10 qualifications and competence of Indonesian counselors, counselors must have professional
11 competence to master the practice of counseling services in various fields of individual life.

12 Development of psychosocial disaster preparedness program and its integration with
13 existing policies, programs and services would help children to be psychosocially prepared as
14 well as make the school system more effective in dealing with the psychosocial issues of
15 children during disasters (Elangovan & Kasi, 2014b). Evaluation and consideration of the
16 developmental needs of children and adolescents, as well as the needs of parents, families,
17 and schools is also important. Domestic standardization of intervention and
18 psychotherapeutic treatment should be performed for more effective interventions for a
19 disaster(Chang et al., 2015).

20 Psychosocial Support Services (LDP) training makes Guidance and Counseling Teachers have
21 superior competencies related to Psychosocial Support Services (LDP) materials. This is to
22 answer the needs of the community, professional competence of counselors is required to
23 be able to provide services in times of crisis or disaster situations. For this reason,
24 psychosocial support service training is needed for BK teachers at Muhammadiyah Junior
25 High Schools in Yogyakarta City. Based on the introduction that has been described above, it
26 can formulate the problem in this research is : (1) How is the implementation of Psychosocial
27 Support Services (LDP)?, (2) What are the obstacles that occur in Psychosocial Support
28 Services (LDP)?, (3) What are the benefits of Psychosocial Support Services (LDP) training?
29
30

1 **Method**

2 **Research Design**

3 This study is a piece of qualitative research, which aims to describe and analyses social
4 phenomenon of psychosocial training for guidance and counselling teacher Junior High
5 School in Yogyakarta City.

6 **Participants**

7 Primary subjects in this study were 20 participants of psychosocial training and facilitator of
8 training.

9 **Data Collection Tools**

10 Data collection was done by in-depth interview, observation, and documentation.

11 **Data Analysis**

12
13 The data analysis procedure in this research is (1) data reduction, (2) data presentation, and
14 (3) conclusion. Data validity is done by triangulation of source and method triangulation.

15

16 **Findings**

17 **Pre-Training Stage**

18 The first stage is conducting a preliminary survey to see conditions in the field and planning
19 activities to be carried out. The planning process includes identification/needs assessment,
20 identification of potential/threats of disasters and existing weaknesses, determining
21 agreement on activities to be carried out, and organizing activities.

22 **Training Stage**

23 The second stage is the implementation of activities. The activities carried out consisted of
24 several stages including the first pre-test then material on psychosocial understanding,
25 psychosocial legal basis, psychosocial impact after disaster and psychosocial welfare and
26 psychosocial intervention pyramid, understanding psychosocial support services, stages of
27 psychosocial support services, assessment of psychosocial support services, an example of a
28 case study of psychosocial support services in Central Sulawesi after the 2018 earthquake
29 and tsunami, and finally the post-test. Participants are representatives of Guidance and
30 Counseling teachers at Muhammadiyah Junior High School in Yogyakarta City. The service
31 team and experts will act as facilitators. Based on data from the Muhammadiyah Regional

1 Leadership (PDM) of Yogyakarta City, there are 12 Muhammadiyah junior high schools in
 2 Yogyakarta City with details as shown in the table below:

3 **Table 1. Data for Muhammadiyah Junior High School in Yogyakarta City**

No	School Name	Address	Telephone
1	SMP Muhammadiyah 1	Purwodiningratan NG I/902-B	589624
2	SMP Muhammadiyah 2	Jl. Kapas II No. 7	564136
3	SMP Muhammadiyah 3	Jl. Kapt. Tendean 19	375158
4	SMP Muhammadiyah 4	Jl. Ki Mangunsarkoro No. 43	554623
5	SMP Muhammadiyah 5	Jl. Patehan Lor 25	373211
6	SMP Muhammadiyah 6	Jl. KH. Wakhid Hasyim 107	374720
7	SMP Muhammadiyah 7	Purbayan Kotagede	373190
8	SMP Muhammadiyah 8	Jl. Kenari 11 Miliran	585446
9	SMP Muhammadiyah 9	Karangkajen MG III/1039	370169
10	SMP Muhammadiyah 10	Jl. Kartini GK I/49-A	560412
11	Madrasah Muallimin	Jl. Letjen S.Parman No.68, Wirobrajan	373122
12	Madrasah Muallimat	Jl. Suronatan No.653, Notoprajan	374687

4

5 The psychosocial training was carried out in July 2021. This activity was carried out online
 6 using the zoom meeting application to minimize the risk of Covid 19. There were 17 training
 7 participants and 3 facilitators.

8 **Table 2. Curriculum Details**

No	Curriculum Material
1	Psychosocial understanding
2	Psychosocial legal basis
3	Psychosocial impact after disaster and social welfare
4	Psychosocial well-being and the pyramid of psychosocial interventions
5	Definition of psychosocial support services
6	Stages of psychosocial support services

7	Assessment of psychosocial support services
8	Example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami
9	Individual and group assignments

1

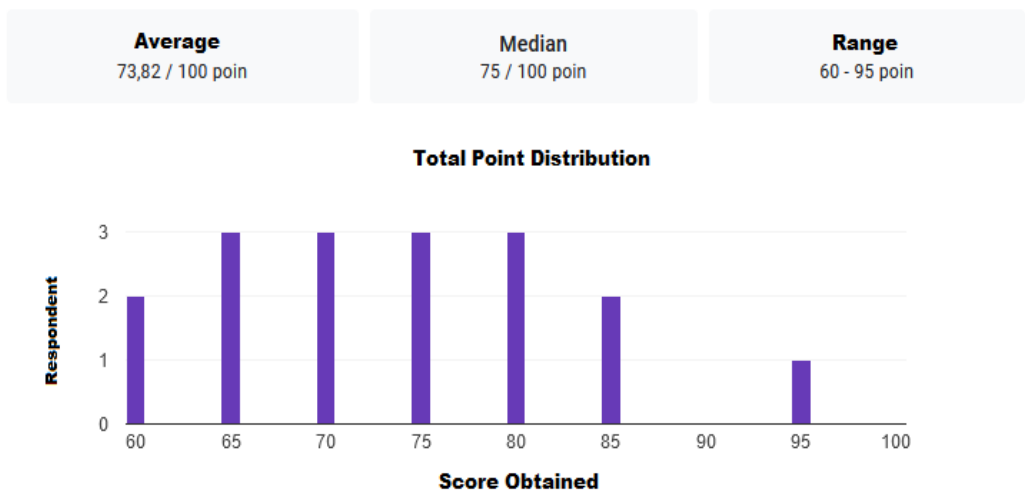
2 Table. 2 shows the details of the Psychosocial Support Services training curriculum. The
3 research team introduced the overall psychosocial training objectives and conducted a pre-
4 test to all participants. The first material presented is psychosocial understanding. The
5 facilitator explains psychosocial understanding, then combines it with psychosocial examples
6 so that participants can understand psychosocial understanding well. An explanation of the
7 notion of psychosocial becomes the basis for the next material. The second material is about
8 the basis of psychosocial law. The facilitator explains the legal basis for psychosocial
9 implementation in accordance with the laws and regulations in Indonesia. The facilitator also
10 explains the post-disaster psychosocial impact. The facilitator divides the participants into
11 five groups. Each group discusses psychosocial effects which include physiological effects,
12 feelings, thoughts, behavior, and social relationships. Then each group presented the results
13 of the discussion.

14 The facilitator also delivered material on psychosocial welfare and psychosocial intervention
15 pyramids, understanding psychosocial support services, stages of psychosocial support
16 services, assessment of psychosocial support services, examples of case studies of
17 psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami.
18 The facilitator divided participants into five groups. Each group is given the task of designing
19 a psychosocial support service program according to cases that occurred in schools during
20 the Covid 19 Pandemic. Each group is expected to be able to produce programs/outcomes
21 that are different from one another so that they can be implemented to be applied during
22 disaster response. At the end of the activity, all participants were given a post-test.

23 **Evaluation Stage**

24 The last stage is the evaluation stage. At this stage an evaluation of the results that have
25 been achieved by the training participants is carried out. Further feedback and

1 improvements can be made at this stage. Evaluation is given by collecting data obtained
 2 from psychosocial training activities.
 3 Based on the results of data processing carried out by researchers on understanding
 4 psychosocial support services for Guidance and Counseling teachers at Muhamamdiyah
 5 Junior High Shools Yogyakarta City, it was found that before training participants filled out a
 6 pre-test to measure the extent to which participants understood psychosocial support
 7 services and obtained an average score. from Guidance and Counseling Teachers of 73.82.
 8 After the psychosocial support service training and post-test were conducted, the average
 9 score increased to 77.06. The increasing knowledge of Guidance and Counseling teachers
 10 regarding psychosocial support services is influenced by interactive techniques, media, and
 11 methods designed by the facilitator during the training. The scores or test results can be
 12 seen in Figure 1 and Figure 2 below.



13

14

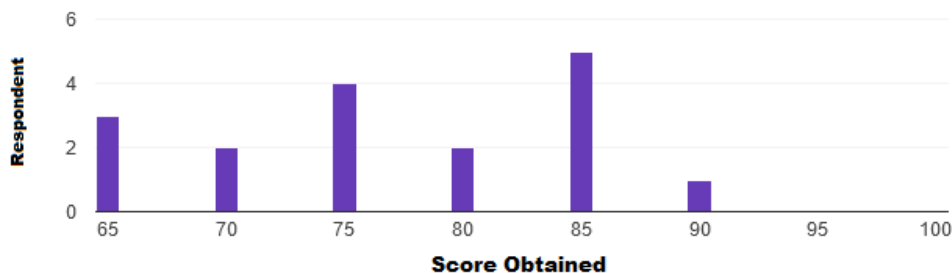
Figure 1. Pre Test Results

Average
77,06 / 100 poin

Median
75 / 100 poin

Range
65 - 90 poin

Total Point Distribution



1

2

Figure 2. Post Test Results

3 Obstacles in implementing psychosocial training include: (1) Training cannot be carried out
4 optimally because the training is carried out online, (2) Limited time for training, (3) Some
5 teachers are not active in psychosocial training because the media at zoom meetings is very
6 limited. To maximize the training, the facilitator further guides the participants in the
7 WhatsApp Group and assignments are carried out through the google document application
8 so that teachers can easily access them directly.

9

10

Discussion

11 The nation of Indonesia is in an area of geological instability, resulting in repeated and
12 severe natural disasters including earthquakes, volcanic eruptions, and tsunamis. Teachers,
13 as adult authority figures and people with whom students spend a majority of their day, can
14 play a major role in the lives of children in a disaster-prone community. The impact of this
15 intervention on reducing teacher distress and on improving student behavior and school
16 performance over time. Analyses revealed a significant relationship between teachers'
17 depression and self-reported negative classroom behavior, a significant relationship
18 between teachers' posttraumatic distress and general beliefs about teacher efficacy, and a
19 significant drop in depression and posttraumatic stress symptoms from before to after the
20 intervention (Seyle et al., 2013). Children are among the most vulnerable groups during and
21 after a natural disaster experiencing a range of stressors such as fear of death or loss of a

1 loved one, the loss of a home and community, displacement to a strange neighborhood or
2 school, and even separation from their family. Psychosocial support helped children:
3 articulate their feelings, process grief, regulate emotions such as anger and aggression, and
4 gain knowledge on how to handle bullying behaviors in their school. This article builds on the
5 literature supporting post-disaster psychosocial school-based interventions (Powell &
6 Holleran-Steiker, 2017). Teachers have an important role in disaster preparedness, especially
7 in relation to the psychosocial preparedness of school residents. Psychosocial is not only
8 implemented when a disaster occurs, but must be better prepared before a disaster occurs.
9 One of the psychosocial preparedness efforts can be carried out with psychosocial training
10 for school residents, so that school residents have a good understanding of psychosocial
11 knowledge and can play a direct role in psychosocial support services during emergency and
12 post-disaster responses.

13 Any impact of disaster can be looked at in two ways: firstly by ascertaining the
14 characteristics of the event itself, and secondly, how that event is appraised by those
15 affected. Depending on different phases of the impact of the disaster, individuals will
16 respond in different styles. Psychosocial interventions must be tailored to address the needs
17 of the target population, with special attention paid to vulnerable groups such as children,
18 women and the elderly. These should also be modulated according to the phase of recovery
19 following the event occurrence because each phase will highlight different needs. The four
20 phases of intervention, although determined separately, may show an overlap. In the initial
21 phases, the emphasis is on social intervention that can be delivered by community-level
22 workers. In the later phases, the psychological issues that emerge necessitate the services of
23 trained professionals. Initial social care will need to give way to psychological care, and on
24 occasion both will need to be combined for a considerable period. Since psychosocial care is
25 a long-term, continuous process, disaster management and preparedness programmes must
26 invest in training for capacity building by training community workers and primary care
27 health professionals(K., 2006).

28 General principles of psychosocial disaster intervention: (1) Assessment of disaster, extant
29 service systems and incoming resources. (2) Assessment of help-seeking pathways and
30 cultural models of illness. (3) Facilitation and support for family reunion, identification of the

1 dead and cultural and religious practices to address death and grief. (4) Foster and bolster
2 community group activities where possible. (5) Psychosocial training of community, aid and
3 health workers using a train the trainer model to promote case identification,
4 psychoeducation and intervention, with specific emphasis on vulnerable groups, especially
5 children. (6) Promote general community psychoeducation. (7) Train medical and health
6 staff in basic psychiatric and psychological assessment and intervention for post-traumatic
7 stress, mood and anxiety disorders. (8) Minimize risk factors for psychiatric morbidity such
8 as displacement and loss of gainful activity. (9) Reshape mental health systems recognizing
9 the long-term psychiatric sequelae of disaster(Sundram et al., 2008).

10 Psychosocial disaster preparedness, through teachers, is one among the best ways to
11 prepare children to face the psychosocial consequences of disasters. teachers who were
12 provided training on psychosocial disaster preparedness had better knowledge than the
13 control group. Development of psychosocial disaster preparedness program and its
14 integration with existing policies, programs and services would help children to be
15 psychosocially prepared as well as make the school system more effective in dealing with
16 the psychosocial issues of children during disasters (Elangovan & Kasi, 2014a). This is in
17 accordance with the benefits of psychosocial training. The benefits of psychosocial training
18 for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support
19 Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by
20 disasters in accordance with the context of disasters that occur in schools, (3) Teachers
21 understanding properly the psychosocial intervention pyramid and ensure that teachers are
22 at which level in the psychosocial intervention pyramid, (4) teachers know the stages of
23 psychosocial support services and apply the stages in case studies that occur in schools, (5)
24 teachers can design psychosocial assessments, and (6) Teachers can intervene in
25 psychosocial support services in the school environment.

26 Relationship among agencies associated with a disaster, training professionals and prepared
27 programs for disaster will be needed in pre-disaster stage. After a disaster, children's mental
28 health needs range from support utilizing psychological first aid to psycho-education. The
29 skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive
30 behavioral intervention for trauma school will also be needed when children and

1 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
2 depressive mood, re-experience, and so on. Evaluation and consideration of the
3 developmental needs of children and adolescents, as well as the needs of parents, families,
4 and schools is also important. Domestic standardization of intervention and
5 psychotherapeutic treatment should be performed for more effective interventions for a
6 disaster (Chang et al., 2015). Successful disaster psychosocial planning and the
7 institutionalizing of psychosocial response within emergency management require clearly-
8 defined skill sets. This necessitates anticipating both the short- and long-term psychosocial
9 implications of a disaster or health emergency (ie, pandemic) by developing effective and
10 sustained working relationships among psychosocial providers, programs, and other
11 planning partners(Cox & Danford, 2014).Inter-institutional cooperation is very much needed
12 in the implementation of psychosocial support services in schools. Inter-institutional
13 collaboration is carried out to ensure that psychosocial knowledge does not only exist in the
14 emergency response phase. Schools can collaborate with BNPB, BPBD, Social Service, Village
15 Disaster Risk Reduction Forum, and NGOs in the pre-disaster, emergency response, and
16 post-disaster phases.

