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Psychosocial Support Guide for Disasters

Istanbul Seismic Risk Mitigation and Emergency Preparedness Project (ISMEP)



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Psychosocial Support Guide for Disasters

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CONTENTS

CHAPTER 1	Disaster Psychology and Effects of Disasters on Societies	14 ⟶
CHAPTER 2	Psychosocial Support Mechanisms in Disasters	18 ⟶
CHAPTER 3	Characteristics and Types of Disaster/Traumatic Life Events	26 ⟶

How to Use this Guide? 10
Presentation 11
Introduction 12

First Social Response: Heroic Phase 15
Phase in Which Aids Increase: Honeymoon Phase 16
Phase in Which Aids Decrease: Disillusion Phase 17
Reorganization of Life: Reconstruction Phase 17

Coordination and Preparedness 20
Needs and Resources Analysis 21
Psychoeducation/Information 21
Building Information Network 22
Referral, Direction and Follow-up 23
Mobilizing the Community 24

Who Are Affected by Disasters? 28
Possible General Reactions, More Coercive Mental Disorders, Resilience and Posttraumatic Growth of Adults in Disasters 29
Emotional Reactions 29
Cognitive (Thoughts and Thought Flow) Reactions 30
Physical/Bodily Reactions 30
Behavioural Reactions 31
Social (Interpersonal) Reactions 31
Phases Individuals May Go Through after Disasters 31
Shock Period 32
Reaction Period 32
Processing Period 33
Recovery/Reorientation Period 33
Possible Psychiatric Disorders after Disasters 35
Posttraumatic Stress Disorder 35
Possible Psychiatric Disorders after the Traumatic Event 37

CHAPTER 4 Ethical Principles in Disasters 46

CHAPTER 5 Psychological First Aid Process and Principles 52

CHAPTER 6 Self-Care Recommendations for Disaster Victims and Psychological First Aiders 58

CHAPTER 7 Appendix 67

Dissociation (Differentiation/Separation) 37
Anxiety Reactions 37
Depression and Grief 38
Possible Addictions after Trauma/Disasters 38
Psychological Effects of Disasters 38
Resilience after Disasters and Posttraumatic Growth 40
Possible General Reactions, More Coercive Mental Disorders and Resilience of Children in Disasters 41
Reactions of Preschool Children to Trauma (0-6 years old) 42
Reactions of 6-12 Years Old Children to Trauma 43
Reactions of Adolescent Children to Trauma 43
Child Friendly Areas in Disasters 44
Possible General Reactions, More Coercive Mental Disorders of Elderly in Disasters 45

No-Harm Principle 47
Non-Discrimination Principle 47
Impartiality Principle 48
Voluntary Service Principle 48
Respect of Human Dignity 49
Humanistic Approach 50
Telling the Truth 50

Establishing Contact 53
Assessment 54
Prioritization: Identification of Those Who Need Emergency Support More 55
What Kind of Responses Can You Do When Giving PFA? 55

Secondary Traumatization 61
Compassion Fatigue 61
Survivor Guilt 61
Affinity Effect 62
Preparedness against Stress 62
Self-Care against Stress 63

Glossary 68
References 69

Abbreviations

AFAD	Disaster and Emergency Management Presidency
ASD	Acute Stress Disorder
ISMEP	Istanbul Seismic Risk Mitigation and Emergency Preparedness Project
PFA	Psychological First Aid
PTSD	Posttraumatic Stress Disorder
PTG	Posttraumatic Growth
TAMP	Turkish Disaster Response Plan

How to Use This Guide?

Target audience of the *Psychosocial Support Guide for Disasters* are volunteers, professionals involved in the phases of disaster preparedness, response and recovery as well as people affected by disasters. Furthermore, the executives that may take part in the disaster management mechanism are also included in the target audience.

By help of *Psychosocial Support Guide for Disasters,* the target audience is expected to learn what happens during the social phases after a disaster; to use their active communication skills; to maintain emphatic communication with a traumatized person; to grasp scope of psychosocial responses; to acquire skills of learning and questioning the universal behavioural rules and ethical principles required to be observed and information and skills concerning practice of psychological first aid; to gain the ability of understanding, learning and applying self-care for people working in the disaster area.

In this Guide you will encounter short information boxes which are considered important. Besides, further reading suggestions will be given and you will get information about how the subject matters are reflected in the field through examples of good practices. However, in addition to the information you will gain from this Guide, you are recommended to participate in the certificate programs given by experts and develop your practical skills under supervision.

Presentation

In our country, many natural and human-made disasters occur, especially earthquakes. During and after disasters, a great deal of emotional, behavioural and cognitive stress reactions are observed in people affected by the disaster. However, in addition to these negative reactions, positive transformations and resilience are also seen after traumatic events.

If the disaster response teams or workers know what effects disasters may have on disaster victims and how they should approach to these victims for reduction of such effects, it will make it possible to give psychosocial support to a greater number of disaster victims. This *Psychosocial Support Guide for Disasters* contains strategies that may be started and put in practice in a short time after disasters. Psychologic first aid training is a training program that can be received by both public and relief workers such as search and rescue or emergency medical teams and also volunteers. Creating such a group of people, who are trained and informed in this way during the preparedness phase prior to disaster, will produce a wide group who knows post-disaster psychological effects and how to handle them.

The *Psychosocial Support Guide for Disasters* aims to contribute the understanding of psychological effects of disasters, making psychological first aid practices widespread and finally keeping the stress level after disasters at a certain level.



Introduction

Disasters are natural, technological or human-made events which cause physical, economic and social loss, stop or disrupt daily life and routines or make it hard for people to produce solutions with their own resources. While disasters pose threat to life, they are also events that give material and moral loss to you and your loved ones and may create psychological trauma. In other words, they are extraordinary situations that one encounter in his/her life. As in case of all disasters, also after an earthquake which is a natural disaster, psychological stress and traumatic reactions may be observed in individuals. One point that you should remember is that these psychological stresses are normal reactions given to an extraordinary situation. Getting knowledge of what these reactions may be, is important to support both you and your relatives and also other people affected by the disaster.

Groups such as children, adolescents, adults, elderly and people with disabilities may be affected from the disasters in different ways and may experience different psychological problems. These post-disaster problems are temporary for many people; when appropriate psychosocial support is given to them, their psychological health will be return to normal. However, severity of reactions may be higher for some people, preventing them from performing their daily functions and may remain so for a long time. In such cases, it is important to get support from an expert. Consequently, you should distinguish the expected post-disaster psychological reactions from those more severe reactions.

Psychological effects of disasters are not experienced only by those directly exposed to them, but also by those who are not directly exposed to the event, like their families and friends or relief workers providing assistance to the victims and people exposed to the disaster through media. These groups may be secondarily affected by the disaster and show similar psychological traumatic reactions.

The objective of this Guide is to show what can be done to prevent the effects being too intensive on the victims and the people exposed to the disasters secondarily and to make them continue their life without loss of their basic functions.

These practices, which can be considered as a process of post-disaster psychosocial support, are very extensive. Psychosocial programs are consisted of a series of programs which focus on enhancement of well-being of the victims and make individuals together with communities more functional.

"Psychologic First Aid" to be focussed in this Guide is an important part of the psychosocial support. Psychological First Aid (PFA) has been conceived basing on the fact that plenty of people are affected by disasters and it is not possible for experts to have access to everybody. PFA is a process for maintaining well-being of the victims just after disasters, making them calm, meeting them with social support networks and resources, identifying their basic needs and refer them to appropriate resources and instilling hope in them. It has been observed that PFA activities have reduced stress reactions experienced by the victims and prevented them from experiencing deeper problems in future. For this reason, it is important for all relief workers and volunteers who are in close contact with the victims to be informed about principles and practices of PFA.

This Guide firstly deals with the social effects of disasters and psychosocial support mechanisms. And secondly it concerns characteristics of disasters/traumatic events and how they affect different groups of people. After ethical principles to be paid attention in psychosocial support practices, information is given about how PFA should be given. In the last chapter, importance of self-care and what should be done is explained, as disasters also affect disaster relief workers and supporters. In light of information given in this Guide, the final aim is to survive such situations with minimum loss after an earthquake, particularly in the first days of it. Getting knowledge of the things explained here, you may be helpful both for victims and yourself.

Disaster Psychology and Effects of Disasters on Societies

Disaster experience refers to all conditions that individuals are exposed to, during and after disasters. Whatever be their severity and extent, they affect societies both psychologically and socially. This is an event that affects social and normal life activities as much as the individual ones. It should be noted that the society produces some reactions after a disaster experience in phases and that these social reactions change with time. It is useful that disaster relief workers, disaster authorities and public administrators should have knowledge of and, furthermore, follow local social changes and phases after a disaster in macro level.

First Social Response: Heroic Phase

From the moment a disaster strikes, a social "heroic phase" starts and this phase covers a period of time in which personal and non-organized efforts are dominant. Usually we witness quick, small or big assistance efforts given by local people together with local or regional organizations, establishments and agencies. In this phase, it is possible to see people without rescue or PDF training rushing around to the help people or a person trying for hours to open a hole in the debris with an arbitrarily grasped stone to help a neighbour.

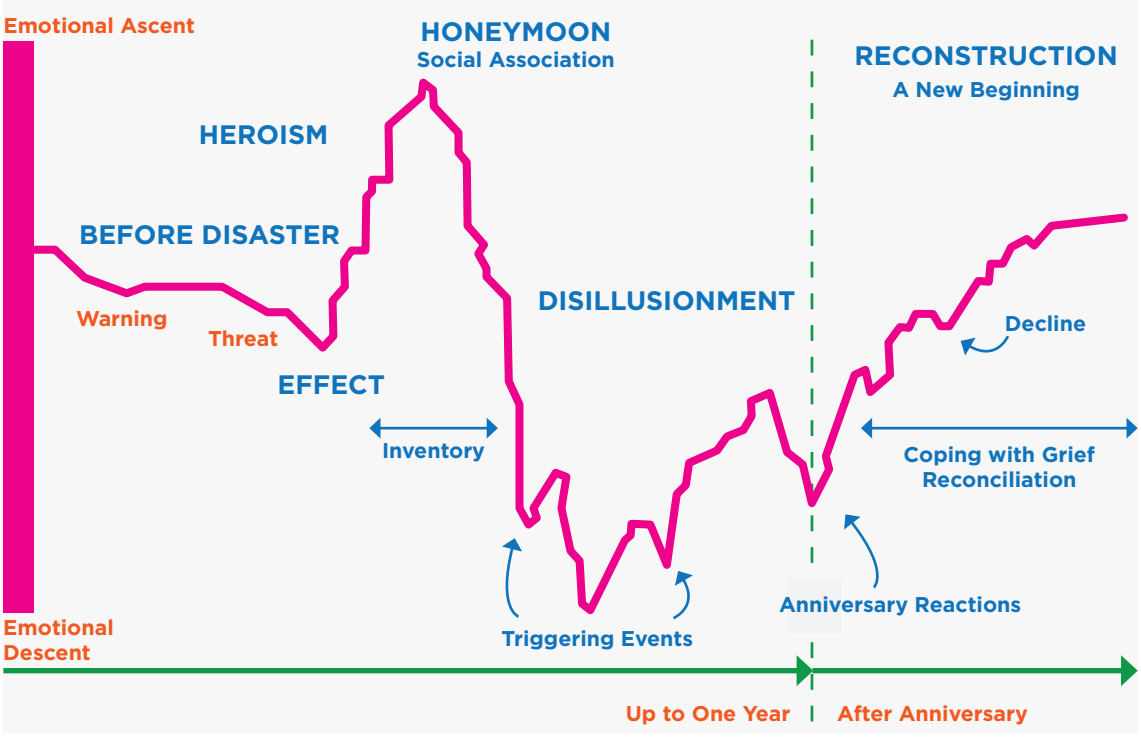


Figure 1. Social Phases in Disasters (SAMHSA-Substance Abuse and Mental Health Services Administration)

Key Information

Making plans for active involvement of the affected local people will be useful for the use of local resources and effectiveness of operations and also helpful to fulfil local people's desire for assistance.

Another behaviour we frequently notice in the region is that local people are highly motivated to assist and take part in professional relief activities. If professional relief workers know basis of this "vigorous and heroic desire" of the local people for assisting in this phase and include such assistance of this people in the process in a controlled way, it will be helpful to go through this phase healthier and controlled.

Phase in Which Aids Increase: Honeymoon Phase

Following the heroic phase, together with the increase of social aid and solidarity, a visible and rapidly increase occurs in local, national or international relief operations. Another characteristic of the honeymoon phase is seen in form of almost "a pile of aids" of every kind in the disaster area. Here the critical point is that some aids made by individual efforts, other than those planned by the authorized institutions are far from local needs and deficient or excessive. Both, institutions with their employees and individuals show great effort to send aids to the disaster area. A concrete result of this efforts may be the inclusion of materials in relief supply kits which are not suitable for the local area, culture or season.



