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No. ECHO/SUB/2012/640917

European Network for Psychosocial Crisis Management

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Center of Psychotraumatology/ Alexianer
University of Cologne/ Faculty of Human Science

Kick off meeting 17.1.2013

Partners in the Project are

Germany, Center for Psychotraumatology, Alexianer, Krefeld

Czech Republic, Charles University, Prague

Denmark, University of Southern Denmark

Germany, Federal office of civil protection and disaster assistance, Bonn

Norway, Norwegian Center of Violence and Traumatic Stress Studies, Oslo



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Objectives

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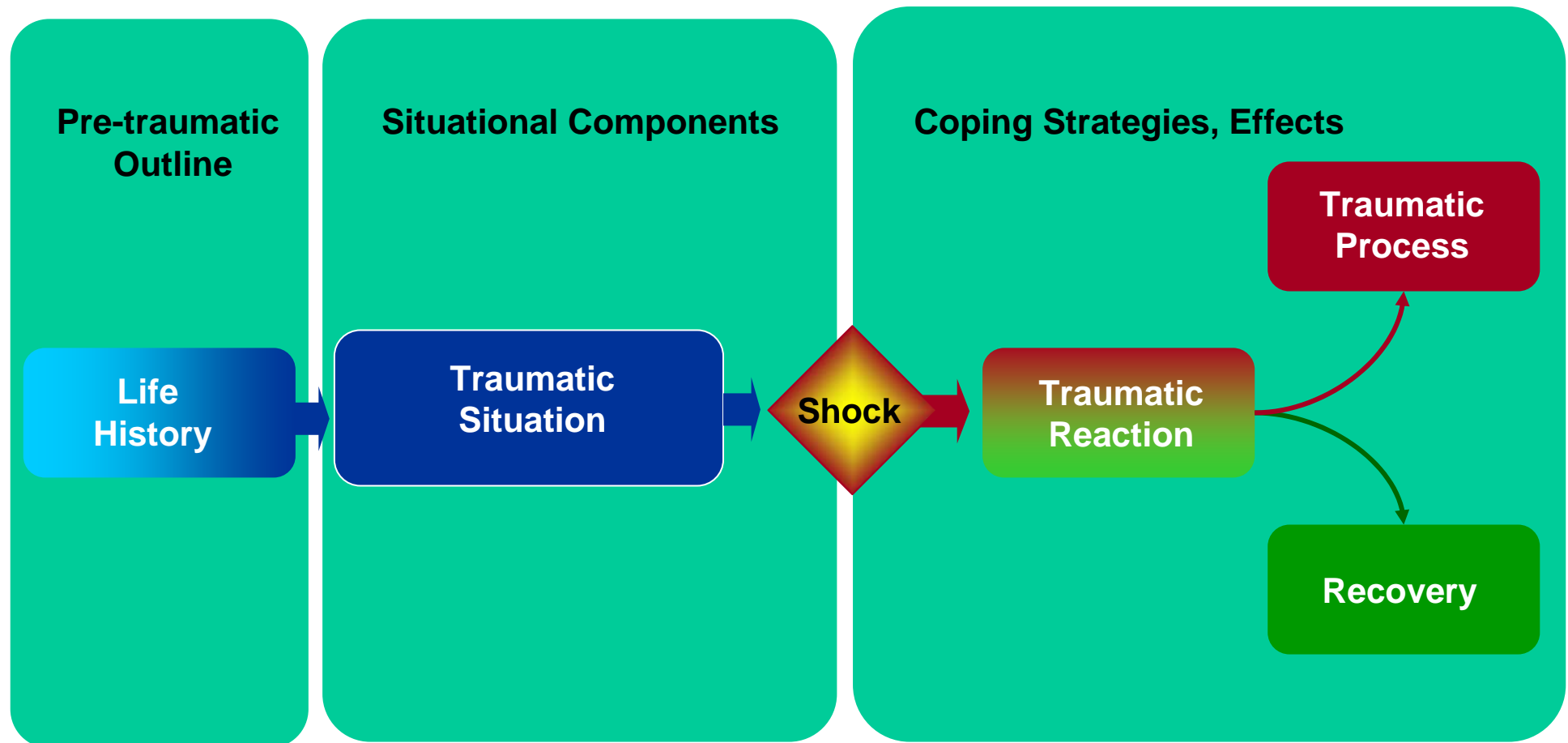
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- Initiatives of the European Commission for psychosocial aftercare in cases of disaster
- Target Group Intervention Program (TGIP)
- Screening debate
- Examples TGIP/ Cologne Risk Index (CRI)



