

# Views of Psychological Counselors Involved in Post-Earthquake Psychosocial Support Activities Regarding the Support Process

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## Abstract

The purpose of this research is to reveal the views and recommendations of guidance counselors involved in psychosocial support activities regarding the support process after the earthquake centered in Kahramanmaraş, known as one of most catastrophic disasters of the century. The research is structured in the form of a case study design, which is one of the qualitative research types. The study group consists of 21 participants who are psychological counselors working in Samsun and who volunteered to provide psychosocial support by travelling to the earthquake-affected region. In the research, a demographic information form and a semi-structured interview form were used as data collection tools. The research data were analyzed using the content analysis method. The research data were categorized into three themes: process, coping skills, and recommendations. In the research, it was determined that guidance counselors involved in psychosocial support activities were affected by trauma, therefore, it is essential to emphasize preventive mental health studies for those involved in psychosocial support activities and volunteers who want to contribute to the support process should be strengthened through pre-process training before the process.

## Keywords

Psychosocial support, psychological counselor, earthquake.

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## INTRODUCTION

Natural disasters such as epidemics, flood, volcanic eruption, earthquake, tsunami, excessive rainfall can be regarded as events that human beings have no impact on causing and that begin completely naturally, some of which last only a few seconds while some of which last for decades and that disrupt daily living conditions, cause significant loss of life and property, as well as psychologically and sociologically traumatic consequences in the social memory (Sözcü & Aydınöz, 2019). Earthquakes are disasters, which cause the loss of life and damage the most.

In addition to loss of lives and property, earthquakes also bring about economic, social and psychological problems in social memory (Altun, 2018). People who have lost many things after the earthquake are in a very difficult mood when their lost loved ones are added to the fear and anxiety they experience. The natural functioning of people's lives is disrupted due to the earthquake (Makwana, 2019). It is generally observed that there is a risk of developing psychopathology in this type of traumatic losses and the need to normalize the process with treatment becomes mandatory. While it is defined as a traumatic experience for the individual to feel fear, helplessness and horror as a result of the physical harm he or she experiences or witnesses in this process (DBE, 2023), the process that individuals will experience in their emotional states after the traumatic event is described by Hacıoğlu et al. (2002) explained it in four stages. The first stage, the Psychological Shock Process can last more than 24 hours and is accompanied by reactions such as sudden physiological arousal, inability to concentrate, hypersensitivity, forgetfulness, seeming unreal (dissociation), hardening, dulling of emotions and short-term shock. The second stage is seen after two to six days, that is the Reaction Process, in which emotions such as anger, irritability, anxiety, guilt suspicion, fear and physical reactions such as nausea, palpitations, tremors and constant mobility are observed. The third stage, called The Awareness Process, begins approximately one week after the disaster; and the individual does not want to talk about the event and about what happened, begins to mourn for what has been lost, and displays a conflicting and angry attitude with emotions such as sadness and longing. A long time after the disaster, the individual tries to adapt to the process and life; begins to feel calm and well and tries to determine future goals, which is expressed as fourth stage; the Recovery Process.

The post-traumatic negative impact of individuals, which begins with the psychological shock process, and the psychological and biological reactions that occur immediately after individuals are exposed to intense stress, are defined as post-traumatic stress disorder (Aşık, 2021). Post-Traumatic Stress Disorder (PTSD) can be seen in people whose physical and spiritual integrity is threatened or who are terrified, helpless and extremely frightened after a severe traumatic event (Binay & Başgöl, 2022). PTSD occurs after the traumatic event, but is remembered and experienced repeatedly, and progresses in a state of hyperarousal and avoidance of trauma-related stimuli (Astill Wright, Sijbrandij, Sinnerton, Lewis, Roberts & Bisson, 2019; Şener & Sağlam, 2020). According to the Psychiatric Association of Turkey (PAT, 2023), an individual with PTSD experiences inability to sleep, has nightmares and a fear of reliving the moment of disaster, anxiety, becomes easily startled, feels on edge, and hopelessness about the future, along with alienation, thinks that no one understands him/her, and avoids situations that remind him/her of the event. Post-traumatic stress disorder (PTSD) caused by a traumatic event usually resolves within a few weeks, but sometimes persists for much longer.

