Humanitarian Programs and Interventions in Turkey

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In this article, the concept of humanitarian aid, the basic needs in crisis situations, the definition of eye movement desensitization and reprocessing (EMDR), and EMDR as a humanitarian intervention are explained. General needs and needs in Middle East are discussed. Some of the published studies about the EMDR therapy as a humanitarian intervention are summarized. Training and humanitarian programs in Turkey are documented. Two of our important humanitarian projects with EMDR including Marmara earthquake training and Intervention and Kilis Syrian refugees projects are described in detail. The aim of this article is to underline the importance of basic elements of natural and man-made disasters in terms of organization, financing, training, and intervention.

Keywords: eye movement desensitization and reprocessing (EMDR); humanitarian intervention; treatment; Turkey; earthquake; refugees

The main aim of humanitarian interventions is to prevent or end the widespread violations to human rights and/or to provide material or logistic assistance in response to natural disasters and man-made disasters (Glušac, 2010). Saving lives, alleviating suffering, and maintaining human dignity are the priorities of humanitarian aid. Humanitarian interventions are basically intended to be ruled by humanity, neutrality, and independence principles and intended to provide the activities immediately after a disaster. In the case of any humanitarian crisis, the first response usually focuses on material relief such as shelter, water, medicine, emergency food aid, protection, and support services such as providing necessary communications, logistics, and coordination (Konuk & Zat, 2014, p. 26).

However, emergency situations such as earthquakes not only affect physical health but also impact people's psychological health and well-being. It is important to address psychological needs as well as the basic needs. In the case of serious crisis, psychological first aid includes psychological and social assistance, helping in a practical and caring way according to the clients' need. Psychological support may include listening to the people, understanding their needs and concerns, to provide social support and protect them from any other harm (World Health Organization [WHO], 2011). In addition, humanitarian early warning, contingency planning, and connection with media for international response are also taken into consideration as important needs (Banatvala & Zwi, 2000).

Trauma and Early Intervention

Some experts (National Institute of Mental Health, n.d.) have argued that there may be a substantial advantage in treating individuals with symptoms of acute stress disorder (ASD) because early interventions may reduce or eliminate the ASD and perhaps prevent the development of posttraumatic stress disorder (PTSD). If symptoms of PTSD have developed, then early interventions are helpful in eliminating distress and restoring function. The benefits can be seen at both individual and community levels (Carriere, 2014).

Eye Movement Desensitization and Reprocessing

Eye movement desensitization and reprocessing (EMDR) was developed by F. Shapiro in 1987. EMDR is an integrative and comprehensive psychotherapy approach that was developed to reduce or eliminate the symptoms resulting from unresolved traumatic

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memories. It is a structured therapy that integrates many effective therapeutic approaches. This client-centered therapy approach contains elements of psychodynamic, cognitive-behavioral, interpersonal, experiential, and body centered therapies to enhance therapy outcomes (F. Shapiro, 2001).

EMDR is based on F. Shapiro's (2001) theory that positive outcomes result from adaptive information processing (AIP) of distressing memories. Adaptive information processing theory posits that all psychopathology is based on adverse life experiences (traumas big and small) and related memory networks. EMDR focuses on past experience, ongoing triggers, and future challenges for the purpose of alleviation of presenting symptoms, development of self-image, relief from bodily disturbance, and resolution of present and future anticipated triggers (F. Shapiro, Kaslow, & Maxfield, 2007).

There is a body of strong evidence that EMDR therapy is efficacious in the treatment of PTSD (Foa, Keane, Friedman, & Cohen, 2009; National Institute for Health Care and Excellence, 2005; Therapy Advisor, 2004). WHO (2013) recommends EMDR therapy for advanced treatment of PTSD because it eliminates symptoms such as having vivid unwanted, repeated flashbacks of traumatic experience (WHO, 2013). Because disaster victims are at risk of developing acute stress responses and subsequent PTSD, EMDR treatment can be very helpful to survivors (Konuk et al., 2006).

