ADULT EDUCATION GUIDE

IN DISASTER AREAS

DEVELOPING TRAINER SKILLS IN PREVENTING

POST TRAUMATIC
STRESS DISORDER IN
ADULTS

INDEX

Educational Processes for Adults Experiencing Eco-Anxiety and Education in Flood-Stricken Areas

What is Eco-Anxiety?

Eco-anxiety is defined as a chronic fear of environmental doom. It is not classified as a mental disorder but is considered a natural and rational response to the awareness of ecological crises such as global warming, biodiversity loss, deforestation, and extreme weather events. This type of anxiety often manifests in feelings of helplessness, grief, anger, or despair about the state of the planet and the perceived inaction of governments and societies.

The American Psychological Association (APA) describes eco-anxiety as "a chronic fear of environmental cataclysm that comes from observing the seemingly irrevocable impact of climate change and the associated concern for one's future and that of next generations." While young people have been particularly vocal about these concerns, adults—especially those who are parents, caregivers, educators, or community leaders—are also deeply affected, often bearing the emotional weight of protecting others while feeling powerless themselves.

ⓘ Eco-anxiety can be triggered or intensified by personal experiences, such as witnessing wildfires, floods, or droughts, or even by constant exposure to distressing media coverage about the environment. It can lead to sleep disturbances, lack of motivation, difficulty concentrating, and emotional exhaustion, all of which impact daily functioning and quality of life.

Importantly, experiencing eco-anxiety is not necessarily a negative phenomenon. When addressed constructively, it can serve as a catalyst for behavioural change, community engagement, and environmental activism. In this context, adult education plays a crucial role in transforming anxiety into action, by providing safe spaces for dialogue, emotional support, and the development of coping strategies.

Psychological Impact on Adults

Eco-anxiety affects adults in diverse and complex ways, influenced by personal, social, and cultural contexts. While it is not a clinical diagnosis, its psychological impact can be profound and persistent, especially when individuals feel overwhelmed by the scale and urgency of environmental problems.

Emotional Responses

- **Fear and worry** about the future of the planet and future generations.
- **Guilt** over personal environmental impact or past inaction.
- **Grief and loss**, known as "ecological grief," especially when witnessing the destruction of beloved natural places or species extinction.
- **Anger and frustration** toward perceived inaction by political and economic systems.
- **Helplessness and despair**, when individuals feel their personal efforts are not enough to make a difference.

These emotions can coexist with a strong sense of responsibility or a desire to take action, creating internal tension that may lead to emotional fatigue or burnout.

Cognitive and Behavioural Effects

The psychological effects of eco-anxiety go beyond emotional distress. Adults may also experience:

- **Cognitive overload**, caused by constant exposure to complex and alarming information about environmental crises.
- **Avoidance behaviour**, such as disengaging from environmental news or conversations to protect emotional well-being.
- **Disrupted sleep patterns** and difficulties in concentration.
- **Increased social withdrawal**, especially when individuals feel misunderstood or isolated in their concerns.

1
Parents and Caregivers
Who worry about the future their children will inherit and feel responsible for protecting them from environmental threats.

2
Farmers and Fishers
Whose work is directly affected by environmental changes, threatening their livelihoods and cultural identities.

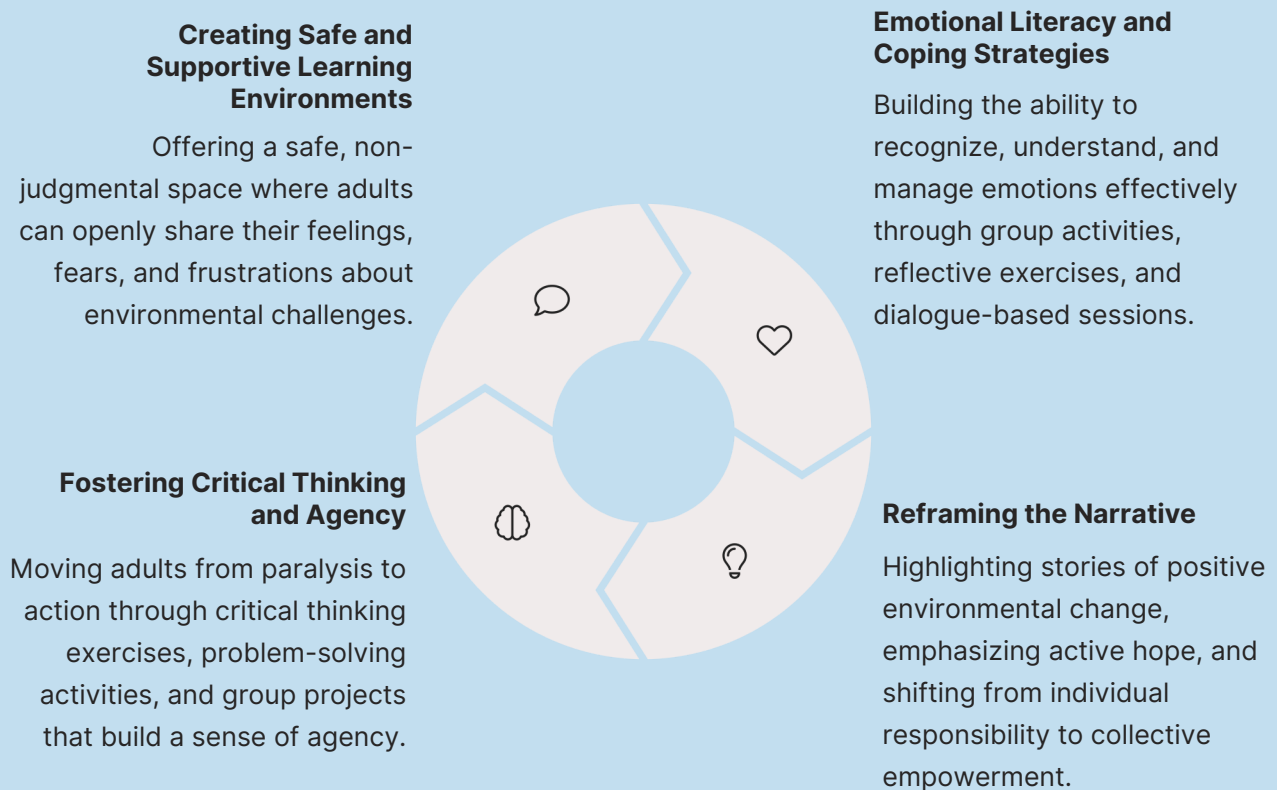| 3 |
| --- |
| **EducatorsandCommunity Leaders** |
| Who may feel responsible for informing and protecting others while managing their own anxiety. |

4
Older Adults
Who may experience guilt or sadness reflecting on the environmental changes witnessed in their lifetime.

The Role of Adult Education in Emotional Support and Resilience

Adult education is uniquely positioned to address eco-anxiety by fostering emotional resilience, critical reflection, and community-based action. Unlike formal education systems that often focus on knowledge transmission, adult education creates spaces for dialogue, empowerment, and collective problem-solving—all of which are essential when dealing with complex emotional and social issues like eco-anxiety.

Creating Safe and Supportive Learning Environments

Offering a safe, non-judgmental space where adults can openly share their feelings, fears, and frustrations about environmental challenges.

Emotional Literacy and Coping Strategies

Building the ability to recognize, understand, and manage emotions effectively through group activities, reflective exercises, and dialogue-based sessions.

Fostering Critical Thinking and Agency

Moving adults from paralysis to action through critical thinking exercises, problem-solving activities, and group projects that build a sense of agency.

Reframing the Narrative

Highlighting stories of positive environmental change, emphasizing active hope, and shifting from individual responsibility to collective empowerment.

Safe learning environments promote psychological well-being and lay the foundation for transformative learning experiences. By encouraging open discussion, validating emotional experiences, and reducing isolation through a sense of belonging, adult education can help learners develop healthy coping mechanisms and communication skills that express environmental concerns constructively.

The sense of agency that emerges from these processes is a key antidote to feelings of helplessness. When adults can analyze root causes of environmental degradation, question dominant narratives, and identify areas where they can have impact—personally, professionally, or socially—they move from anxiety to empowered action.

Educational Approaches for Eco-Anxiety

Emotional Learning (Social and Emotional Learning - SEL)

Emotional learning helps adults become more aware of their feelings and improves their ability to manage emotional challenges. In the context of eco-anxiety, SEL supports learners in:

- Recognizing and naming their emotional responses to environmental issues
- Understanding how those emotions influence decisions, behaviours, and relationships
- Developing empathy for others experiencing similar concerns
- Practicing stress-reduction and emotion-regulation techniques

Examples of SEL methods in adult education include reflective journaling, storytelling, group discussions on emotional triggers and values, and mindfulness exercises integrated into learning sessions.

