Identifying Risk Factors after a Disaster

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Bu sunumun oluşması

- Eylül 1999' dan bu yana faaliyetlerini Adapazarı' ndaki bir pilot projede sürdüren *istanbul-tel aviv çocuk ruh sağlığı ve travma grubu '*nun çalışmaları ve deneyimlerine dayanarak geliştirilen düşünceleri paylaşacağız.

İlk çalışma grubunun üyeleri (1999-2003)

- Meltem Kora
- Coya Mizrahi
- Leo Wolmer
- Deniz Yücel
- Ceyda Dedeoğlu
- Fatih Özbay
- Belgin Topaloğlu
- Nathaniel Laor
- Smadar Spirman
- Telli Işık

Thank you

Leo Wolmer, for the discussion and revision of the slides

The ISTRAVMA group with whom we planned and conducted the interventions for the earthquake affected families and children between 1999-2003.

The group was by led Nathaniel Laor, Leo Wolmer, Meltem Kora and myself, and consisted of several professionals and volunteers from Istanbul, Adapazari and TelAviv.

Focus of this presentation

- The risk factors as:
  - associated with more severe symptoms or impaired function as a
  - measured on scales of traumatic stress, dissociation and grief
  - obtained during an acute after-disaster assessment in earthquake affected regions of Turkey in 1999 (f/u info subject of another pres)

Utility of risk factors

- After mass trauma and disaster only a minority of children (usually less than 20%) exhibit neither risk factors nor symptoms.
- Gradation of these factors, as well as the sx, is important for differential therapeutics, esp when acute universal interventions are not available.
- Medium and longterm intervention planning may be prioritized based on the presence and number of risk factors.

Who are more prone to severe symptoms than others ?

- Reported risk factors include;
  - trait anxiety;
  - a severe psychological response in the parents;
  - exposure to life-threatening or grotesque situation;
  - experience of loss, separation, and displacement; and personal injury during the event
  - (Laor et al., 1996, 1997; Lonigan et al., 1994; Udwin, 1993; Vogel and Vernberg, 1993; Yule et al., 1999).

Clinical measures

- PTSD symptoms as measured on CPTSD-RI (Pynoos et al 1997)
- Grief and Dissociation as measured on TDGS (Laor et al 2001)

Risk factors of interest in our work were

- Exposure
- Loss
- Past trauma
- Risk index (a composite of risk factors; larger as the number of factors increase)

Before and during:

before…

- **age**
- **sex**
- **predisaster functioning**
- **past trauma experiences**

past trauma experiences

- car accident,
- parental divorce,
- birth of sibling,
- past disaster,
- loss of close family member
- hospitalization