EMDR as a Humanitarian Intervention

There have been several preliminary studies, which have investigated EMDR's effectiveness for early intervention and/or as a disaster intervention for both adults and children. A randomized clinical trial showed that EMDR has similar efficacy to cognitive behavior therapy (CBT). de Roos et al. (2011) compared the effectiveness and efficiency of CBT and EMDR therapy for 52 children who were affected by an explosion of a fireworks factory. Both treatments were found efficacious, although EMDR produced the same result with fewer sessions.

There are many field studies where individual EMDR therapy was provided as a humanitarian intervention. For example, after an earthquake in 2002 in Molise, Italy, Fernandez (2007) evaluated the effectiveness of individual EMDR therapy for 22 children who were trapped in the rubble when their school collapsed, killing many of their classmates. After an average of 6.5 sessions of individual EMDR therapy, there was a significant reduction in PTSD symptoms.

EMDR has also been provided in a group format after disasters. Jarero, Artigas, Montero, and Lena (2008) evaluated the effectiveness of the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) with 16 children after a human-provoked disaster in the Mexican state of Coahuila in 2006. After treatment, the children's scores on the Child's Reaction to Traumatic Events Scale decreased significantly, and this decrease was maintained at 3-month follow-up.

Turkey

For more than 500 years, the Ottomans ruled much of Europe, Middle East, Western Asia, and North Africa. The Republic of Turkey was formed in 1923. Today, Turkey has a multiethnic population of 76 million, most of which is Muslim. Individuals from Iraq, Iran, Syria, Azerbaijan, and Armenia are scattered through the east of Turkey, and there are social turbulence and periodical conflicts in this area. Terrorist attacks are common. Over the last few years, Turkey has attracted Syrian and Iraqi refugees.

Turkey has a varied landscape, with coastal plains, high plateaus, and mountain ranges. It is bounded on three sides by the Aegean Sea, Black Sea, and Mediterranean Sea. Almost 80% of Turkey suffers from earthquakes, small or big, every year.

In the Middle East, one of the most serious crises at present is the civil war in Syria. More than 200,000 people have died since the beginning of the crisis in 2011. Millions of Syrians have moved to other countries, including Jordan, Lebanon, Egypt, and Iraq. The Turkish Ministry of Interior Affairs reports that 1.5 million Syrian refugees live in various cities in Turkey and that there are more than 300,000 refugees living in refugee camps (Republic of Turkey Ministry of Interior, 2015).

Although the refugees' basic need is security, simply providing basic essentials is not enough. According to Disaster and Emergency Management Presidency of Turkey's (AFAD, 2013) Syrian refugee field survey results, nearly half of the Syrian refugees think that they or their family members need psychological help (AFAD, 2013). A study, which was conducted between April and July 2013 in the Kilis refugee camp in Turkey, found that 83.54% of 820 adult refugees showed PTSD symptoms (Acarturk et al., 2013).

EMDR Humanitarian Programs in Turkey

EMDR humanitarian programs in Turkey are organized by EMDR Turkey Association and EMDR Humanitarian Assistance Program (EMDR-HAP) Turkey in collaboration with the Institute for Behav-

ioral Studies (DBE), Istanbul, Turkey. All members of the EMDR Turkey Association board are also members of EMDR-HAP. EMDR-HAP has 150 members scattered around Turkey and is led by a coordinator and a team of 6 professionals. EMDR Turkey has 450 members, and after any disaster, they participate in the projects organized by the EMDR-HAP team. All work is done on volunteer basis.

EMDR-HAP has made training mental health professionals a priority. By increasing the number of mental health professionals who are qualified to provide early intervention with EMDR therapy, psychological services can be provided to more victims of any disaster as soon as possible. In 2014, Arabian professionals from Iraq, Iran, Syria, and Palestine working with Syrian refugees came to Istanbul, Turkey, and EMDR Level I training was provided to them. This project was cosponsored by EMDR-HAP Europe, Young Men's Christian Association (YMCA) Palestine, EMDR-HAP Turkey, and DBE.