Time Course of Traumatic Stress

How can we improve the psychosocial aftercare for people affected by disasters?
How can we prevent a traumatic process and support recovery?





History of crisis intervention programs

1. First epoch of crisis interventions
T. W. Salmon (1919), A. Kardiner & H. Spiegel (1947)
2. Critical Incident Stress Management
T. J. Mitchell & G. Everly (1997)
3. Critical turn in the debate
S. Rose, J. Bisson & S. Wessely (2002). Cochrane Review on psychological debriefing for preventing PTSD.



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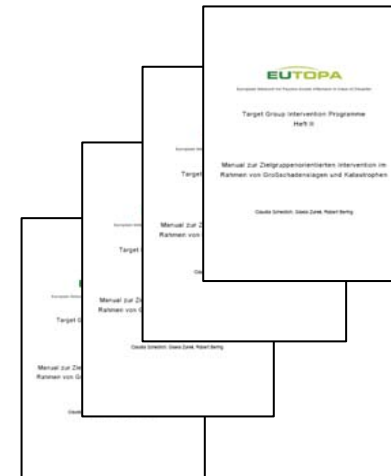
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Objectives of EUTOPA are: Implementation of EUTOPA products like

1. Multidisciplinary Guideline on Early Intervention

2. Target Group Intervention Program





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23 Countries were represented in EUTOPA

Dean Ajdukovic, David Alexander, Rosemarie Barwinski, Roman Birvon, Jonathan Bisson, Barbara Blanckmeister, David Bolton, Gernot Brauchle, Claudia Bredenbeck, Chris Brewin, Bruno Carlos Almeida de Brito, Ranieri Brook Barbieri, Alarcos Cieza, Paul Cutajar, Francine Dal, Anita Deak, Katherine Deeley, Albert Deistler, Fruzsina Deme, Aida Maria dos Santos Dias, Michel Dückers, Jose Felix Duque, Ask Elklit, Lucy Faulkner, Maja Furlan, Eva Garossa, George Gawlinski, Eric Geerligs, Oliver Gengenbach, Stelios Georgiades, Berthold Gersons, Annika Gillispie, Irina Gudaviciene, Miroslav Harvan, Trond Heir, Leonie Hoijtink, Simona Hoskovcová, Barbara Juen, Maria Kee, Zafiria Kollia, Uwe Korch, Dietmar Kratzer, Nora Lang, Talia Levanon, Vivienne Lukey, Jana Malikova, Robert Masten, Giulia Marino, José M.O. Mendes, Tiiu Meres, José Carlos Mingote Adán, Maureen Mooney, Maria Eugenia Morante Benadero, Carlos Mur de Viu, Josée Netten, Ągatha Niemyjska, Iilina Nikolova, Brigit Nooij, Dag Nordanger, Lasse Nurmi, Miranda Olff, Francisco Orengo, Gerry O'Sullivan, Anthony Pemberton, Danila Pennacchi, Delphine Pennewaert, Pascal Perez Guertault, Cristiana Pizzi, Gerd Puhl, Raija-Leena Punamäki, Ralf Radix, Gavin Rees, Maire Riis, Magda Rooze, Claudia Roth, Arielle de Ruijter, Salli Saari, Rob Sardemann, Christina Schloßmacher, Claudia Schorr, Frederico Galvao da Silva, Jana Seblova, Aysen Ufuk Sezgin, Erik de Soir, Marc Stein, Gisela Steiner, Sofia Stoimenova, Axel Strang, Jan Swinkels, Lajos Szabó, Dominique Szepielak, Petra Tabelling, Hans te Brake, Miguel André Telo de Arriaga, Graham Turpin, Willy van Halem, Koen van Praet, Jozsef Vegh, Ronald Voorthuis, Edgar Vor, Stepan Vymetal, Dieter Wagner, Lars Weisaeth, Martin Willems, Richard Williams, Moya Wood - Heath, William Yule, Bogdan Zawadzki





