## Dissemination visit Czech Republic (April 21, 2009) Report made by Dr F. Orengo - García

## Organizations and professionals visited:

Experts (10 people) – (specialists on trauma):

- psychologists: representatives from Ministry of Interior, Fire and Rescue Forces, Hospitals, clinical psychologists, Association of Clinical Psychologists
- soc.worker- Centrum of social prevention Olomouc,
- psychiatrist- Crisis Centre Riaps Praha,
- workers of NGO Charity crisis teams in the field, Czech Association of road accident victims

## Content of the workshop:

The workshop was directed to show the pack of slights with the results of the TENTS project, i.e. the TENTS guidelines and the different recommendations of interventions for victims of disasters. After a general introduction about the TENTS-project, I provided an overview of the achievements of the project thus far. In short, this overview included the overall results of the mapping procedure and mapping questionnaire. Subsequently, the TENTS guidelines were introduced by going into more detail about the most important recommendations per section of the guidelines. After having provided an overview of the results, the workshop continued with providing information and discussing several interventions that can be provided in the aftermath of disasters and to trauma victims with PTSD such as community based interventions, traumafocused psychological interventions (cognitive behavioural therapy, brief eclectic psychotherapy, eye-movement desensitization and reprocessing), pharmacological therapies and interventions for children and adolescents.

## Results of discussions: (written with the help of Stephan Vymetal)

During the workshop at the Ministry of the Interior in Prague (approx 10 professionals present), several comments and questions were posed. Here are the main issues that arose during the discussion:

- 1) Medication: more information is needed about recent scientific evidence in the field of medication ASR/PTSD.
- 2) It would be more useful to focus on different health consequences than is only PTSD in future projects.
- 3) There is inappropriate medication giving by practical doctors to patients with acute stress symptoms (in early interventions and acute phase) in the Czech Republic. Mainly by antidepressant in place of medicine for sleep. For this is probably force from pharmaceutics' companies to doctors or economic interests.
- 4) There is a clear need of education/giving information to GPs about symptoms and possibilities of reducing problems of people, who are experienced by traumatic stress. The most important thing is to inform practical doctors about psychosomatic consequences in people reaction on extreme stress (vide e.g. latter wit/PTSD/somatic reaction/ low hypo-mania which may be recognize as part of resilience in the beginning of treatment...)

- 5) CBT the question of the influence of insurance companies in relation with the preference of these treatment procedures against others treatment methods in the Czech Republic/r tradition.
- 6) We should focus on intercultural aspects in according with posttraumatic stress effects in the Czech Republic.
- 7) There is big interest in the use of appropriate training programs (in consideration of the matter of standards of these programs, who will do the accreditation of trainers etc.)
- 8) There is an interest of new methods besides of "evidence based" and the need of recognizing its efficiency. It touches mainly methods with rapid results time and financial efficiency.
- 9) Translation of material into Czech language for Czech environment is recommended.
- 10) The TENTS results (present and future) are very welcome by Czech expert's public!