17 Development and implementation an assessment and intervention program that can be
18 used as psychosocial first aid for children caught up in a humanitarian emergency. Because
19 this disaster was not anticipated, we were fortunate to have a group of previously trained
20 individuals who were able to implement the knowledge and skills required to do workforce
21 training. More communities and countries need to do more disaster preparation that
22 includes psychosocial first aid for children. It is important that multiple modalities of
23 psychosocial assistance be used and available to strengthen families, to restore livelihoods,
24 and to revitalize communities in the aftermath of a disaster (S. et al., 2010). Any response to
25 the mental health needs of the affected community following any disaster depends upon a
26 number of factors, including disaster preparedness, existence of mental health services,
27 resources in human and financial terms, along with the magnitude, cause and suddenness of
28 the event (Vijaykumar et al., 2006). This is the reason that psychosocial activities must be
29 carried out in the pre-disaster, emergency response, and post-disaster phases.

30

Conclusion

Psychosocial support service training was carried out during July 2021 by the Guidance and Counseling Study program at Ahmad Dahlan University (UAD). This psychosocial training involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Middle Schools in Yogyakarta City. The facilitator provides interactive material so that participants become active and enthusiastic about participating in the activity. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. This is in accordance with the benefits of psychosocial training. The benefits of psychosocial training for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by disasters in accordance with the context of disasters that occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid and ensure that teachers are at which level in the psychosocial intervention pyramid, (4) teachers know the stages of psychosocial support services and apply the stages in case studies that occur in schools, (5) teachers can design psychosocial assessments, and (6) Teachers can intervene in psychosocial support services in the school environment. The increase in knowledge is evidenced by the results of the pretest and posttest which have increased scores, previously the pretest score was 73.82 after the training was carried out the post test score became 77.06.

Suggestion

Suggestions for improving psychosocial training in the future are expected that the training time is adjusted to the material so that psychosocial knowledge and skills can be conveyed properly. Psychosocial support service training activities can be carried out offline and with the support of activity facilities and infrastructure.

References

- 1 BNPB. (2017). *Potensi dan Ancaman Bencana*. <https://www.bnpb.go.id/home/potensi>. Diakses Pada
2 Tanggal 20 Juli 2021.
- 3 BPBD Kota Yogyakarta. (2014). *Peta Kawasan Rawan Bencana Kota Yogyakarta*,
4 <https://bpbd.jogjakota.go.id/page/index/peta-kawasan-rawan-bencana>. Diakses Pada Tanggal
5 20 Juli 2021.
- 6 Chang, H. Y., Lee, C.-S., Park, J., Bhang, S. Y., & Seo, J.-Y. (2015). Psychosocial Intervention and
7 Practical Experience in Children and Adolescent before and after a Disaster. *Journal of Korean*
8 *Neuropsychiatric Association*, 54(3), 276. <https://doi.org/10.4306/jknpa.2015.54.3.276>
- 9 Cox, R. S., & Danford, T. (2014). The Need for a Systematic Approach to Disaster Psychosocial
10 Response: A Suggested Competency Framework. *Prehospital and Disaster Medicine*, 29(02),
11 183–189. <https://doi.org/10.1017/s1049023x14000259>
- 12 Elangovan, A. R., & Kasi, S. (2014a). Psychosocial disaster preparedness for school children by
13 teachers. *International Journal of Disaster Risk Reduction*.
14 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 15 Elangovan, A. R., & Kasi, S. (2014b). Psychosocial disaster preparedness for school children by
16 teachers. *International Journal of Disaster Risk Reduction*, 12, 119–124.
17 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 18 K., R. (2006). Psychosocial support in disaster-affected communities. In *International Review of*
19 *Psychiatry* (Vol. 18, Issue 6, pp. 501–505).
20 <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662>
21 [2550](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662)
- 22 Peraturan Menteri Pendidikan Nasional nomor 27 tahun 2008 Tentang *Standar Kualifikasi Akademik*
23 *dan Kompetensi Konselor*.
- 24 Powell, T., & Holleran-Steiker, L. K. (2017). Supporting Children After a Disaster: A Case Study of a
25 Psychosocial School-Based Intervention. *Clinical Social Work Journal*.
26 <https://doi.org/10.1007/s10615-015-0557-y>
- 27 S., P., P., S., L., P., K., K., & T., P. (2010). Psychosocial first Aid: Support for the child survivors of the
28 Asian Tsunami. *Journal of Developmental and Behavioral Pediatrics*, 31(9), 723–727.
29 <https://doi.org/10.1097/DBP.0b013e3181f46de2>
- 30 Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta,
31 Indonesia: A study of elementary school teachers. *School Psychology International*, 34(4), 387–
32 404. <https://doi.org/10.1177/0143034312446889>
- 33 Sundram, S., Karim, M. E., Ladrigo-Ignacio, L., Maramis, A., Mufti, K. A., Nagaraja, D., Shinfuku, N.,
34 Somasundaram, D., Udomratn, P., Yizhuang, Z., Ahsan, A., Chaudhry, H. R., Chowdhury, S.,
35 D’Souza, R., Dongfeng, Z., Firoz, A. H. M., Hamid, M. A., Indradjaya, S., Math, S. B., ... Wahab, M.
36 A. (2008). Psychosocial responses to disaster: An Asian perspective. *Asian Journal of Psychiatry*,
37 1(1), 7–14. <https://doi.org/10.1016/j.ajp.2008.07.004>
- 38 Tjandra, K. (2015). *Mengenal Gunungapi*. Yogyakarta: Gadjah Mada University Press.
- 39 Undang-undang Nomor 24 Tahun 2007 Tentang *Penanggulangan Bencana*.
- 40 Vijaykumar, L., Thara, R., John, S., & Chellappa, S. (2006). Psychosocial interventions after tsunami in
41 Tamil Nadu, India. *International Review of Psychiatry*, 18(3), 225–231.
42 <https://doi.org/10.1080/0954026060065591>
- 43

Reminder ×

Participants

- 156 Wahyu Nanda Eka Saputra (wahyu_saputra)
- Pegem Eğitim ve Öğretim Dergisi (pegegogeditor)

Messages

Note

From

Dear Author,

pegegogeditor
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Research Trentz, which is now the owner company of PEGEGOG, requires language and content editing of all the submissions before publishing the accepted articles. This service, which costs \$550, is definitely essential to complete the process of publication. This does not mean that PEGEGOG is a paid journal, which accepts all submissions for \$550. It is just opposite. Most submissions are rejected in the pre-editorial stage if they do not meet the academic quality criteria of **Research Trentz**.

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Best regards.

Editor in Chief

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**[PEGEGOG] Editor Decision**

2021-12-14 07:20 AM

Dear Wahyu Nanda Eka Saputra, Irvan Budhi Handaka, Zela Septikasari, Siti Muyana, Muya Barida, Amien Wahyudi, Agungbudiprabowo, Dian Ari Widyastuti, Amirul Ikhsan (Author):

We have reached a decision regarding your submission to Pegem Journal of Education and Instruction, "Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training".

Our decision is: **Minor Revisions Required**

Reviewer A:

Recommendation: Revisions Required

1) Does the title reflect the content of the study?

Yes, acceptable.

Please, write your suggestions about the **Title**, if any, into the following field.

2) Does the abstract summarize the essential information in the study?

Yes, acceptable.

Please, write your suggestions about the **Abstract**, if any, into the following field.

3) Does the introduction section adequately explain the problems the study address and the framework of the study? Are the importance and the contribution/implications of the study clearly stated?

Yes, acceptable.

Please, write your suggestions about the **Introduction**, if any, into the following field.

Please, write your suggestions about the **Introduction**, if any, into the following field.

4) Are research questions and/or hypotheses in line with the focus of the study?

Yes, but needs minor revision.

Please, write your suggestions about the **Research Questions** or **Hypotheses** , if any, into the following field.

5) Are the method and technique(s) employed appropriate for the study?

Yes, but needs minor revision.

Please, write your suggestions about the **Method** or **Technique**, if any, into the following field.

More demographic subject details

6) Is the sample or the participants pertinent to the study?

Yes, but needs minor revision.

Please, write your suggestions about the **Sample** or **Participants**, if any, into the following field.

More details about subject

7) Are the data collection instruments employed appropriate for the study?

Yes, acceptable.

Please, write your suggestions about the **Data Collection Instruments**, if any, into the following field.

8) Are the data analyses employed appropriate for the study?

Yes, acceptable.

Please, write your suggestions about the **Data Analyses** , if any, into the following field.

9) Are the presented results in accord with the research questions and/or the hypotheses?

Yes, acceptable.

10) Does the discussion section address adequately both results and research questions/hypotheses?

Yes, acceptable.

Please, write your suggestion about the Discussions, if any, into the following field.

11) Is the conclusion logically supported by the obtained results?

Yes, acceptable.

Please, write your suggestions about the **Conclusion**, if any, into the following field.

12) Is limitations and suggestions section sufficient and pertinents to the scope of the study?

Yes, but needs minor revision.

Please, write your suggestions about the **Limitation** and/or **Suggestion**, if any, into the following field.

13) Are the references used relevant and up-to-date?

Yes, but needs minor revision.

Please, write your suggestions about the **References**, if any, into the following field.

14) Are the paper's quality, structure and grammar excellent and perfectly crafted?

Yes, but needs minor revision.

Please, write your suggestions about the **study's quality, structure and grammar**, if any, into the following field.

15) Is the paper content original?

Yes, but needs minor revision.

Please state your suggestions about the revisions in detail (For Author(s)):

Notes are in the comments in the text

Please state your suggestions about the revisions in detail (For Author(s)):

Notes are in the comments in the text

Reviewer B:

Recommendation: Resubmit for Review

1) Does the title reflect the content of the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Title**, if any, into the following field.

in article review

2) Does the abstract summarize the essential information in the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Abstract**, if any, into the following field.

in article review

3) Does the introduction section adequately explain the problems the study address and the framework of the study? Are the importance and the contribution/implications of the study clearly stated?

No, non-acceptable.

Please, write your suggestions about the **Introduction**, if any, into the following field.

in article review

4) Are research questions and/or hypotheses in line with the focus of the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Research Questions** or **Hypotheses** , if any, into the following field.

in article review

5) Are the method and technique(s) employed appropriate for the study?

No, non-acceptable.

Please, write your suggestions about the **Method** or **Technique**, if any, into the following field.

in article review

6) Is the sample or the participants pertinent to the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Sample** or **Participants**, if any, into the following field.

in article review

7) Are the data collection instruments employed appropriate for the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Data Collection Instruments**, if any, into the following field.

in article review

8) Are the data analyses employed appropriate for the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Data Analyses** , if any, into the following field.

in article review

9) Are the presented results in accord with the research questions and/or the hypotheses?

Yes, but needs minor revision.

Please, write your suggestions about the **Results**, if any, into the following field.

in article review

10) Does the discussion section address adequately both results and research questions/hypotheses?

Not entirely, needs major revision.

Please, write your suggestion about the Discussions, if any, into the following field.

in article review

11) Is the conclusion logically supported by the obtained results?

Not entirely, needs major revision.

Please, write your suggestions about the **Conclusion**, if any, into the following field.

in article review

12) Is limitations and suggestions section sufficient and pertinents to the scope of the study?

Not entirely, needs major revision.

Please, write your suggestions about the **Limitation** and/or **Suggestion**, if any, into the following field.

in article review

13) Are the references used relevant and up-to-date?

Non-acceptable

Please, write your suggestions about the **References**, if any, into the following field.

in article review

14) Are the paper's quality, structure and grammar excellent and perfectly crafted?

Not entirely, needs major revision.

Please, write your suggestions about the **study's quality, structure and grammar**, if any,

Please, write your suggestions about the **Limitation** and/or **Suggestion**, if any, into the following field.

in article review

13) Are the references used relevant and up-to-date?

Non-acceptable

Please, write your suggestions about the **References**, if any, into the following field.

in article review

14) Are the paper's quality, structure and grammar excellent and perfectly crafted?

Not entirely, needs major revision.

Please, write your suggestions about the **study's quality, structure and grammar**, if any, into the following field.

in article review

15) Is the paper content original?

Not entirely, needs major revision.

Please state your suggestions about the revisions in detail (For Author(s)):

ceck in article review

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[Pegem Eğitim ve Öğretim Dergisi](#)

Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training

Abstract

The Psychosocial Training was held in July 2021 and involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Junior High Schools in Yogyakarta City. The aims of this research are (1) Knowing the implementation of Psychosocial Support Services training, (2) Obstacles in the implementation of Psychosocial Support Services training, and (3) Knowing the benefits of Psychosocial Support Services training. This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for guidance and counselling teacher Junior High School in Yogyakarta City. Primary subjects in this study were 20 participants of psychosocial training and facilitator of training. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation. The training is carried out in three stages: Pre-training Stage, Training Stage, and Evaluation Stage. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. The increase in the psychosocial knowledge of Guidance and Counseling Teachers after training is evidenced by the increase in post test scores. Cooperation of various parties with school residents is needed so that psychosocial preparedness can be applied to pre-disaster, emergency response, and post-disaster.

Key words: *Psycosocial; Preparedness; Disaster; Training; Teacher*

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Commented [H2]: explain each stage

Commented [H3]: no need to use numbering

Commented [H4]: if this answers goal no. 3? please be shorter

Introduction

1
2 Indonesia is a country that has a high disaster risk. The territory of Indonesia, which is a
3 disaster-prone area, especially geological natural disasters, is geographically located at the
4 confluence of 3 (three) world tectonic plates, namely the Indian-Australian Plate in the
5 south, the Eurasian Plate in the west and the Pacific Plate in the east. The plate boundaries
6 are a series of world volcanoes, which encircle the Pacific Ocean called the Pacific Ring of
7 Fire. The series then met with the Mediterranean series and then formed volcanoes in
8 Sumatra, Java and Nusa Tenggara (BNPB, 2017). This condition also makes Indonesia have
9 very high vulnerability and threat to various disasters such as earthquakes, tsunamis, floods,
10 landslides, hurricanes, disease outbreaks, droughts and volcanic eruptions (Tjandra, 2015).
11 Law Number 24 of 2007 concerning Disaster Management explains that disaster is an event
12 or series of events that threatens and disrupts people's lives and livelihoods caused, both by
13 natural factors and/or non-natural factors as well as human factors, resulting in human
14 casualties, environmental damage, property loss, and psychological impact. The impact of
15 the disaster is not only loss of life and loss of property, but also psychological impact.
16 Disaster impacts physical, psychological, social and economic aspects of the individual,
17 family and the community. The impact of disaster on children of different age group is many
18 times greater than that of the adults (Elangovan & Kasi, 2014a). After a disaster, children's
19 mental health needs range from support utilizing psychological first aid to psycho-education.
20 The skills for psychological recovery, trauma focused cognitive behavioral therapy, and
21 cognitive behavioral intervention for trauma school will also be needed when children and
22 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
23 depressive mood, re-experience, and so on (Chang et al., 2015).
24 The Special Region of Yogyakarta is one of the provinces that has quite a lot of potential
25 disaster threats, from the results of the risk assessment the City of Yogyakarta has potential
26 threats including earthquakes, floods, landslides, volcanic eruptions, extreme weather,
27 epidemics and disease outbreaks (BPBD Yogyakarta City, 2015). This condition is generally a
28 natural phenomenon that cannot be predicted quickly and precisely, such as an earthquake
29 for which until now there is no tool capable of detecting when an earthquake occurs and in

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1 March 2020 the Covid-19 pandemic hit the whole world, causing teaching and learning
2 activities to be diverted. online or online.

3 xxxxxxxxx

4 The Institute for Research and Community Service (LPPM) of Ahmad Dahlan University
5 Yogyakarta conducted training on Psychosocial Support Services (LDP) for Guidance and
6 Counseling Teachers. Training on Psychosocial Support Services (LDP) for Guidance and
7 Counseling teachers throughout the city of Yogyakarta held in July 2021. Psychosocial
8 Support Services (LDP) training is very much needed in crisis counseling both during pre-
9 disaster, during emergency response and post-disaster. This refers to the Regulation of the
10 Minister of National Education number 27 of 2008 concerning Standards of academic
11 qualifications and competence of Indonesian counselors, counselors must have professional
12 competence to master the practice of counseling services in various fields of individual life.

13 Development of psychosocial disaster preparedness program and its integration with
14 existing policies, programs and services would help children to be psychosocially prepared as
15 well as make the school system more effective in dealing with the psychosocial issues of
16 children during disasters (Elangovan & Kasi, 2014b). Evaluation and consideration of the
17 developmental needs of children and adolescents, as well as the needs of parents, families,
18 and schools is also important. Domestic standardization of intervention and
19 psychotherapeutic treatment should be performed for more effective interventions for a
20 disaster(Chang et al., 2015).

