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PSYCHOLOGICAL SUPPORT FOR CHILDREN AND TEENAGERS
AFTER THE BESLAN TRAGEDY

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Chapter 10. ISSUES OF ORGANIZATION OF PSYCHOLOGICAL SUPPORT TO VICTIMS OF CATASTROPHES

Psychological rehabilitation of the children and teenagers who have experienced heavy psychological trauma takes a long time – measured in years instead of weeks or months. Consequently, the major condition for success in this work is stable activity of the local structures providing psychological support to the community. Creation and professional maintenance of the activity of such structures is a necessary component of the work of professionals from other regions with a more developed system of psychological aid.

The operational experience with children and the teenagers traumatized by acts of terrorism in Beslan (September 2004) and earlier – at Moscow theatre performance on Dubrovka (Nord-Ost, October 2002) – has shown that existing psychological services and the state structures are inadequate to successfully cope with this activity. As a result, we have developed recommendations for creation and perfection of a service for administering emergency psychological aid to children and teenagers.

1. Creation of a uniform psychotherapeutic staff is necessary. Possibly, the staff should be formed at the Emergency Situations Ministry. The staff structure should be constant and staff should be appointed by special order. The psychotherapeutic staff should work in close and constant contact with medical staff (and if possible, be a component of medical staff). For optimization of work the following positions should be created:

   • *Head of staff* – a highly skilled specialist (the psychologist or the psychotherapist), occupying a leading post and having personal contacts with heads of different levels and different departments.

   • *Assistant/Coordinator* who should gather information, coordinate the activity of specialists, supply necessary phone numbers, etc.
A rapid-reaction team should exist in a “dormant” form, in case of the need to be instantly “developed” into a high-grade working structure. In an extreme situation, a substructure of the central staff should be developed for working with children, teenagers, and their families.

2. A database should be compiled of organizations, psychologists, psychotherapists, social workers and volunteer non-specialists capable and ready to assist in extreme situations. Besides voluntary offers of the services, some system of expert evaluation of qualifications of experts with a specialization (type of possible aid, adults/children, available experience, etc.) is necessary. In order to render psychological and psychotherapeutic aid, it is necessary to involve only professionals having experience in clinical work.

3. In cases when work has to be conducted in hospital, the chief of staff or his or her assistant (operating on his or her behalf) should conduct initial communication with the hospital management or doctors on duty, but not the secretary and not the specialists themselves. The successful initial arrangement with doctors serves one of the major conditions for the timely start of provision of psychological help. After the initial connection with the medical institution is established, the specialists directed to this establishment should always coordinate their actions with hospital management or directly with the attending physician. The following should be coordinated:

- Visiting hours
- Dress code (hospital gown, hospital footwear, etc.)
- Duration of work with each of patients (depending on their somatic condition)
- Tasks and forms of work
- Desirability or undesirability of a relaying information about the condition of the family, considering the acuteness of the patient’s condition
During the work process, it is important to discuss dynamics of each patient’s somatic and psychological condition with the doctor after each patient’s visit, to coordinate joint strategy and to identify outstanding issues.

4. In addition to work of psychologists, the aid of social workers and social services is necessary for families of victims. The function of the social worker should include maintenance of communication with relatives of the victims, relaying information on their condition and the requirements of patients, informing patients of the situation at their home. Specialists would preferably be supplied with mobile phones, especially at the first stage, when most victims are acutely interested in the condition of their families.

5. In order to identify children and teenagers who have suffered directly and indirectly in mass disasters and require psychological (and possibly psychiatric) aid, survey of teachers and parents is recommended. It is necessary to involve social workers, the regular medical personnel of outpatient clinics, and the staff of schools and kindergartens in the questioning. The recommended questionnaires, developed by us while rendering aid to Beslan children and teenagers, are given in Appendices 1, 2.

6. Establishing a national center for training and restraining specialists to work with children and teenagers who have suffered in extreme situations is needed. For this purpose, it is necessary to conduct preliminary selection of the specialists willing and able to work with children and teenagers in extreme situations. Such a center should also render advisory aid to specialists working with children and teenagers in an extreme situation in the conditions of a medical institution.

