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RESEARCH ARTICLE

PSYCHOLOGICAL FIRST AID TRAINING IN MEDICAL AND PSYCHIATRIC SOCIAL WORK CURRICULUM – AN OPINION STUDY

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ABSTRACT

Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Many distressing events happen in the world, such as war, natural disasters, accidents, fires and interpersonal violence affect the individuals, family and sometimes the entire community leading to a wide range of reactions and feelings. During these crisis situation, quick recovery steps are to be taken along with emergency care for which a professional practical training is necessary. WHO recommends psychological first aid can be provided to the person in need of psychological and social support based on which the study aims in understanding the opinion about inclusion of PFA in the course curriculum among the students and faculties of medical and psychiatric social work in Chennai. This is a cross-sectional study including 52 students and 10 academicians out of 90 students and 25 academicians from 10 colleges offering medical and psychiatric social work in Chennai by disproportionate random sampling. The finding shows the need of the practice of relaxation techniques among the professionals and majority of them were aware of relaxation techniques but not practicing. Also, there exist a strong agreeableness among the academicians and students in their opinion about the psychological first aid training. The paper suggests hands-on training on psychological first aid to enhance the skills of social worker.

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INTRODUCTION

Different kinds of distressing events happen in the world, such as war, natural disasters, accidents, fires and interpersonal violence. This may affect the individuals, family and sometimes the entire community. People may lose their loved ones, homes, or separated from family and community, or may witness violence, destruction or death. Although everyone is affected by these events, we find a wide range of reactions and feelings due to these events. Many people feel overwhelmed, confused or very uncertain about what is happening. Some people have mild reactions while some other may have more severe reactions.

The factors that influence their reaction to the distressing events are:

- Nature and severity of the events they experienced
- Experience with previous distressing events
- Support in their life from others
- Physical health

- Personal and family history of mental health problems
- Cultural backgrounds and traditions
- Age

The distressing events may be caused due to an event, crisis or a trauma.

Trauma, Crisis and Disaster

Crisis is an event that disrupts a person's equilibrium, the person's usual ways of coping fail, and there is evidence of distress and impairment of functioning. The main cause of a crisis is an intensely stressful, traumatic, or hazardous event". Stress, traumas and disasters are regarded as crises. Trauma can be defined as "an injury to the body or psyche by some type of shock, violence, or unanticipated situations". Disaster is "an extraordinary event either natural or human-made, concentrated in time and space, which often results in damage to property and harm to human life or health that is disruptive of the ability of some social institutions to continue fulfilling their essential functions. Stress is typically part of all of these events, is characterized by a physiological response to a real or perceived threat, and leads to anxiety, which is the physical discomfort

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experienced because of increased production of stress hormones. The secondary trauma stress is the most common for the professionals who are working continuously to help people in crises. Thus, awareness of self-care is the most important for the professional, one should take care of their health to help others effectively.

Social work Paradigms

A paradigm is a system of beliefs about reality. It substantially defines 'what is an appropriate area in which to seek answers to the questions that we have about reality.' Paradigm shift is the transition from one system of beliefs about reality to another. Social work paradigms range from the clinical to the ecological, to the progressive.

Clinical Social Work

In 1984, the NASW defined clinical social work as a professional application of social work theory and methods to the treatment and prevention of psycho-social dysfunction, disability or impairment including emotional and mental disorders. According to clinical social work paradigm, some people cannot adjust to the larger forces due to psycho-social problems. Clients are considered deviants with a dysfunctional condition.

Ecological social work

In the ecological social work paradigm, problems are seen as deficits in the environment, as dysfunctional transactions between systems, rather than a disease located within the individual. Problems are not viewed as an attribute of people these are viewed as an attribute of their social situation.

Progressive Social work

Progressive social workers may identify themselves as radicals, socialists, leftists, political practitioners or activists. Progressive social workers strive to alter oppressive institutions, systems, beliefs, and practices fundamentally by initiating social changes targeted at these public issues. They also work directly with individuals to help them heal from their wounds, to educate them about their life choices and strategies, and to assist them as they determine their futures.

In the American Encyclopedia of Social Work, Khinduka (1987:686) defined the knowledge base of social work more specifically as follows:

The knowledge base of social work is a composite of knowledge produced indigenously by social workers themselves and, predominantly, of that derived from other disciplines. By analyzing and evaluating their own practice experiences and by selectively borrowing and adapting concepts from cognate disciplines and profession, social workers have developed various approaches [of intervention].

