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Psychological help for victims of road accidents

INTRODUCTION

The analysis conducted by the World Health Organization predict that by the year 2020 road accidents will become the leading cause of premature death. Experience shows that in about one-fourth of those involved in a road accident various sorts of difficulties are present. The appear immediately after the incident, and remaining for at least a month after the accident they stop spontaneously in part of these people. Sometimes, however, for many months, or even years after the accident there may persist symptoms suggestive of post-traumatic disorder, such as anxiety or avoidance of situations reminiscent of the traumatic event (driving a car, crossing the street, etc.), discomfort, recurrent of unwanted memories or dreams of accident. All of these cause problems in relationships with relatives and inefficiency at work

The purpose of the offered intervention is to prevent the development of post-accident disorders. At the same time, help for victims of car accidents should be available regardless of whether we are dealing with perpetrators of victims of the incident. Experience of one's own life or health threat, danger or loss of a loved one in a road accident is one of the most traumatic experiences. The number of road accidents points to the fact that psychological support may be necessary for many of such people.

When describing assumptions of psychological first aid for victims of traumatic incidents, what should be made clear at the beginning is explanation of what crisis intervention is. Art. 47, paragraph 2 of the Social Welfare Act says that crisis intervention is 'a group of interdisciplinary actions for the benefit of individuals and families who are in crisis. The aim of intervention is to restore mental balance and self-management, and thereby to prevent crisis reaction transition to chronic psychosocial disorder[2].

CRISIS INTERVENTION

Crisis intervention lies in the fact that, in a short time, using the skills and strategies, one helps the person experiencing the crisis in coping with emotional agitation caused by a particular situation or event. Crisis intervention is an active, directive and short-term impact. It occurs immediately or shortly after the crisis will become obvious. It may include a variety of techniques, from providing direct contact and support to the settlement of intensive treatment or therapy. It may focus on one person or several people and rely on conventional psychological help. Interventions connected with traumatic events or disasters require coordinated team actions to provide assistance to victims of larger groups and to apply variety of approaches and methods [4, p.15].

Crisis intervention is a fairly complex structure. Its range includes widely understood emotional crisis[3]. It refers to a greater or lesser extent to assist in creating and rebuilding social bonds, and bonds

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[2] The Act of 12 March on social service.

[3] Road accident is a kind of situational crisis. It appears when a person encounters an unusual event, an issue that goes beyond the experience of an entity that is unable to deal with it or control it. The key distinguishing situational crises from other events are features of a calling event, such as: unpredictability, suddenness, shocking nature, intensity and catastrophic nature. The psychological environment also speaks about the concept of 'critical incident'. It determines the traumatic event that is so strong that it overcomes the basic skills to cope with stress. Reaction to it cover the phases, such as emotional outburst, denial phase, the phase of the intrusion, overwork phase, the phase of completion. Each of these

between individuals. It is taken not only by the people, societies in crisis, but also for the purpose of prevention, in situations of a real risk of the crisis, in the so-called disaster risk groups. Therefore, crisis intervention can be defined as an activity to prevent the emergence of crises. Not only does it have just a secondary character which aim is to eliminate the effects of the experienced crises, but also the nature of the original, when stoppage of crisis development and pathology in general population becomes the goal [5,s.146].

Intervention may therefore take place at several levels:

- psychological- emotional support and help in the effective handling of crises,
- medical- pharmacological care, etc.
- the environment- it involves natural support groups, mobilizes substitute support groups, social and legal assistance, etc.

In the context of crisis intervention, specialists provide an immediate psychological support, and, depending on one's needs- social and legal counseling, when justified- a shelter up to three months. This includes clarification and the right diagnosis of the sources of stress and its importance for the customer. Its element is active and prescriptive cognitive reorganization. It helps the client to develop adaptive problem-solving mechanisms, allowing him to return to pre-crisis level of adaptation. It is oriented to reality. It focuses on the perception of the situation, on confronting denials and distortions in thinking and providing emotional support, rather than seeking emotional calm. Crisis intervention uses an existing customer relationship network with others to provide him with support and to help in the selection and use of effective strategies to cope with difficulties. It may be a prelude to further treatment.