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Target Group Intervention Program (TGIP)

Manual I: Implementing the Cologne Risk Index-Disaster

Manual II: Measures for TGIP

Manual III: Trauma-based psychoinformation

Manual IV: Rehabilitation of stress response syndroms



- TGIP offers a framework to plan psychosocial interventions from the acute phase up to the mid- and longterm course.
- TGIP is based on psychosocial and clinical experiences as well as empirical evidence, TGIP offers a tool of measures, depending on the riskprofile of the affected.
- TGIP contains the concrete description of actions for a gradual intervention planing that focusses first of all on the mid- and longterm traumatic process.



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Target Group Intervention program (TGIP)

Psychological
First Aid



Psychological
First Aid

Psychoinformation

Prognostical Screening: CRI-D

Group of Recovery
Guidance in Self-Help



Information about
professional help

Switcher
Guidance in Self-Help



Monitoring



Clinical Diagnostic



In need of Trauma Therapy

High-Risk-Group
Guidance in self-Help



Clinical Diagnostic



Trauma Therapy



Rehabilitation



What makes the difference between Guidelines and TGIP?

TGIP

- Is a crisis intervention program of best practice
- is based on a bio-psycho-social model
- Is concipated on a time course model
- Dynamics between risk and protective factors
- Identifies target groups of risk (Cologne Risk Index)
- Is adapted to different types of trauma incidents
- Emphasizes mid- and longterm interventions
- Integrates the ICF



Development and Modification of TGIP

- Collogne victim aid model (Fischer et al., 1997)
- War Zone (Bering et al., 2003)
- Bank Hold Up (Walter, 2003)
- Train Accident Eschede/Brühl (Hammel, 2005)
- PLOT - Terror Attack (Bering et al., 2005)
- EUTOPA – IP Disaster (Schedlich et al., 2007)
- Medical Care (Bering et al., 2007)
- War Zone - Revalidated (Dunker, 2009)
- School shooting (Weber, in preperation)