Development of EMDR Humanitarian Programs in Turkey

In 1999, a large-scale earthquake took place in the north west of Turkey. Number of casualties were 25,000; whereas number of houses collapsed was 65,000 and number of houses too severely damaged to live in were 85,000. There were hundreds of thousands of people homeless in the morning of the earthquake.

At that time, the Turkish mental health community had a limited number of mental health professionals with experience in trauma therapy, and there were only a few professionals who knew how to properly and effectively provide postdisaster interventions to traumatized people.

The earthquake highlighted the need to train mental health providers so that they could acquire skills to provide early intervention following a disaster. Consequently, the first EMDR training in Turkey for mental health professionals was organized. It was initiated by the principal/senior author who had learned about EMDR and F. Shapiro's work through the Mental Research Institute, Palo Alto, CA where he had received his training and worked as a staff member. With the assistance of EMDR-HAP, early EMDR interventions were provided to numerous earthquake victims, and six trauma centers were built in the earthquake area. (See the "Description of Selected Projects" section for more detail about this project.) A strategic plan was developed that could be used to respond to psychological suffering following other disasters.

This was the onset of EMDR history in Turkey. To date, 51 trainers and facilitators from the United States, Europe, and Israel have come to Turkey to give EMDR basic trainings, facilitate workshops, and provide supervision. From 1999 to 2012, Udi Oren from Israel visited Turkey twice each year and trained more than 1,000 EMDR practitioners, 12 EMDR Europe consultants, and an EMDR trainer.

Since 1999, the EMDR Turkey Association and EMDR-HAP Turkey in collaboration with the DBE have provided early psychological intervention with EMDR to survivors of various disasters. Table 1 provides details of the various projects. In the large cities of İstanbul, Ankara, and İzmir, "EMDR-HAP emergency interventions teams" were established. They have worked in collaboration with the municipalities and governorships and have responded to disasters.

Major EMDR-HAP Projects in Turkey for Response to Natural Disasters

EMDR-HAP coordinated crisis intervention services for victims of flood disaster in Hatay and provided EMDR therapy in 2000. An earthquake occurred in Afyon in 2002. EMDR-HAP and Turkish Psychological Association (TPA) arrived at the earthquake area. They offered psychological support and EMDR therapy the day after the earthquake.

Major EMDR-HAP Projects in Turkey for Response to Man-Made Disasters

In 2001, a group of 100 employees of Turkish Airlines (THY) were trained by EMDR-HAP to be the first responders following any emergency situation. A THY aircraft crashed in Diyarbakir in 2003 and resulted in the loss of 75 passengers and crew. The EMDR-HAP team immediately contacted the trainees and worked with them to do early psychological intervention to the hundreds of relatives of the dead passengers gathered at the airport.

Another THY aircraft crashed in Amsterdam in 2009. There were 128 passengers: 9 of whom died, 13 were seriously injured, and many others had minor injuries. Right after the accident, THY asked for support from EMDR-HAP. The core team contacted the first responders in THY, who had been trained before, to do early psychological interventions to the relatives of the victims who immediately came to the THY office at the airport in Istanbul. Although the group of people was waiting to learn whether their relatives were alive or not, the first responders worked with family members, some of whom were aggressive. In addition, some of the EMDR-HAP team members went to Amsterdam the day after the crash and did EMDR therapy with the survivors for about a