In the course of crisis intervention to victims of trauma one should focus on the person affected by the trauma to be aware of how to deal with typical post-traumatic reactions. A very important thing is to inform and raise awareness of such person what measures should be taken to help to deal with the symptoms of trauma. Important issues in dealing with trauma are: [1,s,153]

- awareness that all symptoms are normal reaction to a traumatic incident,
- being open, alert to any signs coming out f the body,
- discussions about trauma depending on a need, if there is no one to talk to, it is always worth to call the service where one can get help (e.g. a crisis intervention centre),
- it is important to have a company, spending time with other people regardless of the fact whether they want it or not,
- what should be avoided as much as possible is the situations where one needs to make important life decisions,
- taking small actions that give pleasure and enhance well-being,
- releasing negative emotions, such as cry or rage, it cannot be allowed to accumulate them in the head,
- awareness that the process of healing from the trauma may take some time,
- awareness that the return of some of the symptoms of trauma in stressful situations is normal and one cannot give up.

phases may result in a number of symptoms, both in terms of cognitive, emotional and behavioural sphere. There may also appear somatic reactions.

ACTION IN CRISIS INTERVENTION

Any acts or actions against a person injured in a traffic accident depend on his mental condition, the phase of the crisis they are and the way they operate. The first thing a specialist should do is to determine what was the cause of the current state of the client. Only then can he begin to work on one of the three levels of guidance [6, p.66]:

- cooperative,
- directive,
- non-directive.

A cooperative partnership leads to a joint search for solutions and evaluation of the problem based on cooperation 'WE', while non-directive is 'YOU'. When the client's behavior indicates that he is able to take independent actions the person intervening through questions determines what the customer really wants to achieve and tells him what the consequences would be. By the non-directive actions the client's internal autonomy and independence is checked, which is required to make reasonable decisions. The directive mode is required when the individual is incapable of independent actions and choices. There are many cases which require absolute care- I mean people mentally ill or people in need of urgent medical care. When applying a six-step strategy, one starts with the non-directive help, and later in the course of the analysis of the case the approach is changed.

Operating principles

In the process of helping the clients, as mentioned before, the treatment starts with the non-directive strategy, and then after the in-depth analysis it can be changed to more effective if necessary. In crisis intervention there are several strategies that can facilitate treatment.

Firstly, one should remember about individual differences in each person. Each case must be considered individually, treating it as unique and unrepeatable [3, p.56]. In case of experienced employees, due to their large experience there may appear excessive belief in their abilities, which can lead to compartmentalisation of the occasional cases. This is a kind of trap, which can absorb a lot more energy in both, the client and the specialist, and consequently lead to a disaster. It is also important to continuously analyze oneself, to be aware of one's own skills, disadvantages, limitations and strengths of personality or skills of objective look at each case individually. One should double check mental state in order not to be dominated by the problems, which in turn can lead to burnout. A person with these symptoms should immediately cease any operations and seek appropriate assistance.

Those most common victims of accidents reporting to the centre usually have many complex problems. Each of them shall be clearly analyzed and defined in order to focus only on the most important and most relevant to the case. Crisis intervene must also remember not to get caught up in subplots which he is informed about by the customer frequently irritated with negative emotions.

It is very often the case that the number of possible solutions to the situations is huge, but for a person, especially the one who has experienced many traumatic situations it is hard to see them. By asking open-ended questions, one can get the client to revise his ways and thereby to make him aware of the number of solutions. One should keep in mind that the best solutions for the client are those which he came up with himself, the intervene by analyzing the client's qualifications and condition should try to suggest the solutions which are the best for him- the simplest and easiest to implement. [7. p.96].