Literature review

Social work is a broad field and it includes two aspects: helping individuals to fit better into their environments, typically

known as micro practice and changing the environment so that it works better for individuals, referred to as macro practice. Many professions participate in improving society and helping individuals and families improve their social functioning. Social work profession maintains its uniqueness by the quality of self-determination. Social workers believe strongly in self-determination which means the person's right to decide what is best for herself or himself. Social workers strive to help people and improve society in ways that overlap with other professionals.

The social work profession is the unique integration of knowledge from a number of disciplines with the profession's own skills, values, ethics and knowledge can be seen in the content of social work education. The Social Work Dictionary defines change agent as "a social worker or other helping professionals or a group of helpers whose purpose is to facilitate improvement." International Social Work talks about the trans-disciplinary approach by which the social workers are to be aware of the cross-cultural perspectives. It also speaks about the five phases of recovery model which helps to deal with people. This shows the wide and professional need of social work in the places of crisis. The relief phase is in need of trained profession to support them socially and psychologically in addition to the physical treatments and immediate needs. World Health Organization had tried to fulfill the needs of the psycho-social dimension of the persons suffering from crisis in its manual Psychological First Aid. Psychological first aid aims to help these people cope with the strategies and support for which they are familiar with.

Definition of psychological first aid

According to Sphere (2011) and IASC (2007), Psychological First Aid (PFA) describes a humane, supportive response to a fellow human being who is suffered and who may need support.

It is an approach to help people affected by an emergency, disaster or traumatic events. The National Child Traumatic Stress Network defines "Psychological First Aid is an evidence-informed modular approach to help children, adolescent, adults, and families in the immediate aftermath of disaster and terrorism." Psychological First Aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

What is not psychological first aid?

It is important to clarify what Psychological First Aid is NOT to differentiate it from earlier forms of post-disaster support, most notably, critical-incident stress debriefing.

- Not something that only professionals can do
- Not psychological debriefing
- Not obtaining details of traumatic experiences and losses
- Not treating
- Not labeling or diagnosing
- Not counseling
- Not something that everybody who has been affected by an emergency will need

Psychological First Aid includes

- Feeling safe, connected to others, calm and hopeful
- Having access to social, physical and emotional support,
- Feeling able to help themselves, as individuals and communities

Who, When and Where?

PFA is for distressed people who have been recently exposed to a serious crisis event. It includes children, adolescent and adults as well as disaster relief workers and first responders. More specifically it is provided to the persons who are in need and not all the distressed people are in need of help.

Some people may be at more risk of negative consequences which include people who

- Have had previous traumatic experiences
- Have underlying mental illness
- Were exposed to events where the horror element was high
- Thought they were going to die
- Experienced traumatic bereavement
- Have had serious losses of property, livelihoods, or disruptions to communities and networks.

PFA aimed at helping people who have been very recently affected by a crisis event. One can provide PFA when first have contact with very distressed people. This is usually during or immediately after an event. It may sometimes be days or weeks after depending on how long the event lasted and how severe it was.

PFA is provided at a place where it is safe enough to do so. This is often in community settings, such as at the scene of an accident, or places where distressed people are served, such as health centers, shelters or camps, schools and distribution sites for food or other types of help. For people who have been exposed to sexual violence, privacy is essential for confidentiality and to respect the person's dignity.

Principles of PFA

The following principles apply to any person or agency involved in humanitarian response, including those who provide PFA:

Safety

- Avoid putting people at further risk of harm as a result of one's actions.
- Make sure, to the best of one's ability, that the adults and children you help are safe and protect them from physical or psychological harm.

Dignity

- Treat people with respect and according to their cultural and social norm.

Rights

- Make sure people can access help fairly and without discrimination.
- Help people to claim their rights access available support
- Act only in the best interest of any person one encounter.