21 Psychosocial Support Services (LDP) training makes Guidance and Counseling Teachers have
22 superior competencies related to Psychosocial Support Services (LDP) materials. This is to
23 answer the needs of the community, professional competence of counselors is required to
24 be able to provide services in times of crisis or disaster situations. For this reason,
25 psychosocial support service training is needed for BK teachers at Muhammadiyah Junior
26 High Schools in Yogyakarta City. Based on the introduction that has been described above, it
27 can formulate the problem in this research is : (1) How is the implementation of Psychosocial
28 Support Services (LDP)?, (2) What are the obstacles that occur in Psychosocial Support
29 Services (LDP)?, (3) What are the benefits of Psychosocial Support Services (LDP) training?

30

Commented [H8]: I don't find the problem or urgency of the research, please add the problem or urgency of the research

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ISSN: 2146-0655

1 **Method**

2 **Research Design**

3 This study is a piece of qualitative research, which aims to describe and analyses social
4 phenomenon of psychosocial training for guidance and counselling teacher Junior High
5 School in Yogyakarta City.

Commented [H10]: add reference source

6 **Participants**

7 Primary subjects in this study were 20 participants of psychosocial training and facilitator of
8 training.

Commented [H11]: explain the reason for choosing the subject

9 **Data Collection Tools**

10 Data collection was done by in-depth interview, observation, and documentation.

Commented [H12]: explain each data collection

11 **Data Analysis**

12
13 The data analysis procedure in this research is (1) data reduction, (2) data presentation, and
14 (3) conclusion. Data validity is done by triangulation of source and method triangulation.

Commented [H13]: add reference source

15

16 **Findings**

Commented [H14]: I don't see the results of the data from in-depth interviews, observation, and documentation

17 xxxxxxxx

Commented [H15]: give an introductory paragraph

18 **Pre-Training Stage**

19 The first stage is conducting a preliminary survey to see conditions in the field and planning
20 activities to be carried out. The planning process includes identification/needs assessment,
21 identification of potential/threats of disasters and existing weaknesses, determining
22 agreement on activities to be carried out, and organizing activities.

23 **Training Stage**

24 The second stage is the implementation of activities. The activities carried out consisted of
25 several stages including the first pre-test then material on psychosocial understanding,
26 psychosocial legal basis, psychosocial impact after disaster and psychosocial welfare and
27 psychosocial intervention pyramid, understanding psychosocial support services, stages of
28 psychosocial support services, assessment of psychosocial support services, an example of a
29 case study of psychosocial support services in Central Sulawesi after the 2018 earthquake
30 and tsunami, and finally the post-test. Participants are representatives of Guidance and
31 Counseling teachers at Muhammadiyah Junior High School in Yogyakarta City. The service

1 team and experts will act as facilitators. Based on data from the Muhammadiyah Regional
 2 Leadership (PDM) of Yogyakarta City, there are 12 Muhammadiyah junior high schools in
 3 Yogyakarta City with details as shown in the table below:

4 **Table 1. Data for Muhammadiyah Junior High School in Yogyakarta City**

No	School Name	Address	Telephone
1	SMP Muhammadiyah 1	Purwodiningratan NG I/902-B	589624
2	SMP Muhammadiyah 2	Jl. Kapas II No. 7	564136
3	SMP Muhammadiyah 3	Jl. Kapt. Tendean 19	375158
4	SMP Muhammadiyah 4	Jl. Ki Mangunsarkoro No. 43	554623
5	SMP Muhammadiyah 5	Jl. Patehan Lor 25	373211
6	SMP Muhammadiyah 6	Jl. KH. Wakhid Hasyim 107	374720
7	SMP Muhammadiyah 7	Purbayan Kotagede	373190
8	SMP Muhammadiyah 8	Jl. Kenari 11 Miliran	585446
9	SMP Muhammadiyah 9	Karangkajen MG III/1039	370169
10	SMP Muhammadiyah 10	Jl. Kartini GK I/49-A	560412
11	Madrasah Muallimin	Jl. Letjen S.Parman No.68, Wirobrajan	373122
12	Madrasah Muallimat	Jl. Suronatan No.653, Notoprajan	374687

5
 6 The psychosocial training was carried out in July 2021. This activity was carried out online
 7 using the zoom meeting application to minimize the risk of Covid 19. There were 17 training
 8 participants and 3 facilitators.

9 **Table 2. Curriculum Details**

No	Curriculum Material
1	Psychosocial understanding
2	Psychosocial legal basis
3	Psychosocial impact after disaster and social welfare
4	Psychosocial well-being and the pyramid of psychosocial interventions
5	Definition of psychosocial support services

6	Stages of psychosocial support services
7	Assessment of psychosocial support services
8	Example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami
9	Individual and group assignments

1

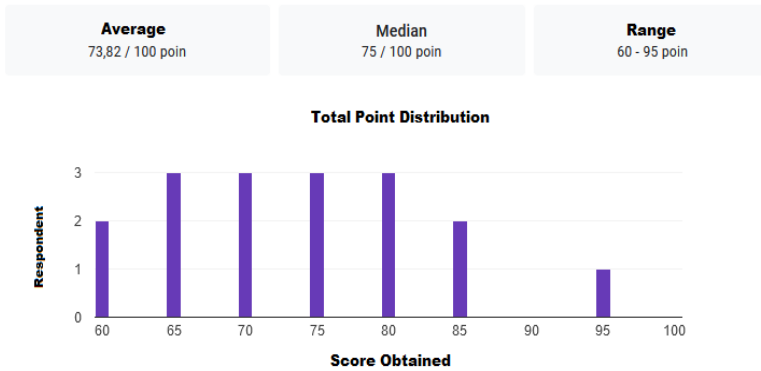
2 Table. 2 shows the details of the Psychosocial Support Services training curriculum. The
3 research team introduced the overall psychosocial training objectives and conducted a pre-
4 test to all participants. The first material presented is psychosocial understanding. The
5 facilitator explains psychosocial understanding, then combines it with psychosocial examples
6 so that participants can understand psychosocial understanding well. An explanation of the
7 notion of psychosocial becomes the basis for the next material. The second material is about
8 the basis of psychosocial law. The facilitator explains the legal basis for psychosocial
9 implementation in accordance with the laws and regulations in Indonesia. The facilitator also
10 explains the post-disaster psychosocial impact. The facilitator divides the participants into
11 five groups. Each group discusses psychosocial effects which include physiological effects,
12 feelings, thoughts, behavior, and social relationships. Then each group presented the results
13 of the discussion.

14 The facilitator also delivered material on psychosocial welfare and psychosocial intervention
15 pyramids, understanding psychosocial support services, stages of psychosocial support
16 services, assessment of psychosocial support services, examples of case studies of
17 psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami.
18 The facilitator divided participants into five groups. Each group is given the task of designing
19 a psychosocial support service program according to cases that occurred in schools during
20 the Covid 19 Pandemic. Each group is expected to be able to produce programs/outcomes
21 that are different from one another so that they can be implemented to be applied during
22 disaster response. At the end of the activity, all participants were given a post-test.

23 **Evaluation Stage**

24 The last stage is the evaluation stage. At this stage an evaluation of the results that have
25 been achieved by the training participants is carried out. Further feedback and

1 improvements can be made at this stage. Evaluation is given by collecting data obtained
 2 from psychosocial training activities.
 3 Based on the results of data processing carried out by researchers on understanding
 4 psychosocial support services for Guidance and Counseling teachers at Muhamamdiyah
 5 Junior High Shools Yogyakarta City, it was found that before training participants filled out a
 6 pre-test to measure the extent to which participants understood psychosocial support
 7 services and obtained an average score. from Guidance and Counseling Teachers of 73.82.
 8 After the psychosocial support service training and post-test were conducted, the average
 9 score increased to 77.06. The increasing knowledge of Guidance and Counseling teachers
 10 regarding psychosocial support services is influenced by interactive techniques, media, and
 11 methods designed by the facilitator during the training. The scores or test results can be
 12 seen in Figure 1 and Figure 2 below.



13
 14 **Figure 1. Pre Test Results**

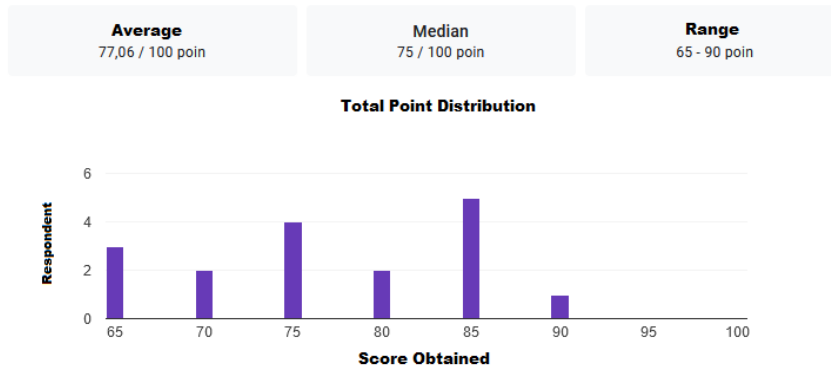


Figure 2. Post Test Results

Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly.

Discussion

The nation of Indonesia is in an area of geological instability, resulting in repeated and severe natural disasters including earthquakes, volcanic eruptions, and tsunamis. Teachers, as adult authority figures and people with whom students spend a majority of their day, can play a major role in the lives of children in a disaster-prone community. The impact of this intervention on reducing teacher distress and on improving student behavior and school performance over time. Analyses revealed a significant relationship between teachers' depression and self-reported negative classroom behavior, a significant relationship between teachers' posttraumatic distress and general beliefs about teacher efficacy, and a significant drop in depression and posttraumatic stress symptoms from before to after the intervention (Seyle et al., 2013). Children are among the most vulnerable groups during and after a natural disaster experiencing a range of stressors such as fear of death or loss of a

Commented [H16]: should be presented in accordance with the research objectives

1 loved one, the loss of a home and community, displacement to a strange neighborhood or
2 school, and even separation from their family. Psychosocial support helped children:
3 articulate their feelings, process grief, regulate emotions such as anger and aggression, and
4 gain knowledge on how to handle bullying behaviors in their school. This article builds on the
5 literature supporting post-disaster psychosocial school-based interventions (Powell &
6 Holleran-Steiker, 2017). Teachers have an important role in disaster preparedness, especially
7 in relation to the psychosocial preparedness of school residents. Psychosocial is not only
8 implemented when a disaster occurs, but must be better prepared before a disaster occurs.
9 One of the psychosocial preparedness efforts can be carried out with psychosocial training
10 for school residents, so that school residents have a good understanding of psychosocial
11 knowledge and can play a direct role in psychosocial support services during emergency and
12 post-disaster responses.

13 Any impact of disaster can be looked at in two ways: firstly by ascertaining the
14 characteristics of the event itself, and secondly, how that event is appraised by those
15 affected. Depending on different phases of the impact of the disaster, individuals will
16 respond in different styles. Psychosocial interventions must be tailored to address the needs
17 of the target population, with special attention paid to vulnerable groups such as children,
18 women and the elderly. These should also be modulated according to the phase of recovery
19 following the event occurrence because each phase will highlight different needs. The four
20 phases of intervention, although determined separately, may show an overlap. In the initial
21 phases, the emphasis is on social intervention that can be delivered by community-level
22 workers. In the later phases, the psychological issues that emerge necessitate the services of
23 trained professionals. Initial social care will need to give way to psychological care, and on
24 occasion both will need to be combined for a considerable period. Since psychosocial care is
25 a long-term, continuous process, disaster management and preparedness programmes must
26 invest in training for capacity building by training community workers and primary care
27 health professionals(K., 2006).

28 General principles of psychosocial disaster intervention: (1) Assessment of disaster, extant
29 service systems and incoming resources. (2) Assessment of help-seeking pathways and
30 cultural models of illness. (3) Facilitation and support for family reunion, identification of the

1 dead and cultural and religious practices to address death and grief. (4) Foster and bolster
2 community group activities where possible. (5) Psychosocial training of community, aid and
3 health workers using a train the trainer model to promote case identification,
4 psychoeducation and intervention, with specific emphasis on vulnerable groups, especially
5 children. (6) Promote general community psychoeducation. (7) Train medical and health
6 staff in basic psychiatric and psychological assessment and intervention for post-traumatic
7 stress, mood and anxiety disorders. (8) Minimize risk factors for psychiatric morbidity such
8 as displacement and loss of gainful activity. (9) Reshape mental health systems recognizing
9 the long-term psychiatric sequelae of disaster(Sundram et al., 2008).

10 Psychosocial disaster preparedness, through teachers, is one among the best ways to
11 prepare children to face the psychosocial consequences of disasters. teachers who were
12 provided training on psychosocial disaster preparedness had better knowledge than the
13 control group. Development of psychosocial disaster preparedness program and its
14 integration with existing policies, programs and services would help children to be
15 psychosocially prepared as well as make the school system more effective in dealing with
16 the psychosocial issues of children during disasters (Elangovan & Kasi, 2014a). This is in
17 accordance with the benefits of psychosocial training. The benefits of psychosocial training
18 for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support
19 Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by
20 disasters in accordance with the context of disasters that occur in schools, (3) Teachers
21 understanding properly the psychosocial intervention pyramid and ensure that teachers are
22 at which level in the psychosocial intervention pyramid, (4) teachers know the stages of
23 psychosocial support services and apply the stages in case studies that occur in schools, (5)
24 teachers can design psychosocial assessments, and (6) Teachers can intervene in
25 psychosocial support services in the school environment.

26 Relationship among agencies associated with a disaster, training professionals and prepared
27 programs for disaster will be needed in pre-disaster stage. After a disaster, children's mental
28 health needs range from support utilizing psychological first aid to psycho-education. The
29 skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive
30 behavioral intervention for trauma school will also be needed when children and

1 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
2 depressive mood, re-experience, and so on. Evaluation and consideration of the
3 developmental needs of children and adolescents, as well as the needs of parents, families,
4 and schools is also important. Domestic standardization of intervention and
5 psychotherapeutic treatment should be performed for more effective interventions for a
6 disaster (Chang et al., 2015). Successful disaster psychosocial planning and the
7 institutionalizing of psychosocial response within emergency management require clearly-
8 defined skill sets. This necessitates anticipating both the short- and long-term psychosocial
9 implications of a disaster or health emergency (ie, pandemic) by developing effective and
10 sustained working relationships among psychosocial providers, programs, and other
11 planning partners(Cox & Danford, 2014).Inter-institutional cooperation is very much needed
12 in the implementation of psychosocial support services in schools. Inter-institutional
13 collaboration is carried out to ensure that psychosocial knowledge does not only exist in the
14 emergency response phase. Schools can collaborate with BNPB, BPBD, Social Service, Village
15 Disaster Risk Reduction Forum, and NGOs in the pre-disaster, emergency response, and
16 post-disaster phases.

17 Development and implementation an assessment and intervention program that can be
18 used as psychosocial first aid for children caught up in a humanitarian emergency. Because
19 this disaster was not anticipated, we were fortunate to have a group of previously trained
20 individuals who were able to implement the knowledge and skills required to do workforce
21 training. More communities and countries need to do more disaster preparation that
22 includes psychosocial first aid for children. It is important that multiple modalities of
23 psychosocial assistance be used and available to strengthen families, to restore livelihoods,
24 and to revitalize communities in the aftermath of a disaster (S. et al., 2010). Any response to
25 the mental health needs of the affected community following any disaster depends upon a
26 number of factors, including disaster preparedness, existence of mental health services,
27 resources in human and financial terms, along with the magnitude, cause and suddenness of
28 the event (Vijaykumar et al., 2006). This is the reason that psychosocial activities must be
29 carried out in the pre-disaster, emergency response, and post-disaster phases.

30

Conclusion

Commented [H17]: it is better to present the meaning of this research

Psychosocial support service training was carried out during July 2021 by the Guidance and Counseling Study program at Ahmad Dahlan University (UAD). This psychosocial training involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Middle Schools in Yogyakarta City. The facilitator provides interactive material so that participants become active and enthusiastic about participating in the activity. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. This is in accordance with the benefits of psychosocial training. The benefits of psychosocial training for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by disasters in accordance with the context of disasters that occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid and ensure that teachers are at which level in the psychosocial intervention pyramid, (4) teachers know the stages of psychosocial support services and apply the stages in case studies that occur in schools, (5) teachers can design psychosocial assessments, and (6) Teachers can intervene in psychosocial support services in the school environment. The increase in knowledge is evidenced by the results of the pretest and posttest which have increased scores, previously the pretest score was 73.82 after the training was carried out the post test score became 77.06.

