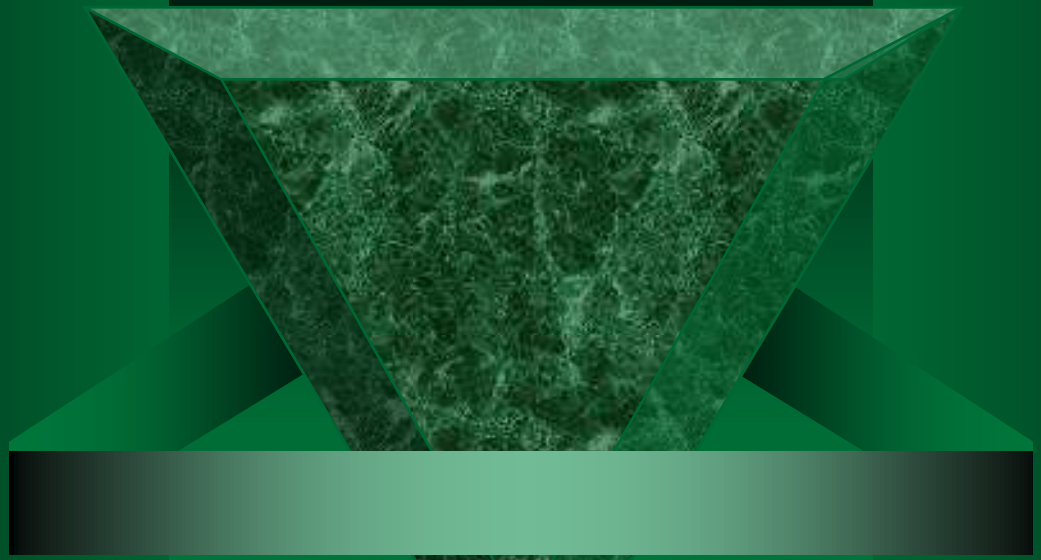


From Peritraumatic Support to Post Incident Counselling in Large Scale Accidents and Disaster Situations

Erik DE SOIR

European Association of Fire & Rescue Psychologists

INTRODUCTION ON AFTERCARE

From Peritraumatic Support to Post-Incident Counselling in Large Scale Accidents and Disaster Situations

G O A L S

Discuss the problem of early trauma reactions and support, from the immediate post-impact psychosocial intervention to the long term professional help, using the expertise of both field experts and researchers.

Generate ideas and questions which go beyond the current pro-contra dicussion regarding early intervention, and which lead to the formulation of guidelines for good practice for acute psychosocial support in uniformed services.

Goals

- Discuss possibilities for advanced psychological support and immediate trauma support
  - Fire, rescue, police, emergency medical services
  - Quid with military personnel during long term operations
- Share practical experiences on acute psychosocial intervention and long term follow up

Goals

- List a basic set of principles for good practice in acute/early trauma support
  - Peritraumatic Support (during the traumatogenic event)
    - Advanced Psychological Support
  - Immediate Trauma Support (immediately after the traumatogenic event – from several hours to several days after the event)
  - Post-Immediate Trauma Support (support following the Immediate Trauma Support – from several days to several months)
- Formulate principles for a "standard of care" in acute psychosocial or trauma management

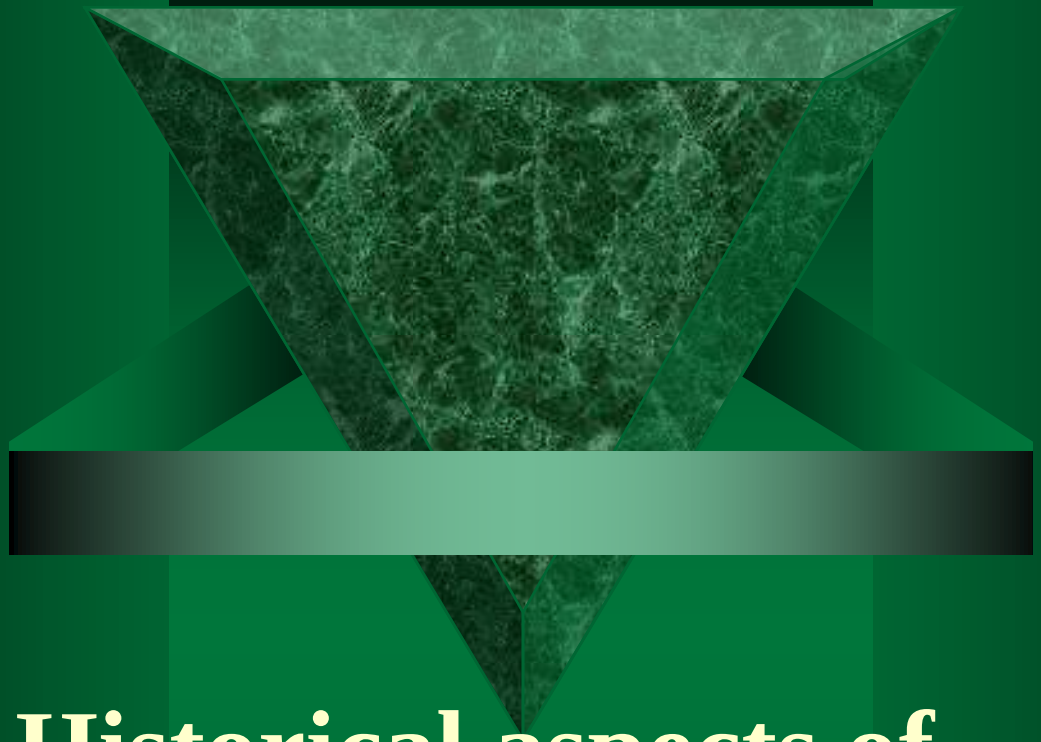
Main Questions

What kind of concrete support to offer to primary, secondary and tertiary victims in a potentially traumatising and/or depressing and/or exhausting context?

