Trauma of conflict: the role of clinicians

Andrea Danese, M.D. Ph.D.

Social, Genetic, and Developmental Psychiatry (SGDP) Centre and Department of Child & Adolescent Psychiatry

National & Specialist CAMHS Trauma, Anxiety, and Depression Clinic

@andrea_danese
WHEN to intervene

HOW to respond

WHAT to do
WHEN to intervene

HOW to respond

WHAT to do
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

- Physiological hyper-arousal
- Avoidance
- Re-living
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)

Trauma

DOI: 10.13056/acamh.385

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
IASC PYRAMID OF NEEDS

- Basic services and security
- Community and family support
- Focused, non-specialised support
- Specialised services
**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.
**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.
**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.
Specialised services

Focused, non-specialised support

Community and family support

Basic services and security

CLINICIANS:

Provision

Supervision

Coordination

Increasing level of formal training and supervision, skills and competencies
Specific action sheets offer useful guidance on mental health and psychosocial support, and cover the following areas:

- Coordination
- Assessment, Monitoring and Evaluation
- Protection and Human Rights
- Standards
- Human Resources
- Community Mobilisation and Support
- Health Services
- Education
- Dissemination of Information
- Food Security and Nutrition
- Shelter and Site Planning
- Water and Sanitation

The Guidelines include a matrix, with guidance for emergency planning, actions to be taken in the early stages of an emergency and comprehensive responses needed in the recovery and rehabilitation phases. The matrix is a valuable tool for use in coordination, collaboration and advocacy efforts. It provides a framework for mapping the extent to which essential first responses are being implemented during an emergency.

The Guidelines include a companion CD-ROM, which contains the full Guidelines and also resource documents in electronic format.

Published by the Inter-Agency Standing Committee (IASC), the Guidelines give humanitarian actors useful inter-agency, inter-sectoral guidance and tools for responding effectively in the midst of emergencies.

The IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings reflect the insights of numerous agencies and practitioners worldwide and provide valuable information to organisations and individuals on how to respond appropriately during humanitarian emergencies.

https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings
WHEN to intervene

HOW to respond

WHAT to do
PSYCHO-EDUCATION ON EMOTIONS

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

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.

https://www.who.int/publications/i/item/9789241548205,
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.

Copyright and usage
© The Authors 2019.
South London and Maudsley NHS Foundation Trust

Trauma, Anxiety and Depression (TAD) Clinic

Prof Andrea Danese
Professor of Child and Adolescent Psychiatry
Andrea Danese is Professor of Child and Adolescent Psychiatry and Consultant Child and Adolescent Psychiatrist at the national specialist CAMHS Trauma, Anxiety, and Depression (TAD) Clinic.

Dr Patrick Smith
Honorary Consultant Clinical Psychologist
Dr Patrick Smith is a Consultant Psychologist with the national and specialist Trauma, Anxiety and Depression (TAD) Clinic.

Dr Jessica Richardson
Principal Clinical Psychologist
Dr Jess Richardson is the team manager for the national a specialist CAMHS Trauma, Anxiety and Depression Clinic at the Michael Rutter Centre, Maudsley Hospital.

Dr Zoë Maiden
Senior Clinical Psychologist
Dr Zoë Maiden is a Senior Clinical Psychologist with the national and specialist Trauma, Anxiety and Depression (TAD) Clinic.

Dr Sarah Miles
Clinical Psychologist
Dr Sarah Miles is a Clinical Psychologist with the national and specialist Trauma, Anxiety and Depression (TAD) Clinic.

https://m.slam.nhs.uk/national-services/child-and-adolescent-services/tad-clinic/resources/
WHEN to intervene

HOW to respond

WHAT to do
Trauma of conflict: Support for clinicians

Andrea Danese, M.D. Ph.D.

Social, Genetic, and Developmental Psychiatry (SGDP) Centre and Department of Child & Adolescent Psychiatry

National & Specialist CAMHS Trauma, Anxiety, and Depression Clinic

@andrea_danese