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PTSD Assessment and Monitoring of Belgium Terrorism's Victims

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ABSTRACT

These last few years, terrorist attacks revived diagnostics and psychoterapeutics issues on PTSD. From that a suitable evaluation and an accurate support taking account of psychologist sequels, Somatics and socials, is required to avoid sour-traumatized victims. In this context, a few years ago, we offered follow up programs, full and non-harmful screenings in order to give support and to improve PTSD understanding.

Through this experience, blast victims contribute to specify the importance and the difference of PTSD pain. This communication aims the diagnostic tool presentation and would like to share the PTSD different shapes.

KEYWORDS

PTSD; Neurotrauma; Psychotherapeutic; Psychopathological disorders

INTRODUCTION

After several years of monitoring terrorism victims, In 2016, I initiated a therapeutic program providing an effective rehabilitative treatment for PTSD after a terror attack, and more specifically for PTSD after a blast experience.

This synthesis report outlines the main concerns and challenges facing the evaluation feedback and the way to take care of people traumatized by a terrorist attack with or without a bomb blast.

The population considered in this report includes different ages, since, among other victims in Nice and Beslan, mainly children were impacted. Consequently, the programs were adjusted to respond to the peculiarities in children, adolescents and adults who have been traumatized, bereaved, blasted. The differences linked to gender and culture, since some programs were international, were also taken into consideration.

In this article, we will focus mainly on the Belgian victims, who benefited from this therapeutic program after having experienced for most of them, a blast-induced Neurotrauma, and/or blast injuries.

In this evidence-based practice survey, we will also examine the clinician's role, and will pay special attention to his clinical and psychotherapeutic approach, as well as his victim's assessment. The PTSD context is essential as trauma may be further compounded and amplified by inappropriate practices.

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HISTORY

Since 2012, France has been the main theater of terrorist attacks with a large number of victims who required professional support and assistance. A peaceful and secure environment is essential to regain an emotional stability.

After practicing in civilian and military environments for a few years, I create ten social-psychotherapeutic programs, in 2016, in order to take care of direct and indirect victims. They were coming from Lebanon, Israel, Marocco, Algeria, Beslan in Ossetia, Italy, Tunisia, Egypt, Colombia. In France, Bataclan, Charlie Hebdo, and Nice victims benefited from this program.

At the same time, Belgium has been severely impacted by the attacks at Zaventem airport and Maelbeek station in Bruxelles. From there many victims ask to participate in one of those specific programs. As they were suffering from a somatic trauma by the blast, in addition to a psychological trauma, A first version of a specialized program dedicated to them was initiated in 2019.

These various actions allowed us to refine the program, but also and above all to confirm the need to carry out a diagnosis of psychological trauma through a non-invasive and nevertheless relevant assessment.

PTSD

The traumatized people's suffering raised the question of a single psychological kind of trauma. The term trauma which meant injury needed to be refocused on the right etymology. This too often discredited soul's wound, perceived as abstract, created, as we now know, individual degradations. Those were inscribed in the fibers 'depths, going as far as disturbing the methyloma.

Prosaically, soul injury has different break-ins and repercussions levels, even more, it takes several forms like non-specific symptoms which come out the nomenclature's DSM-V Some people reveal a more pronounced somatic suffering which can go as far as the persistent chronic pain onset, or trigger debilitating urinary problems. Others show greater social and professional suffering, with significant isolation and/or mood disorder. Others express predominant psychological suffering, and some combine both or even all three aspects.

We know now that victim's original personality structure influences the PTSD form. After the traumatic event, a psychotic structure ignite and set up a very degraded atypical depression. It might go as far as persecution's delusions, hallucinations and behavioral problems. The PTSD became a pragmatic anchor in reality, allowing any justification for pre-existing delirium. All these issues were barely noted in the PTSD literature.

The program

The program takes into account these different suffering' spheres. The psychopathological view, was insufficient, inadequate and even disrespectful towards the victims. Despite being badly handled by the PTSD and the blast they nevertheless adhere to the helping process. Individualizing while encouraging and carrying a collective program proved to be essential, but also very involving. Within this constraint framework, the victims and programs' evaluations, are the cornerstone to the various sufferings' best answer.

The evaluation

The suffering assessment and its evolution, need to consider the trauma's individual and polymorphous dimension.

We therefore imposed two constraints: taking into account the suffering's different forms and avoiding the invasive and therefore over-traumatic dimension.

