PSYCHOLOGY OF EMERGENCY

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Abstract

In various countries of the world, natural disasters occur every day or destruction caused by the human hand, which hit millions of people every year. Forces, extreme and destructive, causing the catastrophe, can have profound effects on the sustainability of people, community and the nation itself, where the disaster occurred. Although catastrophic events can have a duration ranging from a few seconds to days or months, the effects on individuals and social groups, can last for months or years in a row, during the long period of recovery, construction and restoring conditions before event disaster. A recovery in the long term varies significantly due to the interaction of factors inclusive as psychological factors, social, cultural, economic and political. It is known that the events related to natural disasters and technological disasters are a potential source of stress, especially when due or imply a risk of death and serious injury, or when put at risk the physical safety of the individual or family that surrounds him. For this reason, when a catastrophic event occurs, the main objective of the intervention is the restoring to physical and mental integrity of the persons involved in creating a balance within the community affected by the disaster. Mental health services mobilized to operate in emergency context, for example natural disaster especially if aimed at stabilization of the psychological and social functions of individuals and communities, as well as the content and control of the negative effects of mental health problems associated with catastrophic events (eg, post - traumatic reactions to stress, depression, substance abuse). In the psychology of emergency interventions are addressed mainly to what we call "normal" people who react normally to the scene, where the event is considered abnormal. Much of the work in an emergency situation occurs in a non-clinical context (shelters, emergency center, schools or community center) learning management post-traumatic stress and the use of problem solving. And also provides custody and sending people considered at risk in the center where diagnostic evaluations can be made more specific and intensive medical care can be provided. The work environment can be chaotic and lacks privacy, comfort and tranquility, in most cases, it is possible for only 10-30 minutes dedicated to each person who normally is contacted only once by the operator. During an emergency intervention in psychology, psychologist is not carried out immediately after the disaster, psychotherapy, but faces practical situations using psycho-educational techniques presented to survivors or victims which are the most common reactions to stress and ways of managing.

Key words*: natural disasters, post - traumatic stress, emergency situations, the surviving, victims.*

Introduction

The first approach with the psychology of emergence belongs to the time period of May 2009, with the earthquake of Abrozzo, Italy. The "Sapienza" university in Roma, organized a cycle of seminars for 7 days with the students of clinical psychology. The foundation of the emergency psychology in the neighbour state dates back in 1999, which consists of the order of psychologists, volunteers of the civil protection and other health care operators (medical emergencies 118).
Where does Albania stand in this issue? The area of civil protection in our country is relatively young and in the past has served only as a military structure. Although the were problems earlier and there were people that took care of civil protection, based on legal bases, this service initially is formalized with a law of the Popular Assembly Nr. 3924, dt. 07.12.1964, which put the civil protection under the Internal Ministry jurisdiction. Recently the civil protection in Albania has been renovated in concepts, srtucture and tasks, be getting closer with other countries'structures in the function of plannin, coordination and better management of civil emergencies. The Kosovo crises during 1998-1999 served as a good example where a lot of factors were twined, including the emergeny planning, civil protection and crises management. The citizens' security, the property, the environment and cultural values take an important value because of the risk threats, which are result of production, use and protection of the dangerous materials, and also the criminal and terrorist activities that can harm the life of citizens. According to the articles 78, 83, subsections 1, 170 and174 of the Constitution with the proposal of the Minister's Council, the Albanian Republic Assembly approved the law Nr. 8756, date 26.03.2001"For the civil emergencies". This is the first law in the history of Albanian legislation, summerized and indepedent in the area. There are a lot of improvements during the last years in the compeltion of the legal bases, planning in all levels, the structuring and the technical and professional level of the personnel of the civil emergencies. In the structure of the Planning and Endurance of the Civil Emergencies in the National Level, the Internal Ministry cooperates with the Red Cross organization. In the regional level, there are specialists in the civil administration of the Municipalities, Communes and Council of the Region. The operators of the civil emerency services are plenty, but in our country still there are no specilized and trained psychologists for the emergency situations. There is not such a organization, no order of the central or local psychologists, or academic training and further studies in the field of emergency psychology. But are these psychologists necessary as professional figures? How do they operate? What is the purpose of the emergency psychology, techniques, operators of the interventions? These are some of the qyetsions that this article aims to respond in order to inform the college psychologists, state representativs, simple citizens. It is worth just remembering the events that have happened in our country during the years as the Civil War in 1997, Otranto Tragedy, Kosovo Exodus in 1999, Gerdeci explosion, Shkodra flooding etc., in order to reflect on the benefits of this new area of psychological services.