TABLE 1. Summary of Major EMDR-HAP Projects in Turkey 1999–2014

Location	Year	Disaster	Project Length	Number Treated	Treatment Provided	Number Staff
Marmara region, Turkey	1999	Earthquake	3 years	Estimated 15,000	EMDR, psychosocial interventions, group trauma work, seminars, workshops	In 3 years, 209 people got EMDR training. They worked with various NGOs periodically.
Hatay, Turkey	2000	Flood disaster	2 weeks	300	EMDR, trauma group work	4
Taksim, Istanbul, Turkey	2001	Terrorist attack	20 days	12	EMDR	3
Istanbul, Turkey	2001	Terrorist attack	3 months	125	EMDR, trauma group work	6
Afyon, Turkey	2002	Earthquake	1 week	30	EMDR, trauma group work	2
Diyarbakır, Turkey	2003	Airplane crash	3 months	60	EMDR, trauma group work	6
Gungoren, Istanbul, Turkey	2008	Terrorist bombing	2.5 months	70	EMDR	15
Amsterdam, Holland	2009	Airplane crash	2 months	40 relatives and employees	EMDR	8
Istanbul, Turkey	2013	Gezi Park protests	3 weeks	5 (known)	EMDR	4
Kilis, Turkey	2013–2014	War, refugees	1.5 years ongoing	950	EMDR, R-TEP, G-TEP	12 (in rotation)
Istanbul municipality women's health center	2008–2014 ongoing	HAP training project. Therapists also work for HAP projects.	Ongoing	48,500	EMDR, family therapy	70 (2008–2011) 53 (2011–2014)
Soma, Turkey	2014	Mine accident	July 2014 ongoing	70	EMDR, R-TEP, G-TEP	15 work in rotation. More will be trained.

Note. EMDR = eye movement desensitization and reprocessing; NGO = nongovernment organization; HAP = Humanitarian Assistance Program; R-TEP = recent traumatic episode protocol; G-TEP = group traumatic episode protocol.

week. They came back with most of the survivors to Istanbul.

In May 2014, a mine accident happened in west Turkey, and 301 mine workers lost their lives. In collaboration with several NGOs and state agencies, EMDR-HAP began to give service at several locations where the workers and their families live. Ten local professionals working for the Ministry of Family and Social Politics who work at the disaster area have received EMDR Level I and Level II training. The work is still ongoing. EMDR-HAP provided training and supervision for professionals working with the families of the mine accident, teaching them trauma response, EMDR protocols for early intervention, and EMDR with children.

Major EMDR-HAP Projects in Turkey for Response to Terrorist Attacks

EMDR-HAP provided immediate response for the victims of the terrorist attack in Taksim Square, Istanbul in 2001. Right after the bombing, two synagogues, the British consulate, and an HSBC bank were also attacked. EMDR-HAP responded the same day and then assumed responsibility for the victims' therapy.

In July 2008, two terrorist bombings took place in Gungoren, Istanbul. After the first bombing, people rushed to help. In 10 minutes, the second bomb exploded. Eighteen people died, and 150 were injured. Within half an hour, most of the core EMDR-HAP team in Istanbul met to plan their intervention. At the time of the bombing, the EMDR-HAP team was providing training with the Istanbul municipality to 70 very young mental health practitioners with limited experience in therapy. These trainees were from women's health centers, which were being established in 35 different counties of Istanbul. They were being taught basic counseling skills, basic EMDR training, solution-focused therapy, and strategic family therapy. With intense supervision, these young professionals provided early intervention to the victims of the bombing. At the end of the project, nearly 500 EMDR sessions had been provided to 150 clients. This intervention clearly illustrates the importance of having a flexible strategic plan, modifiable according to the conditions, resources to mobilize, and experienced team leadership.

In the 2013 Gezi Park project, EMDR therapy was provided to the victims of Gezi Park protests after the organizers of the demonstrations at the park were informed about EMDR Association and EMDR-HAP. These individuals had adverse effects related to the chaotic atmosphere and the police attacks using teargas and water cannon.

