TURKISH PSYCHOLOGICAL COUNSELING AND GUIDANCE JOURNAL
2026, VOL. 16, NO. 80, 64-73

Official Journal of
Turkish Psychological Counseling
and Guidance Association

ISSN: 1302 – 1370, E-ISSN: 2822 – 6569 https://doi.org/10.17066/tpdrd.1641517

RESEARCH ARTICLE

The Effects of Psychological First Aid Training on Coping Strategies Used by Counselors in Crisis Interventions

İrem ŞAHİN YOLUK[a] Meral ATICI[a]

[a] Çukurova University, Adana, Türkiye.

ARTICLE HISTORY

Received: 17/02/2025

Accepted: 20/10/2025

KEYWORDS

Psychological first aid

Crisis intervention

Coping strategies

Counselors

ABSTRACT

This study examines the effectiveness of the Psychological First Aid Training Program (PFATP), which was developed by researchers in 2022 for psychological counselors, and its impacts on the coping strategies used in crisis interventions. A quasi-experimental design was employed, with 33 psychological counselors who are currently working in Adana, Türkiye. Quantitative data were collected through pre-test, post-test, and follow-up measurements administered to experimental and control groups. The Friedman test was used to analyze within-group differences, while the Mann–Whitney U test was employed for between-group comparisons. The findings indicated that the PFATP significantly increased counselors' psychological first aid knowledge and skills. The study highlights the potential of crisis and trauma focused training to enhance professional competence among counselors. No qualitative follow-up was conducted in this research.

Introduction

Individuals may encounter crises that disrupt their daily routines, threaten their sense of security, and cause psychological imbalances when coping mechanisms prove inadequate (Caplan, 1964; Geyran Çervatoğlu, 2000; Oflaz, 2008). While crises can generate significant distress, they are also natural parts of life and not necessarily a sign of weakness or psychopathology (Janosik, 1986; Parry, 1990). Traumatic events may produce long-term consequences by challenging individuals' adaptive capacities, underscoring the importance of structured, psychosocial support (Leon, 2004; Litz, 2008; Ruzek, 2007). Psychological First Aid (PFA), inspired by physical first aid, was developed as a modular approach to provide immediate relief, reduce distress, and promote adaptive functioning in the aftermath of crises (WHO, 2011; McCabe et al., 2014).

The theoretical basis of this study can be explained through stress and coping theory. Lazarus and Folkman (1984) conceptualize coping as the cognitive and behavioral efforts individuals use to manage demands appraised as exceeding available resources. In crisis contexts, counselors are expected to mobilize both problem-focused and emotion-focused strategies, which are also embedded in the structure of PFA. Moreover,

CORRESPONDING AUTHOR İrem ŞAHİN YOLUK, sahin.irem@gmail.com, ORCID: 0000-0001-7146-0205, Çukurova University, Adana, Türkiye.

This is an article under the terms of the Creative Commons Attribution License. As the original work is properly cited, reproduction in any medium is permitted.

© **2026 The Authors**. Turkish Psychological Counseling and Guidance Journal is published by Turkish Psychological Counselling and Guidance Association

post-traumatic growth theory (Tedeschi & Calhoun, 1996) emphasizes that highly challenging events may foster positive changes in self-perception, interpersonal relationships, and resilience. Accordingly, PFA training may not only mitigate the immediate burden of crises but also contribute to long-term professional growth and adaptive coping capacities.

International literature highlights the effectiveness of PFA in enhancing resilience and strengthening social support systems (IASC, 2007; Everly et al., 2010; McCabe et al., 2014; Kouvatsou et al., 2022; Asaoka et al., 2023; Gignoux-Froment et al., 2024). However, studies also show that many professionals and paraprofessionals lack sufficient knowledge and training in this area (Everly et al., 2010). In Türkiye, where natural disasters, migration, and collective traumas are frequently experienced, the need for evidence-based crisis intervention is even more pressing. Previous research has highlighted the limited preparedness of school counselors and teachers in crisis contexts (Mete-Otlu, 2011; Kılıç, 2018). More recent doctoral studies have demonstrated that PFA training programs can enhance counselors' and teachers' self-efficacy, coping strategies, and awareness while responding to crises (Saygılı, 2023; Kılınç Çelebi, 2025). Nevertheless, empirical evidence on the effectiveness of structured PFA training in the Turkish context remains scarce, underscoring the importance of programs designed specifically for counselors.