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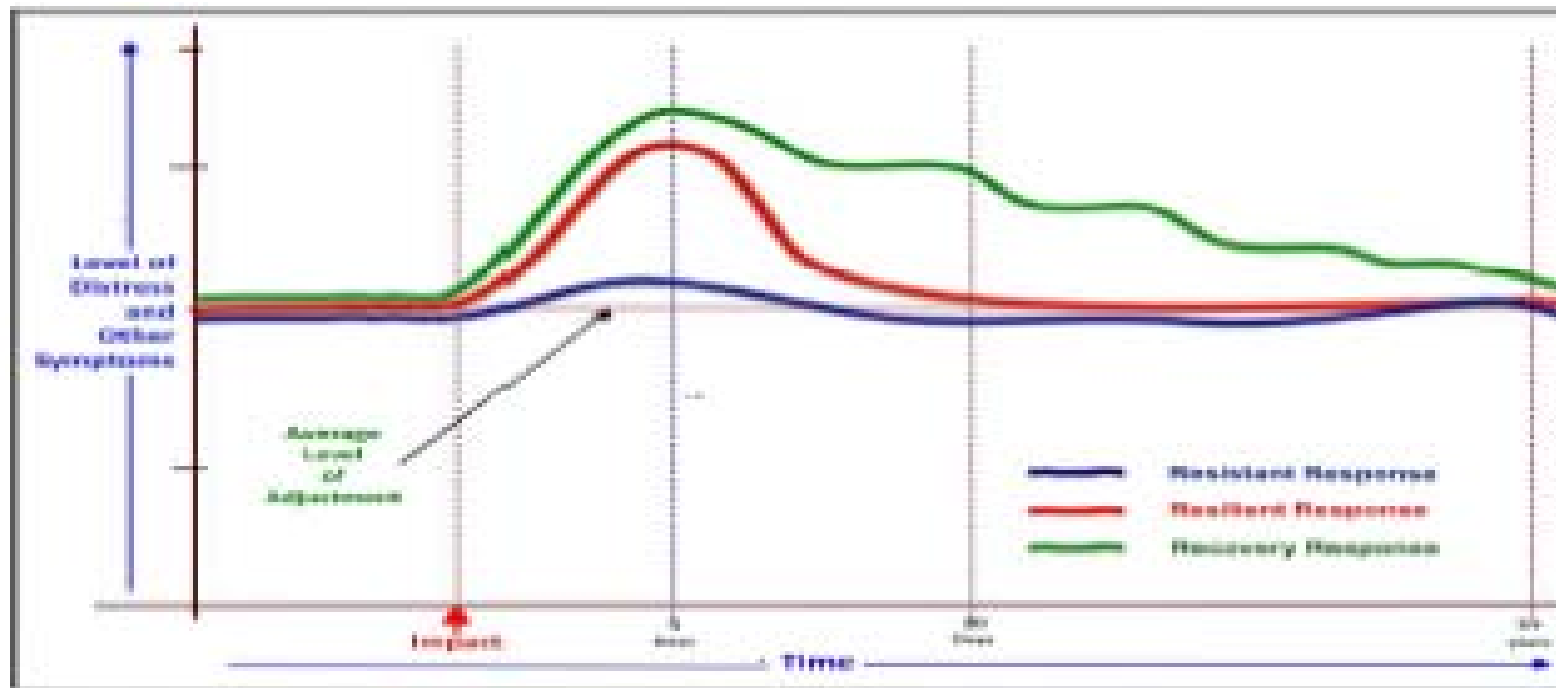
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The screening debate



Constructed by Williams R & Kemp V after Layne CM, Warren JS, Watson PJ, Shalev AY. Risk,



Guidelines recommend:

- As yet the study group does not recommend the early tracing of those affected who have a high risk of a post-traumatic stress disorder **using PTSD questionnaires** (IMPACT, p 12)
- At present, it is the conclusion of this guidance that it is **not appropriate to screen populations of people for symptoms** in the immediate aftermath (days) of a disaster or traumatic event (NATO, p 87).
- **No accurate way of screening** for the later development of PTSD has been identified (NICE, p 107).
- **Formal screening of everyone affected should not occur** but helpers should be aware of the importance of identifying individuals with significant difficulties. (TENTS, p 5)
- All Guidelines agree that **further studies are necessary.**



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Prognostical Screening in TGIP

- In TGIP we recommend a prognostical screening of risk factors (CRI), dissociation and PTSD related symptoms.
- Cologne Risk Index-Disaster enables the classification to Group of Recovery, Switchers and High-Risk Group and thereby establishes the basis of TGIP.

