



Institute of
Psychiatry,
Psychology &
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South London and Maudsley 
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Research Centre

Trauma of conflict: the role of clinicians

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WHEN to intervene

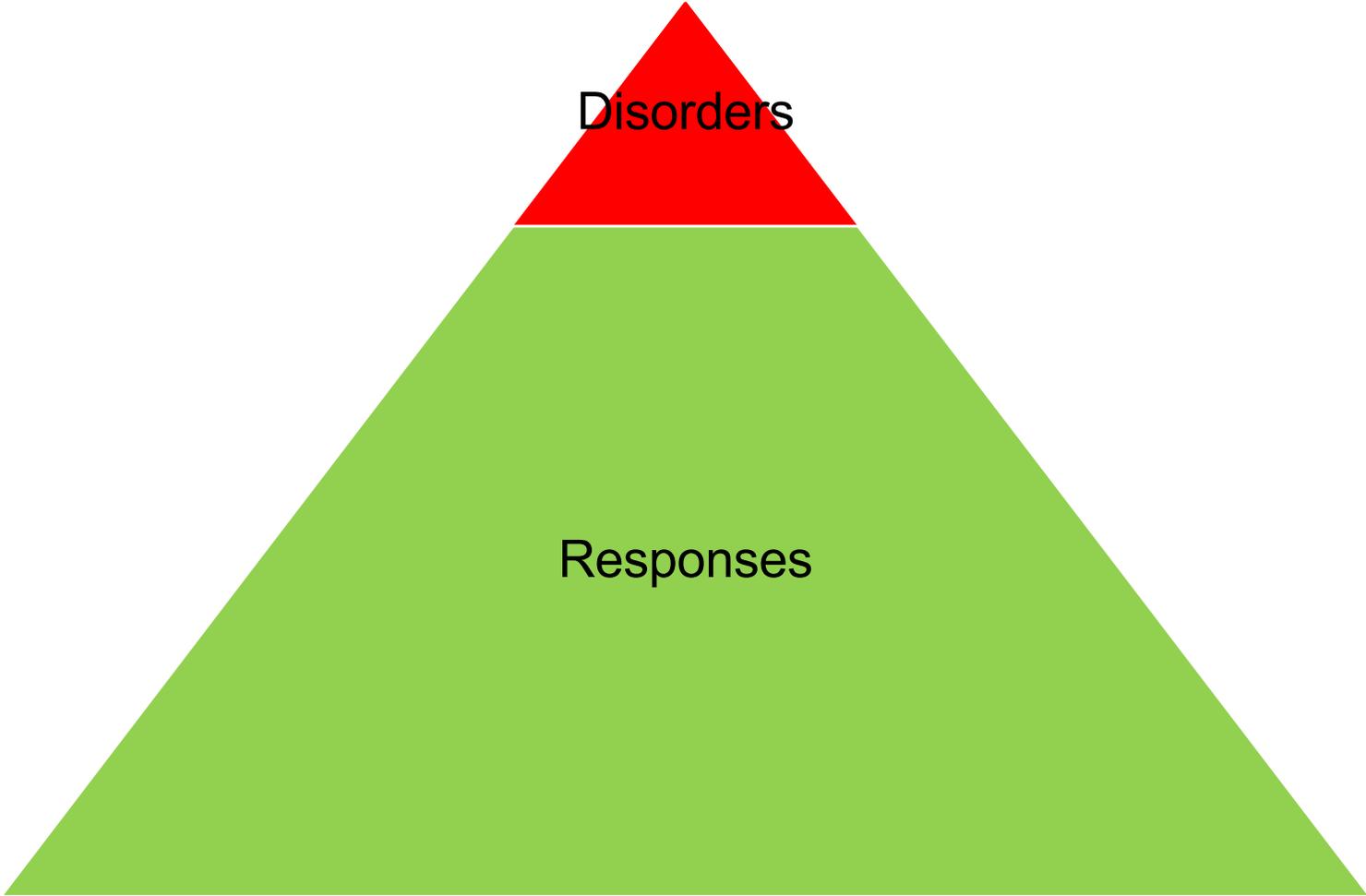
HOW to respond

WHAT to do

WHEN to intervene

HOW to respond

WHAT to do