If the flexibility in the helping action seemed to be obvious and a consequence of a detailed evaluation, a slow approach, borrowing from experience and respecting the real suffering allowed a closer and individual care and the essential exchange between victims.

The assessment became fully part of the therapeutic process, as many victims had the persistent impression of falling into madness. Explaining their suffering and allowing them to understand their own PTSD has always been a step closer to breaking out a traumatic event crystallization.

Belgian attacks

In Belgium, the blast added real somatic traumas, well known in the military register, which however were too often classified in the histrionic register. This discrediting produced, over-trauma.

The Belgian victims, blasted for the most part with physical aftereffects and moreover traumatized, refined the various registers of psychological trauma and helped to reconsider the place of the somatic and the psychologist in an invasive environment, to the point of tipping the lives of hundreds, if not thousands, of individuals. Once again, the choice of clinical diagnostic tool quickly emerged as essential.

Physical and psychological trauma

My 12-years experience in a hospital service dedicated to physical and psychological trauma forced me to reflect on a reliable and non-invasive assessment, firstly allowing the identification of simulations and secondly identifying the suffering of real trauma, considering hat these patients are more predisposed to suicide, harassed by their chronic suffering.

All the existing questionnaires were far too oriented or targeted to answer these primary questions from the medical profession.

Only projective tests could answer them, but their completion was long and invasive. In rebellious chronic pain situations, staying focused enough, sitting in a chair without constantly changing position to relieve the pain was mostly impossible for patients.

The Zulliger

The Zulliger turned out to be the only projective test able to meet clinical and situational requirements without producing over-trauma. Indeed, after the Zulliger been experiencing the victims were all pleasantly surprised by the ease of its execution: many of them testified their feeling of mistreatment during the experts' evaluations, sometimes for a whole day.

The latest Belgian attacks'victims, traumatized psychologically and physically because of the blast, combined severe PTSD, and for a good number of them, rebellious chronic pain develops. One of these patients developed an overexcitation of his

immune system which gave rise to pervasive skin problems. He was covered with wounds, and sitting for a while, became a real torture. Once again the Zulliger was the most suitable tool to complete my investigations.

The Zulliger is a Rorschach-type projective test, as Hans Zulliger liked to point out. Hans Zulliger was one of Rorschach's closest students. He had participated in Hermann Rorschach's reflections and had pursued the latter's research for many years in order to answer questions about children with educational difficulties.

Hermann Rorschach published the Rorschach in 1921 and died a year later, in 1922. Hans Zulliger, at the request of the Swiss army, published the final version of his test in 1942 to assess the officers to be recruited emotional stability and intelligence.

For many years, Hans Zulliger refined and developed his test, paying attention to its consistency and its correspondence with the Rorschach.

Exner method

With the Exner method, the Zulliger was worked on and brought into conformity by my teacher Carl MATTLAR with whom I worked to assess its relevance to trauma and psychopathological disorders. Since then, the Zulliger not only confirmed its relevance at the diagnostic level, but it also responded to the constraint imposed by people who are painfully, traumatized and unable to mobilize for a long time during evaluations.

The patients

Consistently, patients expressed relief that tests not required too much attention and time. As part of the psychotherapeutic program, the Zulliger assessment did not cause additional trauma, moreover, it gave patients the opportunity to express post-attack situations that were excess trauma factors. This verbalization, this liberation, allowed the victims to enter the therapeutic program in better conditions, starting with the lifting of many psychological defenses. In fact, most abused by expert reports, by administrative questions and by police declarations, the victims arrived at the programs, saturated, suspicious and exhibited hyper-vigilance, heightened by the over-trauma.

CONCLUSION

In caring for terrorism victims, there is an essential need to put in place the optimal conditions to facilitate the assistance that we propose and to articulate it at different levels. It is essential to be attentive to every element of their environment and their post-attack experience, in order to prevent the victim from locking himself up and not being available for the offered help. Once again, apart from its effectiveness as a projective test, Zulliger is also a psychotherapist entry point respecting these populations in very great somatic and psychic suffering. It is fully in line with social-psychotherapeutic assistance intended for a population weakened to the point of developing addictions and who may even end up thinking about suicide.

Respecting the singularities and differences in PTSD is a crucial step in helping victims. This is also reminiscent of the inclusion of PTSD in the register of a syndrome, with variations linked to the history, age, sex and social condition of each victim.