Suggestion

Suggestions for improving psychosocial training in the future are expected that the training time is adjusted to the material so that psychosocial knowledge and skills can be conveyed properly. Psychosocial support service training activities can be carried out offline and with the support of activity facilities and infrastructure.

References

Commented [H18]: references do not meet international standards

- 1 BNPB. (2017). *Potensi dan Ancaman Bencana*. <https://www.bnpb.go.id/home/potensi>. Diakses Pada
 2 Tanggal 20 Juli 2021.
- 3 BPBD Kota Yogyakarta. (2014). *Peta Kawasan Rawan Bencana Kota Yogyakarta*,
 4 <https://bpbdd.jogjakota.go.id/page/index/peta-kawasan-rawan-bencana>. Diakses Pada Tanggal
 5 20 Juli 2021.
- 6 Chang, H. Y., Lee, C.-S., Park, J., Bhang, S. Y., & Seo, J.-Y. (2015). Psychosocial Intervention and
 7 Practical Experience in Children and Adolescent before and after a Disaster. *Journal of Korean*
 8 *Neuropsychiatric Association*, 54(3), 276. <https://doi.org/10.4306/jknpa.2015.54.3.276>
- 9 Cox, R. S., & Danford, T. (2014). The Need for a Systematic Approach to Disaster Psychosocial
 10 Response: A Suggested Competency Framework. *Prehospital and Disaster Medicine*, 29(02),
 11 183–189. <https://doi.org/10.1017/s1049023x14000259>
- 12 Elangovan, A. R., & Kasi, S. (2014a). Psychosocial disaster preparedness for school children by
 13 teachers. *International Journal of Disaster Risk Reduction*.
 14 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 15 Elangovan, A. R., & Kasi, S. (2014b). Psychosocial disaster preparedness for school children by
 16 teachers. *International Journal of Disaster Risk Reduction*, 12, 119–124.
 17 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 18 K., R. (2006). Psychosocial support in disaster-affected communities. In *International Review of*
 19 *Psychiatry* (Vol. 18, Issue 6, pp. 501–505).
 20 <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662>
 21 [2550](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662)
- 22 Peraturan Menteri Pendidikan Nasional nomor 27 tahun 2008 Tentang *Standar Kualifikasi Akademik*
 23 *dan Kompetensi Konselor*.
- 24 Powell, T., & Holleran-Steiker, L. K. (2017). Supporting Children After a Disaster: A Case Study of a
 25 Psychosocial School-Based Intervention. *Clinical Social Work Journal*.
 26 <https://doi.org/10.1007/s10615-015-0557-y>
- 27 S., P., P., S., L., P., K., K., & T., P. (2010). Psychosocial first Aid: Support for the child survivors of the
 28 Asian Tsunami. *Journal of Developmental and Behavioral Pediatrics*, 31(9), 723–727.
 29 <https://doi.org/10.1097/DBP.0b013e3181f46de2>
- 30 Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta,
 31 Indonesia: A study of elementary school teachers. *School Psychology International*, 34(4), 387–
 32 404. <https://doi.org/10.1177/0143034312446889>
- 33 Sundram, S., Karim, M. E., Ladrado-Ignacio, L., Maramis, A., Mufti, K. A., Nagaraja, D., Shinfuku, N.,
 34 Somasundaram, D., Udomratn, P., Yizhuang, Z., Ahsan, A., Chaudhry, H. R., Chowdhury, S.,
 35 D'Souza, R., Dongfeng, Z., Firoz, A. H. M., Hamid, M. A., Indradjaya, S., Math, S. B., ... Wahab, M.
 36 A. (2008). Psychosocial responses to disaster: An Asian perspective. *Asian Journal of Psychiatry*,
 37 1(1), 7–14. <https://doi.org/10.1016/j.ajp.2008.07.004>
- 38 Tjandra, K. (2015). *Mengenal Gunungapi*. Yogyakarta: Gadjah Mada University Press.
- 39 Undang-undang Nomor 24 Tahun 2007 Tentang *Penanggulangan Bencana*.
- 40 Vijaykumar, L., Thara, R., John, S., & Chellappa, S. (2006). Psychosocial interventions after tsunami in
 41 Tamil Nadu, India. *International Review of Psychiatry*, 18(3), 225–231.
 42 <https://doi.org/10.1080/0954026060065591>
- 43

Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training

Abstract

The Psychosocial Training was held in July 2021 and involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Junior High Schools in Yogyakarta City. The aims of this research are (1) Knowing the implementation of Psychosocial Support Services training, (2) Obstacles in the implementation of Psychosocial Support Services training, and (3) Knowing the benefits of Psychosocial Support Services training. This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for guidance and counselling teacher Junior High School in Yogyakarta City. Primary subjects in this study were 20 participants of psychosocial training and facilitator of training. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation. The training is carried out in three stages: Pre-training Stage, Training Stage, and Evaluation Stage. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. The increase in the psychosocial knowledge of Guidance and Counseling Teachers after training is evidenced by the increase in post test scores. Cooperation of various parties with school residents is needed so that psychosocial preparedness can be applied to pre-disaster, emergency response, and post-disaster.

Key words: *Psychosocial; Preparedness; Disaster; Training; Teacher*

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Introduction

1
2 Indonesia is a country that has a high disaster risk. The territory of Indonesia, which is a
3 disaster-prone area, especially geological natural disasters, is geographically located at the
4 confluence of 3 (three) world tectonic plates, namely the Indian-Australian Plate in the
5 south, the Eurasian Plate in the west and the Pacific Plate in the east. The plate boundaries
6 are a series of world volcanoes, which encircle the Pacific Ocean called the Pacific Ring of
7 Fire. The series then met with the Mediterranean series and then formed volcanoes in
8 Sumatra, Java and Nusa Tenggara (BNPB, 2017). This condition also makes Indonesia have
9 very high vulnerability and threat to various disasters such as earthquakes, tsunamis, floods,
10 landslides, hurricanes, disease outbreaks, droughts and volcanic eruptions (Tjandra, 2015).
11 Law Number 24 of 2007 concerning Disaster Management explains that disaster is an event
12 or series of events that threatens and disrupts people's lives and livelihoods caused, both by
13 natural factors and/or non-natural factors as well as human factors, resulting in human
14 casualties, environmental damage, property loss, and psychological impact. The impact of
15 the disaster is not only loss of life and loss of property, but also psychological impact.
16 Disaster impacts physical, psychological, social and economic aspects of the individual,
17 family and the community. The impact of disaster on children of different age group is many
18 times greater than that of the adults (Elangovan & Kasi, 2014a). After a disaster, children's
19 mental health needs range from support utilizing psychological first aid to psycho-education.
20 The skills for psychological recovery, trauma focused cognitive behavioral therapy, and
21 cognitive behavioral intervention for trauma school will also be needed when children and
22 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
23 depressive mood, re-experience, and so on (Chang et al., 2015).
24 The Special Region of Yogyakarta is one of the provinces that has quite a lot of potential
25 disaster threats, from the results of the risk assessment the City of Yogyakarta has potential
26 threats including earthquakes, floods, landslides, volcanic eruptions, extreme weather,
27 epidemics and disease outbreaks (BPBD Yogyakarta City, 2015). This condition is generally a
28 natural phenomenon that cannot be predicted quickly and precisely, such as an earthquake
29 for which until now there is no tool capable of detecting when an earthquake occurs and in

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1 March 2020 the Covid-19 pandemic hit the whole world, causing teaching and learning
2 activities to be diverted. online or online.

3 xxxxxxxxx

4 The Institute for Research and Community Service (LPPM) of Ahmad Dahlan University
5 Yogyakarta conducted training on Psychosocial Support Services (LDP) for Guidance and
6 Counseling Teachers. Training on Psychosocial Support Services (LDP) for Guidance and
7 Counseling teachers throughout the city of Yogyakarta held in July 2021. Psychosocial
8 Support Services (LDP) training is very much needed in crisis counseling both during pre-
9 disaster, during emergency response and post-disaster. This refers to the Regulation of the
10 Minister of National Education number 27 of 2008 concerning Standards of academic
11 qualifications and competence of Indonesian counselors, counselors must have professional
12 competence to master the practice of counseling services in various fields of individual life.

13 Development of psychosocial disaster preparedness program and its integration with
14 existing policies, programs and services would help children to be psychosocially prepared as
15 well as make the school system more effective in dealing with the psychosocial issues of
16 children during disasters (Elangovan & Kasi, 2014b). Evaluation and consideration of the
17 developmental needs of children and adolescents, as well as the needs of parents, families,
18 and schools is also important. Domestic standardization of intervention and
19 psychotherapeutic treatment should be performed for more effective interventions for a
20 disaster(Chang et al., 2015).

21 Psychosocial Support Services (LDP) training makes Guidance and Counseling Teachers have
22 superior competencies related to Psychosocial Support Services (LDP) materials. This is to
23 answer the needs of the community, professional competence of counselors is required to
24 be able to provide services in times of crisis or disaster situations. For this reason,
25 psychosocial support service training is needed for BK teachers at Muhammadiyah Junior
26 High Schools in Yogyakarta City. Based on the introduction that has been described above, it
27 can formulate the problem in this research is : (1) How is the implementation of Psychosocial
28 Support Services (LDP)?, (2) What are the obstacles that occur in Psychosocial Support
29 Services (LDP)?, (3) What are the benefits of Psychosocial Support Services (LDP) training?

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1 **Method**

2 **Research Design**

3 This study is a piece of qualitative research, which aims to describe and analyses social
4 phenomenon of psychosocial training for guidance and counselling teacher Junior High
5 School in Yogyakarta City.

Commented [H10]: add reference source

6 **Participants**

7 Primary subjects in this study were 20 participants of psychosocial training and facilitator of
8 training.

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9 **Data Collection Tools**

10 Data collection was done by in-depth interview, observation, and documentation.

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11 **Data Analysis**

12
13 The data analysis procedure in this research is (1) data reduction, (2) data presentation, and
14 (3) conclusion. Data validity is done by triangulation of source and method triangulation.

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15

16 **Findings**

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17 xxxxxxxx

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18 **Pre-Training Stage**

19 The first stage is conducting a preliminary survey to see conditions in the field and planning
20 activities to be carried out. The planning process includes identification/needs assessment,
21 identification of potential/threats of disasters and existing weaknesses, determining
22 agreement on activities to be carried out, and organizing activities.

23 **Training Stage**

24 The second stage is the implementation of activities. The activities carried out consisted of
25 several stages including the first pre-test then material on psychosocial understanding,
26 psychosocial legal basis, psychosocial impact after disaster and psychosocial welfare and
27 psychosocial intervention pyramid, understanding psychosocial support services, stages of
28 psychosocial support services, assessment of psychosocial support services, an example of a
29 case study of psychosocial support services in Central Sulawesi after the 2018 earthquake
30 and tsunami, and finally the post-test. Participants are representatives of Guidance and
31 Counseling teachers at Muhammadiyah Junior High School in Yogyakarta City. The service

1 team and experts will act as facilitators. Based on data from the Muhammadiyah Regional
 2 Leadership (PDM) of Yogyakarta City, there are 12 Muhammadiyah junior high schools in
 3 Yogyakarta City with details as shown in the table below:

4 **Table 1. Data for Muhammadiyah Junior High School in Yogyakarta City**

No	School Name	Address	Telephone
1	SMP Muhammadiyah 1	Purwodiningratan NG I/902-B	589624
2	SMP Muhammadiyah 2	Jl. Kapas II No. 7	564136
3	SMP Muhammadiyah 3	Jl. Kapt. Tendean 19	375158
4	SMP Muhammadiyah 4	Jl. Ki Mangunsarkoro No. 43	554623
5	SMP Muhammadiyah 5	Jl. Patehan Lor 25	373211
6	SMP Muhammadiyah 6	Jl. KH. Wakhid Hasyim 107	374720
7	SMP Muhammadiyah 7	Purbayan Kotagede	373190
8	SMP Muhammadiyah 8	Jl. Kenari 11 Miliran	585446
9	SMP Muhammadiyah 9	Karangkajen MG III/1039	370169
10	SMP Muhammadiyah 10	Jl. Kartini GK I/49-A	560412
11	Madrasah Muallimin	Jl. Letjen S.Parman No.68, Wirobrajan	373122
12	Madrasah Muallimat	Jl. Suronatan No.653, Notoprajan	374687

5
 6 The psychosocial training was carried out in July 2021. This activity was carried out online
 7 using the zoom meeting application to minimize the risk of Covid 19. There were 17 training
 8 participants and 3 facilitators.

9 **Table 2. Curriculum Details**

No	Curriculum Material
1	Psychosocial understanding
2	Psychosocial legal basis
3	Psychosocial impact after disaster and social welfare
4	Psychosocial well-being and the pyramid of psychosocial interventions
5	Definition of psychosocial support services

6	Stages of psychosocial support services
7	Assessment of psychosocial support services
8	Example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami
9	Individual and group assignments

1

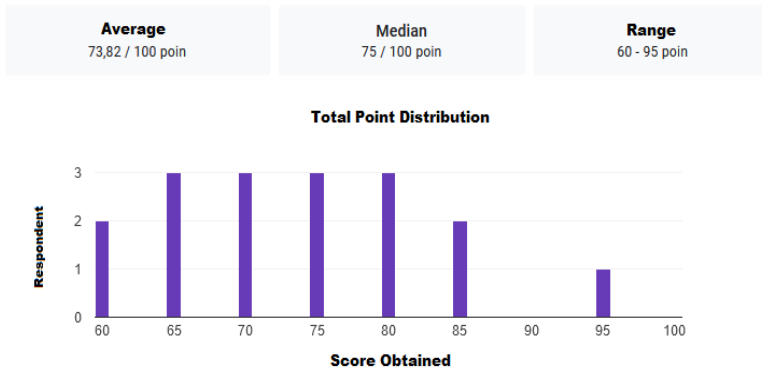
2 Table. 2 shows the details of the Psychosocial Support Services training curriculum. The
3 research team introduced the overall psychosocial training objectives and conducted a pre-
4 test to all participants. The first material presented is psychosocial understanding. The
5 facilitator explains psychosocial understanding, then combines it with psychosocial examples
6 so that participants can understand psychosocial understanding well. An explanation of the
7 notion of psychosocial becomes the basis for the next material. The second material is about
8 the basis of psychosocial law. The facilitator explains the legal basis for psychosocial
9 implementation in accordance with the laws and regulations in Indonesia. The facilitator also
10 explains the post-disaster psychosocial impact. The facilitator divides the participants into
11 five groups. Each group discusses psychosocial effects which include physiological effects,
12 feelings, thoughts, behavior, and social relationships. Then each group presented the results
13 of the discussion.

14 The facilitator also delivered material on psychosocial welfare and psychosocial intervention
15 pyramids, understanding psychosocial support services, stages of psychosocial support
16 services, assessment of psychosocial support services, examples of case studies of
17 psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami.
18 The facilitator divided participants into five groups. Each group is given the task of designing
19 a psychosocial support service program according to cases that occurred in schools during
20 the Covid 19 Pandemic. Each group is expected to be able to produce programs/outcomes
21 that are different from one another so that they can be implemented to be applied during
22 disaster response. At the end of the activity, all participants were given a post-test.

23 **Evaluation Stage**

24 The last stage is the evaluation stage. At this stage an evaluation of the results that have
25 been achieved by the training participants is carried out. Further feedback and

1 improvements can be made at this stage. Evaluation is given by collecting data obtained
 2 from psychosocial training activities.
 3 Based on the results of data processing carried out by researchers on understanding
 4 psychosocial support services for Guidance and Counseling teachers at Muhamamdiyah
 5 Junior High Shools Yogyakarta City, it was found that before training participants filled out a
 6 pre-test to measure the extent to which participants understood psychosocial support
 7 services and obtained an average score. from Guidance and Counseling Teachers of 73.82.
 8 After the psychosocial support service training and post-test were conducted, the average
 9 score increased to 77.06. The increasing knowledge of Guidance and Counseling teachers
 10 regarding psychosocial support services is influenced by interactive techniques, media, and
 11 methods designed by the facilitator during the training. The scores or test results can be
 12 seen in Figure 1 and Figure 2 below.



