

Psychological aid in crisis and emergency situations: Psychological follow-up by emergency-related professionals

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The article describes the reasoning for the viability and appropriateness of providing emergency psychological aid to the injured in an emergency area as promptly as practicable. The author reviews the professional background of emergency-related psychologists from the Ministry for Civil Defense, Emergencies and Natural Disaster Relief of the Russian Federation (EMERCOM). The article outlines the ethical performance principles of psychologists in emergency areas, their performance milestones, and the objectives and scope of their work with the injured.

Keywords: emergency psychological aid, ethical performance principles, emergency area, disaster-relief operations, large-scale catastrophes, accidents, natural disasters, psychological follow-up of emergency-response operations, preventing negative sociopsychological implications, extreme conditions, victims

Introduction

The development of contemporary society, the mass media, and new technologies improves living standards on the one hand and, on the other, enhances the risk of large-scale catastrophes, accidents, and natural disasters (Yanitsky, 2004). From year to year the number of people who survive natural disasters and human-caused accidents and catastrophes is growing, as is the number of professionals involved in disaster-relief operations, such as rescuers, medical professionals, and psychologists. The 1990s saw the intensive development of new work for psychologists: rendering psychological aid to people affected by emergencies. During that time, because of a shift in the political system and the democratization of society, these issues gained a public dimension.

The Center for Emergency Psychological Aid of EMERCOM of Russia became one of the first subdivisions within the law-enforcement (security) agencies whose task was to provide psychological aid to the injured (Vorobjev, 2001). Subsequently, it sparked the promotion of a unique work stream within the psychological service of law-enforcement agencies consisting of psychological follow-up in rescue and

emergency-response operations; this work involved the implementation of a set of measures aimed at stabilizing the sociopsychological environment in the emergency area, providing emergency psychological aid to the injured, and preventing negative sociopsychological implications for the sufferers and the professionals from EMERCOM of Russia (Shoygu, 2012a).

As early as the First World War the necessity for developing special forms of emergency short-term assistance was articulated. At that time the primary objective of psychiatrists operating in the front-line hospitals was the recovery and reactivation of the officers and men (Fedunina, 2006).

Objectives and scope of emergency psychological aid

At a later time, when extreme conditions no longer applied to normal life and when emergency-related experiences ceased to be an unavoidable component of human development, people who were affected by extreme factors without being specifically trained professionals were identified as the injured (sufferers); in many cases they were in need of medical and psychological aid (Dmitrieva, 2003). By systematizing and analyzing the experiences of psychologists working in extreme circumstances a classification of victims was devised (Shoygu, 2007):

- directly affected people, isolated in emergency beds
- people affected in a material or physical sense as well as people who lost family members and relatives or lacked information about them
- witnesses: people residing in close vicinity to a place of tragedy
- speculators
- participants in disaster-relief operations.

Through the use of continual and numerous observations, the psychogenic responses and disorders arising in extreme circumstances can be split into two groups: those with and those without psychotic symptoms (Alexandrovsky, Lobastov, & Spivak, 1991). According to the observations of professional psychiatrists, psychotic symptoms are rare (Reshetnikov, Baranov, Mukhin, & Chermyanin, 1989). Longitudinal studies of the delayed psychogenic implications of catastrophic events led to the conclusion that a maximum degree of immediate aid is necessary (Shoygu, 2012a).

Coincidentally, according to the estimations of professionals, only during the 20th century, did such diverse events as earthquakes, floods, volcanic eruptions, hurricanes, tsunamis, tornados, fires, avalanches, mudflows, and epidemics deprive over tens of millions of people of life (Vorobyev, 2000). This situation led to the emergence of an independent area in psychological practice — emergency psychological aid — the focus of which is a human being who finds himself/herself in extraordinary, extreme circumstances. This practice can be defined as short-term aid to human beings following a severe, negative, stressful impact (distress).

In the context of rendering emergency psychological aid to the injured, a situation is defined as an extreme when there is an apparent life and health hazard for the human beings involved, their relatives, and the wider public or when the situation is perceived as presenting such a hazard (Shoygu & Pyj'anova, 2011). An

extreme situation is thus a sudden situation endangering human beings or subjectively perceived as endangering life, health, personal integrity, or well-being.