Look after yourself

- Helping responsibility also means taking care of your own health and wellbeing.
- Pay extra attention to own wellbeing and be sure that physically and mentally able to help others.
- In a team, be aware of the wellbeing of your fellow helpers as well

Goals of PFA

The goals of the psychological first aid include efforts to:

- Calm people
- Reduce distress
- Make people feel safe and secure
- Identify and assist with current needs
- Establish human connection
- Facilitate people's social support
- Help people understand the disaster and its context
- Help people identify their own strengths and abilities to cope
- Foster belief in people's ability to cope
- Give hope
- Assist with early screening for people needing further or specialized help
- Promote adaptive functioning
- Get people through the first period of high intensity and uncertainty.
- Set people up to be able to recover naturally from an event
- Reduce the risk factors of mental illness as a result of the event, such as posttraumatic stress disorder.

This makes us realize that social workers could practice PFA in a better manner to serve the people to prevent them from psycho-social illness and to improve their life after the disaster. Also, the concept is core part of the social work curriculum in the disaster management but the challenges in theory. This shows the importance of Psychological First Aid among the Social workers in general and how useful if they are given hands-on training on PFA. The secondary trauma stress is the most common for the professionals who are working continuously to help people in crises. Thus, awareness of self-care is the most important for the professional, one should take care of their health to help others effectively.

Review of research studies on physical and mental first aid training

The following are the research studies on physical and mental first aid training for Medical and Psychiatric Social Work reviewed

- A social work study from the Oxford journal (2004) on Prevalence of Secondary Traumatic Stress among Social Workers shows that social workers are increasingly being

called on to assist survivors of childhood abuse, domestic violence, violent crime, disaster and war and terrorism. It has become increasingly apparent that a psychological effect of traumatic events extends beyond those directly affected. Secondary traumatic stress is becoming viewed as an occupational hazard of providing direct services to traumatized populations. The purpose of the present study was to investigate the prevalence of STS in a sample of social workers by examining the frequency of individual symptoms; the frequency with which diagnostic criteria for posttraumatic stress disorder (PTSD) are met, and the severity of STS levels. Results indicate that social workers engaged in direct practice are highly likely to be secondarily exposed to traumatic events through their work with traumatized population, many social workers are likely to experience at least some symptoms of STS and a significant minority may meet the diagnostic criteria. This study evidences the researcher that there is a lack of health seeking behaviour among the social workers which has led to the extent of Secondary Traumatized Stress or PTSD. This study helps the researcher to choose the nature of sample.

- Verberg Eric et al. (2008) study on Innovation in Disaster Mental Health; PFA shows that professional psychologist are called upon to deal with broad array of crises and traumatic events. However, training and expertise in crisis response varies widely among practitioners, and there has been considerable controversy about the value of widely disseminated mental health crisis intervention protocols that include debriefing as an essential feature. This article overview of the developmental process, guiding principles and core action of PFA: field operations, Guide PFA Guides which provided guidance for practitioners in responding to immediate mental health - needs of children, adult families who have recently experienced a disaster or terrorist event. Issues in training provider self-care and evaluation research are also presented. PFA guide presents approach thought to be more consistently supported by current research and practice so that they can be taught, used and evaluated in field settings. Although available, PFA guide represents a sustained collaborative effort to define current evidence informed best practice that can be utilized now by practitioners involved in disaster mental health response. This study evidences that the Psychological First Aid had helped the practitioners in developing a better skills in practices. It proves that it helps both client and practitioners to enhance their health mentally.
- Brian Allan et al. (2010) study on Perception of PFA among providers responding to hurricanes Gustav and Ike shows that PFA developed by National Child Traumatic Stress Network and department of veteran Affairs, National Centre for Posttraumatic Stress Disorder has been widely disseminated both nationally and internationally and adopted and used by number of disaster response organization and agencies after major catastrophic events across US. This study represents a first examination of perception of providers who utilized PFA in response to a disaster. Study participants included in 50 individuals who utilized PFA in their response to hurricane Gustav and Ike. Findings indicate that participation in PFA training was

perceived to increase confidence in working with adults and children. PFA was not seen as harmful by survivors but was perceived as an appropriate intervention for responding in the aftermath of hurricanes. This study shows that the Psychological first aid seems to be more helpful to the survivors and to the professionals in responding the aftermath disasters.