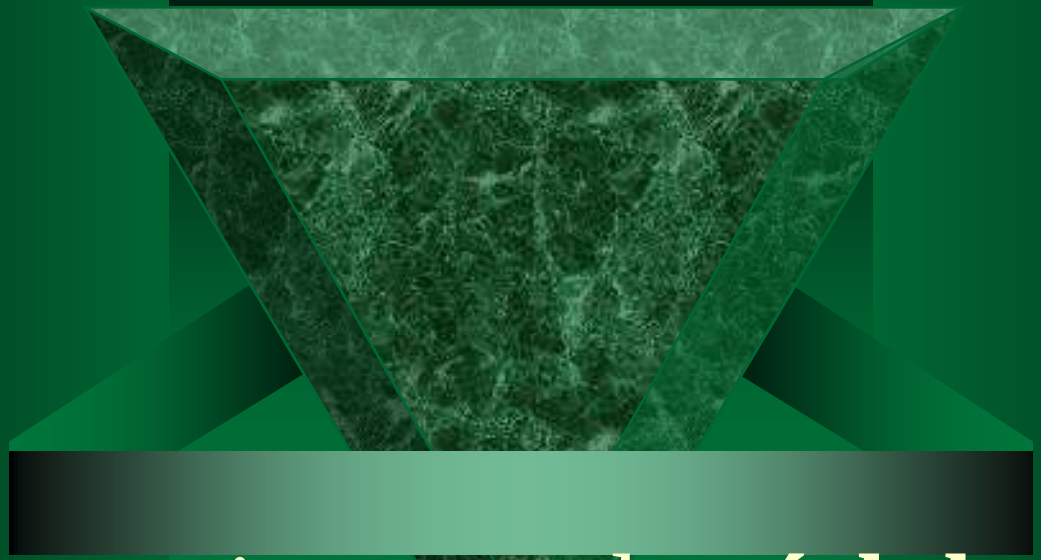
Moments of intervention: during the event (peritraumatic support), immediately after the event (immediate support) and in the days/weeks/months following the event (post-immediate support)

Introduction

The Neglected Stress & Trauma Controversy



French Historical aspects of Psychological Trauma



La confrontation avec le **réel de la mort** donne lieu à une effraction dans le psychisme qui dés lors n'appartient plus au « monde des êtres parlants »

Rupture entre le « signifié » et le « signifiant »
(François Lebigot)

Le stress et le trauma

A L F E S T

Association de Langue Française pour l'Etude du Stress et du Trauma

- **FRANCOIS LEBIGOT (2001)**

- *Les Traumatismes Psychiques :*

« Un sujet impliqué dans un événement exceptionnellement choquant grave est confronté à la question de la mort. Cette confrontation se fait selon deux modes qui, dans la clinique, n'auront pas le mêmes conséquences (...) »

Le stress et le trauma

A L F E S T

Association de Langue Française pour l'Etude du Stress et du Trauma

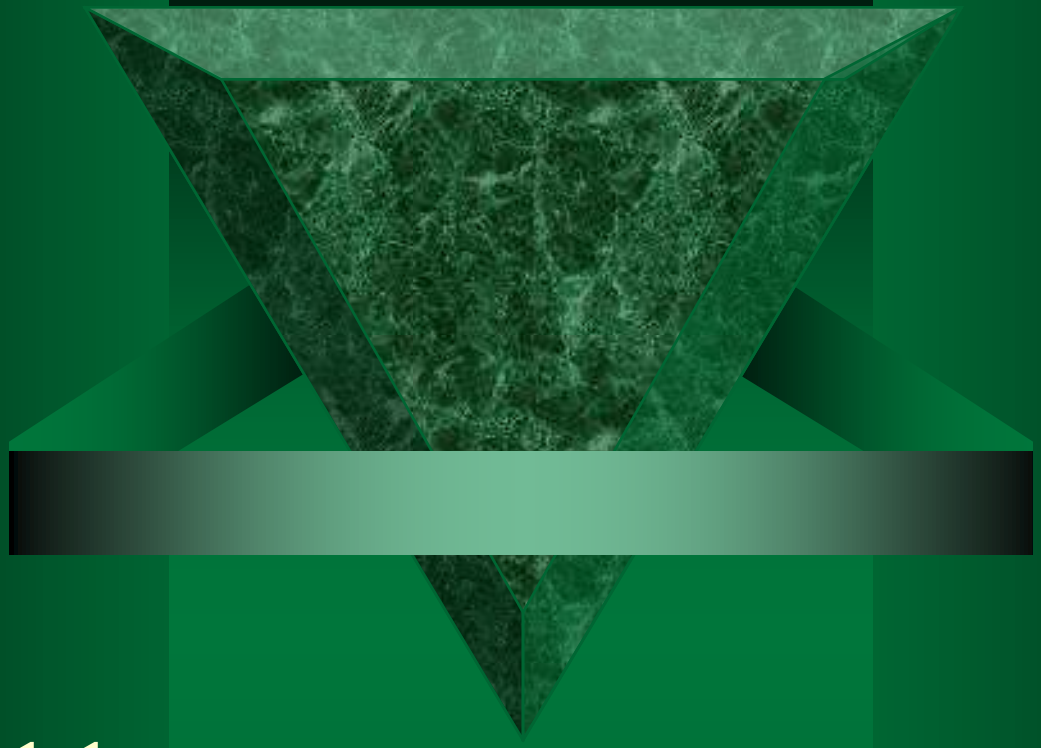
- **François LEBIGOT (2001) -** *Les Traumatismes Psychiques* :
  - 1er mode: la **menace vitale**, qui va déterminer des réactions au « stress » - l'organisme se mobilise pour se défendre contre la menace
  - 2ième mode (plus complexe): sujet -> **rencontre avec le réel de la mort (…)** s'accompagne **d'effroi** et **d'angoisse,** mais elle peut, dans l'après coup, susciter elle aussi des réactions de stress !
  - Plus tard - apparition d'un **syndrome de répétition** qui viendra témoigner de ce qu'il y a eu **traumatisme.**