In this regard, the present study aims to examine the effectiveness of the Psychological First Aid Training Program (PFATP) developed for counselors. Specifically, it evaluates the extent to which PFATP contributes to counselors' coping strategies in crisis intervention and enhances their knowledge and skills in applying psychological first aid. By situating this intervention within both international theory and national needs, the study seeks to strengthen individual and collective crisis intervention capacities in Türkiye and to contribute to the broader dissemination of PFA training programs.

Method

Research Design

This study was approved by the Scientific Research and Publication Ethics Committee of Çukurova University (Social Sciences and Humanities) on April 22nd, 2021 (Document No. 61943). It employed a quasi-experimental design with pre-test, post-test, and follow-up measurements.

Study Group

The study group was determined using criterion sampling and a purposive sampling method. The inclusion criteria were (a) graduation from a Psychological Counseling and Guidance / Guidance and Psychological Counseling / Psychological Services in Education undergraduate program, and (b) at least three years of professional experience in the field. Participants were recruited from voluntary counselors working under the Adana Provincial Directorate of National Education. Of the 48 applicants, eight who did not meet the criteria were excluded. The final sample consisted of 40 counselors, randomly assigned to the experimental group (n = 20) and the control group (n = 20). During the study, one participant from the experimental group and six from the control group withdrew, resulting in a final sample of 33 participants. Demographic information is provided in Table 1.

Data Collection Tools

Psychological First Aid Achievement Test (PFAST)

The PFAST was developed by the researchers to evaluate participants' knowledge of Psychological First Aid (PFA). An initial 21-item trial form was created that was based on expert opinions and a specification table that is aligned with the program objectives. Following a pilot study, seven items with low discrimination were removed, resulting in a 14-item test. Reliability was assessed using the Kuder–Richardson 20 (KR-20), yielding a coefficient of .62, which indicates moderate reliability. Further psychometric analyses that supported the adequacy of the instrument included: item difficulty values that ranged between .43 and .83, and item discrimination indices that were between .21 and .35, demonstrating an acceptable psychometric quality. Content validity was ensured through expert evaluation (n = 5) of item relevance, clarity, and representativeness, in accordance with standard scale development procedures (Lawshe, 1975). Expert feedback confirmed that the items adequately reflected the intended learning outcomes of the PFATP. These findings, consistent with previous PFA-related test development studies (Saygılı, 2023; Kılınç Çelebi, 2025),

indicate that despite its moderate reliability, the PFAST possesses satisfactory validity evidence and serves as an appropriate tool for evaluating participants' knowledge gains from the PFATP.

Table 1. Demographic characteristics of the participants

Demographic Information		Experimental Group		Control Group		Sum	
		n	%	n	%	n	%
Gender	Female	12	63.16	10	71.43	22	66.67
	Male	7	36.84	4	28.57	11	33.33
Employing Institution	Primary School	7	36.84	4	28.57	11	33.33
	Middle School	8	42.11	5	35.71	13	39.40
	High School	3	15.79	3	21.43	6	18.18
	Guidance and Research Center	1	5.26	2	14.29	3	9.09
Professional Experience	3-6 years	8	42.11	4	28.57	12	36.36
	7-10 years	5	26.32	8	57.14	13	39.40
	11 years and more	6	31.58	2	14.29	8	24.24

Inventory of Coping Strategies Used in Crisis Intervention (ICSUCI)

Developed by Mete-Otlu (2011), this 48-item, 5-point Likert-type scale measures coping strategies used by counselors in crisis intervention. Exploratory and confirmatory factor analyses confirmed its four sub-dimensions: Social Support (Items 1–19), Acquiring Coping Skills (Items 20–32), Assessment of Crisis Situation (Items 33–43, reverse scored), and Social Networking (Items 44–48). Total scores range from 48 to 240. In the present study, Cronbach's alpha was .92 for the total scale, with subscale reliabilities of .92 (Social Support), .88 (Acquiring Coping Skills), .92 (Assessment of Crisis Situation), and .58 (Social Networking). The relatively low reliability of the Social Networking subscale was acknowledged as a limitation, consistent with previous findings (Kılınç Çelebi, 2025). Accordingly, results related to this subscale were interpreted with caution.