Key Information

Honeymoon Phase can be summarized as a temporary state of "excessive kindness and heroic desire for assistance". It is important that operations in this period should be well-coordinated and performed according to real and concrete needs.

Sending summer or second-hand clothes in winter is one of the typical examples of this honeymoon phase. It may also be witnessed that not only the materials, but some services provided in the area may also be excessive. Continuation of food and meal delivery service given by the institutions for a long time, even after the local people are able to prepare their own food, is a typical example. At this point, people affected by the disasters may expect the aids to be continuous; however, a significant part of the aids provided in this period will start to decrease over time in parallel with the decrease of needs.

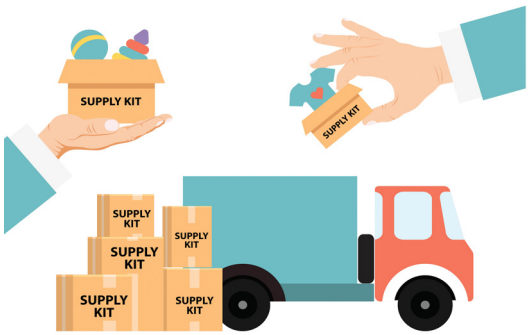
Phase in Which Aids Decrease: Disillusionment Phase

Disillusionment phase is one that starts with the withdrawal of aids and the reduction of support. Some of the aid activities which increased in the honeymoon phase start to reduce or end after a while. Dominant social bonding in the previous period caused continuity of aids intensely in the area and led to make some promises that increase expectations and the state of well-being.

Key Information

Disillusionment Phase can be considered as a period where the aids to the disaster area start to diminish and the victims start to feel themselves abandoned. In this period it is observed, that people affected by the disaster make collective applications to make them heard and embark upon formations such as communities and cooperatives.

However, when they face with the fact that such aid cannot continue forever, a social "disillusionment" phase starts to show itself. A characteristic feature of this phase is a feeling of abandonment and loneliness. Nevertheless individuals or groups may commence some initiatives and efforts for meeting some of their current needs or making themselves heard. In this phase, it is often observed that those who try to make themselves heard, such as tent city councils, start collective formations.



Reorganization of Life: Reconstruction Phase

Whatever type and source of the disaster may be, people will eventually enter into a phase for reorganization of their lives which has changed and transformed as a result of the disaster. The reconstruction phase is a period after a while following the disaster in which people makes a fresh start after all they have suffered. Mostly with the transition to prefabricated settlements or temporary residences, people may make efforts to return to the normal flow of their lives. This phase can be considered as a period in which economic cycle recommences and persons return to their previous normal functionalities and fields of activities as before the disaster. For example, generally new stores are opened, people settle in new residences, new neighbouring is starting and new living spaces are formed.

Key Information

Reconstruction Phase is one in which individuals start building new balances with respect to their lives, taking control of their life again and making fresh beginnings.

Psychosocial Support Mechanisms in Disasters

Disasters are often different from the stressful events that people encounter in their normal lives and are more difficult to cope with. Persons and communities subject to disasters are affected in different ways and severity. After disaster, a great part of the people may suffer psychological problems associated with stress.



Many studies show that the level of psychological problems is related to many factors like type and severity of the disaster and emergency, exposure time, loss, age, gender, previous experience, education level, special needs, ability to cope with difficulties, participation in the aid activities, cultural characteristics, etc. Although symptoms and level of stress vary from person to person, stress symptoms to a certain extent are considered normal for almost everyone. It is important to provide protective psychosocial support services for the reduction of such stress reactions. Psychosocial support after disasters refer to a point of view which involves entire multidisciplinary activities and all service sectors to reduce such stress reactions of individuals, families and communities; reorganize social interactions on family and community level; enhance capacity of the community to cope with difficulties; support the individuals to recover and improve their ability to cope with it after the disaster and emergency. In this respect, psychosocial support in disasters is a human-oriented point of view which should be adopted by all disciplines providing support in disasters, rather than a type of response given only by mental healthcare experts. Making all services provided in disasters such as accommodation, food, communication, health, agriculture and livestock etc. human-oriented, is one of the important occupational fields for psychological response.

If an institution or employee providing service in the field of accommodation in disaster makes a service planning according to give answers to specific accommodation questions like under what conditions the local people in the disaster area had lived

Examples from the Field

In cases where in the disaster area equality in access to the services and materials needed or the proportion of the aid received cannot be achieved, some people may receive aids more or less than they required. For example, while toys were distributed to all the children in one neighborhood for several times, children in another neighborhood may not have received any toys. It is also to witness that hygiene materials for women are also distributed to men or people without any children in their household benefit from baby food.



Figure 2. Psychosocial Perspective and Its Relationship with Service Groups

before the disaster, what kind of residences they prefer and how their neighbourhood relations were, will contribute to the psychosocial well-being. For example, if a large family structure is culturally widespread and people are living in big houses, the residences to be constructed after the disaster considering these physical, social and material conditions etc., will meet such requirements and positively affect the psychosocial well-being of these people.

Activities covered by psychosocial support in disasters can be studied under eight headings: (1) coordination and preparedness, (2) needs and resources analysis, (3) psychological first aid, (4) psychoeducation, (5) information/network, (6) referral and direction (7) social engagement, (8) employee support. As some psychosocial support activities are dealt with in detail in this Guide, some of these headings are not discussed here.

Coordination and Preparedness

As usual with all services to be provided in disasters, psychosocial support mechanisms can operate in the preparedness phase before disaster, response phase during disaster and recovery phase after disaster, only by coordination and covering all phases completely. In order that psychosocial support activities to be performed in disasters arrive in time and are efficient, it is important to fulfil preparedness operations, local and national planning, identification of resources and establishment of an action plan before the disaster. In a national disaster response plan, for example, matters such as which organization will provide psychosocial services,

which organizations together with which experts will be responsible for psychosocial support tents in the tent cities and which psychosocial teams together with which experts will visit villagers should be planned.

Needs and Resources Analysis

Needs and resources analysis is an activity that essentially starts just after the disaster and should be performed in general by experts having the required technical knowledge and experience. Needs and resources analysis involves studies for the determination of basic needs of people affected by disaster (accommodation, nutrition, safety, etc.) together with all other human needs which may quickly change locally and also in the disaster environment and the identification of resources to meet such needs. It should be known that each person has many urgent needs after a disaster, whatever his/her living style or economic status before occurrence of the disaster has been. While priority needs may vary according to the location and local characteristics, it should also be remembered that there will be some universal basic needs in agenda in the first period, which may also change with time. These needs may depend on many factors such as phase of the disaster, region, culture, religious values, tradition and customs. Here we should know that needs and resources can constantly change over time. While needs such as rescue, safety, food and healthcare have priority just after disaster, some other needs such as psychological support, respect and comfort may come to the fore after a while.

Psychoeducation/Information

Among the psychosocial activities, the step of psychoeducation involves informing the people in a clear and simple way that such stress reactions, emotions, thoughts and behaviours as shown by the people exposed to disaster are frequently observed by persons who have

Examples from the Field

Determination of Needs for Basic Needs As Well

One of the misapplications most frequently performed in needs and resources analysis is the expectation that people have same or similar needs after each disaster. After the experience/occurrence of disaster, need for food is expected to appear in the community. However, we should emphasize here that cultural characteristics such as type and recipe of meal and rituals of eating are also important when determining the needs.

A group of refugees immigrates to another country due to civil conflict in their own country is taken to tent cities where relief workers start food services quickly. However, after a while, it turns out that the immigrants cannot eat the distributed food or even they throw it away. Relief workers decide to hold a meeting with a group of immigrant women to understand the matter. And they learn from their leading women that the meals given to them do not comply with their cultures (for example, unlike the Turkish culture, they eat lentil not in form of “soup”, but as a course) and that meals to be made with different materials will be more suitable to their culture. After understanding this need, the relief workers ensure distribution of meals in compliance with their culture.



experienced such types of events and that they will reduce with time. Most of the time, people are inclined to consider psychological changes in themselves as abnormal and frightening. Giving the information that such reactions are observed in almost everyone and that they are **"normal reactions to abnormal situations",** creates positive affect on disaster survivors. Furthermore, informing them about ways of coping with them will relieve them.

In the atmosphere of disaster, such psychological information are in general given by means of group meetings, seminars and brochures in places where traditional/cultural activities go on such as mosque, reading groups, special days, vocational courses, schools and coffeehouses which used to be a part of the people's daily life prior to the disaster.

While psychoeducation activities are performed, a practical way should be found for integration with other services. For example, when cleaning training is given and a program is held for distribution of hygiene kits in a tent city, it is recommended to include psychoeducation activities in them in order to reach much more people. The point is that some socities may not show much interest in and participation to operations performed under the heading of psychoeducation. As it is, performance of psychoeducation in the disaster area together with other social activities in places such as mosques, vocational courses, school/game activities and reading groups will help to access a greater part of the society.

Building Information Network

The step of building an information network is a stage referring how to reach other resources and practitioners playing active role in the field applications and how to get information about changing or diminishing or increasing resources and services and how to direct people to realistic, not exaggerated resources. Upon occurrence of a disaster, many local, national or even international institutions and organizations start to operate in the area. The presence of many different

institutions in the region at the same time may require an intense information network and cooperation. Here you should remember that these resources may quickly change in the area. This intensity and variability also necessitates an effort to ensure a regular and accurate flow of information. It is very important for practitioners to know where and how different needs for each person contacted in psychosocial support activities can be met in that region and to follow up-to-date information.

Another situation frequently encountered in field practices is that psychosocial practitioners in the area do not have sufficient information about the local resources or cannot follow the variability. And as a possible result of it, a person oriented to an appropriate resource after determination of needs is turned out to have been misdirected because the said resource is not available currently or do not provide service in that area any longer. However, it is one of the basic approaches to protect the relationship of trust in psychosocial practices and to stay away from any approach that may damage it.

Referral, Direction and Follow-up

Disasters are circumstances which mentally affect many people at the same time and where resources may not provide support to many people equally. In almost all psychosocial practices, persons are directed to a mental healthcare expert or healthcare facility if required and needed. Some of the people affected by disaster may need psychotherapy, consultancy or medical support. After the identification of those who need professional support by means of psychologic first aid (PFA), psychologic triage (determining priority of need), group information studies and similar interventions, it is recommended to establish a referral system in communication and coordination with the resources in the region.

Psychological triage methods are developed and used for quick identification of psychological needs and risks and for direction of those who are in urgent need of expert support. Psychological triage starts with quick preliminary assessment of people in terms of three points: appearance, behaviour and speech. After this quick assessment, those who need to be referred to emergency services and mental healthcare experts fall into the group of high risk; those who need to be directed by coming into contact with mental health experts fall into the risky group; those who had received psychological support and have had disaster experience before are evaluated in the low risk group and directed accordingly.





One of the points to be considered about the risk groups here is following: The presence of these risks or non-presence of any of them at all may not affect alone the mental well-being. However, the risk groups mentioned above help to determinate quickly the persons who are primarily in need of mental medical support, particularly in case of disasters when a great number of people should be reached at the same time.

Mobilizing the Community

After a disaster experience it should not be forgotten that people act as active individuals and should have a say in decisions and practices related to them. As participation in the decisions will give them a sense of control, it will be also good for their mental health. A situation frequently observed in field practices is that institutions and their employees receive limited contribution and information from the members of the community when they perform their activities. In fact, local leaders of the community (local leaders, experts, volunteers, teachers, mukhtars, religious authorities, etc.) have important roles in the process of humanitarian aid activities of the community like volunteering and participation in decision-taking mechanisms.

Good Practice Example

Düzce Beyciler Public Housing

Beyciler Public Housing is a project jointly conducted in cooperation with a national non-governmental organization after the 1999 Düzce earthquake. The originality of this project is that those entitled to live in these houses actively took part in each stage of the project, from design to construction of the housing. There were 8 women and 7 men in the committee, a so called Representative Committee, which was consisted of the most respected members of the community. The most important function of the Representative Committee was to obtain and consider common ideas and opinions of all participants and put them into practice. Doing so has helped beneficiaries regain control of their own lives and take an active part in their decision-making processes. The number of the housing constructed in this way is 168 and about 800 people live in them.

This approach allow the individuals and families of the community to engage in this process quickly and in an active way, enhance their abilities of quick discovery and sense of control and gain skills to help themselves. In order to ensure the participation of the community, the psychosocial practitioners are expected to have detailed information about the routine and pre-disaster life of the community. If women in a shelter camp for example used to perform daily cooking before the disaster and cannot perform this function after the disaster, common cooking areas may be organized by participation of women and instead the delivery of meals, food materials can be supplied for cooking in these common kitchens. Such mobilization for recovery and control of their own life may contribute to the psychosocial well-being by returning them to their normal activities.