It is important for individuals who experience trauma after a disaster to receive support from experts in their field (Elmhahbi, Karray, Archimède, Otte & Smith, 2021). Support that is given according to

individuals' age and psychological needs will help minimize the effects of trauma. At this point, psychosocial support and training are very important (Kukuoğlu, 2018). Psychological support activities carried out after the disaster are based on the principle of expressing and sharing the emotions caused by the disaster and describing them as "normal reactions to an extraordinary situation". Efforts to normalize life with the aim of returning to pre-disaster conditions are significant. It is necessary to make individuals feel that they are safe and to regain the sense of self-confidence and loss of control they have lost. Individuals should regain their sense of control through continued studies (Karancı, 2008).

The first studies to be carried out in this context are referred to as psychological first aid. These are the first stages of psychosocial studies implemented after the disaster. Meeting basic needs such as safety and health and providing psychological first aid for those affected by the incident are studies that should be done in the early period (Özkan & Kutun, 2021). Psychosocial support studies especially carried out by experts with wide participation and that are regularly updated, are crucial in the post-disaster period (Bisson, Tavakoly, Witteveen, Ajdukovic, Jehel, Johansen, ... & Olf, 2010). In the post-disaster period, studies carried out to ensure the psychological well-being of individuals and to return their lives to normal are called psychosocial support studies. The basis of psychosocial support studies handled with more than one discipline is to ensure returning the individual's reactions to the traumatic event to normal and enabling the individual to gain problem-solving skills by revealing their weaknesses and strengths in coping with challenging events of life, and increasing the psychosocial capacity of the individual, family, group and communities (Aşık, 2021).

Psychosocial support studies are extremely important for Turkey, which is located in the Mediterranean, Alpine-Himalayan seismic zone where one fifth of the earthquakes in the world occur, and is located on three main fracture systems, also called the north, south and west fault lines, and 93% of whose territory is in the earthquake zone. For this reason, Turkey has great experience in psychosocial support studies. Psychosocial Support Programs, which were prepared in 2001 in cooperation with the Ministry of National Education (MEB) and the United Nations Children's Fund (UNICEF) after the 1999 Marmara earthquake and implemented until 2017, can be given as an example. The same program was developed with the Renewal of Psychosocial Support Programs Project between 2017-2019 and was implemented after the Elazığ/Malatya and İzmir earthquakes that occurred in 2020 (Aşık, 2021).

With this experience, MEB provided psychosocial support to a total of 294,912 people, including students, teachers and adults (AFAD, 2023; MEB, 2023) in the first month of the earthquake, which was known as the disaster of the century and killed more than 50 thousand people, which affected 11 provinces on February 6, 2023 and occurred consecutively in Pazarcık (magnitude 7.7) and Elbistan (magnitude 7.6) districts of central Kahramanmaraş, Gaziantep, Şanlıurfa, Diyarbakır, Adana, Adıyaman, Kahramanmaraş districts being the center. It was also felt strongly in Osmaniye, Hatay, Kilis, Malatya and Elazığ provinces.

In addition to loss of lives, the post-earthquake period (nutrition, shelter, transportation, communication, etc.) also caused different traumas. In the first month of the earthquake, the Ministry of Interior Disaster and Emergency Management Presidency (AFAD) established 332 tent cities and 189 container cities in Kahramanmaraş and surrounding provinces and districts, and provided temporary shelter for 329,960 people affected by the earthquake by providing shelter in different provinces. With the coordination carried out by AFAD, Turkish Red Crescent, Ministry of National

Defense, Gendarmerie and NGOs tried to solve the nutritional needs of earthquake victims with 369 mobile kitchens in order to meet the nutritional needs of those affected by the disaster, while simultaneously damage assessment and debris removal efforts continued. In addition, 4720 counselors were assigned by the Ministry of National Education for psychosocial support activities for people who survived the earthquake, experienced great losses or witnessed this process. Counselors provided psychosocial support services to a total of 1 million 226 thousand 659 people, including 782,739 students and 443,920 parents, in the first two months of the earthquake (AFAD, 2023; MEB, 2023).

Psychological counselors, who volunteered in the first week of the earthquake, continued to provide psychosocial support in the earthquake area and in the places where earthquake victims were relocated, even though they had to face an awareness process. Even if they were not directly exposed to the trauma, the counselors became traumatized by witnessing this traumatic process. Witnessing this traumatic process left counselors under the influence of trauma (Gökçe & Yılmaz, 2017). In disasters such as earthquakes, fires and floods, the focus is usually on those who experience the trauma, so people who help and provide support are ignored, and over time, those who help can result in becoming hidden victims (Polemikou, 2021). Based on this, the research aims at determining the situation of counselors who participated in psychosocial support activities after the earthquake. Therefore, this study tries to reveal the opinions of counselors about the psychosocial support process, their coping skills during the psychosocial support process, and their suggestions for psychosocial support studies.

