INTRODUCTION

Introduction to the Special Theme Issue on Psychosocial Issues in Disasters and Terrorism

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In the immediate aftermath of disasters and terrorism, it is critical to rapidly respond to the physical/medical needs of survivors to reduce injuries and the loss of life. Consistent with these situational demands, the description of such events is usually in terms of the resulting number of casualties and physical injuries sustained, with little recognition of or attention to the potential psychosocial consequences that may be experienced by survivors. However, individuals exposed to natural and human-made disasters, including acts of terrorism and large-scale violence, may experience serious immediate and long-term psychological difficulties.

Mental health disaster specialists have recognized these psychological consequences and developed different types of brief interventions; however, many of these procedures have not been grounded in empirical research. Recent large-scale traumatic events, including the terrorist attacks of 11 September 2001 in the United States, have led to increased interest in empirically supported psychological interventions for disaster survivors requiring such treatment. The articles in this issue cover a wide range of topics by trauma researchers as well as clinicians experienced in the area of psychological response to disasters. A theme running through many of the papers is how best to respond to the psychological needs of particular groups of survivors.

Because large-scale traumatic events can be personally distressing to interveners, the initial response for many may be to act in some way that intuitively seems to help alleviate the suffering of others. However, in order to advance the disaster mental health field as a science, interventions must be grounded in sound theory and empirical evaluation. There has been considerable discussion in the psychological literature about the efficacy of critical incident stress debriefing (CISD) and critical incident stress management (CISM), and possible iatrogenic effects of these procedures. The obligation of health professionals is to "do no harm," and in our view, this goal can be best achieved by carefully evaluating the efficacy of different types of treatment interventions, within the constraints of the disaster situation itself.

Empirical investigations as well as clinical descriptions have documented a number of immediate and long-term psychosocial consequences associated with exposure to different types of disasters. Over the acute phase, adults may experience similar psychological consequences including: shock and disbelief, feelings of emotional numbness and unreality, manifestations of acute stress including physical symptoms, fear and safety concerns for oneself and others, depression, and sleep disturbance. These responses are normal reactions to abnormal events, and for most individuals, the sequelae will diminish with time. Therefore, reassurance and mobilization of natural adaptive coping mechanisms and support networks may be sufficient to resolve these difficulties and return people to normal daily living.

The existing research indicates that over time, most of those exposed to trauma recover without formal psychological interventions.

While there is a growing body of disaster research focused on adults, there is much less information about the impact of disasters on children and adolescents, as well as treatment approaches specifically oriented to young people. The existing literature indicates that the reactions of children and adolescents may differ from adults, based on the developmental level of cognitive and emotional functioning, and that the response to trauma is sometimes manifested in terms of school and general behavioral problems.

In Part I of this psychosocial theme edition, a primary aim is to provide the Prehospital and Disaster Medicine readership with an overview of the literature on the psychosocial impact of disasters on both adults and young people. The different ways in which children respond to disasters, their mental health needs, and treatment approaches are examined.

Specific recommendations and program examples for prevention, response, and treatment appropriate to different disaster stages are presented in Part II. Disaster researchers have identified several fairly distinct stages of a disaster, with each stage associated with particular psychological needs that are most optimally addressed by different types of response and interventions. For example, at the stage of alert or preparedness, contributors in this series have emphasized the importance of disseminating information to the public, and the importance of including disaster mental health specialists in developing response plans. At the stage of disaster impact, there is consensus that formal treatment may not be advisable or a good use of resources for most survivors, and in fact, may interfere with survivors' natural, adaptive coping processes, and...
recovery. The importance of communicating accurate information to the families of disaster victims is also addressed.

It is therefore important to develop improved technologies for screening and identifying those survivors who are at greatest risk for developing psychological difficulties, and focusing psychological resources on them. In addition, there is a substantial foundation of treatment research assessing outcome of behavior therapy, cognitive behavior therapy, and other psychological interventions for treating traumatic stress that can be applied for survivors in need of these services at different stages after a disaster.

In Part III, the special needs of refugee populations are addressed. Although the global prevalence of refugees is substantial, most Western-oriented mental health professionals have not had to confront the pressing problems of large-scale traumatized, starving, and brutalized populations. The tremendous challenges facing these disaster-torn communities, and the complex societal and cultural factors that mental health workers need to be sensitive to in understanding psychological responses and designing appropriate and effective psychological interventions are examined. The articles in this section also emphasize the need to support the re-establishment of societal institutions, and the critical mission of building a mental health-care system that can appropriately meet the needs of a traumatized population through the general process of disaster recovery.

Part IV consists of empirical studies on the psychosocial effects of different types of disasters. Across these investigations, the impact of natural, technological, and community traumatic events are examined using different types of assessment instruments and methodologies. These articles highlight special populations of ethnic minorities and youth that have been generally underrepresented in the existing body of empirical trauma research.

We believe that this special edition is a significant step in disseminating knowledge about mental health issues and the diverse needs of various traumatized populations at different stages of a disaster. The papers address a wide range of issues related to disaster mental health, and the call for additional empirical research is clear. While these articles demonstrate the resiliency of many survivors in the face of different types of traumatic events, it is imperative to advance the development of more effective prevention, assessment, and treatment programs to reduce the negative impact of disasters on individuals and communities.

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