Intervention and Resilience after Mass Trauma

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Edited by

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Dedicated to those who have suffered from disasters and terrorism and taught us how better to care for them.

Dedicated also to the late Sidney E. Frank, industrialist, creative entrepreneur, and philanthropist. Mr Frank recognized the importance of supporting the study of the impact of disaster and it was his grant to New York Medical College which sponsored the conference upon which this book is based.

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Foreword

American psychiatry has been a leader in addressing the psychological sequelae of trauma no matter what the etiology may be. Erich Lindemann working at Massachusetts General Hospital in 1943, when confronted with survivors of the Boston Grove Fire, was able to recognize and define the psychological symptoms, which became a model for many years. It was only fitting that more recently when the Committee on Dimensions of Disaster of the American Psychiatric Association (APA) chaired by Dr Ursano, co-editor of this book, recognized the need for financial support for local psychiatrists at the time of disaster, they named a proposed grant that would be given to local District Branches in such circumstances: the Lindemann Grant. The co-editor of this book, Dr Blumenfield, introduced this proposed resolution to the Assembly of the APA which enthusiastically endorsed it, making funds available whenever needed.

Unfortunately, there have been numerous tragic events, such as Katrina and September 11, 2001, which have required psychiatrists to mobilize and to offer assistance together with other emergency workers. Disasters and mass trauma have certainly not been limited to the United States. Earthquakes, tsunamis, terrorist bombings and war itself can occur anywhere on our globe.

The resultant trauma impinges on the human psyche and presents a challenge for all the healing professions. The tradition of modern psychiatry in these circumstances brings compassion, empathy and what we know about how to help in these circumstances.

There is a need to continue to learn more about better therapeutic techniques, meaning that clinical services must always be linked with research and evaluation of past experience drawn from our work.

It was for this reason that we held the first Sidney E. Frank Conference at New York Medical College in June of 2006, co-chaired by Drs Ursano and Blumenfield, which brought together some of the world's leading experts in dealing with psychological intervention following mass trauma. This book is a product of the thinking of the outstanding people who made presentations at that meeting and the subsequent day-long discussion. It is very gratifying to appreciate the continued evolution of their thinking.

It is also worth noting that they all agreed that, despite the horrific experiences that victims of disaster often undergo, a remarkable human resilience becomes our ally as we administer our therapeutic interventions.

Joseph T. English, M.D.

Preface

Meeting the challenge of providing intervention following mass trauma

Traumatic events and disasters are an unexpected but not uncommon aspect of our lives. Disasters of the scale of the Southeast Asian tsunami in 2004 are thankfully rare. But consider that, worldwide, there are over 20 000 earthquakes a year and over 1300 per year are magnitude 5 or greater. The earthquake in Iran in 1990 killed 50 000 people. In the Armenian earthquake of 1988 over 25 000 died and the earthquake in Tangshan China in 1976 resulted in at least 255 000 deaths and perhaps as many as 655 000 (National Earthquake Information Center).

Earthquakes are only one of many natural disasters yet they highlight the difficulty of planning and understanding the mental health effects of traumatic events, disasters, and terrorism. Earthquake disasters remind us that the distinction between natural and human-made disasters is only relative. In an earthquake, those buildings built with poor materials or built near the water in the case of a tsunami are at much increased risk. Worldwide, those of lower socioeconomic means have a high likelihood of becoming disaster victims, because their homes are often built in high risk areas (Brewin *et al.*, 2000).

The public health perspective on early intervention requires considering the needs of large populations as well as individuals. Disaster mental and behavioral health is directed to fostering resilience and recovery while recognizing that trauma, disaster, and terrorism lead to mental illness, distress, and health-risk behaviors all of which must be planned for and considered in early intervention (Benedek and Ursano, 2005; Fullerton *et al.*, 2003; Ursano *et al.*, 2007).

It was in this context that the idea for the first Sidney E. Frank Conference at New York Medical College was conceived. This book is a result of the presentations and interactions that occurred at this meeting.

Sidney E. Frank was a marketing genius who was able to understand the needs of the public at large and appreciate the value of utilizing the very best experts to help him read the changing times and apply their knowledge to make his products successful. He gave a generous gift to New York Medical College to support the concept of delivering mental health services in the most creative and effective manner possible. He personally approved the concept that

one of the components of the grant that he gave to the Department of Psychiatry would be to have a conference that would examine psychological intervention following mass trauma.

The editors of this book co-chaired the first Sidney E. Frank conference, which is on this topic. We followed the approach of Mr Frank by choosing eight of the most outstanding experts in the field. Each person was invited to make a presentation in his or her special area of expertise related to the subject of the meeting. The presentation was held on the campus of the New York Medical College in Valhalla, New York on June 13, 2006. It was also carried live on web cast. In addition to the filled auditorium there were more than 400 people from 20 different countries on line viewing the presentation either live or in archived form, which included questions and answers. A DVD is included with this book so that the readers can also hear the presentation made on that day. On the second day of the conference all the presenters met privately for a full-day meeting co-chaired by the editors of this book. They discussed the subject in a free-flowing manner without restrictions. The role of resiliency became the centerpiece of discussion and finally a strategic plan for action was developed by all the participants. The latter will be presented at the conclusion of this book.

