

**EMERGENCY PSYCHOLOGICAL ASSISTANCE IN EXTREME SITUATIONS**

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Annotation

Emergency psychological assistance to the population should be based on the principle of intervention in the surface layers of consciousness, that is, on working with symptoms, and not with syndromes.

Keywords: psychological help, critical situation, delirium, hallucination, apathy, stupor, hysteria, tension, stress, fear.

Introduction

Emergency psychological assistance is provided to people in acute stress. This state is an experience of emotional and mental disorganization. Psychodiagnostics, psychotechniques of influence and the procedure for providing psychological assistance in extreme situations have their own specifics. In particular, psychodiagnostics in extreme situations has its own distinctive features. Under these conditions, due to lack of time, it is not possible to use standard diagnostic procedures. Actions, including those of a practical psychologist, are determined by the contingency plan.

Inapplicable in many extreme situations and the usual methods of psychological influence. It all depends on the goals of psychological impact in extreme situations: in one case, you need to support, help; in another, one should stop, for example, rumors, panic; the third is to negotiate. The main principles of providing assistance to those who have suffered psychological trauma as a result of the influence of extreme situations are:

- Urgency;
- Proximity to the place of events;
- Expectation that the normal state will be restored;
- Unity and simplicity of psychological impact.

Urgency means that help should be provided as soon as possible: the more time passes since the injury, the greater the likelihood of chronic disorders, including post-traumatic stress disorder. The meaning of the principle of proximity is to provide assistance in a familiar environment and social environment, as well as to minimize the negative consequences of "hospitalism". Expectation that the normal state will be restored: a person who has undergone a stressful situation should not be treated as a patient, but as a normal person. It is necessary to maintain confidence in the imminent return of a normal state.



The unity of psychological impact implies that either one person should act as its source, or the procedure for providing psychological assistance should be unified. Simplicity of psychological impact - it is necessary to take the victim away from the source of injury, provide food, rest, a safe environment and the opportunity to be heard. In general, the emergency psychological assistance service performs the following basic functions:

- Practical: direct provision of emergency psychological and (if necessary) pre-hospital medical care to the population;
- coordination: ensuring links and interaction with specialized psychological services.

The situation of the work of a psychologist in extreme conditions differs from the usual therapeutic situation in at least the following points:

Work with load. Often there are problems with psychological consequences (psychotherapists), which are a consequence of the need for psychotherapeutic processes.

- Patients are often in an acute affective state. Sometimes you have to work when the victims are still in a traumatic situation, which is not quite usual for normal psychotherapeutic work.
- The often low social and educational status of many of the victims. Among the victims, one can meet a large number of people who, due to their social and educational status, would never have ended up in a psychotherapist's office in their lives.
- Diversity of psychopathology in victims. Victims of violence often suffer, in addition to traumatic stress, neurosis, psychosis, character disorders and, most importantly for professionals working with victims, a whole range of problems caused by the disaster itself or other traumatic situation. This means, for example, lack of livelihood, lack of work, etc.
- The presence of almost all patients with a sense of loss, because often victims lose loved ones, friends, favorite places of residence and work, etc., which contributes to the nosological picture of traumatic stress, especially to the depressive component of this syndrome.
- The difference between post-traumatic psychopathology and neurotic pathology. It can be argued that the psychopathological mechanism of traumatic stress is fundamentally different from the pathological mechanisms of neurosis. Thus, it is necessary to develop strategies for working with victims, which would cover both cases where there is a "pure" traumatic stress, and those cases where there is a complex interweaving of traumatic stress with other pathogenic factors of internal or external origin. The purpose and objectives of emergency psychological care include the prevention of acute panic reactions, psychogenic neuropsychiatric disorders; increasing the adaptive capacity of the individual; psychotherapy of emerging borderline neuropsychiatric disorders. Conducting psychotherapy and psychoprophylaxis is carried out in two directions. The first - with the healthy part of the population - in the form of prevention:
 - a) Acute panic reactions;
 - b) Delayed, "delayed" neuropsychiatric disorders.