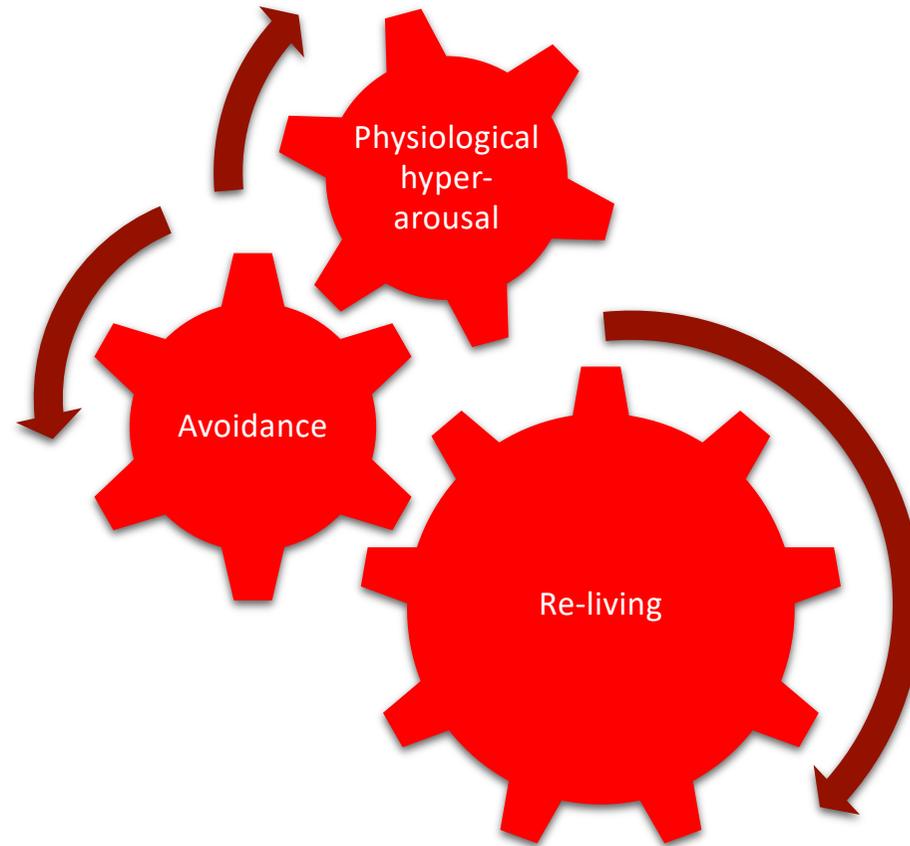
RESPONSES



These are common and normal emotional responses to trauma, and they will subside within days or few weeks in most children. When symptoms persist for more than one month and impair the child's functioning (e.g., their performance at school, the ability to socialise with peers), children may meet criteria for a diagnosis of Post-Traumatic Stress Disorder (PTSD).