Qualitative studies/ Experts opinion

Meta-Analysis

Field Studies



FINANCIAL



Conference Cologne 2011



Risk Factors for PTSD					
Ozer et al., 2003					
Risikofaktor	k	N	Range of effect size	Effect Size <i>r</i>	Statistically Significant
Prior Trauma	23	5.308	.00 – .46	.17	✓
Prior Adjustment	23	6.797	-.13 – .47	.17	✓
Family History of Psychopathology	9	667	-.06 – .43	.17	✓
Perceived Life Threat	12	3.524	.13 – .49	.26	✓
Perceived Social Support	11	3.537	.08 – .38	-.28	✓
Peritraumatic Emotions	5	1.755	.15 – .55	.26	✓
Peritraumatic Dissociation	16	3534	.14 – .94	.35	✓



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Cologne Risk Index: Questionnaire, half-standardized interview, guidance for taking history

Kölner Risiko Index - Fragebogen	
um:	Dat Code:
1. Ihr Alter in Jahren:	
2. Geschlecht:	<input type="checkbox"/> männlich <input type="checkbox"/> weiblich
3. Familienstand:	<input type="checkbox"/> alleinstehend <input type="checkbox"/> verheiratet / feste Partnerschaft <input type="checkbox"/> geschieden / getrennt lebend <input type="checkbox"/> verwitwet
4. Anzahl der Kinder:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 und mehr
5. Schulbildung:	<input type="checkbox"/> ohne Abschluß <input type="checkbox"/> Hauptschule <input type="checkbox"/> Realschule <input type="checkbox"/> Abitur
6. Dienstgradgruppe:	
7. Waffengattung:	
8. Einsatzkontingent:	
9. Einsatzdauer:	
10. Anzahl bisheriger vergleichbarer Einsätze:	
Für die Auswertung die Zeilensumme in der Spalte rechts außen eintragen:	
11. Waren Sie ausreichend auf den Einsatz vorbereitet?	<input type="checkbox"/> nein <input type="checkbox"/> ja
12. Standen Sie vor dem Einsatz durch sonstige Lebensumstände unter Stress (z.B. familiär, finanziell bedingt etc.)?	<input type="checkbox"/> nein <input type="checkbox"/> ja
13. Wie stark fühlen Sie sich durch die Einschränkung der für Sie wichtigen sozialen Kontakte in der Heimat belastet?	extrem <input type="checkbox"/> stark <input type="checkbox"/> leicht <input type="checkbox"/> keine <input type="checkbox"/>
14. Gab es belastende Einsatzumstände, z.B. Klima, lange Arbeitszeiten, Langeweile, schlechte Verpflegung, mangelhafte Unterbringung?	<input type="checkbox"/> nein <input type="checkbox"/> ja
15. Sind Ihre Erzählungen vom Einsatz und belastenden Erlebnissen in Ihrem persönlichen Umfeld auf negative Reaktionen wie Desinteresse, Unverständnis oder Abwertung gestoßen?	<input type="checkbox"/> nein <input type="checkbox"/> ja
16. Dem Einsatz gegenüber bestehen Bedenken	<input type="checkbox"/> nein <input type="checkbox"/> ja
☞ wenn ja:	
<input type="checkbox"/> bei Ihnen selbst	
<input type="checkbox"/> in Ihrem direkten Lebensumfeld	
<input type="checkbox"/> in der Öffentlichkeit	
17. Fühlten Sie sich von Kameraden unterstützt bzw. erlebten Sie einen guten Zusammenhalt der Gruppe?	<input type="checkbox"/> nein <input type="checkbox"/> ja
18. Fühlten Sie sich von Vorgesetzten unterstützt?	<input type="checkbox"/> nein <input type="checkbox"/> ja
19. Als wie belastend bewerten Sie den Einsatz insgesamt?	Belastung: extrem <input type="checkbox"/> stark <input type="checkbox"/> eher stark <input type="checkbox"/> eher leicht <input type="checkbox"/> leicht <input type="checkbox"/> keine <input type="checkbox"/>
20. Hatten Sie während des Einsatzes ein oder mehrere belastende / schwere Erlebnisse?	<input type="checkbox"/> ja, ein Erlebnis <input type="checkbox"/> ja, mehrere Erlebnisse ☞ Wenn es ein oder mehrere belastende Erlebnisse gab, beantworten Sie bitte auch die folgenden Fragen. <input type="checkbox"/> nein ☞ Wenn es kein belastendes Erlebnis gab, überspringen Sie die Fragen 21-27 und gehen Sie zum Validierungsteil über.

