



Landelijk kennis & adviescentrum
psychosociale zorg na rampen

Guidelines for psychosocial support for uniformed services

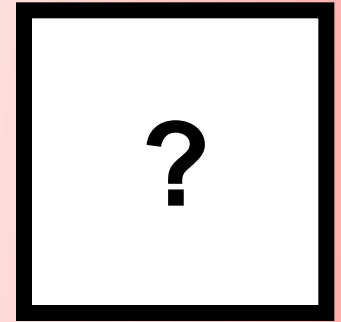
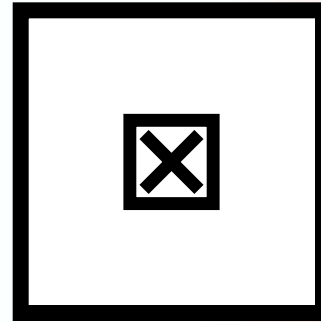
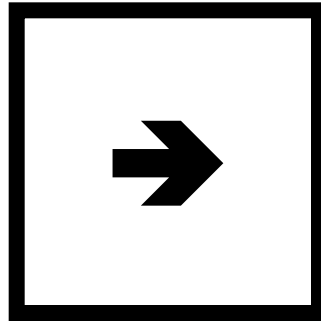
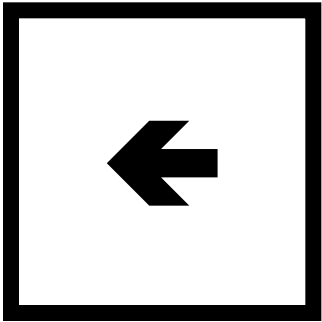
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16.09.2010, EUTOPA-IP, Amsterdam, The Netherlands

Overview

- Why guidelines: general background and origin of these guidelines
- General principles: peer support as a central theme
- Recommendations:
 - Preparation
 - Organisation
 - Psychosocial aftercare
- To a European preamble for the guidelines?

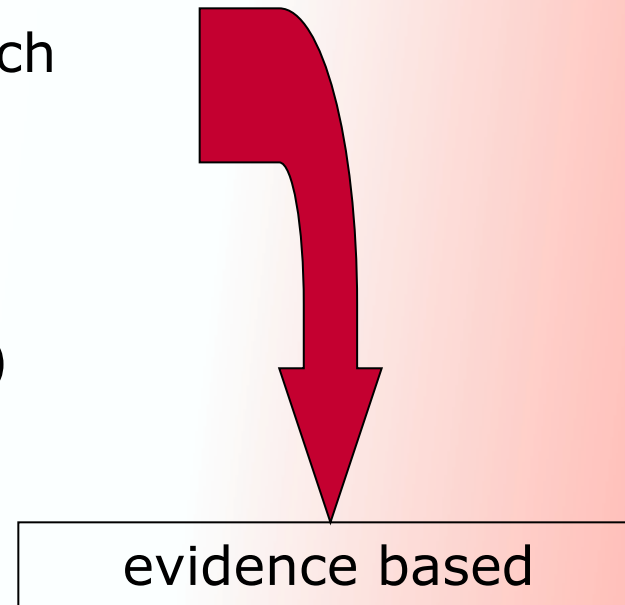
Why guidelines?