The basic features of extreme situations are as follows (Shoygu, 2012a):

- The routine lifestyle is degrading; human beings are forced to become accustomed to new conditions.
- Life is divided into “life before the event” and “life after the event”; frequently one can hear, “This was far before the accident” (disease, relocation, etc.).
- Human beings who find themselves in such a situation are in a special state and need psychological aid and support.
- The majority of human responses can be characterized as normal responses to abnormal situations.

Extreme situations and emergency situations are not the same. An extreme situation implies an attitude of a human being toward an event (situation) that has occurred. An emergency situation is an objective situation. The responsibility for the organization and provision of aid to people affected by an emergency situation should be the responsibility of the government, which should establish ad hoc services: rescue, fire-fighting, and medical help (Shoygu & Pavlova, 2010).

Nowadays emergency psychological aid constitutes operations within the maximum vicinity of the place of the catastrophe and within a minimum amount of time. The uniqueness of emergency psychological aid as an independent area in psychological practice is conditioned by the specificity of the conditions under which the professional activities of a psychologist develop. The particular conditions are determined by four factors:

1. The existence of a psychotraumatic event. The provision of emergency psychological aid takes place following an event that profoundly affects the emotional, cognitive, and personal spheres of human beings. These might be large-scale natural and human-caused emergencies as well as less far-reaching events that also have a severe stressful impact on a human being (a traffic accident, a rape, the sudden death of a family member). Nearly always such an event can be characterized as sudden.
2. The shortness of time. Emergency psychological aid is invariably rendered in a relatively short time.
3. The conditions, which are unusual for the work of a professional psychologist. The location of the event lacks or has an insufficient number of separate premises for working, lacks amenities, and so forth.
4. The large number of people in one place in need of psychological aid.

Many researchers note, first, the dependence of the mental state of the injured on the nature, magnitude, suddenness, persistence, stage, and climatic and meteorological conditions of the situation (Alexandrovsky et al., 1991). Second, a number of researchers when forecasting the psychogenic implications of emergencies emphasize the significance of sociopsychological factors such as the age and gender composition and the ethnic features of the affected population, the degree of involvement of groups of victims in the emergency situation, their state of somatic

and mental health, their level of confidence in local authority. Third, the level of organization and the concurrence of actions of various services during the post-disaster-relief operations, the assurance of control over the situation by disaster-relief team participants, the information coverage of the rescue efforts, the peculiarities of the interaction between the disaster-relief team and victim groups are factors that influence the prevalence and the severity of the psychogenic implications of the emergency.

Consequently, emergency psychological aid is characterized by wide social outreach and addresses the social processes arising around a tragic event, positive and negative aspects of the social interaction, and the cultural context—current traditions, rituals, and so forth.

Principles of providing psychological aid in emergency and extreme situations

The following basic tasks are tackled by psychologists when rendering emergency aid:

- Maintenance at an optimal level of the psychological and psychophysiological status of the injured.
- Prevention of delayed adverse responses; also release from adverse emotional states arising directly as a result of the psychotraumatic event.
- Prevention and if appropriate cessation of the manifestation of explicit emotional responses, including mass responses.
- Provision of consultations regarding stress survival with the injured and family members.
- Assistance to the professionals involved in the disaster-relief operations.

The uniqueness of the working conditions of psychologists in emergencies requires a certain transformation of professional principles and ethical standards. Undoubtedly, psychologists' efforts in such a situation are governed by the generally accepted principles for rendering psychological aid. However, these principles in the context of an extreme situation gain certain distinctions (Shoygu, 2010):

- Customer advocacy. The peculiarity of applying this principle under extreme conditions consists in the fact that, in contrast to advocacy in ordinary operational conditions, most commonly no psychotherapeutic agreement is reached with a customer (as is the case with consultancy or psychocorrective work) — in other words, the limits of dealing with a problem are not spelled out. This peculiarity occurs because the aid as a rule is targeted at the current status of a customer. However, regardless of this fact customer advocacy is considered to be an essential operating principle of a professional psychologist.
- “Do no harm!” The peculiarity of the conditions of rendering emergency psychological aid makes it possible to make some inferences from this principle. The first inference is that the time period for rendering psychological

aid is short; aid should be targeted at correcting the current status caused by the emergency situation and simultaneously should ensure the appropriateness of the implemented measures for the customer's future life. It is inadequate to conduct psychological work with the past, deep-rooted problems of a customer; such work should be prolonged.