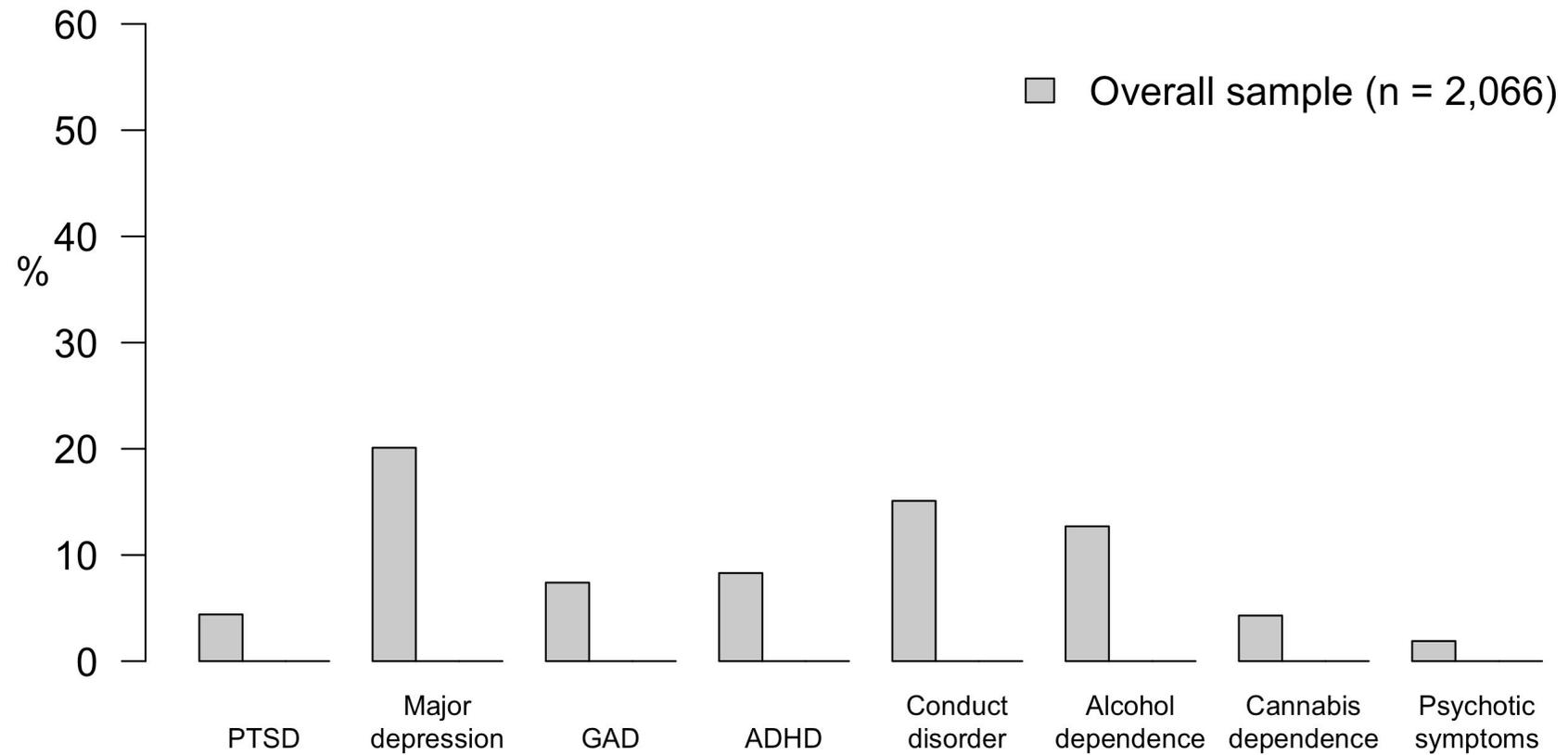
DISORDERS

Post-Traumatic Stress Disorder



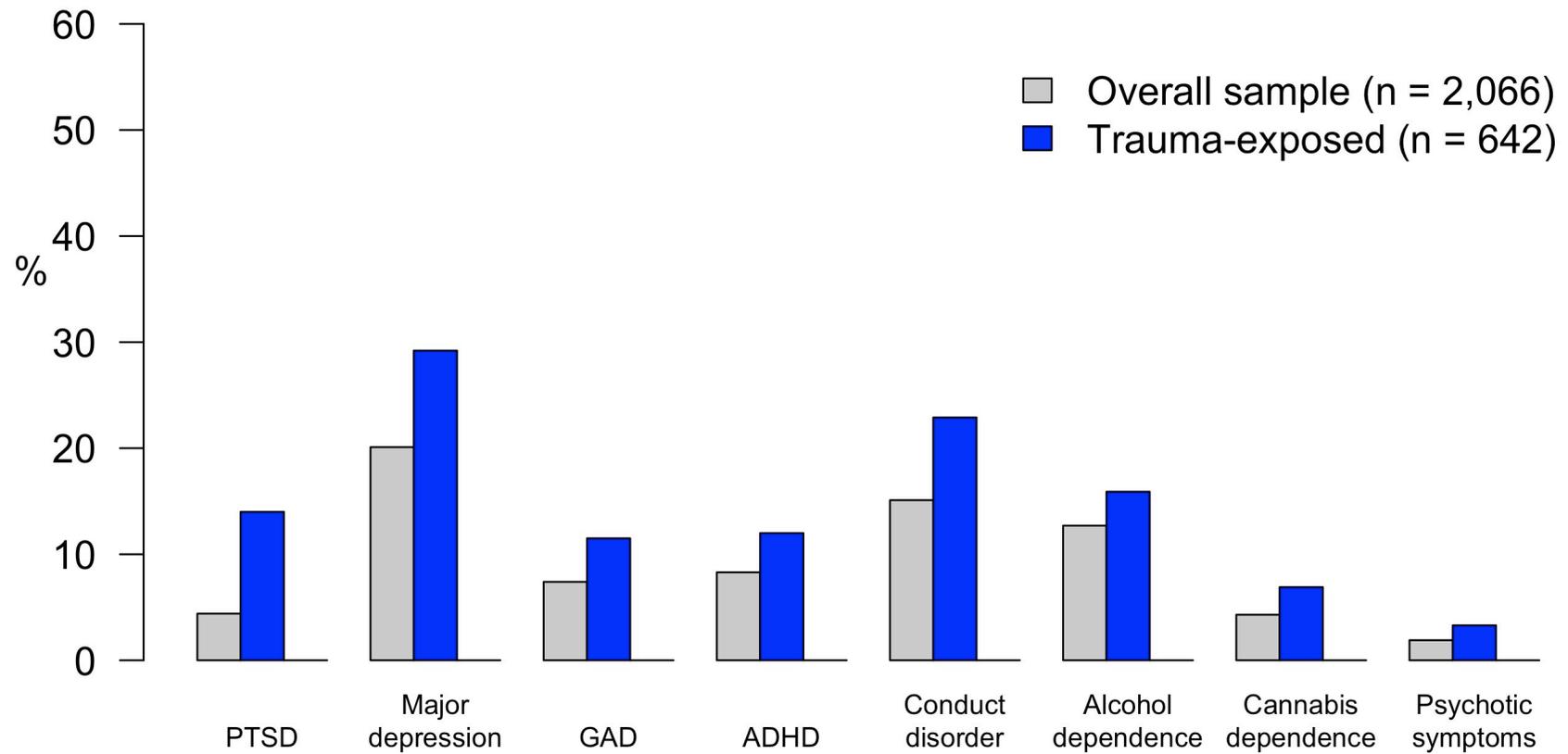
DISORDERS

Trauma-related psychopathology



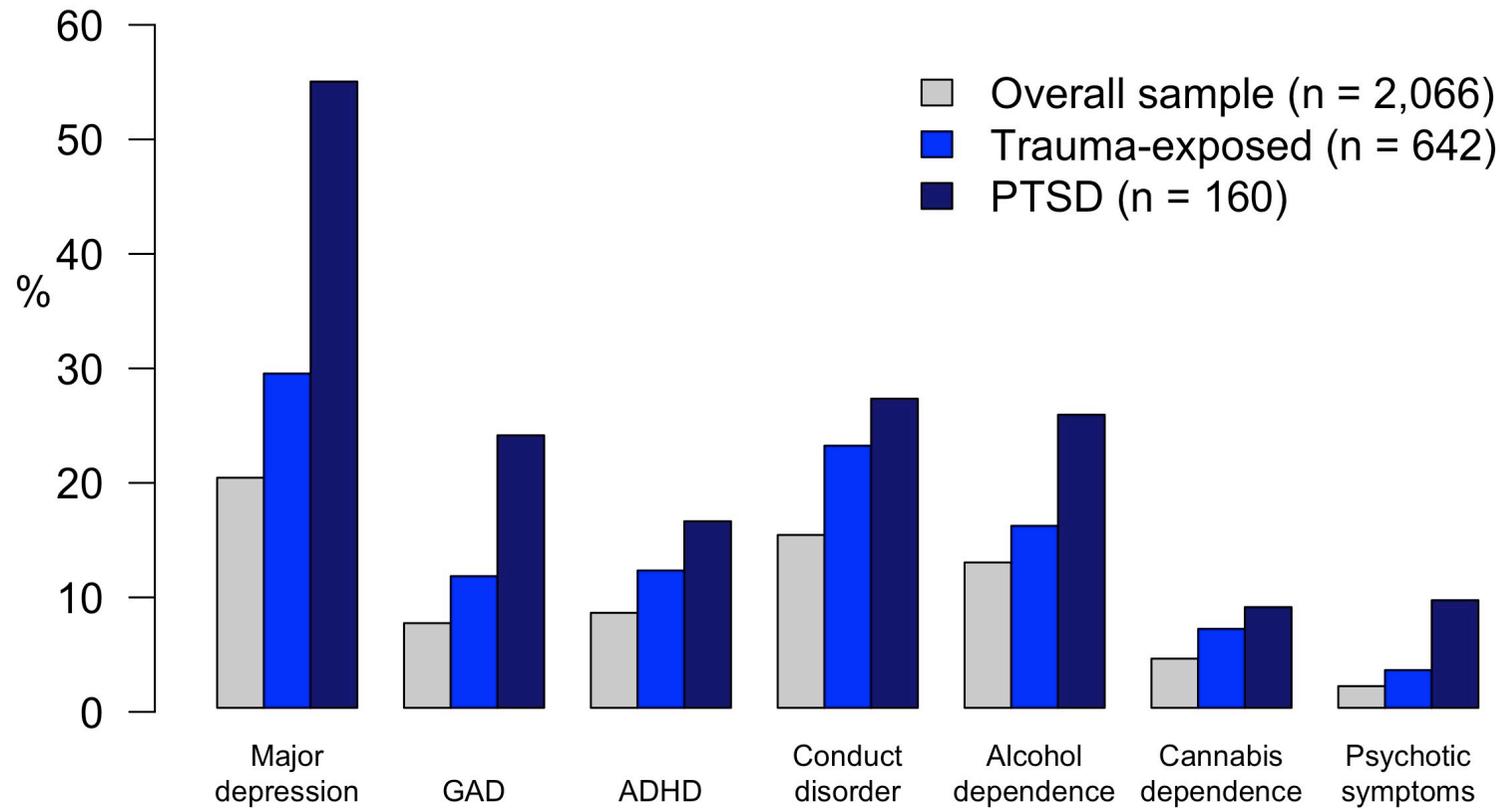
DISORDERS

Trauma-related psychopathology



DISORDERS

