

Guideline for early interventions after shocking incidents

To a Dutch NOVA-model

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Program

1. The NIP-Crisis Intervention network of Schoolpsychologists (NIP-CINS): who are we and what are we doing?
2. New scientific developments
3. A Dutch guideline for crisis intervention (2007)
4. Implications of the guideline for our way of working: to a Dutch model
5. An example: our role as 'crisismanager'

The NIP-Crisis Intervention Network of SP's

- September 2003 first ISPA training Crisis Management in Schools in Trento, Italy
- BASIC-PH and NOVA-model
- Group Crisis Intervention
- January 2004 Terra College in the Hague
- Start and development of the NIP-CINS

Aims of the NIP-CINS

- to restrict the damage of the victims
- to search for the own resources and support systems of pupils and teachers
- to help the school to return to normal day life as soon as possible
- to give support by 'helping the helper' (teacher and parents)
- to avoid the need of psychotherapists

The value of SP's in crisis situations

SP's are reacting adequately because of their:

- knowledge of the school culture
- knowledge of the school organisation
- experience in counselling
- experience in working with groups
- experience as a trained observer

Methods of working

- Support the school principal, the teachers and the parents
- Help out in the practical organisation
- Listen and give mental support
- Give advise for the relief of the pupils
- Give information about normal reactions after shocking incidents
- Observe risk factors of children and adults

Examples of crisis interventions we have been doing

- The murder of a teacher by a student in school
- The stabbing of a teacher in a primary school for disabled children
- The molesting of a teacher in a primary school
- The murder of a seven year old pupil by her mother at home
- The kidnapping of the mother of a young pupil
- The murder of a teacher by her husband, who then tried to commit suicide in the presence of their twelve year old autistic son

A study of early interventions following psychological trauma

- In February 2007 Dr. Marit Sybrandy presented the results of her scientific study about early interventions and the reducing of symptoms of a Post Traumatic Stress Disorder (PTSD).
- “An acute PTSD may be diagnosed when symptoms of reexperiencing, avoidance and hyperarousal are present more than one month” (DSM IV)

A study of early interventions following psychological trauma

- Sybrandy randomised 236 adult survivors of a recent traumatic event to either emotional ventilation debriefing (one time) psycho educational debriefing (one time), or no debriefing (control group).
- On four moments after the traumatic incident (1 week, 2 weeks, 6 weeks and 6 months after the debriefing) symptoms of PTSD and anxiety- and depressive symptoms were measured.

Results of the study of early interventions

- Psychiatric symptoms decreased in all three groups over time, without significant differences in symptoms.
- Participants in the emotional debriefing group had significantly more PTSD symptoms at 6 weeks than control participants.

Conclusions and recommendation

- It is better to focus immediately on persons with severe complaints instead of having a meeting with all the people who had experienced the calamity.
- Psychological debriefing, as the Critical Incident Debriefing method of Mitchell, has not to be used anymore.
- The research of the effectivity of interventions as early EMDR and psychological first aid is recommended.

Dutch multidisciplinary guideline

Guideline for early psychosocial intervention after disasters, terrorism and other shocking events, 2007

Developed by

IMPACT, knowledge & advice center for post-disaster psychosocial care

Trimbos Institute, national knowledge institute for mental health care

18 professional and other associations

Facilitated by: Department of Health (VWS)

Guideline, why?

Increasing demand for early psychosocial interventions after disasters (Bijlmer, Volendam, Enschedé)

Discrepancy between research and practice

Interventions are carried out which seem not to be suitable and effective

Professionals need more guidelines

Guideline, what?