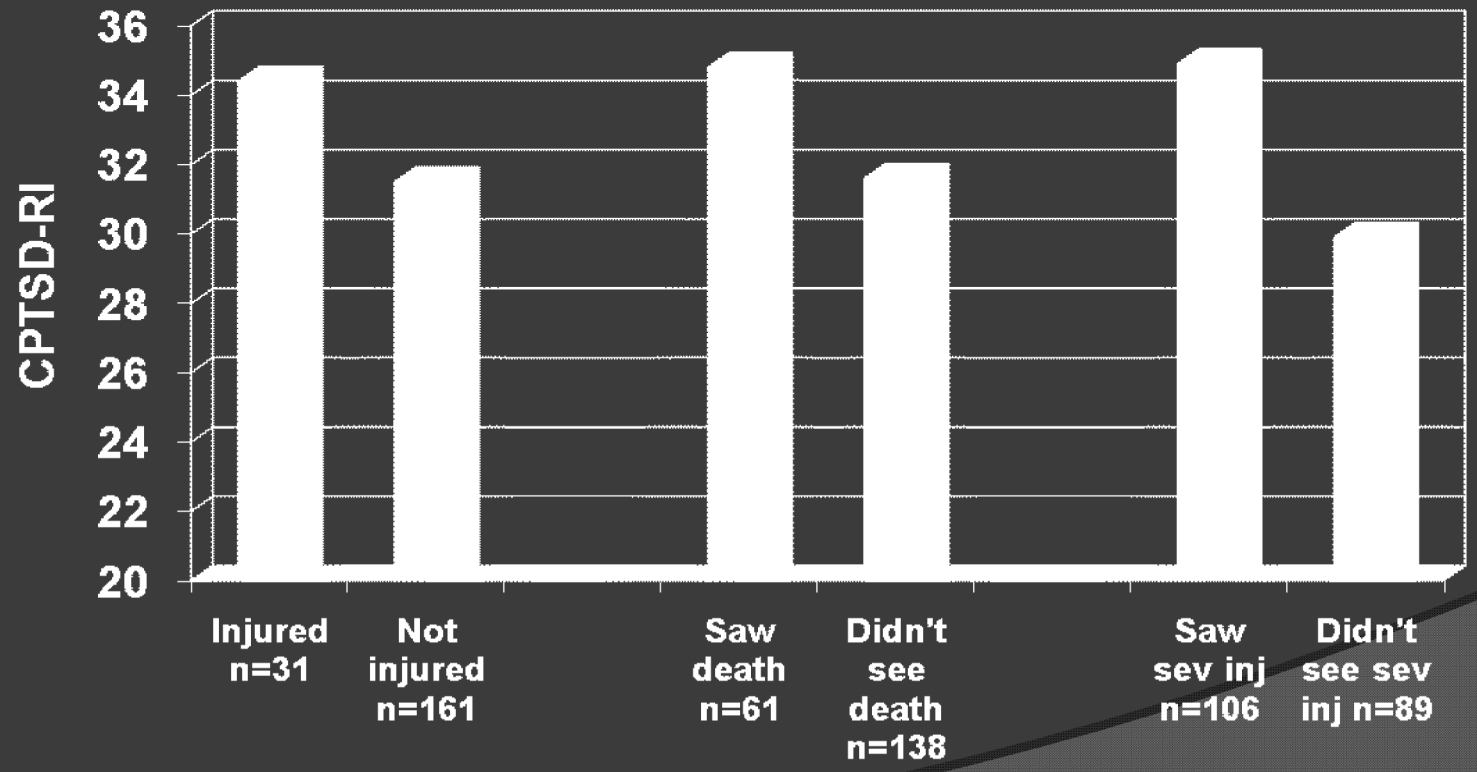
during

- ***Traumaticness* of the exposure**
  - personal losses,
  - home damage,
  - personal injury,
  - seeing severe injury and death,
  - experiencing hunger, and
  - lack of sleep after the earthquake

