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MOOC 1 – Unit 2

Different phases in Early Psychological Interventions: a dimensional crossings paradigm

Chapter 3:

Specific Categories of Victims and Specific Contexts in Early Psychological Intervention

Developed by Institut Alfred Adler de Paris (FR)



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INTRODUCTION

As children and adolescents are still in the process of development, it is important to distinguish specific caring protocols in order to help them in an emergency or crisis situation.

Detecting children or adolescents at risk :

Children, especially those:

- Separated from parents/caregivers

- Whose parents/caregivers, family members, or friends have died

- Whose parents/caregivers were significantly injured or are missing

- Involved in the foster care system

- Medically frail children

Adolescents who may be risk-takers (acting out, substance abuse problems, sexual risks, ...)



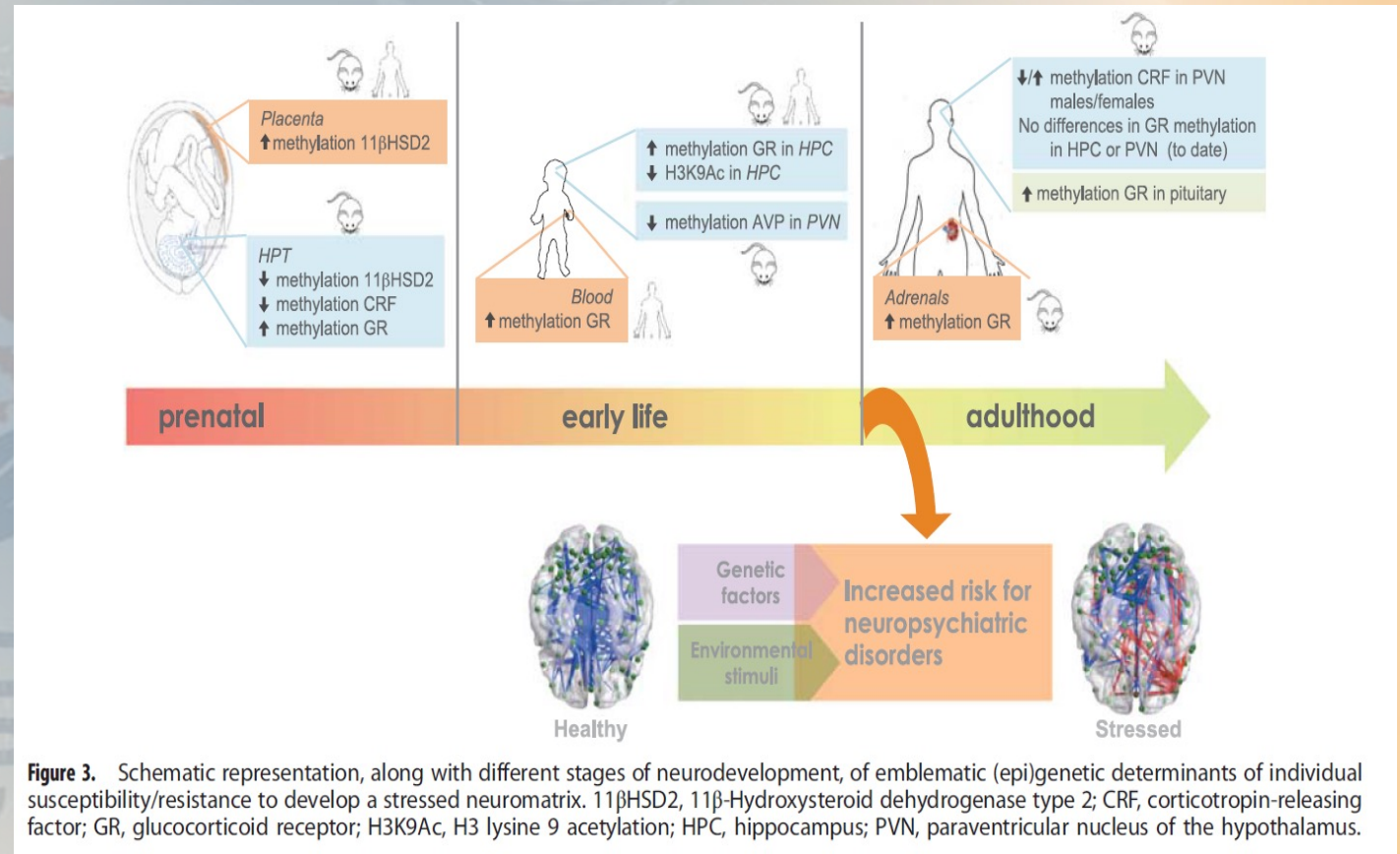
INTRODUCTION

During every phases of development, stressors in the environment can affect the expression of genes through an epigenetic modification of DNA called methylation.