Looking at the practices in the countries like Japan, we observe that many services, from the planning of new housing to the way of nutrition, are often performed by contribution and involvement of the social leaders and social representatives.



Characteristics and Types of Disaster/ Traumatic Life Events

Basing on reasons of occurrence, disasters can be classified as natural disasters (earthquake, tsunami, flood, rock fall, etc.), technological disasters (mine accidents, chemical leak, etc.) or human-made disasters (terror events, wars, etc.). For turning into a disaster, regardless of its source, an event must cause great loss of life and give great damage to natural environment, property, goods and business continuity. Therefore, according to the definition made by the United Nations, disasters are situations where local resources are not sufficient to cope with the negative effects of any danger on life, property, environment, economy and cultural assets. When natural events such as earthquake, flood, landslide and storm causes loss of life and property that requires regional and national or international aid, they are defined as natural disasters. In conclusion, disaster is a result of an event, rather than being the event itself. Loss of life means death of people and loss of property means damage of goods, buildings, agricultural fields and economic activities. While some effects of the earthquake directly occur with the disaster, some other may appear after the disaster. For example, loss of life and property occurs during the earthquake, but its effects on physical or psychological health may take long time to appear. Difficulties that the people should cope with and the lack of resources they experience during and after disasters, may also cause them to be mentally affected. When analysing these effects, it would be useful to focus on different age groups. For providing psychosocial support, it is important to have knowledge about possible reactions.

The mental effects of disasters differ in the acute period after the disaster and in the following days. In particular, we need to understand whether the reactions to the extraordinary situation experienced shortly after the disasters are the expected ones or not and we should take it into consideration when giving support. When giving PFA, we also need to be able to observe the victims very well, to identify who needs support first and to follow them over time. When we observe intensification of reactions and failure to perform daily life functions (e.g. failure to work, fulfil domestic responsibilities and maintain social life), we should be able to refer such a person to specialist mental healthcare services. Consequently, when providing psychosocial support, it is required both to enhance well-being of the victims in a short time and refer them to mental healthcare services they may need for long time.

While providing psychosocial support to disaster victims, it is also important that we know the trauma and the characteristics of traumatic experiences.



Traumatic life events are events which people may encounter throughout their lives, threaten their own lives or causing serious injuries, threaten their personal integrity and/or events in which they witness the exposure of others to these situations. In order to classify the traumatic life events as events that may cause mental trauma, we should take into consideration the reaction such persons give to these traumatic events. The person's reaction to the event with extreme fear, horror or helplessness, or freezing under shock and not reacting at all, are important reactions.

Events such as serious accidents, natural disasters, physical or sexual assault, unexpected death of a relative can be given as examples of mental traumatic events. Consequently, both characteristics of the event and reactions of the person should be considered together in the diagnosis of mental trauma.

Who Are Affected by Disasters?

People who are affected by earthquake and similar disasters constitute a wide group. We may classify people affected by earthquake and similar natural disasters in three different groups. These are:

- **Primarily affected people:** Persons who reside in the disaster area and directly experience the disaster.
- **Secondarily affected people:** Persons who have family or personal bonds with the primary victims.
- **Tertiary affected people:** Persons who should take office and provide service to the victims after earthquake or similar disasters because of their positions.

People with disabilities and chronic disorders are groups which may be more affected by earthquake. It has been observed that members of these groups belong to low income groups and reside in unsafe residences before occurrence of the earthquake (Tierney, Petak and Hahn, 1988). And, after earthquake, they may have difficulties in having access to psychosocial services because of possible restrictions in their mobility associated with their disabilities, problems in accessing information about what has been



Key Information

One of the most important reasons underlying the traumatic character of events leading to disasters is that they are shaking the basic assumptions about earth. "Earth is a safe place" and "I can control things about me" are among the basic assumptions which are shaken. As the earthquake impairs people's sense of safety and control, it may become a traumatic experience for the victims.

done, and also problems and difficulties in reaching psychosocial services.

In particular, those who had psychiatric problems before the earthquake may experience worsening after the earthquake due to the stress they were exposed to. Considering these groups, it becomes evident that psychosocial support should be given to a wide group of people after disasters. Primary victims constitute the group affected most and, naturally, they also show different levels of affection among them in terms of exposure and loss. In addition to the primary victims, support should be given to their relatives and relief workers in the disaster area as well. When giving this support, it is particularly important to know expected reactions that disasters may create. As it is, the following chapter will individually focus on general reactions, more coercive mental disorders, resilience and posttraumatic growth that may be observed in adults, children, old people, relief workers and volunteers after disasters

Possible General Reactions, More Coercive Mental Disorders, Resilience and Posttraumatic Growth of Adults in Disasters

General reactions that may be observed in adults after natural disasters can be classified under five headings. They include emotional, cognitive (thoughts), physical, behavioural and social (interpersonal) reactions. These reactions are normal reactions given to extraordinary situations and as it is important for the victim's normalisation and relief to know that these are normal responses they are also among the important principles of PFA. When the victims experience such reactions, they may become anxious, wondering if their mental health is deteriorated and if they will have a permanent disorder. It can be seen in the field that some victims may be concerned whether some frequent behavioural, cognitive or emotional reactions they observe on themselves will permanently deteriorate their psychological health. Psychological support teams working in the field often talk about this concern. It will make the victims feel comfortable to tell that the changes they observe with themselves are expected reactions they give to the extraordinary situation they experience, teaching them what will be good to do for them and assuring them that such problems will diminish with time.

Emotional Reactions

After natural disasters, the victims may experience various and strong emotions. They often include shock, unresponsiveness, feeling everything unreal (as in a dream), helplessness, feeling empty, apathy, excessive fear,

anger, guilt, grief, hopelessness, nervousness, pessimism, dissociation (differentiation/separation), feeling worthlessness, panic and embarrassment etc. Reactions to be given after disasters and severity of them differ from one person to another. While some persons show most of these reactions, some have only one or several of them. As is seen, this emotions are wide-ranging, complex and expected reactions that may be given to an extraordinary situation. However, although they are expected reactions, still we should not forget that they disturb the victim and we should mention that they are natural reactions. In order to explain their reactions to the victims, this information can be provided within the scope of "psychoeducation" studies, so that they can normalize their experiences. However, it is very important that the phrase of "natural reactions" should not be used in a disregarding way.

Cognitive (Thoughts and Thought Flow) Reactions

Cognitive reactions observed in victims include; lack of and difficulty in concentration, difficulty in giving decision, memory-related problems and/or failure to remember some things, development of negative and distorted view (e.g. "all was my fault"; "all places are dangerous from now on", etc.), confusing/irregular thoughts, falsification/alteration of experiences, lack of self-respect, loss of self-belief, blaming others excessively, undesired, unavoidable, recurring thoughts and memories.

As is seen, both impairment in the thinking process of persons and development of negative thoughts may increase.

Examples from the Field

A disaster victim you meet in the field may tell you that he/she thinks about what to do the next day before going to sleep, but cannot remember it the next morning and is therefore afraid of losing his/her memory. Although we sometimes forget some things in daily life as well, such forgetfulness may be experienced more widespread because of the state of oversensitivity. If you tell the victim that it is a very understandable reaction and that negative experience may create temporary problems in attention and memory and suggest them to note down the things they plan to do, they may feel relief.

Physical/Bodily Reactions

Physical reactions observed in victims include; hyperarousal, resulting in muscle tension, tiredness/exhaustion, sleeplessness, sleep disturbance, excessive sleeping, failure to sleep or failure to maintain sleep, uneasiness, extensive pains, headache, reduced sexual desire, loss of appetite, deterioration of immune system, problems with stomach and bowels, tension, palpitation, nausea, dizziness, dermatologic diseases and chest pains. In the face of danger, physiological responses that trigger the body's fight-or-flight reaction, which increase with the sympathetic nervous system and stress hormones, can be seen. If these continue for a long time, the immune system may collapse and physical ailments may occur. Teaching the victims some strategies to relax themselves or practices to

make them feel calmer and safer will relieve them. Practices such as taking breath from noise and giving it out through the mouth slowly will help them stay calm.

Behavioural Reactions

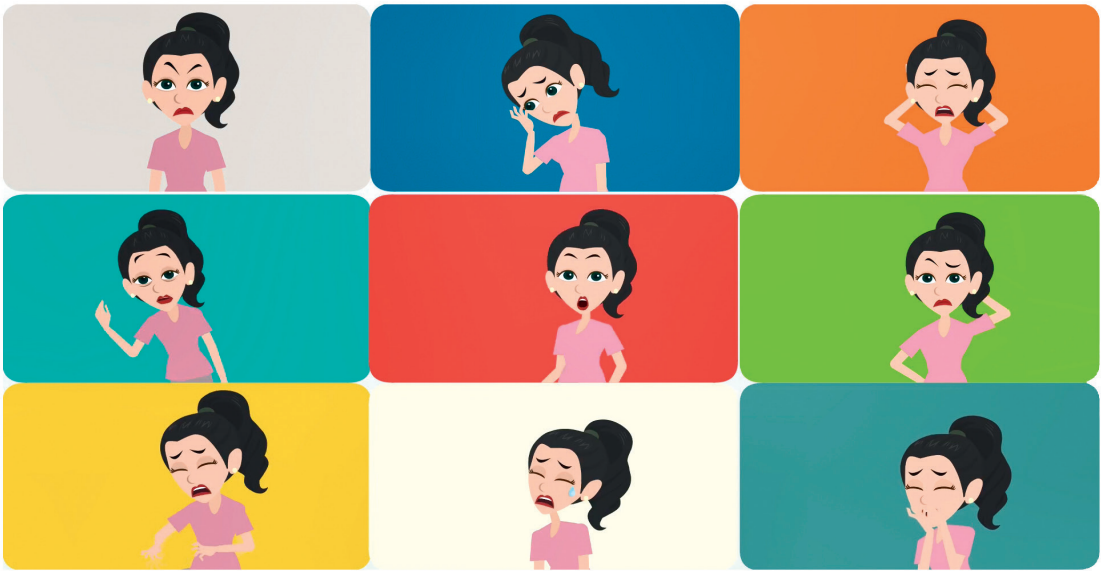
After disaster, significant changes may also be seen in the behaviours. In particular, avoidance behaviours, such as avoiding stimuli reminding the earthquake, not wanting to talk about the earthquake, being unable to sit still and sudden startles, are considered among the behavioural responses. As the victims are alert to escape from danger, it may be difficult for them to stay still.

Social (Interpersonal) Reactions

Alienation, social withdrawal, conflicts and problems in interpersonal relations (family, business, school, marriage), mistrust, suspiciousness, judging and blaming are social (interpersonal) reactions observed in victims after disasters. Receiving social support after disasters makes significant contribution to the well-being of the victims. Many studies show that being able to share what has happened, learning that others suffer from same problems and feeling to be important for others make those who experienced the disaster feel better. Therefore social withdrawal and conflicts may constitute significant obstacles that may prevent the victims from receiving support. An understanding and calm approach and provision of information about resources to meet their needs will make them feel good.

Phases Individuals May Go Through after Disasters

Disasters/traumatic life events are extraordinary situations that individuals encounter. In this respect, reactions shown in different stages after the disaster are normal psychological reactions. These normal reactions can be seen in various phases after disaster. These phases and reactions to be observed



in each phase are described by Saari (2005) as follows:

Shock Period

It is defined as a self-protection period for disaster victims in face of great difficulties and loss they experienced. In this period, reactions after the disaster event that can be defined as a "fight or flight" reaction, can be seen as a protection of the individual against the danger. In general, the following reactions are observed in victims in the first 24 hours and in a longer period:

• Physiological arousal

Examples from the Field

In a disaster area, you may notice that the victims are sitting by the debris, waiting silently and immersed in thought with a faraway look. For example, when you see a person standing in front of the debris of a building where his/her family used to live, you may think "as if all these things have nothing to do with him/her". In fact, it is one of the shock reactions that may be observed just after the event.

Key Information

People who experience earthquake and similar events may give different reactions. This difference depends on a great amount of reasons. Among them are the strength they live and the degree of loss related to the event, how they cope with the event, whether they receive social support, how they interpret the disaster, personal characteristics, individual resources and personal background.

• Perceptual sensitivity, focusing only to certain stimuli

• Inability to think logically and make decisions

• Memory and concentration difficulties

• Everything seeing unreal, detachment from reality (dissociation)

• Blunting/petrification of emotions

• Lack of feeling pain

• Shock

• Panic or freeze reactions (by 20%)

PFA is very important in this period. Calming down the victims, supporting them to gain back their sense of confidence, informing them about resources and helping them to build connection for social support is important.