In first place developed for major disasters, but also suitable for smaller incidents

State of the art: results of scientific studies, evidence-based guidelines and knowledge from experience (of helpers as well as victims)

Recommendations: for people carrying out early psychological interventions (first 6 weeks)

Recommendations for further research

Emphasis on adults, some recommendations for children

Aims of early psychosocial interventions in case of crisis

- Promote natural recovery and the use of natural sources of help
- Identify those affected who need acute psychological help
- As necessary, refer and as necessary treat those affected who need acute psychological help

Natural recovery by: A supportive context and the use of natural sources of help

- Safety
- Listening ear, support and solace
- Information
- Practical needs
- Support from their own sphere, reuniting with people closest to them
- Reassurance for those with normal stress reactions
- First 6 weeks

Natural recovery by: Information (adults)

Information:

- A reassuring explanation about normal reactions
- Explaining when to seek help
- Advising the persons affected to get on with the daily routine

Psychological triage

Psychological triage (of those affected):

1. No mental disorders and/or serious clinical symptoms: reassurance and information
2. May have mental disorders and/or serious clinical symptoms: information and a follow-up meeting
3. Mental disorders and/or serious clinical symptoms: straight away clinical diagnosis and treatment

What should not be done?

- No screening of whole groups – not possible to identify people at risk
- No debriefing in groups: one-shot semi-structured intervention
- No preventive psycho-education – just reassuring information about reactions reported by the affected people

Comparison of Dutch guidelines with NOVA/Basic-PH models

- Large similarities between NOVA, Basic-PH and Dutch guideline
- But less emphasis on group crisis intervention (CGI); providing information and reassurance is also possible without CGI, less structured
- No emphasis on expressing sensory experiences and emotions, should be avoided
- Preventive psycho-education should be avoided, provide just reassuring information about reactions mentioned by the people affected

To a Dutch model

- We inserted the recommendations of the Dutch multidisciplinary guideline in the NOVA and Basic-PH models
- See our guideline for a group crisis intervention meeting on schools

Dutch model for Group Crisis Intervention in schools, 2008 (draft)

Based on:

- NOVA model, USA
- Basic-PH, Israël
- Dutch Guideline, 2007
- An important role for school management, teachers and school psychologist
- School psychologist should be familiar with 'supportive context' and 'psychological triage'

Guideline: 'Supportive context' and 'triage' in schools, first 6 weeks

- Factual and up-to-date information (on the level of understanding of the pupils) about the incident
- Reassuring those affected who display normal reactions, by information about stress-reactions
- Peer support, sharing experiences in own group, with own teachers, parents, no professionals in group if not necessary
- As soon as possible back to daily routine
- Closely observing the pupils 'at risk', children with special needs and/or clinical symptoms

Role of school management

- Making possible that the school environment forms a natural source of help, by reuniting with peers, teachers, or parents, creating places to meet each other, etc.
- Providing information and reassurance to teachers, other personnel, parents, etc., with help of school psychologist
- Promoting and facilitating psychological triage
- Etc.

Role of teacher

- The teacher plays a crucial role (unless too much affected herself/himself, in that case the school psychologist could replace her/him)
- She/he realises the 'supportive context', starting with carrying for the safety of the pupils and giving reassurance and information about the incident
- If she/he wishes she/he can organise and lead a group meeting (see handout for a CGI = Group Crisis Intervention meeting)

- In the group meeting by the teacher the information about common reactions should be modest, tuned in to the reactions of the pupils
- The teacher should not force to utter emotions, especially in the first days
- She/he should go back as soon as possible to daily routine
- She/he should closely observe the children 'at risk'

Role of schoolpsychologist (with training in crisismanagement)

- Advising and providing information: to school management, the teachers, etc. (= crisis manager)
- Advises about realising a 'supporting context' by the school
- Provides information about stress reactions
- Could do CGI with teachers, a.o.
- Has to be able, together with teachers and SENCO (perhaps school doctor, social worker, mental health professional) to do the 'psychological triage': who is at risk, who shows clinical symptoms and needs help of mental health professionals

- The Dutch guideline is the first national guideline in Europe and translated in English, in draft (will be on ISPA site). It will be discussed on European level and could probably be a model for a European guideline.

Thank you!

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