The definition of the emergency psychology

There is a ***psychologic emergence*** when the external cicumstances cause a disorder of the psycho-emotional balance of an individual and it requires the use of resourses and adopting recoverable strategies owned only under deep pressure.
Emergency psychology studies the psychic, cognitive and behavioral phenomenons surfaced in emergency situations or shock.
It is defined as **Trauma** form DSM-IV, an experience characterized by the following elements:

1. An event or a situation that has brought death or death risk, grave harm or threat to physical personal integrity or to other individuals.
2. The response of the individuals has been a deep fear, the feeling of being powerless or horror.

According to DSM-IV, **the post traumatic stress disorders**, is a normal response of the subject to a non normal situation, so it is important to help the survivors to acknowlede and accept their response as a normal one to the reality and stress in these kinds of situations. Even thought the stress reactions may be "extreme" and provoke suffering, in general they do not deteriorate into chronic condition. Most people totally recover from this condition within a period of 6-16 months.

Objectives:

1. The preservation of the psychic balance of the individuals, their families and the salvation teams form the harmful effects of shock.
2. The return of the normal psychic balance if it is damaged.
3. The feasibility of the recovery process in community level
4. The improvement of the communication in emergency situations

The elements of the interventions: a) individuals; b) communities

The psychology of individual emergency

The intervention directed to the individuals aims to return to them the feelings, the htoughts, the actions of the person, which have been disrupted of a psycholesive event and is also directed to the global psychic aspect. The fact that eventhough the person is individualy touched by this destructive event is very particualr, because the life contest and community in general remain unchanged.

The traumatic events that hurts the psychic balance of the individual:

Grave existencial events:

- Physical and psychologic violent agression
- Rape
- Legal mistakes
- Person abduction
- Slavery

Grave clinical situations:

- Death of a close person
- Personal death experience
- To have high risk treatment and procedures with low success rate

The psychology of community emergency

Its final stage is: direction and assistance of the indivuduals and the community involved in a grave emergency. In particular this aims to prevent and treat dhe psychological damages that are caused by a unfortunate event.
Such events have two components:

1. **Community events:**
- massive exodus
- community panic
- disaster syndrome
2. **Individual problematics**:
- hyperemotional short term reactions
- nervous disorders
- other disorders of individual level

Stress reaction in survivors
The category of people included is very wide:
- **primary victims:** directly included in the disaster
- **sekondary victims:** reflect the indirect results
- **tertiary victims:** emergency operators
- **forth level victims:** members of the community area out of the disaster zone

It is important not to take in consideration the opinion that a disaster brings the same experiences with the same intensity for all people. Each survivor has its own personal unique experience, each of them are unique individuals.

The implied features to understand and evaluate the stress reactions

1. ***Type of event:*** event intensity, unpredictability, and the oportunity to repeat, death threats, the damage extent and the severity, the symbolic importance of the damaged contests.
2. ***Victim's variables:*** the risk factors are the low self-esteem, low perception of the event control, previous psycho-pathological disorders of the individual, high reaction of the psychosomatic activity, personality disorders, antisocial behaviour, being a female, low socioeconomic level, non functional family relations, previous unresolved experiences of traumas etc.
3. ***Subjective responses to stressful events:*** internal resourses that the individual has, able to get help and benefits.
4. ***Support and social resourses:*** quality/speed of the intervention of help, social relations that ensure emotional support, cooperation of the social network after the emergency situation