In crisis intervention it is very important to act quickly, therefore one should develop a short-term plan to help overcome the current crisis. Strengths and weaknesses of the customer should be taken into account, as well as sources of help in which he might seek help. One should also focus on client's abilities, his strengths and ways of coping with stress. It is important to make it clear that psychological support also seeks to meet the immediate needs of the customer. An example of this may be organizing the company for single client or a possible assistance in helping to deal with an issue. Sometimes , it is just enough to have someone listen to such a person. Sometimes it happens that one needs to seek other sources of help. Very useful in this work is a list of contacts one may turn to ask for help or to give some information. Cooperating with other institutions and establishing close

contacts with them is very important, too, so that a customer can be directed as soon as possible in order to obtain a financial, legal or social help.

- to have on hand a list of institutions which most often we turn to for help,
- to maintain contact with people, whom we most often turn to for a cause
- to have further interest in the customer's actions
- to send letters expressing thanks for the obtained help
- to keep a record of referrals
- to know the working time of individual institutions
- to have their contact details
- to obtain consent from the client for a referral for further facility
- make sure that the client is able to turn himself to a particular facility for help and when it is
- not possible, to help him with this [4, s.100].

Priceless is also the use of support networks. This is nothing else but the use of already existing contacts in various institutions which have a significant impact in helping the customer. The person leading crisis intervention cannot be limited to only one centre, he must know facilities from the surrounding that can help his client to return to normal life. Intervene must also remember that he is not alone in his action. Among those belonging to the support network we can name judges, clergy, psychologists or employees of social institutions, but only a close relationship between these people allow one to include them in the support network. Possessing and using this kind of strategy is the key to success [8, p.87].

In the course of therapy it is important to ask the client to summarize the goals which he follows. This lets one see how and to what extent the client feels obliged and motivated to act, and whether the treatment is going in the right direction and to possibly correct certain ambiguity. It also allows a better insight into the roles that were brought to the customer as well as to segregate them according to their hierarchy. Obtaining commitment is to serve motivation and conviction that all will be well. Without this step even the best intensions and strategies may not lead to the goals. In the crisis intervention, this is the last step that with no previous phases would not have happened. All this what the customer has declared and made his goal, is the result of intense action through the whole process of therapy, which was based on the analysis of resources and customer's strategies. Intervene only watches over the entire process and, if necessary, corrects it, because it is impossible to immediately make a great leap forward, but even the customer's small actions towards the desired way heralds a change for the better.

SIX-STAGE MODEL OF CRISIS INTERVENTION

Crisis in the case of humans is a very complex phenomenon, therefore it is very important that the people who deal with crisis intervention have a simple and thus also an effective pattern for dealing with people in crisis. The first stage to start crisis intervention with is to define the problem. It is also the most important function which must be performed in the initial stage of help. Establishing a good contact with the client turns out to be of much importance, helpful to this are the techniques and skills such as active listening, authenticity and empathy. This stage defines the problem, its cause and how the initial phase of the crisis started. It is also worth to look at strategies of coping with stress and the client's defense mechanisms in order to determine what help to offer in the later stage of help, as the implementation of any strategy without earlier recognition may be ineffective. Open-ended questions such as: What? How? When? turn out to be helpful here, they usually let the intervene to get a clear picture of the event [6, p.51]. Equally significant element may be also a prepared list of standard questions to facilitate cooperation with the client without missing any important issue scrambles of information. It is also worth to make short notes when needed to view clearly and lucidly earlier discussed issues.

The next stage of crisis intervention is to *ensure the safety* for the victim. This task is the responsibility of the interventionists, and it is performed by removing the threat, if not complete then at least partially, as well as minimize psychological and physical dangers that lurk on both the client

