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# Winston Churchill Travelling Fellowship to USA to study trauma services for children

*Dora Black*

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I have spent all my professional life as a child psychiatrist working in hospitals and clinics. For many years I have been interested in helping bereaved children and conducted research on how best to help them. As the result of my interest I found myself being asked to see increasing numbers of children who were traumatically bereaved because of one parent killing the other, an event that the children often witnessed. I needed to familiarise myself with the effects of witnessing or being caught up in severe trauma, as well as the effects of bereavement. As I saw more and more of these traumatically bereaved children, I realised that child psychiatric services were not well organised to help these children who often needed emergency help. I decided, with the backing of the Royal Free Hospital, to retire from my post as head of a busy department and set up a clinic for children who had been acutely psychologically traumatised. This work is now supported by a grant through Cruse-Bereavement Care from the Department of Health. I wanted to see how others had organised services for such children so I applied for and was granted a Winston Churchill Travelling Fellowship to study trauma services for children in the USA. I spent a month visiting San Francisco, Los Angeles, Boston, New Haven and New York in September 1993.

When Winston Churchill died, a memorial fund was set up and with the money collected, it was decided every year to send citizens of the UK and Commonwealth abroad to study a subject which would be of use to fellow citizens. About 100 people go abroad every year from this country. In this brief report (a fuller one is available to those interested), I pick out the highlights of a month-long trip which examined a few of the centres of excellence in the USA.

## **San Francisco**

I met Dr Katharine Leavitt, the child psychiatrist who is the medical director and Rebecca

Robbins, clinical psychologist to the comprehensive Child Crisis Service, which is housed in a suite of offices in a part of San Francisco near the California Pacific hospital and medical centre, a large private hospital which is their parent body and runs a number of contract services for the City. The service was set up in 1980, funded by the City and County to act as a gate-keeping agency for the in-patient child psychiatry services and to offer a crisis assessment and intervention mental health service to children. Before their establishment, children needing such a service were seen in adult psychiatric crisis services so this was regarded as a significant advance. They are available at all times and a staff of 15 psychiatrists, psychologists, social workers and others see about 1200 cases a year, and hospitalise about 20 children a month.

I lunched with Dr Leonore Terr whose work with traumatised children I know well and whom I much admire. She is now mainly in private practice but was an academic, researching and teaching, and is a Clinical Professor of Psychiatry at the University of California, San Francisco and teaches child psychiatry and law. Dr Terr found herself too restricted in her former academic job and still takes time off from her clinical practice to go to the scene of a disaster to set up a controlled clinical trial. Her most recent one involved looking at the effect on children of 8 years and 15 years who lived in the town where the woman teacher who died in the Challenger accident had lived, comparing their reactions to what they saw on TV with those of children of similar age in a town less connected with the tragedy. She was particularly interested in what they remembered. Memory is a major interest of hers – how children construe their perceptions, how they remember them and how they defend their psyches against painful percepts. She first became interested in this when she was involved in the Chowchilla kidnap, evaluating the children who had been kidnapped and held hostage for many hours without food, or familiar adults, buried in an underground vault and of



*Professor Leonore Terr and Dr Dora Black, San Francisco*

course uncertain of the outcome, although not physically harmed (Terr, 1979; Terr, 1983).

I also met Professor Chris Hatcher, who is the Professor of Clinical Psychology and teaches at the University of California at San Francisco and in the FBI Academy, and Loren Brooks a research clinical psychologist who also teaches sociology at a university. They are mainly engaged in research projects; for example, a three year prospective study of families of abducted and runaway children. This is of 250 families country-wide from the time of the child's disappearance. Another project is looking at disaster workers' response to the freeway collapse during the 1989 Northern California earthquake. This studied the workers' tasks, their exposure to trauma, and the effectiveness of post-trauma support.

### **Los Angeles**

In Los Angeles I spent nearly two weeks with Professor Robert Pynoos who is internationally renowned for his work with traumatised children. He himself had become involved with trauma when his department was asked to help the children and teachers of a school where a sniper had opened fire on children in the play-



*Eric Lindemann Mental Health Center, Boston, Harvard University*

ground who were just on their way home from school. His careful studies of these children established the fact that children could suffer from post-traumatic stress disorder and that the relationship with the dead pupil, as well as the degree of exposure to the violence, determined the severity of the symptoms (Pynoos *et al.*, 1987; Pynoos, 1992).

Pynoos lays stress on the importance of a detailed history of the events around and at the time of the traumatic incident from as many people as possible and of paying attention to the secondary adversities the child has to face; for example, helping the child to learn new social skills, i.e. how to cope with questions about the event at school, who to give confidences to. He encourages the therapist to visit the school and work with the teachers. Professor Pynoos was preparing for a short visit to Washington where he was to act as trainer and supervisor of a project initiated by the local child psychiatric service for schools where African-American adolescents who had lost a school mate through a violent death (a common occurrence), and who had had previous losses, would be offered the opportunity to have group therapy in their school. A control group would be matched pupils who would be on a waiting list for treatment. Later he was going to Croatia and Serbia for three weeks at the request of UNICEF to train local professionals in working with acutely traumatised children who have been rescued from the war zones.

