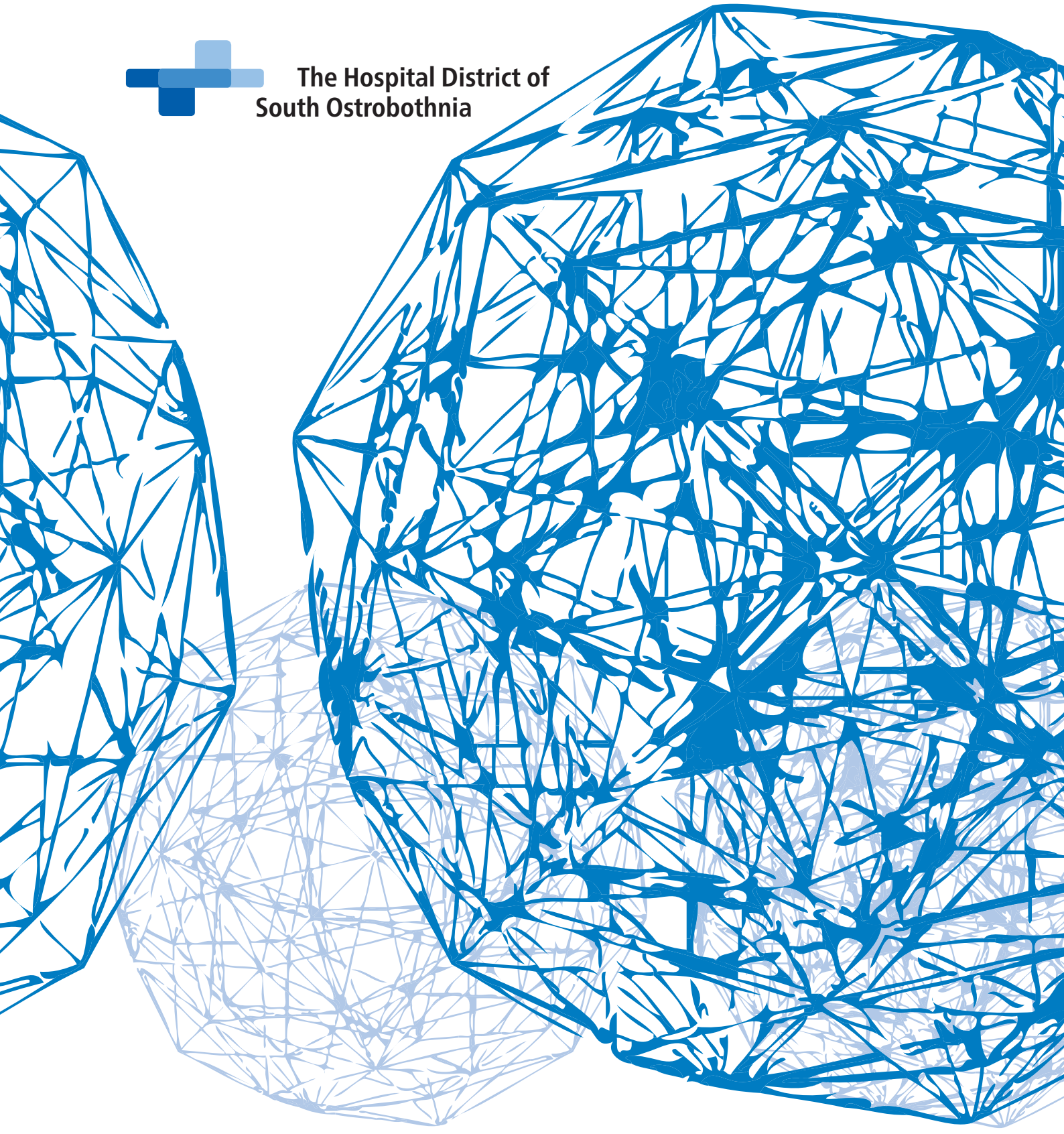
The Hospital District of
South Ostrobothnia



Kauhajoki Project
Final Report
– Organisation and Delivery of Psychosocial Support after the Kauhajoki School Shootings

SIRKKA ALA-AHO - TUIJA TURUNEN

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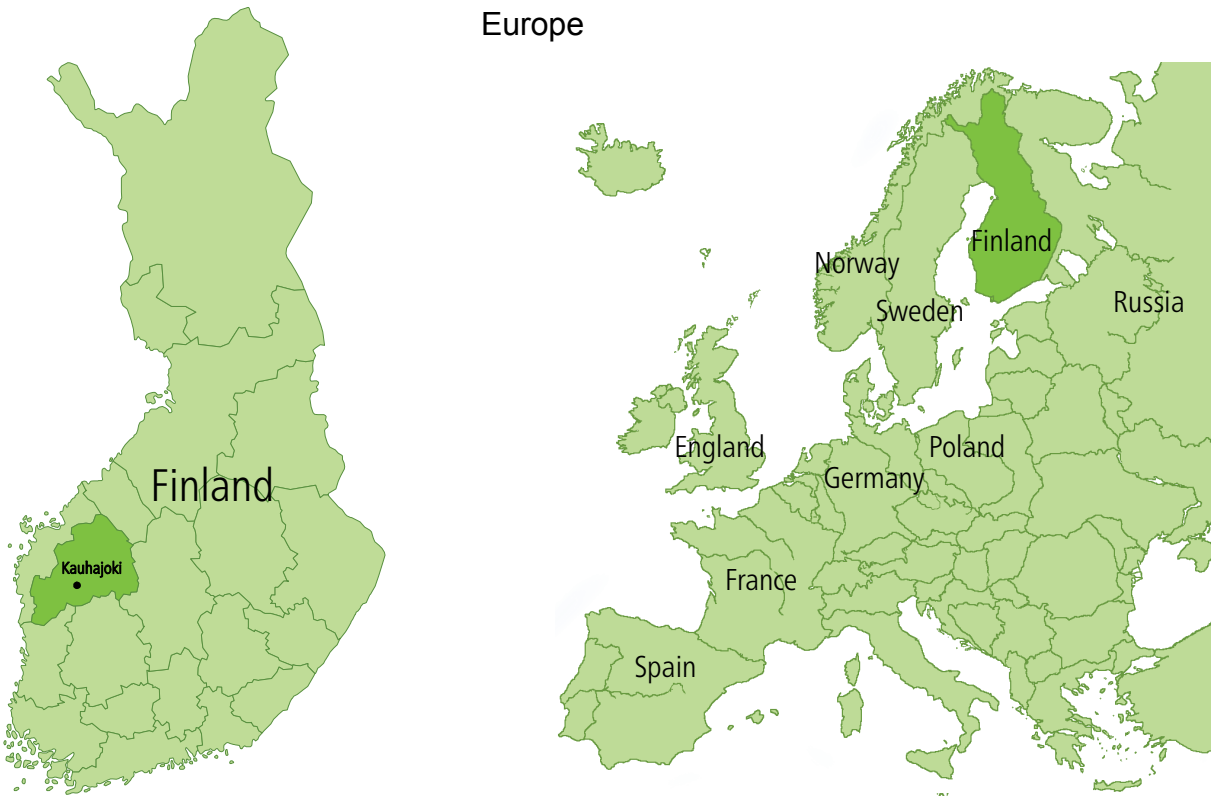
Prolog

The shootings at the Kauhajoki unit of Seinäjoki University of Applied Sciences on September 23rd 2008 posed an enormous challenge to local and area healthcare, social care and education authorities, in terms of arranging psychosocial support and therapy for those traumatised by the incident. Evaluation of our success in this reveals that we did many things well. Such success was partly due to the large amount of useful information and advice obtained from those who faced a similar challenge after the Jokela school shooting just a year earlier. We therefore feel duty-bound to draw up a report on our project and to pass the lessons we learned onto anybody who needs such information. While we fervently hope that nothing like the Kauhajoki school shooting will ever happen again, the truth is that, some day, somewhere in the world, the authorities will face the same challenges that we did. When that occasion arises, our experiences may well help them to make the right decisions, in order to minimise the harm to large numbers of people that would otherwise inevitably follow from such an event.