## **METHOD**

### **Research Model**

The research was structured as a case study, one of the qualitative research types. According to Creswell (2019), qualitative research enables the collection of different types of data. Qualitative research methods can be used to understand the concept in the minds of individuals, to describe an environment or situation, to reveal the context between events and to interpret the contexts, to indicate the characteristics specific to a culture, and to understand the process of an event. Büyüköztürk, Kılıç-Çakmak, Akgün, Karadeniz & Demirel (2022) state that case studies can be used for research such as the historical processes of a private institution, collecting data on a phenomenon, or examining a particular event from different perspectives. For this reason, the research was prepared in the case study pattern, which allows analysis by examining an event in depth (Kandemir, 2022).

### **Study Group**

The criterion sampling method was preferred when selecting the study group on a voluntary basis. Criterion sampling, which is expressed as meeting some criteria determined for data collection (Creswell, 2019) is defined as the gathering of certain qualities, people, events, situations etc. in the observation unit in a research (Büyüköztürk et al., 2022). The criterion in this research was defined as working as a guidance counselor and taking part in psychosocial support activities in the earthquake area.

In this regard, the study group of the research consisted of 21 counselors. The characteristics of the study group are given in Table 1.

**Table1***Personal Information of Participants*

		f	%
Sex	Female	12	57,1
	Male	9	42,9
Education	Undergraduate	12	57,1
	Graduate	9	42,9
Natural Disaster Experience in the Past	Earthquake	5	23,9
	None	16	76,1
Loss of a Relative Due to Earthquake	Yes	0	0
	No	21	100
Volunteer in Psychosocial Support Work	Yes	21	100
	No	0	0
Status of Receiving Psychosocial Support Training	MEB Practitioner	13	61,9
	MEB Advanced Level	3	14,2
	None	5	23,9
Working Time in Earthquake Zone	0-7 Days	14	66,7
	8-14 Days	4	19
	15 Days and More	3	14,3

When looked at Table 1 including the information of the participants, it is seen that 57,1% of the 21 participants in the study are female and 42,9% are male.

Participants stated that they took part in psychosocial support activities voluntarily and 57,1% of which have a bachelor's degree and 42,9% of which have a master's degree. While 23,9% of the participants stated that they experienced a natural disaster in the past, 76,1% stated that they did not experience a natural disaster. Moreover, it is seen that none of the participants lost a relative due to the earthquake. 61,9% of the participants received a MEB Practitioner training and 14,2% of them received a MEB Advanced Level psychosocial support training, while 23,9% stated that they did not receive any psychosocial support training. When the participants' working hours in the earthquake zone are examined, it is seen that 66,7% worked between 0-7 days, 19% worked between 8-14 days and 14,3% worked for 15 days or more.

### Data Collection Tools and Process

A general information form and a semi-structured interview form were used in the research. Semi-structured interviews make it easier to obtain in-depth opinions from the participants (Büyüköztürk et al. 2022). For the interview form, firstly, the relevant literature research was conducted and opinions were received for the form from a total of three experts, one from the field of educational sciences and two from the field of guidance and psychological counseling. The pilot study of the form was applied on two counselors who provided voluntary psychosocial support during the earthquake. After this application, two items that were thought to be difficult to understand were changed and the form was finalized and interviews were held. Data were collected online and face to face. The interviews, which lasted approximately 20-30 minutes, were recorded and written. In addition to general information during the interviews, the counselors were asked 12 questions about situations of

involuntary influence from the process, avoidance of support, arousal and methods of coping with stress were asked to the guidance counselors.

### Data Analysis

Data analysis was carried out with the content analysis method. Content analysis method is explained as a process in which researchers code and classify the data they collect in detail through methods such as observation and/or interviews, and summarize and interpret these data with descriptive themes. Content analysis is used very frequently, especially in the field of social sciences, as it allows indirect studies on making sense of human behavior (Büyüköztürk et al., 2022).

A total of 12 questions were asked to the participants through a semi-structured form. Interview records were transferred to digital media and the responses were examined in detail. In the interview results that were transferred to digital media for data analysis, each participant was named K1, K2... and K21, then the obtained data were classified by giving code labels and categories were created. The data obtained in this direction was grouped into three themes: process, coping skills and recommendations. The categories related to the themes are detailed in Table 2.