Part A.

Sociodemographic aspects

Part B.

Antecedent factors:

Pretraumatization, stress ...

Post-situational factors:

Social support, appreciation, bodily injury, ability to speak wide open ...

Part C.

Peritraumatic factors:

Uncontrolled and unexpected, life-threatening/ fear of death, peritraumatic dissociation ...

Part D.

Semistandardized assessment of the dynamic in the situation

Intervalvalidation of the Cologne Risk Index in field studies

	Fischer et al. (1999)	Walter (2003)	Bering (2005)	Bering & Kamp (2007)
	CRI-Civilian Trauma	Bank Hold Ups	Military zone	Inpatients with PTSD
<i>Pre-Traumatic Factors</i>				
Female gender		*	*	
Low education	*			
Former traumatic experiences	**	**	**	*
Unemployment	*			
<i>Situational factors</i>				
Fear of Death	*	*	*	
Duration of the traumatic exposure	*			
Dissociation	***	**	***	**
Physical Injury	*		*	*
Subjective Evaluation of Stress	*	*	*	
Personal relation to the perpetrator	*	*		
<i>Factors in the time of latency</i>				
Limited social support	*	**	**	**
Limited home contact			*	
Bad experiences with Institutions	*	**	*	
Speechlessness			*	*



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Application of TGIP

A. Brake down of the Historical Archive

B. War zone related trauma



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17. ESCHO/SUB/2012/640917

A. Collapse of the Historical Archive of the City of Cologne

„Cologne's archives are one of the only collections in Germany
to have survived World War II completely intact „



March 3rd, 2009





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A: Lessons learned (acute phase)

- Multidisciplinary and trauma-centered staff is useful
- The everyday needs of populations continue during and after major incidents (**Social workers!**)
- Screening of Target Groups at Risk/ Interview can wait



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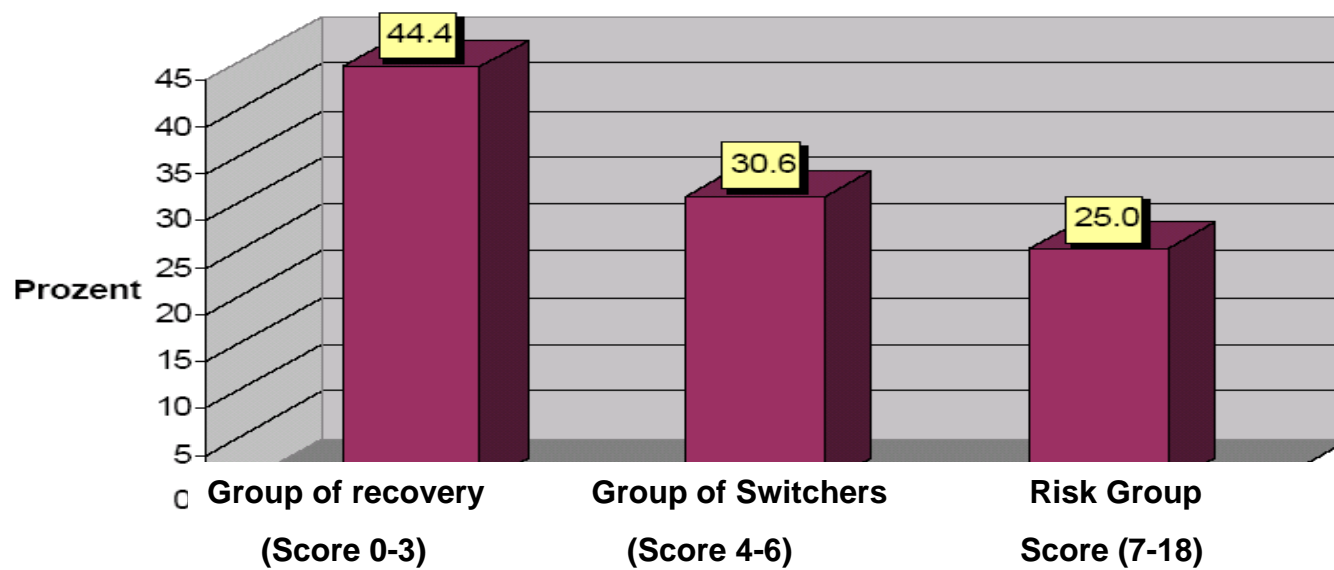
B. Development and Modification of TGIP War Zone – Validated (2003/ 2009)