- Taylor Mel, Wells Garrett, Howell Gurneth, Raphael Beverley (2011) study on the role of social media as psychological first aid as a social support to community resilience building shows that we review data collected from an online social media administered survey developed to explore public use of social media during a series of natural disasters predominantly - Australia and New Zealand during January to March 2011. These data are then explored using example taken from experiences of those involved in administering the most widely used community driven Facebook page during these disaster, focused on tropical cyclone Yasi. The survey completed by 1146 respondents who had used social media in relation to recent natural disaster. Data indicated that public relied on a mix of formal and informal information sources, often using social media to report or re-tweet links from government websites to be use of communities, thus acting as filters and amplifiers of official information. This paper discussed how social media, specifically their core strengths of timely information exchange and promotion of connectedness, were able to act as sources of PFA in early stages of disaster and assist in supporting aspects of community resilience. This study also serves as another research that supports the Psychological first aid in community resilience.
- Kiran Rao, (2006) study on Lessons learn in Mental Health and Psycho-social in India after disaster indicates that different phases of intervention after any disaster bring the specific issues that policy makers as well as health care delivers must take into account. These are some specific issues related to aid with dignity and dead body identification that need to be taken into account. The human and material resources are important in planning and delivering mental health care. In India, with each successive disaster, the immediate response in the rescue and relief phase has improved and the administration is able to mobilize a large amount of resource from different sectors quickly, efficiently and in co-ordinated manner in the immediate and short term periods after a disaster. That psychological first aid will reduce psychiatric morbidity is now generally accepted as a key principle in interventions immediately after a disaster. In recent events, large number of community level volunteer have received short term training and been able to provide effective psycho-social care and support. The paper presents the authors observations and providers an overview of some of the lessons learnt in mental health and a man-made disaster that have taken place in India. While significant progress has been made with respect to the rescue and relief response, there is still a lot to be achieved in the rehabilitation and rebuilding phases that follow a disaster. Disaster prevention and mitigation need, global vision combined with local action. Building capacity through careful planning and training potential workers is an

important step. The stakeholders must take into account local cultural and social needs. This study reveals the need for the Psychological first aid training in the social work curriculum to combat the limitations in the crisis management.

- A study on the measuring Helping skills using Client feedback is a study conducted among 118 social workers working in welfare agencies shows the differences of the progress based on trained and untrained social workers. The result shows that the portion of the knowledge base underlying his practice theory but the training practice lead to the better insights and understanding among the clients.

This study shows the importance of the hands-on trained professionals for betterment of their work.

METHODOLOGY

In this part, researcher highlighted the objectives of the study, field of study, pilot study, research design, Sampling design, tools for data collection, sources of data, pre-testing, actual data collection, definition of terms, analysis design of the study and limitations. An extensive review of the literature and theoretical foundations made by the researcher gave an - insight into the research gaps in the area of Social work curriculum, crisis intervention and its effectiveness for both survivors and providers slum. Keeping this in mind, researcher has formulated the following objectives. The key words used in the objectives have been briefly explained earlier in this chapter. The researcher meant to know on the level of awareness among the Medical and Psychiatric Social Work academicians and students in Chennai about the Psychological First Aid. The field of study is conducted among the students and academicians of medical and psychiatric specialization at the colleges in Chennai offering Social Work with Medical and Psychiatric specialization. The objectives of the study are to identify the level of awareness on first aid training both on physical and mental among the students and academicians in medical and psychiatric social work, to understand their opinion about the inclusion of first aid training in the medical and psychiatric social work curriculum and to illustrate the need of first aid training in medical and psychiatric social work curriculum.

Hypothesis: There is no significant association between the level of awareness among the students and academicians.

Research Design: The research design of this study is descriptive. The researcher attempts to describe the opinion of the psychological first aid among the students and academicians in Medical and Psychiatric Social Work and explain the relationships among the variables.

Sampling Design: There are 18 colleges offering MSW degree affiliated with University of Madras among which only 10 colleges offers Medical and Psychiatric Specialization with a total number of 90 students and 25 academicians. By using disproportionate stratified random sampling, researcher collected the sample from 8 colleges and two colleges not shown interest in the study. From the universe 62 students and 10 academicians are taken using random sampling method.

Data analysis

Researcher analyzed the primary data as per the objectives of the study and it is depicted in univariant, bivariant and multi variant analysis and appropriate tests have been used to test the stated hypothesis.