Process

Psychological First Aid Training Program for Psychological Counselors

The Psychological First Aid Training Program (PFATP) was developed based on a comprehensive review of the relevant literature. The first author drew upon resources such as the five-step PFA model of Johns Hopkins University, online course modules on "Psychological Support in Disasters," developed by METU, and a three-hour theoretical PFA training offered on the Udemy platform. The program was designed as a 12-hour curriculum, consisting of 10 hours of theory and 2 hours of practice, structured around the eight-step PFA model. The final content and session structure were refined through expert consultation, ensuring content validity. Session durations and instructional techniques were organized in line with expert feedback.

The aim of the program was to increase psychological counselors' knowledge, skills, and awareness regarding psychological first-aid processes in crisis situations. Training content included topics such as the nature of crises and crisis intervention, the eight-step PFA model, and strategies for "helping the helper." Of the total 12 hours, 10 were dedicated to theoretical instruction and knowledge sharing, and 2 were allocated to practical applications.

The pilot implementation of PFATP was carried out on April 27th and 28th in 2022, with 19 psychological counselors and one observer. Revisions were then made to the program based on participant and observer feedback. In particular, during the sixth session—which included case studies and role-playing—simulations of both appropriate and inappropriate PFA practices were included to help participants identify errors and challenges in the application segment. Participants and the observer reported that the training was practical and functional in both content and delivery.

Quasi-Experimental Research Process

Pre-test measurements were administered to both the experimental and control groups. The experimental group received the PFATP on May 17th and 18th, 2022. Post-tests were conducted immediately after the training, and follow-up tests were administered three weeks later. The overall research design is summarized in Table 2.

Table 2. Research design of the experimental and control groups

Group	Pre-Test	Process	Post-Test	Follow-up
Experimental	*ICSUCI *PFAST	Implementation of the PFATP sessions	*ICSUCI *PFAST	*ICSUCI *PFAST
Control	*ICSUCI *PFAST	No intervention has been made	*ICSUCI *PFAST	*ICSUCI *PFAST

Data Analysis

Quantitative data were collected via online forms and analyzed using SPSS 22. No missing or incorrect data were detected. Normality was tested with the Shapiro–Wilk test. In the initial sample of 40 participants, the PFAST met the assumption of normality, whereas the ICSUCI total and subscales did not. After attrition reduced the sample to 33, the normality assumption was not met for any variable. Therefore, nonparametric tests were employed, including the Friedman test for within-group comparisons, the Wilcoxon signed-rank tests for pairwise differences, and the Mann–Whitney U tests for between-group comparisons. Effect sizes were calculated using Kendall's W and Cohen's r. The significance level was set at .025, applying the Bonferroni correction. Baseline equivalence between groups was also examined with the Mann–Whitney U test, which revealed no significant pre-test differences across variables ($p > .025$).

Results

Table 3. Descriptive statistics for pre-test, post-test, and follow-up scores

Scale	Group	N	Pre-Test $\bar{X}$	Pre-Test Ss	Post Test $\bar{X}$	Post Test Ss	Follow-up $\bar{X}$	Follow-up Ss
PFAST	Experimental	19	8.68	1.25	10.21	1.36	10.42	.84
	Control	14	9.43	1.87	9.50	2.18	9.21	1.72
SS	Experimental	19	81.74	8.16	84.63	7.70	85.68	8.49
	Control	14	81.86	8.89	78.29	13.14	80.43	6.48
ACS	Experimental	19	55.79	5.92	60.05	5.40	59.95	5.65
	Control	14	57.50	6.04	55.43	9.67	56.57	5.69
AoCS	Experimental	19	38.37	9.35	45.16	4.65	41.05	11.95
	Control	14	40.43	9.35	42.50	6.07	44.21	5.19
SN	Experimental	19	20.58	2.27	21.74	1.91	22.26	2.31
	Control	14	20.00	2.63	19.28	3.31	20.00	2.22

PFAST: Psychological First Aid Achievement Test, SS: Social Support, ACS: Acquiring Coping Skills, AoCS: Assessment of Crisis Situation, SN: Social Networking

Mann–Whitney U tests were conducted to examine baseline equivalence between the experimental and control groups. As shown in Table 4, no significant differences were found in the PFAST, social support, coping skills, crisis assessment, or social networking subscales ($p > .025$), indicating that the groups were comparable prior to the intervention. Descriptive statistics for all scales across the pre-test, post-test, and follow-up sections are presented in Table 3.