Stress < - > Trauma

- The « traumatic image » penetrates into the psychological system and finds no representation in the inconsciousness to receive, link, modulate or transform the experience.
- Trapped in the psyche, the « image of the real of death » finds no connection with existing mental representations. Thus, it will not behave as a (narrative) memory: the traumatic « image » wil stay intact, till the finest details, and, when it reappears into consciousness (in nightmares or while being awake) it will always be in « real time », just as if the original event is taking place at the same moment.

The Phenomenology of Emotionally Disturbing Events in Uniformed Services

Fire, Rescue, Police & Military Personnel



NY 9/11

Victims jump from Twin Towers at 300m altitude

A DIVER DIES AT 30 METER DEPTH DUE TO PANIC

$$B = f(P, S)$$

$$B = f(P, S)$$

WHO IS THE VICTIM?

P-CHARACTERISTICS

P = A VICTIM SUDDENLY AND UNEXPECTEDLY STRUCK BY A TRAUMATIC EVENT ?

P = WELL TRAINED PROFESSIONALS WHICH ARE CONFRONTED WITH A TRAUMATIC EVENT WHICH WAS PART OF THEIR JOB OR THEIR EXPECTATIONS ?

$$B = f(P, S)$$

WHICH KIND OF EXPERIENCES?

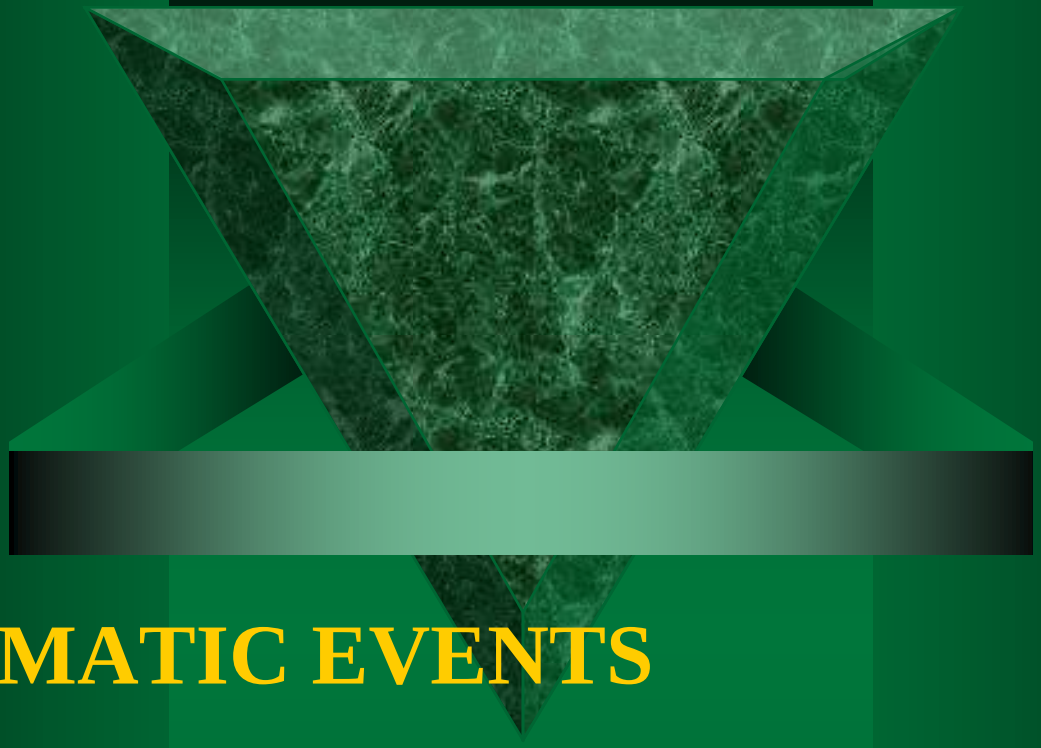
S-CHARACTERISTICS

S = SITUATION IN WHICH VICTIMS ARE CONFRONTED WITH A LIFE THREATENING EVENT ?

- HYPERAROUSAL, HYPERANXIETY

S = SITUATION IN WHICH VICTIMS ARE CONFRONTED WITH BEREAVEMENT OR SERIOUS ATTEMPTS (WOUNDS) ON THE INTEGRITY OF OTHERS ?