Resilience-Building Educational Practices

Transformative learning is a powerful approach for helping adults reinterpret their worldview in light of new experiences or challenges. According to Jack Mezirow's theory, transformative education involves:

- Challenging taken-for-granted assumptions.
- Encouraging critical self-reflection.
- Creating opportunities for dialogue and meaning-making.
- Leading to a shift in perspective or behaviour.

In the context of eco-anxiety, transformative education empowers learners to move from feelings of powerlessness to a sense of purpose and engagement. Educators can guide learners to examine social narratives about the environment, explore personal values, and co-create visions for a sustainable future.

Resilience-Building Educational Practices

Resilience refers to the capacity to adapt and thrive despite adversity. Educational settings can help build resilience by:

- Promoting a sense of connection and mutual support among learners.
- Encouraging adaptive problem-solving and goal-setting.
- Normalizing emotional fluctuations as part of the learning process.

Resilience-building activities might involve:

- Role-play scenarios focused on responding to environmental challenges.
- Collective action projects (e.g., community gardens, advocacy campaigns).
- Celebrating small successes to build momentum and optimism.

Recommendations for Adult Educators

Educators working with adults affected by eco-anxiety need both sensitivity and strategy. The following recommendations are designed to help adult education professionals integrate emotional awareness, resilience-building, and empowerment into their teaching practices in a realistic and sustainable way.

Acknowledge and Validate Emotions

- Begin sessions by acknowledging that climate-related anxiety is a valid and common experience
- Create a space where learners feel safe to share without being judged or pathologized.
- Avoid minimizing feelings or jumping directly to problem-solving—listening is a first act of support.

Integrate Emotional Check-ins and Reflection

- Open or close sessions with brief emotional check-ins (e.g., one-word feelings round, mood cards)
- Use reflective prompts that invite participants to explore their emotional responses to environmental content.
- Encourage journaling or creative expression as part of the learning process.

Foster Collective Learning and Peer Support

- Design group-based activities to reduce feelings of isolation and increase connection
- Promote peer mentoring and shared storytelling to build trust and mutual encouragement.
- Facilitate group discussions that explore both personal and collective responses to ecological challenges.

Focus on Agency and Positive Action

- Highlight real examples of environmental recovery, community-led initiatives, and policy success stories.
- Support learners in identifying areas where they can act meaningfully—at home, in the workplace, or in civic life.
- Use solution-oriented methods such as design thinking, project-based learning, or participatory planning.

Collaborate with Mental Health Professionals

- Recognize the limits of your role as an educator and refer learners to professional mental health support if signs of distress are severe.
- Partner with psychologists or therapists to co-develop sessions or offer joint workshops when possible.
- Promote help-seeking behavior as a strength, not a weakness.

Encourage Critical Media Literacy

- Help learners analyze how media coverage of climate crises may contribute to anxiety or hopelessness.
- Discuss the framing of environmental narratives and explore alternative, empowering messages.
- Teach participants how to seek out credible, constructive sources of information.

Take Care of Yourself as an Educator

- Acknowledge your own emotional responses and engage in practices that support your well-being.
- Build networks with other educators facing similar challenges and exchange experiences.
- Set realistic expectations and boundaries to avoid burnout.

By adopting these recommendations, adult educators can play a transformative role in helping learners navigate the emotional terrain of the climate crisis. They can foster not only knowledge, but also healing, resilience, and hope.

Education in flood-stricken areas

Social and Psychological Consequences of Floods

Floods are among the most devastating and frequent natural disasters worldwide. They not only destroy physical infrastructure and displace communities but also leave deep and long-lasting psychological and social impacts. For adults, especially those with responsibilities for families, communities, or livelihoods, the trauma caused by floods can significantly disrupt daily life and well-being.

Floods can cause both acute and chronic stress. In the immediate aftermath, adults may experience panic, fear for their safety, and the urgent need to protect loved ones. Over time, this can be followed by emotional exhaustion, grief, and uncertainty, particularly when recovery is slow or resources are limited. Studies have linked flood exposure to increased rates of post-traumatic stress disorder (PTSD), depression, and anxiety among adult populations.

On a social level, floods often result in:

Displacement
From homes and communities, disrupting social networks and employment.

Loss of Access
To services, such as education, healthcare, and transport.

Economic Hardship
Especially for workers in agriculture, tourism, and small businesses.

Stigma and Marginalization
Particularly when aid is uneven or when displaced people are relocated without proper integration plans.

In rural areas, the damage can be even more profound, as people's identity and well-being are closely tied to their land, animals, or crops. In urban settings, the psychological toll can stem from feelings of helplessness in the face of chaotic and fragile infrastructure.

Adult learners in flood-affected regions often carry this emotional burden into educational settings, where the focus must shift from academic performance to recovery, connection, and empowerment. Educational initiatives must be adapted to reflect the emotional, logistical, and economic realities of these communities.

Barriers to Education in Flood-Stricken Areas

Floods often create sudden and long-term disruptions that make access to education particularly challenging for adult learners. These barriers are not only physical or infrastructural, but also emotional, economic, and social. Understanding these obstacles is essential for designing inclusive and effective educational responses.

Disruption of Physical Infrastructure

- Floods frequently damage or destroy learning centres, community halls, libraries, and training facilities.
- Transportation routes may be blocked, preventing learners from reaching education providers.
- Electricity and internet outages can halt online or blended learning options.

Economic Hardship

- Adults affected by floods often prioritize basic survival, employment recovery, and family needs over education.
- Educational costs, even if minimal, may be unaffordable when people are rebuilding homes, replacing tools, or recovering lost income.
- Loss of livelihoods may lead to migration, forcing learners to leave educational programmes unfinished.

Psychological Trauma and Emotional Stress

- Emotional distress, grief, and anxiety following a flood can affect learners' ability to focus, retain information, or participate in group activities.
- Adults may feel demotivated, exhausted, or ashamed due to personal or family losses.
- PTSD symptoms can lead to withdrawal or avoidance of social environments, including learning spaces.

Loss of Social and Learning Networks

- Community fragmentation or displacement disrupts peer groups and support systems that adult learners rely on.
- Informal education, mentoring, or knowledge exchange may be lost if key community members or facilitators are absent.
- Relationships with educators or institutions may be interrupted or broken.

Logistical and Domestic Responsibilities

- Floods increase the caregiving burden, especially for women, who may have to care for children, elders, or sick family members.
- Household recovery tasks (cleaning, rebuilding, sourcing water or food) consume time and energy that could otherwise be spent on learning.
- Changes in living arrangements (e.g., temporary shelters) reduce privacy and concentration needed for study.

Limited Institutional Capacity

- Adult education providers may themselves be affected by the flood, lacking staff, materials, or funding to resume activities quickly.
- Governments or NGOs may prioritise formal education (children and youth) over adult learning in recovery efforts.
- Emergency response plans often overlook adult education as a component of long-term resilience.

Educational Strategies for Flood-Affected Areas

To be effective in flood-stricken contexts, adult education must adapt to learners' emotional states, living conditions, and available resources. Strategies should be flexible, inclusive, and oriented toward empowerment, helping individuals and communities not only to recover but also to build resilience for future events.

Flexible and Mobile Learning Models

- Offer modular and short-term courses that can be paused and resumed as needed.
- Implement mobile education units or temporary learning spaces in shelters or community centres.
- Use radio programmes, printed materials, or offline digital tools when internet or electricity access is limited.
- Promote self-paced learning supported by peer groups or local facilitators.

Integrating Disaster Risk Reduction (DRR) and Emergency Preparedness

- Embed content on flood preparedness, climate adaptation, and community safety into adult education curricula.
- Teach practical skills such as first aid, food preservation, waste management, or sustainable agriculture adapted to local risks.
- Facilitate participatory mapping of local hazards and resources, engaging learners in collective analysis and planning.
- Collaborate with local authorities and NGOs to align educational content with official disaster response frameworks.

Psychoeducational Support and Emotional Resilience

- Include activities that allow learners to process their experiences, such as storytelling, art, or memory sharing circles.
- Use group exercises that promote mutual support, trust, and emotional expression.
- Train educators in psychological first aid, active listening, and trauma-sensitive pedagogy.
- Encourage community rituals or commemorative events to foster collective healing and solidarity.

Contextual and Culturally Relevant Content

- Design learning materials that reflect the local language, culture, and lived experience of flood survivors.
- Involve local leaders, elders, or traditional knowledge holders in the design and delivery of content.
- Use real-life case studies and locally relevant examples to make learning immediately applicable.

Community-Based and Peer-Led Approaches

- Facilitate learning circles, community workshops, or skill-sharing sessions that empower learners to teach each other.
- Involve former learners or community volunteers as facilitators or co-educators.
- Encourage intergenerational learning, where younger and older adults exchange knowledge on risk management and adaptation.

