

INTERVENTION FOR CHILDREN AFTER MASS TRAUMA BEREAVEMENT

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MASS TRAUMA EVENTS

- Usually rapid or natural disasters with no warning
 - Earthquakes
 - Landslides
 - Flash floods
- Transportation disasters & mass accidents
- Building collapses
- Terror events including school shootings
- War, armed conflict

Human intent to kill is associated with worst consequences

THE PSYCHOLOGICAL EFFECTS OF DISASTERS - CHILDREN

- Natural disasters: prevalence of PTSD varies from 5 to 43 %
- Man-made disasters: prevalence of PTSD 30-70 %
- In addition depression, generalized anxiety and other mental health problems
- Grief seldom assessed – after terror in Norway, high levels of complicated grief in siblings and friends

Kar, N. Psychological impact of disasters in children: review of assessment and interventions. World Journal of Pediatrics, Feb;5(1):5-11. Epub 2009 Jan 27.

BEREAVEMENT IN MASS TRAUMA

- Difficult to disentangle effects of loss from other stressors
- Child may have
 - Survived under extreme danger
 - Lost home or school
 - Forced to live in new and stressful environment
 - Basic necessities may be lacking
 - To live with constant reminders
 - Media exposure may add to reactions
- Additional traumas and losses may increase effects on children

THE IMPORTANCE OF DISASTER PSYCHOSOCIAL SERVICES

- More rapid normalization of situation for society, families and individuals
- Less health impairment among affected survivors and bereaved
- Stimulation of social support and cohesion
- Potential growth in individuals, families and communities
- Improved systems for future disasters

MASS TRAUMA EVENTS

- They happen to persons embedded in families, communities and nations
- Many are transnational events
- All interventions must have a broad perspective
- Interventions must be tailored to individual, group and societal needs

GRIEF INTERVENTIONS

- Lack of a solid knowledge base
- More research on therapy for complicated grief than early intervention

INTERVENTION FOR CHILDREN

- To reach many, a public health approach focusing on groups should be used
- Schools are central in helping children – children's natural habitat
- Restoration of normality goes alongside helping them to understand and integrate what happened

IMMEDIATE INDIVIDUAL AND GROUP FOLLOW-UP INCLUDES:

- Create climate of caring to reduce physiological activation (warmth)
- Provision of information takes priority
 - Adequate information systems
 - Leaders who understand their symbolic value
- Reconnecting families and social networks
- Stimulate family communication
- Provide map of practical and psychological terrain (orientation and hope)
- Provide opportunity for culturally appropriate rituals
- Behavioral activation – resume school and leisure activities

PSYCHOEDUCATIONAL INFORMATION

- Having a map of the psychological terrain they are moving into is important for children – they lack experience
 - Normalize reactions
 - Let them meet in groups
- Inform and teach them coping strategies
 - Strategies to cope with loss and trauma
 - Strategies for activating mutual support

THE CHILD'S FAMILY

- Family consequences can be dramatic as events impact family cohesion, structure, communication and role distribution
- Family interaction patterns change in various ways
 - i.e. parental overprotection or parental withdrawal
- Concepts that grasp family dynamics are lacking

Traumatic loss



Immediate interventions

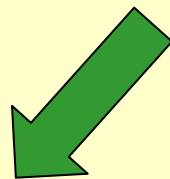
- Secure that facts are shared
- Secure understanding



Preventive interventions

- Psychoeducation
- Family climate

Different reactions



Therapeutic interventions

- General
- Specific

Loss of functionality

GRIEF IN CHILDREN

WHAT SHOULD BE OUR EMPHASIS?



PARENTAL SUPPORT



TRAUMA-ASPECTS



SEPARATION DISTRESS
EXISTENTIAL ASPECTS

PSYCHOLOGICAL INTERVENTION FOLLOWING THE 2011 MASS SHOOTING IN NORWAY

- 69 people were killed
- 495 survived
- Of these, 66 were injured (32 seriously)



PSYCHOLOGICAL INTERVENTION FOLLOWING THE 2011 MASS SHOOTING IN NORWAY

- The killings happened unexpectedly and were carried out in an extremely brutal manner
- The contrast between the peaceful, safe and good place Utøya island represented and the gruesome events that took place there were incomprehensible
- The killings gave rise to fantasies and intrusive thoughts about how their loved ones suffered
- The perpetrator showed no empathy
- For a year there were daily reminders of the killings
- The strong stories from survivors added to the strain
- Several, if not all, murders could have been prevented

PSYCHOLOGICAL INTERVENTION FOLLOWING THE 2011 MASS SHOOTING IN NORWAY

- Outreach to families who lived all over Norway
- Contact person in the local community for at least a year – help over time
- Return to island 1 month later
- Collective follow-up of bereaved children over 4 weekend gatherings
- Support through the two-month trial in 2012



Back to Utøya

19th of August 2011: Bereaved

20th of August 2011: Survivors

1st of October 2011: Bereaved/
survivors

22nd of July 2012: Bereaved + AUF



Center for Crisis Psychology



WEEKEND GATHERINGS

AIM:

- To offer a group intervention in addition to local follow-up
- To mobilize social support and coping in a group that share the same life situation and recent “history” (destiny)
- To help integrate the loss and trauma in their future life
- To assist in learning to live with their grief
- To stimulate sharing and coping with difficult thoughts and reactions
- To help in finding new content and meaning in their future life

WEEKEND GATHERINGS FOR BEREAVED

- Gatherings with a clear structure
 - Organizational leadership of temporary organisation
 - Plenary speeches, small-groups where participants were divided by relational status to deceased, parallel presentations, and informal meetings
 - Detailed “manuals” for group leaders (adults and children)
- Gatherings with clear aims:
 - Recognition, understanding and normalising
 - Mobilisation of mutual social support
 - Help to cope – psychoeducational methods
 - Help to live as best possible with yearning and grief
- Gatherings had progression in themes
 - First: event and time until gathering, passing of anniversaries
 - Second: living with grief, differences within the family, preparation for court case
 - Third: Passing the one year mark, future perspective
 - Forth: Living with grief over time