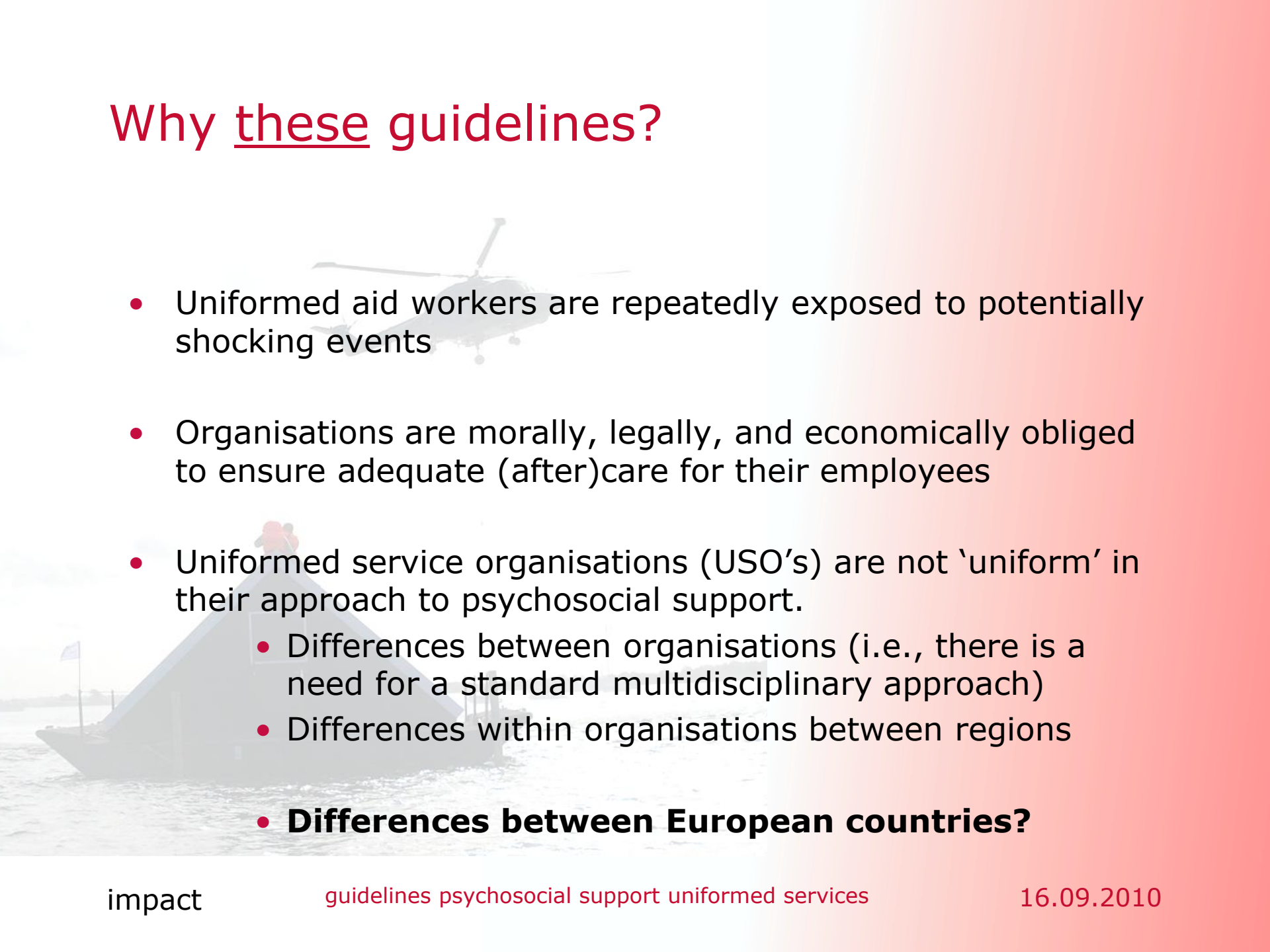
- Support instrument for practice
- No protocol, no 'turn-key solution'
- Contribution to high-quality, evidence based care

Guideline development

- Specific methodology
- Systematic literature research
- Best-practices
- Consensus among experts
- Authorisation (commitment)

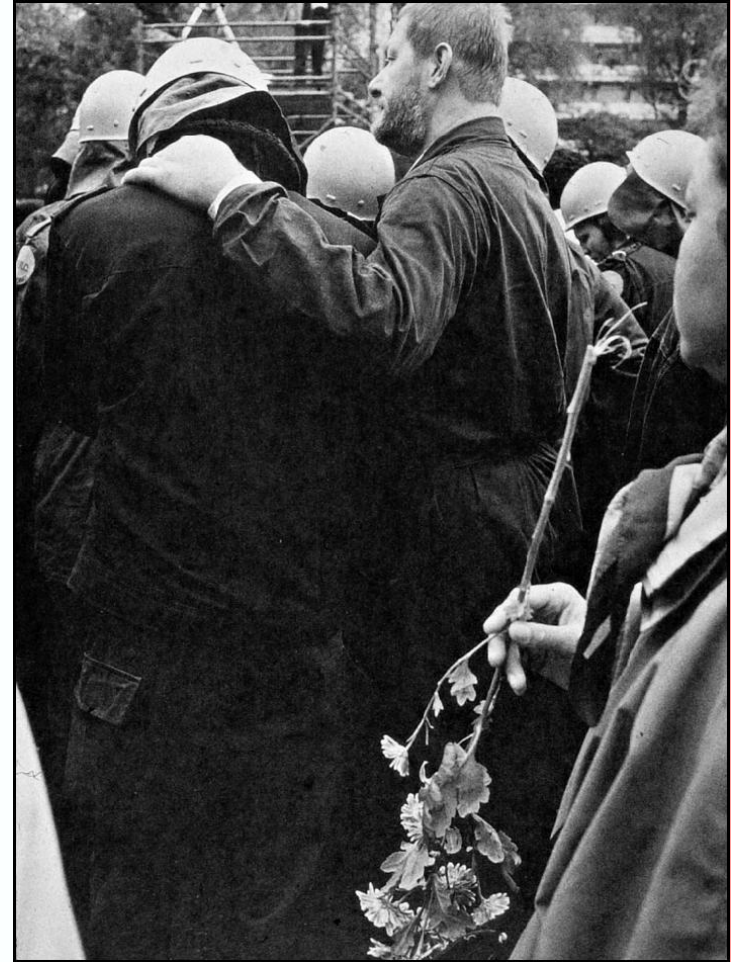


Why these guidelines?