Focus on Livelihood Recovery and Practical Competences

- Prioritize training in income-generating skills relevant to the post-disaster context (e.g., repair, construction, agroecology). .
- Offer entrepreneurship support or micro-finance literacy to help rebuild small businesses..
- Link education with access to tools, resources, or support networks for implementation.

Recommendations for Educators and Institutions

Based on the challenges and practices outlined in previous sections, the following recommendations are intended to support adult educators and institutions operating in flood-stricken areas. These guidelines aim to promote recovery, inclusion, and resilience through flexible and sensitive educational responses.

1

Adopt a Trauma-Informed Approach

- Recognize that many adult learners may be experiencing trauma symptoms after a flood.
- Train educators in psychological first aid and active listening.
- Avoid content or activities that could re-trigger distress without proper support.
- Build trust slowly, offering consistent presence and compassion.

2

Prioritize Flexibility and Accessibility

- Adjust course schedules, content delivery, and assessment methods to reflect the learners' realities.
- Allow drop-in or modular participation to accommodate irregular attendance due to family or livelihood obligations.
- Use a blend of offline and low-tech methods (e.g., printed materials, phone calls, radio) to reach those without digital access.

3

Engage the Community in Educational Design

- Involve learners and local leaders in defining priorities and formats for education after a flood.
- Use participatory planning methods to ensure relevance and ownership.
- Adapt materials to local language, culture, and values.

4

Link Education to Recovery and Livelihoods

- Offer training that directly supports recovery efforts: rebuilding, health, water sanitation, food security, or financial literacy.
- Integrate entrepreneurship, cooperativism, and small-scale production skills where appropriate.
- Connect learners to support services, funding schemes, or job placement networks.

5

Promote Emotional Expression and Peer Support

- Create safe group spaces where adults can share experiences and support one another.
- Incorporate creative and reflective activities that help process emotions and build community.
- Celebrate achievements and small steps forward to foster hope and motivation.

6

Build Local Capacity and Partnerships

- Strengthen the capacity of local educators and volunteers through training and mentoring.
- Partner with NGOs, public health services, local governments, and community-based organizations.
- Share materials and resources openly to avoid duplication and accelerate impact.

7

Evaluate and Adapt Constantly

- Collect regular feedback from learners and facilitators to understand what works and what doesn't.
- Be ready to shift approaches based on evolving needs and changing local conditions.
- Document lessons learned to improve future disaster preparedness in the education sector.

DEVELOPING TRAINER SKILLS IN PREVENTING

POST TRAUMATIC
STRESS DISORDER IN
ADULTS

Educational processes for adults who have experienced post-war trauma

Dra. Magdalena Staniek

WHAT IS WAR TRAUMA?

It's a blanket term covering any traumatic events experienced while preparing for, livingthrough, or serving in a war.

468M
Young people

One in six young people worldwide lived in "conflict zone"

1.7B
Global impact

Two out of three young people live in a country impacted by conflict

WHAT CAUSES WAR TRAUMA?

- Witnessing war unfold.
- Direct combat experience. Seeing people wounded, mutilated, or killed.
- Inflicting pain or killing another person.
- Giving orders that lead to other people's pain or death.

- War trauma impacts civilians in war zones and active duty members not stationed in direct combat.
- Support personnel and medical personnel come back with trauma from seeing, treating or in some cases even hearing about traumatic events.

IMPACT OF WAR ON MENTAL HEALTH

WHO estimated: "10% ofthe people who experience traumatic events will have serious mental health problems and another 10% will develop behavior that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches".

Risk Factors

Women are more affected than men. Other vulnerable groups are children, the elderly and the disabled. Prevalence rates are associated with the degree of trauma, and the availability of physical and emotional suppor t.

Resilience

Research provides evidence about the resilience of more than half of the population in the face of the worst trauma in war situations.

POST TRAUMATIC STRESS DISORDER

Re-experiencing

- Unwanted, distressing memories of a traumatic event that come back over and over again.
- Reliving a traumatic event as if it were happening again, also known as flashbacks.
- Upsetting dreams or nightmares about a traumatic event.
- Severe emotional distress or physical reactions to something that reminds you of a traumatic event.

Hyperarousal

- Sleeping problems.
- Difficulties concentrating.
- Irritability.
- Anger and angry outbursts.
- Panic.
- Constant anxiety.
- Easily scared or startled.
- Self-destructive behavior.
- A heavy sense of guilt or shame

Avoidance

- Trying not to think or talk about a traumatic event.
- Staying away from places, activities or people that remind you of a traumatic event.

COPING STRATEGIES FOR STRESS AND TRAUMATIC STRESS

Negative Coping

- Social isolation and withdrawal.
- Extreme avoidance of thinking or talking about the event "workaholism".
- Anger and violence
- Frequent use of alcohol and drugs

Positive Coping

- Social support.
- Positive distracting activities.
- Setting and achieving goals.
- Changing expectations/priorities.
- Exercise Counseling Humor

LEARNERS IMPACTED BY EXPOSURE TO WAR TRAUMA:

- Difficulties with social functioning.
- Sense of isolation.
- Cultural differences.
- Separation from family and friends.
- PTSD (Post-Traumatic Stress Disorder).
- Emotional disorders.
- Grief after the loss of loved ones.
- Many things can be triggers

REFUGEE EXPERIENCE

- Livingin regions of long-standing conflict.
- Ongoing threat of injury, death, and loss of safety Impositions of ideologies.
- Economic deprivation.
- False hope.

RISK FACTORS

- Traumatic stress.
- Separation and isolation.
- Lack of access to resources.
- Barriers to migration.
- Stigma/b acklash.
- Cultural barriers.

PSYCHOLOGICAL FIRST AID

- Establish safetyandsecurity.
- Connect to restorative resources.
- Reduce stress-related reactions.

- Establish safetyandsecurity.
- Connect to restorative resources.

WHAT TO DO:

- Behonest andtrustworthy.
- Respect a person's right to make their own decisions.
- Convey that even if help is refused, it can still be accessed in the future.
- Respect privacy and confidentially.
- Adapt to culture, age and gender.

WHAT NOT TO DO:

- Make false promises.
- Give inaccurate information.
- Exaggerate what you can give.
- Force help on people.
- Pressure someone to tell you their story.
- Judge actions or feelings.
- Share stories with others.
- Exploit your relationship

1
CONTACT AND ENGAGEMENT

- Observeto identify people who seem hurt, confused, or upset.
- Make basic introductions.
- Remember cultural differences.
- Identify immediate needs.
- Remember that some might not want to engage

2
SAFETY AND COMFORT

- Ensure immediate physical safety
- Provide information about disaster response activities and/or services.
- Offer physical comfort.
- Offer social comforts and link to other individuals.
- Protect from additional trauma and potential trauma reminders.
- Discuss media viewing.

3
STABILIZATION

- The goal is to calm and orient emotionally-overwhelmed and distraught survivors.
- It's your presence that can help the most with some people (our breathing, our stance, relaxed versus leaning forward, anxious versus calm, slow speed of talking, etc)

SUPPORTIVE COMMENTS:

"No wonder you feel..."

"It sounds really hard..."

"It sounds like you're being hard on yourself..."

"It is such a tough thing to go through something like this"

"I'm really sorry this is such a tough time for y'ou"

"We can talk later ifyou'dlike..."

GROUNDING TECHNIQUES

Ask the person to:
- Listen to and look to you.
- Breathe in and out slowly and deeply.
- Orient him/herself to the surroundings.
- Name five non-distressing things he/she can see, hear and feel.
- Talk about any aspect of the situation that is under control, hopeful, or positive.
- Get a medical consult when the situation is secure.

EMPOWERING COMMENTS/QUESTIONS:

"What have you done in the pastto make yourself feel better?"

"Are there any things that you think would help you to feel better?"

"I have an information sheet with some ideas about how to deal with this... Maybe there is an idea or two here that might be helpful for you"

"People can be very different in what helps them to feel better. When things got difficult for me, it helped me to... Would something like that work for you?"

PROVIDING INFORMATION

- Give resources to them in writing, because they may not remember what you tell them verbally
- Confirm their understanding.
- Help the person recognize and normalize ways of reacting.
- Recognize strengths, and what has been helpful in the past

BENEFICIAL PROVIDER ATTRIBUTES

- Good listener
- Patient Caring
- Trustworthy
- Approachable
- Empathetic
- Culturally competent
- Nonjudgmental
- Kind
- Committed
- Flexible

DO'S FOR BUILDING A CONNECTION

- Find anuninterruptedtime and place to talk.
- Show interest, attention, and care.
- Show respect for individual ways of coping.
- Talk about reactions that are to be expected, and about healthy ways of coping.
- Acknowledge that stress can be heard.
- Be free of expectations or judgments.
- Help brainstorm positive ways of coping.
- Convey your belief in their ability to handle what is in front of them
- Offer to talk or spend time together as many times as is needed.