The phases of disaster
1. The impact: it is the moment when the disaster happens and can be short term, long term or repeated. The individual experiences these emotions:
- pain for the loss
- fear that the event will happen again
- fear to be in the victim's position
- fear of loosing control of the agressive instincts
- feeling angry for the real cause or the responsible ones
- feeling angry for the ones who are not hit by the disaster
- discuraging and feeling guilty for the happy feelings towards others' disasterous condition
- feeling guilty and ashamed for their own behaviour
- feeling guilty for surviving
- tremors, palpitations, ancious
- confusion, shock

- automatic behaviour
- untrustful, surprise

What should be done? To assure the indivuduals that these reactions are normal to pathological events and to make them understand the absolute normality of these reactions, and also to envolve these individuals in the assiting activities.

2. Inventary: imediately after the impact, the survived individuals are ocuppied in verifying the consequencies of the disaster; themselves, family, close family and their property.
The reactions in this phase are: the survivors move without any destination or aim, by temporary wandering disoriented. Others can experience gratefulness and euforia.
What should be done? These are normal reactions that should not be hidden or prohibited, because they are adopting reactions which prevent people to fall under stressing behaviour by gradually adopting to reality.

3. Heroic phase: this is before the help arrives. It surfaces when the survivors start to care for the victims.
Reactions: Individuals or groups of people manifest hyperactivity in saving the victims, without caring for their security,this phase lasts from some hours to some days.
What should be done? Putting order, organization, reasurance of the survivors for the answers they have. Transporting the survivors in safe place, envolvement in salvation activities in the proper way.

4. "The honey moon": it is at the end of the first emergency whre the disaster is over, the survivors are alive and the dead are recuperated as bodies (where is possible).
Reactions: They last till the community is in the center of attention; strong identification with the group, individual and community optimism, the belief that everything is going to be the same as before.

What should be done? Not to take part in the illusion, to keep a clear mind in the reality, to help in understanding the facts like they are. Form these reaction will depend the next phase, *the disapointment*.

5. The disapointment: this is the moment of realization between the expectations and reality, the moment when it is understood that the promises are not met, the media attention is low, no more help from the authorities and the government.
Reactions: People feel abandoned, they report injustice, the judge for incompetence, the hopes get lower, the stress comes back.
What should be done? The rescue workers are often included in this phase, so it is important the socialization in the loss and berevement process.

6. Ristabilization: the basic behaviours activated in the previous months start to produce obvious changes. The formal requirements of the expected help start to be approved, the practices for loans advance and the riconstructions starts. The long term programmes related to the disaster are formalized and most of the people return to their norml functions. Nevertheless, in this phase there are emphasized individual features. In general, some people return to normal within 6 months, but som eothers might need more time, 18-36 months. In some cases the first aniversary of the disaster worsens the symptoms of post traumatic stress.

The most intrusive frequent symptoms
1. Dreams or unpleasant periodical memories about the event which include images, thoughts, or perceptions.
2. Feeling and acting as the traumatic event is recurring
3. Intensive psychological anxiety or physilogical reaction to the internal or external factors that symbolize or are similar to the actual traumatic event.

The most frequent symptoms of avoidance
1. Strain to avoid the feelings, thoughts and conversationa about the trauma
2. Strain to avoid the activities, people or places that bring memories of the trauma.
3. Incompetence to remember any important aspect of the trauma.
4. Main absence of interes, or participating in meaningful activities
5. Feeling of detachment and familiarity with others
6. Reduced affection
7. Reduced feeling for the future

The most frequent symptoms of the hyperactivity
1. Sleep problems
2. Irritability and anger outbreaks
3. Concentration dificulty
4. Hypervigilent
5. Exagerated alarming reactions

Acute stress disorder
1. Subjective feeling as insensitivity, disruption or absence of emotional reaction
2. Reducing the awareness of the surrounding environment
3. derealization
4. depersonalization
5. disassociating amnesia

This kind is similar to post traumatic stress syndrome, with the only diference on the time of duration. It is presented within 4 weeks after the event and lasts 2 days to 4 weeks with disassociationg symptoms at the subject. It is important to identify the individuals that are in danger for long term problems. This kind of triage should be done since the first stages of the interventions, immediately after the impact, in order to improve the prognozes. The grave reactions of the stress that appear during or right after the traumatic event are the signals of the real alarm.
The help interventions are more valuable if they consider the elements When, Where, Wtih Who?