- **Voluntariness.** This principle is transformed into a special behavior of professional emergency psychologists: the proactive and unobtrusive offering of one's assistance to the injured. Under normal conditions a specialist often takes a passive stand (waits until a customer seeks assistance). However, voluntariness, on the one hand, enables rendering necessary assistance to people who appear to be in a special state and often may not be able to demand help and, on the other hand, does not violate personal borders.
- **Confidentiality.** This principle remains relevant when rendering emergency psychological aid; however, confidentiality may be violated if a psychologist obtains information that a customer's actions might be dangerous for the customer or for the wider public (such a situation may arise when a psychologist finds out, for instance, about an imminent suicide attempt).
- **Professional motivation.** This principle has been accepted for any type of psychological aid. Under extreme circumstances adherence to such a principle becomes particularly important because there is a high probability that apart from the professional rationale a specialist might have other, sometimes much stronger, motives (self-assertion, gaining social recognition, etc.).
- **Professional competence.** This principle presumes that a specialist providing aid has appropriate qualifications and education and special training to work in emergency situations. If a psychologist does not like a person in need of assistance, the efficacy of such assistance will be extremely low. In normal conditions of work if a professional psychologist cannot deal with a given customer or a given problem, he/she recommends another specialist. In emergency circumstances this course of action is often impracticable; for this reason the professional duties of a psychologist should include, inter alia, special training before entering an emergency area and the capability of promptly recovering a high degree of performance efficiency employing professional skills.

Adherence to these principles is an essential prerequisite for efficient and professional psychological aid to the injured. In a way, it is an ethics code for professional psychologists handling emergency situations (Shoygu & Pavlova, 2012).

Stages in the provision of emergency psychological aid

Efforts to provide emergency psychological aid are conventionally divided into three stages — a preparatory stage, a stage of rendering emergency psychological aid as such, and a stage of completing the provision of emergency psychological aid. One may determine the objectives and tasks to be solved at each specific stage. (Shoygu, 2009).

Preparatory stage

The objective of work at the preparatory stage is to elaborate a detailed action plan for rendering emergency psychological aid. To this end, it is necessary to perform the following tasks:

1. Collect information on the psychological situation in the emergency area. In some cases such information is held by professional psychologists or specialists in another line who already work in the disaster area. However, if such information is lacking, it is necessary to collect it independently. For the optimal organization of the work of specialists information should be collected according to the following scheme:
 - places of prospective work: places for the deployment of victims and their relatives, places for conducting public events (funeral services, identification, meeting with representatives of government agencies); often such a place is the emergency area itself (if the event occurred across the territory of a populated area)
 - approximate number of people in need of assistance
 - number of specialists who already work in or will go to the area in the near term
 - time and place of and approximate number of the participants in public events
 - procedure, time, and place of actions to be taken in respect to the victims or their relatives (acquisition of compensation, identification, death certificates, etc.)
2. Determine the place and operational procedure for each specialist. It is critically important to define the work in specific areas. The efficiency of rendering aid depends largely on success in tackling this task.
3. Draw up a tentative action plan. This task occurs initially in the preparatory stage; however, over the entire period of rendering emergency psychological aid, the action plan can be modified or adjusted subject to changing conditions.

Basic stage

At the basic stage two main kinds of work should be emphasized. The first is assistance to the specialists participating in the disaster-relief operations. The second is assistance to the disaster victims. The scope of activity of professional psychologists may vary; it is determined at the preparatory stage and is reflected in the action plan. The scope depends primarily on the peculiar features of the situation.

Final stage

At the final stage the following tasks are to be performed:

1. Efforts aimed at rendering aid to persons who need it. At the final stage the number of victims in the disaster-relief area is not too large; however, there are still those in need of psychological aid.

2. Measures aimed at rendering emergency psychological aid to specialists involved in the disaster-relief operations. Such measures are feasible and expedient at this stage because the intensity of the disaster-relief operations, and the provision of social support to the victims is decreasing, while the fatigue of specialists rendering such aid is growing.
3. Summarization and analysis of the information derived in the course of efforts to render emergency psychological aid.
4. Compilation of a situation-development forecast based on data summarization and analysis.