Temporary organization

Public Health department
responsible

Hotel

Centre for Crisis Psychology
Professional responsible
Professional design and content
and organizing of the event

Centre for
Crisis
Pssychology

Modum grief
centere

Akershus University
Hospital, grief
centre

NAKMI (1)

Activity leaders from Red Cross)

National support group of bereaved and effected

Message

On this occasion we belong to one organization, no matter where we come from:

- Common task
- Common rules/structure

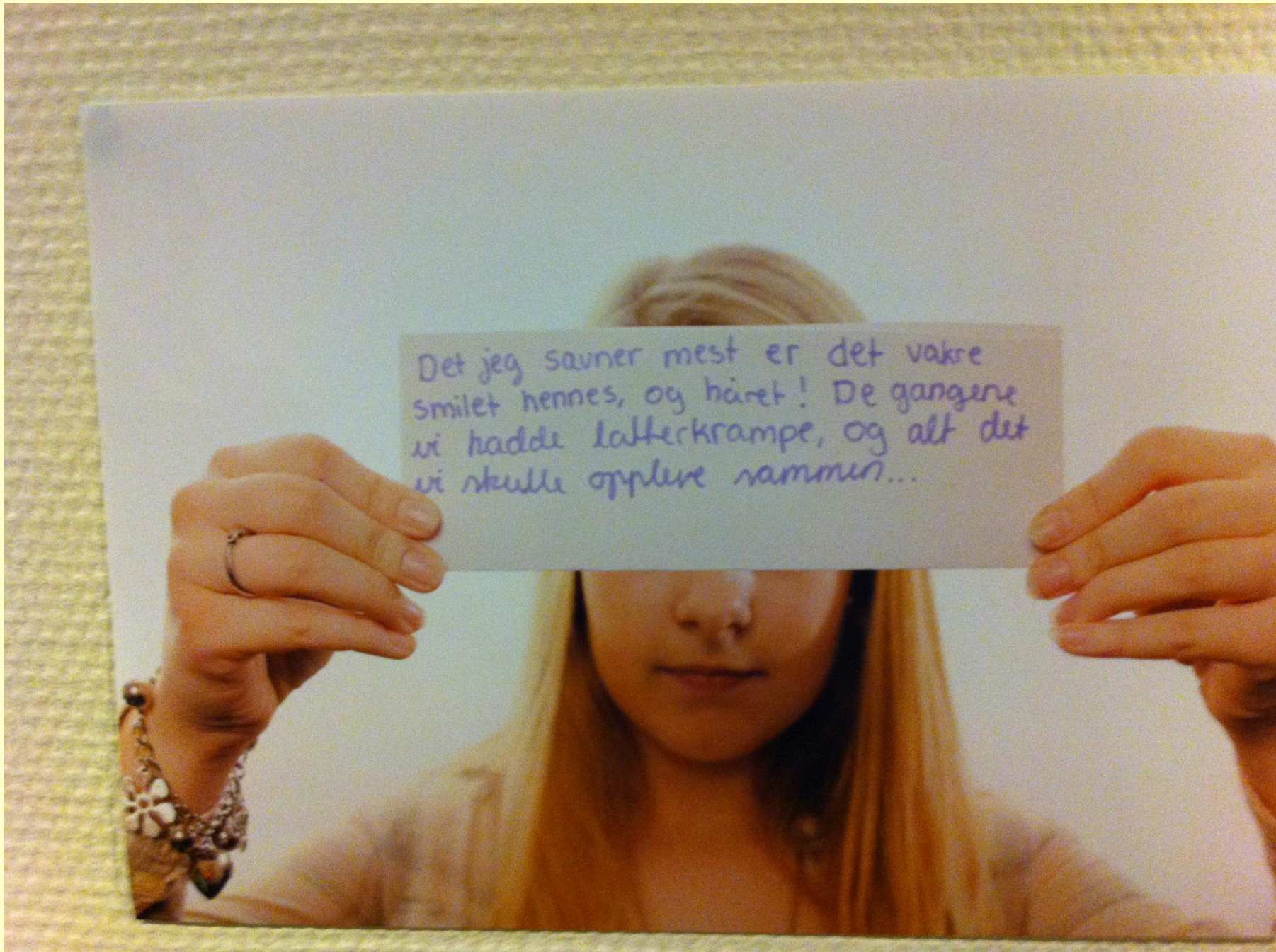
A common frame/structure during the whole weekend gathering!

FOR PROGRESS IN THIS AREA WE NEED:

- Empirical studies to better define normal and complicated grief in children, as well as different subtypes and dynamics of complicated grief
- Better measures to identify the different subtypes
- Improved family interventions for the acute phase as well as better help over time
- Appropriate interventions that offer specific help for various manifestations of complicated grief

Systems cooperating

- Cooperation between ministries: school ministry, health ministry. Public Health directorate invited:
- Representatives from main organizations and institutions. (Samarbeidsorgan)
- Feedback has revealed that the link has been weak between colleges and Universities

A woman with long blonde hair is holding a white rectangular piece of paper in front of her face. She is wearing a ring on her left ring finger and a beaded bracelet on her left wrist. The paper has handwritten text in blue ink. The background is a plain, light-colored wall.

Det jeg savner mest er det vakre
smilet hennes, og håret! De gangene
vi hadde latterkrampe, og alt det
vi skulle oppleve sammen...



**We have to face the past to be able
to face the future!**