Reaction Period

In this period, people are aware and make sense of the things happened. During this period, starting around 2-6 days after, the person begins to feel safe. We may list the general reactions observed in this period as follows:

- Emotional confusion: anxiety, fear, anger, nervousness, hopelessness, helplessness, sadness, guilt, shame, insecurity, feeling lonely and disconnected from real life
- Bodily/physiological reactions: tremor, nau-sea, cardiac problems (such as palpitions), muscle pain, dizziness, fatigue, restlessness, sleep problems, appetite changes
- Avoiding stimuli reminding the disaster
- Reoccurring thoughts and daydreams related to disaster (flashback, living the moment of disaster again)

- Scary, terrifying dreams and nightmares

All these reactions are very frightening for the victim; such a person may become afraid that he/she loses his/her mind. The use of sleeping bills, sedatives, cigarette and alcoholic drinks may increase in this period. However, these are not healthy coping methods.

Processing Period

Processing the experienced disaster can be defined as a kind of digesting the related trauma. In this period, the disaster experience as well as the emotional, cognitive and behavioural reactions it has created, should be reviewed and interpreted. The victims should be able to put a distance between themselves and the event. General reactions observed in the phase can be listed as follows:

- The victims do not talk any more about the disaster.
- They mourn for their loss.
- Consideration and assessment of the disaster and what happens go on internally.
- They may experience strong emotions such as sadness and yearning.
- Problems may appear with respect to memory and attention.
- Problems, nervousness, conflicts in interpersonal relations and burst of anger to external resources/persons could appear.
- They want to be alone and keep away from the environment psychologically.

Recovery/Reorientation Period

In this period, the victims start to make plans for the future and the severity of reactions alleviates. General reactions seen in this period can be listed as follows:

- Victims start to accept the things happened.
- They have already made sense of the disaster event and accepted it as a part of their lives.
- Reactions reduce in severity.
- Victims start to show interest in daily life.
- They make plans for the future.
- They feel themselves better emotionally.
- Disaster/traumatic event becomes part of their memory, but it does not occupy their minds completely.

The phases mentioned above are not experienced by the victims at the same time and in the same order and severity. Some victims may become trapped in a certain phase, e.g. reaction period and may have the reactions mentioned above for a long time. In such cases, they should be referred to a more specialized support. Still, it requires time to make sense of what happened. As a copying strategy after the disaster; denying what happened, using ways of suppression and avoidance and/or continue to work before being ready psychologically can hinder processing and interpretation periods. It should be remembered that things mentioned in the phases above are normal reactions given to an abnormal experience.

Studies show that certain demographic characteristics (e.g. being woman, education status, low income, etc.) prior to disaster/trauma having experienced a previous traumatic event, a psychiatric disorder and some personality characteristics (emotional incoherence, pessimism, bitterness, lack of self-confidence, etc.) make some people

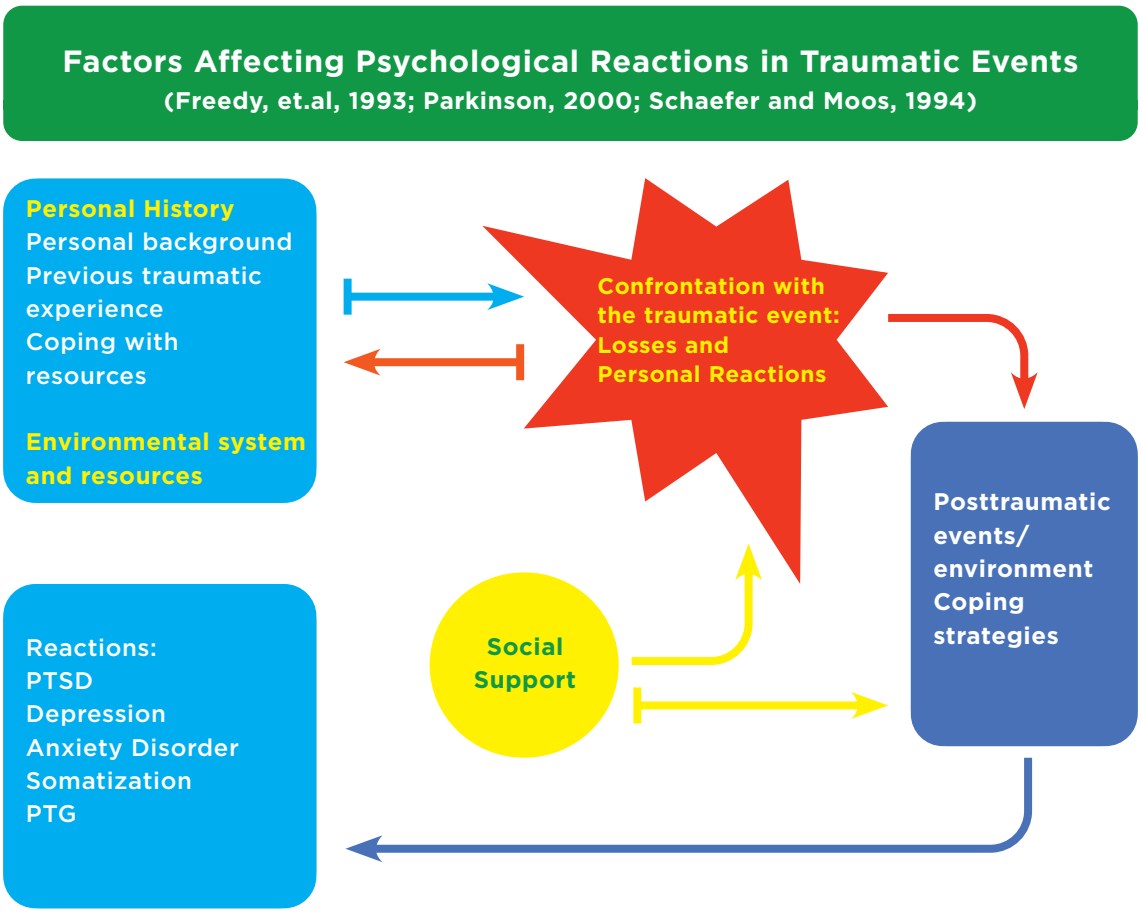


Figure 3. Variables Determining Reactions in Traumatic Events

more prone to mental problems after disasters (Aker, 2006; Brewin, Andrews and Valentine, 2000; İkizer ve Gül, 2017; Karancı and Rüstemli, 1995). In other words, some people may be affected by disasters more and need therefore mental healthcare services. Posttraumatic Stress Disorder (PTSD) is the most studied mental health problem of victims. PTSD, apart from characteristics of the victims, is also related to the type of the disaster/trauma. For example, human-made and deliberate traumatic events such as sexual and physical harassment or violence may cause PTSD symptoms more likely (Karancı et al., 2009; İkizer and Gül, 2017). Apart from PTSD, also other psychological problems such as depression, anxiety disorder, complicated grief and drug addiction may occur after earthquakes. Summary of the Freedy et al. (1993), Parkinson (2000), Schaefer and Moos (1994) models given diagrammatically in Figure 3, show on which variables the effects of disaster events are depending.

As seen in the diagram, negative effects created by disasters depend on characteristics of the victim and how strongly the disaster has been experienced. Furthermore,

Key Information

Alt is important to get information about the social support victims used to take from their neighborhood, relatives and family relations prior to the disaster experience and bring them into action again. Social support has an important protection or buffer for both coping with effects of the disaster and making the victims feel their self-value. In this respect, it is an important PFA principle to provide the victims support from their close circle or ensure their contact with friends, relatives or persons who are perceived as support. After disasters caused by earthquakes, the persons natural support sources prior to the disaster may also be victims themselves and may therefore not give support. For this reason, support given by the volunteers and relief workers in disaster areas is of great importance.

Don't Forget!

In addition to the negative psychological effects of disasters on people exposed to them, it should be considered that positive transformations such as resilience and posttraumatic growth may also occur.

as the diagram shows, it also depends on negative things around and on coping strategies of victims after the disaster. Therefore providing psychosocial support after disasters, which means to instil sense of trust in victims, increase their access to resources, ensure transparency and reliable information in practice and give social support is important.

As it is seen in Figure 3, besides the adverse effects of disasters, we may also see some positive transformations, so-called Posttraumatic Growth (PTG) or resilience as discussed in the following sections. There are many scientific studies focusing on negative psychological effects of disasters. However, particularly in recent years, there are also studies dealing with positive transformations that may be achieved as a result of resilience and efforts of coping with difficulties in disasters.

Possible Psychiatric Disorders after Disasters

This section focuses on some psychiatric disorder that may occur after disasters. It is important to know symptoms of disorders in the psychosocial process and refer the victims who experienced this to the mental healthcare experts.

Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) is a psychiatric disorder associated with trauma and stress which requires expert treatment. This disorder may appear after some different coercive experiences and it is not something seen only after earthquakes. This disorder may stem from threatened life or physical integrity of the person, causing a sense of excessive fear, dread and helplessness after severe traumatic events like disasters. Traumatic events leading to PTSD are defined as being victim or witness of a traumatic life event/disaster such as physical, emotional or sexual violence in the childhood or adulthood; experience of events like accident, disease, war and natural disasters that pose a threat to a person's life in the childhood and adulthood or being witness of

such events.

Diagnosis of PTSD can be made only by mental healthcare experts depending on appearance of certain symptoms. PTSD symptoms are given in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V/APA, 2013) in detail. The main diagnostic criteria listed here will help you recognize the symptoms of this disorder and refer victims that you think show these symptoms to mental healthcare experts. Criteria are as follows:

A The victim might have experienced or witnessed a real death or threat of death, a serious injury or a threat against physical integrity of himself/herself or others.

B Repetitive and disrupting memories of the event inadvertently; they include illusions, thoughts, dreams or perceptions. Feeling as the event happens again and showing excessive reactions to the stimuli of the event (children may play games which are about the trauma itself or its different aspects again and again; they may see scary dreams without knowing their contents exactly).

C Constant avoidance of external (environments reminding the event) or internal (memories of the event) stimulants that have accompanied the trauma.

D Negative changes in emotions and thoughts, failure to remind significant parts of the event or forgetting the event completely, negative expectations (e.g. the world is completely dangerous), constant negative mood (panic, anger, guilt), alienation, inability to feel positive emotion.

E Overstimulation and reaction related to the traumatic event, excessive anger, carelessness and self-loathing determination, inability to focus and sleep related disorders.

In order to make a diagnosis of PTSD, such symptoms should persist more than one month. In other words, having these reactions in the first days is not sufficient. Furthermore, the person should be also disturbed and his/her functionality in social and business life impaired by such symptoms.

As is seen, only an expert may decide about the presence of PTSD symptoms whose diagnostic criteria are detailed here. What we should know, is that the victim should be referred to a healthcare organization if such symptoms should be observed longer than 4 weeks or they are to such extent to give harm to him/her and people around.

Examples from the Field

- If an earthquake occurred in a region, you may see people running away when a truck passes by as if an earthquake occurs again. Physical reactions such as heart palpitation and perspiration may occur in such cases.
- The person may show symptoms of avoidance. For example, he/she may avoid going to the street where his/her home had collapsed or take care not to pass through that street. Negative thoughts may occur to him/her related to earthquake; for example, "it was all my fault", "I should have lived in a safer place," etc. The person may be restless and always feel uneasy. Besides, he/she may have problems of concentration. The person may have difficulty to continue his/her social and business life. These symptoms alone may not be sufficient to make a diagnosis. It is definitely required to obtain an expert opinion.

Appearance of symptoms similar to those of PTSD in a period of 3 days up to one month following the disaster are called **Acute Stress Disorder (ASD).** Also in this case, the person should be referred to an expert.

Possible Psychiatric Disorders after the Traumatic Event

Dissociation (Differentiation /Separation)

It appears in form of depersonalization, losing sense of reality, aimlessness/emptiness and oblivion. These symptoms are observed in persons usually after a traumatic event as a result of two or more mental processes breaking away from consciousness and or losing integrity in themselves, reduced awareness of their emotions and thoughts and avoidance of awareness in this respect.

This situation has psychologic and physiologic two types of effects on persons. The psychologic effect appears in form of forgetting the disturbing and undesired emotions, which are gaining continuity as a result. Hence negative emotions about the trauma cannot be analysed. Furthermore, emotional experiences that occur after the trauma and cannot be coped with, make it difficult for the person to digest the content and traces of it, leading to energy loss that causes a state of permanent exhaustion for him/her.

