

---

# Follow-up of those affected by war and disasters

---

FROM THE SPECIALTIES

SYNNE ØIEN STENSLAND

[synne.stensland@nkvt.no](mailto:synne.stensland@nkvt.no)

Synne Øien Stensland, specialist in paediatrics, head of research at the Section for Trauma, Catastrophes and Forced Migration – Children and Youth, Norwegian Centre for Violence and Traumatic Stress Studies, and researcher at the Department of Neurology, Oslo University Hospital. The author has completed the ICMJE form and declares the following conflict of interest: she is a member of the International Society for Traumatic Stress Studies (ISTSS).

KRISTIN ALVE GLAD

Kristin Alve Glad, psychologist and researcher at the Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

ARNFINN J. ANDERSEN

Arnfinn J. Andersen, dr.polit., sociologist and head of research at the Section for Trauma, Catastrophes and Forced Migration – Adults and Elderly, Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

DORTE BRODERSEN

Dorte Brodersen, special adviser, counsellor and manager in the field of psychosocial preparedness, crises and disasters at the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS Øst).

The author has completed the ICMJE form and declares no conflicts of interest.

HARALD BÆKKELUND

Harald Bækkelund, PhD, specialist in psychology and head of research at the Section for Implementation and Treatment Research, Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

CECILIE DAAE

Cecilie Daae, doctor and director at the Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

UNNI HELTNE

Unni Heltne, specialist in clinical psychology and acting head of the Centre for Crisis Psychology, University of Bergen.

The author has completed the ICMJE form and declares no conflicts of interest.

TINE K. JENSEN

Tine K. Jensen, specialist in psychology and professor at the Department of Psychology, University of Oslo, and senior researcher at the Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

IREN JOHNSEN

Iren Johnsen, associate professor at the Department of Psychology, University of Bergen.

The author has completed the ICMJE form and declares no conflicts of interest.

PÅL KRISTENSEN

Pål Kristensen, specialist in psychology and professor at the Department of Psychology, University of Bergen.

The author has completed the ICMJE form and declares no conflicts of interest.

ALEXANDER NISSEN

Alexander Nissen, doctor and researcher at the Norwegian Centre for Violence and Traumatic Stress Studies, and the Swedish Red Cross University.

The author has completed the ICMJE form and declares no conflicts of interest.

SILJE M. ORMHAUG

Silje M. Ormhaug, specialist in psychology and researcher II at the Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

NILS PETTER REINHOLDT

Nils Petter Reinholdt, cand.mag., psychiatric nurse and special adviser with responsibility for crisis management/support at the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS Øst).

The author has completed the ICMJE form and declares no conflicts of interest.

LISE EILIN STENE

Lise Eilin Stene, doctor and researcher at the Norwegian Centre for Violence and Traumatic Stress Studies.

The author has completed the ICMJE form and declares no conflicts of interest.

SURAJ BAHADUR THAPA

Suraj Bahadur Thapa, professor, psychiatrist and head of research at the Division of Mental Health and Addiction, University of Oslo, and Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

SIRI THORESEN

Siri Thoresen, researcher at the Norwegian Centre for Violence and Traumatic Stress Studies, and professor at the Department of Psychology, University of Oslo.

The author has completed the ICMJE form and declares no conflicts of interest.

AKIAH A. OTTESEN

Akiah A. Ottesen, PhD, specialist in psychology and researcher at the Norwegian Centre for Violence and Traumatic Stress Studies and the Norwegian Centre for Mental Disorders Research (NORMENT), Oslo University Hospital. Project manager for research into psychosocial factors in children and young refugees.

The author has completed the ICMJE form and declares the following conflict of interest: she has received funding from the University of Oslo for the pilot study for the interview template referred to in the article.

---

## **In the coming weeks, Norwegian local authorities will welcome children and adults exposed to the war in Gaza. How can we best help them?**

In times of war, disasters and crises, survivors and their families need help and support to regain a sense of safety and return to their daily routines (1–4). For some, this may not be enough to prevent persistent reactions and problems, such as pronounced symptoms of post-traumatic stress, anxiety, depression, traumatic grief or substance abuse. Trauma-focused interventions and treatment can be beneficial in such cases (5). In Norway, local authorities' crisis preparedness, in partnership with primary care and the specialist health service, has the expertise to help those affected.

---

## **Proactive contact and assessment**

In many Norwegian municipalities, proactive psychosocial support is part of the regular crisis preparedness and response. Mobilising crisis teams and appointing designated personnel (contact persons) to assist the bereaved, survivors and their families with practical help and identifying needs can be useful. In order to identify those in need of interventions, it may be helpful to use a psychosocial assessment tool to provide an overview of symptom burden and functioning. There is currently a lack of suitable internationally validated assessment forms. The Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), in collaboration with the Norwegian Institute of Public Health (NIPH) and the Regional Resource Centre for Violence, Traumatic Stress and Suicide Prevention (RVTS), has therefore devised an interview template to facilitate the anamnesis process in relation to children and young refugees from Ukraine (6). Preliminary results from an ongoing pilot study in Norwegian municipalities suggest that using this template can be helpful in conversations with children, young people and families in crisis (unpublished data). We have therefore updated the template so that it can be used regardless of the type of crisis or disaster (3, 7).