THE ROLE OF EMOTIONAL INTELLIGENCE IN OVERCOMING TRAUMA

Psychological trauma arises as a result of exposure to experiences that exceed an individual's capacity for adaptation. It often leads to profound and lasting disruptions in emotional, cognitive, and social functioning. One of the key psychological resources that can support recovery from trauma is emotional intelligence (EI)—understood as the capacity to recognize, comprehend, and regulate emotions, both one's own and those of others. This section explores the mechanisms through which emotional intelligence facilitates trauma recovery, contributes to the reduction of post-traumatic stress disorder (PTSD) symptoms, and supports the restoration of psychological well-being.

Emotional intelligence is considered an adaptive competency in the context of trauma recovery, primarily because successful healing requires acknowledgment, understanding, naming, and integration of the emotional experiences related to the traumatic event. Importantly, EI should be regarded not as a fixed personality trait but as a skill set that can be developed—often precisely through processing and working through past trauma. Given the high prevalence of trauma in the general population—estimated at up to 70% among adults (Gottfredson & Becker, 2023)—research into the role of EI in therapeutic processes remains highly relevant.

Emotional intelligence comprises a set of abilities enabling accurate perception, interpretation, expression, and regulation of emotions. These abilities form the foundation for adaptive cognitive-emotional processing (Tomczyk, 2014). According to Mayer and Salovey (1990), who first conceptualized EI, it involves the ability "to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and actions." Daniel Goleman (2007), building upon this framework, identified five key components of emotional intelligence: self-awareness, self-regulation, empathy, motivation, and social skills. Each of these elements plays a crucial role in how individuals adapt to and recover from traumatic experiences. Enhanced EI, particularly through the regulation of affect, contributes significantly to mental health restoration and resilience.

THE ROLE OF EMOTIONAL INTELLIGENCE IN OVERCOMING TRAUMA

Traumatic experiences often generate intense emotional responses such as fear, anxiety, helplessness, and anger, which may become overwhelming and difficult to manage. This is where emotional intelligence proves particularly valuable—it enables individuals to consciously interpret and modulate these emotional reactions, thereby transforming them into more adaptive responses. Research conducted by Ukrainian scholars investigating the role of EI in coping with psychological trauma underscores its significance in facilitating constructive responses to stress and trauma, including PTSD. High emotional intelligence has been associated with increased emotional stability, improved interpersonal functioning, and a more optimistic appraisal of stressful situations. Furthermore, individuals with elevated EI are more likely to employ prosocial and adaptive coping strategies, whereas those with PTSD symptoms often exhibit lower levels of EI and a tendency to use avoidant or destructive coping mechanisms (Zhylin et al., 2024).

Fostering emotional intelligence in individuals who have experienced trauma can significantly enhance both their personal and professional functioning. One promising conceptual development in this field is the notion of trauma-responsive emotional intelligence (TR-EQ). This integrative paradigm combines emotional intelligence with trauma-informed practices and can be implemented across diverse settings, including workplaces, educational institutions, and healthcare environments. Traditional models of EI often overlook the profound impact of trauma, while trauma-informed approaches frequently center on pathology and diagnosis. In contrast, TR-EQ provides a broader, humanistic framework for understanding behavior, emphasizing personal growth and resilience. By reshaping how behaviors are interpreted, this model reduces stigma and promotes the cultivation of essential skills—such as communication, emotional regulation, and decision-making—that are vital to restoring agency, empowerment, and social reintegration (TD.org).

Emotional intelligence is one of the most critical psychological competencies supporting recovery from trauma. It allows for a deeper understanding of emotional processes, fosters adaptive coping strategies, and promotes the restoration of psychological balance and quality of life. Importantly, emotional intelligence can be cultivated—both through personal development and therapeutic interventions. The most effective strategy for trauma recovery appears to involve the integration of emotional insight with cognitive processing: in essence, the ability to engage both the heart and the mind.

There are five primary ways in which emotional intelligence supports trauma recovery:

Emotional Self-Awareness

The ability to recognize and accurately label one's emotional states - particularly distinguishing between primary (e.g., fear) and secondary (e.g., guilt, shame, anger) emotions - enables individuals to understand their internal experience from a more objective perspective.

Emotional Regulation

Self-control and regulation of emotional states are fundamental components of EI. Individuals with developed EI skills demonstrate greater resilience to stress and are better equipped to manage emotional arousal associated with trauma.

Empathy and Connection

The capacity for empathic understanding fosters trust and connection with others. Supportive relationships are protective factors in trauma recovery, and emotionally intelligent individuals are more likely to seek and maintain such connections.

Social Competence

The social skills associated with EI—such as assertiveness, cooperation, and effective emotional communication facilitate reintegration into social environments and the rebuilding of interpersonal relationships.

Intrinsic Motivation

Emotional intelligence supports persistence and goal-directed behavior even amids psychological pain. Motivation is essential for engaging in the therapeutic process and maintaining belief in the value of recovery efforts.
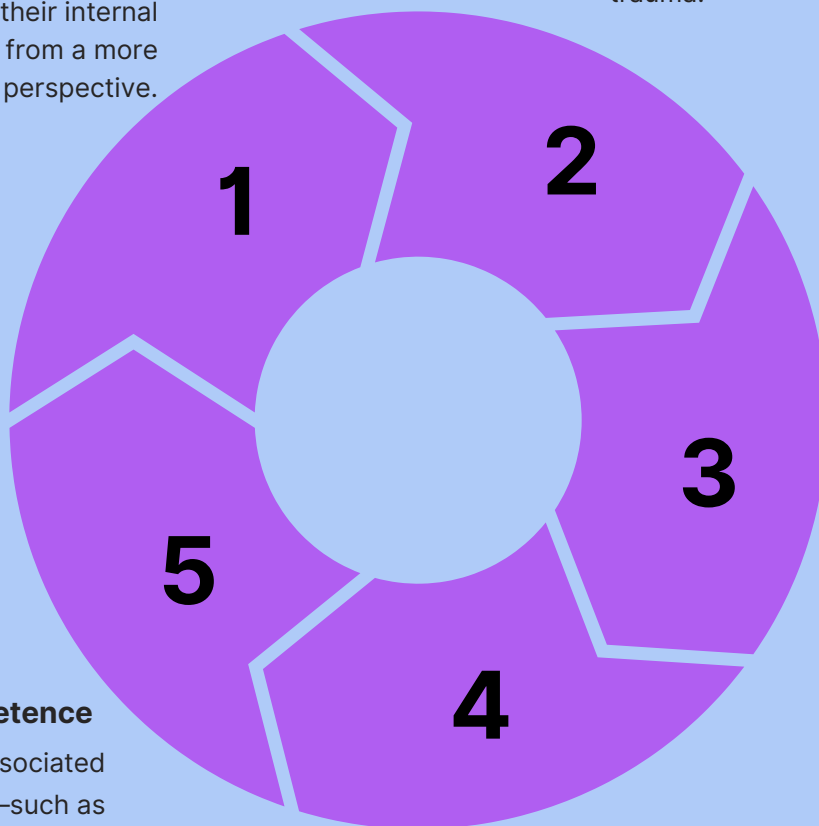
War Trauma in Ukrainian Female Refugees in Poland
A research by dr hab.prof. UKEN Piotr Długosz

According to the results of the research:
- The war in Ukraine has caused deep psychological trauma among many women.
- The majority of Ukrainian refugee women who arrived in Poland have exhibited symptoms of post-traumatic stress disorder (PTSD), as measured by the RHS-15 scale.
- Even three years after the outbreak of the war, mental health disturbances remain high. Many women are mobilizing themselves to cope with daily challenges, and an increasing number are seeking support from psychologists.

This is a serious and ongoing issue that requires continuous monitoring, comprehensive support systems, and strategic interventions at both the societal and institutional levels.

REFERENCES

- Goleman, D. (2007), Inteligencja emocjonalna, Poznań: Media-Rodzina.

- Gottfredson, R. K., & Becker, W. J. (2023). How past trauma impacts emotional intelligence: Examining the connection. Frontiers in Psychology, 14, Article 1067509. https://doi.org/10.3389/fpsyg.2023.1067509

- Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. Imagination, Cognition and Personality, 9(3), 185-211. https://doi.org/10.2190/DUGG-P24E-52WK-6CDG

- Tomczyk, J. (2014), Inteligencja emocjonalna. Jak panować nad emocjami, Warszawa: Samo Sedno.