- DESPAIR, POWERLESSNESS, GRIEF



TRAUMATIC EVENTS

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TRAUMATOGENIC OR POTENTIALLY TRAUMATIC EVENTS

WHO DETERMINES WHAT IS **TRAUMATIC** ?

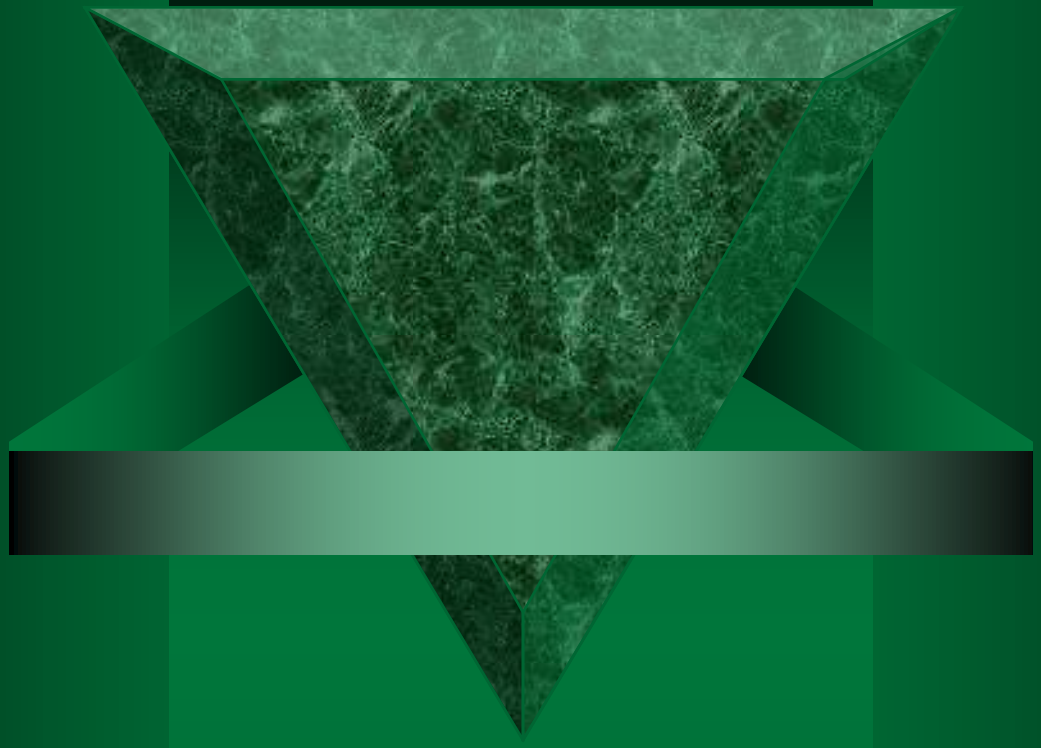
WHICH ARE THE OBJECTIVE AND/OR SUBJECTIVE CHARACTERISTICS OF A POTENTIALLY TRAUMATIC EVENT?

WHEN EXPERIENCES ARE "UNSPEAKABLE" or "UNEXPRESSABLE" ?

HORROR, HELL, APOCALYPSE, ...

LOOKING RIGHT INTO THE EYES OF DEATH?

UNSPEAKABLE...
UNEXPRESSIBLE...



PHENOMENOLOGICAL AND SCIENTIFICALLY

FRAGMENTED EXPERIENCE

LOSS of PERCEPTUAL INTEGRATION

SHATTERING IMPACT of THE EXPERIENCE
in
RAW PERCEPTUAL ELEMENTS,
SENSATIONS and IMPRESSIONS

COGNITIVE IMPACTS of PSYCHOLOGICAL TRAUMA

Disruption of basic beliefs
COGNITIVE SCHEMES

- **TRUST**
- **PREVISIBILITY**
- **CERTAINTY**
- **MEANINGFULNESS**
- **SAFETY/SECURITY**
- **CONTROL**

Disruption of basic beliefs
COGNITIVE SCHEMES

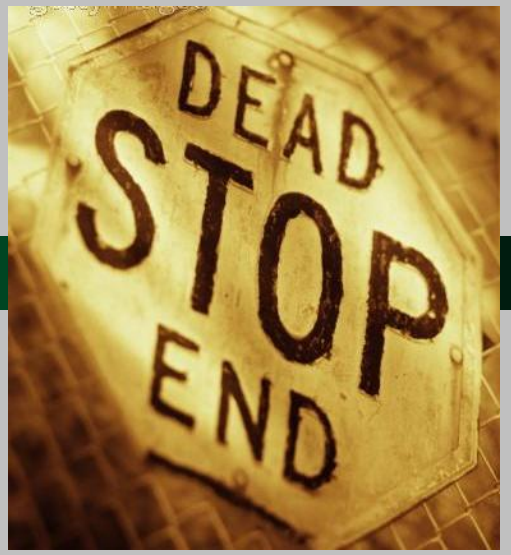
- **SENSE OF COHERENCE**
  - **– Antonovski (1979)**
  - **– Comprehensability**
  - **– Manageability**
  - **– Meaningfulness**
- **HONESTY**