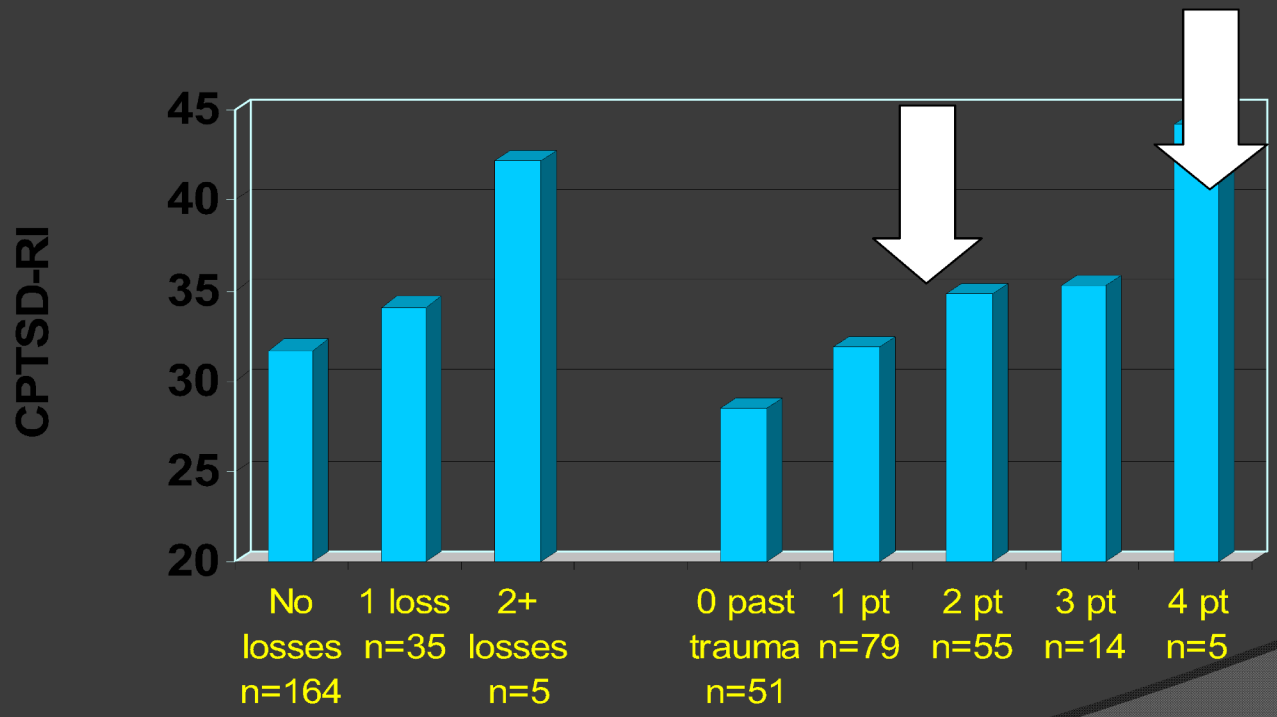
findings

Posttraumatic symptoms by exposure

N. Laor, L. Wolmer, M. Kora, D. Yucel, S. Spirman, Y. Yazgan.
Journal of Nervous and Mental Disease, 2002, 190:824-832.



PTSD symptoms: Loss and past trauma



Severe

Moderate-High

Moderate-Low

Mild

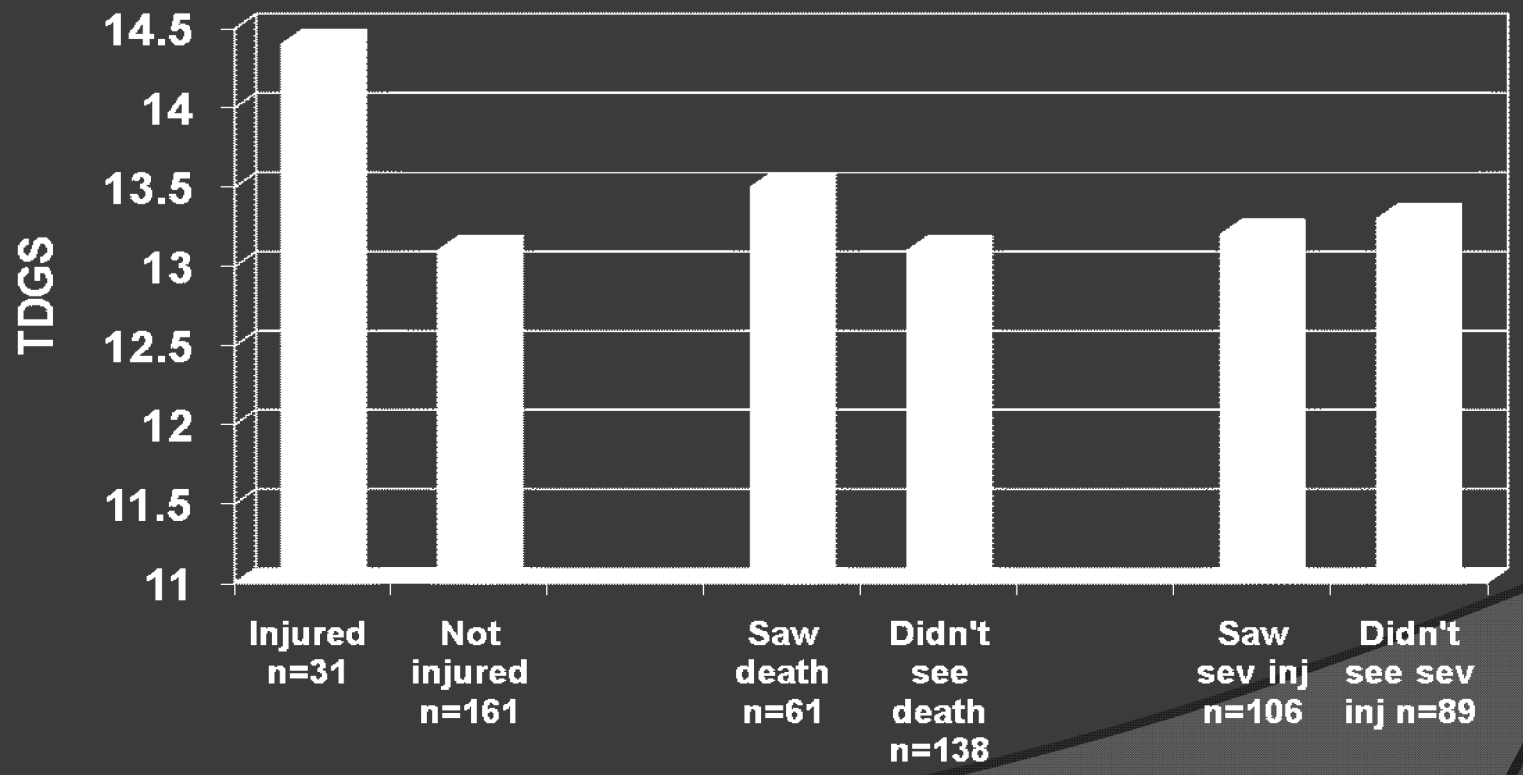
Dissociation and Grief

- Symptoms of dissociation perceptual distortions and body-self distortions and grief, irritability, guilt and anhedonia also reported under trauma, have been found to predict the intensity of chronic posttraumatic stress (Freedman et al., 1999; Ursano et al., 1999).