In these cases, methylation will inhibit the production of the proteins corresponding to the genes. (Ex : receptors of stress hormones)

This may contribute to increased risk for neuropsychiatric disorders and development of brain networks showing higher sensibility to stressors.

Effects of stressors on neurodevelopment



Sousa, N. "The Dynamics of the Stress Neuromatrix." *Molecular Psychiatry* 21, no. 3 (March 2016): 302–12.
<https://doi.org/10.1038/mp.2015.196>.

INTRODUCTION

Children and adolescents are not the only category to present a specific risk.
Rescuers, like you, belong to another very important and specific victim category.

Detecting rescuers at risk :

Cf MOOC 1 Unit 3 Target : First responders





§3.1 Children facing the death of a caregiver during intervention

The child understanding of death varies depending on age and prior experience with death, and is strongly influenced by family, religious, and cultural values.

Age	How they understand death	Usual needs	Needs at caregiver's death
Pre-school children	death seems not permanent but concerned about something bad happening to family member	help to confirm the physical reality of a person's death	consistent care and a predictable daily routine as soon as possible
School-age children	may understand the physical reality of death, but may personify death as a monster or skeleton and develop "ghostlike" presence	have attention to their behavior and talk with caregivers about their feelings	other caregivers should try to be there to comfort and help with daily activities despite anger child can feel



§3.1 Children facing the death of a caregiver during Intervention

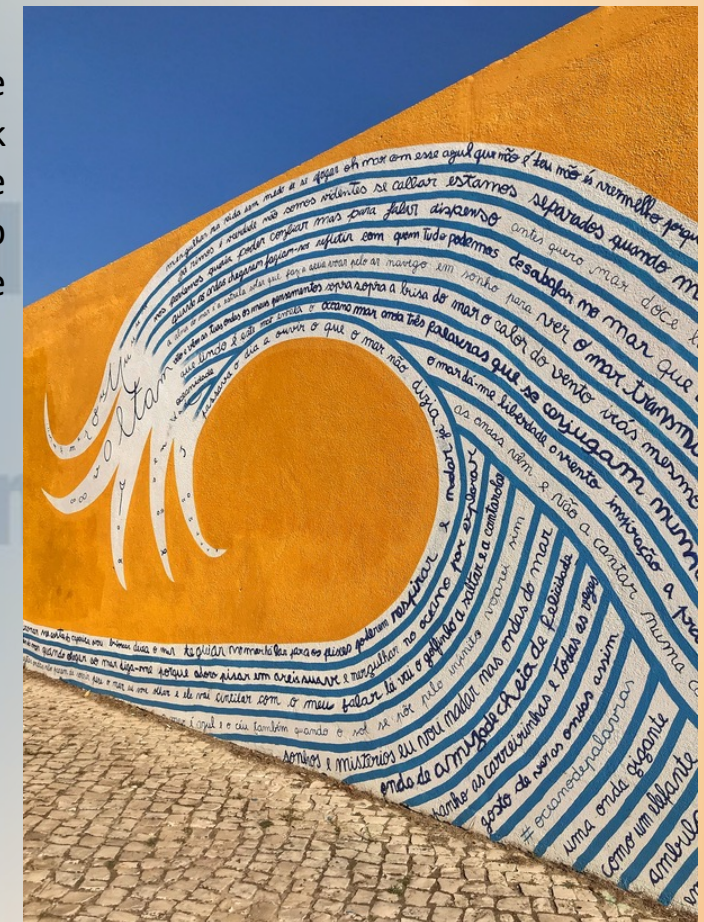
How to guide emotionally overwhelmed survivors :

Children : After bad things happen, your body may have strong feelings that come and go like **waves** in the ocean. When you feel really bad, that's a good time to talk to your mom and dad to help you calm down. Even adults need help at times like this. Many adults are working together to help with what happened, and to help people recover. Staying busy can help you deal with your feelings and start to make things better.

Feelings of guilt and shame :

Extreme negative emotions can be very painful, difficult, and challenging, especially for children.

1. Listen carefully for signs of guilt or shame in their comments, drawings, narrative or body language.
2. If difficulties arise, write the negative thoughts on a piece of paper. You can then discuss each one, clarify any misunderstandings, discuss more helpful thoughts...
3. Remind the child that he/she is not at fault, even if he/she has not expressed these concerns.