Mann–Whitney U tests were also performed to compare the experimental and control groups at post-test and follow-up (Table 4). No significant differences were found in the PFAST, social support, coping skills, or crisis assessment scores ($p > .025$). However, in the social networking subscale, the follow-up scores revealed a significant advantage for the experimental group, suggesting a delayed effect of the training.

Friedman tests revealed significant changes across time in the experimental group for the PFAST scores ($\chi^2(2) = 15.72$, $p < .025$, $W = .41$), while no differences were found in the control group (Table 5). Wilcoxon post-hoc analyses showed significant improvements from pre-test to post-test and from pre-test to follow-up. Effect sizes ($r = .67–.81$) indicated strong practical significance.

Table 4. Mann–Whitney U Test results for group comparisons

Scale		Experimental		Control		U	p
		Mean Rank	Sum of Ranks	Mean Rank	Sum of Ranks		
PFAST	Pre-Test	15.47	294.00	19.07	267.00	104.00	.279
	Post-Test	18.79	357.00	14.57	204.00	99.00	.208
	Follow-up	20.24	384.50	12.61	176.50	71.50	.021
SS	Pre-Test	17.26	328.00	16.64	233.00	128.0	.855
	Post-Test	19.08	362.50	14.18	198.50	93.50	.149
	Follow-up	19.66	373.50	13.39	187.50	82.50	.065
ACS	Pre-Test	15.55	295.50	18.96	265.50	105.00	.313
	Post-Test	19.71	374.50	13.32	186.50	81.50	.058
	Follow-up	19.53	371.00	13.57	190.00	85.00	.076
AoCS	Pre-Test	15.82	300.50	18.61	260.50	110.50	.411
	Post-Test	18.79	357.00	14.57	204.00	99.00	.213
	Follow-up	16.32	310.00	17.93	251.00	120.00	.635
SN	Pre-Test	18.63	354.00	14.79	207.00	102.00	.252
	Post-Test	19.66	373.50	13.39	187.50	82.50	.062
	Follow-up	20.39	387.50	12.61	173.50	68.50	.017

PFAST: Psychological First Aid Achievement Test, SS: Social Support, ACS: Acquiring Coping Skills, AoCS: Assessment of Crisis Situation, SN: Social Networking

No significant changes were observed in the social support subscale for either the experimental or control groups (Table 5). This suggests that participants already had strong social support skills, which remained stable throughout the study.

Significant improvements were found in the coping skills subscale for the experimental group ($\chi^2(2) = 17.73$, $p < .025$, $W = .47$), while no changes were observed in the control group (Table 5). Wilcoxon tests confirmed increases from pre-test to post-test and from pre-test to follow-up, with medium-to-large effect sizes ($r = .67–.69$).

In the crisis situation assessment subscale, significant improvements were observed in the experimental group ($\chi^2(2) = 16.69$, $p < .025$, $W = .44$), whereas no differences were found in the control group (Table 5). Wilcoxon analyses indicated gains from pre-test to both post-test and follow-up, with large effect sizes ($r = .52–.79$).

No immediate post-test improvement was found in the social networking subscale, but the follow-up scores indicated a delayed gain in the experimental group (Table 5). This suggests that networking skills may require time and real-world practice to be effectively applied.

Direct post-test versus follow-up comparisons were not conducted due to the small sample size. This limits interpretations regarding the maintenance of training effects and is acknowledged as a limitation of the study.