Table 1. Stratification of the respondents

Name of the Institution	Gender	Designation		Total	Percentage
		Student	Academician		
Loyola College	Male	5	0	5	8
	Female	8	1	9	14
MCC	Male	1	0	1	2
	Female	8	1	9	14
MSSW	Male	2	0	2	3.2
	Female	9	0	9	14
Mar Gregarious	Male	8	0	8	13
	Female	1	2	3	5
Patrician College	Male	1	1	2	3.2
	Female	2	2	4	6.7
Sindhi College	Male	3	0	3	5
	Female	1	1	2	3.2
St. Joseph College	Male	3	1	4	6.7
	Female	0	1	1	2
Stella Maris College	Male	0	1	1	2
	Female	0	1	1	2
Total		52	10	62	100

The above table shows the stratification of sample respondents for the study based on designation, institution and gender. There are 52 students and 10 academicians from eight institutions. 22 percent of the sample respondents are from Loyola College of which 13 students and 1 academician, 18 percent of the sample are from Mar Gregarious College with 11 students and 2 academicians, 17.2 percent of samples are collected from Madras School of Social Work all of the 11 were students, Madras Christian College of which 9 students and 1 academician, each about 10 percent of the sample are collected from Patrician college and St. Joseph college of which 7 students and 5 academicians, 5 percent of sample are collected from Sindhi College of which all the three are students and there is no academician practicing medical and psychiatric social work, and 2 percent of sample from Stella Maris has been collected from an academicians.

Table 2. Level of awareness and Opinion of practicing relaxation technique by the Respondents

Level of awareness	Students	Percent	Academicians	Percent	Total	Percent
Strongly disagree	1	1.6	0	0	1	1.6
Disagree	2	3.2	0	0	2	3.2
Undecided	4	6.5	0	0	4	6.5
Agree	18	29	4	6.5	22	35.5
Strongly Agree	27	43.5	6	9.7	33	53.2
Total	52	83.8	10	16.2	62	100

The table shows that all the academician respondents agree that social workers have to practice relaxation technique for themselves. This is shows their high level of awareness about the secondary traumatic stress. Only 5% of the respondents disagree the need for importance of relaxing techniques for themselves (Fig. 1). Majority of the students also agree to accept the need for relaxing techniques. Persons in crisis

usually suffer from headache, stomachaches; sleep difficulties, eating difficulties, worsening health, fatigue and chronic agitation. Physical dimension refers to the physical difficulties that might be caused due to the crisis. It includes headaches, stomachaches, sleep difficulties, eating difficulty, worsening health, fatigue and chronic agitation. All academicians agreed and majority of the students agreed that social workers have to be aware of the physical difficulties faced by the persons in crisis while one student disagreed strongly and some could not decide.

The paired t-test has been attempted to know the association between the level of awareness of the academicians and students. The t value is less than 0 and hence the null hypothesis is rejected. Hence there is an association between the level of awareness among the students and academicians.

Cognition is concerned with attention, memory, language processing, perception, problem solving and thinking. During crisis, people may get out of their cognitive works and some may find out of world.