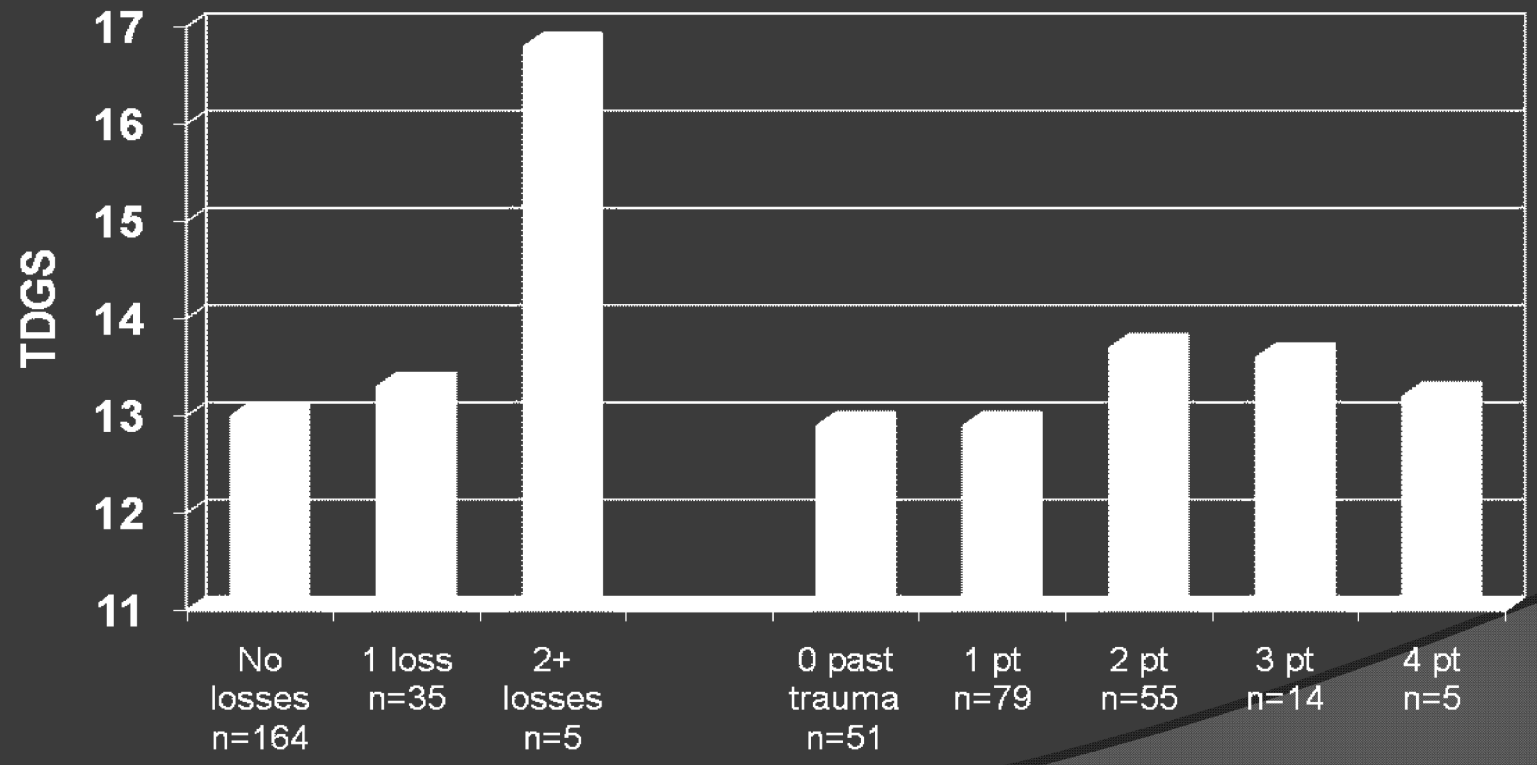
Measuring dissociation and grief

- TDGS, which consists of 23 items that cover dissociation and grief reactions and do not overlap the items of the CPTSD-RI.