Table 5. Wilcoxon Signed-Rank Test results for experimental group

Scale		Group	N	Mean Rank	Sum of Ranks	Z	p	R
PFAST	Pre-Test Post-Test	Negative Ranks	4	4.00	16.00	2.90	.004	.67
		Positive Ranks	13	10.54	137.00			
		Ties	2					
	Pre-Test Follow-up	Negative Ranks	0	.00	.00	3.56	.000	.81
		Positive Ranks	16	8.50	136.00			
		Ties	3					
ACS	Pre-Test Post-Test	Negative Ranks	1	10.00	10.00	3.01	.003	.69
		Positive Ranks	15	8.40	126.00			
		Ties	3					
	Pre-Test Follow-up	Negative Ranks	2	5.75	11.50	2.93	.003	.67
		Positive Ranks	14	6.75	124.50			
		Ties	3					
AoCS	Pre-Test Post-Test	Negative Ranks	1	4.00	4.00	3.44	.001	.79
		Positive Ranks	16	9.31	149.00			
		Ties	2					
	Pre-Test Follow-up	Negative Ranks	3	11.17	33.50	2.27	.023	.52
		Positive Ranks	15	9.17	137.50			
		Ties	1					

PFAST: Psychological First Aid Achievement Test, ACS: Acquiring Coping Skills, AoCS: Assessment of Crisis Situation

Discussion

The findings of this study can be interpreted within the framework of Lazarus and Folkman's stress and coping theory (1984), which conceptualizes coping as cognitive and behavioral efforts to manage stress. PFA training provides structured strategies that align with these mechanisms, enabling counselors to mobilize both problem-focused and emotion-focused resources. The results may also be understood through post-traumatic growth theory (Tedeschi & Calhoun, 1996), which emphasizes the potential for positive changes in efficacy and resilience following crisis-related challenges. The improvement in counselors' crisis assessment and coping skills suggests that PFA training fosters both immediate competence and long-term professional growth.

The PFATP significantly improved participants' knowledge and skills regarding crisis intervention, supporting evidence that PFA is an effective psychosocial intervention tool (Gignoux-Froment et al., 2024; Ediz & Yanık, 2024; Asaoka et al., 2023; Kouvatsou et al., 2022; McCabe et al., 2014; WHO, 2011). Performance gains were reflected in PFAST scores, which served as indicators of learning outcomes (Senemoğlu, 2012). These findings are consistent with international literature showing that PFA-based training enhances knowledge, skills, and performance across professional groups (Park & Choi, 2022; Kurniawan et al., 2021; Dwarawati, 2020; Everly et al., 2010). In Türkiye, similar studies have demonstrated that PFA training contributes to counselors' self-efficacy and preparedness for crisis intervention (Kılıç, 2018; Kılınç Çelebi, 2025).

Social support is a core competence of counselors, encompassing empathy, respect, information, and guidance (Pearson, 1990; Birch, 1998). Previous research has shown that counselors already apply these skills effectively (Stephan, 2005; Tarhan, 2012; Turgut, 2015). Consistent with this, PFATP did not significantly affect participants' social support scores, likely due to a ceiling effect. High baseline scores reflect counselors' existing strengths, which is consistent with Turkish findings highlighting their already strong competence in this area (Saygılı, 2023; Kılınç Çelebi, 2025).

In contrast, coping skills and crisis assessment abilities showed significant improvement. Counselors are expected to transfer coping strategies to those they support, facilitating effective problem-solving (Çuhadar, 2020). In line with international evidence (Fonseca, 2008; Bischof, 2006; Lazzara, 1999), Turkish studies also emphasize the positive association between professional experience, crisis training, and the acquisition of coping skills (Mete-Otlu & Aysan, 2017; Akkaya, 2018). The present results support this view, indicating that PFATP effectively strengthens counselors' coping-related competencies.

The significant increase in crisis assessment skills is particularly noteworthy, as accurate assessment is essential for planning effective interventions (Akkaya, 2018). Previous research has shown that counselors'

postgraduate education and participation in national, psychosocial projects enhance their crisis assessment capacity (Mete-Otlu & Aysan, 2017). The present findings confirm that PFATP provides similar benefits, underscoring the importance of continuous professional development in crisis contexts.