Jaakko Pihlajamäki
CEO of the Hospital District of South Ostrobothnia
Chairman of the Steering Group of the Kauhajoki Project



Picture 1: Location of the shooting incident in Southern Ostrobothnia, Finland

1. Kauhajoki school shooting tragedy

Seinäjoki University of Applied Sciences in Kauhajoki, Finland (Picture 1) was a scene of a tragedy on 23 September 2008 which involved a second-year student of the school shooting and fatally injuring nine of his fellow students and one teacher. The shooter also held several other students at gunpoint and started fires around the school. After destroying much of the property, he ultimately shot himself. At the time of the incident, there were approximately 260 students of Seinäjoki University of Applied Sciences and Seinäjoki Vocational Education Centre in the school buildings. There were also 43 members of staff on site. The Kauhajoki Campus of Seinäjoki Joint Municipal Authority for Education is shared between the School of Hospitality of the University of Applied Sciences, which has students ranging from age 18 to age 25, and the Vocational Education Centre, which provides secondary education to children aged 15–18. Both schools also offer adult education. The students therefore range from 15-year-olds to over-50s. The majority of the students are female. The students and teachers mostly come from the region of Southern Ostrobothnia. Kauhajoki is a small rural town with a population of approximately 14,000.

At the time of the shooting, emergency services received several calls about the events. The students and teachers escaped the buildings, and they were evacuated to Kauhajoki Business School. The staff of a food laboratory located in the immediate vicinity of the scene and the children and staff of a nearby nursery were also evacuated.

An extensive field operation was set up at the scene, and the entire town and all of its schools were put on full alert. School children, students and staff in other educational institutions waited indoors for several hours, because no-one initially knew the scale of the catastrophe or the whereabouts of the shooter. The police and rescue services came under fire before the shooter turned the gun on himself. The police investigators later found out that the shooter had fired more than 200 shots (Publication No 11/2010 of the Finnish Ministry of Justice). The shots and fire destroyed much of the school facilities.

As a result of the incident, text messages warning of the threat began to circulate in educational institutions across the region, causing fear and panic among students in all of the education authority's schools in six different towns. Lessons had to be suspended and the schools evacuated.

2. Psychosocial aftermath of the crisis

Finland has a long history of acute crisis intervention. Crisis groups have operated in health centres across Southern Ostrobothnia since the beginning of the 1990s, some since the late 1980s. In connection with major incidents, local crisis groups have been assisted by crisis groups operating in neighbouring local authorities, and cooperation has always run smoothly. Seinäjoki Central Hospital has had a psychological first line treatment group since 1995, which focuses on providing immediate psychological support to hospital patients and their families. There are also several psychotherapists in the area, some of whom specialise in crisis and trauma counselling. Three of the region's crisis psychologists were involved in treating acute post-traumatic stress after the Jokela school massacre (7 November 2007).

The psychosocial support methods used in the Kauhajoki Project, an initiative set up to coordinate the aftermath of the incident, were based on scientific theories about psychological trauma, the psychosocial adjustment process, complicated grief and

the development, prevention and treatment of post-traumatic disorders. Actions were based on national and international current care guidelines and consensus statements (Finnish Ministry of Social Affairs and Health, 2002 and 2009; NICE, 2005; Hobfoll et al., 2007; Post-traumatic stress disorder: Current Care Guideline, 2009). Recent scientific findings were used to identify and screen risk groups. Both planning and implementation were based on practical clinical experience of successful psychosocial support methods and practices.

3. Post-traumatic responses

By definition, a traumatic event is a sudden, unexpected, life-threatening event for which it is impossible to prepare (Saari, 2000). The stress of a highly aversive event can overwhelm an individual's normal psychological coping mechanism, although the majority of trauma victims are able to resume normal levels of functioning relatively soon after experiencing a traumatic event (Bonanno, 2004).

Most people's responses to a traumatic experience are manifestations of the psyche's normal way of coping with a highly disruptive, aversive event. Some of these responses can be very violent and therefore disrupt normal functioning without being psychological disorders as such. Some victims of trauma can develop long-term mental health issues, such as adjustment and anxiety disorders, depression or the more intense post-traumatic stress disorder or PTSD. Diagnostic symptoms for PTSD include re-experiencing the original trauma through flashbacks or nightmares, increased arousal and avoidance of stimuli associated with the trauma (Henriksson and Lönnqvist, 2007; Brewin, 2003). PTSD symptoms typically appear within approximately one month of the original trauma, although some patients do not exhibit symptoms until months or even years later. Some patients recover spontaneously, usually within the first year of the event, while others can remain symptomatic for years.

The likelihood of an individual developing PTSD increases when the traumatic experience involves a violent death of a loved one, serious injury, multiple victims or an enduring and extensive catastrophe that destroys the individual's home or livelihood (Post-traumatic stress disorder: Current Care Guideline, 2009). Psychological symptoms often develop after a life-threatening trauma, and female

victims are likely to remain symptomatic for longer periods of time than male victims (AACAP, 1998; Broberg et al., 2005).

Although the majority of people are able to overcome a trauma through their own resilience, or psychological flexibility, and the support of family and friends, those who do suffer from post-traumatic psychological and psychosocial issues can feel very overwhelmed and experience a sharp decline in functioning and quality of life. According to Henriksson and Laukkala (2010), most people experience a traumatic event at some stage of their life. The coping mechanisms that people use to overcome a traumatic experience are highly individual, and most people find a path that leads to recovery and not to disorders and suffering. This does not, however, take away the fact that a large number of people do need help and support after a trauma, including professionals.