13
 14 **Figure 1. Pre Test Results**

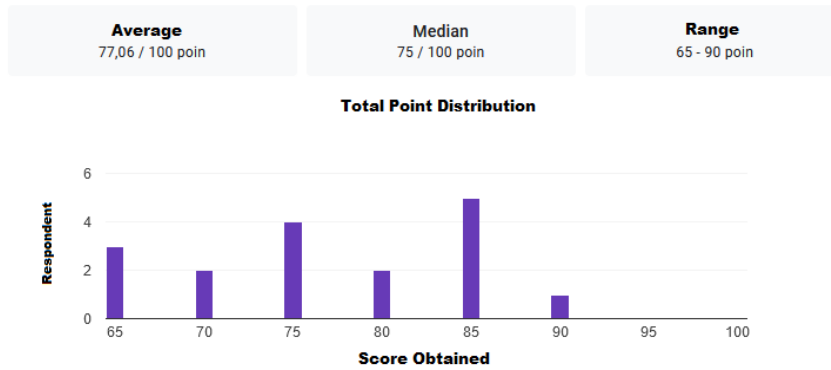


Figure 2. Post Test Results

Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly.

Discussion

The nation of Indonesia is in an area of geological instability, resulting in repeated and severe natural disasters including earthquakes, volcanic eruptions, and tsunamis. Teachers, as adult authority figures and people with whom students spend a majority of their day, can play a major role in the lives of children in a disaster-prone community. The impact of this intervention on reducing teacher distress and on improving student behavior and school performance over time. Analyses revealed a significant relationship between teachers' depression and self-reported negative classroom behavior, a significant relationship between teachers' posttraumatic distress and general beliefs about teacher efficacy, and a significant drop in depression and posttraumatic stress symptoms from before to after the intervention (Seyle et al., 2013). Children are among the most vulnerable groups during and after a natural disaster experiencing a range of stressors such as fear of death or loss of a

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1 loved one, the loss of a home and community, displacement to a strange neighborhood or
2 school, and even separation from their family. Psychosocial support helped children:
3 articulate their feelings, process grief, regulate emotions such as anger and aggression, and
4 gain knowledge on how to handle bullying behaviors in their school. This article builds on the
5 literature supporting post-disaster psychosocial school-based interventions (Powell &
6 Holleran-Steiker, 2017). Teachers have an important role in disaster preparedness, especially
7 in relation to the psychosocial preparedness of school residents. Psychosocial is not only
8 implemented when a disaster occurs, but must be better prepared before a disaster occurs.
9 One of the psychosocial preparedness efforts can be carried out with psychosocial training
10 for school residents, so that school residents have a good understanding of psychosocial
11 knowledge and can play a direct role in psychosocial support services during emergency and
12 post-disaster responses.

13 Any impact of disaster can be looked at in two ways: firstly by ascertaining the
14 characteristics of the event itself, and secondly, how that event is appraised by those
15 affected. Depending on different phases of the impact of the disaster, individuals will
16 respond in different styles. Psychosocial interventions must be tailored to address the needs
17 of the target population, with special attention paid to vulnerable groups such as children,
18 women and the elderly. These should also be modulated according to the phase of recovery
19 following the event occurrence because each phase will highlight different needs. The four
20 phases of intervention, although determined separately, may show an overlap. In the initial
21 phases, the emphasis is on social intervention that can be delivered by community-level
22 workers. In the later phases, the psychological issues that emerge necessitate the services of
23 trained professionals. Initial social care will need to give way to psychological care, and on
24 occasion both will need to be combined for a considerable period. Since psychosocial care is
25 a long-term, continuous process, disaster management and preparedness programmes must
26 invest in training for capacity building by training community workers and primary care
27 health professionals(K., 2006).

28 General principles of psychosocial disaster intervention: (1) Assessment of disaster, extant
29 service systems and incoming resources. (2) Assessment of help-seeking pathways and
30 cultural models of illness. (3) Facilitation and support for family reunion, identification of the

1 dead and cultural and religious practices to address death and grief. (4) Foster and bolster
2 community group activities where possible. (5) Psychosocial training of community, aid and
3 health workers using a train the trainer model to promote case identification,
4 psychoeducation and intervention, with specific emphasis on vulnerable groups, especially
5 children. (6) Promote general community psychoeducation. (7) Train medical and health
6 staff in basic psychiatric and psychological assessment and intervention for post-traumatic
7 stress, mood and anxiety disorders. (8) Minimize risk factors for psychiatric morbidity such
8 as displacement and loss of gainful activity. (9) Reshape mental health systems recognizing
9 the long-term psychiatric sequelae of disaster(Sundram et al., 2008).

10 Psychosocial disaster preparedness, through teachers, is one among the best ways to
11 prepare children to face the psychosocial consequences of disasters. teachers who were
12 provided training on psychosocial disaster preparedness had better knowledge than the
13 control group. Development of psychosocial disaster preparedness program and its
14 integration with existing policies, programs and services would help children to be
15 psychosocially prepared as well as make the school system more effective in dealing with
16 the psychosocial issues of children during disasters (Elangovan & Kasi, 2014a). This is in
17 accordance with the benefits of psychosocial training. The benefits of psychosocial training
18 for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support
19 Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by
20 disasters in accordance with the context of disasters that occur in schools, (3) Teachers
21 understanding properly the psychosocial intervention pyramid and ensure that teachers are
22 at which level in the psychosocial intervention pyramid, (4) teachers know the stages of
23 psychosocial support services and apply the stages in case studies that occur in schools, (5)
24 teachers can design psychosocial assessments, and (6) Teachers can intervene in
25 psychosocial support services in the school environment.

26 Relationship among agencies associated with a disaster, training professionals and prepared
27 programs for disaster will be needed in pre-disaster stage. After a disaster, children's mental
28 health needs range from support utilizing psychological first aid to psycho-education. The
29 skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive
30 behavioral intervention for trauma school will also be needed when children and

1 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
2 depressive mood, re-experience, and so on. Evaluation and consideration of the
3 developmental needs of children and adolescents, as well as the needs of parents, families,
4 and schools is also important. Domestic standardization of intervention and
5 psychotherapeutic treatment should be performed for more effective interventions for a
6 disaster (Chang et al., 2015). Successful disaster psychosocial planning and the
7 institutionalizing of psychosocial response within emergency management require clearly-
8 defined skill sets. This necessitates anticipating both the short- and long-term psychosocial
9 implications of a disaster or health emergency (ie, pandemic) by developing effective and
10 sustained working relationships among psychosocial providers, programs, and other
11 planning partners(Cox & Danford, 2014).Inter-institutional cooperation is very much needed
12 in the implementation of psychosocial support services in schools. Inter-institutional
13 collaboration is carried out to ensure that psychosocial knowledge does not only exist in the
14 emergency response phase. Schools can collaborate with BNPB, BPBD, Social Service, Village
15 Disaster Risk Reduction Forum, and NGOs in the pre-disaster, emergency response, and
16 post-disaster phases.

17 Development and implementation an assessment and intervention program that can be
18 used as psychosocial first aid for children caught up in a humanitarian emergency. Because
19 this disaster was not anticipated, we were fortunate to have a group of previously trained
20 individuals who were able to implement the knowledge and skills required to do workforce
21 training. More communities and countries need to do more disaster preparation that
22 includes psychosocial first aid for children. It is important that multiple modalities of
23 psychosocial assistance be used and available to strengthen families, to restore livelihoods,
24 and to revitalize communities in the aftermath of a disaster (S. et al., 2010). Any response to
25 the mental health needs of the affected community following any disaster depends upon a
26 number of factors, including disaster preparedness, existence of mental health services,
27 resources in human and financial terms, along with the magnitude, cause and suddenness of
28 the event (Vijaykumar et al., 2006). This is the reason that psychosocial activities must be
29 carried out in the pre-disaster, emergency response, and post-disaster phases.

30

Conclusion

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Psychosocial support service training was carried out during July 2021 by the Guidance and Counseling Study program at Ahmad Dahlan University (UAD). This psychosocial training involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Middle Schools in Yogyakarta City. The facilitator provides interactive material so that participants become active and enthusiastic about participating in the activity. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. This is in accordance with the benefits of psychosocial training. The benefits of psychosocial training for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by disasters in accordance with the context of disasters that occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid and ensure that teachers are at which level in the psychosocial intervention pyramid, (4) teachers know the stages of psychosocial support services and apply the stages in case studies that occur in schools, (5) teachers can design psychosocial assessments, and (6) Teachers can intervene in psychosocial support services in the school environment. The increase in knowledge is evidenced by the results of the pretest and posttest which have increased scores, previously the pretest score was 73.82 after the training was carried out the post test score became 77.06.

Suggestion

Suggestions for improving psychosocial training in the future are expected that the training time is adjusted to the material so that psychosocial knowledge and skills can be conveyed properly. Psychosocial support service training activities can be carried out offline and with the support of activity facilities and infrastructure.

References

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- 1 BNPB. (2017). *Potensi dan Ancaman Bencana*. <https://www.bnpb.go.id/home/potensi>. Diakses Pada
 2 Tanggal 20 Juli 2021.
- 3 BPBD Kota Yogyakarta. (2014). *Peta Kawasan Rawan Bencana Kota Yogyakarta*,
 4 <https://bpbd.jogjakota.go.id/page/index/peta-kawasan-rawan-bencana>. Diakses Pada Tanggal
 5 20 Juli 2021.
- 6 Chang, H. Y., Lee, C.-S., Park, J., Bhang, S. Y., & Seo, J.-Y. (2015). Psychosocial Intervention and
 7 Practical Experience in Children and Adolescent before and after a Disaster. *Journal of Korean*
 8 *Neuropsychiatric Association*, 54(3), 276. <https://doi.org/10.4306/jknpa.2015.54.3.276>
- 9 Cox, R. S., & Danford, T. (2014). The Need for a Systematic Approach to Disaster Psychosocial
 10 Response: A Suggested Competency Framework. *Prehospital and Disaster Medicine*, 29(02),
 11 183–189. <https://doi.org/10.1017/s1049023x14000259>
- 12 Elangovan, A. R., & Kasi, S. (2014a). Psychosocial disaster preparedness for school children by
 13 teachers. *International Journal of Disaster Risk Reduction*.
 14 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 15 Elangovan, A. R., & Kasi, S. (2014b). Psychosocial disaster preparedness for school children by
 16 teachers. *International Journal of Disaster Risk Reduction*, 12, 119–124.
 17 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 18 K., R. (2006). Psychosocial support in disaster-affected communities. In *International Review of*
 19 *Psychiatry* (Vol. 18, Issue 6, pp. 501–505).
 20 <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662>
 21 [2550](https://doi.org/10.1016/j.ijdr.2014.12.007)
- 22 Peraturan Menteri Pendidikan Nasional nomor 27 tahun 2008 Tentang *Standar Kualifikasi Akademik*
 23 *dan Kompetensi Konselor*.
- 24 Powell, T., & Holleran-Steiker, L. K. (2017). Supporting Children After a Disaster: A Case Study of a
 25 Psychosocial School-Based Intervention. *Clinical Social Work Journal*.
 26 <https://doi.org/10.1007/s10615-015-0557-y>
- 27 S., P., P., S., L., P., K., K., & T., P. (2010). Psychosocial first Aid: Support for the child survivors of the
 28 Asian Tsunami. *Journal of Developmental and Behavioral Pediatrics*, 31(9), 723–727.
 29 <https://doi.org/10.1097/DBP.0b013e3181f46de2>
- 30 Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta,
 31 Indonesia: A study of elementary school teachers. *School Psychology International*, 34(4), 387–
 32 404. <https://doi.org/10.1177/0143034312446889>
- 33 Sundram, S., Karim, M. E., Ladrado-Ignacio, L., Maramis, A., Mufti, K. A., Nagaraja, D., Shinfuku, N.,
 34 Somasundaram, D., Udomratn, P., Yizhuang, Z., Ahsan, A., Chaudhry, H. R., Chowdhury, S.,
 35 D'Souza, R., Dongfeng, Z., Firoz, A. H. M., Hamid, M. A., Indradjaya, S., Math, S. B., ... Wahab, M.
 36 A. (2008). Psychosocial responses to disaster: An Asian perspective. *Asian Journal of Psychiatry*,
 37 1(1), 7–14. <https://doi.org/10.1016/j.ajp.2008.07.004>
- 38 Tjandra, K. (2015). *Mengenal Gunungapi*. Yogyakarta: Gadjah Mada University Press.
- 39 Undang-undang Nomor 24 Tahun 2007 Tentang *Penanggulangan Bencana*.
- 40 Vijaykumar, L., Thara, R., John, S., & Chellappa, S. (2006). Psychosocial interventions after tsunami in
 41 Tamil Nadu, India. *International Review of Psychiatry*, 18(3), 225–231.
 42 <https://doi.org/10.1080/0954026060065591>
- 43

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Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training

Abstract

The Psychosocial Training was held in July 2021 and involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Junior High Schools in Yogyakarta City. The aims of this research are (1) Identifying the implementation of Psychosocial Support Services training, (2) Obstacles in the implementation of Psychosocial Support Services training, and (3) Identifying the benefits of Psychosocial Support Services training. This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for guidance and counselling teacher Junior High School in Yogyakarta City. Primary subjects in this study were 20 participants of psychosocial training and facilitator of training. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation. The training is carried out in three stages: Pre-training Stage, Training Stage, and Evaluation Stage. Obstacles in implementing psychosocial training include the training cannot be carried out optimally because the training is carried out online, limited time for training, some teachers are not active in psychosocial training because the media at zoom meetings is very limited. The increase in the psychosocial knowledge of Guidance and Counseling Teachers after attending the training is evidenced by an increase in post test scores. Cooperation of various parties with school residents is needed so that psychosocial preparedness can be applied to pre-disaster, emergency response, and post-disaster.

Key words: *Psycosocial; Preparedness; Disaster; Training; Teacher*

Introduction

Indonesia is a country that has a high disaster risk. The territory of Indonesia, which is a disaster-prone area, especially geological natural disasters, is geographically located at the confluence of 3 (three) world tectonic plates, namely the Indian-Australian Plate in the

1 south, the Eurasian Plate in the west and the Pacific Plate in the east. The plate boundaries
2 are a series of world volcanoes, which encircle the Pacific Ocean called the Pacific Ring of
3 Fire. The series then met with the Mediterranean series and then formed volcanoes in
4 Sumatra, Java and Nusa Tenggara. This condition also makes Indonesia have very high
5 vulnerability and threat to various disasters such as earthquakes, tsunamis, floods,
6 landslides, hurricanes, disease outbreaks, droughts and volcanic eruptions (Tjandra, 2015).

7 Law Number 24 of 2007 concerning Disaster Management explains that disaster is an event
8 or series of events that threatens and disrupts people's lives and livelihoods caused, both by
9 natural factors and/or non-natural factors as well as human factors, resulting in human
10 casualties, environmental damage, property loss, and psychological impact. The impact of
11 the disaster is not only loss of life and loss of property, but also psychological impact.
12 Disaster impacts physical, psychological, social and economic aspects of the individual,
13 family and the community. The impact of disaster on children of different age group is many
14 times greater than that of the adults (Elangovan & Kasi, 2014a). After a disaster, children's
15 mental health needs range from support utilizing psychological first aid to psycho-education.
16 The skills for psychological recovery, trauma focused cognitive behavioral therapy, and
17 cognitive behavioral intervention for trauma school will also be needed when children and
18 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
19 depressive mood, re-experience, and so on (Chang et al., 2015).

20 The Special Region of Yogyakarta is one of the provinces that has quite a lot of potential
21 disaster threats, from the results of the risk assessment the City of Yogyakarta has potential
22 threats including earthquakes, floods, landslides, volcanic eruptions, extreme weather,
23 epidemics and disease outbreaks. This condition is generally a natural phenomenon that
24 cannot be predicted quickly and precisely, such as an earthquake for which until now there
25 is no tool capable of detecting when an earthquake occurs and in March 2020 the Covid-19
26 pandemic hit the whole world, causing teaching and learning activities to be diverted online
27 or online.

28 The Institute for Research and Community Service (LPPM) of Ahmad Dahlan University
29 Yogyakarta conducted training on Psychosocial Support Services (LDP) for Guidance and
30 Counseling Teachers. Training on Psychosocial Support Services (LDP) for Guidance and

1 Counseling teachers throughout the city of Yogyakarta held in July 2021. Psychosocial
 2 Support Services (LDP) training is very much needed in crisis counseling both during pre-
 3 disaster, during emergency response and post-disaster. This refers to the Regulation of the
 4 Minister of National Education number 27 of 2008 concerning Standards of academic
 5 qualifications and competence of Indonesian counselors, counselors must have professional
 6 competence to master the practice of counseling services in various fields of individual life.
 7 Development of psychosocial disaster preparedness program and its integration with
 8 existing policies, programs and services would help children to be psychosocially prepared as
 9 well as make the school system more effective in dealing with the psychosocial issues of
 10 children during disasters (Elangovan & Kasi, 2014b). Evaluation and consideration of the
 11 developmental needs of children and adolescents, as well as the needs of parents, families,
 12 and schools is also important. Domestic standardization of intervention and
 13 psychotherapeutic treatment should be performed for more effective interventions for a
 14 disaster(Chang et al., 2015).