"When" includes three time phases:
1. **emergency phase –** the period right after the event
2. **first phase after the impact –** the time from the first day to 8-12 weeks
3. **restabilization phase –** it is caracterized by the realization of the recovering programmes leng term after 8-12 weeks.

"Where" has 2 zones:

1. **at the place (ground zero) –** the place where the diasrer has happened
2. **far from the place –** where the survivors group

"With whom" varies according to the age, role of the individual functions. It has to do with:
- surviving children
- surviving adults
- surviving third age
- rescue workers
- community
- organization

The first stage after the disaster event

It is a period when the first people who got involved in the scene, are replaced by professional operators in the official way by acting in formal intervention. This phase usually begins within 24 to 48 hours after the event. Intervention protection, management and connectivity are integrated with general psychoeducative interventions such as:
- Distributing informing materials
- Debriefing, defusing stress and coping
- Emotional support to reduce the feeling of impotence and facilitate recovery
- Identification of endangered people to long-term psychological problems

Some guidelines for working in places where survivors are gathered include:
1. Correction of expectations
2. Observation of the context
3. Organization and establishing contacts with survivors

Defusing – it is used to describe the process of help through the use of a brief conversation. The technique is fast, can be realized even in a queue or when food is distributed to survivors. In general it provides the survivors the opportunities for support, information, and security. Also, provides the opportunity to assess and address to the social services or mental health of individuals who may need more specialized interventions. In particular, it helps survivors move from one way of functioning oriented toward survival, to consider concrete feasible operations to stabilize the situation. It helps survivors to better understand different opinions and feelings associated with their experience.

Sixs steps of Defusing
1. **Establishing the contact:** informal socializing method (example; May I give you something to drink? Avoid phrases like How do you feel?)
2. **Assisting:** the assesment of ability and disponibility of the individual to talk. If the person is doing practical things, have open questions on the concerning issues. Follow the trend of individual's thoughts. (How can I help while you are waiting for the information?)
3. **Emphasizing the facts:** it is important to understand who could be in life threatening conditions. Ask questions. (where were you when all this happened? What was the first thing you did? What then? Where was your family? How does this event conditions your family?)

4. **Investigation of opinions:** the description of the facts are used to generate questions about the subject's thought on the event (when did the event happen, what was the first thing you thought, what is the thing you keep thinking about?)
5. **Investigation of the spiritual condition:** be careful not to show the vunerability feelings and the pathologization of reactions. (What was the most difficult aspect? How do you feel after this event? How do you feel now?).
6. **Support, reassurance, information:** should be done during the whole defusin process. Reflexive listening, offering information, and practical help assist the person to bear the psychological isolation that comes from these situations. Evaluate the need for more specialized intervention. (What helped you to overcome this experience? Do you have someone you can talk to? In difficult situation, what helps you the most? In the past, in stressful situations, what helped you?

Debriefing – it represents a systematic and structured intervention to assist the survivors in their understanding of the experience and possibly preventing the development of long-term problems. As a structured procedure, it aims to assist survivors in the recognition and management of intense emotions, to identify effective strategies and getting help from others. This type of intervention can be problematic for some individuals if it "wakes" emotional distress to those painful and traumatic memories, if it does not help to reduce anxiety and personal management of the situation.