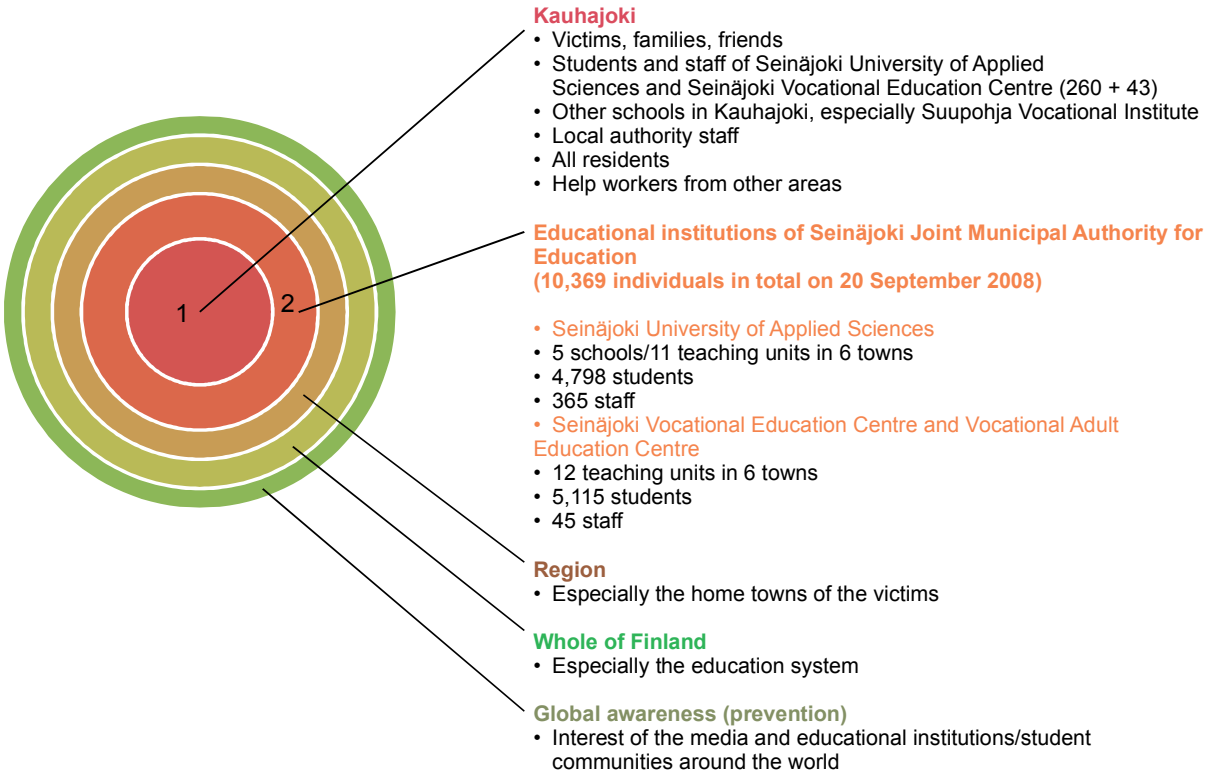
A substantial number of people experienced different degrees of trauma as a result of the Kauhajoki school shooting. An initiative called the Kauhajoki Project was launched to coordinate the provision of psychosocial support. The objective was to ensure that all those who had been traumatised by the event and needed help and support did in fact have access to psychosocial support.

4. Kauhajoki Project

The provision of post-traumatic care began immediately on 23 September 2008, initially under the supervision of the Finnish Ministry of Social Affairs and Health. A working group was set up to coordinate the provision of support during the autumn of 2008, comprising representatives of the ministry, the region's local authorities and towns, social services and health care, specialist health care, the education authority and the team that had coordinated the aftermath of the Jokela massacre. The working group was ultimately replaced by an initiative called the Kauhajoki Project, which took over the responsibility for coordination. A project plan was produced on 20 November 2008 and an application for funding submitted to the Finnish Ministry of Finance.

The Kauhajoki Project was set up to coordinate the provision of post-traumatic care, because the event had such a widespread impact on the region and also on the victims' families and friends elsewhere in Finland. There was reason to believe that the aftermath of the shooting would last a long time, perhaps several years.

The psychological effects of the Kauhajoki school shooting (23 September 2008) reverberated across the entire region of Southern Ostrobothnia (Picture 2). The incident also affected a large number of people in other parts of Finland as well as the country's entire education system. The shooting was featured in news media around the world, especially in the US and Germany, where similar incidents had taken place previously. The school where the incident took place belongs to Seinäjoki Joint Municipal Authority for Education, which operates educational institutions in six different towns in Southern Ostrobothnia. The total number of students and staff in these institutions is approximately 10,000.



Picture 2: Scale of the impact of the Kauhajoki school shooting (Seinäjoki University of Applied Sciences, Anneli Pajulammi)

What made the incident especially violent was the fact that it took place in a school in a rural town, a place which people had previously considered safe. As a result of the incident, people began to associate fear and anxiety with other educational institutions and a lot of people identified with the victims.

The victims were from six different towns in Southern Ostrobothnia and from two towns elsewhere in Finland. The victims had family and friends across the country.

The ripple effects made the incident a national catastrophe. It caused and is still causing persistent feelings of fear and powerlessness in people. There were also concerns about the recurrence of this kind of violence. This undermined the sense of security of individuals and communities.

The fact that people's sense of security had been shaken twice within such a short period of time (Jokela on 9 November 2007/Kauhajoki on 23 September 2008) made the aftermath more challenging and traumatised vast sections of the population.

5. Objective and goals

This report is a summary of the Kauhajoki Project. The purpose of the report is to describe the systematic efforts made to treat the post-traumatic effects of the shooting in Southern Ostrobothnia and elsewhere in Finland. The provision of post-traumatic care began immediately after the incident, and the Kauhajoki Project was set up to coordinate the efforts. The project ran from 2008 until 2010.

The primary objective of the Kauhajoki Project was to ensure that all those individuals and organisations that had been traumatised by the Kauhajoki tragedy (in Kauhajoki, Ilmajoki, Seinäjoki Joint Municipal Authority for Education, Southern Ostrobothnia and the whole of Finland) had access to psychosocial support and any necessary treatment. The goal was to restore psychological balance and the ability of individuals, families and organisations to work and function in society. Professionals of various disciplines were recruited as the project progressed and the project staff learned more about the needs of the affected individuals.

5.1 Target groups

The Kauhajoki Project focused on providing psychosocial support to the following target groups:

- The number one priority was to provide help and support to the families of the deceased (11) as well as to those who made it out of the classroom where the shooting took place and their families and friends. The second most important target group were the other students and staff who were evacuated from the school buildings.
- The public authorities and all educational institutions operating in the town of Kauhajoki were also considered priority groups.
- The entire staff of Seinäjoki Joint Municipal Authority for Education as well as all the students needed special support, such as clinical supervision and intensified student welfare services.
- The residents of Ilmajoki and especially the younger population were an important target group for support, because four of the victims were from Ilmajoki. The students and staff of educational institutions run by Seinäjoki Joint Municipal Authority for Education in Ilmajoki also needed support. Additional support was needed for the students and staff of other schools operating in Ilmajoki.
- The work of the various professionals involved in dealing with the aftermath, such as the police, the fire and rescue department, the health care sector as well as volunteers, was extremely challenging and taxing, and it was important to ensure their well-being.
- Strengthening the sense of security of the population of Southern Ostrobothnia and especially the region's younger population was extremely important.
- Children, young people and adults who had been traumatised earlier or indirectly also needed special support.

6. Challenges

The Kauhajoki school shooting had a particularly strong impact on the younger population of Southern Ostrobothnia, especially in Kauhajoki and Ilmajoki. Several organisations working with young people reported noticing the impact. Without proper intervention, there was a major risk that the incident would lead to high levels of psychological suffering, inability to work, long-term illness and need for treatment.

In addition to Kauhajoki, where the incident took place, the tragedy also had a direct impact on many other local authorities. This was due to several factors:

- The families and friends of the students and staff of the school where the incident took place had to spend a long time not knowing the fate of their loved ones. This was extremely stressful for them. Those who had a loved one in the classroom where the shooting happened came under especially high levels of stress. Other schools in the vicinity of the scene also experienced extreme fear.
- The entire Seinäjoki Joint Municipal Authority for Education was affected by the incident. Dealing with the death of a fellow student creates many different kinds of anxiety, which must be released. Additional anguish came from the fact that many teaching units had to prepare for something similar taking place on their premises due to threats and rumours. These effects were felt especially in Seinäjoki and Ilmajoki.
- Most of the victims were from Southern Ostrobothnia. The incident had an especially big impact on Ilmajoki. The events were covered extensively by the media, and following the news created feelings of fear and crisis especially among those who knew one or more of the deceased.

One of the biggest challenges with such a major and intensively traumatic event was to identify and reach all of the individuals and organisations that needed help. During the acute stage and the following few months, the challenge was to differentiate between those whose reaction to the crisis was a normal response and those who needed professional short-term or long-term psychotherapeutic treatment. In the longer term, the challenge was to maintain preparedness for identifying delayed symptoms of post-traumatic stress and to refer patients to appropriate support.