Finally, social networking skills showed delayed improvement, with significant differences emerging in the follow-up test, rather than immediately after training. This suggests that mobilizing external resources and building collaborative relationships requires time and real-world practice. The PFATP component "Connecting with Social Support Sources and Collaborative Services" (Brymer et al., 2006) may have contributed to this delayed, but meaningful, outcome. Similar long-term effects were reported in teacher-focused PFA programs, where participants reported greater confidence in applying networking skills after field experience (Kılınç Çelebi, 2025). This highlights the importance of longitudinal reinforcement to sustain and strengthen these competencies.

Although the PFATP yielded notable improvements, the reduced sample size (n = 33) may have limited the statistical power of some analyses, particularly for between-group comparisons. Non-significant results in certain subscales should therefore be interpreted with caution. Nevertheless, the medium-to-large effect sizes observed suggest that practical improvements occurred even when statistical significance was not achieved, likely due to sample constraints rather than the ineffectiveness of the intervention.

Overall, the findings align with both international and national literature supporting the effectiveness of PFA in reducing the impact of crises and promoting resilience (Shultz & Forbes, 2014; Everly et al., 2010; Saygılı, 2023; Kılınç Çelebi, 2025). By demonstrating the positive outcomes of a structured PFA program specifically designed for counselors in Türkiye, this study contributes to global evidence and national practices, emphasizing the urgent need for the wider dissemination of PFA training programs.

Conclusion, Limitations and Recommendations

Conclusion

Psychological First Aid (PFA) has the potential to reduce the negative consequences of crises and strengthen resilience at both individual and societal levels. The present study demonstrated that the Psychological First Aid Training Program (PFATP) enhanced counselors' knowledge, coping strategies, and crisis assessment skills, providing empirical evidence of its effectiveness in the Turkish context. By focusing on professionals who are often on the front line of crisis response, PFATP contributes to strengthening both immediate intervention capacities and long-term preparedness.

Limitations

This study has several limitations that should be considered:

1. The quasi-experimental design without full randomization limits the strength of causal inferences.
2. The sample consisted only of psychological counselors from a single province, which reduces the generalizability of the findings.
3. Long-term outcomes beyond the three-week follow-up were not assessed, leaving the sustainability of training effects unclear.

Recommendations

Considering these limitations, future research should:

1. Replicate the study with larger and more diverse samples across multiple regions in Türkiye.
2. Employ randomized, controlled trial designs to improve internal validity.
3. Incorporate long-term, follow-up assessments to examine the durability of training effects.
4. Extend PFATP to other professional groups (e.g., teachers, nurses, first responders) to evaluate its broader applicability.

5. Integrate qualitative approaches (e.g., participant reflections, case analyses) to gain deeper insight into how training translates into practice.

Overall, this study provides promising evidence that structured PFA training enhances counselors' crisis intervention competencies and highlights the urgent need for the wider implementation of such programs in Türkiye. Addressing the identified limitations through future research will help build more robust and sustainable, evidence-based practices in crisis and trauma intervention.

Funding: This study has no funding.

Conflict of Interest: There is no conflict of interest between authors.

Data Availability: Data will be available on request from authors.

Ethical Approval: This study was approved by the Scientific Research and Publication Ethics Committee of Çukurova University (Social Sciences and Humanities) on April 22nd, 2021 (Document No. 61943).

Consent to Participate: Consent to participate has been granted to participants.

Acknowledgments: This article is part of the doctoral dissertation entitled "The Effect of Psychological First Aid Training Program on the Coping Strategies Used by Psychological Counselors in Crisis Intervention".

Author Contributions: All the authors contributed equally.

References

Akkaya, M. S. (2018). *Okul psikolojik danışmanlarının kriz durumlarıyla ilişkili bazı niteliklerinin incelenmesi* [Unpublished master's thesis]. Doğu Akdeniz Üniversitesi.

Asaoka, H., Koido, Y., Kawashima, Y., Ikeda, M., Miyamoto, Y., & Nishi, D. (2023). Association between attitudes toward trauma informed care and psychological first-aid training experience among health care professionals in Japan. *Disaster Medicine and Public Health Preparedness, 17*, e443, 1–6. https://doi.org/10.1017/dmp.2023.103

Birch, D. A. (1998). Identifying sources of social support. *The Journal of School Health*, *68*(4), 159–161.

Bischof, N. L. (2006). *School psychology and crisis intervention: A survey of school psychologists' involvement and training* [Unpublished doctoral dissertation]. Indiana University of Pennsylvania.