Trauma-related psychopathology



SCREENING

Examples

TRAUMA SCREENING:

Child Trauma Screen

PSYCHOPATHOLOGY SCREENING:

Child Revised Impact of Events Scale (CRIES),

Revised Children's Anxiety and Depression Scale (RCADS),

Strengths and Difficulties Questionnaire (SDQ)



The Association
for Child and Adolescent
Mental Health



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Trauma

DOI: [10.13056/acamh.3855](https://doi.org/10.13056/acamh.3855)



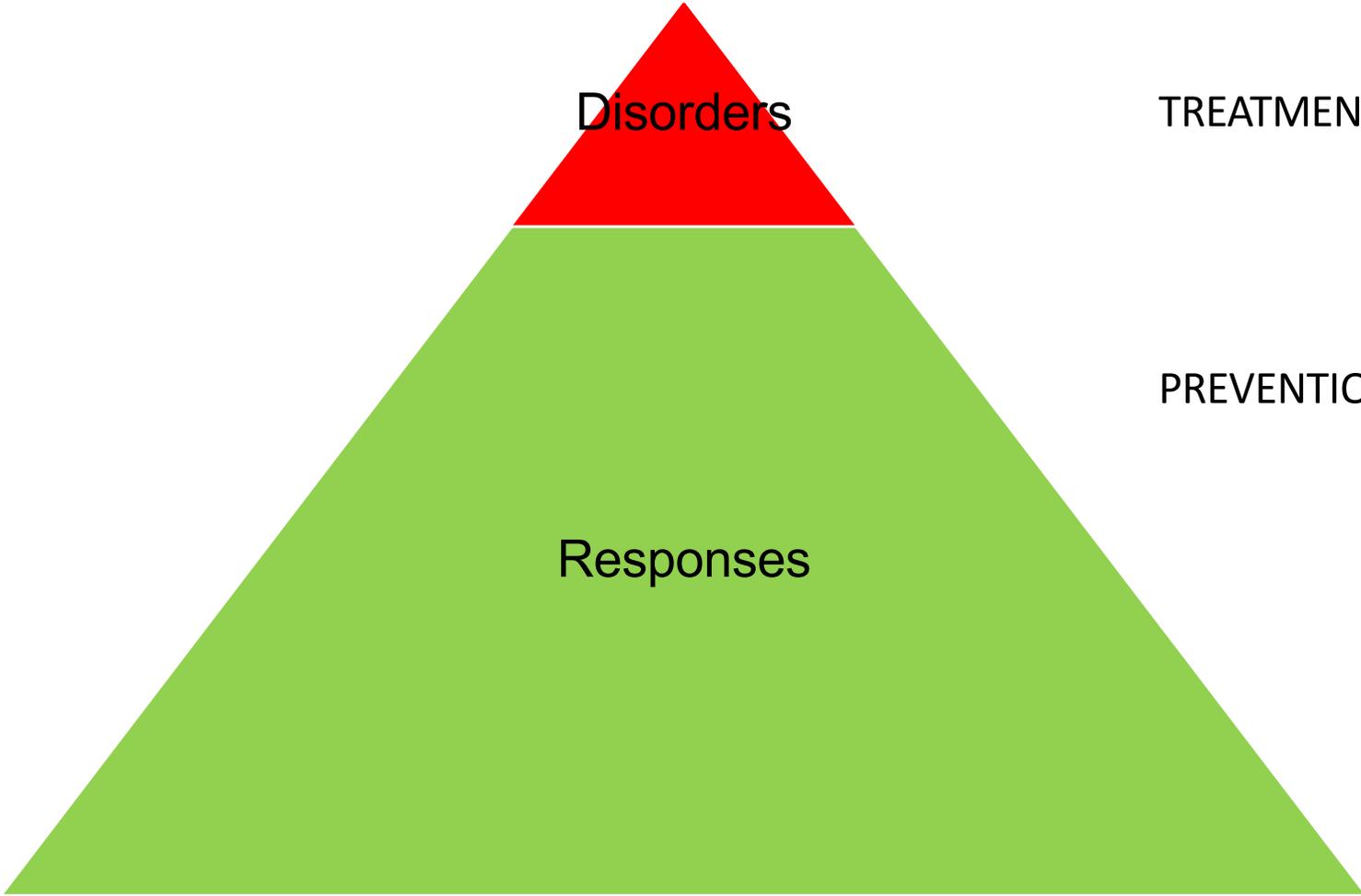
This topic guide has been written by [Dr Andrea Danese](#), Consultant Child & Adolescent Psychiatrist, and [Dr Patrick Smith](#), Consultant Clinical Psychologist. Credit to the [National and Specialist Anxiety and Traumatic Stress Clinic](#), Michael Rutter Centre, Maudsley Hospital.