The second direction is psychotherapy and psychoprophylaxis of persons with developed neuropsychiatric disorders. The technical difficulties of conducting rescue work in areas of catastrophes, natural disasters can lead to the fact that the victims for a sufficiently long time will find themselves in conditions of complete isolation from the outside world. In this case, psychotherapeutic assistance is recommended in the form of emergency "information therapy", the purpose of which is the psychological maintenance of the viability of those who are alive,



but are completely isolated from the outside world (earthquakes, destruction of homes as a result of accidents, explosions, etc.). "Information therapy" is implemented through a system of sound amplifiers and consists of broadcasting the following recommendations that victims should hear:

- 1) Information that the outside world is coming to their aid and everything is being done to help them come to them as quickly as possible;
- 2) Those in isolation must remain completely calm, because it is one of the main means to their salvation;
- 3) It is necessary to provide self-help;
- 4) In case of blockages, the victims should not take any physical efforts to self-evacuate, which can lead to a dangerous displacement of debris;
- 5) You should save your strength as much as possible;
- 6) Be with your eyes closed, which will bring you closer to a state of light drowsiness and greater savings in physical strength;
- 7) Breathe slowly, shallowly and through the nose, which will save moisture and oxygen in the body and oxygen in the surrounding air;
- 8) Mentally repeat the phrase: "I am completely calm" 5–6 times, alternating these autosuggestions with counting periods up to 15–20, which will relieve internal tension and achieve normalization of the pulse and blood pressure, as well as self-discipline;
- 9) release from "captivity" may take longer than the victims want. "Be courageous and patient. Help is coming to you."

Another group of people to whom psychotherapy is applied in emergency situations are relatives of people who are under the rubble, alive and dead. For them, the whole range of psychotherapeutic measures is applicable:

- Behavioral techniques and methods aimed at removing psycho-emotional arousal, anxiety, panic reactions;
- Existential techniques and methods aimed at accepting the situation of loss, at eliminating mental pain and searching for psychological resource opportunities.

The main problem in such situations is psychological stress. It is this circumstance that significantly affects the requirements for specialists in emergency services. A specialist needs to have the ability to timely identify the symptoms of psychological problems in himself and his comrades, to possess empathic abilities, the ability to organize and conduct classes on psychological relief, stress relief, emotional tension. First aid rules for psychologists:

1. In a crisis situation, the victim is always in a state of mental excitement. This is fine. Optimal is the average level of excitation. Tell the patient right away what you expect from the therapy and how long it will take to work on the problem. The hope of success is better than the fear of failure.
2. Don't take action right away. Look around and decide what kind of help (besides psychological) is required, which of the victims is most in need of help. Give it about 30 seconds with one victim, about five minutes with several victims.
3. Be specific about who you are and what you do. Find out the names of those in need of help. Tell the victims that help will arrive soon, that you took care of it.



4. Carefully establish bodily contact with the victim. Take the victim by the hand or pat on the shoulder. Touching the head or other parts of the body is not recommended. Take a position at the same level as the victim. Do not turn your back on the victim.

5. Never blame the victim. Tell us what steps need to be taken to help in his case.

6. Professional competence is reassuring. Tell us about your qualifications and experience.

7. Let the victim believe in his own competence. Give him a task that he can handle. Use this to convince him of his own abilities, so that the victim has a sense of self-control.

8. Let the victim talk. Listen actively to him, be attentive to his feelings and thoughts. Retell the positive.

9. Tell the victim that you will stay with him. When parting, find a substitute for yourself and instruct him on what to do with the victim.

10. Involve people from the immediate environment of the victim to provide assistance. Instruct them and give them simple tasks. Avoid any words that may make someone feel guilty.

11. Try to protect the victim from excessive attention and questions. Give curious specific tasks.

12. Stress can also have a negative impact on a psychologist. It makes sense to remove the tension that arises during such work with the help of relaxation exercises and professional supervision. Supervision groups should be led by a professionally trained moderator.

When providing emergency psychological assistance, it must be remembered that victims of natural disasters and catastrophes suffer from the following factors caused by an extreme situation:

1. Surprise. Few disasters wait for potential victims to be warned - for example, gradually reaching a critical phase of flooding or an impending hurricane, storm. The more sudden the event, the more devastating it is for the victims.

2. Lack of such experience. Because disasters and catastrophes are fortunately rare, people often learn to deal with them when they are stressed.

3. Duration. This factor varies from case to case. For example, a gradually developing flood can subside just as slowly, while an earthquake lasts a few seconds and brings much more destruction. However, in victims of some long-term extreme situations (for example, in cases of hijacking), traumatic effects can multiply with each subsequent day.

4. Lack of control. No one is able to control events during disasters; it may take a long time before a person can control the most ordinary events of everyday life. If this loss of control persists for a long time, even competent and independent people may show signs of "learned helplessness."