Brown, S. D., & Lent, R. W. (Eds.). (2008). *Handbook of counseling psychology*. John Wiley & Sons.

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., ... & Watson, P. (2006). *Psychological first aid: Field operations guide* (2nd ed.). National Child Traumatic Stress Network and National Center for PTSD. Retrieved from http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf

Caplan, G. (1964). *Principles of preventive psychiatry*. Basic Books.

Çuhadar, F. M. (2020). *Ergenlerin başa çıkma stratejileri ile psikolojik yardım aramaya ilişkin tutumları arasındaki ilişkiler* [Unpublished master's thesis]. Atatürk Üniversitesi.

Dwarawati, D., Nugrahawati, E. N., Rozana, A., Lintang, B., Roro, S. A. P. R., Alimiyah, W. S., & Putri, B. A. (2020, March). Psychological First Aid Training for KSR-Unisba. In *Proceedings of the 2nd Social and Humaniora Research Symposium (SoRes 2019)* (pp. 596–598). Atlantis Press.

Ediz, Ç., & Yanık, D. (2024). Disaster preparedness perception, psychological resilience and empathy levels of nurses after 2023 Great Turkiye earthquake: Are nurses prepared for disasters? A risk management study. *Public Health Nursing, 41*(1), 164–174. https://doi.org/10.1111/phn.13267

Erdur-Baker, Ö. (2017). Afetler, krizler, travmalar ve travmatik stres tepkileri. In Ö. Erdur-Baker & T. Doğan (Eds.), *Afetler, krizler, travmalar ve psikolojik yardım* (pp. 3–25). Türk Psikolojik Danışma ve Rehberlik Derneği.

Everly, J. G., Barnett, D. J., Sperry, N. L., & Links, J. M. (2010). The use of psychological first aid (PFA) training among nurses to enhance population resiliency. *International Journal of Emergency Mental Health, 12*(1), 21–31.

Fonseca, T. A. (2008). *Professional school counselor perception of preparedness in stabilizing a student in specific crisis situations: A random sample of American School Counselor Association members* [Unpublished doctoral dissertation]. Mississippi State University.

Geyran Çervatoğlu, P. (2000). Psikolojik travma ve sonuçları: Tarihsel arka plan ve güncel kavramlar üzerine gözden geçirme. *Psikiyatri Psikoloji Psikofarmakoloji Dergisi*, *8*, 9–12.

Gignoux-Froment, F., Saguin, E., Gorin, C., Daudin, M., Annette, S., Salomé, J., ... & Colas, M. D. (2024). Psychological first aid in operation for military healthcare providers: A study on pre-deployment training. *L'Encéphale*. https://doi.org/10.1016/j.encep.2024.03.006

Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. IASC.

Janosik, E. H. (1986). *Crisis counseling: A contemporary approach*. Brooks/Cole.

Kılıç, N. (2018). *Psikolojik ilk yardım eğitiminin afet hazırlık algısı ve öz-yeterliliğe etkisi* [Unpublished doctoral dissertation]. Erciyes Üniversitesi.

Kılınç Çelebi, E. (2025). *Öğretmenler için geliştirilen psikolojik ilk yardım eğitim programının krize müdahale becerilerine etkisi* [Unpublished doctoral dissertation]. Çukurova Üniversitesi.

Kouvatsou, Z., Degermedgoglou, G., Karamagioli, E., & Pikoulis, E. (2022). Psychological first aid training of police officers. *Journal of Police and Criminal Psychology, 37*(4), 856–862. https://doi.org/10.1007/s11896-022-09523-9

Kurniawan, L., Wulandari, N. Y., Ningsih, R., & Sutanti, N. (2021). Psychological First Aid (PFA) training for teachers in Indonesia and Malaysia. *International Journal of Community Service, 2*(1), 1–8. https://doi.org/10.51601/ijcs.v2i1.58

Lawshe, C. H. (1975). A quantitative approach to content validity. *Personnel Psychology, 28*(4), 563–575. https://doi.org/10.1111/j.1744-6570.1975.tb01393.x

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Lazzara, K. C. (1999). *Crisis and the schools: A survey of current response* [Unpublished doctoral dissertation]. University of Kansas.