Seven steps of Debriefing

1. **Preparation:** the establishment of the procedure, rules and objectives. Participants up to 10 people. There is also a co-debriefer. Disponibility absence.
2. **Presentation:** the presentation of the psychologist, the description of the intervention purpose, talking about personal impressions on the event, the improvement of the knowledge on stress relations and its management. This is not a psychotherapy. Ensure the survivors for the confidentiality of their information, explain the rules of the group, make easier the reciproc of the participants.
3. **Facts phase:** the participants are asked to describe the situation according to their point of view, what happened, where were they, what did they do and what did they percept.
4. **Reaction phase:** the participants are encouraged to discuss for their emotions. This is the hardest phase for the group leader. On one side the verbal communication of the hurtful feelings can be considered therapeutic for some of the survivors, but on the other hand can create difficult situations for the others not treated before. The aim is to normalize the common reactions. With the recovery of a good balance of the life of the survivors, they can be asked for the positive aspects during the experience.
5. **Symptoms phase:** reagime emotional reactions, cogntive, biological, psychological. The survivors are helped to recognize different forms of reaction to stress, by paying attention not to use pathological terminology.
6. **Teaching phase:** the group leaders should know what their subjecs know or not on stress reactions, to know their personal reactions and other's reactions.
7. **Return phase:** the final phase of debriefing is dedicated to the discussion of the nontreated arguments, and debriefing reactions itself. The debriefer is available to personally meet the people who need them.

Results

Unlike the classical cases in normal psychology, in emergency psychology the psychologists are the ones looking for the clients. Trauma is a transitory situation where in a short time from having the circumstances under complete control to their total loss, the individuals experience great sense of humility and impotence. With the approach of the traumatic event and those who suffer from it, stress is often transmitted to the rescue workers too. Taking over the isolated cases is not useful in emergency situations. This type of psychology intends to provide a broader service, covering subjects requirements, organization, ensuring continuity of interventions, possession of contacts with different organizations, other institutions of the region, counceling the survivors not to have in mind only the scene of the tragedy, but to react to the situation. Survivors experience feelings of profound mourning, the loss not only for the family but also includes a role loss, life context, and their objectives. Therefore, the goal of psychologists is to build three emergency systems.

Post-traumatic growth is the other side of the coin, for various reasons. In cases of emergency, the clientele is different, not the carrier of psychopathologies, but the suffering and loss of balance resulting from the difficult, bitter psychological reality. Settings in psychology of emergency is anomalous, in tents outside and not only lacks logistics, but uses the spontaneous organization, based on mental fantasy, expectations, needs and available resources. In emergency situations it is necessary to invent, to be useful, to use little usable space, resources, free place to use (for example: in a room with 5 people to ensure privacy of individuals during the talking with the psychologist, curtains are used to share the room). Establishing and ensuring the security of persons is the primary objective of various professional figures, each with respective powers and functions. Only the specialists trained for emergencies can guarantee security (civil protection, health operator, psychologist, firefighters, police forces). The time of psychological intervention is different from professional interventions of other figures included in bigger emergencies.

Psychological intervention anticipates that after declaring a state of emergency, passing months recovering from trauma, overcoming fears, it also requires more time than building houses for the homeless. In cases of emergency there is need fantasy, exercise, psychological training, not only in search of victims, but also to discover the situation, to find the most appropriate and coordination of interventions. Usually, the psychological distress appears out of meetings, conversations with hiding elements, which represent previous disorders from the catastrophic event. Family issues are obvious in couples but controlled and managed by daily routine. Keeping a journal is an instrument of psychologists of emergency, where each operator writes the problems observed and what actions performed. The information reported in the journal, is used by colleagues who share shifts by being informed about the situation and possible changes. In emergency situations there are orders followed, protocols applied, as necessary for the operation not to be in more chaos that exists from that disaster. The companionship of families and relatives for the recognition of bodies is the most difficult task even for the psychologist. As professionals, they need to support themselves and be supported by heavy impact of death. Most qualified psychologists that operate in emergency situations, are organizations' psychologists. It's enough having been trained in psychological sciences and specialization in psychology and emergency interventions, reference theoretical views can be various. They can start from a general protocol, but that varies according to the situation and context, where it is modeled and fitted for the situation.

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