<https://www.acamh.org/topic/trauma/>

WHEN to intervene

HOW to respond

WHAT to do



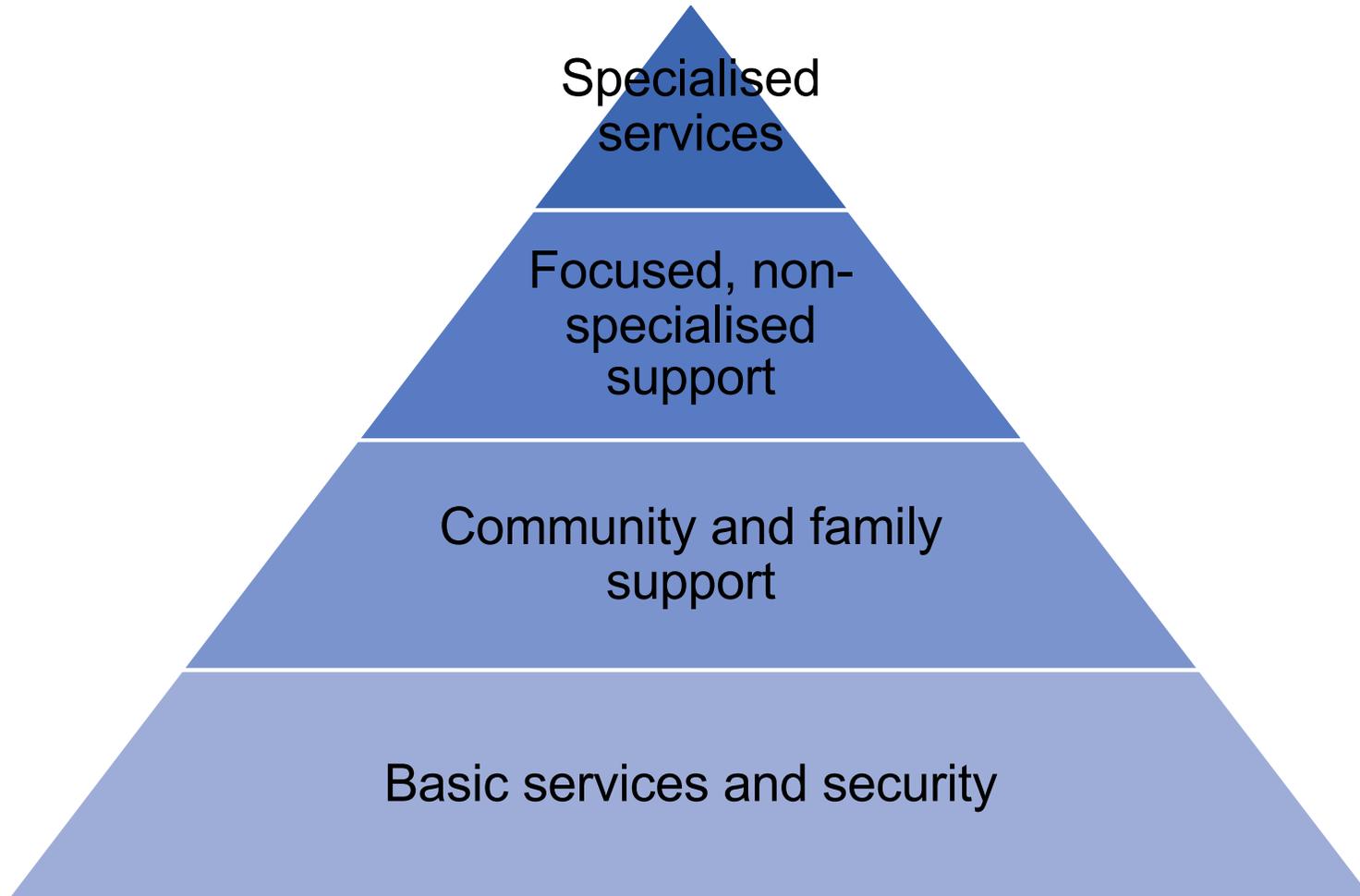
Disorders

TREATMENT

PREVENTION

Responses

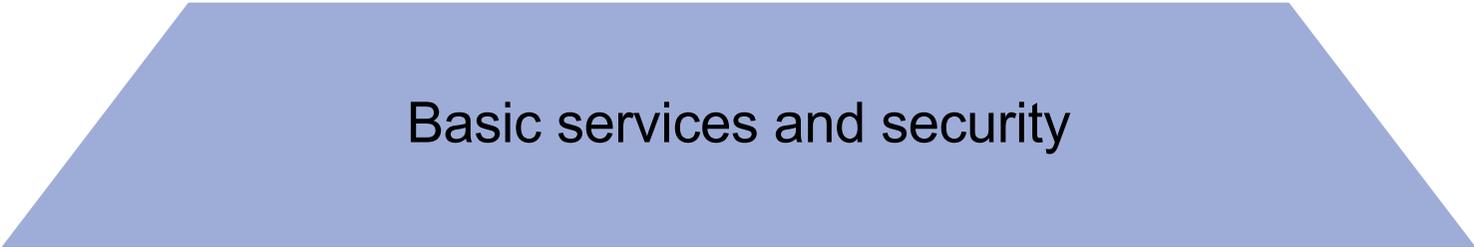
IASC PYRAMID OF NEEDS



IASC PYRAMID OF NEEDS

AIM: To address basic physical needs (food, water, shelter, basic health care, control of communicable diseases).

OBJECTIVES: Establish services in participatory, safe, and socially appropriate ways.



Basic services and security

IASC PYRAMID OF NEEDS

AIM: To minimise disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust.



OBJECTIVES: Family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities, and the activation of social networks (women's groups, youth clubs).

IASC PYRAMID OF NEEDS



AIM: To provide more focused individual, family, or group interventions by trained and supervised workers.

OBJECTIVES: Psychological first aid (PFA) and basic mental health care.

IASC PYRAMID OF NEEDS



AIM: To provide psychological or psychiatric support for people with severe mental disorders, whenever their needs exceed the capacities of existing primary/general health services.

OBJECTIVES: Specialist psychological and psychiatric care.

IASC PYRAMID OF NEEDS

CLINICIANS:

Provision

Specialised services

Supervision

Focused, non-specialised support

Coordination

Community and family support

Basic services and security

Increasing level of formal training and supervision, skills and competencies





IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings



<https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings>

WHEN to intervene

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PSYCHO-EDUCATION ON EMOTIONS

Disseminate evidence-based, practical, and accessible coping advice on emotions.