### **New Haven, Connecticut**

I spent a day at the Yale University Child Study Center. The main interest for me, at one of the oldest child psychiatry departments in the world, was the innovative collaborative project with the New Haven police for the training of police officers in relation to children and families, with a particular focus on childhood trauma, developed by Dr Marans, the Assistant Professor



*Professor Pynoos' office at UCLA*

of Child Psychoanalysis, who trained in London at the Anna Freud Centre (Marans & Cohen, 1993). New Haven is the seventh poorest city in the United States and is the fifth highest rated in violent crime. During 1991 there were 35 deaths from gunshot wounds, 490 aggravated assaults, 100 rapes, 1370 robberies and 1400 police dispatches to the call of 'shots fired'. At least a third of the inner city children receiving care in the out-patient clinic have witnessed or been involved in aggression, yet the number of children receiving psychological care was a small fraction of those exposed to violence. The Program on Child Development and Community Policing is a collaborative effort aimed at facilitating the response of mental health professionals and police to the burdens violence puts on children, families and the broader community. The programme attempts to change the atmosphere of police departments in relation to children and to increase the competence of police officers in their interactions with children and families. All incoming police recruits are trained in principles of child and adolescent development, there are clinical fellowships for veteran officers who are supervisors, and a 24 hour consultation service for officers responding to calls in which children are direct victims or witnesses of violence.

Although the service has not yet been evaluated, it seemed to have the potential for preventing many cases of post-traumatic stress disorder in children, and ensuring that other children with persistent psychological distress, received help.

### **Boston**

I spent a week at the Lindemann Mental Health Center, where Bessel van der Kolk (this year's Eli Lilly lecturer at the College) established a Trauma Clinic 11 years ago.

His Trauma Clinic is part of Massachusetts General Hospital but in a separate 1960 'brutal' building. It is the most hideous unfriendly grey

concrete, with roughened vertical striae which would be dangerous to scrape up against. The building lowers, inside and out.

There are two services within the trauma clinic – one for adults and one for children. Although separately staffed they share a joint training programme and come together for a weekly staff meeting chaired by van der Kolk who is an inspired teacher. The patients referred often suffer from longstanding symptoms related to a personal or mass trauma such as a bereavement by murder and they are funded by medic-aid or private insurance and treated largely by pre- and post-doctoral fellows who come to learn techniques of treating trauma victims (Van der Kolk, 1987, 1988; Van der Kolk & Saporta, 1991).

I also visited the Boston Children's Hospital to see Drs Eli and Carolyn Newberger and learned about their programme, called AWAKE (Advocacy for Women and Kids in Emergencies), a health care service for battered women and their abused children run from Boston Children's Hospital since 1986 and providing advocacy for them by a team of volunteers and professionals under the Newbergers' supervision. Its unique feature is the provision of help for the battered women from trained volunteers and social workers, together with clinical services from health care professionals for the children. It is funded by the hospital and is considered to be an innovative approach towards caring for victims of family violence, reducing the need for foster care or institutional care for children.

I also spent time at the Veterans Hospitals where an immense research programme on trauma funded by the government has been mounted; in LA with Professor David Foy's team who are studying the effects on high school children of exposure to community violence, and in San Francisco with Professor Charles Marmur studying therapy for combat victims and in New York with Rachel Yehuda a neurochemist interested in the physiological effects of trauma.

### **Summary and overall impression**

I guess that I benefited most from being able to stand back from my very busy clinical, teaching, writing and research routine and to spend time taking in, thinking, reflecting and being fired with some new ideas, and many old ones that could be integrated and reworked. It was a revelation to see the way the best of services for traumatised children were organised, to meet some of the best clinicians, teachers and research workers in the field and observe their techniques, to think about collaborative projects with them, and to recognise the good things we

have and the good practices at home too. Pervading all I did and saw was the high level of violence and the consequences of the ubiquity of guns in the US. Much crime is drug-related. Social security and health insurance are not available to all. The illegal immigrant (of whom there are many from Mexico and South America, in particular) has no entitlement to either so the poor are uncushioned and suffer immeasurably more than they do in the UK.

How will my practice change as a result of my trip? I would like to set up training here along the lines I saw in Boston, especially attracting 'Fellows' to our clinic – if we can find large enough premises. I would like to replicate the study of community exposure to violence among secondary school children that Foy has done in LA – I hope I would find very much lower figures. The Winston Churchill Memorial Trust is well-named. It trusts you to spend its money wisely and asks for no accounts. It looks after you, even 'nannys' you a little, advising unaccompanied women to stay in safe parts of town, even if it costs a little more. I received a warm welcome from busy colleagues who went out of their way to inform me, guide and help me and of course show me their practice. I concluded that the Trauma Clinic I have founded is based on sound principles and applying what I have seen on this trip should make it an even better source of help for children and their families who have been

traumatised, as well as colleagues wanting to learn the skills of intervention in the service of these other, hidden victims.

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