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- Uniformed aid workers are repeatedly exposed to potentially shocking events
 - Organisations are morally, legally, and economically obliged to ensure adequate (after)care for their employees
 - Uniformed service organisations (USO's) are not 'uniform' in their approach to psychosocial support.
 - Differences between organisations (i.e., there is a need for a standard multidisciplinary approach)
 - Differences within organisations between regions
 - **Differences between European countries?**

General principles

- Practical support
- Show empathy
- Promoting the use of victim's resilience, i.e. by employing their own private supportive network



Can we help 'too much'?



Do not act too hastily

“A strong advise against (one-off) psychological debriefing with the aim to prevent PTSS and other psychological problems.”



Supportive context

- For talking about work-related (shocking) incidents, (direct) colleagues are often preferred
- These colleagues (and their supervisors) play an important role in recognising those affected with psychological and/or serious clinical symptoms that require diagnosis and/or treatment
- There is a need for Psychological triage: the timely identification of those in need for psychosocial care

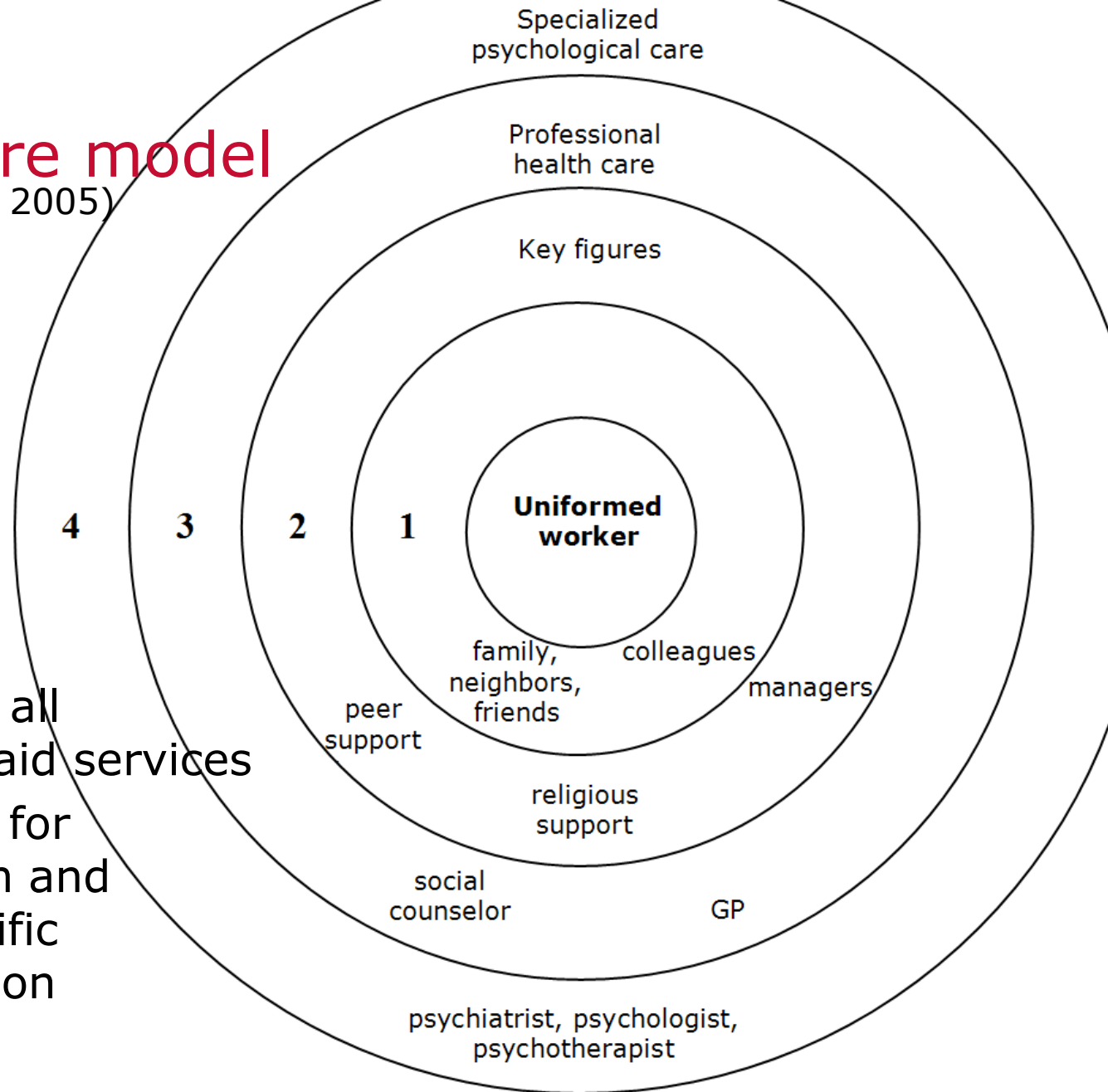
Forewarned is forearmed

- Provide information, consisting of comforting explanations of normal reactions
 - Indicate when it is necessary to seek professional help
 - Advise to take up normal daily routine as soon as possible
 - Encourage self-efficacy and resilience

→ Education and training

Stepped care model

(based on Gersons, 2005)



- Applicable to all professional aid services
- Leaves room for interpretation and context-specific implementation

Recommendations: General

- Definition of 'potential shocking event', following the A1 DSM-IV criterion for PTSS
- PTSS is one, *not the only*, possible consequence of experiencing a shocking event.
- Besides the common factors known to heighten the risk for adverse effects, with uniformed services special attention should be paid to:
 - a) acknowledgement,
 - b) the possibility to tell the story,
 - c) follow-up care and support talks
 - d) information on the course of action of other parties involved
 - e) follow-up investigations and aggression
- Physical injury and negative media can worsen psychosocial effects

Recommendations: Preparation



- There is insufficient evidence to recommend personnel selection using screening.
- Psycho-information is recommended.
