

## What Shall We Do with the Drunken-"Executive Emergency Psychotherapist"? The Absurdity of the Health System of Old Germany: A Critical Consideration

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### Introduction

It's very important to know precise, what is to do in the case of a major accidents (for example a plane crash or train accident) with the survivors! The General Psychologist Council in "Nordrhein-Westfalen"-state in Germany, licensed since any years the certificate "executive emergency psychologists or psychotherapists"! [1,2]. Not only an absolute nonsense, it makes much more disaster and more, it's a fatal malpractice and/or negligence! But the survivor's don't need psychologists or psychotherapy! The survivors need "only" above all safety and peace and confidential support, nothing more!! The helpers must give resistance to stress for the survivors (not everybody must have a traumatic stress disorder and this "classification" needs time, the minimum has 76 h after the situation). And for this case, the General Psychologist Council could look for members, who likes to go in an especial training (train the trainees), it could be a training from psychology-Debriefing [3]. To become an executive emergency psychologist, you have to do a lot of courses for example: Participation of training for major accidents by the fire brigade, what it's be seldom and if, than without psychologists.

Further education in taking over about to executive positions and coordination functions in severe mental disorders of major accidents, Operation basics and command and control/directive leadership.

Technology and knowledge of techniques from the rescue services, the involved authorities and organizations. Also coordination the emergency psychologist-psychotherapy care at mass casualty incidents (MCI), Administrative and organizational knowledge about the infrastructure in details from managing emergency physicians, fire brigade, police and so on...practical exercises with transmit via radio, complex strategic simulations and so on... it shall be enough for that nonsense!

### Survey Report

How is the official structure in Germany in case of major accidents?

In the first moment the major accident is running, only the fire brigade has the command over all, nobody else, no other organization, all people and organization has to listen what the fire brigade talk that are commands without discussion!

The fire brigade built different centers for example builders for medical care, for relatives, for Helpers, and so on, in a necessary distance from acute place of accident. They rescue the injured persons

and transported they in the special built. Helpers have to go to a meeting place and they will be transferred with a bus of fire brigade to the Helpers -built and then they had to wait of commands and nothing more. After the current situations the fire brigade to pass over responsibility to his successor, the public health department. If it all, than in case, cut the psychologists goes on, but they are over-qualified an it has the risk, along similar lines to "Enschede"-Germany (IC-Train accident) the "Trauma therapists" were "helping" with EMDR, it became rather a disaster and also after the assassination attempt of the government depart "Zug"-Switzerland (a person shoot with an automatic gun in the round of parliamentarians), how were "helping" with "psychological Debriefings", also afterwards a disaster [4].

The most important questioners are: A) What it be indeed necessary in case of major accidents, B) What can a General Psychologist Council do as provision for the future?

Nurses and trained helpers know, that people in thatch situations need above all safety and peace and confidential support, nothing more!! The helpers must give resistance to stress for the survivors (not everybody must have a traumatic stress disorder and this "classification" needs time, the minimum has 76 h after the situation). Then the helpers must give competent addresses for afterwards, to make contact to the relatives our organization the proper monitoring, to ensure respect for herself, to order to drink plenty of water, to help people more time to gather their thoughts and here self- organization at the time and place and so on, no Psychological expertise!!!

The General Psychologist Council could organization the education from first helpers in acute case of major accidents, and to go on in cooperation with the public health department. Trauma therapists don't have experiments in handling/treatment with large groups and particularly not in thatch especial Situations, how other "social-laws" are directing as normal social-groups.

Helpful could be to form a preparatory group, trainees break into small groups and actually work through the exercise in planning, what they have to do, for example especially psychological skills how: We can do knowledge sharing of safety, peace and resistance to stress, as givers to the survivors.

In this case it could be helpful, this members to educate and train in psychological Debriefings, a high qualification in dealing with the survivors in case of major accidents. This group-members must directed by the General Psychologist Council, the members must know all the other members and after the first training/education the General Psychologist Council hast it make sure, that all this first-helper-groups have regular meetings and have to take updates. Furthermore it is to be ensured that all the required, that all members'

access about competent addresses from physicians, Social-Workers and other organizations to with the survivors could go with confidence.