7. It is desirable to create a constantly operating advisory center advising on providing psychological and psychotherapeutic aid to families requiring support during the extreme situation and in its aftermath.
8. It is important to provide system of psychological rehabilitation for the specialists working with children – teachers, educators of kindergartens, physicians. The condition of children also appreciably depends on their psychological condition. It is also necessary to conduct psychological education with them, to acquaint them with displays of acute stress and PTSD in children and teenagers, to train them in the specifics of work with children traumatized in an extreme situation.

Principles of building a system for providing emergency psychological aid to children and teenagers, which were widely discussed at the International Forum “Children in Extreme Situations”, which took place in Moscow in October 2003, have been approved by many specialists and representatives of interested departments. At the same time, they have not been implemented. As a result, when a need arose in Beslan for emergency psychological aid to children, neither local nor federal organizations could provide it in the necessary volume. This gap was partly filled by the active aid of foreign charities; however, even their efforts turned out to be obviously insufficient to cope with the scale of psychological trauma.

In summarizing the stages of work on the psychological rehabilitation of the children and teenagers traumatized by the terrorist attack in Beslan, it is necessary to state that our society is currently absolutely unprepared for the resolution of similar problems. Aid to suffering children is irregular. Professionals participating in this work are isolated from one another and have no uniform concept or strategy. State structures are not able to react flexibly to a quickly changing situation and to adapt to the needs of the community of suffering children. Creation of a stably operating service of emergency psychological aid to children and teenagers remains a major issue demanding the urgent resolution.
Let us try to summarize some results. What do we have and what do we need?

There is a conviction uniting us that people who have gone through local and mass psychologically traumatic situations need psychological, and sometimes even psychiatric, aid. It should be rendered systemically, covering children, teenagers and adults. The basic unit to which it should be directed is, as a rule, not an individual, but a family, or in case of mass disasters, a certain cohort of the community.

The materials presented above suggest that such aid is very effective. The majority of children visiting the Rehabilitation Center successfully adapted to school, study well (several examples of successful cases are given in Chapters Two, Three, Seven – the cases of Amina, Diana, Inga, Sabina, David). As distinct from our observations, the stories of parents and teachers, the mental state of the first-grader hostages who did not receive psychological aid remained stably acute for a year or more (some examples are given in Chapter 3 – the cases of Soslan, Taimuraz, Anna, Milana).

There is a wide spectrum of the methods allowing work with people of varying ages (from babies to old men) and conditions (from normal to psychotic reactions to stress). It is important that work be carried out by teams which include a range of specialities – psychologists, doctors, social workers and teachers. The tragic events of recent years have compelled us to amass extensive experience of such cooperation and prove its effectiveness.

And what we still do not have is any system for the organization of psychological aid to the community. Each new extreme situation strikes us unawares. Each time it is rediscovered that there are no state or professional structures which provide for the possibility of such situations. Work begins from scratch, hastily, without necessary materials, premises and equipment. Consequently, aid is late in coming and is not provided to all who require it. A
lot of time and energy is spent on coordination of actions with interested ministries and departments.

The problems of overcoming of such social and psychological consequences of mass disasters as conflicts between victims and non-victims, occurrence of a passive lifestyle (a dependant position), falling social activity of teenagers and youth have barely been studied. Interaction with mass media is insufficiently calibrated. As a result, instead of the big help they could be in the medical and psychological education of the community, they are quite often damaging in their distribution of secondary traumatization.

There is no system for training specialists who are able and willing to render emergency psychological aid. There are far fewer qualified professionals working with children and teenagers than is necessary. There is also no literature devoted to these age groups. Psychologists and doctors who are general practitioners are poorly acquainted with the issues surrounding psychological trauma. Their learning happens in emergency mode, only when “the thunder has already struck.” It is obvious, that this reduces the quality of training and does not allow full use of the potential of professionals providing it.

It is necessary to state that today our society is absolutely not ready to solve the psychological problems resulting from mass accidents. Help to children victims of tragedies appears unsystematically. Professionals participating in this work are isolated, have neither common concept nor strategy. The state structures are not able to react flexibly to quickly changing situation and to adapt to the needs of the children victims. Creation of a stably operating service of emergency psychological help to children and teenagers remains the major task that requires an urgent resolution.