Dissociative symptoms by exposure



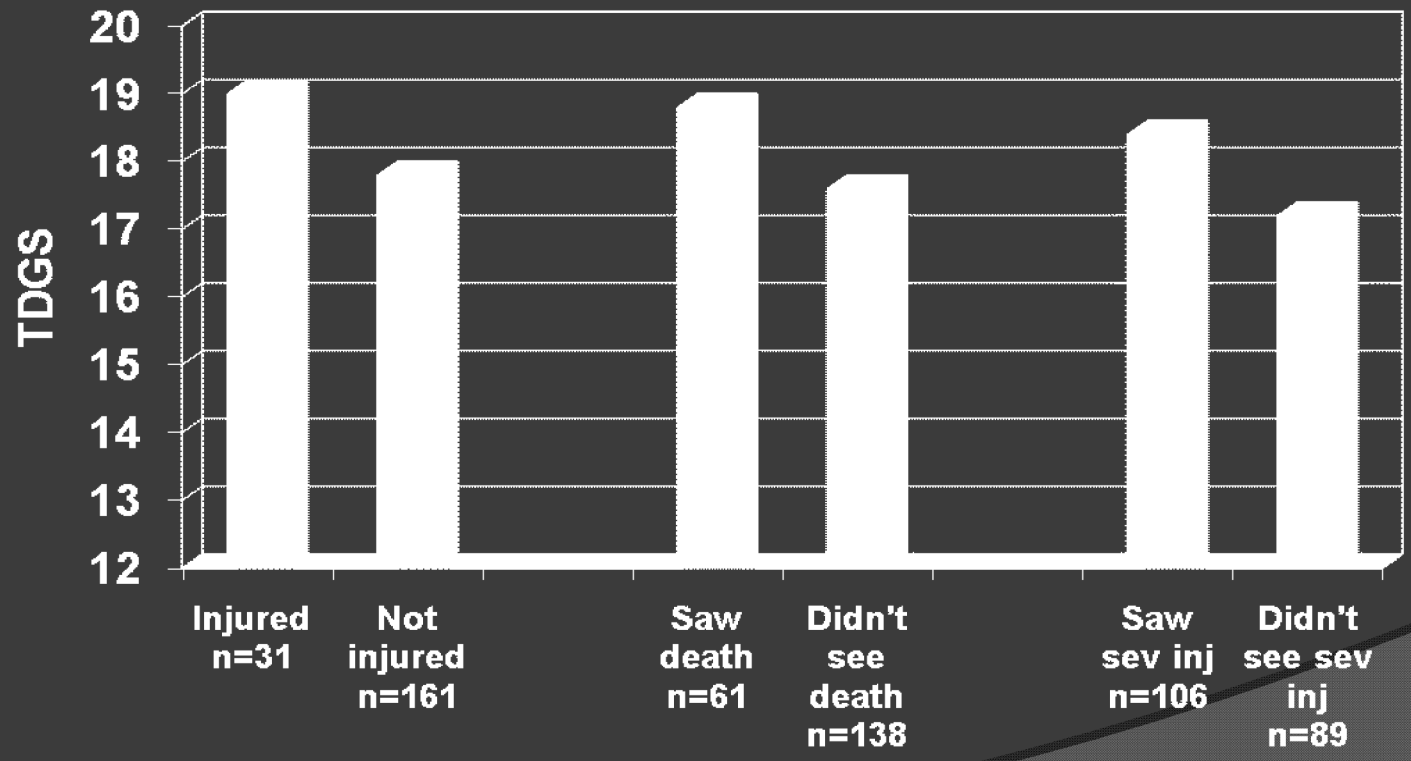
Dissociative