and the people from his close area. To accomplish this task, the client is asked about basic issues such as possession of dangerous materials, pills or dangerous tools. Such questions are not limited to the client himself but, as mentioned before, also to the closest people around him. To ensure the safety, it is also helpful to offer a shelter for the person injured, making sure that it meets all his basic needs, or at the end providing verbal assurance of safety. After fulfilling these needs, the client should be allowed to speak freely about the situation he found himself in- let him present it as he sees it. When this happens, one should not judge his words, try to give advice or moralise. *Providing support* is done by a consistent message from the side of the intervene, that the client is someone for whom he cares. One should also take into account the client's emotional state and his self-esteem- a person who is experiencing a crisis will not feel appreciated and confident. In order to take care of the client, the helper must have developed skills of respect, empathy and acceptance in relation to his ward. Accounting for the attention and care of the needs is also a sign of support. It is worth mentioning here that these tasks should be carried out also in the case of the lack of reciprocity on the part of the customer and at the time of carrying them out one should create opportunities for the customer to make simple choices about what drink or food he wants. These seemingly trivial methods turn out to be very helpful as they allow to experience control over one's own life and to build self-respect.

After fulfilling previous intervention elements, it is time *to consider the possibilities available to the victim.* People in crisis often have problems with an overview of their capabilities and finding alternative solutions. The purpose of the intervene is to educate the client on the multitude of resources at his disposal, and to ensure that the client discovers them in himself. This can be done by drawing attention to the closest trusted people who in some way can be helpful, the means used by the client to reduce stress level and finally providing him with certain patterns of positive thinking, which facilitates a broader view of the problem. The role of the specialist is also paying attention to the best opportunities of the ones proposed by the client in terms of feasibility and effectiveness of the success.

Making plans is the next step closely linked to the previous one. It analyzes which group of people one can turn to for support, it teaches new ways to cope with stress, the ways which will be the most beneficial and effective. When creating the action plan, the client must have a sense of its co-creation and that no one makes decisions for him. This may result primarily in taking responsibility for the customer's future, as well as obtaining the attitude of passivity. Intervene is very often the authority for his clients, who convinced of his skills will not raise objections or even they will rise in their belief that the current plan is all they need, and just as I wrote earlier , one should build a sense of control and security as well as self-respect, that is through self-help plan that will regain the life control.

The last element of crisis intervention is to *obtain the customer' s commitment*. It is nothing else but the introduction of previously generated plan. If the process that was accompanied was properly executed, to obtain the commitment to the implementation of these elements will not be a problem. It is based mainly on the fact that the client introduces the actions through which he will achieve success, what his goal is and how the realization of the commitments will look in time. Of course, if the intervene agreed to help the client in some respects, they must be implemented as agreed. On the other hand, the role of the client should is based on making all decisions previously agreed within the contract to solve the problem in order to regain control over one's life.

CONCLUSIONS

It is worth remembering that crisis intervention is not a therapy. If patients injured in accidents will develop a post-traumatic stress disorder, the most appropriate help will be a therapy. Such therapy is not something easy, the solutions we know unfortunately soothe a lesser of greater degree of symptoms. Sometimes trauma is so strong and so firmly established that is not easy to get rid of the memories of it. Therapists use pharmacotherapies and psychotherapies for victims to apply. However, the studies show that more effective is psychotherapy. Drug therapy is based on giving antidepressants and anxiolytics which bring relief but they do not free the person completely from the problem.

Psychotherapy as an effective way of dealing with post-traumatic stress disorders used as the two types of psychotherapy: exposure and disclosure. The exposure therapy involves exposure of the patient in the presence of a psychotherapist to re-experience the trauma-related stimuli that cause fear. The patient describes the experience in the present tense, it is repeated during the further sessions. Stories of the patient during the sessions are recorded, then the person is required to replay them a few times at home. The type of opening therapy is about establishing, with people who don't have a problem with frequent and sincere story about their problem, are less vulnerable to the adverse effects of the disorder than those who conceal their closed and bad experience from the world [2, p.107].

One should remember that road accidents partakers often carry destructive and disrupting their relationships with the surrounding layers of negative feelings and attitudes. Because hidden in the unawareness negative emotions (such as anger, hatred, distrust, revenge) are very destructive force having impact on human behavior and relations with others, an important task is to work on the reduction of tensions and negative emotions. Within the framework of therapeutic activities one should work on anxiety and elements of relaxation training.