**Table 2**

*Table of Themes and Categories*

<i>Themes</i>	<i>Codes</i>
Process	Involuntary influence
	Avoidance
	Arousal
Coping Skills	Stress situation
	Psychological support
Recommendations	Request for reassignment
	Personalized recommendations
	Professional recommendations

According to Table 2, which includes the themes and categories created in the light of the data obtained; it is seen that the participants' responses to the involuntary influence, avoidance and arousal situations they experienced during the psychosocial support process were coded and categorized under the process theme. The participants' responses regarding their coping skills were coded and categorized as stress situations, psychological support, and willingness to take on new duties. In another theme, the theme of recommendations, the participants' responses were coded and categorized as recommendations for people who will take part in psychosocial support studies and professional recommendations.

### Validity and Reliability

To ensure validity and reliability, two researchers participated in the interviews simultaneously. The data obtained from the interviews were recorded without any additions or deletions, and an attempt was made to increase reliability was tried to be increased. The analysis of the data was made by two

researchers, and the analyzers analyzed the data independently of each other and compared the results. In this way, reliability was tried to be increased by taking into account the analysis of the data and the consistency of the observations.

In order to increase the reliability of the study, the Miles-Huberman reliability formula was used to ensure consistency between coding made by different researchers. In this regard, codes, themes and categories related to the research data were prepared by different experts in the field of guidance and psychological counseling. According to the formula of Miles and Huberman (Baltacı, 2017), where the consensus between the coders is expected to be at least 80%, the agreement level was calculated as 91.3%. In this situation, it can be said that there is consistency and harmony between the coding and the data analysis is reliable.

In order to ensure the validity of a research, in addition to characteristics such as consistency and stability, it is important that the raters are impartial and that the application is carried out under appropriate conditions (Büyüköztürk et al., 2022). For this reason, in addition to the consistent results obtained in data analysis contributing positively to the validity of the research, it is also important to try to eliminate the bias effect with different evaluators. In addition, it is important for participants to take part in the research voluntarily and to participate in the research when and where they feel comfortable in order to increase the validity of the study.

### Ethical Principles

Ethics committee permission for this study was obtained from Ondokuz Mayıs University Social And Humanities Research Ethics Committee Decisions with the decision dated 29.03.2023 and numbered 2023-247.

## FINDINGS

In this section, the findings obtained from the research are presented in detail. Findings and sample expressions for each theme are presented under relevant headings.

### Process Theme

The codes related to the involuntary influence, avoidance and arousal categories created based on the participants' answers are shown in Table 3.

**Table 3**

*Process Theme Category and Code Table*

Categories	Participant Codes	f	%
Involuntary Influence	K1, K2, K5, K7, K9, K10, K11, K12, K13, K14, K16, K17, K21	13	61,9
Avoidance	K1, K6, K9, K12, K14, K20	6	28,5
Arousal	K1, K2, K3, K5, K9, K11, K12, K13, K14, K17, K18, K20	12	57,1

In order to determine the existence of "**Involuntary Influence**" situations in the Process theme, participants were asked, "*Did you have an interview that deeply affected you during the psychosocial*

*support process?*" *"Explain briefly"*. 61,9% of the participants stated that they had conversations that deeply affected them. Some of the answers given are as follows;

K2, "11. He was an 11<sup>th</sup> grade student, his name was Furkan. He lost his brother and no one helped him for the first two or three days. "They gave him the body bag and told him to put it in if he could take it out."

K5 said, "The stories of the teacher who lost his best friend and his students affected me very deeply."

K12, "The helplessness of a young mother whose forty-day-old baby fell ill because she could not bathe her in the tent city."

K17 said, "I met with the mother who came out of the bathroom naked to save her child during the afternoon earthquake. "She experienced despair and shame at the same time."

Regarding the "**Avoidance**" category in the theme, participants were asked, *"Have there been times when you felt inadequate during the psychosocial support process and wanted to stop providing support?" "Explain briefly"*. 28,5% of the participants stated that they felt inadequate during the psychosocial support process and thought they could not help. Some of the answers given are as follows:

K6: "People's pain was so great that it was hard to empathize and give support."

K12, "Trying to remain calm and provide support in an environment where people's fears were triggered by aftershocks and even their basic needs could not be met made me feel quite inadequate."