15 Psychosocial Support Services (LDP) training makes Guidance and Counseling Teachers have
 16 superior competencies related to Psychosocial Support Services (LDP) materials. This is to
 17 answer the needs of the community, professional competence of counselors is required to
 18 be able to provide services in times of crisis or disaster situations. For this reason,
 19 psychosocial support service training is needed for Guidance and Counseling teachers at
 20 Muhammadiyah Junior High Schools in Yogyakarta City. Based on the introduction that has
 21 been described above, it can formulate the problem in this research is : (1) How is the
 22 implementation of Psychosocial Support Services (LDP)?, (2) What are the obstacles that
 23 occur in Psychosocial Support Services (LDP)?, (3) What are the benefits of Psychosocial
 24 Support Services (LDP) training?

25

26

1 **Method**

2 **Research Design**

3 This study is a piece of qualitative research, which aims to describe and analyses social
4 phenomenon of psychosocial training for guidance and counselling teacher Junior High
5 School in Yogyakarta City.

6 **Participants**

7 The primary subjects in this study were 20 participants of psychosocial training and
8 facilitator of training. They are selected for this activity, they are teachers who need training
9 and reinforcement on psychosocial training and facilitators of training. Moreover, schools in
10 Yogyakarta are schools located in disaster-prone areas.

11 **Data Collection Tools**

12 Data collection was done by in-depth interview, observation, and documentation. In-depth
13 interviewing is the process of obtaining information for research purposes by means of face-
14 to-face questions and answers between the interviewer and the respondent or the person
15 being interviewed, with or without using interview guidelines in which the interviewer and
16 informant are involved in a relatively long social life. Observation is used in this study to
17 obtain important information about people, because what is said is not necessarily in
18 accordance with what is done. While documentation is used to provide documents using
19 accurate evidence from recording specific sources of information from essays / writings,
20 wills, books, laws, and so on.

21 **Data Analysis**

22
23 The technique of analyzing qualitative data is by summarizing, categorizing and interpreting.
24 The data analyzed by this method is in the form of text or narrative. The data analysis
25 procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion.
26 Data validity is done by triangulation of source and method triangulation.

27

28

1 **Findings**

2 Psychosocial training is important to do to increase the Capacity of Guidance and Counseling
3 Teachers in Disaster Preparedness. The next section shows the implementation stages
4 starting from the Pre-training stage, training stage, and evaluation stage.

5 **Pre-Training Stage**

6 The first stage is conducting a preliminary survey to see conditions in the field and planning
7 activities to be carried out. The planning process includes identification/needs assessment,
8 identification of potential/threats of disasters and existing weaknesses, determining
9 agreement on activities to be carried out, and organizing activities.

10 **Training Stage**

11 The second stage is the implementation of activities. The activities carried out consisted of
12 several stages including the first pre-test then material on psychosocial understanding,
13 psychosocial legal basis, psychosocial impact after disaster and psychosocial welfare and
14 psychosocial intervention pyramid, understanding psychosocial support services, stages of
15 psychosocial support services, assessment of psychosocial support services, an example of a
16 case study of psychosocial support services in Central Sulawesi after the 2018 earthquake
17 and tsunami, and finally the post-test. Participants are representatives of Guidance and
18 Counseling teachers at Muhammadiyah Junior High School in Yogyakarta City. The service
19 team and experts will act as facilitators. Based on data from the Muhammadiyah Regional
20 Leadership (PDM) of Yogyakarta City, there are 12 Muhammadiyah junior high schools in
21 Yogyakarta City with details as shown in the table below:

22 **Table 1. Data for Muhammadiyah Junior High School in Yogyakarta City**

No	School Name	Address	Telephone
1	SMP Muhammadiyah 1	Purwodiningratan NG I/902-B	589624
2	SMP Muhammadiyah 2	Jl. Kapas II No. 7	564136
3	SMP Muhammadiyah 3	Jl. Kapt. Tendean 19	375158
4	SMP Muhammadiyah 4	Jl. Ki Mangunsarkoro No. 43	554623
5	SMP Muhammadiyah 5	Jl. Patehan Lor 25	373211
6	SMP Muhammadiyah 6	Jl. KH. Wakhid Hasyim 107	374720

7	SMP Muhammadiyah 7	Purbayan Kotagede	373190
8	SMP Muhammadiyah 8	Jl. Kenari 11 Miliran	585446
9	SMP Muhammadiyah 9	Karangkajen MG III/1039	370169
10	SMP Muhammadiyah 10	Jl. Kartini GK I/49-A	560412
11	Madrasah Muallimin	Jl. Letjen S.Parman No.68, Wirobrajan	373122
12	Madrasah Muallimat	Jl. Suronatan No.653, Notoprajan	374687

1

2 The psychosocial training was carried out in July 2021. This activity was carried out online
3 using the zoom meeting application to minimize the risk of Covid 19. There were 17 training
4 participants and 3 facilitators.

5 **Table 2. Curriculum Details**

No	Curriculum Material
1	Psychosocial understanding
2	Psychosocial legal basis
3	Psychosocial impact after disaster and social welfare
4	Psychosocial well-being and the pyramid of psychosocial interventions
5	Definition of psychosocial support services
6	Stages of psychosocial support services
7	Assessment of psychosocial support services
8	Example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami
9	Individual and group assignments

6

7 Table. 2 shows the details of the Psychosocial Support Services training curriculum. The
8 research team introduced the overall psychosocial training objectives and conducted a pre-
9 test to all participants. The first material presented is psychosocial understanding. The
10 facilitator explains psychosocial understanding, then combines it with psychosocial examples
11 so that participants can understand psychosocial understanding well. An explanation of the
12 notion of psychosocial becomes the basis for the next material. The second material is about

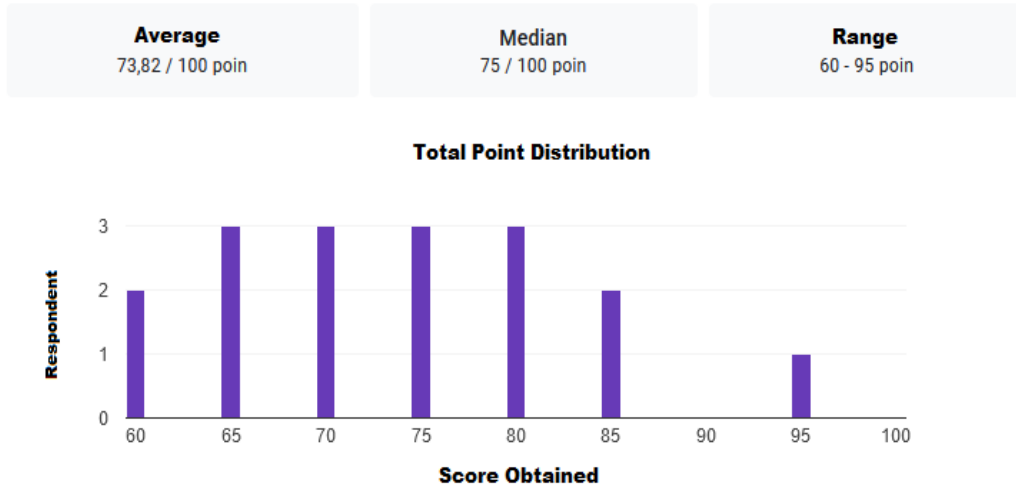
1 the basis of psychosocial law. The facilitator explains the legal basis for psychosocial
2 implementation in accordance with the laws and regulations in Indonesia. The facilitator also
3 explains the post-disaster psychosocial impact. The facilitator divides the participants into
4 five groups. Each group discusses psychosocial effects which include physiological effects,
5 feelings, thoughts, behavior, and social relationships. Then each group presented the results
6 of the discussion.

7 The facilitator also delivered material on psychosocial welfare and psychosocial intervention
8 pyramids, understanding psychosocial support services, stages of psychosocial support
9 services, assessment of psychosocial support services, examples of case studies of
10 psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami.
11 The facilitator divided participants into five groups. Each group is given the task of designing
12 a psychosocial support service program according to cases that occurred in schools during
13 the Covid 19 Pandemic. Each group is expected to be able to produce programs/outcomes
14 that are different from one another so that they can be implemented to be applied during
15 disaster response. At the end of the activity, all participants were given a post-test.

16 **Evaluation Stage**

17 The last stage is the evaluation stage. At this stage an evaluation of the results that have
18 been achieved by the training participants is carried out. Further feedback and
19 improvements can be made at this stage. Evaluation is given by collecting data obtained
20 from psychosocial training activities.

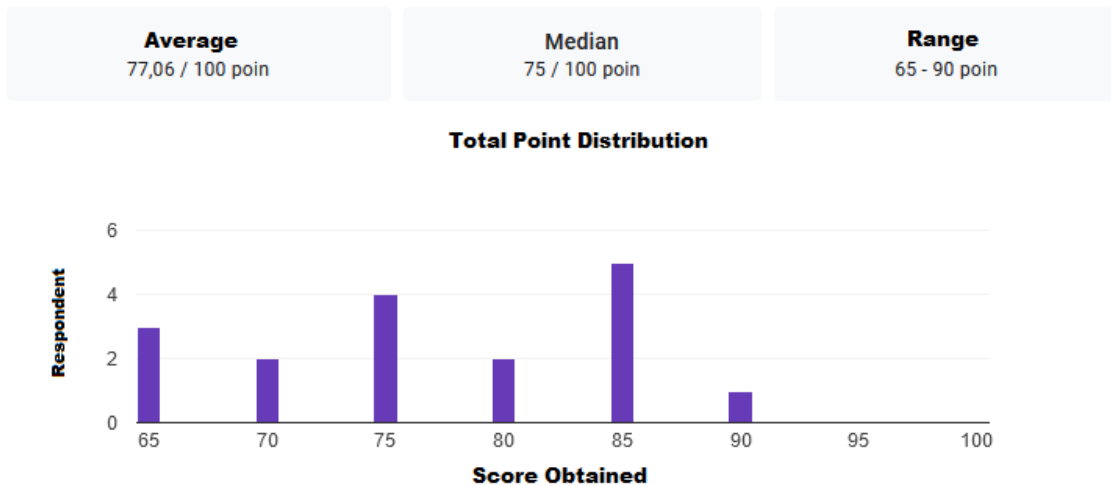
21 Based on the results of data processing carried out by researchers on understanding
22 psychosocial support services for Guidance and Counseling teachers at Muhamamadiyah
23 Junior High Shools Yogyakarta City, it was found that before training participants filled out a
24 pre-test to measure the extent to which participants understood psychosocial support
25 services and obtained an average score. from Guidance and Counseling Teachers of 73.82.
26 After the psychosocial support service training and post-test were conducted, the average
27 score increased to 77.06. The increasing knowledge of Guidance and Counseling teachers
28 regarding psychosocial support services is influenced by interactive techniques, media, and
29 methods designed by the facilitator during the training. The scores or test results can be
30 seen in Figure 1 and Figure 2 below.



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Figure 1. Pre Test Results



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Figure 2. Post Test Results

5 Obstacles in implementing psychosocial training include: (1) Training cannot be carried out
6 optimally because the training is carried out online, (2) Limited time for training, (3) Some
7 teachers are not active in psychosocial training because the media at zoom meetings is very
8 limited. To maximize the training, the facilitator further guides the participants in the
9 WhatsApp Group and assignments are carried out through the google document application
10 so that teachers can easily access them directly.

11

Discussion

1
2 The nation of Indonesia is in an area of geological instability, resulting in repeated and
3 severe natural disasters including earthquakes, volcanic eruptions, and tsunamis. Teachers,
4 as adult authority figures and people with whom students spend a majority of their day, can
5 play a major role in the lives of children in a disaster-prone community. The impact of this
6 intervention on reducing teacher distress and on improving student behavior and school
7 performance over time. Analyses revealed a significant relationship between teachers'
8 depression and self-reported negative classroom behavior, a significant relationship
9 between teachers' posttraumatic distress and general beliefs about teacher efficacy, and a
10 significant drop in depression and posttraumatic stress symptoms from before to after the
11 intervention (Seyle et al., 2013). Children are among the most vulnerable groups during and
12 after a natural disaster experiencing a range of stressors such as fear of death or loss of a
13 loved one, the loss of a home and community, displacement to a strange neighborhood or
14 school, and even separation from their family. Psychosocial support helped children:
15 articulate their feelings, process grief, regulate emotions such as anger and aggression, and
16 gain knowledge on how to handle bullying behaviors in their school. This article builds on the
17 literature supporting post-disaster psychosocial school-based interventions (Powell &
18 Holleran-Steiker, 2017). Teachers have an important role in disaster preparedness, especially
19 in relation to the psychosocial preparedness of school residents. Psychosocial is not only
20 implemented when a disaster occurs, but must be better prepared before a disaster occurs.
21 One of the psychosocial preparedness efforts can be carried out with psychosocial training
22 for school residents, so that school residents have a good understanding of psychosocial
23 knowledge and can play a direct role in psychosocial support services during emergency and
24 post-disaster responses.

25 Any impact of disaster can be looked at in two ways: firstly by ascertaining the
26 characteristics of the event itself, and secondly, how that event is appraised by those
27 affected. Depending on different phases of the impact of the disaster, individuals will
28 respond in different styles. Psychosocial interventions must be tailored to address the needs
29 of the target population, with special attention paid to vulnerable groups such as children,
30 women and the elderly. These should also be modulated according to the phase of recovery

1 following the event occurrence because each phase will highlight different needs. The four
2 phases of intervention, although determined separately, may show an overlap. In the initial
3 phases, the emphasis is on social intervention that can be delivered by community-level
4 workers. In the later phases, the psychological issues that emerge necessitate the services of
5 trained professionals. Initial social care will need to give way to psychological care, and on
6 occasion both will need to be combined for a considerable period. Since psychosocial care is
7 a long-term, continuous process, disaster management and preparedness programmes must
8 invest in training for capacity building by training community workers and primary care
9 health professionals(K., 2006).

10 General principles of psychosocial disaster intervention: (1) Assessment of disaster, extant
11 service systems and incoming resources. (2) Assessment of help-seeking pathways and
12 cultural models of illness. (3) Facilitation and support for family reunion, identification of the
13 dead and cultural and religious practices to address death and grief. (4) Foster and bolster
14 community group activities where possible. (5) Psychosocial training of community, aid and
15 health workers using a train the trainer model to promote case identification,
16 psychoeducation and intervention, with specific emphasis on vulnerable groups, especially
17 children. (6) Promote general community psychoeducation. (7) Train medical and health
18 staff in basic psychiatric and psychological assessment and intervention for post-traumatic
19 stress, mood and anxiety disorders. (8) Minimize risk factors for psychiatric morbidity such
20 as displacement and loss of gainful activity. (9) Reshape mental health systems recognizing
21 the long-term psychiatric sequelae of disaster(Sundram et al., 2008).

22 Psychosocial disaster preparedness, through teachers, is one among the best ways to
23 prepare children to face the psychosocial consequences of disasters. teachers who were
24 provided training on psychosocial disaster preparedness had better knowledge than the
25 control group. Development of psychosocial disaster preparedness program and its
26 integration with existing policies, programs and services would help children to be
27 psychosocially prepared as well as make the school system more effective in dealing with
28 the psychosocial issues of children during disasters (Elangovan & Kasi, 2014a). This is in
29 accordance with the benefits of psychosocial training. The benefits of psychosocial training
30 for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support

1 Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by
2 disasters in accordance with the context of disasters that occur in schools, (3) Teachers
3 understanding properly the psychosocial intervention pyramid and ensure that teachers are
4 at which level in the psychosocial intervention pyramid, (4) teachers know the stages of
5 psychosocial support services and apply the stages in case studies that occur in schools, (5)
6 teachers can design psychosocial assessments, and (6) Teachers can intervene in
7 psychosocial support services in the school environment.

