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PSYCHOLOGY OF EMERGENCIES IN SPAIN: CONCEPTUAL DELIMITATION, ACTION AREAS, AND HEALTHCARE SYSTEM PROPOSAL

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La psicología de emergencias es un ámbito de aplicación de la psicología bastante reciente, lo que implica que no haya en la actualidad un consenso unificado sobre esta disciplina, su delimitación conceptual o campo de actuación. Tampoco queda reflejada su incursión en los itinerarios curriculares elaborados en nuestro país a partir del Espacio Europeo de Educación Superior, ni en la estructura sanitaria o de protección civil de cara a que los psicólogos de emergencias puedan intervenir en las situaciones de crisis, emergencias o desastres que se producen. Partimos en este trabajo de esta dificultad en la vertebración de este ámbito disciplinar para realizar una propuesta de sistema de asistencia psicológica que contribuya a clarificar la labor y competencias de los distintos servicios psicológicos implicados en estas situaciones de manera que facilite un sistema coordinado de actuación. Pretendemos generar un debate profesional y académico que nos lleve a encontrar el consenso necesario que impulse la consolidación de este específico perfil profesional, así como el reconocimiento y regulación de la Psicología de Emergencias que contribuya a afianzarla como disciplina dentro de la Psicología que permita ofrecer a la sociedad una actuación profesional de calidad y adaptada a los retos actuales y futuros.

Palabras clave: *Desastres, Múltiples víctimas, Intervención en crisis, Normativa, Trastorno por estrés postraumático.*

Emergency psychology is a recent area of application for psychology, which means that there is currently no unified consensus on this discipline, its conceptual delimitation, or its field of action. Also not delimited are the curricular itineraries adapted to the European Higher Education Area, in either the healthcare or civil protection structures, in order for emergency psychologists to be able to intervene in crisis situations, emergencies, and disasters. In the present work, we offer a proposal for a psychological healthcare system that contributes to clarifying the work and competences of the different psychological services involved in these situations, in a way that facilitates a coordinated system of action. We intend to generate a professional and academic debate to lead us to reach the necessary consensus to make it possible to consolidate this specific professional profile, as well as to recognize and regulate emergency psychology in order to strengthen it as a discipline of psychology that allows us to offer a professional performance of quality, adapted to current and future challenges.

Key words: *Disasters, Mass-casualty incident, Crisis intervention, Normative, Post-traumatic stress disorder.*

There is no doubt that we live in a society that is aware of the impact that emergency and disaster situations can have on us at both the physical and mental levels. Thus, traffic accidents, suicides, earthquakes, floods, terrorist attacks, etc., have led to the development of numerous studies and protocols to prevent and treat the psychological effects of these situations. We can say that, although there are notable differences in degree and magnitude between these situations, from the point of view of their intervention, the following series of common characteristics are established: the implication of danger, loss or threat to life or property; they require an intervention that must not be delayed in time; they are unpredictable; and they cause surprise and destabilization. These aspects give rise to the appearance of very similar psychological reactions in the people who are affected by these situations (Hernández-Coronado et al., 2006). For this reason, in this paper, we aim to use and develop the generic term of emergency psychology to refer to the field of psychology responsible for the study of the reactions of individuals and the community before, during, and after these situations, as well as the implementation of psychological intervention strategies that contribute to cushioning the psychological and emotional impact of these events.

The approach developed in this work is focused on the analysis of the situation in our country and on the review of the literature that contributes to delimit this field of action for these psychology professionals and helps to facilitate their integration and coordination with other response teams. The main objective is to provide an applied vision of emergency psychology that facilitates the development of this discipline,

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its fields of action and a healthcare system model in which competencies between different areas of psychology are clarified and efforts are united to establish an integrating system that responds to the practical and effective needs of the citizens of our country, promoting debate and the need for regulation of this activity.

CONCEPTUAL DELIMITATION

The terms crisis, emergency, disaster, and catastrophe are concepts that we often use interchangeably, and as if they were synonymous with «destructive» events for the individual and the community. Thus, psychological intervention in emergencies will be proposed according to the common criteria of these situations and therefore would include any situation that involves these aspects.

In this sense, we must point out that the definition of emergency psychology is especially linked to the evolution of these concepts, so the efforts to systematize a definition of this field will be linked to the changes that are taking place therein. Thus, Araya (2013) defines emergency psychology as «the branch of general psychology that studies the different changes and personal phenomena present in a situation of danger, whether natural or man-made in a causal or intentional way» (p. 69). Valero Álamo (2001) understands it as «the branch of psychology that is aimed at the study of the reactions of individuals and human groups before, during, and after an emergency or disaster situation, as well as the implementation of psychosocial intervention strategies aimed at the mitigation and preparation of the population, studying how human beings respond to alarms and how to optimize the alert, while avoiding and reducing non-adaptive responses during the impact of the event and facilitating subsequent rehabilitation and reconstruction» (p. 4). De Nicolás (2002) indicates that «we can already see how emergency psychology is taking off as a new discipline and is beginning to form part of the common instruments of intervention in cases of misfortune, disasters, and catastrophes» (p. 3).