KeepCool: Anxiety
224,103 views · 19 Mar 2021



KeepCool: Sadness
477,291 views · 13 May 2021



KeepCool: Anger
4,155 views · 22 Jul 2021

KEEP
COOL

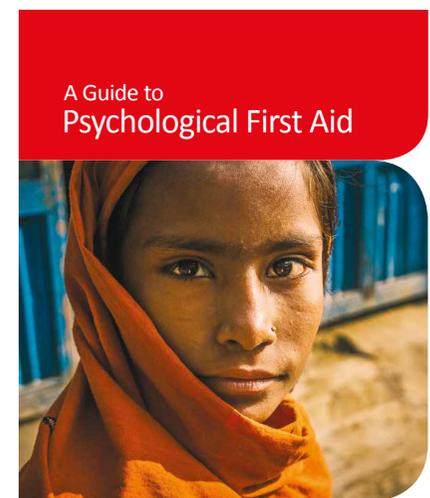
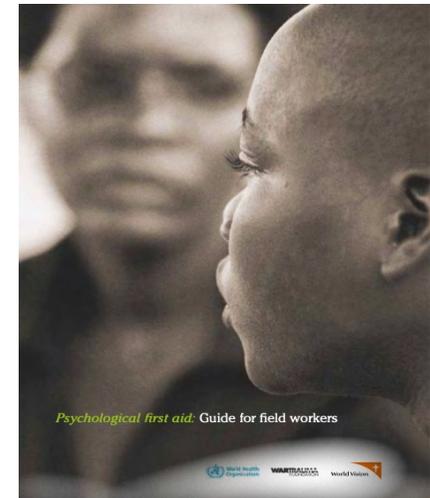
<https://www.kcl.ac.uk/research/keepcool>

PSYCHOLOGICAL FIRST AID

PFA (in its different models) is a set of skills and knowledge that can be used to help people who are in distress – to help people to feel calm and able to cope in a difficult situation.

PFA involves caring about the person in distress by paying attention to their reactions (LOOK), active listening (LISTEN), and giving practical help (LINK).

PFA can be provided by anyone – volunteers, first responders, members of the general public.



For Red Cross and Red Crescent Societies

Psychosocial Centre
International Federation
of Red Cross and Red Crescent Societies

[https://www.who.int/publications/i/item/9789241548205,](https://www.who.int/publications/i/item/9789241548205)
<https://pscentre.org/?resource=a-guide-to-psychological-first-aid-for-red-cross-red-crescent-societies&selected=single-resource>

TRAUMA-FOCUSED THERAPIES

*Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT),
Narrative Exposure Therapy (NET),
Eye Movement Desensitization and Reprocessing (EMDR)*

Cognitive elements aim to challenge unhelpful beliefs about the event, self (e.g., guilt) and others (e.g., ongoing threats).

Behavioural elements aim to reduce avoidance of traumatic memories, to facilitate their processing.

General elements include emotion regulation skills and focus on relationships.

Evidence supports efficacy in preventing and treating PTSD (and other trauma-related psychopathology).

Evidence supports efficacy in both individual and group settings, making them more scalable and sustainable.

PSYCHOPHARMACOLOGY

NO evidence for efficacy of psychopharmacology in PTSD in young people.

Evidence for efficacy of psychopharmacology in emotional disorders (incl. PTSD comorbidity).

Use of 'sedative' and 'hypnotic' medications might only be a pragmatic, short-term strategy, require active monitoring, and have no evidence for improving long-term outcomes.

Analysis

Child and adolescent mental health amidst emergencies and disasters

Andrea Danese, Patrick Smith, Prathiba Chitsabesan and Bernadka Dubicka

Summary

The mental health of children and young people can be disproportionately affected and easily overlooked in the context of emergencies and disasters. Child and adolescent mental health services can contribute greatly to emergency preparedness, resilience and response and, ultimately, mitigate harmful effects on the most vulnerable members of society.

Declaration of interest

A.D. reports grants from MRC and NIHR during the conduct of the study. P.S. reports grants from MRC during the conduct of the

study, has co-authored a published treatment manual, *Cognitive Therapy for PTSD in Children and Adolescents*, and receives a share of royalties from Routledge.

Keywords

Childhood experience; post-traumatic stress disorder; risk assessment; trauma; child and adolescent mental health.

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Trauma, Anxiety and Depression (TAD) Clinic



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