Psychosocial support was made readily available. Prevention plays a fundamental role in crisis support services offered following an acute traumatic experience. Strong emotions and persistent thoughts may have caused feelings of insecurity and confusion in the population. This is why people were in desperate need of information about responses to crises, discussion groups and support from experts at this stage. It was extremely important to identify those individuals who were overwhelmed by the trauma and unable to seek help themselves.

All victims of a crisis must be given access to help and the best possible conditions for overcoming the crisis. For this to happen, individuals need a lot of social support, an ability to face the new reality created by the traumatic event and space and willingness to process strong and often painful feelings and thoughts. The way to create conditions for this is to actively provide psychosocial support. Some people who have been affected by a traumatic experience require closer, long-term professional support and possibly psychotherapy. Early intervention makes affected individuals more likely to seek treatment.

The normal service infrastructure has inadequate resources for providing the crisis support and therapy required after an incident of this scale, which is why additional resources had to be recruited. The need for both acute intervention and long-term support has been considerable in Kauhajoki, Seinäjoki Joint Municipal Authority for Education and the local authorities where the victims lived.

The parties involved in the project – the town of Kauhajoki, Seinäjoki Joint Municipal Authority for Education, the JIK Joint Municipal Authority for Health and Social Services (Jalasjärvi, Ilmajoki, Kurikka), Seinäjoki Intermunicipal Authority for Health and the Hospital District of South Ostrobothnia – organised and implemented the actions necessitated by the incident together. The project organisation also cooperated with other primary health care partners that had had to increase their service provision in order to deal with the aftermath. The work was extremely challenging especially in Ilmajoki, because four of the victims were from there.

The Hospital District of South Ostrobothnia was put in charge of coordinating the project staff and for recruiting specialists to reinforce the basic service infrastructure of the affected local authorities and to enable the introduction of new operating models. All recruitment was internal at first but later evolved to include regional and national experts.

7. Schedule, action plan, methods and implementation

The primary objective of the project was to help those who had been psychologically traumatised by the Kauhajoki shooting strategy in Southern Ostrobothnia to overcome the ordeal and any post-traumatic stress in order for them to be able to carry on with their daily lives as normally as possible. The goal was to restore people's ability to function and to expedite their recovery.

The action plan for the Kauhajoki Project was based on strengthening the region's service infrastructure and security network and on shifting its focus towards early psychological intervention, assessment and post-traumatic therapeutic treatment. The action plan was divided into four stages (Picture 3): first line treatment from 23 September until 23 October 2008, acute treatment from 24 October until 31 December 2008, post-traumatic treatment from 1 January 2009 until 31 July 2010 and follow-up treatment from 1 August 2010 until 31 December 2013. The project staff were involved in the provision of follow-up treatment until the end of 2010. Local authorities took over the responsibility at the beginning of 2011.

First-line treatment 23/09/2008–23/10/2008	**Acute treatment** 24/10/2008–31/12/2008	**Post-traumatic treatment** 01/01/2009–31/07/2010	**Follow-up treatment** 01/08/2010–31/12/2013
# Agenda: - Emergency response and crisis management - Provisional acute treatment and post-traumatic treatment plan - Project application **¤ Actions:** - Seamless and comprehensive multi-professional cooperation across the region - Psychological support in different sectors - Psychoeducation, information, group-discussion sessions, guidance - Public relations/media	**# Agenda:** - Identification of individuals in need of help and support - Early intervention and crisis support - Detailed post-traumatic treatment plan **¤ Actions:** - Needs assessments, screening and referrals - Staff recruitment - Raising awareness, liaising and instructing local authorities and different sectors - Training, clinical supervision	**# Agenda:** - Identification and treatment of delayed post-traumatic symptoms - Continued therapy - More in-depth understanding of effects - Detailed follow-up treatment plan **¤ Actions:** - Continued screening, therapy, clinical supervision and referrals - Student counselling - On-site outpatient clinic offering specialised post-traumatic treatment - Peer support groups	**# Agenda:** - Continued therapy and support services - Well-being of local residents/school community - Families and friends/peer support - Clear understanding of overall impact, evaluations - Research findings **¤ Actions:** - Restoration of the population's sense of security and ability to function in society - Gradual handover of responsibility to local authorities

Picture 3: Stage-by-stage action plan for the implementation of the Kauhajoki Project (Hakala, Turunen, Ala-aho)

7.1 First line treatment, 23/09/2008–23/10/2008; agenda and actions

First line treatment was provided according to official contingency plans of the town of Kauhajoki, the Finnish Government (Ministry of Social Affairs and Health) and specialist health care services.

Initially, actions were coordinated by the Chief Physician of Kauhajoki Health Centre and the First Line Psychiatrist of the Hospital District of South Ostrobothnia. They were assisted by a core team comprising the Treatment and Care Director, the Nurse Manager in charge of family planning clinics as well as nurses and psychologists specialising in crisis and trauma. The action plan specified a period of one month for first line treatment. Plans also had to be produced for acute treatment and long-term post-traumatic treatment. The core team was charged with planning and coordinating psychosocial support services, and the workload was distributed among staff at meetings held each morning, afternoon and evening. The various parties (local authorities, health centres, specialist health care, the Finnish Red Cross, the church and others) worked seamlessly together.

Various sectors were active in providing a wide range of psychological support services. Most of the support was targeted at the Kauhajoki Campus of Seinäjoki Joint Municipal Authority for Education (= the school where the incident took place) and the education authority's other teaching units as well as other schools and educational institutions operating in Kauhajoki. Kauhajoki Health Centre introduced an open door policy (no appointment or referral necessary) to make the threshold for seeking help as low as possible for the affected individuals. Youth clubs and churches also had an open door policy, providing support and discussion groups.

The Kauhajoki crisis organisation instructed local authority crisis groups to actively seek contact with the families of the deceased and to provide them with any necessary support. The crisis workers began to provide support to the victims' families and to visit them in their home towns as soon as unofficial reports of the deceased became available.

Local authority crisis workers and volunteers from the Finnish Red Cross were on hand to provide immediate first line treatment for the students and staff of the school where the incident took place as soon as they were evacuated. The school staff also supported the students and helped other authorities by compiling lists of the students who were present. Over the days following the incident, crisis workers contacted all

those students who did not attend the events held during the first days by telephone to assess their need for help and support.

Primary objectives of first line treatment:

- Responding to the crisis
- Producing plans for the provision of acute treatment and post-traumatic treatment
- Setting up the project organisation and applying for funding

An event was held the day after the incident, beginning with a moment of silence to honour the memory of the deceased. Various governmental officials and the top management of Seinäjoki Joint Municipal Authority for Education attended the event. Staff and students were then given psychoeducation about normal responses and self-help as well as the psychosocial support services available. Group-discussion sessions aimed at the staff began after the event, and students were offered an opportunity to attend discussion groups during the same week.

The first responders who had been involved in the field operation (the police, health care personnel, the fire department and other official help workers) were also invited to debriefing events. Information (= psychoeducation) was disseminated about the availability of help and support, normal responses, self-help and the importance of friends and family in the recovery process at parents' evenings in the region's nurseries, schools and other educational institutions. Similar information was also disseminated to the general public through local media.

7.1.1 First line treatment methods

Psychosocial support services were available from Kauhajoki Health Centre 24 hours a day. Information about the services was uploaded to the website of the town of Kauhajoki. A specialist crisis support website was also created (www.kriisituki.fi), where anyone could post comments about what help and support services were needed. The feedback was used to revise the scope of services and additional support offered to the town's businesses and other traumatised parties.