- The project group's advice is that well-organized incident handling by a properly managed organization is necessary, in which:
 - (1) trained and professional personnel are available;
 - (2) the roles and responsibilities of the care providers are clearly laid down in advance; and
 - (3) professional help is available.

Recommendations: Organisation



- Operational debriefing is advisable
- Providing psycho-information
- Peer support should focus on supportive context
- Deployment criteria
- Max. 3 follow-up interviews
- Competences for psychosocial support should be described separately for peer supporters, managers, and coordinators
- Issue: confidentiality!
- Issue: to register or not to register?

Recommendations: Aftercare

- Peer support should not engage in actual psychosocial 'treatment'
- Peer supporters should have basic awareness of the signals that indicate possible need for professional help. Examples of indications/signs include:
 - having disturbing memories or dreams of the incident
 - being upset by memories
 - having physical stress reactions
 - avoidance behaviour, absence
 - sleeping problems
 - increased agitation or aggression control problems (short fuse)
 - having feelings of danger or anxiety, being on edge for no reason
 - mood changes, gloomy outlook
 - concentration problems
 - drug or alcohol abuse
 - functioning problems (at work and at home)
 - feeling anxious or ashamed

To a European preamble...

- Start up, October 2008 ✓
- Project plan, January 2009 ✓
- Research and design (January '09-May '10) ✓
 - » Literature research ✓
 - » Focus groups ✓
 - » Expert Interviews ✓
 - » Best practices ✓
- Draft version guidelines & summary ✓
- 'Practice test' (June, July) ✓
- EUTOPA-IP: additional literature research ✓
- Commentary phase (June-August) ✓
- EUTOPA-IP: expert discussion September 2010
- Definitive version of the guidelines November 2010
- Presentation to minister of interior affairs December 2010
- EUTOPA-IP: European guidelines for USO July 2011

Commentary phase...

- Final comments on the draft version of the guidelines by the associated parties: 27+ experts, from 14 organisations:
 - 1. Ambulance**
 - 2. Fire brigade**
 - 3. Police**
 - 4. Ministry of defence**
 - 5. Royal Dutch Water Life Saving Association**
 - 6. Psychologists**
 - 7. Psychiatrists**
 - 8. Netherlands Society of Occupational Medicine**
 9. Dutch Red Cross
 10. Social counsellors
 11. Dutch Victim Care
 12. Veteran care
 13. The Netherlands Press Council
 14. Association of Netherlands Municipalities
- EUTOPA-IP: additional comments from European Experts

Thank you for your attention.

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impact 