Participants regarding the "**Arousal**" states, which is the last category in the process theme; the participants were asked *"Have there been any changes in your own attitudes and behaviors during the psychosocial support process? "Explain briefly"*. 57,1% of the participants answered that there was a change in their attitudes and behaviors. Some of the answers given are as follows;

K5: "I learned to be more patient and stoic."

K11, "I felt like I was staying in a hotel in the school building where we stayed despite the existing impossibilities."

K14, "As I felt the pain, I felt emotionally worn out. "After a while, I started to act as if I were emotionless, despite my emotions."

K20: "I thought I was more constructive and made an effort."

### **Coping Skills Theme**

The codes related to the categories of stress, receiving psychological support and willingness to take on new duties, which were created based on the participants' answers, are shown in Table 4.

**Table 4***Coping Skills Theme Category and Code Table*

Categories	Participant Codes	f	%
Stress situation	K1, K6, K8, K9, K10, K12, K13, K14, K17, K20, K21	11	52,3
Psychological support	K1, K6, K14, K17, K21	5	23,8
Request for reassignment	K1, K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K13, K14, K15, K16, K17, K18, K19, K20, K21	20	95,2

Related to the theme of coping skills regarding "**Stress Situation**", participants were asked "*Did you experience stress during this process? If so, what ways did you use to cope with stress?*". 52,3% of the participants stated that they experienced stress during the psychosocial support process and used various ways to cope with it. Some of the answers given are as follows;

K8, "Yes, I experienced it. That's why I walked away from the environment where we worked. "I had dinner in different parts of the city so that I wasn't always in the same environment."

K9, "Yes, I experienced it. Since the earthquakes continued, I generally tried to stay outdoors. I didn't apply any particular technique. I tried to intervene by observing my thoughts. Unfortunately, there were times when I tried to calm down by eating."

K10, "I experienced it from time to time. "I became stronger after meeting with my colleagues, taking time for myself, and talking to my family and children."

K17, "Yes, I lived and overcame it with religious references such as breathing exercises or praying."

Regarding the "**Receiving Psychological Support**" situation in the relevant theme, the participants were asked; "*Did you get psychological support or did you need psychological support after returning from the earthquake area? Explain briefly*". 23,8% of the participants stated that they needed psychological support. Some of the answers given are as follows;

K6, "Yes, I needed it. I had a hard time. "Fear and anxiety continued for a while."

K14: "I felt very worn out psychologically."

K17, "I did not see anyone except my family for two days. "Talking made me want to cry."

The participants were asked the question "*Would you consider taking part again in the psychosocial support process?*" corresponding to the last category in the coping skills theme, "**Request for reassignment**". 95,2% of the participants stated that they would be able to work again. Some of the answers given are as follows;

K5, "Yes, I will consider it."

K12, "No, because I have two young children."

K14, "Yes, I can think about it. Because it was a very different experience for me."

**Recommendations Theme**

The codes related to the personal and professional recommendations categories created based on the participants' answers are shown in Table 5.

**Table 5***Recommendations Theme Category and Code Table*

Categories	Participant Codes	f	%
Personal Recommendations	K1, K4, K5, K6, K7, K9, K10, K11, K12, K13, K15, K17, K18, K20, K21	15	71,4
Professional Recommendations	K2, K3, K8, K14, K16, K19	6	28,6

The participants were asked: *"Based on your experiences in the psychosocial support process, what are your suggestions for psychological counselors and counselors who will take part in support activities?" "Explain briefly."* The answers were collected in two different categories. Regarding this, 71,4% of the participants made "Personal Recommendations", while 28,6% stated "Professional Recommendations".

Some of the answers given to "**Personal Recommendations**" are as follows;

K6, "They should definitely take part. "At first, people are afraid and worried, but being involved in the helping process is good for both those people and themselves."

K11, "Those who have time limits, are indecisive, have low immunity, and get tired easily should not take part. They should definitely receive supervision from our colleagues who have worked in that region. "They should make preparations for accommodation, shelter, nutrition and healthy living."

K15, "I think it has a positive contribution to our own psychological process. While I was trying to help people who suffered from a major disaster by taking part in support activities, I realized that I was improving myself. It was an experience that made me feel hopeful and useful. "I left there feeling sad and wanting to take part again."

Some of the answers given regarding the "**Professional Recommendations**" category are as follows;

K3, "Being planned and programmed. I realized that students should be separated gradually and be better equipped."