The post-traumatic treatment services offered to the school where the incident took place were integrated into the institution's normal operation in collaboration with the management of Seinäjoki Joint Municipal Authority for Education, the school staff and

a designated post-traumatic treatment coordinator. The school operated in the premises of Kauhajoki Business School for the first two weeks and was then relocated to a local technology centre for five months, where post-traumatic treatment staff were also stationed. An outpatient clinic offering specialist post-traumatic treatment was also established on the premises, led by the hospital district's First Line Psychiatrist.

The primary methods of post-traumatic treatment included supporting the staff and students of the school where the incident took place by being on site, by organising discussion groups and by actively seeking out those who needed help. Crisis psychologists began screening interviews with the most directly affected students and staff members. Those students of the school who did not attend the events held during the first weeks were contacted by telephone to inform them of the support services available and to assess their need for help and support. Some of the students were enrolled on a student exchange programme abroad at the time of the incident. Their need for help and support was also assessed. The education authority's international students were offered support in their home towns.

Crisis workers and psychologists from the first line psychology department of Seinäjoki Central Hospital and the Psychologists´ preparedness group of the Finnish Red Cross assisted the local crisis group in supporting the staff and students of the school, for example in situations where they returned to the school buildings to recover their personal belongings. Student associations and youth workers as well as the church played an important role in providing support and bolstering community spirit in various towns.

Crisis workers organised more than one hundred group-discussion sessions for various target groups during the first few weeks. Kauhajoki Business School provided temporary facilities for the school community for the first week. As a result, many individuals at Kauhajoki Business School were vicariously traumatised. The staff and students of Kauhajoki Business School were offered an opportunity for debriefing events. Nurseries and other schools in Kauhajoki spent a long time fearing for the worst on the day of the incident, and group-discussion session were also organised in these institutions.

The situation was especially taxing on the fire department and rescue workers involved in the field operation, and they as well as the management and office

workers of the town of Kauhajoki were also invited to group-discussion sessions. Support was offered to the general population of Kauhajoki in the health centre, youth clubs and the Kauhajoki Psychiatric Outpatient Clinic.

Parents of students and school and nursery children in Kauhajoki were invited to parents' evenings over the weekend following the incident. The general public were kept informed about the crisis and the support services available and educated about the importance of parents' support and security through various media. Online news stories were updated several times a day.

Group-discussion sessions were also organised in other teaching units of Seinäjoki Joint Municipal Authority for Education during the weeks that followed.

Each of the official parties involved in the operation put their crisis management plans into action immediately, and as the events unfolded, focus was shifted from somatic preparedness to psychosocial support. The central government was initially in charge; the Finnish Ministry of Social Affairs and Health contacted the authorities in Kauhajoki on the day of the incident, and some ministers visited the town and also attended the memorial service. A team of experts from the Finnish Ministry of Social Affairs and Health was immediately set up, and the experts also convened in Kauhajoki.

The working group that was initially set up to coordinate the aftermath later became the steering group of the Kauhajoki Project. It was clear from the very beginning that the aftermath would last a long time. Preparations for setting up a multi-professional group to coordinate and manage the actions were promptly initiated and an application for funding submitted.

Both the project staff and the victims' families had access to legal advice from the hospital district's legal counsel during the acute treatment stage of the project.

7.2 Acute treatment, 24/10/2008–31/12/2008

The primary objective in the acute treatment stage was to identify and treat acute stress responses and to help affected individuals and especially the students and staff of the school where the incident took place and other educational institutions to return to normality. This involved screening individuals, especially among the students and staff of the school where the incident took place, who had been affected

by the incident to various degrees (clinical interviews, Impact of Event Scale (IES-R) questionnaire, Horowitz et al., 1979) and assessing the severity of their symptoms. Additional human resources were assigned to occupational health care especially in Kauhajoki. All of the hospital district's health care units contributed to screening and referring affected individuals to treatment. Staff had access to clinical supervision and training to support them in their work. The project staff also ensured that the police, fire department and rescue workers had access to adequate psychosocial support from their respective organisations.

Crisis psychotherapy treatment and clinical supervision processes were launched as and when required. The organisation sought and recruited new staff actively throughout the project. Seinäjoki Joint Municipal Authority for Education increased the provision of student health care services, student welfare services and clinical supervision especially in Kauhajoki.

Primary objectives of acute treatment:

- Recruiting skilled and professional staff
- Identifying acute stress responses especially among the students and staff of the school where the incident took place and other educational institutions in the region
- Screening and referring affected individuals to treatment
- Setting up clinical supervision
- Instructing the parties involved in the actions
- Organising training events especially for nurses, youth workers and student counsellors
- Liaising with local authorities and communicating with different sectors

7.2.1 Acute treatment methods

The need for different forms of support was evaluated both by means of screening and in connection with events, discussion groups and consultations. A coordination group for post-traumatic treatment, comprising representatives of the teaching staff, the health care sector, the church and the post-traumatic treatment organisation, convened at the school where the incident took place at regular intervals. Additional human resources were assigned to teaching, support services and student welfare services. The crisis workers were on hand to assist staff and students on a daily

basis and to provide support in various situations such as during evening classes held after dark in the winter.

An outpatient clinic offering specialist post-traumatic treatment was established on the same premises where the affected school community was operating, but it also offered services to the general public and carried out assessments to establish the need for treatment and referral to psychotherapy and physiotherapy. The hospital district's First Line Psychiatrist coordinated the crisis group and acted as the physician in charge of treatment. The clinic had an open door policy, which meant that no referral from a physician, for example, was required.

Psychosocial support for the victims' families was at this stage organised through their local crisis groups. The Kauhajoki crisis organisation referred victims' families to support services and post-traumatic psychotherapeutic treatment. Professionally led peer support groups were launched in February 2009 after careful preparations.

The education authority's largest student communities are based in Seinäjoki, and finding the individuals who needed help in those educational institutions required systematic, intensified health checks, which called for extra resources in student health care. The objective was to make the threshold for seeking help as low as possible and to give students access to the support services through their own student health care providers. Additional human resources were also assigned to student welfare and health care in other schools in Kauhajoki and also in Ilmajoki.

The situation was particularly challenging in Ilmajoki due to the high number of victims, and the town's own crisis group and other local parties did well to manage the challenging task of helping the victims' families, friends and communities. Local resources were reinforced by recruiting a social worker, a nurse and a student counsellor.

7.3 Post-traumatic treatment, 01/01/2009–31/07/2010

Acute treatment practices were in place by January 2009. Additional human resources had been recruited for psychotherapy, clinical supervision, student counselling and other services, and psychotherapeutic treatment and clinical supervision processes had been launched for those in need. Schools continued to actively screen and refer affected individuals to treatment with the help of the

additional resources. A follow-up survey formulated by the Finnish National Institute for Health and Welfare on the coping of the affected students and their need for help and support, “Coping, support and treatment of the students affected by the Kauhajoki shooting massacre” (Haravuori et al., 2009), was integrated into the post-traumatic treatment offered to the students of the school where the incident took place. Students were first asked to fill in the questionnaire in January 2009 to screen those who had not yet sought regular treatment and those who had already discontinued their visits.

Preparations for returning the school community to the premises where the incident took place began at the beginning of 2009 when the damage caused by the shooter had been repaired. The crisis clinic moved to a halls of residence next door to the school, where the provision of post-traumatic treatment and student counselling services continued on an open door basis. Professionally led peer support groups for the students who were in the classroom where the shooter opened fire and their families were launched in January 2009.

The first two weekend meetings of the professionally led peer support groups set up for the victims’ families were held in February and May 2009. More than fifty people from across the country attended the first peer support groups on average. Experienced psychologists specialising in post-traumatic treatment were recruited from across Finland to lead the peer support groups. The families of the deceased were first visited in their homes in the spring and summer of 2009 and again in the summer of 2010 to assess their need for help and support. A schedule was produced for meeting with the family of the perpetrator, and the agreed meetings were held as planned.