The psychologists chamber NRW (in the federal state of Germany) assigns the recognition as an "Executive emergency psychotherapists", in a list to the health authorities to make available.

Some of the conditions thereof were:

According to, practical experience in the psychotherapeutic acute care of emergency patients and specific training required. This includes

Participation in exercises or operations in the event of major events and large-scale damage cases.

Training in the acquisition of management functions and coordination functions in the mental acute care at large-scale events or large damage cases.

Mediation use of tactical command and tactical basics.

Skills in technology of the rescue service of the authorities and organizations, as well as the coordination of the psychological and psychotherapeutic emergency supply in the event of a mass casualty's knowledge at the various levels of management and management levels are named.

Continue administrative or organizational knowledge and others of the details of the infrastructure and organizational structure of notary physicians, police, fire brigade, etc. practical exercises are radio exercises, plan games and implementation of exercises.

In accordance with Section 3 Transitional arrangements have the persons who, before the entry into force of these Regulations (07.12.2008) as "senior emergency psychotherapist" by the psychotherapist chamber have been named, the qualifications already achieved.

To begin the "interesting" detail

Before adopting it seems "interested" colleagues may have, with the support of the chamber "senior" create emergency-psychotherapists wanted and now he is existent. At this time the author prepared in the psychiatric hospital in Cologne Merheim build a trauma ambulance, including repeated and direct communication with the professional fire brigade belonged. If you remember, have at the time of the fire brigade exercise three colleagues from Cologne took part. In the memories of inventory for the ladies of the "Desire" in the fire service control centre contribute to what yes as senior "stand" could be, it worked but not yet, the participating persons are power of their participation is now "senior emergency psychotherapists" by transitional arrangements. It would be almost possible but not to say that here in addition to the idea of an "emergency" or other motives could have played a role. These rules will be examined in more detail, it cannot be ruled out that it is very difficult for other psychologists, on this list to come to your technical assistance to be allowed to offer adequate. Also because such exercises of the fire brigade are rather rare and "imagine" is that the fire department, in contrast to psychologists chamber, rather less until no factual and technical reasons could find that "senior" emergency psychotherapists in the acute case of a large loss case, what is below the same it can be clearly demonstrated [5].

But now to the whole of this kind of "emergency", from the supply cannot be issued that the authors of the provision concerning the recognition of a "Executive emergency psychotherapist" could be competently. Obviously, the regulations and laws in the case of an acute large loss event and the supply, better monitoring, of victims

of such an event, so what "Trauma Experts" should know better, not taken into account:

In the case of acute severe damage alone has the professional fire brigade of the full management and responsibility for the entire rescue process. Also psychologists have lost nothing here in this situation are you lay people and is more of a hindrance, especially in the control centre of the fire department. Perhaps it is "balm" for the "senior", which is also the doctors, are not in the control centre. Only after completion of the current rescue operations passes the fire department in the management and responsibility the office of health.

In the acute Done creates the fire department in a necessary clearance to done readiness spaces in which the necessary helpers gathered, where you previously in buses from the fire brigade, picked up by a group of space, were transported. Depending on the need for the fire department control centre will be then the appropriate helper to use seats down. At the same time, reception rooms for the dead, the injured and more victims outside the rescue action provided. What competencies in such a done "senior emergency should offer psychologists", remains solely the strategists of the chamber" left to define. This is at all times and in all details can be read in the deployment plans for major loss event for the professional fire brigade.

Now for the really professional "blunder", or "sinful cardinal error":

As the fire brigade rightly stated, Trauma psychologists in this acute situation completely over-qualified, cannot be used. In this context it should to the "unfortunate" use of trauma psychologists after the train accident in Enschede (small town Germany), where the "experts" "signalling" (EMDR) the victims of "sheltered housing", what known masses more difficulties than provoked to be helpful [6]. The same applies for the attack in Zug (Switzerland), a small town on the 27. September 2001 during a council meeting in the parliament building was committed and 14 politicians from the attackers were shot to death. It was with the debriefing intervenes, such an approach was also anything other than helpful, as has been demonstrated.