K14, "It is a process that teaches children to play games and spend time. In this respect, preparations can be made for this situation before leaving. Listening to the pain of adults can sometimes cause psychological wear and tear."

K16, "They should not set out without having information about psychosocial support studies."

### **Themes of the Responses of Participants Who Have Experienced Earthquakes in the Past**

The answers given by five participants who stated that they had experienced an earthquake in the past, regarding the presence (✓) or absence (x) of the relevant categories in the process theme are shown in

**Table 6***Response Table Based on Process Theme of Participants with Earthquake History*

<i>Participant</i>	<i>Involuntary Influence</i>	<i>Avoidance</i>	<i>Arousal</i>
K 10	✓	x	x
K 13	✓	x	✓
K 17	✓	x	✓
K 19	x	x	x
K 21	✓	x	x

According to the table, of the guidance counselors who have experienced earthquakes in the past, 80% show involuntary response and 40% show arousal response. When the responses to avoidance symptoms are examined, it is seen that these people do not have avoidance symptoms.

The answers given by five participants who stated that they had experienced an earthquake in the past, regarding the presence (✓) or absence (x) of the relevant categories in the theme of coping skills are shown in Table 7.

**Table 7***Response Table Based on the Theme of Coping Skills of Participants with Earthquake History*

<i>Participant</i>	<i>Stress Situation</i>	<i>Psychological Support</i>	<i>Request for reassignment</i>
K 10	✓	x	x
K 13	✓	x	✓
K 17	✓	x	✓
K 19	x	x	x
K 21	✓	x	x

According to Table 7, 80% of the participants who experienced an earthquake stated that they experienced stress and 40% needed psychological support. However, all of the guidance counselors who had experienced an earthquake before stated that they could work again despite of their affection.

The answers given by five participants who stated that they had experienced an earthquake in the past, regarding the theme of suggestions, are given in Table 8.

**Table 8***Response Table of Participants with Earthquake History Depending on the Suggestions Theme*

<i>Participant</i>	<i>Personal Recommendations</i>	<i>Professional Recommendations</i>
K 10	✓	x
K 13	✓	x
K 17	✓	x
K 19	x	✓
K 21	✓	x

According to the table, 20% of the participants who stated that they had experienced an earthquake in the past made professional recommendations, while 80% made personal recommendations.

Some of the answers given by participants with a history of earthquakes are as follows;

K10, "I would recommend that our colleagues who have intense traumas, are impulsive or have difficulty controlling their emotions, and have not received training before should not participate in psychosocial studies."

K19, "It would be good for the friends who will participate to gain experience by implementing psychosocial sessions."

## **CONCLUSION, DISCUSSION AND RECOMMENDATIONS**

### **Conclusion and Discussion**

The results of the research are discussed in themes and presented below.

#### ***Process Theme***

The opinions of counselors who took part in post-earthquake psychosocial support activities regarding the support process they provided were discussed under the title of "Process Theme" and classified under the categories of involuntary influences, avoidance and arousal.

Witnessing a traumatic experience, listening to it, and even receiving news about the event can cause the individual to show post-traumatic stress symptoms such as avoidance, arousal, and startle at varying levels. (Gökçe & Yılmaz, 2017; Kurt & Gülbahçe, 2019; Şener & Sağlam, 2020; Aşık, 2021). The actions of individuals can sometimes cause them to become secret victims (Polemikou, 2021). Working with trauma victims due to the type of work creates secondary traumatic stress in the individuals themselves (Boscarino, Adams & Figley, 2010; Gürkan & Yalçiner, 2017; Brooks, Rubin & Greenberg, 2019). Of course, professional staff such as search and rescue teams, medical personnel, security forces, media workers and psychosocial support teams who work on the front lines after disaster-like events work intensively in the disaster area and are more exposed to trauma (Erdener, 2019; Işıkhan, 2021; Doğan, Keskin & Dönmez, 2021; Pak Güre, 2022). In this case, employees working after a disaster such as an earthquake can be expected to show secondary traumatic symptoms at various levels (Tominaga, Goto, Shelby, Oshio, Nishi & Takahashi, 2020; Aşık, 2021). Secondary traumatic reactions

that occur as a result of indirect exposure to trauma are similar to post-traumatic stress disorder and may be the source of it (TPD, 2023; Aşık, 2021; Şener & Sağlam, 2020; Gökçe & Yılmaz, 2017).