Leon, G. R. (2004). Overview of the psychosocial impact of disasters. *Prehospital and Disaster Medicine, 19*(1), 4–9.

Litz, B. T. (2008). Early intervention for trauma: Where are we and where do we need to go? A commentary. *Journal of Traumatic Stress, 21*(6), 503–506.

McCabe, O. L., Perry, C., Azur, M., Taylor, H. G., Bailey, M., & Links, J. M. (2011). Psychological first-aid training for paraprofessionals: A systems-based model for enhancing capacity of rural emergency responses. *Prehospital and Disaster Medicine, 26*(4), 251–258. https://doi.org/10.1017/S1049023X11006297

McCabe, O. L., Everly, G. S. Jr., Brown, L. M., Wendelboe, A. M., Abd Hamid, N. H., Tallchief, V. L., & Links, J. M. (2014). Psychological first aid: A consensus-derived, empirically supported, competency-based training model. *American Journal of Public Health, 104*(4), 621–628. https://doi.org/10.2105/AJPH.2013.301219

Mete-Otlu, B., & Aysan, F. (2017). Okul psikolojik danışmanlarının krize müdahalede kullandıkları başa çıkma stratejileri: İzmir ili örneği. *Kastamonu Eğitim Dergisi, 25*(2), 459–478.

Mete-Otlu, B. (2011). *Okul psikolojik danışmanlarının krize müdahalede kullandıkları başa çıkma stratejilerinin incelenmesi: İzmir ili örneği* [Unpublished doctoral dissertation]. Dokuz Eylül Üniversitesi.

Napoli, J. C. (2007). Resiliency, resilience, resilient: A paradigm shift? Retrieved from http://www.resiliency.us/uploads/1/4/1/1/14110626/resiliency_r_r__a__paradigm_shift.pdf

Oflaz, F. (2008). Felaketlerin psikolojik etkileri ve hemşirelik uygulaması. *CÜ Hemşirelik Yüksekokulu Dergisi*, *12*(3), 70–76.

Park, J., & Choi, Y. (2022). The effect of a simulated fire disaster psychological first aid training program on the self-efficacy, competence, and knowledge of mental health practitioners. *Disaster Medicine and Public Health Preparedness*, *16*(1), 102–108. https://doi.org/10.1017/dmp.2020.184

Parry, G. (1990). *Coping with crisis*. Universities Press.

Pearson, R. E. (1990). *Counseling and social support: Perspectives and practice*. Sage Publications.

Ruzek, J. I. (2007). Psychological first aid. *Journal of Mental Health Counseling*, *29*(1), 17–33.

Saygılı, F. (2023). *Psikolojik ilk yardım psiko-eğitim programının psikolojik danışman adaylarının psikolojik ilk yardım becerilerine etkisi* [Unpublished master's thesis]. Mehmet Akif Ersoy Üniversitesi.

Senemoğlu, N. (2012). *Gelişim, öğrenme ve öğretim: Kuramdan uygulamaya*. Pegem Akademi.

Shultz, J. M., & Forbes, D. (2014). Psychological first aid: Rapid proliferation and the search for evidence. *Disaster Health*, *2*(1), 3–12. https://doi.org/10.4161/dish.26006

Stephan, J. B. (2005). *School environment and coping resources: A predictive model of school counselor burnout* [Unpublished doctoral dissertation]. University of North Carolina.

Tarhan, S. (2012). *Umudun özyeterlik, algılanan sosyal destek ve kişilik özelliklerinden yordanması* [Unpublished doctoral dissertation]. Gazi Üniversitesi.

Tedeschi, R. G., & Calhoun, L. G. (1996). *Trauma and transformation: Growing in the aftermath of suffering*. Sage Publications.

Turgut, Ö. (2015). *Ergenlerin psikolojik sağlamlık düzeylerinin, önemli yaşam olayları, algılanan sosyal destek ve okul bağlılığı açısından incelenmesi* [Unpublished doctoral dissertation]. Anadolu Üniversitesi.

World Health Organization, War Trauma Foundation, & World Vision International. (2011). *Psychological first aid: Guide for field workers*. WHO