IMPACT OF NEUROSCIENCE

GRIEF

LEFT BRAIN
FEELINGS

VERBAL

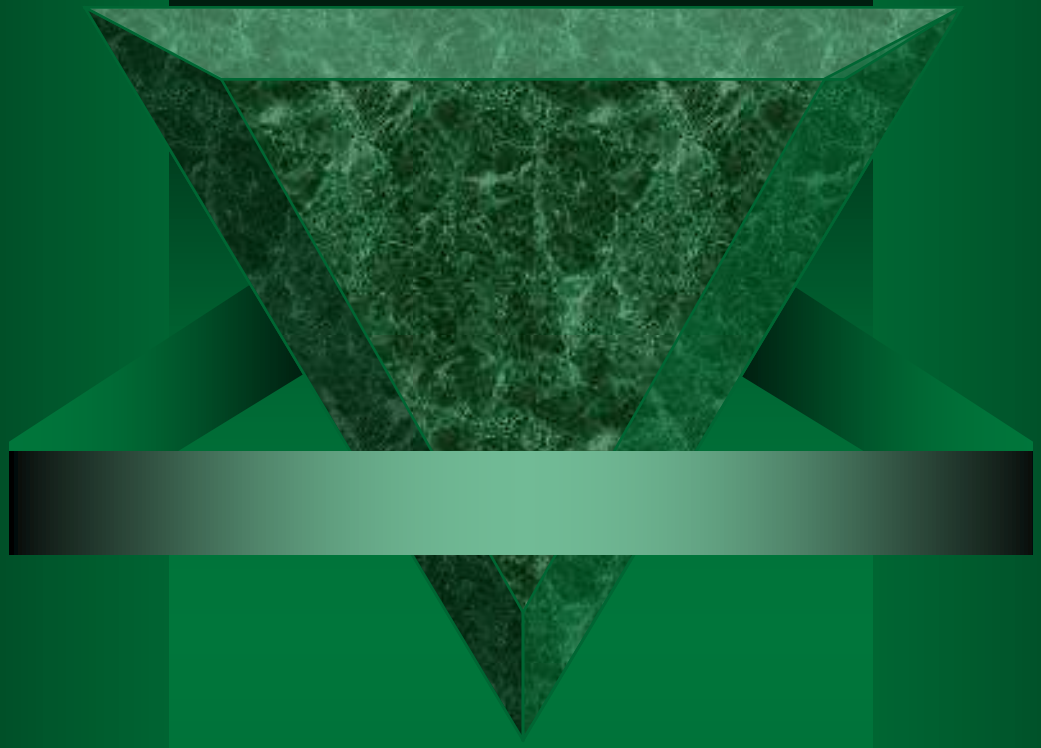


DANGER

RIGHT BRAIN
SENSATIONS

NON-VERBAL

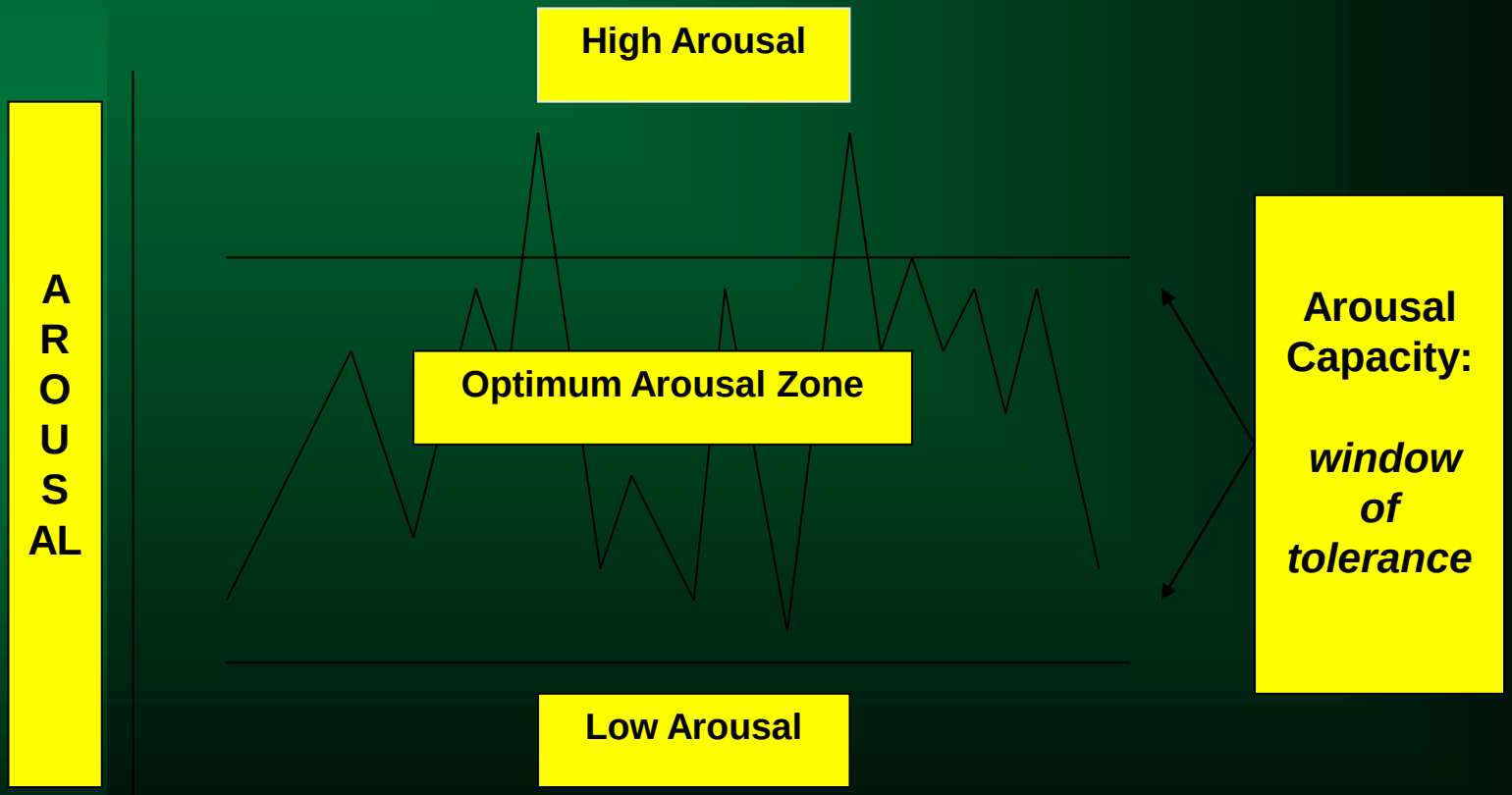
Based on Sousa (1995, p. 88)