At the end of the conference, the eight participants all agreed to re-write their presentation utilizing any colleagues that they wished to join them in writing their chapter. The goal was to make a state-of-the-art book on the subject as it had evolved from this conference. The word resilience was added to the title because it was clear that the vanguard is now to understand the vulnerability of individuals to mass trauma and to attempt to dissect out the complex factors that lead to resiliency. All the authors in their own way moved in this direction during the preparation of their chapter.

It was quite notable that despite the original invitation to the experts to speak at the June 13 conference on the subject of early psychological intervention following mass trauma, all the presenters independently stressed the issue of resiliency in response to trauma. They all appear to be saying that if we understand resilience, we understand the psychological response to disaster.

Dr Beverley Raphael in her analysis of the systems involved following a mass trauma concludes that some individuals are more vulnerable because of their nature, genes, and history as well as their experience during and after the incident. She also appreciates that people are more resilient in spite of the fact that the various systems are impacted by catastrophes. Dr Raphael looks at the existing research that might explain resiliency in various individuals whether they be related to genetics or other factors related to stress and exposure.

Drs Pfefferbaum, Reissman and colleagues look at factors in the development of communities with resiliency to disaster. They state that resiliency is a life-sustaining process that must be continued over time and examine the intersection between personal resiliency and community resiliency.

Dr Patricia J. Watson puts into perspective the concept of resiliency by noting that the management of acute stress reaction following disaster and mass violence has the aim of fostering resilience and preventing chronic emotional problems, as well as minimizing long-term problems and affecting the quality of life following traumatic exposure. She emphasized that there is no evidence that Critical Incidence Stress Debriefing (CISD) prevents long-term negative outcome (after an incident), a point that was thoroughly examined and agreed upon in the post-conference discussion. In the aftermath of a disaster, Dr Watson calls for a more flexible and multi-model approach due to the chaotic post-incidence environment. A psychological first aid model is advocated and explained in which its various components will ultimately improve the capacity of the individual and the community to be resilient (Center for the Study of Traumatic Stress, 2005).

Dr Bryant zeroes in on acute Stress and the importance of understanding prior dissociation including childhood trauma. The role of cognitive-behavioral therapy (CBT) is discussed by him, including the work of Dr Edna Foa, which is brought up by multiple authors in this book.

In his chapter on the role of psychopharmacology, Dr Friedman concludes that even if there were a reliable method by which to differentiate resilient survivors who recover on their own from vulnerable survivors who are at great risk to develop post-traumatic stress disorder (PTSD), there are few data to guide us regarding the choice of medication for early intervention following mass traumatic events.

Dr Bell, after a comprehensive review of culture and race, goes on to show how these factors will clearly influence early intervention and perceived resiliency.

In the final chapter Dr Shalev concludes that the occurrence of resiliency and the development of mental disorders are independent dimensions of the response to traumatic events. He believes that good adaptation is the most frequent outcome of adversity and is mediated by the normal mental processes. In other words, as is the title of his chapter, ''resiliency is the default.''

Michael Blumenfield
Robert J. Ursano

REFERENCES

Benedek, D. M., Ursano, R. J. (2005) Beyond post-traumatic stress disorder [Commentary]. *Biosecurity and Bioterrorism*, **3**(2), 164–165.

Brewin, C. R., Andrews, B., Valentine, J. D. (2000) Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, **68**, 746–766.

Center for the Study of Traumatic Stress (2005) Psychological first aid: helping victims in the immediate aftermath of disaster. *Courage to Care*. Retrieved 4 January 2008, from http://www.centerforthestudyoftraumaticstress.org/downloads/CTCPsychologicalFirstAid.pdf.

Fullerton, C. S., Ursano, R. J., Norwood, A. E., Holloway, H. H. (2003) Trauma, terrorism and disaster (pp. 1–22). In: Ursano, R. J., Fullerton, C. S., Norwood, A. E. (eds.) *Terrorism and Disaster: Individual and Community Mental Health Intervention*. Cambridge: Cambridge University Press.

National Earthquake Information Center, US Geological Survey, http://neic.usgs.gov/neis/eqlists/eqstats.html (accessed 30 December 2007).

Ursano, R. J., Fullerton, C. S., Weisaeth, L., Raphael, B. (2007) Individual and community responses to disasters (pp. 3–29). In: Ursano, R. J., Fullerton, C. S., Weisaeth, L., Raphael, B. (eds.) *Textbook of Disaster Psychiatry*. Cambridge: Cambridge University.

BIBLIOGRAPHY

Butler, A. S., , Panzer, A. M. and , Goldfrank, L. R. (eds.) (2003) *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy, Committee on Responding to the Psychological Consequences of Terrorism, Institute of Medicine of the National Academies*. Washington, DC: The National Academies Press.

Watson, P. J. and , Shalev, A. Y. (2005) Assessment and treatment of adult acute responses to traumatic stress following mass traumatic events. *CNS Spectrums*, **10** (2), 123–131.

World Health Organization (2001) Fact Sheet No. 218. *Mental Health Problems: the Undefined and Hidden Burden*. Revised November 2001. http://www.who.int/mediacentre/factsheets/fs218/en/print.html.

World Health Organization (2003) *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors*. Geneva: Department of Mental Health and Substance Dependence, WHO (http://www.who.int/mental_health/media/en/640.pdf).

World Health Organization (2005) *Mental Health Atlas 2005*. Geneva: WHO.