Along these lines, the National Commission for Professional Accreditation of the Spanish Psychological Association (2017) and Losada Fernández (2004) define emergency psychology as «the branch of psychology that is aimed at the study of the reactions of individuals and human groups before, during, and after an emergency or disaster situation, as well as the implementation of psychological intervention strategies aimed at mitigation and preparedness of the population, studying how people respond to alarms and how to optimize the alert, while avoiding and reducing maladaptive responses during the impact of the event and facilitating subsequent rehabilitation and reconstruction» (p. 3, p. 7).

Therefore, although it is commonly accepted that emergency psychology is interrelated with clinical psychology, health psychology, psychophysiology, educational psychology, social psychology, and organizational psychology, many professionals point to emergency psychology as a new specialization within the field of psychology and not just as the sum of techniques from other fields, with defined areas of action and its own functions that legitimize its actions (Ochoa Cepero, 2015; Palacios Banchero et al., 2007).

In short, we can consider that emergency psychology is a discipline that promotes prevention and orientation towards well-being, providing people who may be affected by situations of high emotional impact with strategies that facilitate the reduction of the probability of the appearance of psychopathology or other negative consequences in their mental health. In this sense, the emergency psychologist will contribute to minimize the psychological impact produced by these situations, facilitating the integration and processing of the experience, and reducing the possibility of future manifestation of traumatic symptoms. Thus, we can define the emergency psychologist as the professional who intervenes in all phases of a critical situation (normality, response, and rehabilitation), which in the context of emergencies, disasters or catastrophes refer to events of high emotional impact that occur unexpectedly and that, due to the sensation of objective or perceived threat experienced, may paralyze the usual resources of the affected persons and community which, under normal circumstances, would enable them to cope more effectively. Therefore, the emergency psychologist will stimulate the coping mechanisms, emotional regulation, and resilience needed to act as protective factors against the severity of the reactions experienced and, thus, decrease the possibility of the appearance of traumatic symptoms associated with these critical events.

Taking into account this distinctive aspect of emergency psychology, we detail below some of the differential characteristics between the activity of the psychologist in this field and that which characterizes other psychology professionals in similar fields.

Forensic Psychologist

Forensic psychology is a specific area of legal psychology that develops its knowledge and applications with a view to concluding its findings within a court of law in order to assist the judge in making decisions. The main function of the forensic psychologist, regardless of the judicial body requesting his or her intervention, will be to issue expert reports (evidence) prior to the resolution of appeals in persons deprived of liberty, in addition to conducting scientific research, evaluations, and psychological assessments for application in the legal context (Muñoz et al., 2011). The aim of forensic psychology, as established by the Professional Accreditation of Expert Psychologist in Forensic Psychology (Col·legi Oficial de Psicòlegs de Catalunya et al., 2017) is to provide the judicial process with psychological principles, techniques, and instruments that allow a more objective assessment of human behavior with legal implications, and help the judge in his or her decision-making task. advising, therefore, the decision-making body, in all stages of the judicial process: instruction, prosecution, and execution. In this sense, the forensic psychologist must have knowledge of psychological assessment, psychopathology, and diagnostic and intervention techniques, as he or she must help to elucidate whether the accused person

has mental disorders or not. Therefore, although part of his or her work may be similar to that of a clinical psychologist, in no case does it overlap with the scope of the emergency psychologist, who may carry out psychological intervention tasks in crises with crime victims within the scope of the emergency psychologist's competence, complementing the work of other professionals in the forensic field.

General Health Psychologist

The regulation of general health psychology is established in the seventh additional provision of General Law 33/2011 of 4th October, of Public Health (Jefatura del Estado [Head of State], 2011) which determines that it will be considered a qualified and regulated health profession with the denomination of General Health Psychologist at graduate level, under the terms of Article 2 of Law 44/2003, of 21st November, on the Regulation of Health Professions (Jefatura del Estado [Head of State], 2003), for psychology graduates when they carry out their professional activity working for themselves or for others in the health sector, provided that, in addition to the aforementioned university degree, they hold the official qualification of Master in General Health Psychology. Thus, in accordance with the provisions of article 6.4 of the aforementioned Law 44/2003, the general health psychologist is responsible for carrying out research, evaluations, and psychological interventions on those aspects of the behavior and activity of persons that influence the promotion and improvement of the general state of their health, provided that these activities do not require specialized care from other healthcare professionals. The competencies of this professional are established in Order ECD/1070/2013, of 12th June (Ministerio de Educación Cultura y Deporte [Ministry of Education, Culture and Sport], 2013), which establishes the requirements for verification of the official qualifications of Master's Degree in General Health Psychology, which qualifies psychologists to practice the regulated profession of General Health Psychologist. However, among these training competences there is none referring to intervention in crises, emergencies, or disasters, the competence acquired being quite generic and not specific or differentiating in terms of intervention in emergency situations. In this sense, and understanding emergency psychology as one of the practical applications of health psychology, we consider that it would be insufficient to insert the necessary training for performance in this area within this official teaching, such that it would be sufficient to qualify psychologists to practice the profession of emergency psychologist.