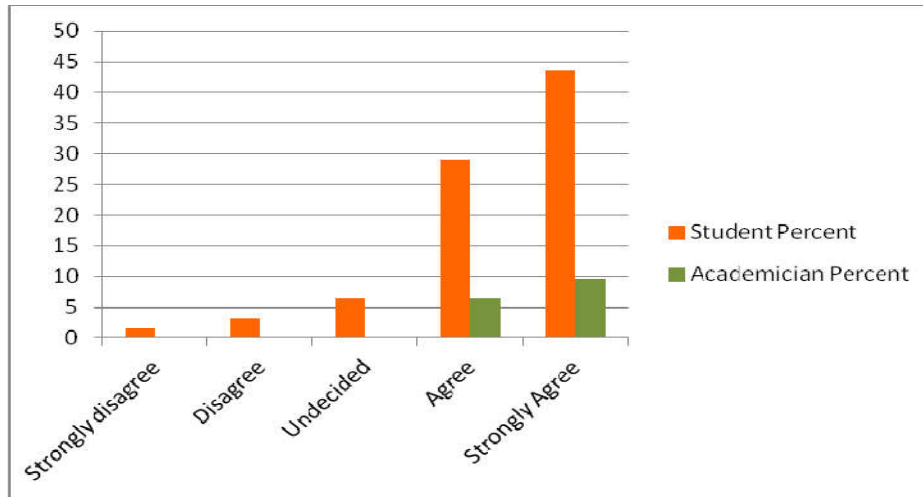


Figure 1. The level of awareness on need for relaxation for themselves

Table 3. Frequencies of the level of awareness of the Physical dimension

Level of Awareness	Respon-dents	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Headaches	S*	1	2	4	18	27	52
	A**	0	0	0	4	6	10
Stomachaches	S	4	7	6	27	8	52
	A	0	1	1	5	3	10
Sleep Difficulty	S	2	1	5	25	19	52
	A	0	0	2	5	3	10
Eat Difficulty	S	1	2	5	25	19	52
	A	0	0	0	7	3	10
Worsening health	S	1	5	4	27	15	52
	A	0	0	0	4	6	10
Fatigue	S	3	3	5	26	15	52
	A	0	0	1	3	6	10
Chronic Agitation	S	1	4	6	28	13	52
	A	0	1	0	5	4	10

* Students ** Academicians

	Paired Differences	Mean	Std. Deviation	Std. Error	95% Confidence Interval of the Diff		t	Df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Designation – Headache	-2.694	1.001	.127	-2.948	-2.439	-21.178	61	.000
Pair 2	Designation – Stomachache	-2.452	1.126	.143	-2.738	-2.166	-17.142	61	.000
Pair 3	Designation - Sleep difficulty	-2.952	.982	.125	-3.201	-2.702	-23.661	61	.000
Pair 4	Designation - Eating difficulty	-3.000	.887	.113	-3.225	-2.775	-26.629	61	.000
Pair 5	Designation - Worsening of health	-2.903	.918	.117	-3.136	-2.670	-24.899	61	.000
Pair 6	Designation – Fatigue	-2.839	1.027	.130	-3.100	-2.578	-21.756	61	.000
Pair 7	Designation - Chronic Agitation	-2.806	.955	.121	-3.049	-2.564	-23.130	61	.000

It is necessary to be aware of the cognitive difficulties that commonly affect the persons in crisis. Almost more than half of the students are aware of the cognitive difficulties faced by them. Eighty percent of the academicians supported that the cognitive awareness should be there for the social workers.

crisis is necessary for social workers. About ninety percent of the academicians accept the need of emotional awareness and half of the students have aware of the emotions of the persons in crisis while some found disagreeing the emotional awareness.

Table 4. Frequencies of the level of awareness of the Cognitive dimension

Level of Awareness	Designation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Death of loved one	S	3	3	5	22	19	52
	A	0	0	0	4	6	10
Nightmares	S	0	4	10	27	11	52
	A	0	0	1	5	4	10
Intrusive thoughts	S	2	2	9	26	13	52
	A	0	0	0	6	4	10
Concentration	S	3	2	5	26	16	52
	A	0	0	0	5	5	10
Remembrance	S	2	1	3	33	13	52
	A	0	0	1	5	4	10
Decision Making	S	1	1	4	27	19	52
	A	0	0	0	5	5	10
Pre-occupation	S	3	1	7	24	17	52
	A	0	1	2	3	4	10

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Diff				
					Lower				Upper
Pair 1	Designation - Death of loved ones	-2.919	1.045	.133	-3.185	-2.654	-22.000	61	.000
Pair 2	Designation - Night dreams	-2.774	.838	.106	-2.987	-2.561	-26.066	61	.000
Pair 3	Designation - Intrusive thoughts	-2.806	.920	.117	-3.040	-2.573	-24.009	61	.000
Pair 4	Designation - Concentration	-2.887	.994	.126	-3.139	-2.635	-22.882	61	.000
Pair 5	Designation - Remembering	-2.919	.874	.111	-3.141	-2.697	-26.301	61	.000
Pair 6	Designation - Making Decision	-3.081	.816	.104	-3.288	-2.873	-29.734	61	.000
Pair 7	Designation - Pre-occupation	-2.823	1.094	.139	-3.100	-2.545	-20.310	61	.000

Table 5. Frequencies of the level of awareness of the Emotional dimension

Level of Awareness	Designation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Acute stress	S	1	3	2	24	21	52
	A	0	0	2	2	6	10
Acute grief	S	2	2	5	25	17	52
	A	0	0	1	4	5	10
Sadness	S	2	2	0	24	23	52
	A	0	0	1	3	6	10
Irritability	S	3	0	5	22	22	52
	A	0	0	0	4	6	10
Anxious	S	1	1	4	24	21	52
	A	0	0	0	4	6	10
Despair	S	2	4	1	19	25	52
	A	0	0	0	5	5	10
Guilt	S	1	5	5	25	19	52
	A	0	0	0	4	6	10
Emotional Numb	S	3	2	6	20	20	52
	A	0	0	1	4	5	10

The paired t-test has been attempted to know the association between the level of awareness of the academicians. The t value is less than 0 and hence the null hypothesis is rejected. Hence there is an association between the level of awareness among the students and academicians.