Psychotherapy sessions and referrals continued; more than one hundred individuals were receiving psychotherapy in different parts of Finland during the post-traumatic treatment stage. Training events were held to teach various professionals to deal with traumatised individuals and to educate them about methods of help and support and about the signs of post-traumatic stress. An effort was made to prepare for events that were likely to make the affected individuals more symptomatic (the move back to the school premises, the end of the police investigation, anniversaries) by increasing the provision of post-traumatic treatment around these times. Special attention was also given to the clinical supervision and coping of the staff of the Kauhajoki Project. Staff were invited to planning meetings and debriefings as well as training events.

By the summer of 2009, the project staff had a relatively good understanding of the long-term effects of the crisis and the need for psychotherapy. A detailed plan on follow-up treatment and managing the effects of the crisis as well as an estimate of the human resources required were completed at the end of July 2009.

As was expected, the approach of the first anniversary of the incident on 23 September 2009 began to stir up strong reactions in many sectors well in advance. Rumours about a similar incident reoccurring were circulated in the early autumn of 2009 in various schools in Kauhajoki and especially in the school where the 2008 incident had taken place. The school collaborated with the police, and a cooperation group set up by the leaders of the Kauhajoki Project produced instructions on how to act in the event of a terrorist threat or an emergency. The instructions were distributed among all students and staff of Seinäjoki University of Applied Sciences and were later integrated into the school's accident and emergency plan. The provision of post-traumatic treatment was increased in all sectors around the first anniversary of the incident. Peer support groups both for the students who had been in the classroom where the shooting took place and for the victims' families were scheduled close to the anniversary. A press conference was held before the anniversary, and each of the parties involved in the project produced a statement about the post-traumatic treatment services that they offered. The anniversary itself was an intimate and peaceful day at Seinäjoki University of Applied Sciences.

Primary objectives of post-traumatic treatment:

- Identifying and treating delayed post-traumatic symptoms
- Continuing the provision of therapy
- Revising plans for follow-up treatment
- Evaluating the success of the intervention

The provision of post-traumatic treatment was gradually decreased towards the end of the post-traumatic treatment stage. One of the objectives of this stage was to make the project redundant and to avoid its becoming a permanent part of the service infrastructure. The challenge and objective of post-traumatic treatment was to prepare the traumatised individuals and organisations for life after the tragedy and to support them at their own pace and according to their unique needs for as long as was necessary. Screening and intensified health checks continued in case there were delayed responses to the trauma caused by the incident.

Psychotherapy and physiotherapy also continued, and schools continued to screen and look for delayed post-traumatic symptoms. The first and second year follow-up surveys carried out by the National Institute for Health and Welfare continued to flag up students who were in need of treatment. Training events were held in different sectors to increase awareness and understanding about the effects of traumatic experiences. The professionally led peer support groups were completed as planned. The group set up for students who survived the incident and their families convened three times in total. The group set up for the victims' families convened for five weekends, and the meetings were discontinued after the second anniversary. The same schedule was used for the group set up for the perpetrator's family.

Demand for post-traumatic treatment declined as expected during 2010, which meant that the provision of services could be decreased and responsibility for coordination transferred to local authorities. The project staff had established a relatively good understanding of the long-term consequences of the incident, and information about the continuing need for support and the possibility of delayed responses to the trauma was disseminated in different sectors. Lessons learned from the project were shared both nationally and internationally at various training events and conferences. Research findings, reports and scientific articles were and will be published in the future.

7.4 Follow-up treatment, 01/08/2010–31/12/2013

The Kauhajoki Project ended on 31 December 2010. Responsibility for coordinating follow-up treatment was transferred to local authorities as of 1 January 2011. Individuals to whom post-traumatic treatment and support had been given under the project were scattered around Finland, although most were in Southern Ostrobothnia. Handover meetings were held with the town boards of Kauhajoki and Ilmajoki once the project had finished at the beginning of 2011.

Primary objectives of follow-up treatment:

- Continuing the provision of therapy and support
- Coordinating peer support groups (families, fellow students)
- Ensuring the well-being of the school where the incident took place and the general population of the region

The Hospital District of South Ostrobothnia coordinated referrals and the practical arrangements relating to ongoing psychotherapy in 2011 and continued to assess individuals' need for treatment and to provide certain treatments.

8. Funding

Finland has no specific fund for dealing with crises, and instead funding needs to be applied for separately from the State budget. This requires a project plan and a funding application. The Kauhajoki Project also had to apply for funding, which was granted for one year at a time according to three separate applications for the years 2008, 2009 and 2010.

9. Communications

Communications that provided a lot of factual information and bolstered the public's sense of security and community spirit were vital for dealing with the aftermath. Each of the parties involved in the work published information separately, but they also worked together with each other. The objective was to provide clear, reliable and easily accessible information on a regular basis, keeping the target audience in mind. The Kauhajoki Project produced a communications plan, which was aimed at disseminating factual, real-time information (newspapers, media, www.kauhajokihanke.fi).

The project staff organised 31.12.2011 a press conference before the first anniversary of the incident. Events were held on the day itself, 23 September 2009, in various places, including the school where the incident took place and a local church. The second anniversary, 23 September 2010, was a normal work and school day, although various institutions and communities commemorated the day in their own ways. Similarly to the first anniversary, a press release was issued to both Finnish and international media on the second anniversary of the incident.

Information was also disseminated by the government, the Finnish Ministry of Social Affairs and Health, local authorities and the Hospital District of South Ostrobothnia as well as various other authorities, organisations and individuals. The greatest challenges in communications related to the large audience and media interest.

Communications priorities

- Releasing up-to-date information about the aftermath to the general public
- Producing newspaper articles especially during the early stages of the crisis
- Publishing official statements via the media (e.g. via the website of the Kauhajoki Project and websites of the participating authorities)
- Issuing press releases as and when necessary (move back to the school buildings, anniversaries)
- Disseminating information about normal responses to crises and about the services offered
- Responding to a request for an article about dealing with the fears of children
- Emphasising the importance of the role of parents

10. Training

The objective of training provided as part of the project was to increase basic know-how and preparedness for dealing with and identifying traumatised individuals and communities. Regional training events were organised for various professionals, such as nurses, youth workers, tutors, teachers and local authority officials on the methods of responding to crises and post-traumatic symptoms. An additional goal was to train more local authority crisis workers and to increase crisis and trauma know-how in Southern Ostrobothnia.

Training provided for health care and educational personnel:

- Youth workers and student counsellors (dealing with traumatised individuals)
- School nurses (screening + treating and dealing with traumatised individuals)
- Tutors (self-help and peer support in the face of a crisis)
- Regional social workers, health care professionals and crisis workers
- Teachers on a needs basis (helping children and young people in the school community)

10.1 Strategy meetings and debriefings for project staff

The project employed between 20 and 25 full-time or part-time members of staff at the various stages of the process. Staff numbers were at their highest during the post-traumatic treatment stage, when the focus was on identifying and screening traumatised individuals and on referring them to treatment. The majority of the project staff were stationed in Kauhajoki, where the school where the incident took place is located. Between two and three members of staff were stationed in Ilmajoki and Seinäjoki. Therapists and clinical supervisors were also contracted to assist with the project. Project staff were invited to various strategy meetings and training events where the progress of the project was reviewed and new plans formulated.

The risk of vicarious traumatisation was recognised and factored in, and the welfare of staff was a high priority. Staff received clinical supervision as well as professionally led debriefings, which were considered necessary for all members of staff due to the challenges and psychological strain involved in the work. Planning meetings and debriefings were also organised for the professionals who were contracted to run the peer support groups.