Specialist Psychologist in Clinical Psychology

The official qualification of Specialist Psychologist in Clinical Psychology is created and regulated by Royal Decree 2490/1998, of 20th November (Ministerio de la Presidencia [Ministry of the Presidency], 1998), which establishes that in order to obtain this qualification, training in the specialty must have been fully completed in accordance with the programs that are determined, in which the contents are clearly specified and quantified, and have passed the evaluations that are established, with the training system for obtaining this qualification being that of residence in health centers and teaching units accredited for training in the specialty. In this sense, Order SAS/1620/2009, of 2nd June (Ministerio de Sanidad y Política Social [(Ministry of Health and Social Policy], 2009), approves and publishes the training program for the specialty of clinical psychology, defining it as a health specialty of psychology that deals with the relational psychological processes and phenomena involved in the health-disease processes of human beings. Thus, although among the specific objectives, it is indicated that the specialist in clinical psychology is competent to assume and perform functions in the management and resolution of crisis and emergency situations, through psychological intervention and treatment procedures, these are designed for acute patients. For this reason, we consider that the scope of application is different from that of emergency psychology, which bases its intervention mainly on populations that do not have serious mental disorders. Therefore, the intervention of the clinical psychologist is mainly aimed at different types of crises or situations of «maladjustment» that may occur in people with psychiatric or mental disorders in a hospital context and not at interventions in «normal» response processes as a consequence of potentially traumatic crises experienced, as we have defined the object of emergency psychology.

On the other hand, among the programs recommended for residents to follow for training periods of rotation is the Hospitalization and Emergency Program, which lasts four months (within the total program of four years) and is focused mainly on knowledge of programs and procedures for crisis intervention in mental and behavioral disorders in admitted patients and those in the emergency department. In this sense, it should be noted that the training orientation of the clinical psychologist in crisis intervention is usually aimed at people who fundamentally present psychopathology, so the training acquired by this professional is highly conditioned to this field, that of emergency psychologists being more extensive. Moreover, its duration would also be unadjusted and insufficient for the acquisition of the necessary skills for the development of the professional activity of emergency psychologist. In short, emergency psychology is very different from clinical psychology, since it is carried out throughout the management cycle of an emergency situation and it is not an intervention mainly aimed at acute patients, as is mainly established for the clinical psychologist.

Therefore, we can conclude that, at present, emergency psychology has a fairly well-defined identity, differentiated research, and specialized publications, which should not be confused with other professions or specialties within the field of psychology, since we consider that there is no other discipline of psychology that currently overlaps with it (Comisión Nacional de Acreditación Nacional [National Commission for National Accreditation], 2017; Losada Fernández, 2004; Valero Álamo, 2001).

FIELDS OF ACTION

As we have pointed out, the objective of psychological intervention in the resolution of an emergency or disaster situation must be to minimize the psychological impact of the event on the affected persons and community by promoting the prevention of possible negative consequences on their mental health. In this sense, the scope of action of the emergency psychologist takes place in all situations that occur suddenly, unexpectedly, and/or violently and that may, due to their high level of associated stress, be potentially traumatic. Although it is true that there is no consensus among professionals regarding the type of emergencies that should be considered traumatic, there are numerous investigations that support the existence of situations that, due to their particular characteristics, can be considered potentially traumatic. This is the case of both extraordinary emergency situations defined by Law 17/2015, of 9th July, of the National Civil Protection System (Jefatura del Estado [Head of State], 2015) as a «situation of collective risk arising from an event that puts people or goods in imminent danger and requires rapid action from the public authorities to deal with it and mitigate the damage and try to prevent it from becoming a disaster»; and ordinary emergency situations, considered as those that do not involve collective involvement. In this sense, we show below some of the situations in which it would be appropriate for the emergency psychologist to act (Table 1):

It should be noted that these situations have many common elements of intervention, but they also have a number of particularities that are specific to both the characteristics of each event and the organizations that provide services in response to these events. For this reason, in this article, we outline what we understand to be the generic profile of the emergency psychology professional who, given the complexity and demands that these situations entail, derived from their multidimensionality and high intensity, will require a high level of experience and professional competence. Thus, for the development of their professional activity in this field, emergency psychologists should carry out psychological interventions based on scientific evidence that guarantees the effectiveness and achievement of the objectives of the psychological intervention. In Table 2 we show some of the functions, techniques, and procedures of the scope of application of this new discipline that have emerged from the prism of research carried out in emergency psychology and from the systematization of experiences that have been developed in the different phases of management of this discipline that have scientific evidence of effectiveness.