Key Information

- PTSD may appear in different ways. Acute Posttraumatic Stress Disorder: Symptoms last less than three months. Chronic Posttraumatic Stress Disorder: Symptoms last more than three months. Delayed-Onset Posttraumatic Stress Disorder: Symptoms starts minimum six month after the stress factor.
- An important point in diagnosis of PTSD is breakdown of "functionality". We may explain it in the following way: It is the case of a person going to work and sending his/her children to school before the earthquake, who becomes unable to perform these routines because of psychological symptoms he/she develops after disaster. As is seen from this example, lack of functionality is failure of the person to continue his/her previous routines although the office is present and has not collapsed and there is no loss of job.

Anxiety Reactions

After a traumatic event, permanent sense of anxiety can be observed in a person being exposed to it. The person reacts as if his/her body and mind is constantly facing a danger. This symptom is accompanied by reactions of avoidance, oversensitivity and dissociation.

Depression and Grief

Depression may appear with symptoms of feeling worthless, yearning for the lost person, loss of interest in daily activities, lack of motivation, insomnia or excessive sleeping, chronic exhaustion, gaining or losing weight extremely, excessive discomfort, inertia, excessive or irrelevant sense of guilt and repetitive thoughts of death. Although these symptoms may appear in normal life, they gain continuity for persons who experienced a traumatic event and make them unable to perform their daily activities.



Grief is an inevitable process after earthquakes, especially for people who have lost persons close to them (Shear et al., 2005) and it is important to deal with this process. Disturbing and undesired thoughts and visions may come to mind of a person in connection with the person he/she has lost and/or the manner of death. The person may experience a very deep pain. Support should be given to these persons in the process of grief, allowing them to experience their pain. It is especially important to memorize the lost person by burial service, prays after, condolence visits and anniversaries.

Possible Addictions after Trauma/Disasters

They include excessive use of medical drugs and development of drug, sedatives, alcohol and similar substances addiction.

The disorder may appear as reactions accompanied by PTSD or ASD or appear by themselves.

Psychological Effects of Disasters

Like other natural disasters, earthquakes are also unpredictable and uncontrollable natural events which cause death or permanent physical damages of a part of the population and destruct their living spaces. The transformation of earthquakes to disaster occurs with the destructive effects they create. In our country, first studies on psychological effects of disasters, especially of earthquakes, started after the 1992 Erzincan earthquake (Karancı and Rüstemli, 1995; Rüstemli and Karancı, 1996). There are various publications related to the period after the earthquake in Dinar, Afyonkarahisar in 1995, especially on mental health of children and adolescents (Miral et al., 1998; Şener et al., 1997).

Studies on psychosocial effects of earthquakes in Turkiye accelerated especially after the 1999 Marmara earthquake. Studies after 1999 and following earthquakes have shown that victims of earthquakes have psychological problems such as anxiety, fear, depression and grief. They also showed high risk of developing PTSD. Few supporting examples, like the study made by Bal and Jensen (2007) three years after the Marmara earthquake, ranging 8-15 years old 293 children and adolescents, showed that 60% of the participants had symptoms of PTSD. The detailed study made by Altındağ, Özen and Sırın (2005) on 105 consecutive adult clients using the psychiatrist service, stated that 42% of the participants had PTSD 1 month after the Marmara earthquake and 23% of them 13 months after it. According to the same study, prevalence of PTSD among the victims varies between 10% and 80%. These findings vary according to characteristics of the study samplings. Consequently, while the studies made on the people who applied to clinic show higher rate of PTSD, this rate is lesser in the studies of prevalence

conducted in the entire society.

In Turkiye, especially after the Marmara earthquake, studies started to be made on the traumatic events, posttraumatic psychological disorders, PTSD and PTG. In the study made by Tural et al., with people who survived the Marmara earthquake and lived in tents, we see that 25% of these persons met the PTSD criteria. In the same study, the most important variable that increases risk of PTSD are events before the trauma such as psychiatric history of the victim or his/her family and experience of a traumatic event in the past and, in addition to them, demographic factors such as being women, single and having low educational status. Furthermore, the rate of PTSD of earthquake victims in Turkiye is equal to the prevalence of PTSD after disasters in the developing countries, but higher than those in the developed countries (Tural et al., 2004). Psychological disorders and resilience factors were studied on victims who experienced the Van earthquake and it was set out that education, life satisfaction and resources are increasing the resilience. In the same study, it was also concluded that psychologic trauma reactions could be explained with personality characteristics, negative events after disaster and use of helpless coping strategies (İkizer, Karancı and Doğulu, 2016).

Although the studies show a relation between exposure to earthquake and PTSD, they indicate that people are affected by the events in different ways depending on sex, age and/or socioeconomic levels and experience before and after the earthquake.



Each earthquake victim experiences the trauma specific to himself/herself; consequently, it should not be compared with the trauma of another person who experienced the same event. The individual him-/herself, family-based and social beliefs, values and resources determine the experience and interpretation of the traumatic event by the person as well as his/her way of response to the treatment procedures.

According to the conclusions from the PTSD prevalence studies conducted in the cities of Erzincan, Kocaeli and Ankara in Turkiye, the factors that cause PTSD symptoms are most sexual and physical violence (70-80%), while victims who experience natural disasters show relatively lower PTSD symptoms (13%). In other words, we may easily say that natural disasters create less PTSD than those types of trauma (such as violence, terrorism) caused as a deliberate action of human beings (Karancı, Aker and Işıklı, 2009).

Young, Ford, Ruzek, Friedman and Gusman (2001) put forward that personal and cultural differences before, during and after traumatic events are very important criteria's in understanding why people give different reactions although they had experience the same traumatic event. In the same study it was stated that, before studying the reactions given to a travmatik event or classifying them according with a certain approach, following

factors are determinant for understanding what is to be observed in the backgrounds or experiences of people who were exposed to this event:

- Ethno-cultural traditions, beliefs and values;
- Social practices, norms and sources;
- Family traits and dynamics;
- Socioeconomic status of the individual;
- Bio-psychologic status and inclinations of the individual;
- Other traumatic experiences (if any) of the individual before the event;
- Some traumatic experience during and/or after the traumatic event.

Resilience after Disasters and Posttraumatic Growth

In the previous sections we discussed psychological disorders, especially PTSD, experienced after disaster. However, it has been seen that while these disorders are observed within some victims, some others showed resilience or even positive transformations after such problems. Psychologic resilience is "the ability of adults in normal status to maintain relatively stable healthy levels of psychologic and physical functions after they experienced death of a close relative or friend, a life-threatening situation or an event with a high coefficient of destruction" (Bonanno, 2004). In many samples studied by Bonanno et al., it has been seen that resilience rate ranges between 35% and 71.9% depending on differences of traumatic experiences. In other words, an important part of the people who experienced disaster can cope with the traumas created by the disaster and continue their life without any loss of functionality despite of all negative things. It has been found that resilience is determined by sources, personal characteristics and individual's way of coping with difficulties after the disaster. PTG, on the other hand, is the positive transformation that people show after a traumatic experience as a result of their efforts to cope with this event. ((Tedeschi, 1999; Tedeschi & Calhoun, 1996; Calhoun & Tedeschi, 2006).

It has been found that PTG has sub-dimensions such as understanding the meaning of life more, realizing the value of life, awareness of the own strength, development in moral values and being more sympathetic and tolerable in interpersonal relations. As to the factors related to PTG, it has been seen that particularly individual resources and personality are important. It has been shown that clear personality traits support coping and coping as an intervening variable is eliciting PTG. Being optimistic, seeing mostly positive sides of the event, to have self-efficacy, people's openness to experience, that is, looking at new information more flexibly, conscientiousness and being extroverted are correlated with posttraumatic growth (Karancı et al.,

Story of a Victim



In the Marmara earthquake, U. K. got trapped under the debris and both of his legs were cut off. Still, he broke World Free Diving record in 2017, walked the ancient Lycian way and narrated his life in the book *Sınırsız* (Limitless). He hold his mission to raise awareness of disabilities and disaster preparedness, setting a positive model to many people. He is an ideal example for posttraumatic growth and resilience.

2012). It has been seen that social support has also contributes PTG. In this regard, social support is a very important factor that we can provide after disasters. Therefore it also important to encourage the victims to be open for social support. Similarly, for positive transformations, it is also important how the victims cope with the trauma. In order to make sense of the event, they should be able to reconstruct their lives through inclusion of the event into their life story. Here we should not forget the point that while experiencing positive transformations, negative effects and troubles can coexist. In fact, according to the PTG model, the more shaken a victim is, the higher is the possibility to reinterpret and experience positive transformation.

When approaching the victims, both resilience and PTG shows us that we should not forget their strong sides and positive coping strategies. Psychosocial support programs should not only focus on reduction of their psychological problems, but also allow resilience and posttraumatic positive transformations. To this end, it is important to strengthen them, introduce resources to them, create an atmosphere making them talk about what they experienced, allow them to feel sense of control and instil hope in them.

General Reactions, More Coercive Mental Disorders and Resilience of Children in Disasters

Studies show that children and adolescents are also psychologically affected by disasters. After a traumatic event, children show reactions like the adults of living the event again in their heads, feeling emotionally empty, avoiding stimuli reminding the disaster and having physical arousal reactions. However, as their coping strategies have not developed like adults, they may be under high risk after a traumatic event. Because children have different ways of expression from adults when talking about how they are being affected and because they are mostly unwilling to talk about the event, we should be more carefully observing them.

Children's and adults' reactions to trauma vary depending on the developmental characteristics of different age groups. Furthermore, it has been observed that reactions of the children take form according to the reactions of the adults (parents or adult caregiver). Therefore it is recommended that adults around the children share their emotional reactions with them in an appropriate way and give information about the disaster taking into consideration the child's age.

Main reactions observed in children are: regression (showing behaviours they used to do when they are younger), mistrust, over involvement on parents, feeling guilty, fear, anxiety disorders, emotional and cognitive





complication, hallucination, delusion, weird and surrealistic thoughts, visions, catatonia/ freezing (remaining still for a long time in a given situation and not responding to any external stimulus).

Reactions of children to a traumatic event by age groups and possible psychological supports include:

Reactions of Preschool Children to Trauma (0-6 years old)

Symptoms of psychological disorders after traumatic experiences in this age group include problems such as frequent crying, sleeping problems, nightmares, restlessness and lack of appetite. Also problems such as over involvement on parents and being reluctant to be separated from them, return to behaviours of younger ages (e.g. enuresis or thumb sucking), speech disorders (like stuttering), moodiness, pettishness, excessive anxiety, escape from and avoidance of some situations, verbal obsessions (using or not using words related to trauma), obsession with symbols of the traumatic event or withdrawal.

Egocentric attitude of preschool children may cause them hold themselves responsible for the event ("I misbehaved, therefore the earthquake occurred", etc.) and feel guilty. In this period it is very important for babies and children to meet their needs and give them the feeling of confidence. For this reason, support and sensitivity of the parents or other adults around them have great importance after a disaster like earthquake. It is important to maintain daily routines of babies and paying attention to their physical health as far as possible. And it is also important for the children in the age group of 3-6 that the family returns to normal routines or create new routines, stays together and makes the child feel safe. Giving correct answers as far as possible to questions of the child about the earthquake will help him/her make sense of the situation. In such sense making processes, it would be helpful to support activities such as playing or painting and providing necessary materials. In this way, the child will have the

opportunity to express his/hers emotions through these activities.

Reactions of 6-12 Years Old Children to Trauma

In this age group, symptoms of psychological disorders after traumatic experiences include problems such as sense of helplessness and passivism, generalized fear, cognitive confusion, difficulty in explaining emotions, regressive behaviours, speech disorder, sleep irregularity, concern (for himself/herself and others), anxieties related with death, holding himself/herself responsible for the event and feeling guilty, fear of reminders directly or indirectly related to the event, playing or telling stories about the traumatic event, concentration and learning disorders, mistrust, changes in behaviours, frequent bodily complaints, enuresis, watching the anxiety of parents and grief reactions. For this age group of children, support given by their parents and other adults around them is of great importance. Psychological support that can be given to children in the age group of 6-12 years include; make them comfortable, make explanation about the event, help them describe their feelings, show consistent care and interest, create an appropriate atmosphere for them to describe their thoughts and dreams, make them define the stimulants related to the event, show effective interest, make them grasp the event, give them realistic information, make them control stimuli and impulse, promote them to build link between the event and their feelings, produce positive activities and orientate them to these activities, make proper explanations about death and make them remind their positive memories by giving them the opportunity to talk about them.

Remember that a supportive family structure may alleviate psychological reactions of the children.