Reference: Bering, 2011; Dunker, 2009



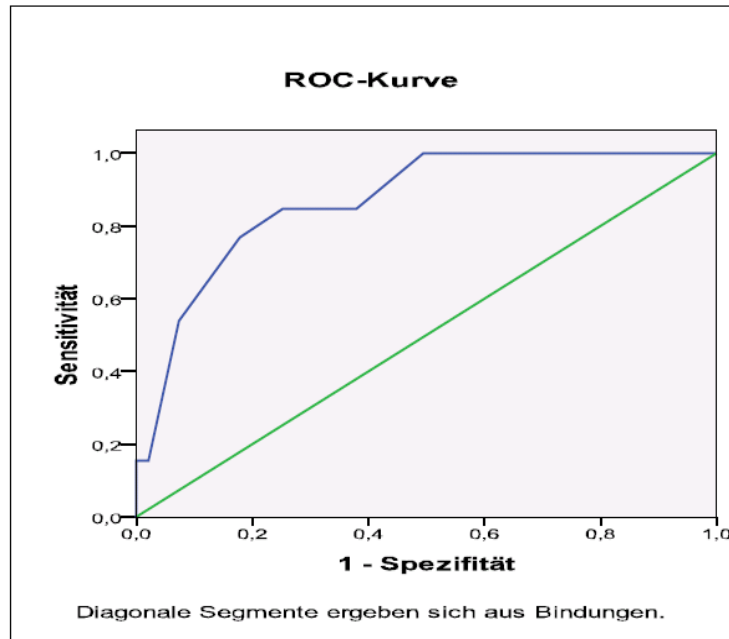
Self-report: CRI- War Zone - Revalidated





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Prognostic sensitivity/ specificity of CRI to predict symptoms loads 6-8 month later (n=222)



Sensitivity of CRI for Risk-Group T2
0.76 measured by PTSS-10

Sensitivity of 1.0 at T2 if cut of at 4.5
(Risk-Group and Switchers) measured
by PTSS-10

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Risikogruppen V-KRI-Bw	Cut-Off-Wert	Sensitivität	Spezifität
Group of recovery	-1.0	1.000	.000
	.5	1.000	.084
	1.5	1.000	.179
	2.5	1.000	.316
	3.5	1.000	.505
Group of switchers	4.5	.846	.621
	5.5	.846	.747
	6.5	.769	.821
High-risk group	7.5	.538	.926
	8.5	.154	.979
	9.5	.154	.989
	10.5	.154	1.000
	12.0	.000	1.000



B: Lessons learned (midterm)

- The CRI allows a sufficient prognostical screening and distinguishes three different groups at risk.

Do not forget:

The CRI is a check list that functions as a precursor for clinical diagnostics.
The Screening and the Diagnostics are two different modules in the TGIP.



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Tsunami Japan, 2011



Love parade disaster, 2010

CBRN Incidents



**Break down of the historical
archive in Cologne, 2009**





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How to promote recovery after major incidents?



Communication, Recovery and Resilience



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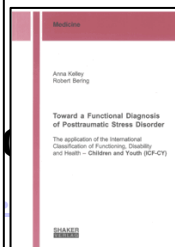
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www.eutopa-info.eu
www.lexianer-krefeld.de



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Thank You

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