With respect to the population to which the activity of the emergency psychologist is directed, it is appropriate to indicate that psychological intervention in these situations will be carried out on all individuals who have been directly or indirectly exposed to the event. Generally speaking, the classification by Taylor (1999) is one of the most international and most used, indicating six levels of victims according to the distance from the area of impact. The first level includes people who suffer the direct impact of the emergency or disaster, with direct harm to themselves and/or material losses; the so-called secondary victims are the relatives and friends of the former; and the third level corresponds to the emergency personnel in the first response, rescue, and recovery teams. The fourth level is made up of «well-intentioned but emotionally unstable people in the community, in general, who identify with the primary victims and act inappropriately» (p. 8). It refers here to people who altruistically offer their help by appearing in disasters, with very good will, but without the preparation to deal with the difficulty and offer useful help. The fifth level includes a heterogeneous group of people ranging from those who may have overt, latent, or residual psychological problems from previous stressful events that are triggered by the disaster, to problematic individuals inclined to exploit the situation or use it to their advantage; and the sixth grade refers to a mixed group of disaster victims who are trying to curb various problems: «people who, by chance, have been primary

TABLE 1
SITUATIONS IN THE FIELD OF ACTION OF THE EMERGENCY PSYCHOLOGIST

Extraordinary emergency situations	Ordinary emergency situations
✔ Terrorist attacks	✔ Completed or attempted suicides
✔ Traffic, air, and rail accidents, etc.	✔ Drownings
✔ Natural disasters: earthquakes, floods, hurricanes, avalanches, tsunamis, etc.	✔ Gender and domestic violence
	✔ Sexual assaults
✔ Nuclear, radiological, biological, and chemical incidents (NRBQ)	✔ Child abuse, abuse of the elderly or vulnerable groups
✔ Fires	✔ Traumatic crisis in school context
✔ Bomb threat situations	✔ Situations of harassment to minors
✔ Collapse of stands or disturbances in public spaces	✔ Search situations for missing persons
✔ Populations exposed to war or genocide, refugees and displaced people	✔ Death due to cardiorespiratory arrest
	✔ Anxiety crisis due to traumatic incident
	✔ Completed or attempted homicides

victims and are now tormented with questions about why they have been saved from such a fate. Those who, in all innocence, had persuaded friends and acquaintances to get into a situation that later turned into a disaster. Those who, in some way, consider that they have caused a certain disaster. And it includes doctors and researchers who, in their post-disaster work, were unaware of the insidious effects of stress and fatigue on themselves, had no personal or professional support networks, and did not have the help needed to meet their usual commitments» (p. 9).

To further clarify the intervention of the emergency psychologist, in this article we outline the objectives of the intervention differentiating them into three main areas of action. The first one is aimed at the affected population: direct victims, affected individuals, relatives, close friends, observers, witnesses, etc. The second, at the intervention personnel: health care, firefighters, rescue personnel, security forces, funeral services, emergency cleaning services, telephone agents, social workers, association volunteers, as well as personnel from other emergency services. And the third is aimed at those responsible for emergency management in the competent bodies: heads of service, technicians, information officers, operations managers, personnel in advanced command posts, etc.

The intervention with the affected population will basically aim at minimizing the psychological impact and its non-adaptive emotional, cognitive, and behavioral consequences, preventing the appearance of possible future psychopathology. In this sense, the emergency psychologist will promote the recovery of the functionality of the affected people based on their own capacities, promoting crisis resolution strategies and fostering their capacity for resilience. In this field of action, it is appropriate to highlight the importance of taking into account the particularities of psychological intervention with «special» populations such as children, the elderly, people with chronic diseases, people with functional diversity, immigrants, etc.

With respect to the intervention with intervention personnel, this will be mainly focused on professionals and volunteers who provide their services in emergency situations or

TABLE 2
FUNCTIONS AND TECHNIQUES OF APPLICATION OF EMERGENCY PSYCHOLOGY IN THE DIFFERENT PHASES OF ACTION (MARÍN URIBE, 2018)

Normality Preparation/Psycho-prevention	Response Psycho-emergency	Rehabilitation Recovery/Reconstruction
Programs to decrease the psychological vulnerability of the population	Minimize the psychological impact	Preventive intervention
Training for groups that intervene in critical situations	Reduce the probability of the appearance of psychopathological disorders in affected individuals	Trauma-focused emergency cognitive behavioral therapy
Psychological training in: ✔ Acute stress, work stress, and anxiety reduction ✔ Pressure and high stress situations ✔ Interaction skills with other agents involved in an emergency (victims, relatives, other teams, etc.) ✔ Self-care and personal resilience resources	Assistance to the psychological needs of emergency services personnel	Eye movement desensitization and reprocessing (EMDR) focused on recent events
	Techniques and procedures of first psychological intervention	Systematic desensitization
	Crisis intervention techniques	Anxiety reducing techniques
	Psychological first aid	Develop programs that contribute to the psychological recovery of affected individuals
Research on the psychological impact of emergency situations and empirical evidence of techniques to be used	Communication of bad news and beginning of the grieving process	Preparing reports
Development of emergency plans	Physiological relaxation techniques	Carry out follow-up on victims, affected individuals, and emergency services personnel
Selection processes for intervention and volunteer personnel	Strategic intervention and advice on emergency management	Preparation and development of community intervention and mutual support programs
	Advice to communication managers in the dissemination of information to the population	

disasters, and its fundamental objective will be to prevent and rehabilitate the psychological alterations that can appear as a result of the emotional load that is characteristic of their activity. The literature tells us that, although not all situations will be managed in the same way by each of the interveners, there are a number of situations that, with a high probability, can cause a great emotional impact on the people in these services, making it appropriate to carry out an immediate psychological intervention on the individuals involved (Table 3).

Furthermore, in this second field of action, the emergency psychologist will also carry out staff selection programs, as well as preparation and training of teams that will contribute to providing greater skills to emergency service personnel, increasing the effectiveness of available resources and optimizing the performance of intervention staff.