§3.1 Children facing the death of a caregiver during Intervention

How to Introduce Yourself / Ask about Immediate Needs

For example, in making initial contact, you might say:

Psychologist talking to a child : (Get on child's eye level, smile and greet the child, using her/his name and speaking softly.) Hi Lisa, I'm _____ and I'm here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets and toys in those boxes.

About safety :

Your mom and dad are here, and many people are all working hard together so that you and your family will be safe. Do you have any questions about what we're doing to keep you safe?

Children and funeral: do they have to attend ?

It can be helpful for a child to attend a funeral to help him/her accept the physical reality of the death which is part of grieving. If not included, children can feel left out of something important to the family.

Parents/caregivers should give children a choice whether or not to attend a funeral or other ritual without pressure. Before asking children to choose, parents have to inform them what to expect, even tears of adults.

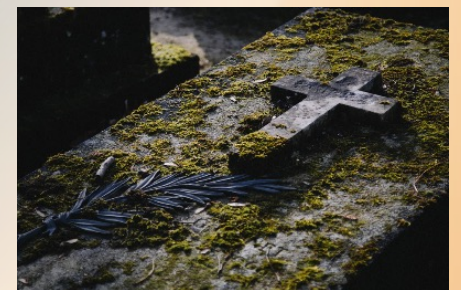
If possible, bring younger children to the location early so that they can explore the space and describe the casket. Caution should be exercised in regard to allowing young children to view or touch the body.

Make sure that children are near a person who can pay appropriate attention to them and provide a way to leave if they become overwhelmed during the service.

If they choose not to attend, offer to say something or read something on their behalf, and explain how they can participate in memorial activities at a later time, including memorials of their own making.



TIP § 3.1





§3.2 Adolescents and their emotions when facing death or a disaster

Specificity of adolescents facing loss and death :

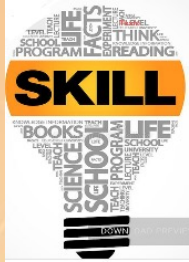
Advise parents to caution teens about doing something risky.

Parents/caretakers should also understand that an adolescent's anger can turn to rage over the loss, and they should be prepared to tolerate some expressions of rage. However, they should also be firm in addressing any behavioral risks.

Expression of any suicidal thought or expressions of revenge should be taken seriously, and appropriate additional assistance should be immediately sought.



Age	How they understand death	Usual needs	Needs at caregiver's death
Adolescents	Generally understand that death is irreversible	have attention from family and school to their rage or impulsive decisions	may experience an intense sense of unfairness, protest over the death and feeling unable to do skills of their age



§3.2 Adolescents and their emotions when facing death or a disaster

How to offer practical assistance to adolescents ?

Like adults, adolescents benefit from clarifying their needs and concerns, developing a plan to address them, and acting on the plan.

For **adolescents**: talk to them “adult-to-adult,” in order to give them the message that you respect their feelings, concerns, and questions despite of their age.

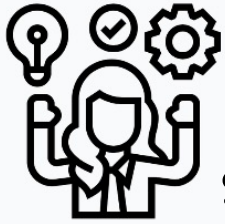
Offering practical assistance is composed of four steps:

Step 1: Identify the Most Immediate Needs

Step 2: Clarify the Need by talking with the survivor about the problem to identify practical steps that can be taken to address it.

Step 3: Discuss an Action Plan

Step 4: Act to Address the Need



§3.2 Adolescents and their emotions when facing death or a disaster

How to introduce yourself / ask about immediate needs ?

For example, in making initial contact, you might say:

Psychologist talking to an adolescent : Hi Lisa, I'm _____ and I'm here to try to help you and your family. Is there anything you need right now? There is some water and juice over there, and we have a few blankets in those boxes.

About safety :

We're working hard to make you and your family safe. Do you have any questions about what happened, or what is being done to keep everyone safe?



§3.2 Adolescents and their emotions when facing death or a disaster

Talking with adolescents about physical and emotional reactions

1. Ask about physical sensations instead of describing emotions.
2. If able to talk about emotions, suggest different feelings and ask them to pick or draw to help the adolescent talk about his/her physical sensations.

Psychologist talking to an adolescent : When something really bad happens, people often feel funny, strange, or uncomfortable, like their heart is beating really fast, their hands feel sweaty, their stomach hurts, or their legs or arms feel weak or shaky. Other times, they just feel funny inside their heads, almost like they are not really there, like they are watching bad things happening to someone else. Sometimes your body keeps having these feelings for a while even after the bad thing is over and you are safe. These feelings are your body's way of telling you again how bad the disaster was. Do you have any of these feelings, or other ones that I didn't talk about? Can you tell me where you feel them, and what they feel like? Sometimes these strange or uncomfortable feelings come up when people see, hear, or smell things that remind them of what happened, like strong winds, glass breaking, the smell of smoke, etc. It can be very scary for them to have these feelings in their bodies, especially if they don't know why they are happening or what to do about them. If you like, I can tell you some ways to help yourself feel better. Does that sound like a good idea?