The help to partakers of road accidents should include a section of teaching them a method of introducing in a state of deep mental and physical relaxation. An extremely useful here turns out to be Shultz's autogenic training method. It allows one to effectively remove one's own tensions, but from a therapeutic point of view, its biggest advantage is that the man himself takes self-control gaining this way independence from the help of other people and drugs [ ]. Autogenic training 'is based on the assumption of mutual, inseparable connection between physical and mental tensions. Mental stress of emotional origin causes muscle tension around muscular apparatus […]. Because we know how under the influence of psychological factors muscle tensions occur, we can use this natural mechanism and deliberately create the conditions in which the reverse reactions occur- releasing muscle tensions'. The effect of a well-controlled training are psychophysical states of quietening, reducing mental tension, suppressing negative emotions and removing ailments with neurotic symptoms.

Working on the treatment of trauma is sometimes complicated and difficult, it brings effects but unfortunately does not cure disorders completely. To get help, one has to be sure that with a therapists one should always speak honestly and openly, otherwise it will be hard to deal with the symptoms of post-traumatic stress disorder.

Abstract

The World Health Organization provides that by 2020 road accidents will become the leading cause of premature death. Experience shows that in about one-fourth of those involved in a road accident there occur all sorts of difficulties. They appear immediately after the event, and, persisting for at least a month after the accident, in part of these people they pass spontaneously. Sometimes, however, for many months or even years after the accident there may persist the symptoms suggestive of post-traumatic disorder, such as anxiety or avoidance of situations reminiscent of the traumatic event (driving a car, crossing the road, etc.), feeling of discomfort, recurrent unwanted memories or dreams of accident. All of these cause problems in relationships with relatives and inefficiency at work.

The aim of the intervention offered is to prevent the development of accident disorders. At the same time help for victims of car accidents should be available regardless of whether we are dealing with perpetrators or victims of the incident. Experience of threat to health or one's own life, danger or loss of a loved one in a road accident is one of the most traumatic experiences. The number of road accidents points to the fact that many of such people will need psychological help.

Kewords: (crisis intervention, people injured in road accidents, trauma).

Pomoc psychologiczna osobom poszkodowanym w wypadkach drogowych

Streszczenie

Światowa Organizacja Zdrowia podaję iż do roku 2020 wypadki drogowe staną się najczęstszą przyczyną przedwczesnej śmierci. Doświadczenie pokazuje iż u około jednej czwartej osób, które uczestniczyły w wypadku drogowym występują różnego rodzaju trudności. Pojawiają się one bezpośrednio po zdarzeniu, a utrzymujące się przez co najmniej miesiąc po wypadku u części z tych osób mijają samoistnie. Czasami jednak przez wiele miesięcy, a nawet lat po wypadku mogą utrzymywać się objawy wskazujące na zaburzenie potraumatyczne takie jak lęk, czy unikanie sytuacji przypominających traumatyczne zdarzenie (jazda samochodem, przechodzenie przez jezdnie, itp.), poczucie dyskomfortu, nawracające niechciane wspomnienia czy sny o wypadku. Wszystkie one powodują problemy w relacjach z bliskimi oraz obniżenie sprawności w pracy zawodowej.

Celem oferowanej pomocy interwencyjnej jest zapobieganie rozwojowi zaburzeń powypadkowych. Przy czym pomoc dla osób poszkodowanych w wypadkach samochodowych powinna być dostępna bez względu czy mamy do czynienia ze sprawcami czy ofiarami zdarzenia. Doświadczenie zagrożenia zdrowia lub życia własnego, zagrożenie lub utrata bliskiej osoby w wypadku drogowym, to jedno z najczęstszych doświadczeń traumatycznych. Liczba wypadków drogowych wskazuje na fakt, iż pomocy psychologicznej może potrzebować wiele takich osób.

Słowa klucze: (interwencja kryzysowa, osoby poszkodowane w wypadkach drogowych, trauma.)

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