8 Relationship among agencies associated with a disaster, training professionals and prepared
9 programs for disaster will be needed in pre-disaster stage. After a disaster, children's mental
10 health needs range from support utilizing psychological first aid to psycho-education. The
11 skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive
12 behavioral intervention for trauma school will also be needed when children and
13 adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety,
14 depressive mood, re-experience, and so on. Evaluation and consideration of the
15 developmental needs of children and adolescents, as well as the needs of parents, families,
16 and schools is also important. Domestic standardization of intervention and
17 psychotherapeutic treatment should be performed for more effective interventions for a
18 disaster (Chang et al., 2015). Successful disaster psychosocial planning and the
19 institutionalizing of psychosocial response within emergency management require clearly-
20 defined skill sets. This necessitates anticipating both the short- and long-term psychosocial
21 implications of a disaster or health emergency (ie, pandemic) by developing effective and
22 sustained working relationships among psychosocial providers, programs, and other
23 planning partners(Cox & Danford, 2014).Inter-institutional cooperation is very much needed
24 in the implementation of psychosocial support services in schools. Inter-institutional
25 collaboration is carried out to ensure that psychosocial knowledge does not only exist in the
26 emergency response phase. Schools can collaborate with BNPB, BPBD, Social Service, Village
27 Disaster Risk Reduction Forum, and NGOs in the pre-disaster, emergency response, and
28 post-disaster phases.

29 Development and implementation an assessment and intervention program that can be
30 used as psychosocial first aid for children caught up in a humanitarian emergency. Because

1 this disaster was not anticipated, we were fortunate to have a group of previously trained
2 individuals who were able to implement the knowledge and skills required to do workforce
3 training. More communities and countries need to do more disaster preparation that
4 includes psychosocial first aid for children. It is important that multiple modalities of
5 psychosocial assistance be used and available to strengthen families, to restore livelihoods,
6 and to revitalize communities in the aftermath of a disaster (S. et al., 2010). Any response to
7 the mental health needs of the affected community following any disaster depends upon a
8 number of factors, including disaster preparedness, existence of mental health services,
9 resources in human and financial terms, along with the magnitude, cause and suddenness of
10 the event (Vijaykumar et al., 2006). This is the reason that psychosocial activities must be
11 carried out in the pre-disaster, emergency response, and post-disaster phases.

12

13

Conclusion

14 Psychosocial support service training was carried out during July 2021 by the Guidance and
15 Counseling Study program at Ahmad Dahlan University (UAD). This psychosocial training
16 involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Middle Schools in
17 Yogyakarta City. The facilitator provides interactive material so that participants become
18 active and enthusiastic about participating in the activity. Obstacles in implementing
19 psychosocial training include: (1) Training cannot be carried out optimally because the
20 training is carried out online, (2) Limited time for training, (3) Some teachers are not active in
21 psychosocial training because the media at zoom meetings is very limited. To maximize the
22 training, the facilitator further guides the participants in the WhatsApp Group and
23 assignments are carried out through the google document application so that teachers can
24 easily access them directly. This is in accordance with the benefits of psychosocial training.
25 The benefits of psychosocial training for teachers include (1) increasing teacher knowledge
26 and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the
27 psychosocial impacts caused by disasters in accordance with the context of disasters that
28 occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid
29 and ensure that teachers are at which level in the psychosocial intervention pyramid, (4)
30 teachers know the stages of psychosocial support services and apply the stages in case

1 studies that occur in schools, (5) teachers can design psychosocial assessments, and (6)
2 Teachers can intervene in psychosocial support services in the school environment. The
3 increase in knowledge is evidenced by the results of the pretest and posttest which have
4 increased scores, previously the pretest score was 73.82 after the training was carried out
5 the post test score became 77.06.

6 Suggestion

7 Suggestions for improving psychosocial training in the future are expected that the training
8 time is adjusted to the material so that psychosocial knowledge and skills can be conveyed
9 properly. Psychosocial support service training activities can be carried out offline and with
10 the support of activity facilities and infrastructure.

12 References

- 13 Chang, H. Y., Lee, C.-S., Park, J., Bhang, S. Y., & Seo, J.-Y. (2015). Psychosocial Intervention and
14 Practical Experience in Children and Adolescent before and after a Disaster. *Journal of Korean*
15 *Neuropsychiatric Association*, 54(3), 276. <https://doi.org/10.4306/jknpa.2015.54.3.276>
- 16 Cox, R. S., & Danford, T. (2014). The Need for a Systematic Approach to Disaster Psychosocial
17 Response: A Suggested Competency Framework. *Prehospital and Disaster Medicine*, 29(02),
18 183–189. <https://doi.org/10.1017/s1049023x14000259>
- 19 Elangovan, A. R., & Kasi, S. (2014a). Psychosocial disaster preparedness for school children by
20 teachers. *International Journal of Disaster Risk Reduction*.
21 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 22 Elangovan, A. R., & Kasi, S. (2014b). Psychosocial disaster preparedness for school children by
23 teachers. *International Journal of Disaster Risk Reduction*, 12, 119–124.
24 <https://doi.org/10.1016/j.ijdr.2014.12.007>
- 25 K., R. (2006). Psychosocial support in disaster-affected communities. In *International Review of*
26 *Psychiatry* (Vol. 18, Issue 6, pp. 501–505).
27 [http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=200662](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=2006622550)
28 [2550](http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=emed7&NEWS=N&AN=2006622550)
- 29 Peraturan Menteri Pendidikan Nasional nomor 27 tahun 2008 Tentang *Standar Kualifikasi Akademik*
30 *dan Kompetensi Konselor*.
- 31 Powell, T., & Holleran-Steiker, L. K. (2017). Supporting Children After a Disaster: A Case Study of a
32 Psychosocial School-Based Intervention. *Clinical Social Work Journal*.
33 <https://doi.org/10.1007/s10615-015-0557-y>
- 34 S., P., P., S., L., P., K., K., & T., P. (2010). Psychosocial first Aid: Support for the child survivors of the
35 Asian Tsunami. *Journal of Developmental and Behavioral Pediatrics*, 31(9), 723–727.
36 <https://doi.org/10.1097/DBP.0b013e3181f46de2>
- 37 Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta,
38 Indonesia: A study of elementary school teachers. *School Psychology International*, 34(4), 387–

- 1 404. <https://doi.org/10.1177/0143034312446889>
- 2 Sundram, S., Karim, M. E., Ladrido-Ignacio, L., Maramis, A., Mufti, K. A., Nagaraja, D., Shinfuku, N.,
3 Somasundaram, D., Udomratn, P., Yizhuang, Z., Ahsan, A., Chaudhry, H. R., Chowdhury, S.,
4 D'Souza, R., Dongfeng, Z., Firoz, A. H. M., Hamid, M. A., Indradjaya, S., Math, S. B., ... Wahab, M.
5 A. (2008). Psychosocial responses to disaster: An Asian perspective. *Asian Journal of Psychiatry*,
6 1(1), 7–14. <https://doi.org/10.1016/j.ajp.2008.07.004>
- 7 Tjandra, K. (2015). *Mengenal Gunungapi*. Yogyakarta: Gadjah Mada University Press.
- 8 Undang-undang Nomor 24 Tahun 2007 Tentang *Penanggulangan Bencana*.
- 9 Vijaykumar, L., Thara, R., John, S., & Chellappa, S. (2006). Psychosocial interventions after tsunami in
10 Tamil Nadu, India. *International Review of Psychiatry*, 18(3), 225–231.
11 <https://doi.org/10.1080/0954026060065591>
- 12

Notifications

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Increasing Guidance and Counseling Teacher Capacity in Disaster Preparedness through Psychosocial Training

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ABSTRACT

The Psychosocial Training was held in July 2021 and involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Junior High Schools in Yogyakarta City. The aims of this research are (1) to know the implementation of Psychosocial Support Services training, (2) Obstacles in the implementation of Psychosocial Support Services training, and (3) Knowing the benefits of Psychosocial Support Services training. This study is a piece of qualitative research, which aims to describe and analyses the social phenomenon of psychosocial training for guidance and counseling teacher in Junior High School in Yogyakarta City. Primary subjects in this study were 20 participants of psychosocial training and facilitator of training. Data collection was done by in-depth interview, observation, and documentation. The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation. The training is carried out in three stages: pre-training stage is conducting a preliminary survey to see conditions in the field and planning activities to be carried out, training stage is the implementation of Psychosocial training, and evaluation stage of the results that have been achieved by the training participants are carried out. Obstacles in implementing psychosocial training include: training cannot be carried out optimally because the training is carried out online, limited time for training, some teachers are not active in psychosocial training because the media at zoom meetings is very limited. The facilitator maximizes training with WhatsApp Groups and the google document application on assignment. increasing the knowledge of participants after attending the training by increasing the post-test scores. Cooperation of various parties with school residents is needed so that psychosocial preparedness can be applied to pre-disaster, emergency response, and post-disaster.

Keywords: Psychosocial; Preparedness; Disaster; Training; Teacher.

INTRODUCTION

Indonesia is a country that has a high disaster risk. The territory of Indonesia, which is a disaster-prone area, especially geological natural disasters, is geographically located at the confluence of 3 (three) world tectonic plates, namely the Indian-Australian Plate in the south, the Eurasian Plate in the west, and the Pacific Plate in the east. The plate boundaries are a series of world volcanoes, which encircle the Pacific Ocean called the Pacific Ring of Fire. The series then met with the Mediterranean series and then formed volcanoes in Sumatra, Java, and Nusa Tenggara (BNPB, 2017). This is evidenced by the high impact on natural disasters and socio-economic vulnerability (Djalante & Garschagen, 2017) given its high exposure to natural hazards coupled with its high socio-economic vulnerability. The aim of this chapter is to review disaster events and impacts, and assess effectiveness of risk governance in responding to disasters and reducing risk. It discusses institutional and social-economic changes that have happened in response to particular disasters, and how different social political changes influence disaster risk governance. There are extensive studies that have examined the progress in building resilience in Indonesia, but studies that link disaster events and key historical institutional

responses over the period between 1900 and 2015 have not yet been done systematically. Learning from these can help to achieve more effective disaster risk reduction (DRR).

Law Number 24 of 2007 concerning Disaster Management explains that a disaster is an event or series of events that threatens and disrupts people's lives and livelihoods caused, both by natural factors and/or non-natural factors as well as human factors, resulting in human casualties, environmental damage, property loss, and psychological impact. The impact of

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the disaster is not only loss of life and loss of property, but also psychological impact. Disaster impacts physical, psychological, social, and economic aspects of the individual, family, and the community. The impact of the disaster on children of different age groups is many times greater than that of adults (Elangovan & Kasi, 2014). After a disaster, children's mental health needs range from support utilizing psychological first aid to psycho-education. The skills for psychological recovery, trauma-focused cognitive behavioral therapy, and cognitive-behavioral intervention for trauma school will also be needed when children and adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety, depressive mood, re-experience, and so on (Chang et al., 2015).

The Special Region of Yogyakarta is one of the provinces that has quite a lot of potential disaster threats, from the results of the risk assessment the City of Yogyakarta has potential threats including earthquakes, floods, landslides, volcanic eruptions, extreme weather, epidemics and disease outbreaks (BPBD Yogyakarta City, 2015). This condition is generally a natural phenomenon that cannot be predicted quickly and precisely, such as an earthquake for which until now there is no tool capable of detecting when an earthquake occurs and in March 2020 the Covid-19 pandemic hit the whole world, causing teaching and learning activities to be diverted. online or online.

Disasters have an impact on students, the school system, and affect children's basic rights, namely the right to education. The results of development in the field of education are inversely proportional to the damage to school facilities, prolonged disruption of education, limited access to schools, and declining quality of education (Selby & Kagawa, 2012) 302 hazards resulted in disasters that claimed almost 30,000 lives, affected 206 million people and inicted damages worth an estimated US\$366 billion, according to the United Nations Office for Disaster Risk Reduction ('UNISDR' Towards a Post-2015 Framework for Disaster Risk Reduction. Disasters can also cause psychosocial impacts for school residents, while capacity building related to psychosocial is still very limited. Guidance and Counseling teachers can be an alternative whose capacity for psychosocial development can be increased, so that teachers have psychosocial knowledge and skills that must be applied during pre-disaster, emergency response and post-disaster.

The Institute for Research and Community Service (LPPM) of Ahmad Dahlan University Yogyakarta conducted training on Psychosocial Support Services (LDP) for Guidance and Counseling Teachers. Training on Psychosocial Support Services (LDP) for Guidance and Counseling teachers throughout the city of Yogyakarta held in July 2021. Psychosocial Support Services (LDP) training is very much needed in crisis counseling both during pre-disaster, during emergency response and post-disaster. This refers to the

Regulation of the Minister of National Education number 27 of 2008 concerning Standards of academic qualifications and competence of Indonesian counselors, counselors must have professional competence to master the practice of counseling services in various fields of individual life.

Development of psychosocial disaster preparedness program and its integration with existing policies, programs and services would help children to be psychosocially prepared as well as make the school system more effective in dealing with the psychosocial issues of children during disasters (Elangovan & Kasi, 2014). Evaluation and consideration of the developmental needs of children and adolescents, as well as the needs of parents, families, and schools is also important. Domestic standardization of intervention and psychotherapeutic treatment should be performed for more effective interventions for a disaster (Chang et al., 2015).

Psychosocial Support Services (LDP) training makes Guidance and Counseling Teachers have superior competencies related to Psychosocial Support Services (LDP) materials. This is to answer the needs of the community, professional competence of counselors is required to be able to provide services in times of crisis or disaster situations. For this reason, psychosocial support service training is needed for Guidance and Counseling teachers at Muhammadiyah Junior High Schools in Yogyakarta City. Based on the introduction that has been described above, it can formulate the problem in this research is: (1) How is the implementation of Psychosocial Support Services (LDP)? (2) What are the obstacles that occur in Psychosocial Support Services (LDP)? (3) What are the benefits of Psychosocial Support Services (LDP) training?

Method

Research Design

This study is a piece of qualitative research, which aims to describe and analyses social phenomenon of psychosocial training for guidance and counselling teacher Junior High School in Yogyakarta City.

Participants

The primary subjects in this study were 20 participants of psychosocial training and facilitator of training. They are selected for this activity, they are teachers who need training and reinforcement on psychosocial training and facilitators of training. Moreover, schools in Yogyakarta are schools located in disaster-prone areas.

Data Collection Tools

Data collection was done by in-depth interview, observation, and documentation. In-depth interviewing is the process of obtaining information for research purposes by means of face-to-face questions and answers between the interviewer

and the respondent or the person being interviewed, with or without using interview guidelines in which the interviewer and informant are involved in a relatively long social life. Observation is used in this study to obtain important information about people, because what is said is not necessarily in accordance with what is done. While documentation is used to provide documents using accurate evidence from recording specific sources of information from essays / writings, wills, books, laws, and so on.

Data Analysis

The data analysis procedure in this research is (1) data reduction, (2) data presentation, and (3) conclusion. Data validity is done by triangulation of source and method triangulation.

FINDINGS

Psychosocial training for Guidance and Counseling teachers is carried out through several stages, namely Pre-Training Stage, Training Stage, and Evaluation Stage. The following is an explanation of the stages of psychosocial training.

Pre-Training Stage

The first stage is conducting a preliminary survey to see conditions in the field and planning activities to be carried out. The planning process includes identification/needs assessment, identification of potential/threats of disasters and existing weaknesses, determining agreement on activities to be carried out, and organizing activities.

Training Stage

The second stage is the implementation of activities. The activities carried out consisted of several stages including the first pre-test then material on psychosocial understanding,

psychosocial legal basis, psychosocial impact after disaster and psychosocial welfare and psychosocial intervention pyramid, understanding psychosocial support services, stages of psychosocial support services, assessment of psychosocial support services, an example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami, and finally the post-test. Participants are representatives of Guidance and Counseling teachers at Muhammadiyah Junior High School in Yogyakarta City. The service team and experts will act as facilitators. Based on data from the Muhammadiyah Regional Leadership (PDM) of Yogyakarta City, there are 12 Muhammadiyah junior high schools in Yogyakarta City with details as shown in the Table 1:

The psychosocial training was carried out in July 2021. This activity was carried out online using the zoom meeting application to minimize the risk of Covid 19. There were 17 training participants and 3 facilitators.