10.2 Research

The social dimension, including studies and analyses, is an extremely important part of dealing with major catastrophes. Crisis intervention can and must be studied from many different perspectives. During the Kauhajoki Project, Finland's National Institute for Health and Welfare was charged with the coordination of follow-up surveys. Both of the school shooting incidents that have taken place in Finland (Jokela and Kauhajoki) have also given rise to various articles and publications.

An article about the Kauhajoki Project titled “Psychosocial support following school massacres – what lessons from the Kauhajoki incident?” (Kähärä et al., 2010) was published in issue 22/2010 of the Duodecim journal.

Various oral presentations (Annex 1) and a poster presentation (Annex 2) about the aftermath, the psychosocial support offered and the success of the project have been given at national and international conferences.

Conclusions

The Kauhajoki Project was set up to deal with the aftermath of the Kauhajoki school shooting incident that took place on 23 September 2008. The project plan was divided into four stages: first line treatment (23 September–23 October 2008), acute treatment (24 October–31 December 2008), post-traumatic treatment (1 January 2009–31 July 2010) and follow-up treatment (1 August 2010–31 December 2013. The Kauhajoki Project ended on 31 December 2010 and responsibility for coordinating follow-up treatment was transferred to local authorities as of 1 January 2011.

Based on the lessons learned from the Kauhajoki Project, the aftermath of the crisis is likely to last between at least two and five years. It is therefore important to recognise that the work continues far beyond the specially funded post-traumatic treatment stage and the transfer of responsibility to local authorities and their health centres and social services. Another thing to bear in mind is the fact that the onset of post-traumatic symptoms can be delayed and that not all those who needed help were able to accept it during the project. In the future, service providers need to take care of ongoing therapy sessions with regard to administrative charges and the provision of post-traumatic treatment and other support services as well as the coordination of actions aimed at safeguarding the coping of both the victims' families and the crisis workers.

Local, regional and national cooperation and networking have been found to be very important. Local knowledge among individuals and the organisations involved in the project was extremely valuable during the process, and know-how of the entire local service infrastructure, for example, helped to organise the work.

With regard to post-traumatic treatment, it is worthwhile to anticipate situations that are likely to trigger or increase post-traumatic symptoms, including events associated with specific times of the year (e.g. anniversaries), rumours and the publication of reports of police investigators and investigation commissions, for example. Situations that are likely to cause the incident to be featured in the media also need to be taken into consideration in order to be able to allocate resources as needed.

The suitability of crisis workers for their roles should be assessed with care. Crisis workers should also recognise their own background (traumatic experiences, personal circumstances, etc.) as something that can trigger a post-traumatic

response in the course of their work. Appropriate training alone is not an adequate criterion for hiring crisis workers, and instead attention should be given to the ability of these individuals to adapt, to tolerate uncertainty and to work independently and flexibly.

A statement about the conclusions of the Kauhajoki Project was issued in the spring of 2011 to be taken into consideration when drafting Finland's Government Programme (Annex 3).

The Kauhajoki school shooting was the biggest incident of this kind in Finland's history. The aftermath of the incident has affected the whole country but especially the region of Southern Ostrobothnia. The work done in the course of the Kauhajoki Project has generated a lot of know-how of practical long-term psychosocial support, challenges relating to providing such support and the importance of timing. Practical action needs to be based on optimising the available resources and on adjusting to changing circumstances. We hope that our experiences will help in the development of best practices that can be employed in the event of a potential future catastrophe both nationally and internationally.

The following is our summary of the post-traumatic treatment provided and lessons learned in the course of the Kauhajoki Project:

PSYCHOSOCIAL PRIORITIES IN THE AFTERMATH OF SCHOOL SHOOTINGS

- Active provision of help and support
- Bolstering of community spirit, coping mechanisms and a sense of security
- Timing of help and support according to the stages of the post-crisis adjustment process
- Comprehensive provision of psychoeducation in different sectors with regard to normal responses, self-help, post-traumatic symptoms, grief, complicated grief, the importance of family and friends to the recovery process and the availability of help and support

IMPACT OF SCHOOL SHOOTINGS ON SOCIETY

- The incident had extremely widespread implications on the whole country.
- The society's sense of security was shaken for the second time in a year → these phenomena are also social, not just medical.
- Resources available for the provision of post-traumatic treatment are always limited → prioritising is essential.
- The most severely affected and/or those who suffered the biggest losses need help and support the most and for the longest period of time.
- The crisis also had implications on the entire system and highlighted weaknesses and phenomena that cannot be repaired by means of post-traumatic treatment (reasons for unhappiness are often manifold).
- Ensuring the availability of resources in basic social and health care services is an essential way to prepare for crises.
- The aftermath lasts a long time and the onset of post-traumatic symptoms is often delayed → responsibility for post-traumatic treatment is transferred to local authorities → information and resources are needed in primary health care and social services.
- Efficient cross-sectoral local, regional and national cooperation is crucial.
- The work is taxing and challenging, and crisis workers need debriefings, clinical supervision and support.

LESSONS LEARNED

- Cooperation
- Making use of the know-how of different sectors, division of labour
- The importance of efficient networks and close relationships with partners
- Widespread implications, prioritising, keeping records
- Cyclical nature of the prevalence of symptoms; prolonged need for help and support
- Mass phenomena, rumours, responses according to media interest
- Psychological strain, looking after crisis workers
- Preparedness for the decrease and termination of additional resources, extra workload for primary health care and social services
- The miracle of recovery

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Annex 1: Presentations at conferences

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Turunen T. Psychosocial support among trauma exposed students in Kauhajoki, Finland. 11th World Congress on Stress, Trauma and Coping. Baltimore, USA, 22–27 February 2011.

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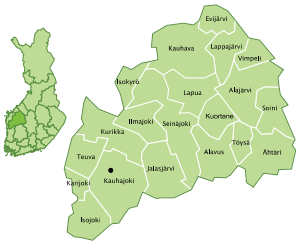
Annex 2: Poster presentation at the ISPCAN conference on 19 September 2011

Kauhajoki - Project

Organizing psychosocial support after school shooting in Kauhajoki, Finland

Ala-aho Sirkka, Turunen Tuija, The Hospital District of South Ostrobothnia

Kauhajoki 23.9.2008



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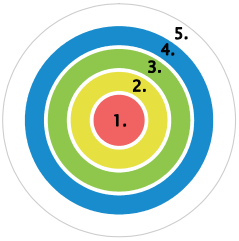

1. Relatives of the deceased,
   Students and staff of Seinäjoki University of Applied Sciences,
   Other schools in the Kauhajoki area,
   Town of Kauhajoki and other organisations operating in the area,
   First-line treatment staff
2. Other institutes of Seinäjoki Joint Municipal Authority for Education
   Students and staff
3. Other municipalities in South Ostrobothnia
   Especially Ilmajoki
4. Whole of Finland
5. Rest of the world

Project participants

- Seinäjoki Joint Municipal Authority for Education
- Town of Kauhajoki
- City of Seinäjoki
- Town of Ilmajoki
- Hospital District of South Ostrobothnia

Description of the incident: Seinäjoki University of Applied Sciences in Kauhajoki, Finland was a scene of a tragedy on 23 September 2008 which involved a student of the school shooting and fatally injuring ten people before shooting himself.

Kauhajoki Project was launched to coordinate the psychosocial support for those affected by the tragedy. The objective of the project was to ensure that all individuals and organisations whose life and activities have been affected by the incident have access to any necessary psychosocial support and appropriate care. The goal was to restore psychological balance and the ability of individuals, families, and organisations to work and function in society.