The acute care or accompaniment of traumatised, perhaps better survivors, is always only "help for self-help" in the normal stress response than over excitation and should be replaced by "senior emergency-psychologists" not yet pathologisiert, it has its emergency with the emergency:

As the German "trauma icon" Mrs Reddmann always again reminds the maintainer should especially security through the competence of the stress resistance demonstrate. You should security and tranquillity, the overview of the events on the reception space true what the direct communication with the fire department, but not in the control center. Continue to the relevant competent addresses and help options for the time after that can offer. In the communication among the survivors as well as with the corresponding members to help you may speak for those with families, since in the over excitation the verbalising and mental procedure can be incomprehensible. The emergency response personnel should also be used for a soothing atmosphere, above all for sufficient drinking, survivors are overexcited and show a higher liquid needed. Even well-trained Debriefers, usually in dealing with trauma victims trained peers or trained psychologists, were not entirely out of place here, you would perform a debriefing. Much oversized were "senior emergency-psychologists." even in the military field will be traumatised soldiers at least 76 hours left in peace and of peers, here soldiers, only secondary accompanied as described above to get back to you can also collect in the second row, following the takeover by the health authority, should an emergency

responder in all modesty patiently just be present and the survivors in their efforts to support self-help restrained.

What technical skills, the psychologist's chamber now initiate a meaningful way, except in particular an appropriate modesty? "Psychological Emergency helper"

The necessary humility of restraint in the acute care of survivors, also in the second row under the management of the public health office, as supreme commandment action was already stressed above. The author himself is since approx. 18 years including in the severely burned in the hospital supply Köln-Merheim involved and this also shows the appropriateness of modesty in professional competence as set out above. After 14 - 21 days is often a stabilization process of the normal stress response than over-excitation in the framework of a competent-restrained accompaniment to attest.

Since the current topic large damage case, is always (larger) groups to take care of the goods. It is assumed that there are only very few to no trauma psychologists are dealing with major groups have exercised survivors ever. This would be the first to offer what the psychologist's chamber had. In this context it would possibly after training as a Debrieger Mitchell (USA) or Perren Klingler (Switzerland) is strongly recommended. Not just now on the square is actually a debriefing, this would be a "art error". But in order to ensure a proper and professional handling of such groupings to train. Also a reliable "triage" to identify and act, what the author cannot go into here (for more information in: Schötzau-Fürwentsches 2013). Also from my own experience allows the author to point out explicitly that the general psychological group does not work with the support of groups of survivors to compare. This is in any case, here it needs special training and experience! The critical statements regarding the ineffectiveness of the debriefing in large parts of scientific - statistically very questionable are well known. A pilot study is in preparation, first rough review of the results contradict already now undoubtedly such reservations.

Psychological emergency responders could by regular "Updates" or training, the psychologist's chamber organized in the above described psychological skills such as mediation of security, peace, resistance to stress, etc. are trained. That regular "Updates" or training of the participants to guarantee, as a one-off training of "eventually" would be insufficient, understands itself. Also here then the technically necessary and appropriate group formation of psychological emergency

responders in larger towns and cities by the psychologists chamber for the different regional care places directly. It also promotes mutual understanding and appreciate. These groups were always ready and competent can be used.

Continue to the deployment of address lists technically competent doctors, psychologists, social workers and other organizations to which the survivors could turn as necessary.

In order to create a smile also allowed the author of the note that while it is called "senior emergency psychologists", but not "top senior emergency pastors". There is, however, senior doctors at the fire brigade, perhaps this was the association?

## Summary

After the health system through the psychologists chamber NRW-Germany the first "Executive emergency psychologists" named, show the administrative rules and conditions on which it is difficult to make further psychologists, competent help in case of a disaster. In how far and whether any "senior emergency psychologists" a sense, is discussed. Both from the "tactical" approach, but mainly in the actual support projects of persons after a major case of damage caused by psychological trauma experts, are serious errors of judgment is described and the initiation of long-term use groups to create "Psychological Emergency helper" is recommended.

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