Description of Selected Projects

1999 Marmara Earthquake. As previously mentioned, 25,000 people died, 65,000 houses collapsed, 85,000 houses were in unlivable condition, and 500,000 people were homeless after the earthquake. The Turkish Psychological Association (TPA) and Institute for Behavioral Studies (DBE) seized this challenging opportunity to ensure that mental health providers received training to develop skill sets needed to respond to a disaster. These included basic counseling skills, training for recent trauma, solution-focused therapy, traumatology, EMDR basic training, Level I and II EMDR training, and supervision for all trainings. EMDR-HAP provided EMDR trainers and facilitators to organize EMDR trainings in Turkey. Between 1999 and 2003, 250 Turkish professionals attended EMDR therapy basic trainings.

The TPA and DBE established six prefab clinics in the "tent cities" at Izmit, Golcuk, and Yalova and therapy teams offered pro bono services there for 3 years. One of these clinics (Izmit Rehabilitasyon Merkezi) still functions and is run by Kocaeli University. Around 15,000 people received services such as EMDR therapy, seminars, workshops, and trauma group work.

During this project, the teams reached hundreds of work places giving seminars and workshops to the employees. That was one way the project was funded.

After the earthquake, one of the largest business groups in Turkey, which operated six factories at the disaster area requested assistance for their depressed employees who were having difficulty recovering their motivation. The CEO of the factories mentioned that they had done everything they could but nothing had been successful. Because the factories were too far away from Istanbul, we had to think for a different solution. First, most of the supervisors and managers received seminars about trauma with practical suggestions and employees got manuals about trauma. Each supervisor asked their team members for a name of a person who—right after the earthquake—had begun organizing things, helping people, supporting morale, was liked and respected, and continued to do this without demonstrating signs of stress and the effects of trauma. We received the names of 240 people. We gave seminars and extensive group training, and debriefing, in groups of 12 to all of the 240 leaders. We then selected the best 40 individuals and had them lead therapy groups with the survivors in the factories under our supervision. The other 200 individuals helped the leaders to run the groups. The therapy groups provided employees

with psychoeducation about trauma and depression. They were also taught coping skills and the "BASIC-PH," which is a group trauma work with recent trauma (Cohen, 2001). We maintained the supervisions for a while and then backed off. The group leaders succeeded to reach most of the employees. Meanwhile, every week, two therapists went to the factories and delivered EMDR therapy. It was nice to see the changes the whole organization experienced relatively in a short time.

EMDR Study. In 2001, a small research study (Konuk et al., 2006) was conducted to evaluate the effectiveness of the EMDR therapy being delivered in the clinics. A representative sample of 41 participants with diagnosed PTSD completed the study. All were living in the "prefabs" in the tent city. At the end of the treatment, 92.7% no longer met PTSD diagnostic criteria and at 6-month follow-up 85.7% had no longer had PTSD. Scores were significantly reduced on the PTSD Symptom Scale—Self-Report Version (Foa, Cashman, Jaycox, & Perry, 1997). Participants received an average of 5.2 EMDR sessions.

Intervention Program With Kilis Syrian Refugees

The war in Syria still continues, and every day, thousands of people escaping the war arrive in Turkey and are placed in camps located along the Syrian border. Many more refugees are trying to survive living in larger cities in Turkey. We know that these refugees are severely traumatized, and the effective therapy services are very much needed.

EMDR-HAP runs a project with Syrian refugees in the refugee camp at the Syrian border in Kilis, Turkey. The purpose of the project is to train local therapists who work in state hospitals, centers, and clinics in municipalities and nongovernment organizations (NGOs) so that they can give psychological service to the refugees and local communities in a way that it can be maintained in the future and which can serve as a model.

This training model was originally tested in 2008–2014 (as previously described) after the terrorist bombings in Gungoren, Istanbul. In this ongoing project, initiated by Istanbul municipality, the women's health center project provided an average of 9,000 therapy sessions per month in 2009.

Recently, we had the chance to evaluate the scientific validity of the model. The study was realized in three steps:

Pilot Study. First step was a pilot study. In this project, we had difficulties in many areas. We lacked prior experience working with a refugee population. The biggest problem was the language. A translator was needed in every session to help us speak with the clients. The translators were also refugees, and they were living in the camp. The basic concepts of EMDR therapy that therapists use during the sessions were explained to them before starting with the sessions, and the therapists paid attention to not using complicated sentences.