First-line treatment 23 September–23 October 2008	Acute treatment 24 October–31 December 2008	Post-traumatic treatment 1 January 2009–31 July 2010	Follow-up treatment 1 August 2010–31 December 2013
# agenda: - emergency response and crisis management - provisional acute treatment and psychosocial support plan - project application ¤ action: - multidisciplinary, multiprofessional, seamless, and comprehensive cooperation in the area - psychological support in different sectors - psychoeducation, information, consultations, guidance - media	# agenda: - identification of potential persons in need for individual support - - early intervention and crisis support - - detailed project plan ¤ action: - needs assessments, screening, and referrals - staff recruitment - liaising, and guidance to local authorities and different sectors - training, clinical supervision	# agenda: - identification and treatment of delayed post-traumatic symptoms - continued therapy - more in-depth understanding of effects - detailed project plan for follow-up phase ¤ action: - continued screening, therapy, supervision, and referrals - student counselling - comprehensive health and well-being services - peer support groups	# agenda: - continued therapy and support services - taking care of the well-being /local school community - families and friends/peer-to-peer support - clear understanding of overall impacts, evaluations - research findings ¤ action: - restoration of the population's sense of security and ability to function in society - - gradual handover of responsibility to local authorities

Summary: Local, regional, and national cooperation have played important roles in the provision of psychosocial support through Kauhajoki Project. The provision of psychosocial support has also required flexible, multidisciplinary, and multilateral cooperation across administrative borders. The incident will have repercussions far into the future, which is why local authorities need to be aware of their responsibility for providing post-traumatic care.

Future challenges include increasing know-how of crisis management and psychosocial support and treatment of severe traumatization across the population and especially among professionals, as well as preventive action.

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Etelä-Pohjanmaan sairaanhoitopiiri

13 May 2011

Annex 3: Statement for the 2011 Government Programme

Paula Risikko, Minister of Health and Social Services; Finnish Ministry of Finance and Finnish Ministry of Social Affairs and Health; Office of the President of the Republic of Finland, Prime Minister's Office and Leaders of Parliamentary Groups

2011 Government Programme

The Kauhajoki Project was in charge of coordinating the aftermath of the Kauhajoki school shooting tragedy (23 September 2008) from 23 September 2008 until 31 December 2010. Based on the work and the lessons learned from the project, we would like to present that the following measures be included in the 2011 Government Programme:

1) The Finnish State must set up a crisis fund for dealing with major catastrophes. The crisis fund would allow action to be taken immediately in the event of a crisis. This would ensure that every town and local authority has access to crisis funding and that services can be offered on an equal basis to all citizens.

2) The guidelines of the Finnish Ministry of Social Affairs and Health for local authorities and joint authorities (Publications 2009:16) must be updated to make the guidelines more binding nationally, regionally and locally. In particular, the importance of the responsibility of local authorities to produce and keep up to date contingency plans and to organise contingency exercises actively and on a regular basis must be emphasised.

3) In the event of a major catastrophe, access to information about the names and other details of victims and their families must be ensured for those authorities and crisis workers who need such information in their work.

4) The Finnish State Treasury must be given practical instructions for dealing with traumatised individuals and for taking their needs into consideration.

5) Awareness must be increased at all levels of national administration and responsibility shared between different organisations in order to appropriately deal with the aftermath of major catastrophes, which on the basis of this project appears to last for several years.

6) The provision of psychotherapy education must be increased and the curriculum revised so as to factor in the basics of post-traumatic treatment regardless of the students' chosen field of therapy. Basic information about the effects of crises and traumatic experiences and about treating these must also be included into the training of other professionals.

7) Research into crises and post-traumatic therapy must be increased nationally.

8) A national team of experts and consultants must be set up to ensure access to know-how in the event of a crisis and to deal with the aftermath.

MUNICIPAL FEDERATION OF THE HOSPITAL DISTRICT OF SOUTH OSTROBOTHNIA

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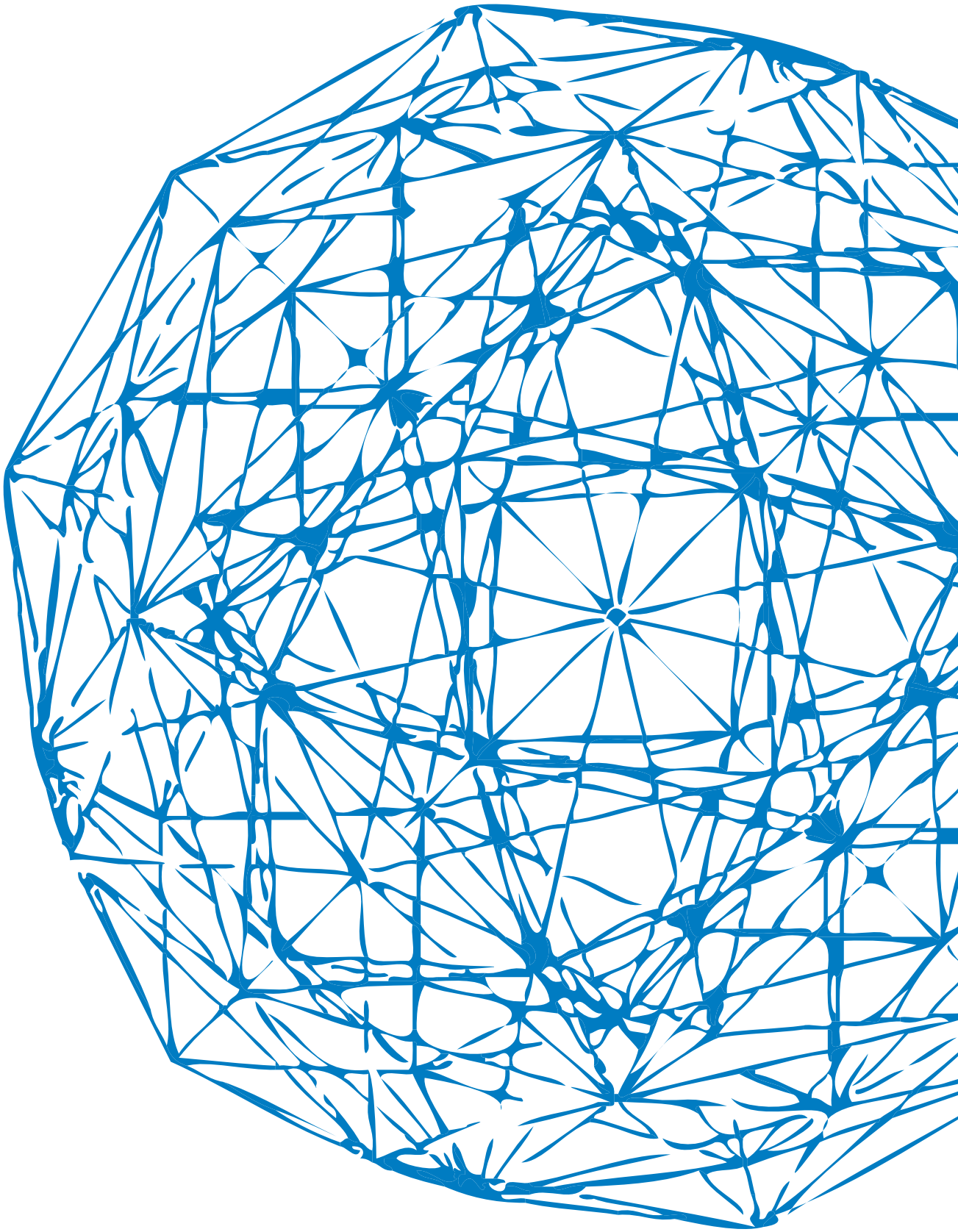

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