- Zhylin, M., Malysh, V., Mendelo, V., Potapiuk, L., & Halahan, V. (2024). The impact of emotional intelligence on coping strategies for psychological trauma. Environment & Social Psychology. https://doi.org/10.59429/esp.v9i7.6145

A Guide to Post-Traumatic Stress Disorder Training for Adults

By Dr. Mahsum Avcı
Assistant Professor, Bingöl University

INTRODUCTION

Trauma is an experience that profoundly disrupts the normal flow of life, emerging as a result of events that suddenly and unexpectedly threaten an individual's physical, emotional, or mental integrity (American Psychiatric Association [APA, 2013). Traumatic experiences include natural disasters, traffic accidents, sudden losses, violence, abuse, war, and migration, and these events can cause psychological trauma in individuals (Briere & Scott, 2015; Yıldırım & Öztürk, 2019). While some individuals may experience short-term adjustment difficulties following such experiences, others may develop persistent and severe symptoms that impair daily functioning, resulting in Post-Traumatic Stress Disorder (PTSD) (APA, 2013).

The purpose of this guide is to explain what PTSD is, how it develops, who it affects, and what preventive steps can be taken by individuals, their loved ones, and educators — in a scientifically accurate and accessible language. It is designed to inform both those directly or indirectly affected by trauma, and those who wish to maintain their mental well-being and support others. Additionally, this guide serves as a valuable resource for volunteers offering psychological first aid, educators, healthcare workers, and psychosocial support teams (Hobfoll et al., 2007).

The effects of trauma are not limited to the individual level; over time, trauma can disrupt family relationships, reduce social trust, and weaken the culture of solidarity (Kızıltan, 2014). After large-scale traumatic events such as natural disasters, wars, or mass violence, the overall psychological impact on society increases. Therefore, in addition to individual interventions, establishing and expanding community-based support systems is of great importance (Hobfoll et al., 2007).

TARGET AUDIENCE

This guide is prepared for the following groups:

Trauma Survivors

Adults directly or indirectly affected by trauma (earthquake survivors, victims of violence or accidents, individuals with war or migration experiences)

Supporters

Individuals not exposed to trauma who wish to protect their mental health and support others

First Responders

Providers of psychological first aid, volunteers, and NGO workers

Educators

School counselors, administrators, and professionals involved in adult education

Healthcare Professionals

Nurses, family doctors, and public health teams

MentalHealthSpecialists

Psychologists, social workers, counselors providing psychosocial support services

The language of the guide has been simplified, technical terms have been explained, and it includes both individual coping strategies and recommendations for accessing support systems (Briere & Scott, 2015).

Common Misconceptions About PTSD

Many misconceptions about PTSD exist in society, which can hinder individuals from understanding themselves and make it harder for others to provide effective support (Yıldırım & Öztürk, 2019).

Myth 1: "Only extremely traumatic events cause PTSD."

Fact: Everyone's perception of trauma is different; what may seem minor to one person can be traumatic to another, and not everyone exposed to severe trauma develops PTSD (APA, 2013).

Myth 2: "Time heals everything; just try to forget."

Fact: PTSD symptoms do not always resolve over time. Suppressing or trying to forget the trauma often worsens the symptoms. Professional help is necessary (Briere & Scott, 2015).

Myth 3: "People with PTSD are weak."

Fact: PTSD is the brain's natural response to trauma, not a sign of weakness. Even strong and resilient individuals can develop PTSD (APA, 2013).

Myth 4: "PTSD only affects soldiers."

Fact: PTSD is also common in civilians and can be triggered by events such as disasters, abuse, and loss (Yıldırım & Öztürk, 2019). Correcting these misconceptions is crucial for both understanding oneself and supporting others effectively (Kızıltan, 2014).

THE EFFECTS OF TRAUMA ON INDIVIDUALS, FAMILIES, AND SOCIETY

Trauma affects not only an individual's inner world but also creates wide-ranging consequences for family and community structures (Hobfoll et al., 2007).

Impacts of Trauma at Different Levels

Level	Impact Type	Examples
Individual	Cognitive	Difficulty concentrating, intrusive memories, flashbacks, nightmares
	Emotional	Anxiety, fear, guilt, helplessness, anger outbursts, emotional numbness
	Behavioral	Avoidance, withdrawal, substance use, social isolation
	Physical	Sleep disturbances, gastrointestinal issues, heart palpitations, muscle tension
Family	Relational	Communication problems between spouses
	Parental	Decreased parenting capacity
	Parent-Child	Tension and emotional neglect in relationships
	Risk Factors	Increased risk of domestic violence
Societal	Social Trust	Decline in overall social trust
	Community Ties	Breakdown in neighborly and solidarity-based relationships
	Generational	Intergenerational transmission of trauma
	Social Capital	Decreased motivation for community support and volunteering

Basic Information About Trauma and PTSD

Definition and Types of Trauma

Trauma is the intense emotional reaction of fear, helplessness, or horror experienced in response to an event that threatens one's life or overwhelms one's ability to cope (APA, 2013). Traumatic experiences can significantly impact not only physical health but also emotional, cognitive, and social functioning (Briere & Scott, 2015). Trauma can be directly experienced, witnessed, or indirectly learned. Reactions vary depending on personal history, social support, and the severity of the event (Yıldırım & Öztürk, 2019).

Single-incident trauma

Sudden, one-time events such as accidents, natural disasters, or assaults.

Chronic trauma

Ongoing, repetitive adverse experiences such as domestic violence or childhood neglect.

Complex trauma

Interconnected or overlapping traumatic experiences, such as both war and displacement.

Developmental trauma

Results from neglect, abuse, or emotional deprivation during childhood, often by attachment figures.

Secondary(vicarious) trauma

Affects individuals who witness trauma indirectly, such as healthcare professionals or crisis workers (Figley, 1995).

What is Post-Traumatic Stress Disorder (PTSD)?

PTSD is a mental health disorder that occurs after exposure to a traumatic event, characterized by long-lasting and disruptive symptoms that impair functioning (APA, 2013). According to the DSM-5, PTSD diagnosis requires symptoms from four categories lasting at least one month:

1. Exposure to Trauma

- Directly experiencing the traumatic event.
- Witnessing the event happen to others.
- Learning that a close person experienced trauma.
- Repeated or extreme exposure to aversive trauma details (e.g., first responders).

2. Intrusion Symptoms (At least 1)

- Intrusive, distressing memories.
- Nightmares Flashb acks.
- Emotional or physical distress when exposed to trauma cues.

3. Avoidance Symptoms (At least 1)

- Avoidance of trauma-related memories, thoughts, or feelings.
- Avoidance of external reminders (places, people, activities)

4. Negative Alterations in Cognition and Mood (At least 2)

- Persistent negative beliefs about self, others, or the world.
- Persistent guilt or shame.
- Loss of interest in previously enjoyed activities.
- Emotional numbing or detachment.

5. Hyperarousal Symptoms (At least 2)

- Sleep disturbances (difficulty falling or staying asleep).
- Irritability or angry outbursts.
- Difficulty concentrating.
- Hypervigilance Exaggerated startle response.

PTSD Symptoms: Cognitive, Emotional, Physical, and Behavioral

- **Cognitive:** Intrusive memories, memory gaps, negative self-image, guilt, difficulty concentrating (Yıldırım & Öztürk, 2019).
- **Emotional:** Intense fear, anger, helplessness, shame, emotional numbing, loss of interest (Briere & Scott, 2015).
- **Physical:** Heart palpitations, sweating, muscle tension, sleep problems, somatic responses to reminders (van der Kolk, 2015).
- **Behavioral:** Avoidance, withdrawal, substance use, outbursts, overengagement in activities (Herman, 1992).

Differential Diagnosis: PTSD and Other Mental Disorders

PTSD shares similarities with disorders such as depression, anxiety, dissociative disorders, and panic disorder. However, distinguishing features include:

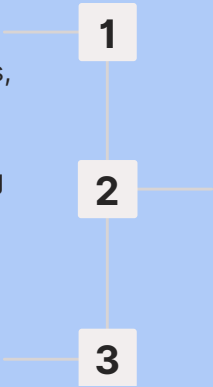| Disorder	Key Features	How It Differs from PTSD
Depression	Persistent low mood, hopelessness, apathy	Triggered by trauma in PTSD
Anxiety	Worry about the future, panic attacks	Fear linked to trauma reminders in PTSD
Dissociation	Detachment from reality, numbness	Often tied to flashbacks in PTSD
Panic Disorder	Unpredictable panic attacks	Attacks occur in response to trauma cues

Phases of Traumatic Stress Reactions

Acute Stress Response (First days to weeks):
Shock, denial, panic, sleep disturbances, crying, anger, recurring images, attention difficulties. Psychological first aid and social support are critical during this stage.

1

2

Chronic Stress Response (Weeks to months):
Persistent symptoms, impaired functioning, disrupted work and relationships, and inadequate coping. Psychological support and therapy become necessary.

Complex Trauma (Childhood or prolonged trauma):
Identity and attachment problems, distrust, dissociation, self-harm, emotional instability, and anger issues. This requires long-term and comprehensive therapy.