Finally, the actions with the managing bodies will be aimed, essentially, at advising those responsible for managing the emergency on the psychological aspects of planning and decision-making in these situations. The work of the emergency psychologist is fundamental to these organizations when they design and organize their emergency plans because, for this planning to be as adapted to reality as possible, the functioning of human behavior in these critical situations must be taken into account, since in order to predict a person's behavior it is essential to know the different variables that cause the different reactions that people manifest in these circumstances. In addition, it is important that the psychologist guides managers in the decision-making process in these situations in order to reduce the emotional impact that their actions may have (for example, dissemination of information to the population, organization and arrangement of *chapelles ardentes*, organization of farewell rituals, etc.).

Another of the fundamental actions of the emergency psychologist is to coordinate the psychological assistance units in emergency or disaster situations, since each agency usually has its own response, planning, and organization system (Red Cross, Civil Protection, Spanish National Health System, associations, and private entities, etc.) the figure of the emergency psychologist coordinator integrated in the agency that manages the emergency is essential to avoid duplication of psychological assistance tasks and thus provide an intervention to the affected people more efficiently, effectively, and efficaciously.

In summary, the scope of action of the emergency psychologist includes intervention in the resolution of complex psychological states with high emotional impact that may generate negative consequences for the mental health of the people involved in a critical or high-risk situation (victims, affected individuals, intervention personnel, and those responsible for management) and this action will be carried out in all phases of the emergency—normality, response, and rehabilitation—contemplating training, research, development, dissemination, and promotion of emergency psychology (Figure 1).

PROPOSAL FOR A CARE SYSTEM

It is well known that in Spain today, emergency psychology is generally carried out through various teams and units, mainly on a voluntary and outsourced basis. Although to a certain extent this structure responds to part of the demand for psychological assistance that is produced, it reveals the development of another large part of the functions and actions that the emergency psychologist could carry out.

In this sense we defend that the emergency psychologist should carry out their work mainly belonging to organizations and services of management and response to critical situations of high impact and, therefore, we refer to their activity as a response to the mental health needs of people in emergency

TABLE 3
SITUATIONS SUBJECT TO IMMEDIATE PSYCHOLOGICAL ASSISTANCE FOR INTERVENTION PERSONNEL

Incidents resulting in significant or serious injury or death of intervention personnel during service
Situations of aggression towards emergency services personnel
Suicidal ideation or behavior of emergency team members
Secondary traumatic stress
Events involving children, such as deaths or traumatic injuries
Cases in which the victim is a family member or an acquaintance
Multiple casualty incidents
Extremely gory events of major damage associated with human error by emergency services personnel
Critical situations in long term interventions or resulting in the death of affected people during the intervention or as a fortuitous consequence of it (being trapped, hostages, etc.)
Incidents with wide media coverage and excessive interest by the media towards the figure and actions of rescue and intervention personnel
Any event valued as having a high impact on a participant or his or her person

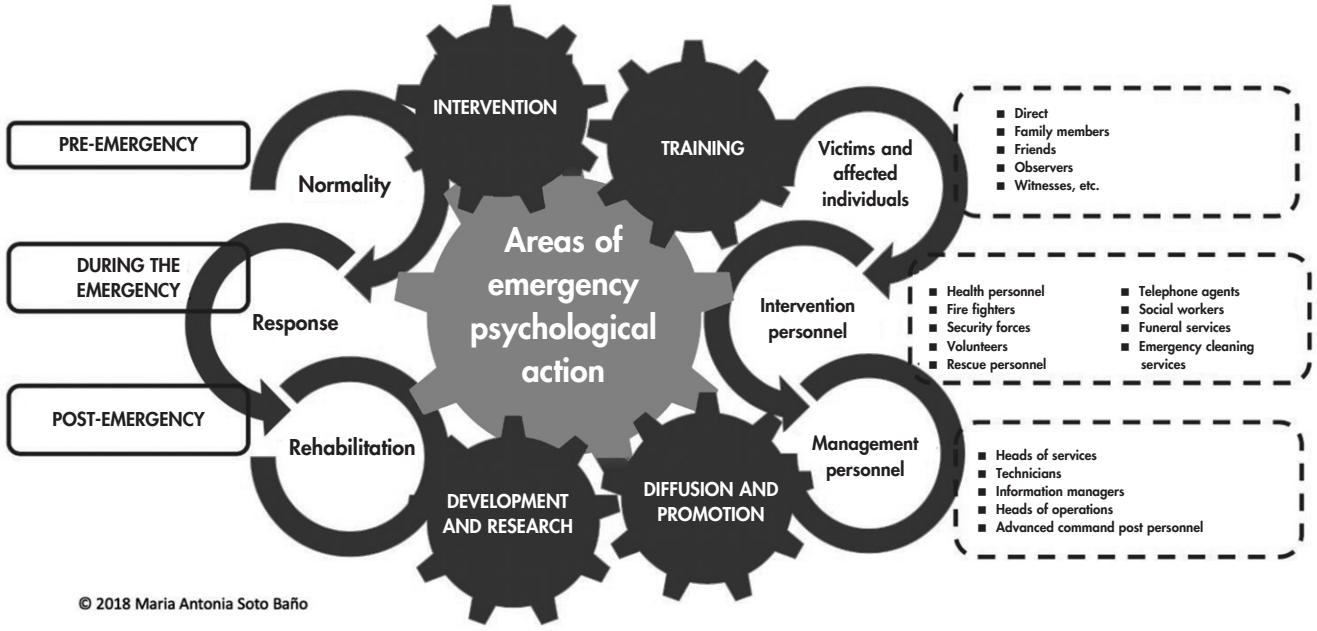
situations, disasters, and traumatic events in both out-of-hospital and hospital environments, with the function they perform and their specific training as a psychologist specializing in this field determining whether they are included or not in the different positions, and the place where they will practice the activity (public, private, hospital, or out-of-hospital) should not be the determining criterion for the exercise of this profession. Therefore, we consider that the emergency psychologist could carry out his or her functions forming an integral part of one of the services shown in the following table, as well as supporting other organizations in a specific intervention in cases where it is required. For example, an emergency psychologist who belongs to a civil protection service, in addition to his or her daily activity established in this service, could carry out an intervention at the request of the medical and health emergency services, the fire prevention and extinguishing and rescue service, the police, etc. if these organizations consider it appropriate in attending to a specific intervention. Table 4 shows some of the organizations and services in the hospital and out-of-hospital setting that may be included in the figure or action of the emergency psychologist.

