ISTSS Webinar 29.03.2022

Opportunities and Challenges for the Traumatic Stress Community to Assist Those Affected by the War in Ukraine

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All war stressors have this in common

- Major, unexpected and **inescapable life change**
- **Losses** of many types: loss of lives, safety, belonging, social standing and status, food security.
- **Uncertainty** - about what goes on, where to go for food, what happens to dear ones, how hostilities might end
- **Unpredictability** regarding one’s near and long-term existence, about the next hostile events, about rules, regulations and expected behavior of hostile others
- **Exposure to grotesque scenes of death and destruction** either oneself or through media. Exposure to suffering, hunger, cold,

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24.02. – 29.03

Would you treat PTSD if person is hiding in shelters? Face lack of food, water, isolated?
Psychological aid under war stress ≠

Psychological aid after exposure of stress (in secure environment)
Target population sensitive approach

Those who are unsafe

- Under attacks, unable to leave unsafety
- Without recourses
  - food
  - water
  - electricity and connection
  - Medication

Needs:
- SUPLIES and LOGISTICS
- Optimization of survival
Tasks during the traumatic experience

- Help with adaptation, not symptomatic treatment of the effects of stress
- taking into account the needs of the individual and the capabilities of the environment
- with the support of our clients' strengths and effective strategies
- taking into account the indicators of coping efficiency


Internally displaced people

- Without recourses
  - Place to stay
  - Employment
  - Medication

**Needs:**
- SUPLIES and LOGISTICS
- Optimization of survival
- Active monitoring of those, whose behavior start deviating (digital)
- PFA (hot line, crisis centers at the railway stations, information companies)
Forcibly displaced people

- Without recourses and attachment bonds
  - Place to stay
  - Employment
  - Medication

**Needs:**
- Information and networks *(Attachment bonds)*
- Optimization of survival *(Safety, Routines, Resources, planning and prediction i.e. calibration)*
- Active monitoring of those, whose behavior start deviating (digital)

- To build the delivery of the digital tools to Ukrainian population (PFA).
How can we help?

• Support effectively perform whatever there is to do
• Coach on control over emotions (sadness, grief, panic, fear, nightmares, intrusions, anger).
• Maintain a positive self view and what we stand for
• Maintain the capacity to feel the warmth and the meaningfulness of our contacts with others

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First Aid To Terror

Timeline - 1 to 6h
Population - Adult

Positive RCT/Empirical Evidence
- Locate source of Support (communication with significant others) (Ehlers et al., 2003)

Great Individual Knowledge
- Check in whether safety and basic needs (food, drinks, hygiene) are addressed, provide access to information/contacts, it is recommended to go back to usual routine or continue routine activity (Psychological First Aid, WHO, 2017; WHO, 2019)

Not recommended
- One Session of Psychological Debriefing is not recommended (including: verbal debriefing groups) (Vitalis et al., 1999; Nash et al., 2002; Bosworth, 2002; Hoge, 2005; Sackinger et al., 2005; Fish, 2005)

1stA2T

Firstaidtoterror.com

1stA2T

- is a unique tool, that was developed with Traumatic Stress Network and supported by
- "toP" - A digital textbook easy to use and to apply recommendations for preferable responses following exposure to terror attack in different time points (first 6 hours, 6 to 12 hours, 12 to 24 hours, 24 hours to 1 week, 1 to 4 weeks)
- We would greatly appreciate your feedback about the beta version of the App in Feasibility study
Color code – scientific straight of recommendations

- Positive randomized controlled trial (RCT)/empirical evidence
- Knowledge/clinical knowledge
- Not recommended. Positive randomized controlled trial (RCT)/empirical evidence
- Research (pilot) data


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## Time sensitive interventions

### Timeline

- **0-3 days**
  - First aid: Urgent basic and specific needs, Connection with family, Listen

- **3-30 days**
  - Intermediate help: Stress management, Assessment and monitoring of PTSD symptoms

- **After 1 month**
  - PTSD treatment: Stress management, Exposure therapy, trauma focused PT, EMDR

### NOT recommended during Ongoing traumatic experience

- Alcohol?
- Benzo?
- Debriefing?
- Group support?
Take home message:

• Time, location and population sensitive approach
• Digital delivery of psychological aid
• Blind spots: recommendations during ongoing stress.
Thank You!

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