3

PSYCHOLOGICAL FIRST AID (PFA)

What is and isn't Psychological First Aid?

Psychological First Aid (PFA) is a supportive and directive intervention approach offered immediately after a traumatic event. The goal is to strengthen the individual's sense of safety, calm, social connection, self-efficacy, and hope (World Health Organization [WHO], 2011). PFA can be administered by mental health professionals as well as trained volunteers.

Key Characteristics of PFA:

- Helps individuals stabilize emotionally during crises.
- Is not psychotherapy or medical. treatment; does not involve diagnosis or replace therapy.
- Provides support through listening, building trust, giving information, and assessing basic needs.
- Must be quick, respectful, and sensitive.

What PFA is NOT:

- Forcing individuals to recall or talk about traumatic details.
- Diagnosing or treating trauma.
- Forcing people to calm down or stop crying.
- Applying the same intervention to everyone.

Calming

Help reduce distress and promote emotional regulation

Safety

Ensure physical safety and create a sense of security

Connectedness

Facilitate social support and connection to others

Hope

Instill belief in recovery and future healing

Self-efficacy

Encourage active coping and sense of control
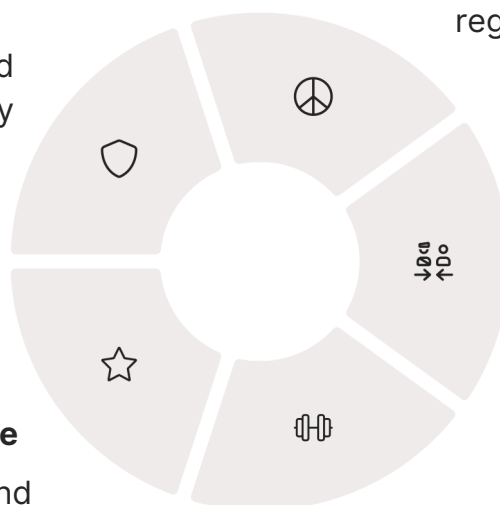
COPING WITH PTSD: A PSYCHOEDUCATIONAL APPROACH

What is and isn't Psychological First Aid?

Post-Traumatic Stress Disorder is a natural defense mechanism in response to overwhelming and threatening experiences. PTSD symptoms reflect the body's and brain's adaptive and defensive mechanisms against perceived danger (APA, 2013). Therefore, PTSD does not signify weakness, but rather a normal stress reaction to a traumatic event.

Psychoeducation helps individuals with PTSD understand their experiences, freeing them from self-blame and feelings of helplessness. It instills hope by emphasizing that symptoms are temporary and manageable (Foa et al., 2019).

Recognizing and Monitoring One's Symptoms

Common symptoms:
- Intrusive, unwanted memories of the trauma.
- Nightmares and sleep disturbances.
- Intense fear, anger, or guilt.
- Withdrawal from social relationships, isolation.
- Concentration difficulties, hypervigilance.

Individuals can track changes by keeping a daily or weekly journal, observe patterns and triggers, and improve their sense of control (Foa et al., 2019).

Creating a Safe Space During Crises

When symptoms intensify, individuals need to create a space where they feel safe and calm. This space ensures both physical and emotional security (Foa et al., 2019).
Suggestions:
- Choose a quiet, comfortable environment.
- Use calming music or objects.
- Practice deep breathing or meditation.
- Keep contact information of support persons readily available.

Building and Maintaining Social Support Systems

Social support is a crucial component of post-trauma recovery. Family, friends, and community support groups help reduce feelings of loneliness and accelerate healing (Southwick et al., 2016).
Suggestions include:
- Maintaining regular communication with supportive people.
- Participating in shared activities.
- Asking for help when needed.
- Joining community support or solidarity groups.

Psychoeducation emphasizes the importance of social networks and encourages active engagement.

Family Education: How to Support Someone with PTSD

Families are among the most important supporters for individuals with PTSD. Accurate knowledge and understanding positively contribute to healing (Schnyder et al., 2016).
Recommendations for families:
- Listen without judgment.
- Be patient and accept that healing takes time.
- Create supportive and safe environments.
- Learn basic information about PTSD.
- Manage their own emotional burden by seeking support.
- Make plans in advance for crisis situations.

PRACTICAL TOOLS AND TECHNIQUES

Breathing Exercises and Relaxation Techniques

Individuals experiencing post-traumatic stress often remain in a state of hyperarousal and anxiety. Breathing exercises are effective methods for calming the nervous system and helping the body relax. Deep and controlled breathing slows heart rate, regulates blood pressure, and improves mental focus (Jerath et al., 2015).

Example Exercise: Diaphragmatic Breathing

- Sit or lie in a comfortable position.
- Inhale slowly and deeply through your nose; feel your abdomen expand.
- Hold your breath for a few seconds.
- Exhale slowly through your mouth; feel your abdomen contract.
- Repeat this cycle for 5–10 minutes.

Grounding Techniques

Grounding techniques help individuals reconnect with the "here and now," distancing themselves from traumatic memories and overwhelming emotions. They are especially helpful during flashbacks and panic attacks (Pearlman & Saakvitne, 1995).

Simple Grounding Techniques:

- Identify and describe 5 objects around you.
- Spot 4 different colors in your surroundings.
- Press your feet into the floor and feel the ground.
- Rub your hands together or gently tap your fingers.
- Listen and name nearby sounds.

Coping with Post-Traumatic Nightmares

Nightmares following trauma can disrupt sleep quality and daily functioning. The following strategies are recommended for managing nightmares (Krakow et al., 2001):

- Ensure a comfortable and secure sleep environment.
- Practice breathing and relaxation exercises before bed.
- Use imagery rehearsal techniques: mentally rewrite the ending of the nightmare.
- Follow good sleep hygiene and maintain regular sleep schedules.
- Seek professional support if needed.

Recognizing and Managing Trauma Triggers

Triggers are people, places, smells, sounds, or situations that evoke traumatic memories or emotions. Recognizing and managing triggers is crucial for healing (Ehlers & Clark, 2000).

Identifying Triggers:

- Analyze links between events and emotions using a journal.
- List situations that cause distress.
- Note physical responses to triggers.

Managing Triggers:

- Avoid triggers when possible without isolating yourself.
- Use grounding and breathing techniques.
- Maintain contact with safe people and places.
- Reframe negative thoughts using cognitive restructuring.

Self-Compassion Practices

Trauma survivors may be harsh or judgmental toward themselves. Self-compassion involves treating oneself with kindness, understanding, and support. It promotes emotional healing and builds psychological resilience (Neff, 2003).

Self-Compassion Exercises:
- Say kind and loving statements to yourself (e.g., "I treat myself kindly during difficult times.")
- Observe yourself without judgment.
- Offer gentle physical touch (e.g., hand on shoulder).
- Use guided meditations focused on self-compassion.

Emotion Regulation Exercises

may be weakened after trauma and need reinforcement through practice (Gross, 1998).

Techniques:
- Naming and identifying emotions
- Building awareness of emotional triggers
- Accepting emotions instead of suppressing them
- Using relaxation techniques to reduce emotional intensity
- Expressing emotions through art, writing, or speech

PROFESSIONAL SUPPORT AND THERAPEUTIC APPROACHES

When to Seek Psychological Support

Post-traumatic stress reactions often decrease over time, and individuals may recover on their own. However, professional support is essential in the following situations (American Psychiatric Association, 2013):
- Symptoms (intense fear, nightmares, hypervigilance, emotional numbness) persist for more than a month.
- Daily functioning is significantly impaired.
- Additional psychiatric symptoms such as depression, anxiety, or suicidal thoughts develop.
- The person is unable to use coping strategies or engages in harmful behaviors.
- Severe disconnection or isolation from social relationships is present.

Early intervention helps prevent PTSD from becoming chronic.

Effective Therapy Types for PTSD

EMDR (Eye Movement Desensitization and Reprocessing):

EMDR is a highly effective psychotherapy approach that facilitates the brain's processing of traumatic memories. While recalling traumatic events, the therapist uses bilateral eye movements, tapping, or audio tones to reduce emotional distress (Shapiro, 2017). EMDR is recommended by the World Health Organization as a first-line treatment for PTSD.

Online Therapy Resources

With advancements in technology, online therapy and support programs have become more widespread. These platforms offer accessible options for those who face barriers to in-person care:
- Live video sessions with therapists.
- Psychoeducational materials and modules.
- Online support groups.
- Mobile apps and self-help tools.

However, online therapy should be obtained from professional and reliable sources.

Cognitive Behavioral Therapy (CBT):

CBT targets negative cognitive patterns associated with PTSD and helps individuals develop coping skills (Foa, Hembree & Rothbaum, 2007). Exposure therapy, a key component, gradually reduces trauma-related anxiety.