Table. 2 shows the details of the Psychosocial Support Services training curriculum. The research team introduced the overall psychosocial training objectives and conducted a pre-test to all participants. The first material presented is psychosocial understanding. The facilitator explains psychosocial understanding, then combines it with psychosocial examples so that participants can understand psychosocial understanding well. An explanation of the notion of psychosocial becomes the basis for the next material. The second material is about the basis of psychosocial law. The facilitator explains the legal basis for psychosocial implementation in accordance with the laws and regulations in Indonesia. The facilitator also explains the post-disaster psychosocial impact. The facilitator divides the participants into five groups. Each group discusses psychosocial effects which include physiological effects, feelings, thoughts, behavior, and social relationships. Then each group presented the results of the discussion.

Table 1: Data for Muhammadiyah Junior High School in Yogyakarta City

No	School Name	Address	Telephone
1	SMP Muhammadiyah 1	Purwodiningratan NG I/902-B	589624
2	SMP Muhammadiyah 2	Jl. Kapas II No. 7	564136
3	SMP Muhammadiyah 3	Jl. Kapt. Tendean 19	375158
4	SMP Muhammadiyah 4	Jl. Ki Mangunsarkoro No. 43	554623
5	SMP Muhammadiyah 5	Jl. Patehan Lor 25	373211
6	SMP Muhammadiyah 6	Jl. KH. Wakhid Hasyim 107	374720
7	SMP Muhammadiyah 7	Purbayan Kotagede	373190
8	SMP Muhammadiyah 8	Jl. Kenari 11 Miliran	585446
9	SMP Muhammadiyah 9	Karangkajen MG III/1039	370169
10	SMP Muhammadiyah 10	Jl. Kartini GK I/49-A	560412
11	Madrasah Muallimin	Jl. Letjen S.Parman No.68, Wirobrajan	373122
12	Madrasah Muallimat	Jl. Suronatan No.653, Notoprajan	374687

Table 2: Curriculum Details

No	Curriculum Material
1	Psychosocial understanding
2	Psychosocial legal basis
3	Psychosocial impact after disaster and social welfare
4	Psychosocial well-being and the pyramid of psychosocial interventions
5	Definition of psychosocial support services
6	Stages of psychosocial support services
7	Assessment of psychosocial support services
8	Example of a case study of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami
9	Individual and group assignments

The facilitator also delivered material on psychosocial welfare and psychosocial intervention pyramids, understanding psychosocial support services, stages of psychosocial support services, assessment of psychosocial support services, examples of case studies of psychosocial support services in Central Sulawesi after the 2018 earthquake and tsunami. The facilitator divided participants into five groups. Each group is given the task of designing a psychosocial support service program according to cases that occurred in schools during the Covid 19 Pandemic. Each group is expected to be able to produce programs/outcomes that are different from one another so that they can be implemented to be applied during disaster response. At the end of the activity, all participants were given a post-test.

Evaluation Stage

The last stage is the evaluation stage. At this stage an evaluation of the results that have been achieved by the training participants is carried out. Further feedback and improvements can be made at this stage. Evaluation is given by collecting data obtained from psychosocial training activities.

Based on the results of data processing carried out by researchers on understanding psychosocial support services for Guidance and Counseling teachers at Muhamamdiyah Junior High Shools Yogyakarta City, it was found that before training participants filled out a pre-test to measure the extent to which participants understood psychosocial support services and obtained an average score. from Guidance and Counseling Teachers of 73.82. After the psychosocial support service training and post-test were conducted, the average score increased to 77.06. The increasing knowledge of Guidance and Counseling teachers regarding psychosocial support services is influenced by interactive techniques, media, and methods designed by the facilitator during the training. The scores or test results can be seen in Figure 1 and Figure 2..

Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3)

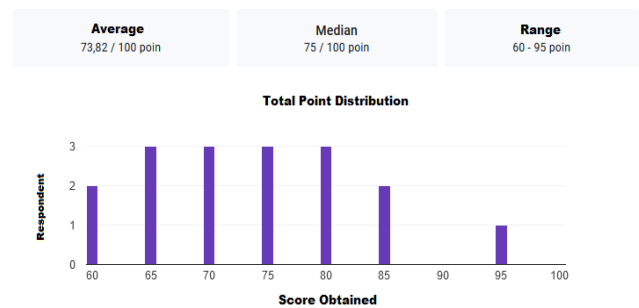


Fig. 1: Pre Test Results

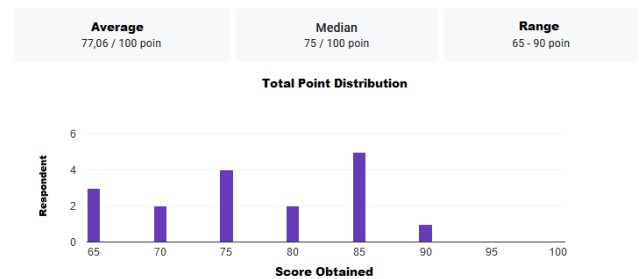


Fig. 2: Post Test Results

Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly.

DISCUSSION

The nation of Indonesia is in an area of geological instability, resulting in repeated and severe natural disasters including earthquakes, volcanic eruptions, and tsunamis. Teachers, as adult authority figures and people with whom students spend a majority of their day, can play a major role in the lives of children in a disaster-prone community. The impact of this intervention on reducing teacher distress and on

improving student behavior and school performance over time. Analyses revealed a significant relationship between teachers' depression and self-reported negative classroom behavior, a significant relationship between teachers' posttraumatic distress and general beliefs about teacher efficacy, and a significant drop in depression and posttraumatic stress symptoms from before to after the intervention (Seyle et al., 2013). Children are among the most vulnerable groups during and after a natural disaster experiencing a range of stressors such as fear of death or loss of a loved one, the loss of a home and community, displacement to a strange neighborhood or school, and even separation from their family. Psychosocial support helped children: articulate their feelings, process grief, regulate emotions such as anger and aggression, and gain knowledge on how to handle bullying behaviors in their school. This article builds on the literature supporting post-disaster psychosocial school-based interventions (Powell & Holleran-Steiker, 2017). Teachers have an important role in disaster preparedness, especially in relation to the psychosocial preparedness of school residents. Psychosocial is not only implemented when a disaster occurs, but must be better prepared before a disaster occurs. One of the psychosocial preparedness efforts can be carried out with psychosocial training for school residents, so that school residents have a good understanding of psychosocial knowledge and can play a direct role in psychosocial support services during emergency and post-disaster responses.

Any impact of disaster can be looked at in two ways: firstly by ascertaining the characteristics of the event itself, and secondly, how that event is appraised by those affected. Depending on different phases of the impact of the disaster, individuals will respond in different styles. Psychosocial interventions must be tailored to address the needs of the target population, with special attention paid to vulnerable groups such as children, women and the elderly. These should also be modulated according to the phase of recovery following the event occurrence because each phase will highlight different needs. The four phases of intervention, although determined separately, may show an overlap. In the initial phases, the emphasis is on social intervention that can be delivered by community-level workers. In the later phases, the psychological issues that emerge necessitate the services of trained professionals. Initial social care will need to give way to psychological care, and on occasion both will need to be combined for a considerable period. Since psychosocial care is a long-term, continuous process, disaster management and preparedness programmes must invest in training for capacity building by training community workers and primary care health professionals (K., 2006).

General principles of psychosocial disaster intervention: (1) Assessment of disaster, extant service systems and incoming resources. (2) Assessment of help-seeking pathways

and cultural models of illness. (3) Facilitation and support for family reunion, identification of the dead and cultural and religious practices to address death and grief. (4) Foster and bolster community group activities where possible. (5) Psychosocial training of community, aid and health workers using a train the trainer model to promote case identification, psychoeducation and intervention, with specific emphasis on vulnerable groups, especially children. (6) Promote general community psychoeducation. (7) Train medical and health staff in basic psychiatric and psychological assessment and intervention for post-traumatic stress, mood and anxiety disorders. (8) Minimize risk factors for psychiatric morbidity such as displacement and loss of gainful activity. (9) Reshape mental health systems recognizing the long-term psychiatric sequelae of disaster (Sundram et al., 2008).

Psychosocial disaster preparedness, through teachers, is one among the best ways to prepare children to face the psychosocial consequences of disasters. teachers who were provided training on psychosocial disaster preparedness had better knowledge than the control group. Development of psychosocial disaster preparedness program and its integration with existing policies, programs and services would help children to be psychosocially prepared as well as make the school system more effective in dealing with the psychosocial issues of children during disasters (Elangovan & Kasi, 2014). This is in accordance with the benefits of psychosocial training. The benefits of psychosocial training for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by disasters in accordance with the context of disasters that occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid and ensure that teachers are at which level in the psychosocial intervention pyramid, (4) teachers know the stages of psychosocial support services and apply the stages in case studies that occur in schools, (5) teachers can design psychosocial assessments, and (6) Teachers can intervene in psychosocial support services in the school environment.

Relationship among agencies associated with a disaster, training professionals and prepared programs for disaster will be needed in pre-disaster stage. After a disaster, children's mental health needs range from support utilizing psychological first aid to psycho-education. The skills for psychological recovery, trauma focused cognitive behavioral therapy, and cognitive behavioral intervention for trauma school will also be needed when children and adolescents keep suffering from various psychiatric symptoms such as insomnia, anxiety, depressive mood, re-experience, and so on. Evaluation and consideration of the developmental needs of children and adolescents, as well as the needs of parents, families, and schools is also important. Domestic standardization of intervention and psychotherapeutic treatment should be

performed for more effective interventions for a disaster (Chang et al., 2015). Successful disaster psychosocial planning and the institutionalizing of psychosocial response within emergency management require clearly-defined skill sets. This necessitates anticipating both the short- and long-term psychosocial implications of a disaster or health emergency (ie, pandemic) by developing effective and sustained working relationships among psychosocial providers, programs, and other planning partners (Cox & Danford, 2014). Inter-institutional cooperation is very much needed in the implementation of psychosocial support services in schools. Inter-institutional collaboration is carried out to ensure that psychosocial knowledge does not only exist in the emergency response phase. Schools can collaborate with BNPB, BPBD, Social Service, Village Disaster Risk Reduction Forum, and NGOs in the pre-disaster, emergency response, and post-disaster phases.

Development and implementation an assessment and intervention program that can be used as psychosocial first aid for children caught up in a humanitarian emergency. Because this disaster was not anticipated, we were fortunate to have a group of previously trained individuals who were able to implement the knowledge and skills required to do workforce training. More communities and countries need to do more disaster preparation that includes psychosocial first aid for children. It is important that multiple modalities of psychosocial assistance be used and available to strengthen families, to restore livelihoods, and to revitalize communities in the aftermath of a disaster (Pairojkul et al., 2010). Any response to the mental health needs of the affected community following any disaster depends upon a number of factors, including disaster preparedness, existence of mental health services, resources in human and financial terms, along with the magnitude, cause and suddenness of the event (Vijaykumar et al., 2006). This is the reason that psychosocial activities must be carried out in the pre-disaster, emergency response, and post-disaster phases.

CONCLUSION

Psychosocial support service training was carried out during July 2021 by the Guidance and Counseling Study program at Ahmad Dahlan University (UAD). This psychosocial training involved 17 Guidance and Counseling Teachers from 12 Muhammadiyah Middle Schools in Yogyakarta City. The facilitator provides interactive material so that participants become active and enthusiastic about participating in the activity. Obstacles in implementing psychosocial training include: (1) Training cannot be carried out optimally because the training is carried out online, (2) Limited time for training, (3) Some teachers are not active in psychosocial training because the media at zoom meetings is very limited. To maximize the training, the facilitator further guides the

participants in the WhatsApp Group and assignments are carried out through the google document application so that teachers can easily access them directly. This is in accordance with the benefits of psychosocial training. The benefits of psychosocial training for teachers include (1) increasing teacher knowledge and skills in Psychosocial Support Services, (2) Teachers knowing in more detail about the psychosocial impacts caused by disasters in accordance with the context of disasters that occur in schools, (3) Teachers understanding properly the psychosocial intervention pyramid and ensure that teachers are at which level in the psychosocial intervention pyramid, (4) teachers know the stages of psychosocial support services and apply the stages in case studies that occur in schools, (5) teachers can design psychosocial assessments, and (6) Teachers can intervene in psychosocial support services in the school environment. The increase in knowledge is evidenced by the results of the pretest and posttest which have increased scores, previously the pretest score was 73.82 after the training was carried out the post test score became 77.06.

SUGGESTION

Suggestions for improving psychosocial training in the future are expected that the training time is adjusted to the material so that psychosocial knowledge and skills can be conveyed properly. Psychosocial support service training activities can be carried out offline and with the support of activity facilities and infrastructure.

REFERENCES

- BNPB. (2017). *Potensi dan Ancaman Bencana*. <https://www.bnpb.go.id/home/potensi>. Accessed On 20 July 2021.
- BPBD Kota Yogyakarta. (2014). *Peta Kawasan Rawan Bencana Kota Yogyakarta*, <https://bpbd.jogjakota.go.id/page/index/peta-kawasan-rawan-bencana>. Diakses Pada Tanggal 20 Juli 2021.
- Chang, H. Y., Lee, C.-S., Park, J., Bhang, S. Y., & Seo, J.-Y. (2015). Psychosocial Intervention and Practical Experience in Children and Adolescent before and after a Disaster. *Journal of Korean Neuropsychiatric Association*, 54(3), 276. <https://doi.org/10.4306/jknpa.2015.54.3.276>
- Cox, R. S., & Danford, T. (2014). The Need for a Systematic Approach to Disaster Psychosocial Response: A Suggested Competency Framework. *Prehospital and Disaster Medicine*, 29(02), 183–189. <https://doi.org/10.1017/s1049023x14000259>
- Djalante, R., & Garschagen, M. (2017). A review of disaster trend and disaster risk governance in Indonesia: 1900–2015. In R. Djalante, M. Garschagen, F. Thomalla, & R. Shaw (Eds.), *Disaster risk reduction in Indonesia* (pp. 21–56). Springer.
- Elangovan, A. R., & Kasi, S. (2014b). Psychosocial disaster preparedness for school children by teachers. *International Journal of Disaster Risk Reduction*, 12, 119–124. <https://doi.org/10.1016/j.ijdr.2014.12.007>
- Rao, K. (2006). Psychosocial support in disaster-affected communities. *International Review of Psychiatry*, 18(6), 501–505. <https://doi.org/10.1080/09540260601038472>

- Peraturan Menteri Pendidikan Nasional nomor 27 tahun 2008 Tentang *Standar Kualifikasi Akademik dan Kompetensi Konselor*.
- Powell, T., & Holleran-Steiker, L. K. (2017). Supporting children after a disaster: A case study of a psychosocial school-based intervention. *Clinical Social Work Journal*, 45(2), 176-188. <https://doi.org/10.1007/s10615-015-0557-y>
- Pairojkul, S., Siripul, P., Prateepchaikul, L., Kusol, K., & Puytrakul, T. (2010). Psychosocial first aid: support for the child survivors of the Asian tsunami. *Journal of Developmental & Behavioral Pediatrics*, 31(9), 723-727. <https://doi.org/10.1097/DBP.0b013e3181f46de2>
- Selby, D., & Kagawa, F. (2012). Disaster risk reduction in school curricula: case studies from thirty countries. In *Disaster risk reduction in school curricula: case studies from thirty countries*. <http://www.unicef.org/education/files/DRRinCurricula-Mapping30countriesFINAL.pdf>
- Seyle, D. C., Widyatmoko, C. S., & Silver, R. C. (2013). Coping with natural disasters in Yogyakarta, Indonesia: A study of elementary school teachers. *School Psychology International*, 34(4), 387-404. <https://doi.org/10.1177/0143034312446889>
- Sundram, S., Karim, M. E., Ladrado-Ignacio, L., Maramis, A., Mufti, K. A., Nagaraja, D., Shinfuku, N., Somasundaram, D., Udomratn, P., Yizhuang, Z., Ahsan, A., Chaudhry, H. R., Chowdhury, S., D'Souza, R., Dongfeng, Z., Firoz, A. H. M., Hamid, M. A., Indradjaya, S., Math, S. B., ... Wahab, M. A. (2008). Psychosocial responses to disaster: An Asian perspective. *Asian Journal of Psychiatry*, 1(1), 7-14. <https://doi.org/10.1016/j.ajp.2008.07.004>
- Undang-undang Nomor 24 Tahun 2007 Tentang *Penanggulangan Bencana*.
- Vijaykumar, L., Thara, R., John, S., & Chellappa, S. (2006). Psychosocial interventions after tsunami in Tamil Nadu, India. *International Review of Psychiatry*, 18(3), 225-231. <https://doi.org/10.1080/0954026060065591>