THE CONCEPT OF PSYCHOLOGICAL TRIAGE in ACUTE ON-SCENE SUPPORT

Modulation Model: Optimum Arousal Zone

D.J. Seigel (1999, pp. 254-255)



The Impact of Arousal of Acute Intervention

"Internal states outside the 'window of tolerance' are characterized by either excessive rigidity or randomness. These states are inflexible or chaotic, and as such are not adaptive to the internal or external environment. (...)

In states of mind beyond the window of tolerance, the prefrontally mediated capacity (cognitive processing) for response flexibility is temporarily shut down.

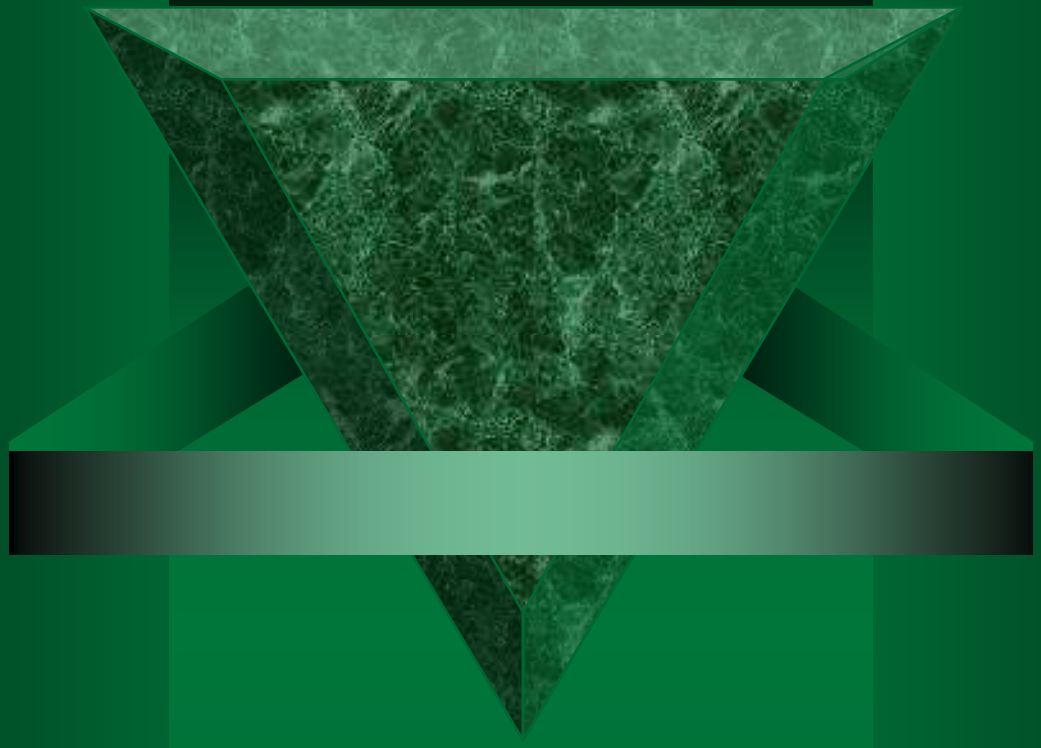
The 'higher mode' of integrative (cognitive) processing has been replaced by a 'lower mode' of reflexive (sensorimotor) processing"

(D.J. Seigel, 1999, pp. 254-255)

Defensive Response Sequence

- Arousal -> escalates to hyperarousal -> body prepares to take self-protective action -> mobilizes necessary defenses
- Heightened orienting sequence: attention narrows and heightens to focus on the life-threat
- Defensive response: physical and mental – active & passive defenses
  - **Active defenses**: problem-solving focus, fight or fight, mental problem solving
  - **Passive defenses**: freezing, submission (when the active defenses = ineffective threat is too intense or too fast), automatic obedience, mental defenses
- Recovery -> beginning of the process of deactivating various physical systems: discharging the arousal, metabolizing the biochemicals, recalibrating the orienting sequence, relaxing the musculature
- Rest and repair: safety=achieved, system can let down and rejuvenate
- Reorganization: the system will either continue to recover, rest and expand, or begin to contract and become re-activated