Reactions of Adolescent Children to Trauma

Symptoms of psychological disorders after traumatic experiences in this age group include; change in sleep and appetite, school problems, reduced concentration, bodily complaints, deterioration in peer relationships, rebelliousness, reduced energy, nonchalance, apathy, feeling guilty of the event, reflection of the event to behaviours, showing life-threatening behaviours, sense of vengeance, radical changes in attitudes, early maturity and abrupt changes in relations. Depression symptoms are also observed more in adolescence. Traumatic events experienced in the adolescence period appear to cause similar posttraumatic stress symptoms observed in adults like reliving or overstimulation.

For providing psychological support to children of this age group, it is important to discuss the event, their emotions and feelings and create opportunity for talking about them, give mature and moderate reactions to them, make them build connections between behaviours and the event, make them expose impulses that could cause them to do thoughtless behaviours and take risks, allow them to exhibit their opinions and possible consequences of them, make a profit-loss assessment, support them in building links between changes and event, emphasize that

Practical Example



In a project sponsored by United Nations Development Programme (UNDP) which lasted six months, the objective was making widespread programmes both for strengthening the coping strategies of the people affected by the Marmara and Düzce earthquakes in 1999 and their disaster preparedness. In the scope of the said project, 250 local trainers were trained and 21,500 victims were reached, increasing their level of knowledge and capacity. In this way, psychosocial support was provided (Gökler and Yılmaz, 2005).

they should postpone their radical decisions and help them make sense of possible tensions and difficulties. For the adolescent, it is especially important to increase peer support and perform activities to strengthen relations within the peers.

What are the protective factors that create resilience for children and adults? Especially support to be given by the family and child's making sense of the event is important. Existence of social support networks is a protective effect for children and adolescents as it is for the adults. Traumatic experience before the disaster reduces resilience. Furthermore, emotional or behavioural problems of the child prior to disaster/trauma also weaken resilience. But coping strategies and a family to act as role model for safety enhance resilience. It has also been observed that sources of support other than family are also important for the child in relation with strengthening self-value, imparting problem-solving skill, reviewing the event and being informed about the event.

Child Friendly Areas in Disaster

After a disaster or emergency, increase in children's well-being can be supported by building child friendly areas quickly. Child friendly areas can be defined as areas built with minimum infrastructure and by using materials easily accessible where children will be not exposed to the traumatic event and details of the event as little as possible. It is important that the areas where the children may meet their developmental needs should be determined appropriately in accordance with all developmental periods. In general, put into practice in the period of the first three or six months after a disaster and emergency, these areas should be supported by temporary accommodation centres, mobile activity/play tools, etc. Child Friendly Areas (CFA) should have minimum three goals: 1) Protection of children with a safe physical infrastructure (refuge space, tent, container, etc.) against negligence, harassment and violence and under supervision of reliable adults; 2) Enhancement of psychosocial well-being of children by means of sports, music, game, educational activities, etc.; 3) Ensuring that local mechanisms and families gain a perspective for protection of children and take place voluntarily in these areas. In this context, these areas should be quickly built as far as possible to include all children by means of educational materials, floor cushions, playthings (appropriate to culture and normal living style of the children) and materials to be used during artistic activities (Davie et al., 2014; Hermosilla et al., 2019).



Possible General Reactions, More Coercive Mental Disorders of Elderly in Disasters

Another group under high risk are the elderly (65 years and above). Like children and adults, also elderly people show reactions after a traumatic event such as reliving the event in their mind, emotional emptiness, avoidance behaviours and physical arousal. However, this group is especially considered to be under high risk because these symptoms may also indicate functional disorder and/or deterioration of any existing physical or mental disease and they may have difficulty to receive social support. But there are also some studies showing that elderly have better mental health than young people (Cherniack, 2008; Banks, 2013). According to the arguments that old people can act more mature in coping strategies and they are hard-boiled in a sense because of their previous experience, elderly can emotionally cope better with disasters. However, according to another argument that elderly have fewer resources, they should be included in the risk group. Because of restricted social support resources and limitations in their functionalities, problems such as feeling mistrust in normal and daily life, hopelessness and death anxiety, sense of oppression and incapability may be more noticeable in this age group.

For giving support to this group, it is important to create environments which are fulfilling their basic needs, referring them to resources, providing opportunities for expressing themselves and involve them in decisions to be taken for enhancement of their control sense and give them social support.

Ethical Principles in Disasters

Wherever in the world they occur, disasters disrupt human life unexpectedly. After the disaster a great number of professionals and disaster relief volunteers from many fields as search-rescue, water hygiene, healthcare services, communication services etc. are inclined to go to the disaster area and participate in the rescue activities. The same applies for psychosocial responses. Prior to providing service in the disaster area, all relief workers should in addition to principles of their own professions also adopt some common rules of behaviour (ethical principles).

As relief workers from many disciplines come to the area after the occurrence of a disaster, it is essential to develop common rules of behaviour. Disaster areas are naturally chaotic places, where urgent intervention is required, many practices and many people from different cultures/customs/conventions/traditions are coming together at the same time, different application habits are implemented simultaneously in the same environment, and the aider and aid recipients are in close contact with each other.

Key Information

One of the most comprehensive and leading ethical guides recognized internationally concerning ethical rules and expected to be observed in disasters is "The Seven Fundamental Principles at Disaster Relief" established by International Federation of Red Cross and Red Crescent Communities. For detailed reading:
https://www.ifrc.org/fundamental-principles

In this respect, disaster environments should primarily be environments where disaster victims are prioritized "without being harmed" and where operations are carried out by implementing internationally accepted guiding ethical principles. The first question coming to mind is which ethical dilemmas may be experienced in a disaster area. In addition to this, the second question is, what behaviour should be shown when such ethical dilemmas are encountered. In this section, ethical discussions will be shown through examples and guiding questions will be explained in this respect.

No-Harm Principle

In all disaster operations, the common principle is "to give no more harm". Although the objective of humanitarian aid includes efforts for easing pains, such aids may sometimes cause harms, visible or invisible. A frequently observed situation in disaster operations is that many experts arrive in the area just after the disaster only for a short time; they do not know the location, local customs and convention; after confidence and communication is built to a certain point, they leave the area in short time before establishing continuity, maintenance and coordination of service and work transfer and are replaced by other experts. Here it is clear that many experts come to the disaster area for "support"; however, this support should be discussed in terms of long-term benefit and loss.

Non-Discrimination Principle

The principle of "non-discrimination" is one of the ethical principles that are discussed in

Examples from the Field

Ethical Discussion: Non-Discrimination Principle

A natural disaster occurs in a foreign country and thousands of people are losing their homes/living spaces. There are two refuge camps set up in the area. When arriving in the area, you notice significant differences in the services receiving camps. There are significant unfairness's in the distribution of aids. For example, in one of the camps, the tents are more sheltering, services are relatively performed more smoothly, there are no considerable problems in the fulfilment of basic needs and supportive operations are performed concerning the psychosocial needs of children and adults. In the other camp, you notice considerable problems. You observe that the systematic aids of the first camp are not regularly performed in this one and that there are delays in meeting the basic needs. When you try to understand why the relief operations are so different, you find out that the victims had been placed in two different camps according to their cultural backgrounds and the source from which the aids have been delivered is closer to the culture of those staying in one camp and, consequently, aid operations were different because of this close/unfamiliar cultural difference.

Discussion: Such different practices are sometimes witnessed in the disaster area. In such case, you should try to understand the basis of such applications as a field practitioner and act immediately because it is a violation of the "non-discrimination" principle.

first place in many disaster response studies and that almost everyone is expected to comply with. It is expected from a field practitioner whatever his/her work and professional practice (e.g. research/rescue technician, engineer, psychologist, etc.) may be that he/she should not show any favouritism towards discrimination in terms of language, religion, race, religious belief, sect and culture. It is expected from a field practitioner, whatever his/her work and professional practice should be, that once he/she is aware of or witnesses any discrimination in ethical terms, he/she should be able to analyse the situation quickly and advocate the principle of "non-discrimination".

Impartiality Principle

Impartially is frequently confused with the non-discrimination principle. In the simplest term, the principle of impartiality expresses that a field practitioner should not be a part of any hostility and political, racial, religious or intellectual disagreements in the disaster area. The point here is not that a field practitioner should "not support" any political, religious or intellectual issue in his/her life. The point here is that when it comes to suffering of the people along with the disaster situation, a field practitioner should not take side of or defend any grouping in the area.

Voluntary Service Principle

Remember that some applications in disaster areas may, knowingly or unknowingly, lead up to some relations basing on interest. The "interest" here is not only of material nature; it also indicates all kinds of secondary gains like status or advertisement. The principle of voluntary service guides a field practitioner not to look after any interest from any services he/she provides in a disaster area

Examples from the Field

Ethical Discussion: Principle of Volunteering

Assume that after a natural disaster you went to a foreign country as a field practitioner. After your busy daily schedule in the first days you are easy now, at least you can complete your work within certain hours and reserve yourself time for rest. The region has geographical and climatic conditions unfamiliar to you. Many things attract your attention, from daily life to a number of other things. You continue working in constant contact with the local authorities and local community. One of the local persons tells you that he/she intends to send and sell some local products in your country and wants to cooperate with you in this venture. Anyway, you may also have time to deal with it after you complete your primary work. And, by the way, you may have an extra income. How would you consider such an offer under these conditions?

Discussion: You may experience such and similar examples in disaster areas. If you can get an extra income beyond the working hours without neglecting your own work, it seems no problem. However, the volunteering principle guides us clearly that "a field practitioner should avoid any relationships and practices that may lead to conflicts of interest and may win him/her any secondary gain other than voluntary participation in the disaster area".

and to perform his/her work in a voluntary way.

Respect of Human Dignity

Irrespective of the disaster size, having respect to human dignity and rights under any condition, avoiding hardships caused by the disaster and practices incompatible with human dignity, providing protection against physical and psychological dangers arising from violence and threat, and acting in accordance with religious and cultural sensitivities of the community are also among ethical responsibilities of each field practitioner. Besides, this principle also reminds us that we should have respect for dignity and privacy rights of individuals under all conditions and that private life of every person is untouchable.

Under disaster conditions, quick fulfilment of basic needs is always on the agenda. When many volunteer or professional field practitioner prioritize meeting of these needs rapidly, we may encounter some applications beneath human dignity. Here one of the guiding question is: "Does this application I have made offends the victim?"



Examples from the Field

Ethical Discussion: Principle of Humanity

A couple of years ago, in the first day of his/her profession, a photographer visited together with a well-known newspaper team a humanitarian aid camp set up by an international relief organization in an area fighting with hunger and famine. When he wandered around to discover the local community's way of life and get knowledge of regional characteristics, he saw a child in the open field, exhausted from hunger and not moving. He took a photograph of this child which becomes very popular internationally, leading to a great flow of aids to the region. He thought that by sharing this photo, he could may public what happened in the region to the world and would have the opportunity to inform about it.

Later on, this event has led to significant ethical discussions. While representations of many humanitarian aid organizations have pointed out that he should have assisted that child, instead of shooting photos of an almost dead child, many journalists responded that it is not possible to help everybody in the disaster area and that the professionals' practices should continue to form public opinion.

Discussion: The principle of humanity guides under such conditions that you should show effort to "ease human pain". At this point, it is expected from a field practitioner in ethical sense to show a real effort in order to mobilize opportunities in his/her hand and wherever available in the surroundings for easing the pain.

One of the narratives which explains this situations best, is as follows:

"... what we have felt during the aids. I am not that sort of person accustomed to take something from anybody I do not know. In the beginning, I was given a bag in hast at the wayside by a young person in a minibus passing by, it had offended me very much, embarrassed me and made myself feel bad...", X, the 1999 earthquake, Düzce.

Upon occurrence of a disaster, the rise of need for physical and psychological protection is possible. When we encounter situations such as domestic violence and violence against woman/child, again this ethical principle will guide us.

Humanistic Approach

The principle of humanity essentially emphasizes the ethical, "human based" aspect of the effort to prevent and ease human pains in case of disaster and emergency irrespective of the conditions. Here the priority objective of a field practitioner should be to make his/her best endeavour for protection of human life and prevention of human pain.

Telling the Truth

After a disaster the flow and traffic of information is very intensive. Many information should be communicated correctly from the first moment of the event; however, constant changes and updates occur in this flow of information at the same time.

It should be noted that a person or community affected by a disaster is entitled to get information about any developments concerning the process, services and

Examples from the Field

Ethical Discussion: Telling the Truth

Assume that you work as an officer in the information tent after a disaster. A person comes in with a number of things in her/his hand and tells you crying that his/her brother/sister is injured and should be hospitalized. In the list you have, there is person similar to the identity of that injured person, but you found out that his/her brother/sister is not injured, actually he/she died. At this point, should you give this information to the inquirer?

Discussion: Persons who experience a disaster are entitled to get real and correct information about the matters related to them, whatever the truth should be. However, when giving information, remember that you should use appropriate PFA methods during such communication.