---

## **Need-based interventions**

Children and adults with significant symptoms and functional impairment may benefit from trauma-informed low-threshold interventions (8–10). It is recommended that the lowest effective level of care principle is applied (1). This entails starting with low-intensity interventions and continuously monitoring needs. Where there is no improvement, interventions are escalated. This may

involve increasing the duration of or intensifying the existing interventions, or involving other service providers, such as the specialist health service (1, 5). Table 1 gives an overview of relevant interventions that may be provided in Norwegian municipalities to ensure proactive, psychosocial follow-up of those affected by war, displacement or other disasters and crises.

**Table 1**

Proactive psychosocial follow-up. Relevant interventions to ensure psychosocial follow-up of those affected by war, displacement, other disasters or crises. The overview was drawn up by the authors based on national and international recommendations and guidelines.

Time from event	Intervention	Target group	Service provider
From the event <sup>1</sup>	Proactive follow-up (1-4), including assessment (7)	Everyone affected <sup>2</sup>	Contact person in primary care
From the event <sup>1</sup>	Universal intervention: psychological first aid (1-4)	Everyone affected <sup>2</sup>	Personnel in children's day care/schools, employers, refugee reception centres or the health service
From 2-4 weeks <sup>1</sup>	Trauma-informed low-threshold intervention: Stepped care - trauma-focused cognitive behavioural therapy (TF-CBT) (8) Teaching recovery techniques (TRT) (9) Skills for psychological recovery (SPR) (10)	Those with post-traumatic stress symptoms and functional impairment	Primary care (children's day care/schools, workplace or refugee reception centres)
From 4 weeks <sup>1</sup> (acute if needed)	Trauma treatment: TF-CBT for children Cognitive therapy for post-traumatic stress disorder (CT-PTSD) for adults Eye movement desensitisation and reprocessing (EMDR) psychotherapy (5)	Those with suicidality, threatening psychosis and post-traumatic stress disorder (PTSD) or traumatic grief	Specialist health service (Child and Adolescent Psychiatric Clinic (BUP)/District psychiatric centres for adults (DPS))

<sup>1</sup>The given timing of interventions is indicative only.

<sup>2</sup>Those affected; the bereaved, survivors and their families, and any other vulnerable groups that are identified.

---

## REFERENCES

1. Helsedirektoratet. Psykososiale tiltak ved kriser, ulykker og katastrofer (Mestring, samhörighet og håp). <https://www.helsedirektoratet.no/veiledere/psykososiale-tiltak-ved-kriser-ulykker-og-katastrofer> Accessed 21.11.2023.
2. BMJ Best Practice. Mental health response to disasters and other critical incidents. <https://bestpractice.bmj.com/topics/en-gb/1065/pdf/1065/Mental%20health%20response%20to%20disasters%20and%20other%20critical%20incidents.pdf> Accessed 21.11.2023.
3. the Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS). Psykososial støtte for flyktninger. <https://www.nkvts.no/flyktning/> Accessed 21.11.2023.
4. RVTS. Psykososial beredskap ved kriser og katastrofer. <https://www.psykososialberedskap.no/> Accessed 21.11.2023.
5. Forbes D, Bisson JI, Monson CM et al. red. Effective Treatments for PTSD. Practice Guidelines from the International Society for Traumatic Stress Studies. 3. Utg. New York, NY: The Guilford Press, 2020.
6. Stensland SØ, Glad KA, Ottesen AA. Barn, unge og familier på flukt. Tidsskr Nor Legeforen 2023; 143. doi: 10.4045/tidsskr.23.0002. [PubMed] [CrossRef]
7. Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS). Kartleggingsverktøy. <https://www.nkvts.no/kartleggingsverktoy/> Accessed 21.11.2023.
8. Nasjonalt kunnskapssenter om vold og traumatisk stress (NKVTS). Trinnvis sammen. Trinnvis TF-CBT. <https://www.nkvts.no/trinnvissammen/> Accessed 21.11.2023.
9. Folkehelseinstituttet. Mestring i mottak og kommuner. Implementering og evaluering av Teaching Recovery Techniques i asylmottak, omsorgssentre og bosettingskommuner i Norge <https://www.fhi.no/publ/2019/mestring-i-mottak-og-kommuner.-implementering-og-evaluering-av-teaching-rec> Accessed 21.11.2023.
10. The National Child Traumatic Stress Network (NCTSN). Skills for psychological recovery (spr) field operations guide. <https://www.nctsn.org/resources/skills-for-psychological-recovery> Accessed 21.11.2023.

---

Publisert: 7 Desember 2023. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.23.0791

Received 20.11.2023, accepted 22.11.2023.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 24 June 2026.