Thus, the care model that we propose is based on the work that the emergency psychologist would carry out as an integral part of these response services and the importance of establishing coordination and referral networks with other psychology professionals who carry out their professional activity in other services. In other words, what will determine the characteristics of the intervention to be performed and the functions that one or another professional will carry out will depend on their professional qualifications in the place and/or service where they develop their activity. For example, a clinical or general health psychologist will carry out activities related to the field of emergency psychology if he or she is integrated within one of these bodies and has the necessary emergency qualification to do so, in terms of the experience and training that are required for the regulation of this professional activity. In the same way, an emergency psychologist will not carry out functions inherent to this professional activity within a specialized mental health service if he or she does not have the specialist professional qualification required to work in that service. For this reason, the work of coordination and delimitation of functions is fundamental to avoid duplication, overlapping, and malpractice of our activity in these situations.

Figure 2 shows a pyramid of assistance in which we attempt to clarify, at different levels, the various teams and services involved in carrying out the necessary care by the different response systems to meet the needs of the population in these situations.

In view of the above, we aimed to contribute with the proposal of this assistance model, highlighting the importance of establishing a clear, effective, and efficient coordination and referral network for the management of these situations. Thus, we consider the work of the emergency psychologist to be fundamental in all phases of emergency management,

FIGURE 1
SCOPE OF ACTION OF EMERGENCY PSYCHOLOGY



following the criteria established in Table 2 in each of these phases. The emergency psychology services we mentioned correspond mainly to the psychologists integrated as staff in public services, both in the hospital and in out-of-hospital settings, which we have set out in Table 4, underscoring the importance that the non-government organizations (NGOs) and public or private entities that carry out their activity in the field of emergencies also have emergency psychology professionals with the required qualifications for this professional activity. We also consider that the coordination of all these organizations in an emergency situation should be carried out by the public emergency service in charge of the management of the incident with emergency psychologists on its staff.

On the other hand, the health and specialized mental health services indicated in this model, involve general health psychologists as psychologists specialized in clinical psychology in the private or public field belonging to mental health centers, primary care, hospital services, etc.

Finally, in mentioning other assistance services, we refer to the tasks of other resources that may be present throughout the assistance process, such as services for the care of those affected by traffic accidents, suicide, support resources for women victims of gender violence, assistance services for victims of crime, etc. Thus, the emergency psychology services will be coordinated and will be able to act in a complementary and supportive manner in all phases of the care process.

Bearing in mind that all persons affected by emergency situations will, in one way or another, experience some type of emotional reaction or alteration, in the model we propose, emergency psychologists will intervene with persons with a preferably normalized state of mental health and consistent with the potentially traumatic event experienced, with cases of persons with severe mental disorder being attended primarily by specialist clinical psychologists belonging to other care services. However, considering the evidence that many people with this type of disorder can be affected by a critical situation at a given time, emergency psychologists should have basic training in the management of people with this psychopathology that will lead them to be able to perform an adequate first emergency intervention until these individuals are referred to other specialized health services. That is, at first, the emergency psychologist can carry out a first emergency intervention in people diagnosed with a serious mental disorder and who have just lived through a crisis, emergency, or disaster situation, where among other actions, a rapid assessment of their condition is carried out, health and