Schema Therapy, ACT, and Other Models:

- **Schema Therapy:** Helps individuals identify and change patterns stemming from early life experiences.
- **Acceptance and Commitment Therapy (ACT):** Encourages acceptance of negative thoughts and alignment with core life values.
- Trauma-Focused Cognitive Therapy and other models can be tailored and often combined with additional therapies.

The Role of Medication

Medications are used to support therapy in PTSD treatment. SSRIs (Selective Serotonin Reuptake Inhibitors) are especially preferred in cases of severe anxiety, depression, or sleep disturbances (Brady et al., 2000). Medication should be prescribed and monitored by a psychiatrist and should not be considered a stand-alone treatment.

Where to Seek Help

Family Physicians: Initial assessment and referrals.

Psychologists/ Psychiatrists: Therapy, medication, and psychological evaluation.

University Counseling Services: Support for young adults.

Mental Health Centers (e.g., ASM, AMATEM, RAM): Specialized teams providing mental health services.
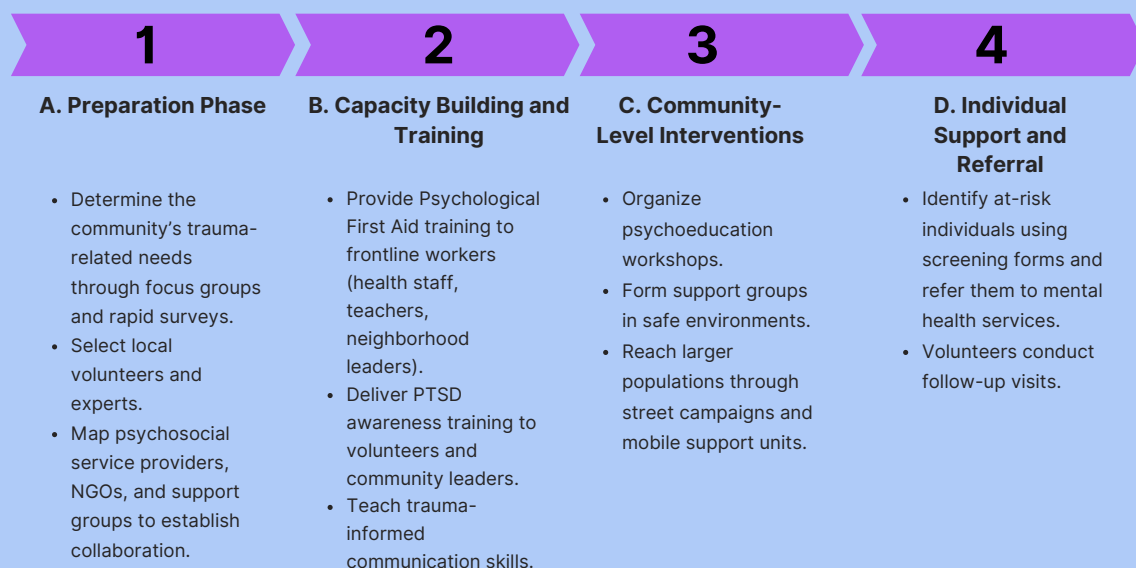
Trauma Centers and Crisis Hotlines: Support during disasters and crises.

Community-Based Intervention Program (CBIP)

Program Title: "Healing Together: Community-Based PTSD Intervention and Support Program"

Purpose of the Program: To reduce the impact of PTSD in the community, enhance individuals' psychological resilience, provide psychoeducation, introduce early intervention strategies, and strengthen support networks.

1	2	3	4
A. Preparation Phase	**B. Capacity Building and Training**	**C. Community-Level Interventions**	**D. Individual Support and Referral**

A. Preparation Phase
- Determine the community's trauma-related needs through focus groups and rapid surveys.
- Select local volunteers and experts.
- Map psychosocial service providers, NGOs, and support groups to establish collaboration.

B. Capacity Building and Training
- Provide Psychological First Aid training to frontline workers (health staff, teachers, neighborhood leaders).
- Deliver PTSD awareness training to volunteers and community leaders.
- Teach trauma-informed communication skills.

C. Community-Level Interventions
- Organize psychoeducation workshops.
- Form support groups in safe environments.
- Reach larger populations through street campaigns and mobile support units.

D. Individual Support and Referral
- Identify at-risk individuals using screening forms and refer them to mental health services.
- Volunteers conduct follow-up visits.

REFERENCES

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.
- Beck, J. S., Beck, A. T., & Jolly, J. B. (2015). Cognitive therapy: Basics and beyond (2nd ed.). Guilford Press.
- Brady, K., Pearlstein, T., Asnis, G. M., et al. (2000). Efficacy and safety of sertraline treatment of posttraumatic stress disorder: a randomized controlled trial. JAMA, 283(14), 1837–1844.
- Briere, J., & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment (2nd ed.). Sage Publications.
- Bryant, R. A., et al. (2017). Early intervention for posttraumatic stress disorder: A review. Clinical Psychology Review, 53, 1–12. https://doi.org/10.1016/j.cpr.2017.02.004
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. Behaviour Research and Therapy, 38(4), 319–345.
- Everly, G. S., & Flynn, B. W. (2006). Principles and practical procedures for acute psychological first aid training for personnel without mental health experience. International Journal of Emergency Mental Health, 8(2), 93–100.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 3–28). Sidran Press.
- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences.
- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2019). Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences. Oxford University Press.
- Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. Review of General Psychology, 2(3), 271–299.
- Herman, J. L. (1992). Trauma and recovery: The aftermath of violence—from domestic abuse to political terror. Basic Books.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... & Ursano, R. J. (2007). Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence. Psychiatry: Interpersonal and Biological Processes, 70(4), 283-315. https://doi.org/10.1521/psyc.2007.70.4.283
- Jacobson, E. (1938). Progressive Relaxation.
- Jerath, R., Edry, J. W., Barnes, V. A., & Jerath, V. (2015). Physiology of long pranayamic breathing: neural respiratory elements may provide a mechanism that explains how slow deep breathing shifts the autonomic nervous system. Medical Hypotheses, 85(5), 486-496.

REFERENCES

- Jerath, R., Edry, J. W., Barnes, V. A., & Jerath, V. (2015). Physiology of long pranayamic breathing: neural respiratory elements may provide a mechanism that explains how slow deep breathing shifts the autonomic nervous system. Medical Hypotheses, 85(5), 486-496.
- Kızıltan, E. (2014). Toplumsal travma ve ruh sağlığı. Türk Psikiyatri Dergisi, 25(3), 165-172.
- Krakow, B., et al. (2001). Imagery rehearsal therapy for chronic nightmares in sexual assault survivors with PTSD: A randomized controlled trial. JAMA, 286(5), 537-545.
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. Self and Identity, 2(3), 223–250.
- Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors.
- Pennebaker, J. W. (1997). Opening Up: The Healing Power of Expressing Emotions.
- Roberts, N. P., et al. (2019). Early psychological interventions to treat acute traumatic stress symptoms. Cochrane Database of Systematic Reviews, (12). https://doi.org/10.1002/14651858.CD007944.pub3
- Ruzek, J. I., et al. (2007). Psychological first aid. Journal of Mental Health Counseling, 29(1), 17–49.
- Schnyder, U., et al. (2016). Psychotherapy for posttraumatic stress disorder: An update. World Psychiatry, 15(3), 259–269.
- Shapiro, F. (2017). Eye Movement Desensitization and Reprocessing (EMDR) Therapy: Basic Principles, Protocols, and Procedures.
- Sloan, D. M., et al. (2013). A randomized controlled trial of group cognitive-behavioral therapy for posttraumatic stress disorder in active-duty soldiers. Journal of Consulting and Clinical Psychology, 81(5), 920-930.
- Southwick, S. M., et al. (2016). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. European Journal of Psychotraumatology, 5(1), 25338.
- van der Kolk, B. A. (2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.
- World Health Organization. (2011). Psychological first aid: Guide for field workers. WHO Press.
- Yıldırım, A., & Öztürk, M. (2019). Travmanın ruh sağlığı üzerindeki etkileri: Güncel yaklaşımlar. Türk Psikoloji Yazıları, 22(43), 89-110.

DEVELOPING TRAINER SKILLS IN PREVENTING

POST TRAUMATIC
STRESS DISORDER IN
ADULTS

Education Processes for Adults Who Have Experienced Trauma Due to Natural Disasters

Natural disasters such as earthquakes, floods, wildfires, hurricanes, and tsunamis cause widespread destruction, leading to significant physical, psychological, and social consequences. While much attention is typically focused on children and families during disaster recovery, adult learners also face unique challenges, particularly when they have experienced trauma. Education for traumatized adults is not simply about transferring knowledge; it must also account for emotional healing, cognitive rebuilding, and the restoration of life stability. This paper explores the educational processes tailored for adults who have endured trauma due to natural disasters, emphasizing trauma-informed practices, psychological support mechanisms, and inclusive strategies that promote resilience and lifelong learning

Understanding Adult Learners in Post- Disaster Contexts

Characteristics of Adult Learners

Adult learners are typically self-directed, goal-oriented, and motivated by relevance and practical application. However, when disaster strikes, their learning behaviors and needs can shift dramatically. Adults affected by trauma may experience symptoms such as anxiety, memory loss, depression, and cognitive disorientation, all of which can significantly hinder traditional learning approaches.