Emotions is an affective state of consciousness in which joy, sorrow, fear, hate or like is experienced, as distinguished from cognitive and volitional states of consciousness. During any kind of crisis small or big, the first reaction will be their emotions. The awareness about the emotions of persons in

On stratifying the data it seems the students from self-financed stream have less awareness about emotions and find it difficult to understand how it may affect persons in crisis.

The paired t-test has been attempted to know the association between the level of awareness of the academicians. The t value is less than 0 and hence the null hypothesis is rejected. Hence there is an association between the level of awareness among the students and academicians. Behavior is a range of actions or mannerisms made by persons in conjunction with themselves which may be influenced by external activity.

		Paired Differences		Std. Error	95% Confidence Interval of the Diff		t	df	Sig. (2-tailed)
		Mean	Std. Deviation		Mean				
					Lower	Upper			
Pair 1	Designation - Acute Stress reaction	-3.066	.946	.121	-3.308	-2.823	-25.300	60	.000
Pair 2	Designation - Acute Grief reaction	-2.934	.964	.123	-3.181	-2.688	-23.779	60	.000
Pair 3	Designation – Sadness	-3.131	.957	.123	-3.376	-2.886	-25.554	60	.000
Pair 4	Designation - Anger response	-3.082	.971	.124	-3.331	-2.833	-24.786	60	.000
Pair 5	Designation - Anxious, feeling emotion	-3.131	.826	.106	-3.343	-2.920	-29.601	60	.000
Pair 6	Designation - Despair, feeling hopelessness	-3.082	1.038	.133	-3.348	-2.816	-23.200	60	.000
Pair 7	Designation - Feeling of guilt or shame	-2.951	.973	.125	-3.200	-2.702	-23.676	60	.000
Pair 8	Designation - emotionally numb	-2.918	1.069	.137	-3.192	-2.644	-21.316	60	.000

Table 6. Frequencies of the level of awareness of the Behavioral dimension

Level of Awareness	Designation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Extreme disorientation	S	2	6	9	20	14	52
	A	0	0	1	5	4	10
Excessive drug	S	2	2	3	16	28	52
	A	0	0	1	4	5	10
Isolation	S	4	0	7	24	17	52
	A	0	0	0	5	5	10
High risk behavior	S	3	2	2	24	21	52
	A	1	0	0	5	4	10
Regressive behavior	S	2	5	4	24	17	52
	A	0	0	1	4	5	10
Separation anxiety	S	2	3	3	26	17	52
	A	0	0	0	5	5	10
Violent behavior	S	3	1	0	25	22	52
	A	0	0	0	6	4	10
Maladaptive behavior	S	1	3	6	20	21	52
	A	0	0	1	5	4	10

Table 7. Frequencies of the level of awareness of the social dimension

Level of Awareness	Designation	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Social Group	S	0	3	4	23	21	52
	A	0	0	1	3	6	10
Social Support	S	3	2	5	20	21	52
	A	0	0	1	3	6	10
Avoid social support	S	3	1	4	24	19	52
	A	0	0	0	4	6	10
Community Recovery	S	5	1	3	24	18	52
	A	0	0	0	3	7	10
Giving Support	S	1	2	3	24	21	52
	A	0	0	1	3	6	10
Social Positive Response	S	3	0	3	22	23	52
	A	0	1	0	3	6	10
Social Engagement	S	3	2	3	24	19	52
	A	0	0	1	3	6	10

Behavior is simply a response to the stimuli. Behavior may be negative or positive. Since a crisis is an undesirable event, the person may also react in a way by undesirable behaviours. About ninety percent of the academicians accept the need of behavioural awareness and more than half of the students have aware of the emotions of the persons in crisis while some found disagreeing the emotional awareness.