FIGURE 2
PYRAMID OF ASSISTANCE ACCORDING TO THE LEVELS OF INTERVENTION AND THE SERVICES THAT CARRY THEM OUT

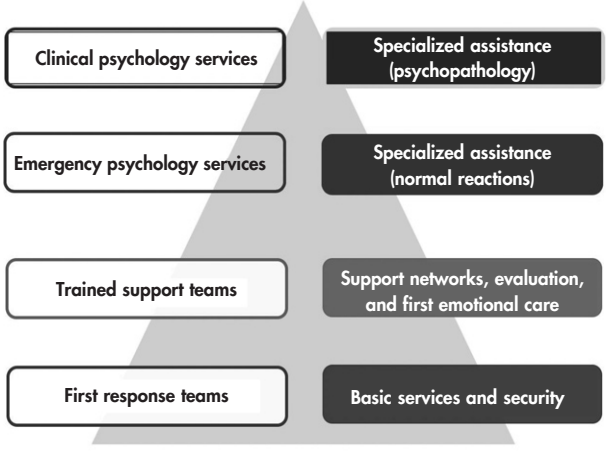


TABLE 4
ORGANIZATIONS AND SERVICES THAT MAY BE INCLUDED IN THE FIGURE OR ACTIONS OF THE EMERGENCY PSYCHOLOGIST

Hospital environment	Non-hospital environment
✔ Emergency services	✔ Civil protection services
✔ Intensive care units	✔ Emergency medical and health services
✔ Intensive care medical services	✔ State security forces, police forces of the autonomous communities or local authorities
✔ Other services that the health center considers	✔ Fire prevention and extinction and rescue services
	✔ Search, rescue, and lifesaving services
	✔ Voluntary humanitarian institutions
	✔ Offices of assistance to victims of crime such as terrorism, sexual violence or exploitation, gender violence, human trafficking, organized crime, or sexual abuse of children
	✔ Other victim assistance offices
	✔ Other emergency services and agencies

social support needs are identified or containment strategies are used until primary care, mental health, hospital emergency services, or 112 emergency services take over, the latter mainly in the case of serious behavioral alterations or life risk.

Thus, in the phase of normality (pre-emergency), it corresponds to a time period in which we are not giving a direct response to a potentially traumatic incident that has occurred, and therefore it does not have a specific time limit, but will depend on the frequency with which the different emergency situations occur. The emergency psychologists here will carry out a work fundamentally of prevention and health promotion, referring to the specialized health and mental health services if they observe that any of the people with whom they interact may present symptoms compatible with mental illness, not carrying out any psychological intervention that is not within the competence of their position as emergency psychologist.

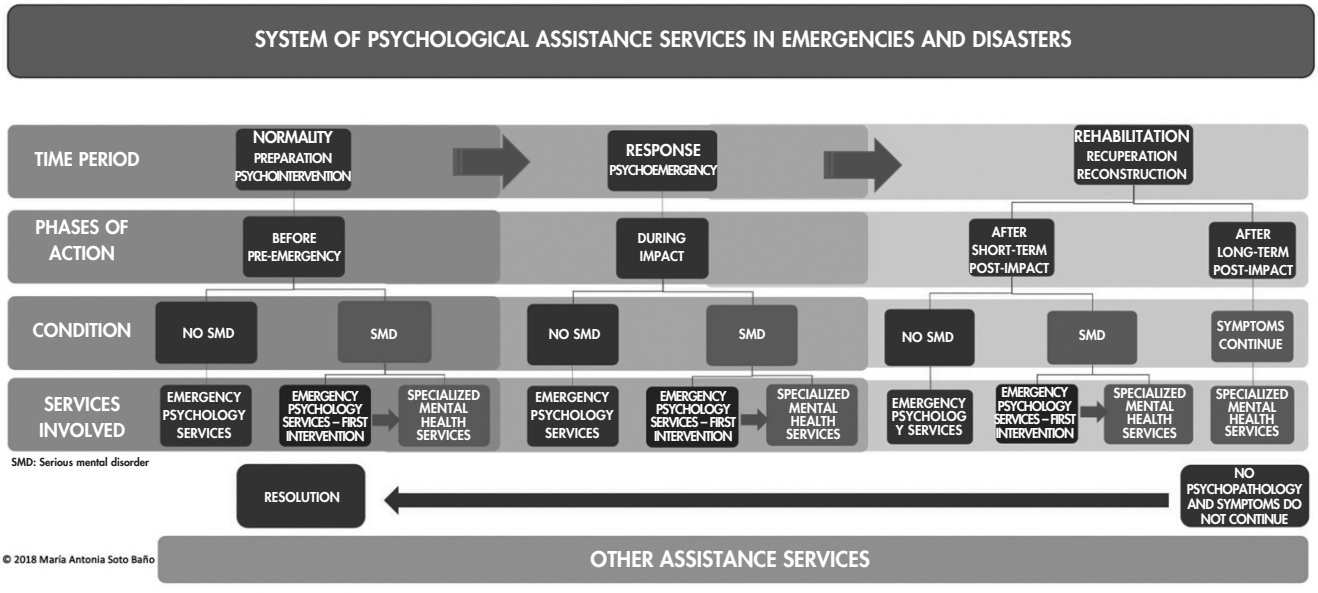
The response (impact) phase could be established in a generic way for most emergency situations (mainly those of an ordinary nature) from the moment the critical incident occurs until 48-72 hours later (1-3 days). However, this period may be longer in situations where the trigger of the emergency situation is prolonged in time, especially in situations of disasters or incidents with multiple victims, for example, floods, earthquakes, pandemics, terrorist attacks, etc. The detection of serious mental disorder would lead to referral to the appropriate hospital emergency services or mental health centers to be attended by clinical specialists, after the action of the emergency psychologist in that first emergency intervention until these services assume the care.