The basic EMDR Level I training was provided to the therapists, and they were also encouraged to socialize with the refugees in the camps to inform them about the treatment and attract them to get it. After the therapists completed EMDR training in Ankara, they provided EMDR therapy to the trauma victims in the Syrian border under a pilot clinical randomized trial. There were 29 participants who were randomly allocated to EMDR ($n = 15$) and waiting-list control group ($n = 14$). The target memories were only the ones related to the war traumas. The results showed that PTSD and depression symptoms of the victims were significantly reduced. The average number of sessions was 4.1 sessions of EMDR therapy, and the clients were seen every day (Acarturk et al., 2013).

EMDR R-TEP Study (EMDR Recent Traumatic Episode Protocol). In the second study, Konuk and his colleagues carried out a research evaluating the effectiveness of the EMDR recent traumatic episode protocol (R-TEP) with Syrian refugees living in the camp (Yurtsever et al., 2014).

R-TEP is defined by E. Shapiro (2012) as:

> a comprehensive current trauma–focused protocol for EEI (early EMDR intervention) that incorporates and extends the existing EMD (eye movement desensitization) and recent event protocols together with additional measures for containment and safety. The R-TEP usually requires 2–4 sessions, which can optionally be conducted on successive days. (p. 246)

The measures used in this study were the Impact of Events Scale for PTSD symptoms and the Beck Depression Inventory. Participants were randomly allocated to two groups: R-TEP and wait list. At the end of the treatment, the participants in the R-TEP group showed significantly lower scores on the depression and PTSD measures than the control group (Yurtsever et al., 2014).

EMDR Group Traumatic Episode Protocol. E. Shapiro developed the group traumatic episode protocol (G-TEP) in the 2000s. G-TEP is defined by him as:

> an attempt to answer the challenge of how to construct a group protocol that contains more of

> the depth and power of the EMDR protocol and the AIP, more closely resembling the individual protocol. The G-TEP is a simplified adaptation of the R-TEP for use with groups of adults, older children, and adolescents who have had recent traumatic experiences or life-changing events with ongoing consequences that are not necessarily recent. (E. Shapiro, 2013, p. 23)

Because so many refugees living in the camps needed mental health assistance, we decided to treat them by using EMDR G-TEP. We got in touch with Elan Shapiro and got training and supervision from him. This third study was conducted to explore the effectiveness of G-TEP. The participants were Syrian refugees who were exposed to serious war trauma. There were two groups in this study: the treatment group ($n = 32$) and the waiting list ($n = 31$) who received no treatment. Various measures were used to evaluate their depression and PTSD symptoms. The test scores of the participants receiving G-TEP in the treatment group were significantly lower than the waiting list group, with a significant reduction in PTSD diagnosis. In addition, we found that 2 days of G-TEP treatment were more effective than 1 day, with significant differences in the subjective unit of disturbance scores for those with 2 treatment days compared to 1 treatment day (Yurtsever et al., 2014).

Future Needs

The provision of effective psychological services to those exposed to natural or man-made disasters requires a well-designed strategic plan, including selection of professionals, accommodation, logistics, project management, funding, and an intervention program. Our observations and experiences have shown us that many developing countries seem not to have a structured intervention plan that defines the logistics of providing psychological services after disaster. Konuk and Zat (2014) provide a model that can be used in early intervention to disasters.

We recommend that in every single region, an early intervention team should be formed. Team members should be experienced in EMDR, trained in R-TEP, G-TEP, or IGTP. Local therapists should then be trained to ensure that they know about trauma, trauma responses, and basic counseling skills. The importance of early intervention with EMDR in response to a natural or man-made disaster should be emphasized by giving local therapists EMDR basic trainings, intense live supervision, good documentation, and scientific research. A vital part of the humanitarian intervention is to increase the number of EMDR therapists who have training and experience.

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