In light of this information; the fact that 61,9% of the participants showed signs of involuntary impact, 28.5% showed avoidance behavior, and 57,1% showed arousal reactions indicates that counselors who provide psychosocial support services were affected by trauma at different levels and the findings were consistent with the relevant literature.

Of the participants in the study group, 23,9% stated that they had experienced an earthquake in the past. In addition to the fact that 80% of these people responded that they showed involuntary impact and 40% showed signs of arousal, all of the participants who had memories of earthquakes in the past reported that they did not show avoidance behavior. Individuals may show stress reactions and avoidance behavior after traumatic events such as disasters even if they have not been exposed to any traumatic experiences in their past. In this study, individuals with earthquake memories in their past stated that they showed signs of involuntary influence and arousal, as well as no symptoms of avoidance. When we look at the relevant literature, avoidance behavior appears as a predictive variable for traumatic stress symptoms (Yılmaz, 2007). However, when the results of Kahil's (2016) research on professional and volunteer aid workers are examined, it is seen that professional aid workers show more traumatic stress symptoms than volunteer aid workers. The fact that all counselors in the study group voluntarily participated in psychosocial support activities can be considered as the reason why they did not engage in avoidance behavior despite their past earthquake experiences.

### **Coping Skills Theme**

The opinions of guidance counselors who took part in post-earthquake psychosocial support activities on the stress situation during the support process, the willingness to receive psychological support and take on new duties were discussed under the title "Coping Skills Theme" and classified under relevant categories.

Natural disasters such as earthquakes deeply affect the society in which they occur, but also bring with them many new psychological, sociological and economic problems (Sözcü & Aydınöz, 2019; Altun, 2018). After the disaster, individuals who work in the earthquake zone and are indirectly exposed to trauma experience changes in their post-disaster emotions (Hacıoğlu, et al. 2002) and show symptoms of stress because they see the seriousness of the threat that may befall themselves and other people (Yılmaz, 2007).

The fact that 52.3% of counselors working in psychosocial support studies stated that they experienced stress is similar to the studies in the literature on the stress situation of individuals working in the field after the disaster (Yılmaz, 2007; Yanbolloğlu, 2019; DBE, 2023).

Erdener (2019), in his master's thesis titled "*Examination of Psychological Resilience and Secondary Traumatic Stress Levels of Professionals Working in the Field of Disaster*", states that there is a negative and significant relationship between psychological resilience and secondary traumatic stress levels of professionals working in the field of disaster.

Among the counselors who stated that they developed various methods to cope with the stress they experienced during the psychosocial support process, 23,8% stated that they felt the need to receive psychological support after completing their duties. This can be interpreted as that field workers have individual differences in coping with stress and may need psychological support after challenging tasks (Trumello, Bramanti, Ballarotto, Candelori, Cerniglia, Cimino, ... & Babore, 2020).

The fact that 95,2% of them stated that they could take reassign again shows that they are willing to carry out psychosocial support activities even if they have experienced difficulties. This situation can be explained by the fact that guidance counselors have skills such as empathy, helpfulness, responsibility and motivational resources such as professional satisfaction and competence (Demir, 2020; Yıldırım, 2019; Alakara Özcan, 2018; Aşık, 2021; Gündüz & Öntürk Akyüz, 2022).

According to some studies (Yanbolloğlu, 2019; Gökçe & Yılmaz, 2017), the level of secondary traumatic stress increases as the duration of working in a trauma environment and with its victims increases. The fact that 66,7% of the participants who worked between 0-7 days, 19% between 8-14 days, and 14,3% of the participants who worked for 15 days or more reported that each of the participants was willing to work again was considered to be related to the duration of duty. Moreover, Erdener (2019) stated in his study that the length of post-disaster working time does not affect the psychological resilience levels of individuals.

In addition, Tominaga, Goto, Shelby, Oshio, Nishi & Takahashi (2020) found in their study with the mental health professionals working after the disaster that involuntary reactions significantly predicted post-traumatic stress symptoms 2 months after the aid activities and previous knowledge/skills were important variables. Clinical symptoms were predicted positively, while burnout was predicted negatively. In the research, it was stated that increasing the education and knowledge level of the personnel involved in support activities will increase satisfaction with post-disaster relief efforts by reducing burnout reactions. From this point of view, considering that 76,1% of the participants in the study group received psychosocial support training before taking part in support activities; it is thought that there may be a relationship between the desire for reassignment and the educational status.