Finally, in the rehabilitation phase, aimed at the recovery and reconstruction of the affected people and population, we would divide it into two phases, from an approximate period of 3 days to one month, in which the intervention of the emergency psychologist would be included, taking into account the indicated terms of referral for the detection of psychopathology; and a more long-term phase after the first month, in which the services of general health professionals and specialists in clinical psychology would intervene, if there were continuity in the symptoms. It should be noted that if after this first month after the incident, those affected do not present symptoms derived from it that could indicate the presence of psychopathology, we consider that those affected would enter the phase called normal, and the actions of this phase would continue. In short, although the emergency psychologist may have health or clinical training and therefore could be responsible for the care of people with mental disorders, as he or she belongs to an emergency service his or her function would be limited to handling the case in a limited emergency intervention, prioritizing referral to other mental health care services for cases that require it.

In short, in the model that we propose, the work of the emergency psychologist will be defined in its different phases following mainly the exposed conditioning criterion of presence or absence of serious mental disorder, whether or not there is continuity of the symptoms, the temporary nature of the intervention, and the competences of the service provided. The following figure shows the proposed care model, which takes into account the different services involved, the temporality, and the conditioning factors for their intervention.

FIGURE 3

PROPOSAL FOR AN ASSISTANCE SYSTEM IN SITUATIONS OF CRISIS, EMERGENCIES, AND DISASTERS



CONCLUSIONS

As we have observed in recent years, the intervention of emergency psychology professionals is increasingly demanded by both emergency organizations and our society. This has contributed to the fact that Spanish emergency psychology is at a stage of maturity in which it must face new challenges. We are not oblivious to the difficulty of establishing a regulatory norm that facilitates the development and implementation of this discipline—we are aware of its youth, its heterogeneity, and its diversity in the different countries—but we believe that it is worthwhile to establish a Committee of Experts, where there is representation of all the entities with competence in this field, so that the work is carried out in a coordinated and unified way in favor of this discipline.

Although it is true that the most visible work of the emergency psychologist has been associated mainly with agencies and tasks within the scope of civil protection and fundamentally in the moments immediately following an emergency situation, their task is also fundamental in all phases of management of a critical and risk situation (before, during, and after). Therefore, we consider it important that the provision of psychological assistance services in emergencies is not only carried out in the hours immediately after the occurrence of the potentially traumatic event (impact phase), but that it is also important to act in the pre-emergency and short-term post-impact phases.

Thus, we understand that it is the function of the emergency psychologist to carry out a subsequent follow-up of the reactions that people may present as a consequence of these experiences during the weeks following the potentially traumatic situation experienced and up to a period of approximately one month, which we have established on the basis of my own experience with these situations and the criteria already mentioned of normality in the symptomatology as a response to the critical situation experienced. As we have pointed out, the symptoms presented by people in this period after the appearance of a critical situation can be considered normal and carrying out an intervention in this period by the emergency psychologists contributes to minimizing the psychological and emotional impact experienced by this situation, as well as preventing the appearance of possible future psychopathology. However, the persistence of these symptoms after this time corresponds to a different scenario that should be treated from a more clinical or psychotherapeutic approach. In other words, once the potentially traumatic event has occurred, the emergency psychologist will prolong his or her activity during the period defined as short-term post-impact, in which the reactions that occur respond to criteria of normality as a consequence of the experience, with the intervention of specialized mental health care services being more appropriate in those cases in which the existence persists of symptoms associated with the event experienced after this period and within what we call long-term post-impact. Bearing in mind that the difference between the professions of General Health Psychologist and Specialist in Clinical Psychology does not affect either the acquisition of knowledge or their training, but rather the place where both professions are developed (Contentious-Administrative Chamber of the National Court, 2016), we consider it appropriate for both professionals to intervene in this last phase. Although we also consider that, due to their specific training, psychologists specialized in clinical psychology may be more suitable in working with people with severe mental disorder and fundamentally in those people who were already undergoing treatment by them or by psychiatric services.

The care system that we propose is the result of reflection and personal experience in these situations, with the aim of providing a possible model approach to psychological assistance in emergencies that includes the figure of the emergency psychologist in the public response system, so as to make clear their function, place of action, and coordination with other resources and services in response to these situations, and help to facilitate a coordinated response through the different care systems in emergencies and in accordance with the mental health care needs of the target population.

In short, psychologists and emergency psychology are today a reality that no developed country can do without. Therefore, in order to guarantee the exercise of this assistance to society by adequately qualified professionals, it is necessary that the competent bodies of the public administration regulate the specific education and training required to enable the professional exercise of this activity; a state registry of emergency psychologists is created to comply with the necessary training established for the performance of this professional activity; these professionals are fully integrated into the public organizations that respond to these situations; and the procedures and protocols for action of each service are determined, with the competencies of each one of them being perfectly delimited so as to avoid duplication of care and in such a way as to guarantee the provision of a quality service in accordance with current social demands and in compliance with current regulations.

CONFLICT OF INTEREST

There is no conflict of interest.

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