How to spare children and adolescents from the rescue activities ?

1. **Set up a Child-Friendly Space** such as a corner or a room that is safe, out of high traffic areas, and away from rescue activities. Caregivers with experience and skill in working with children of different ages can help to take care of them.

2. **Offer games** for distraction to reduce anxiety and concern after hours and days in a shelter setting.

The space has to offer materials for all age ranges (toys, playing cards, board games, balls, paper, pens, books). Activities that are calming include playing with Legos, wooden building blocks, and playing team games.

3. **Spare a special time for adolescents** to get together to talk about their concerns, and to engage in age-appropriate activities like listening to music, playing games, making up and telling stories, or making a scrapbook.

NB: Children, and to some extent adolescents, are particularly likely to look at adults for cues about safety and appropriate behavior. When possible, place children near adults or peers who appear relatively calm, and when possible, avoid putting them too close to individuals who are extremely upset.



TIP §3.1



§3.3 Rescuers are also victims: a specific category – YOU !!

Rescuers' specificity in the face of stress, trauma, loss and death, and vicarious syndrome

Vicarious trauma (VT) as defined by Pearlman and Saakvitne (1995)* is the lasting transformation of the personal inner experience of the provider resulting from empathic engagement with trauma patients. It is a cumulative process by which the personal and inner experience of the rescuer is negatively transformed. The phenomenon of vicarious trauma can be understood as being related both to the detailed and painful content of the traumatic material provided by the victims and to the cognitive patterns, beliefs, expectations and hypotheses that the worker has about themselves and others. VT is presented as a progressive modification of cognition, basic schemes about oneself, others, and the world resulting from contact with traumatic material.

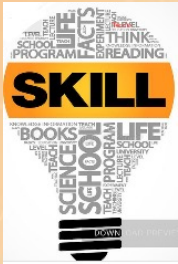


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Cf on the MOOC 2 UNIT 1 : Empathy

*Pearlman and Saakvitne (1995) in FIGLEY,CR.(2002) Compassion fatigue : Psychotherapists' chronic lack of selfcare. J Clin Psychol.58(11):1433-41.

Mauro, C. (2018) "Sauver l'autre sans périr psychiquement : de la dynamique compassionnelle des sapeurs-pompiers au traumatisme vicariant". PNRS, Santé. Ecole Nationale Supérieure des Officiers Sapeurs-Pompiers.



§3.3 Rescuers are also victims: a specific category – YOU !!

Rescuers' specificity in the face of stress, trauma, loss and death and vicarious syndrome

In the direct commitment to help others, the rescuer makes an indirect commitment, more or less consciously, to ensure their own physical and mental survival. This is why it is essential to positively reinforce the protective factors by:

- **promoting “self-care”** (preserving or investing in sources of well-being that make sense for everyone. It translates into self-awareness, an ability to be attentive to one's needs, a regulation of internal tension on a personal and professional level)
- preserving the **motivational component** and the **feeling of accomplishment** and **self-realization** (protecting oneself from disillusionment, and the loss of meaning which forces one to suffer rather than to act)
- **developing training and mental preparations** for a preventive development of the risks of prolonged exposure to these situations with certain traumatic potential and the painful and overwhelming intrusion of the scenes they witness.
- encouraging **speaking, sharing** of experiences, and psychological **supervision**

Mauro, C. (2018) "Sauver l'autre sans périr psychiquement : de la dynamique compassionnelle des sapeurs-pompiers au traumatisme vicariant". PNRS, Santé. Ecole Nationale Supérieure des Officiers Sapeurs-Pompiers.



§3.3 Rescuers are also victims: a specific category – YOU !!

Rescuers' specificity in the face of stress, trauma, loss and death, and vicarious syndrome

In some work environments, the extinction, repression or compensation of emotions (through outlets such as humor, sport, etc.) are still anchored and perceived as a pledge of resistance, competence and aptitude. Certain forms of affectivity still refer to notions of fragility and vulnerability.

NOT TO DO

Developing repressive or avoiding defense under the pretext of armor, experience, seniority.

Keeping the situation for oneself.

Being mute about emotions and feelings.

Feeling omnipotence.



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Ex: A doctor, exposed on the front line of Covid 19 when he receives his patients, neglects the impact of the announcement of a person affected by the virus in his close environment and takes refuge in work as if nothing happened.