Taking into the fact that 23,9% of the participants had experienced an earthquake before consideration, it can be observed that 80% of these people stated that they were experiencing stress and 40% needed psychological support. However, all of these individuals who had experienced an earthquake before stated that they could take part again despite being affected. Based on this, it can be said that counselors who have an earthquake story in their past also manage the process by developing various coping methods.

### ***Recommendations Theme***

The findings related to the "Recommendations Theme" were grouped into two different categories: personal recommendations and professional recommendations.

When the opinions of the participants were examined, it was seen that 71,4% made personalized suggestions. These are the recommendations for those who will provide psychosocial support and they include that those should be prepared for the process in terms of both their spiritual and physical needs and should definitely come and participate in psychosocial support activities.

When the answers given by guidance counselors who had experienced earthquakes in the past were examined separately, it was seen that 80% of them gave personal recommendations and 20% gave professional suggestions. The answers given by these people were also similar to the answers of the general group.

All participants, 61,9% of whom were practitioners and 14,2% of whom had received advanced psychosocial support training, took part in post-earthquake psychosocial support activities voluntarily.

This situation can be explained by the level of professional awareness, empathy and helping skills of the counselors (Duru, 2002; Yıldırım, 2019; Demir, 2020).

Considering that 28,6% of the participants made professional recommendations and 23,9% of the participants did not receive any training, it is thought that there is a significant relationship between them. The professional recommendations such as not coming to the region without receiving psychosocial support training and making preliminary preparations for work with children strengthen this opinion.

## **Suggestions**

### ***Suggestions Regarding the Research***

The excessive number of dead and injured people after the disaster, seeing broken or buried bodies, witnessing pain and sorrow, working under pressure, feelings of helplessness, extreme fatigue, hunger or insomnia, corpse odors, blood, events and nightmares that remind them of these, may play a decisive role in the level of trauma impact of aid providers. For this reason, understanding the reactions correctly has an important place in the preparation of intervention plans (Işıkhhan, 2021).

According to the literature-based review study by Brooks, Rubin & Greenberg (2019), many post-disaster social and occupational factors affect the mental health of trauma-exposed employees. Effective social support provided both during and after a disaster increases the psychological resilience of employees. Well-supported employees tend to perform better at their jobs.

Based on these results and examining the findings of the research; it can be stated that it is quite normal for counselors who work after events that deeply affect society, such as an earthquake, to predict when and where it will occur, to experience psychological difficulties due to the fact that they work in traumatic areas and with people who have been directly exposed to trauma. For this reason, these people who will carry out the post-traumatic recovery process need to be strengthened with regular training. Looking at the literature on the subject (Gürkan & Yalçiner, 2017; Gökçe & Yılmaz, 2017; Brooks, Rubin & Greenberg, 2019; Erdener, 2019; Tominaga, Goto, Shelby, Oshio, Nishi & Takahashi, 2020; Doğan, Keskin & Dönmez, 2021; Aşık, 2021; Pak Güre, 2022) similar results have been reached and therefore studies such as training, supervision, knowledge, skills and competence are very important. In addition, social support activities, which are one of the most important protective factors against post-traumatic stress disorder or secondary stress reactions (Özkul & Çalık Var, 2018; Kahil & Palabıyıköğlü, 2018), will make positive contributions to individuals' coping skills.

When the mentioned precautions are taken, the risk of health problems and long-term mental illness in trauma-exposed employees can be reduced (Brooks, Rubin & Greenberg, 2019).

### ***Suggestions for Researchers***

The research on the extent of the earthquake in Kahramanmaraş and the effects of the process will span a long period and area. Of course, new information will be obtained in this process. It is a fact that every new study on the subject will contribute to the field.

According to the study of Gökçe and Yılmaz (2017); sources of stress experienced by aid workers due to trauma may be related to the characteristics of the event/task in which the employees are involved, as well as being specific to the profession, and some individual and professional characteristics predict secondary traumatic stress reactions. Therefore, it is significant to determine the source of post-traumatic stress reactions in aid workers and the risks and protective factors that lead to these

reactions in order to provide a scientific basis for preventive and/or facilitating solutions to cope with stress reactions.

For this reason, it is thought that the studies to be conducted are very important in terms of contributing to the literature as well as the individual and professional development of field workers and guiding program developers.

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All authors contributed equally to the manuscript.

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