Example of Good Practice

Those who are exposed to disaster in a disaster area, frequently request active knowledge about the process and what happened. As soon as such request is received by the authorities, it is also reported to the field practitioners. It is important not to ignore needs of the people for real and concrete information and to develop applications in this respect. For example, after the tsunami occurring in 2004 with a heavy death toll, matching and announcement centres were designated at some points in order that those who are searching their casualties have access to accurate information in a short time and that the pictures and personal belongings of each identified person could be matched with those of their casualties.

resources in time and in the most accurate way. Such information includes concrete and actual news such as death toll, loss of things, places to which injured will be referred, land on which permanent residences will be constructed and when they will be handed over. The application of the principle of telling the truth is related to the system to be established in that region, but also guides that any field practitioner should "never hide" any information on any subject.

In disasters, basing on common rules of behaviour and ethical principles, prioritization of services and social engagement principles are also other guiding principles that a field practitioner should comply. However, as major essentials of these two principles are described under the heading of psychosocial responses (Chapter 3 and 4) in this Guide, it is not discussed here again.

Ancak rehberde bu iki ilkenin ana



Psychologic First Aid Process and Principles

In the sections above, usual reactions that disasters can create on different groups which alleviate with time as well as situations more coercive and requiring expert support, perspectives of psychosocial support and ethical principles were discussed. This section deals with Psychologic First Aid (PFA), a type of support that you may learn and apply.

Many people are affected by disasters. PFA to be provided just after the disaster will make these people feel themselves better and ensure them to handle psychologic problems easier in long run. As sufficient number of mental healthcare experts may not be available just after disasters, it is important to learn this support, called PFA, by people who are not mental healthcare experts. If officials and volunteers working in the disaster area know how to provide support, they will enhance the capacity of giving response without waste of time by taking into consideration psychological needs. These are the reasons why PFA process and skills should be known by many people. As we cannot predict where and when disasters may occur, it is important to learn how we may provide support to the people around us and other people in need of it during a possible disaster.

Key Information

Unlike other psychological approaches, PFA is not a treatment-oriented method which is applied after the development of a mental disorder; it is a protective approach applied on site before the development of a disorder.

Trainings on PFA, which is an early response method for the people affected by disaster, are given to all volunteers and disaster relief workers worldwide. There are a number of PFA programmes develop by (1) US Red Cross, (2) World Health Organization and (3) John Hopkins University in USA. Fundamental principles and application of PFA given in this Guide will be described basing on the three developed models mentioned above (Bisson and Lewis, 2009; Shulz and Forbes, 2013).

Another difference of it from the mental healthcare practices is that you are not supposed to be a healthcare professional to apply PFA. It is a type of emergency approach which is applicable for protection of psychological conditions of persons in the first 72 hours after a disaster. There are five basic PFA principles scientifically accepted by wide circles. According to these principles, the fundamental steps and principles of PFA are as follows:

Establishing Contact

First of all, you should establish contact with the victim, by introducing yourself and your job. When you introduce yourself, it is important to give your name and information about the organization for which you are working and take permission to talk. The victim may not think healthily, may be in shock or experiencing dissociation because of the event. Therefore, by making gentle, calm and informative guidance, people should be moved away from the disaster area, other injured people and ongoing dangers.

When building contact, it is important to listen to the victim actively, giving attention to his/her body language and tone of voice. But you should also show that you are actually lis-

tening to him/her. For this reason, you can repeat what the victim said in another way from time to time, or you can summarize what he/she has already told. Doing so will make the victim understand you listen to him/her and give due consideration. After introducing yourself, general questions such as "How can I help you?" or simply "How are you?" may be used to begin the conversation. You may get information from the victim about things he/she experienced or witnessed. At this point, it is important to give confidence and calm the victim.

You should not urge the victim to speak or communicate. If a victim you try to communicate after a disaster is rejecting it, you can introduce yourself and direct him/her to the psychosocial support tent and specify that you will be there. It is important to give information to the victim about the place he/she may have access to you. But a disaster relief worker should both be careful about privacy of himself/herself and of the victim, should not exceed personal limits when building a relationship with the victim and should not share private contact information.

Assessment

Here our goal is to find out status, needs and social support resources of the victim. We should learn how the victim used to live, his/her losses, how he/she has reacted as well as his/her physical and psychological needs. In other words, you should elicit the disaster experience story of the person you communicate. Remember that although they experience the same disaster, not all people experience it at the same degree and their reactions may therefore be different; considering that there are more resilient people, you should determine the persons who are most affected and whose functionality is impaired. While persons who seem to be functional (aware of and where he/she and his/her resources are, able to communicate, giving no excessive emotional reactions and looking good physically) may need a shorter PFA support, you should be prepared to show more interest and give more support to those who exhibit very serious emotional and behavioural reactions. Therefore we should be good observers and able to support those people who seem affected much by the event or do not give any reaction or cannot follow up things told to them and have a confused state of mind. Unexpected emotions, cognitions, behaviours and physical reactions were described in the earlier sections of this Guide; basing on the information given in those sections, you may determine victims more in need of support. "How do you feel?", "Is there any disturbing reaction on your body?", "How is your sleep and appetite?" etc. are questions you may ask them. Here it is important to make it easy for the victim to share his/her problems with you. Therefore,

Key Information



First of all, PFA application starts by physically standing by and near the victim. This is the first message to give the victim: "Now I am here with you."
Of course, some PFA applications may be performed sometimes by the debris, sometimes on a sidewalk or under a tree due to the nature of the disaster. Under such conditions, it is important to approach such persons with a sincere expression and to instil confidence in them by telling it is the best alternative to be there in face of the current challenging conditions.

while making an assessment, it would be appropriate trying to understand the situation of the person and, if possible, to consider bringing him/her together with social support resources or other resources that he/she needs, and to give the necessary information in a simple language.

Prioritization: Identification of Those Who Need Emergency Support More

You may encounter many affected victims in the disaster area. Well, to whom you should give PFA first? Some researches which were conducted after disasters have shown that some people fall into the risk group. When giving priority, you may take advantage of this information. Risk group includes those who have lost their relatives, are physically injured, whose houses were destroyed or lost their connection with reality in the disaster, witnessed injured or dead people during or after the disaster, have had previous psychiatric problems, were displaced due to disaster, are using helpless coping strategies and have not social support.

In addition to those in the risk group, you may also give priority to persons who seem much affected simply relying upon your observation. Some victims may need crisis response to overcome the first panic or grief reactions just after the event. Symptoms of panic include; trembling, overexcitement, inconsistency and disorganized speech. Symptoms of grief include; yelling, crying, states of excessive anger and catatonia. In such situations, you should build a relationship with this person, making clear that you really understand him/her and feel his/her pain and should give priority to him/her.

What Kind of Responses Can You Do When Giving PFA?

After introducing yourself and making an assessment by learning about the person's life and feelings and deciding that first of all he/she needs support, you may perform the following:

Stabilization: If the person does not seem stable emotionally, physical and behaviourally, it is very important to calm him/her down first. For this reason, you should take him/her away from any disturbing stimuli. It is important to go together with him/her to a safe place in the disaster area and keep away from the buildings under risk of collapse by aftershocks. You may direct the victim to things he/she may perform (e.g. informing him/her where his/her needs can be met and directing to such place); encourage the victim without forcing, to tell you what he/she has





experienced, allow them to be silent (remember, standing calmly next to them will also give them confidence) and make or tell something distractive, particularly for children.

Stress-Reducing Applications:

It should be applied particularly when the victim does not seem stable. In this respect, you may give information about emotional, behavioural, physical and cognitive reactions that may occur after disasters. And you may also use a brochure about such reactions or refer to the related sections of this Guide. Referring the victim to the social support resources or to the resources where he may fulfil his/her needs and informing him/her about what could happen would be very helpful. Furthermore, you may also adopt approaches such as relaxing techniques for stress, awareness training, making plan and building a new daily routine. Remember, you cannot solve all their problems, you can only support them.

Instilling Hope: In all supportive activities you perform, it is important to make the people having confidence in you, informing them and giving them hope for future. However, hope should not be mistaken for solace. Solacing, telling things like "it could be worse", is not an appropriate approach. When instilling hope, you should not lie or give exaggerated promises.

Following-up: These practices you will make with the disaster victims will calm them, give them sense of trust, make them feel that they are understood and inform them about resources. Afterwards, you may tell the victim you would like to meet him/her one week later to ask about how is it going and may determine a way of contact. It may be calling by phone or going to the same place again, if the victim is at a certain place in the disaster area.

Referral: Basing on your observations at the first contact, you should refer those people to an appropriate mental healthcare institution or expert, who are in the risk group or seriously stressed or whose distress continues and causes them to lose their functionalities. Knowing mental health problems described in the earlier sections of this Guide, will help you to make a referral decision when required.

If the victim acts in a way harming himself/herself or others and cannot continue his/her normal daily activities or symptoms persists more than 4 weeks according to the diagnostic criteria of PTSD, then the victim should be referred to a healthcare institution.

Throughout this process, it is important to be calm, speak with a soft voice, make eye contact with and show your interest in the victim. And you should also allow the victim to stay silent and you should not force him/her to speak. It is important to develop empathy with a disaster victim and to perceive from her/his eyes and heart what he/she had gone through.

In order to give PFA, you should also have information about the disaster and necessary resources. For referral you should know, for example, the existing mental healthcare institutions in the disaster area. Additionally, you should also know the organizations and resources in the area for giving information about resources and things to be done. Consequently, you should gather as much information as possible about the services and future plans in the disaster area.

DON'TS during Psychological First Aid

- Do not force the victims to share their stories or private details.
- Do not use unrealistic soothing statements.
- Do not tell the victims what they should feel, think or what they should do in the past or now. Do not tell "I wish you had not done that" for any previous action which is now impossible to change.
- Do not try to explain pains of other people basing on your own system of values and experiences.
- Do not give any promise that cannot be kept. You are there only to provide support to them. You may not solve all their problems.
- If you notice deficiencies, do not make any critical comments about aid activities in front of the people in need.
- Information shared by the victims should not be shared with any third parties and you should give importance

DO'S during Psychological First Aid

- First you should develop empathy and make it clear to the victims that they are understood.
- The person giving psychological first aid should introduce himself/herself and get permission from the victim for first aid practices. You should make eye contact during communication, speak with a soft and warm voice and address the victim by his/her name, if possible.
- First of all, basic physical needs of the victim should be fulfilled and attention should be given to situations which require emergency medical response.
- You should listen to the victims who want to share their stories and feelings and you should not make any comment, e.g. right or wrong feeling etc. You should approach friendly, calmly and compassionately.
- You should ask support from the victims for cooperation. You should give simple, but correct information about the event, losses, rescue and aid operations and needs, and repeat them frequently.
- You should help the victim to get in contact with his/her relatives/loved ones and keep the family members together. You should make practical suggestions to the victims and act as intermediary for fulfil of their own needs.
- You should direct the victim to the service resources. If you know further aid is coming, you should share this information to eliminate fears and anxieties of the victim.
- You should refer those victims to a mental healthcare institution, whose functionality is impaired due to their mental state.
- You should not force them to speak. Remind the victim that you are accessible.
- You should take cultural characteristics into consideration.

Self-Care Recommendations for Disaster Victims and Psychological First Aiders

Disasters are highly stressful life events, not only for those directly affected by it, but also for those taking office as volunteers or professionals under disaster conditions. Working under such stressful conditions may lead up the relief workers to experience some psychological reactions similar to those of the victims. Many people may work in a disaster area. Although a great number of people from many disciplines from research and rescue technicians, through firefighters, medical rescuers, paramedics, psychologists, engineers, volunteers to media members perform different practices in the area, all of them are eventually exposed to the distressful atmosphere almost in the same way.

Relief workers participate in disaster operations sometimes as professionals and sometimes as volunteers. Volunteers both from the local community and different organizations and agencies may participate in disaster operations. All relief workers, whatever professional activity they conduct, are affected more or less by stressful conditions of the disaster. While these stressful conditions may vary depending on the work being performed, there may also be some common sources of stress for the relief workers in many aspects. It is important to identify them. These sources of stress may include:

- Working for a long time under the stressful atmosphere of the disaster area;
- Doing dangerous work which involves risk of death and injury;
- Having emotional and moral dilemmas or challenges;
- Being witness to very disturbing scenes and stories;
- Working under time pressure;
- Undertaking excessive responsibility in the atmosphere of disaster;
- Feeling to be overwhelmed by the mission;
- Working in an environment which is physically demanding, unhealthy and deficient;
- Having professional experience and information constraints;
- Being not appreciated/awarded sufficiently;
- Having a story of personal trauma;
- Uncertainty of the process (mission time, etc.);
- Change of daily routines;
- Not feeling yourself ready and competent individually;
- Failure to meet basic needs (bath, WC, food, etc.) from time to time;
- Being away from social support system (family, spouse, children, etc.);
- Excessive work expected from the worker above his/her performance; insufficient sleep and rest, etc.