The paired t-test has been attempted to know the association between the level of awareness of the academicians. The t value is less than 0 and hence the null hypothesis is rejected.

Hence there is an association between the level of awareness among the students and academicians. It is universally known fact that, as by the words of Aristotle, Man is a social animal. Persons in crisis can involve all sorts of age group. Each age group has their own socializing behavior. Hence it is essential for social worker to be aware of the social dimensions like social support groups, engaging people together, community recovery, positive outcomes of the social groups. Academicians and students are greatly aware of the social dimensions. Almost all the academicians have agreed to be aware of social support groups to improve the well-being of individuals, family and community.

Paired Samples Test									
					Lower	Upper			
Pair 1	Designation - Disorientation	-2.672	1.060	.136	-2.944	-2.401	-19.685	60	.000
Pair 2	Designation - Excessive drug	-3.148	1.030	.132	-3.411	-2.884	-23.864	60	.000
Pair 3	Designation - Isolation or withdrawal	-2.902	1.028	.132	-3.165	-2.638	-22.045	60	.000
Pair 4	Designation - High risk behavior	-2.967	1.140	.146	-3.259	-2.675	-20.334	60	.000
Pair 5	Designation - Regressive Behavior	-2.869	1.040	.133	-3.135	-2.602	-21.536	60	.000
Pair 6	Designation - Separation anxiety	-2.951	.956	.122	-3.196	-2.706	-24.104	60	.000
Pair 7	Designation - Violent Behavior	-3.082	.988	.127	-3.335	-2.829	-24.359	60	.000
Pair 8	Designation - Maladaptive coping	-2.984	.975	.125	-3.233	-2.734	-23.912	60	.000

Paired Samples Test									
		Paired Differences		Std. Error Mean	95% Confidence Interval of the Difference		T	df	Sig. (2-tailed)
		Mean	Std. Deviation		Lower	Upper			
		Pair 1	Designation - Social group		-3.098	.851			
Pair 2	Designation - Social support	2.967	1.064	.136	-3.240	-2.695	-21.779	60	.000
Pair 3	Designation - Avoid social support	3.000	.983	.126	-3.252	-2.748	-23.831	60	.000
Pair 4	Designation - Community recovery	2.918	1.100	.141	-3.200	-2.636	-20.720	60	.000
Pair 5	Designation - Giving support	3.098	.889	.114	-3.326	-2.871	-27.223	60	.000
Pair 6	Designation - Positive Responded	3.082	1.038	.133	-3.348	-2.816	-23.200	60	.000
Pair 7	Designation - Social Engagement	2.967	1.032	.132	-3.232	-2.703	-22.450	60	.000

The paired t-test has been attempted to know the association between the levels of awareness of the academicians. The t value is less than 0 and hence the null hypothesis is rejected. Hence there is an association between the level of awareness among the students and academicians.

DISCUSSION

Major finding of the study brought out that there is a strong agreeableness among the academicians in knowing the difficulties faced by the persons in trauma under physical, cognitive, social, behavioral and emotional aspects and they also suggest that hands-on training must be taught for the better understanding of the level of awareness. Three fourth of the samples were female since three fourth of the universe is female. This shows that the social work with medical and psychiatric social work is becoming more gender specific. Some of the respondents felt that physical dimension could be given less importance. One respondent with comprehend disability has actively participated and responded the questionnaire but could not able to complete. The students from self-financed background found it difficult to understand and respond where they have no specialized academicians to mentor them and that emphasized for the need for mental health academicians. The respondents responded actively and supported the need for practical training on psychological first aid. Respondents

showed interest to have practical training on psychological first aid rather than theory.

Conclusion and Recommendation

Social worker is a trained professionals who has bachelor's, master's or doctoral degree in social work and practice in many different settings family services agencies, mental health centers, schools, hospitals, corporations, courts, police departments, prisons, public and private agencies and private practices. Professional social workers are the nations most numerous providers of mental health and therapy services. Professional social workers are often the only mental health care providers serving the residents of many poor and rural countries. The study shown that, the need of awareness is to be improved among the students and academicians felt that more practical training on psychological first aid will help them understand better.

To achieve this we should impart the psychological first aid training as a mandatory in social work education. Since exposing students to the place of crisis for training is difficult we could set up simulated training which could be applied in the real life.

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