Conclusion

By summarizing information on the objectives, tasks, and methods of rendering emergency psychological aid and the related principles, one may define emergency psychological aid as a system of short-term measures aimed at rendering aid to a single person, group of persons, or large numbers of postcrisis or postdisaster victims for the purpose of regulating their current psychological and psychophysiological status and negative emotional experiences; this aid is given by employing professional methods conforming to the situation's requirements. Thus, emergency psychological aid can be rendered to a single person following a critical event (rape, robbery, infringement of life and health, traffic accident), to a group of people (family, professional team, group of people unknown to each other), as well as to a large number of people (victims of a major accident, catastrophe, or natural disaster).

Emergency psychological aid is meant to sustain mental and psychophysiological well-being and to deal with recent negative emotional experiences that are the result of a crisis situation (for instance, feelings of fear, guilt, anger, helplessness). The attainment of these aims significantly decreases the possibility of various delayed implications for the victims (psychosomatic problems, posttraumatic stress disorder, etc.). The methods used to render emergency psychological aid should comply with the situational requirements.

An analysis of the extensive professional backgrounds of EMERCOM psychologists enabled the development of a universal methodological and organizational pattern for specialists during their operations in emergency circumstances (Shoygu, 2012b). The employees of EMERCOM psychological service have been engaged in the large-scale disaster-relief operations since 1999. During its entire life the psychological service of EMERCOM of Russia has followed the principles of timeliness and accessibility to aid all classes of victims affected by emergency situations. A significant milestone in the development of the emergency psychological service has been rendering aid to victims despite linguistic barriers. Currently, one prospect for further development is the provision of interactive remote assistance.

References

- Alexandrovsky, Y. A., Lobastov, O. S., Spivak, L. I., & Schukin, B. P. (1991). *Psychogenia in extreme circumstances*. Moscow: Medicine.
- Civil defence: Conceptual-terminological dictionary (2001). Yu.L. Vorobjev (Ed.). Moscow: Flaist, Geopolitika.

- Dmitrieva, T. B. (Ed.). (2003). *Psychiatry of emergency situations: collection of research papers*. Moscow: Research Center for Mental Health, RAMN.
- Fedunina, N. Y. (2006). Emergency psychological aid: Rules of the genre. *Moscow Psychotherapeutic Journal*, 4, 6–24.
- Reshetnikov, M. M., Baranov, Y. A., Mukhin, A. P., & Chermyanin, S. V. (1989). Psychophysiological aspects of state, behavior and activity of the injured in the disaster focal point. *Psychological journal*, 10(4), 125–128.
- Shoygu, J. S. (Ed.). (2007). *Psychology of extreme situations for rescuers and firefighters*. Moscow: Smysl.
- Shoygu, J. S. (Ed.). (2009). *Psychology of extreme situations*. Moscow: Smysl, Academia.
- Shoygu, J. S. (2010). Principles of rendering emergency psychological aid in the context of emergencies and extreme situations. *Saint-Petersburg University Bulletin. Series 12, 1*, 162–165.
- Shoygu, J. S. (Ed.). (2012a). *Emergency psychological aid*. Moscow: Center for Emergency Psychological Aid of EMERCOM of Russia.
- Shoygu, J. S. (2012b). Organizing the work of the psychological service of EMERCOM of Russia. *National Psychological Journal*, 1, 131–133.
- Shoygu, J. S., & Pavlova, M. V. (2010). Culture-specific and culture-non-specific responses of victims in emergencies. *Saint-Petersburg University Bulletin, Series 12, 1*, 300–306.
- Shoygu, J. S., & Pavlova, M. V. (2012). Emergency psychological aid in emergencies to representatives of different cultures. In K. G. Gurevich, P. D. Tischenko, Je. G. Fabrikant, B. G. Yudin, J. S. Shoygu, M. V. Pavlova, I. A. Yakirevich, A. S. Popov (Eds.). *Ethical problems of rendering medical aid in emergencies* (pp. 44–48). St. Petersburg: Russian Management Institute of Saint-Petersburg University State Fire Service of EMERCOM of Russia.
- Shoygu, J. S., & Pyjanova, L. G. (2011). Forecasting and managing socio-psychological risks during emergencies. *Moscow University Psychology Bulletin*, 4, 76–83.
- Vorobyev, Yu. L. (Ed.). (2000). *Catastrophes and society*. Moscow: Contact-Kultura.
- Yanitsky, O. N. (2004). Russia as a risk society: methodology of analysis and conceptual patterns. *Social sciences and modernity*, 2, 5–15.

Original manuscript received June 13, 2014
Revised manuscript accepted November, 30, 2014
First published online December 30, 2014