Impact of Trauma on Adult Learning

Trauma affects the brain's ability to process information, regulate emotions, and engage in executive functioning. Adults who have lived through natural disasters may have:

- Reduced concentration and memory recall,
- Heightened emotional reactivity,
- Disrupted routines and economic hardship,
- Responsibilities such as childcare, eldercare, and employment disruption.

Educators and program designers must be acutely aware of these impacts to design effective interventions that support rather than overwhelm the learner.

Trauma-Informed Education: A Foundation

Trauma-informed education refers to an approach that acknowledges the presence of trauma in learners and integrates this understanding into teaching methods, content, and educational settings. The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines key principles of trauma-informed care that are applicable in educational contexts

Safety: Ensuring physical and emotional safety in the learning environment.

Collaboration and Mutuality: Creating opportunities for learners to have agency and voice.

Trustworthiness and Transparency: Being clear about learning expectations and outcomes

Empowerment: Building learners' confidence and resilience

Peer Support: Encouraging connection and shared learning experiences.

Cultural, Historical, and Gender Awareness: Recognizing how different identities shape trauma experiences.

Designing Educational Programs for Traumatized Adults

Needs Assessment

An effective education process begins with a thorough needs assessment. In post-disaster environments, this includes:

- Evaluating learners' current emotional and mental health status,
- Identifying barriers to learning (e.g., housing, childcare, technology access),
- Assessing language, literacy, and digital literacy levels,
- Understanding learners' goals (e.g., reemployment, coping skills, citizenship).

This data informs the design of responsive and relevant curricula.

Curriculum Content

TWhile traditional adult education focuses on literacy, numeracy, vocational skills, or language acquisition, disaster-recovery education must also integrate:

- **Psychosocial education:** Topics such as stress management, grief processing, emotional resilience.
- **Life skills**: Financial planning, navigating aid systems, health education.
- **Community rebuilding:** Civic engagement, disaster preparedness, leadership skills.

Incorporating culturally relevant materials and local languages enhances engagement and relatability.

Flexible and Accessible Delivery Methods

Trauma can impair the ability to attend regular, structured classes. Therefore, program delivery should be:

- Modular and flexible: Allowing drop-in attendance, self-paced learning.
- Multi-modal: Combining face-to-face, online, and mobile formats.
- Community-based: Leveraging libraries, NGOs, or religious centers as safe learning hubs.

Providing child care, transportation, and meals can further increase accessibility.

Psychological Support in Educational Settings

Role of Educators and Facilitators

Instructors working with trauma-affected adults should be trained in basic psychological first aid and trauma recognition. Their role extends beyond content delivery to:

- Listening non-judgmentally,
- Recognizing signs of distress or retraumatization,
- Referring learners to professional mental health services when needed.

Peer mentorship models, where former trauma survivors mentor new learners, have also shown positive outcomes in fostering trust and belonging.

Integrating Counseling and Support Services

Collaboration with mental health professionals is essential. Educational institutions can offer:

- On-site counseling or tele-counseling services,
- Group therapy integrated with learning sessions,
- Regular mental health check-ins or mindfulness exercises as part of class routines.

This holistic approach helps learners not only regain academic confidence but also process their emotional experiences.

Case Studies and International Examples

Haiti Earthquake Recovery Education Programs

Following the 2010 earthquake in Haiti, UNESCO and local NGOs developed literacy and vocational programs for displaced adults. These included trauma counseling components, peer teaching models, and flexible evening classes to accommodate working learners.

Japan's Tōhoku Earthquake and Tsunami Response

After the 2011 disaster, Japanese adult education initiatives focused on rebuilding community connections. Elderly learners, in particular, were engaged in storytelling, cultural preservation, and intergenerational learning activities, helping restore a sense of purpose and identity.

Syrian Refugees in Turkey and Jordan

Although not a natural disaster, displacement due to war parallels disaster trauma. Programs targeting adult refugees in these regions include:

- Trauma-informed language classes,
- Psychological support integrated into vocational training,
- Women-only classes to ensure cultural and emotional safety.

Lessons from these programs can be adapted to natural disaster contexts.

Lessons from these programs can be adapted to natural disaster contexts.

Challenges and Barriers in Disaster Educ ation

Funding Shortages

Recovery funding often prioritizes infrastructure over adult education.

Lack of trained staff:

Few educators are trained in trauma-informed methods.

Cultural stigma:

Mental health issues and education for adults may carry social stigma.

Sustainability:

Temporary programs may not be maintained once immediate disaster relief ends.

Mitigating these barriers requires multi-sector partnerships and long-term policy commitments

Policy Recommendations and Future Directions

Policy Integration

Governments and international organizations should:

- Recognize education as a core part of disaster response and recovery plans,
- Allocate funds for adult education as part of humanitarian aid packages,
- Mandate trauma-awareness training for all adult educators.

Building Resilient Education Systems

Educational institutions can increase resilience by:

- Creating emergency preparedness plans,
- Establishing mobile learning units for displaced populations,
- Building networks with local NGOs and mental health providers.

Investing in ongoing community education infrastructure ensures continuity during and after crises.

Conclusion

Natural disasters, by their very nature, create sudden and severe disruptions in people's lives. For adults, these disruptions do not only entail physical losses such as homes, employment, or possessions, but also deep psychological and emotional wounds. Education, in this context, becomes more than a means of acquiring knowledge or skills—it transforms into a healing process, a path to rebuilding personal agency, social bonds, and a sense of purpose.

Educational processes tailored for adults who have experienced trauma due to natural disasters must therefore be grounded in empathy, flexibility, and inclusivity. Traditional adult education approaches fall short when trauma is not acknowledged as a central component of the learner's reality. The trauma-informed educational model fills this gap by recognizing that learning cannot be separated from emotional and mental well-being. This model ensures that the classroom—whether physical or virtual—becomes a safe space where learners can gradually regain control over their lives, rediscover their capacities, and develop coping strategies for the challenges ahead.

Moreover, education plays a vital role in fostering resilience and social cohesion within post-disaster communities. When adults are equipped with tools not only to support themselves but also to participate in community rebuilding, the collective recovery process becomes faster and more sustainable. Adult learners, when empowered, often become key agents of change—volunteers, peer mentors, community organizers, or caregivers—who influence others and contribute to the social fabric.

However, realizing this potential requires a multi-sectoral approach. Educational institutions cannot act in isolation. Effective programs must be supported by mental health professionals, social workers, local governments, NGOs, and international aid organizations. Funding, political will, and community engagement are essential to ensure that education is not treated as a secondary concern but as a core pillar of disaster recovery and human dignity.

Finally, as climate change continues to increase the frequency and severity of natural disasters globally, societies must rethink how adult education is structured in crisis contexts. It is not enough to rebuild schools and facilities; we must also rebuild trust, emotional safety, and a sense of agency in learners. Investing in trauma-informed, culturally responsive, and accessible adult education is not merely a compassionate response—it is a strategic necessity for long-term recovery and societal resilience.

In conclusion, education for trauma-affected adults is an act of restoration. It restores knowledge, hope, participation, and voice. By designing education systems that are prepared for trauma and disaster, we create more humane, adaptable, and prepared communities for the future.

Adult Education Activities Carried Out By Toroslar Public Education Center After The February 6, 2023 Kahramanmaraş-Centered Earthquakes.

Our institution has carried out the following activities since the first days of the disaster, including providing aid to the earthquake area, dispatching educational personnel to facilitate crisis intervention, and supporting earthquake victims who migrated to our city after the earthquake.

- Organizing donations for earthquake victims and delivering them to the National Education Directorate.
- In line with the needs reported from the earthquake region; pillows, quilts, blankets, clothes, underwear, and duvet covers were sewn by our teachers and students in our institution's textile workshops.
- Sleeping bags were sewn for teams working in earthquake regions.
- Durable dry foods were produced by our teachers and students in our Food and Beverage Services Workshops and sent to the disaster area.
- In order to support families and children in the city of Hatay, activity tents were set up and teachers were assigned in the fields of handicrafts, painting and pre-school, and activities were carried out to increase the morale of the local people.
- Clothing and home textile products were produced for the earthquake victims brought to our city.
- In the dormitories and boarding houses where earthquake victims stay, classrooms for therapy purposes, Handicrafts, Games Rooms and Gym areas were allocated.
- Hair care services were provided to earthquake victims by teachers and trainees in our hairdressing courses.