Cuny, H. (1965); Levine, P. & Frederick, A. (1997), Tinnin, L. (2000), Nijenhuis, E. & Van der Hart, O. (1999)



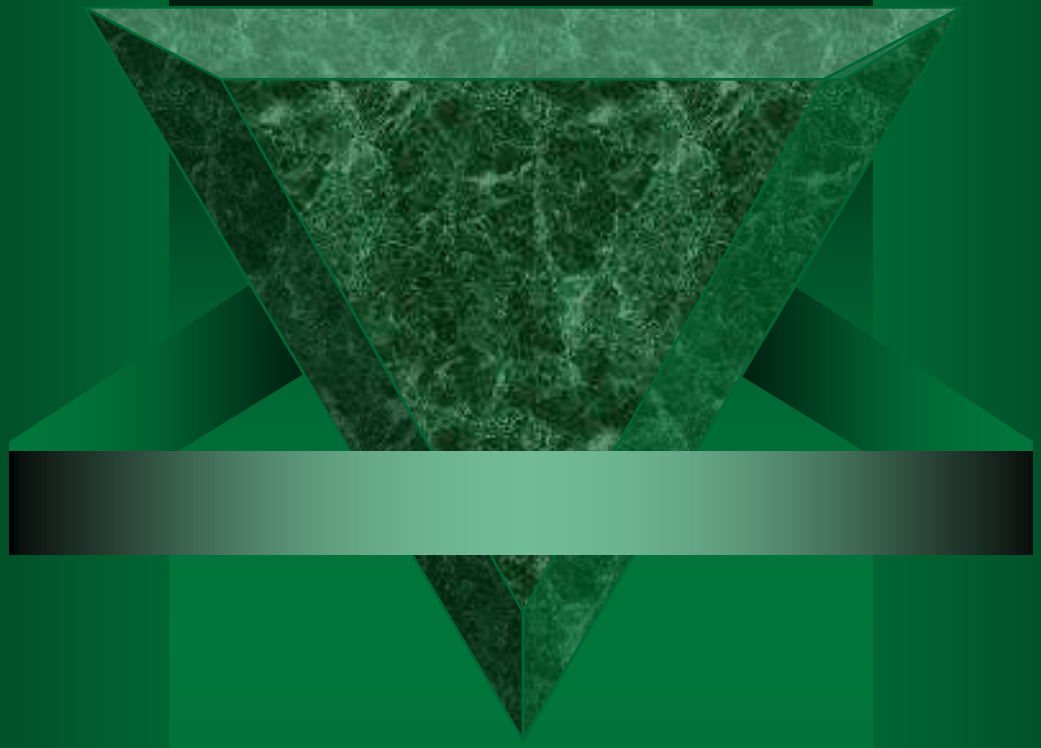
What kind of help?

Which initial paradigm?

Pathogenic <-> Salutogenic

- Logical positivistic
- Biomedical model
- Disease/symptom orientation
- Breakdown
- Disability/inability
- Deficit
- Vulnerability
- Risk culture
- Conquer nature

- Holistic, health, welness orientation
- Possibilities, potentials
- Abilities, capabilities
- Experiences as transformative
- Life as lived, life's richness
- Challenges, opportunities
- Growth, discovery
- Strength, resilience
- Respect for nature



What kind of victims?

Framework for Psychosocial Crisis Response

THE PSYCHOSOCIAL MATRIX FOR THE PREVENTION OF POST-TRAUMATIC SEQUELAE

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Primary Victims	**Psychological First Help** **Immediate Support**	**Individual Trauma Counseling**	**Individual Trauma Therapy**
Secondary Victims	**Psychological First Help** **Immediate Support**	***Trauma Counseling for MSO***	***Trauma Therapy Victims & MSO***
Tertiary Victims	**Demob/Defusing Immediate Recuperative Support Sessions**	**Postimmediate Uncoupling Sessions**	Trauma Therapy & Individual Treatment

M S O = MOST SIGNIFICANT OTHERS

Basic Principles of First Line Crisis Response through Peer Support

- Psychological First Aid: **B I C E P S**
  - **(Sokol, 1986)**
    - **Brevity**
    - **Immediacy**
    - **Contact**
    - **Expectancy**
    - **Proximity**
    - **Simplicity**

Efficacy of treatment

- **When is treatment effective?**
  - No more symptoms?
  - Person feels better?
- **Post traumatic growth? (Tudesky & Calhoun)**
- **Survival strategies? (Valent)**

Therapy is effective when the client, OR the patient decides that he has reached a new equilibrium, can live with his trauma. This does not mean that they have to be completely free of symptoms.

DIFFERENT MODELS
???