If the relief workers know what sort of stress sources they may encounter before starting to work in a disaster area, it will help them to cope with these conditions better.

Although some stress reactions given by the relief workers to the stress sources

Remember



Recognition of your own physical, emotional, social, behavioural and cognitive reactions to the stress as a relief worker is like recognition of indicator light. While these reactions may be normal reactions given to high stress, they may also be reactions which require you to receive support.





are similar to the reactions shown by the victims, they have some different aspects. Some symptoms that may start with a disaster mission and continue afterwards are described under this heading. These symptoms can be classified as physical, emotional, socio-behavioural and cognitive reactions.

Physical reactions that can be observed in relief workers include:

- Digestive system disorders;
- Dermal sensitization;
- Increased or reduced appetite;
- Back-waist, neck and head aches;
- Sense of lump in the throat;
- Feeling tired and weak.

Emotional reactions may be stress reactions which are harder to detect. They include:

- Feeling yourself heroic, invulnerable and excessively energetic;
- Sinking into pessimism and starting to lose your belief;
- Feeling yourself worthless;
- Hopelessness;
- Self-commitment;
- Providing support to others in need at cost of your own health;
- Feeling of inadequacy, guilty and sad;
- Excessive sensitivity or apathy;
- Becoming associated with the victims affected by disaster;
- Comparing yourself with those affected by disaster;
- Symptoms of burnout;
- Feeling unease.

Behavioural and social reactions include:

- Staying away from family and friends and becoming withdrawn;
- Tendency to talk with immediate circle about disaster or event/process all the time;
- Starting to have more difficulties in communication than previously;
- Bursts of anger or entering into discussions frequently;
- No resting and complaining about it;
- Start of reduction in performance and work success;
- Increased use of alcohol, cigarette or drugs;
- Starting to neglect your own safety and physical needs;
- Showing maladaptive behaviours.

Another group of symptoms frequently observed in relief workers are cognitive reactions and these reactions particularly show themselves in medium- or long-term. These reactions may, for example, symptoms such

Key Information



• Relief workers express conditions which are stressful for them in different ways. In other words, not all stress sources may be valid for each relief worker. Similarly, stress reaction given to a source of stress may vary from one individual to another. If team members are aware of such individual differences in the team, it will help to become team stress management mechanisms more effective.

• Many relief workers, due to nature of their work, may work hard in case of disaster. However, heroism and excessive sense of invulnerability are beyond the concept of hardworking. It may, for example, be defined as ignoring one's own basic needs; considering oneself as a person who does not become upset and inexhaustible, starting to take excessive risks.

• Compassion fatigue is a result of witnessing grief of the victims. It is defined as a state of tension and anxiety with avoidance of reminders related to the victim. It is also called empathy or compassion fatigue.

as unable to give decision as quick as before, slowness in planning and determining priorities, memory-related problems or unable to remember and concentration problems.

Secondary Traumatization

In addition to physical, emotional, behavioural, social and cognitive reactions, also some different clinical manifestations are defined for relief workers. The first one is "secondary traumatization". Secondary traumatization can also be expressed as secondary traumatic stress with development of some symptoms associated with PTSD.

Basic difference between the two clinical manifestations is that secondary traumatization is related to be exposed to the disaster victims, the negative conditions and negative they have experienced.

Compassion Fatigue

Another problem that may be observed in relief workers is "compassion fatigue". If you have a high motivation to develop empathy and try to understand what the victims have experienced and are witness of hard times, it is possible for you to experience a clinical manifestation that can be expressed as "avoidance" or "withdrawal", which can also be caused by accumulated stress after a certain period of time.

Survivor Guilt

In some studies, relief workers stated that they are affected most by "death of a friend who was doing same or similar work" and especially by death of a child, if they had also child. Showing itself as statements such as "I wish I were dead as well" frequently uttered by people who have lost their relatives in disaster, "survivor guilt" is observed in relief workers too when they lost a colleague and characterized by various forms of guilt and regret. We may give example of survivor guilt by statements made by an expert who was working with a search-rescue worker, who was taken away by flood during search and rescue operations in a brook: *"...I was just by the side of him, I couldn't understand how it happened, when I turned to look he was taken away by the flood. Sometimes I say to myself, maybe he could save me...", Y.T., 37.*

Affinity Effect

In the disaster environment, undoubtedly as much as the relief workers themselves, also their immediate circle can be affected psychologically. Many people from the immediate circle of the relief workers, e.g. families, spouses, children and flatmates, may be subject to stress of the relief workers who perform vital and dangerous work under the stressful conditions of disaster areas. Called "affinity effect", is a situation that can be observed in the immediate circle of the relief workers and defined as the load of living together with them. It may also be described as being witness to trauma of the person subject to trauma and trying to cope with its symptoms (nervousness, unhappiness, emotional fluctuations, etc.).

Preparedness against Stress

It is of course possible to cope with stressful working conditions such as disasters and reduce the stress level. Therefore it is very important to put into action some preparations both individually and institutionally, for maintaining stress at a reasonable level and creating a healthier working environment.

Perception of the relief workers that they are supported institutionally will raise the morale level of the team and reduce the stress level at the same time. The institutions may perform some preparedness activities for their workers prior to the occurrence or experience of a disaster:

- Determination of special needs, if any, of the relief workers (medical drug, having a little baby, presence of family members in need of special care, diet, etc.) and providing institutional preparedness,

Key Information

- Working in the atmosphere of a disaster may affect not only the relief worker, but also the immediate circle living together with them. "Affinity effect", which was first defined for spouses of police officers and soldiers, may cause conflicts in the relations as well as emotional fluctuations.
- Relief workers are not only affected negative from the result of the work they perform. Many relief workers also state that they could cope with stressful better than they did previously, became more productive and solution-oriented and that their problem-solving skills have improved. This situation, which can called as psychological resilience, can be considered as a result of questioning their basic beliefs, developing new and more reliable beliefs and because of the work they perform that they are more prepared to cope with traumatic situations they encounter. In other words, traumatic experiences such as disasters inoculates relief workers against subsequent traumas.
- Remember that in a disaster that occurred in their own region, both relief workers and disaster administrators primarily may be in humanitarian needs such as safety or requirements of their own families. Consequently, it is very important to plan before occurrence of a disaster that if a relief worker himself/herself should become a disaster victim, where he/she will accommodate, how to have a bath, what to eat and how to get in contact with his/her family or child, if any. In this way, while making it possible to take advance of the technical knowledge and experience of a relief worker quickly, it may also create a healthier atmosphere in terms of working conditions.

- Organizing trainings on stress factors, stress-related reactions, stress management and self-care for the relief workers,
- Bringing together those persons who are prone to teamwork for minimizing any possible conflicts,
- Making preparations for meeting basic needs such as food, accommodation, hygiene, WC, bath, communication, etc.,
- Planning resting times and resting areas for relief workers,
- If a disaster relief worker herself/himself becomes a disaster victim, finding out whether there is any dead or injured one in his/her family and giving priority to his/her needs,
- Arranging share groups where relief workers can express their feelings and experiences during and after disaster and emergency,
- Organizing social events for the relief workers that may help them return to their normal activities, particularly after working for an extended time (watching TV and movies, sport events, etc.).

Self-Care against Stress

If you are a relief worker, first study the stressful nature of working in a disaster and start by thinking about what stress it may cause to you. In addition to the sources of stress in this section, check yourself and consider in detail those things that may be a source of stress for you:

- In addition to physical, emotional, social, behavioural and cognitive symptoms, recognize symptoms such as secondary traumatic stress and compassion fatigue and get acquainted with their symptoms. Determine which one of these symptoms may be an indicator light for you and follow them closely,
- Know and share stress symptoms that appear with both you and your team-mates and observe each other,
- Prepare mentally to focus on the solution rather the than problem,
- Do not neglect your personal care in the disaster area even if it is hard (bath, shaving, cleaning, etc.),
- Be prepared to challenging conditions of the disaster and to stressful reactions of people,
- When you are under stress, consider and review self-care methods that may alleviate your stress (sport, reading, listening to music, drinking coffee, having a break, resting alone, etc.). Spare time for these activities under disaster conditions and after returning, continue to apply them in a determined way and make suggestions also to your team-mates for applying them.
- Do not forget that your team-mates may have different stress reactions and methods of relaxing under stressful conditions.

Remember



Traumatic events such as disasters elicit in many people a sense of helping.
However, do not forget that if you are a disaster worker, before helping others you need to know your own needs, stress responses and apply techniques that will be good for you.

Recommendations on Self-Aid for Disaster Relief Workers

If you are working under stressful conditions and do not know how to cope with it, you should make a couple of reminders for you:

- Remind yourself how you coped with previous difficulties and have an object with you during your missions for reminding how you had coped with a hard situation.
- Consider quickly the activities which are good for you; e.g. keeping away from the dominant atmosphere for a while, meeting with your family, etc.
- Identify the person in the team who is good for you and ask for support from and share with him/her.
- Join peer support and experience sharing groups.
- Learn muscular relax and breathing exercises definitely prior to the mission and practice them when you are under stress.
- Do your best to perform simple and effective physical exercises under disaster conditions.
- Do not compromise on your diet.
- Receive clinical support when required and do not postpone it.

Example for Practice Relaxation Technique



You may apply the muscular relaxing technique first by stretching and then relaxing all your groups of muscles. To this end, concentrate your attention on the muscle you stretch at the moment. With this technique, it is possible to alleviate adverse effects of the tense and stressful atmosphere on your body and mind.

For application of the relaxation technique, try to be in a silent and soothing atmosphere as much as possible. You may apply this technique in daytime as well as prior to sleep. Seat on a comfortable place before starting and then stretch your lower leg, upper leg, pelvic, stomach, chest, shoulders, eye-forehead and your whole face slowly in order, concentrate on the stretch, wait for a while and then relax them slowly. During the cycle of stretching-relaxing, pay attention to inhale and exhale and apply the same technique to all muscles on your body entirely for helping relaxation of your body completely.

Example for Practice Breathing Exercise

While breathing exercises help balance our body rhythm, they are also helpful techniques for balancing our mental activities (speed and content of thinking, etc.). Furthermore, they also ensure to control our stress level. In the breathing exercise, it is important to breath by help of the phrenic (diaphragm) muscle below your chest. To this end, put your hand below your chest, towards your stomach, and you will notice that your stomach will become bigger when you take breath. Do the relaxing technique as silent as possible and in an environment where you are alone. While you may perform this technique in daytime, you may also do it before sleep. Prior to starting, seat on a comfortable place and empty your breath completely and close your eyes. Inhale through the nostrils slowly and feel that air spreads towards your stomach and back. Wait for a couple of seconds and then give your breath through your mouth slowly. Feel that the air spreads over all your body. The exhalation speed should be slower than the inhalation speed. When you exhale, try it to be evenly and continue uninterruptedly till to the end. You may repeat this exercise in daytime, but frequent inhalation-exhalation may cause dizziness. In such case, do not force yourself and pay

Appendix

Glossary

Agitated: Uncomfortable, restless, running wild.

Depression: A state of emotional disorder which affects emotions, thoughts and behaviours of the person adversely and disturbs life and physical health of him/her.

Delusion: Thought not in compliance with reality.

Dissociation: Separation, break off, depersonalization, loss sense of reality.

Disorganized Behaviour: Weird, strange and disconnected behaviours and movements.

Empathy: A capability to understand the emotions of another person, his/her condition or motivation behind his/her behaviour, putting yourself in his/her place.

Flashback: Visualizing/evoking/reliving a trauma repetitively and disturbingly in mind.

Hallucination: Thinking to have a sense of something, although there is nothing to trigger such a sensation in reality. The state of perceiving something that does not exist.

Illusion: A state of illusion where the stimulus is interpreted in a wrong way.

Catatonia: Staying without a move for a long time.

Psychological Triage: Prioritization by selecting people according to their urgent need physiologically.

Regressive: A state of regression.

Somatization: Conversion into bodily symptoms.

Trauma: Traumatic events to which one reacts with excessive fear and dread and which may result in death and injury or threat of personal integrity. A situation which leaves symptoms of significant and effective injury for body and soul on the living being.

Posttraumatic Growth (PTG): A concept to express positive changes that occur in connection with coping with traumatic events.

Posttraumatic Stress Disorder (PTSD): A mental trauma or mental health condition triggered by extraordinary and unexpected events which are frightening the persons, leave them terrified and create helplessness.

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Notes