5. Grief and loss. Disaster victims may be separated from loved ones or lose someone close to them; the worst thing is to wait for news of all possible losses. In addition, the victim may lose his social role and position due to the disaster. In the case of prolonged traumatic events, a person may lose all hope of restoring what has been lost.

6. Constant change. The destruction caused by a disaster may be irreversible: the victim may find himself in completely new and hostile conditions.

7. Exposition of death. Even short life-threatening situations can change a person's personality structure and his "cognitive map". Repeated encounters with death can lead to profound



changes at the regulatory level. In a close encounter with death, a severe existential crisis is very likely.

8. Moral uncertainty. The victim of a disaster may be faced with having to make life-changing value-based decisions, such as who to save, how much to risk, who to blame.

9. Behavior during the event. Everyone would like to look their best in a difficult situation, but few succeed. What a person did or didn't do during a disaster can haunt him long after other wounds have healed.

10. Scale of destruction. After the disaster, the survivor will most likely be amazed at what she has done to his environment and social structure. Changes in cultural norms force a person to adapt to them or remain an outsider; in the latter case, emotional damage is combined with social maladaptation.

Possession of the skills of psychological self-help and mutual assistance in crisis and extreme situations is of great importance not only for preventing mental trauma, but also for increasing resistance to stress and readiness for quick response in emergency situations.

LITERATURE

1. А.Н.Аскарлова, С.Ш.Рустамова. Депрессив ҳолатларда олиб бориладиган психокоррекция ишларнинг ўзига хослиги. Мактаб ва ҳаёт журнали. 2019, №7.
2. ASKAROVA N. A., IBRAGIMOVA N. N. STEPS OF PSYCHOLOGICAL ASSISTANCE IN PERSONS WITH LOSS SYNDROME //THEORETICAL & APPLIED SCIENCE Учредители: Теоретическая и прикладная наука. – 2021. – №. 9. – С. 527-529.
3. Psychological Characteristics Of Doctor And Patient Communication. A.N. Abdivalievna - Eurasian Scientific Herald, 2022.
4. Крюкова М.А., Никитина Т.И., Сергеева Ю.С. Экстренная психологическая помощь: Практическое пособие. М., Изд-во НЦ ЭНАС, 2001.
5. Малкина-Пых И. Г. Экстремальные ситуации. – М.: Изд-во Эксмо, 2005. – (Справочник практического психолога). 18-24 стр.
6. Narmetova, Y., Melibayeva, R., Akhmedova, M., Askarova, N., & Nurmatov, A. (2022). PSYCHODIAGNOSTICS ATTITUDE OF THE PSYCHOSOMATIC PATIENTS'DISEASE.
7. THE INFLUENCE OF THE GLOBAL INTERNET ON THE PSYCHE OF ADOLESCENTS. H.A. Аскарлова. Modern Journal of Social Sciences and Humanities. 2022/5.
8. PSYCHOLOGICAL FEATURES OF EMOTIONAL STRESS IN MEDICAL STUDENTS. A.N. Abdivalievna, IN Nuriddinovna - Modern Journal of Social Sciences and Humanities, 2022.
9. PSYCHOLOGICAL FEATURES OF THE PROFESSIONAL FORMATION OF THE DOCTOR'S PERSONALITY. AN Abdivalievna - Modern Journal of Social Sciences and Humanities, 2022

10. Psychological Characteristics of Children with Attention Deficiency and Hyperactivity and their Readiness for School Training. A.N. Abdivalievna - European Multidisciplinary Journal of Modern Science, 2022
11. Karimovna, N. Y. (2022). AUTISM AND THE IMPORTANCE OF COMMUNICATION WITH PATIENTS OF THIS DISEASE. *Gospodarka i Innowacje.*, 23, 8-10.
12. Akhmedova, M. T., Narmetova, Y. K., Nurmatova, I. T., & Malikova, D. U. K. (2022). Communicative Competence Formation in Future Teachers Based on an Integrated Approach. *International Journal of Multicultural and Multireligious Understanding*, 9(4), 54-60.
13. Narmetova, Y. K. (2016). Organization of the psychological support in the cardiology clinics. *Theoretical & Applied Science*, (7), 28-31.
14. Narmetova, Y., Kuldosheva, G., & Bekmirov, T. (2021). The Psychological Services Role in the Psychodiagnostics and Psychocorrection of Psychosomatic Patients in the Psychoemotional Situation. *International Journal of Multicultural and Multireligious Understanding*, 8(12), 249-256.