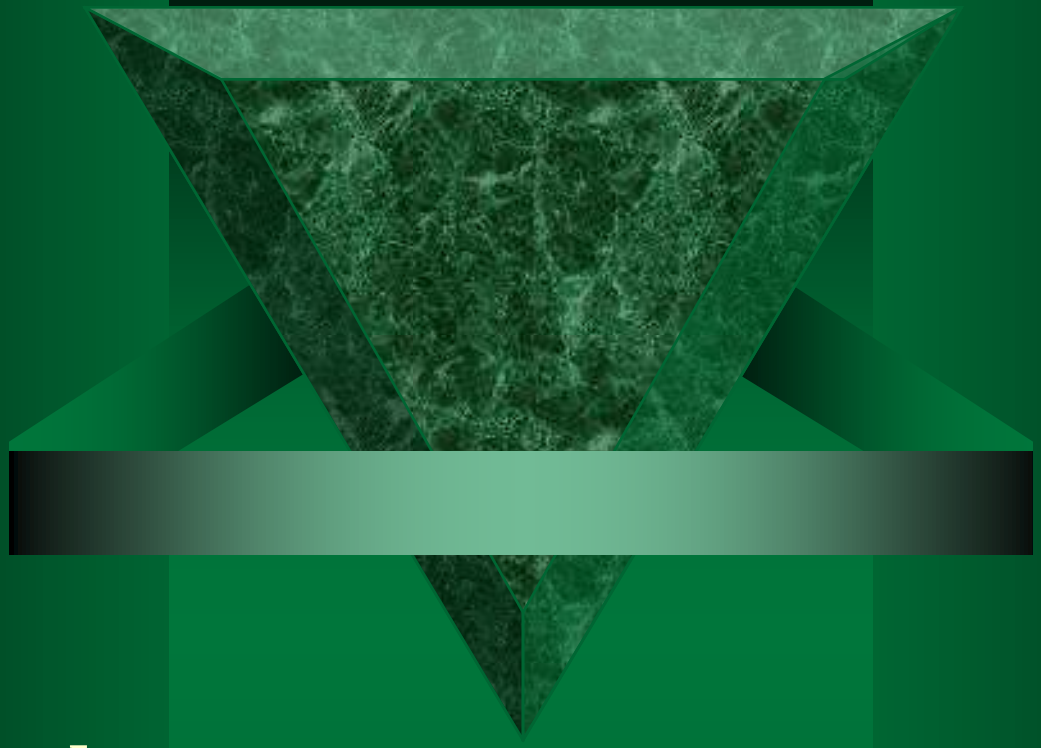
Too much focus on symptoms
Too disorder oriented

Guidelines for Early Intervention in Early Trauma Support

- Work Immediately towards Transforming & Restructuring Secondary Trauma Impact
  - Psychological stabilization, emotional ventilation or sanitary support?
  - How to create meaning for the work on-scene?
  - How to provide (infuse) a current (extra) activity with meaning?
  - How to challenge appearing negative beliefs?
  - How to participate actively in community (grieving or working through) activities ?

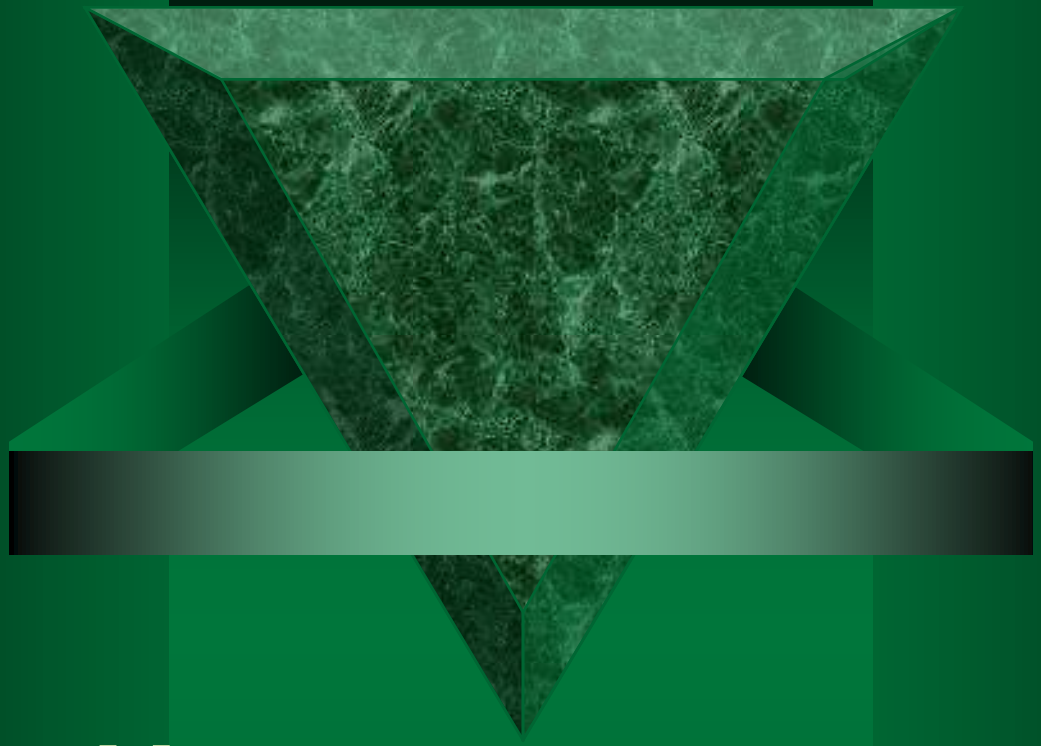
Prevention of « Burn In » and Vicarious Grief/Trauma in Fire & Rescue Work

- Professional strategies
  - Peer supervision, intervision (after event debriefing), teams coaching (www.burnin.nl)
- Organizational strategies
  - Recognition, organized rituals, care context
- Personal strategies
  - Self-care, personal stressmanagement, ASD scale self-administration (cf **TRiM**), knowing your limits, vulnerabilities, and personal triggers
- Social Environment
  - Psycho-education of significant others



Practical Experiences
F i S T

Fire Fighter & Emergency Medical
Stress Teams



Please add your comments in order to continue to work on this subject

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