symptoms: Loss and past trauma



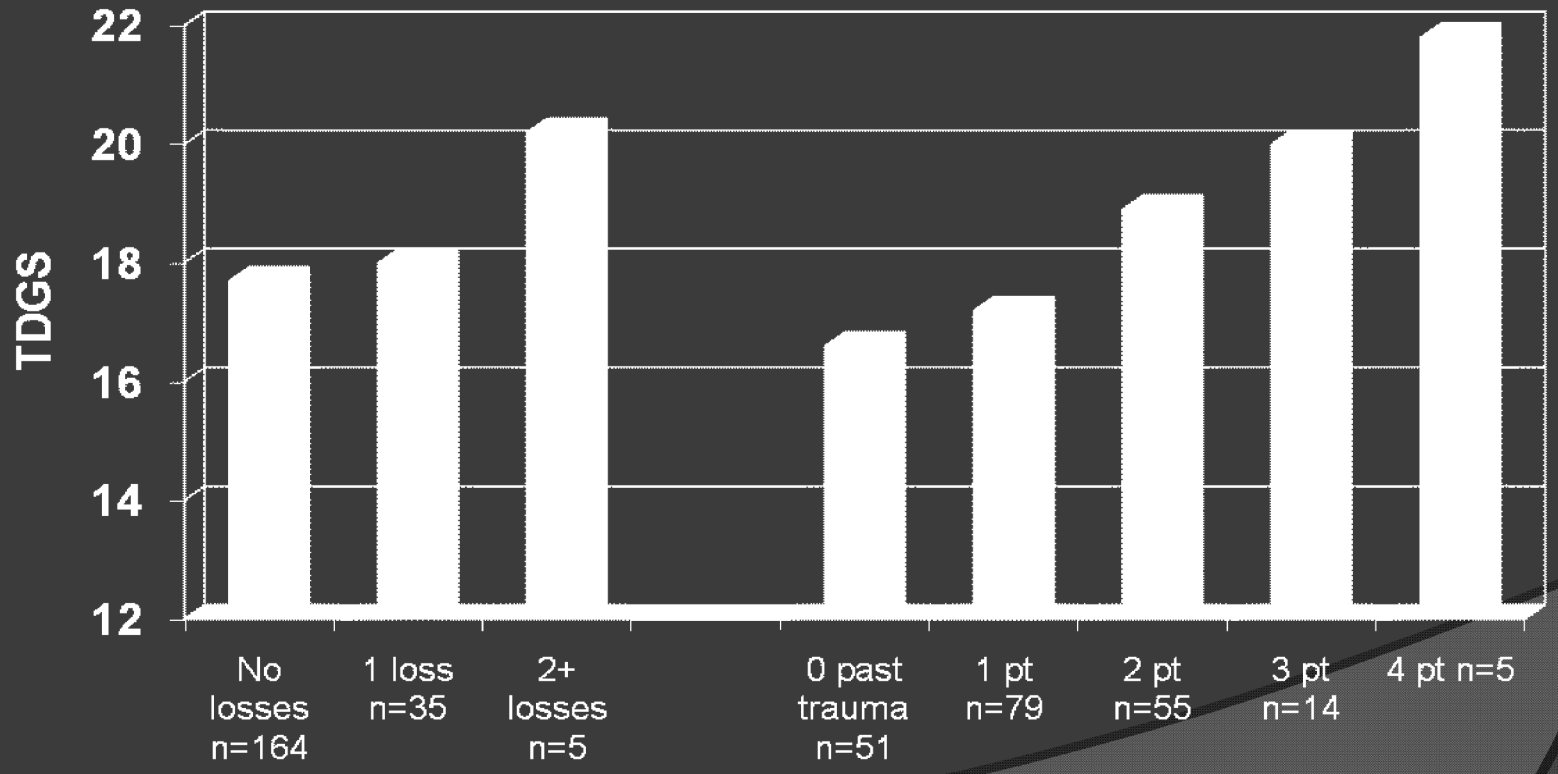
dissociation factors:

- Risk factors that were specifically associated with **the dissociation factors:**
  - young age,
  - two or more personal losses,
  - being caught under the rubble,
  - sustaining personal physical injury, or
  - experiencing hunger in the days after the earthquake

Grief symptoms by exposure



Grief symptoms: Loss and past trauma



Grief factors

- Risk factors that were specifically associated with **the mood component of the scale:**
  - **Having seen** severely injured or dead people,
  - **having** had more traumatic experiences in the past, and
  - **Having** experienced marked lack of sleep or hunger in the days after the earthquake.

Divergence between the D and G subfactors

- The dissociation factors
  - associated with the most severe, self-threatening experiences,
- The mood/**grief** factors
  - associated with more indirect and less immediate threats.

highlights

- Children who display the whole PTSD syndrome more frequently report symptoms of dissociation and grief.
- Children who score low for posttraumatic symptoms may still be suffering from affective or dissociative symptoms.

Increasing sensitivity

- Lack of sleep and hunger after exposure, past trauma, and exposure to the experience of severe injury should sensitize us to the possible presence of pathology greater extent of and beyond PTSD
- Therefore, following a disaster, for better and diiferential treatment planning, intervention teams should assess risk factors along with the symptoms of child survivors.

predisaster functioning

- measured globally,
- rated by parents
- For :
  - social, academic, behavioral domains
- In:
  - school and home environments

Resilience factors

Particular attention to coping and meaning making at the individual level;

* the role of attachment relationships, caregiver health,

* resources and connection in the family, and social support available in peer and extended social networks.

* Cultural and community influences such as

attitudes towards mental health and healing, and

the meaning given to the experience of war/disaster

Months, or years later

- **the children who moved to the severe category from moderate group had greater number of risk factors.**
- the need to follow up children exposed to severe trauma, particularly children with moderate symptoms (mostly considered subclinical PTSD) who are at significant risk in terms of exposure and past traumatic events.

What is essential ?

- Collaboration: partnership, trust
  - May already exist (make friends, help others)
  - May develop in response to the need

Difficulties in collaboration:

Cross cultural differences (in business making styles)

Scientific interests

Does not have to be national differences, may be withinthe country