Recovering from the trauma of disaster

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Loss of life, injury, disease, destruction of assets, damage to property, social & economic disruption, loss of service, environmental degradation, and many negative effects on human physical, mental & social well-being
Possible effects

- shock
- loss
- grief
- pain
- acute stress disorder; PTSD
- depression, anxiety
- incident-specific fears; phobias; panic
- somatization; sleep disturbance
- sense of meaning, justice
- and other sufferings
Coping : people, organizations, systems

- Exposure
- Awareness
- Ability in using available skills & resources
- Management of problems in normal times as well as during crises & adverse conditions
Psychosocial needs & services

Therapeutic intervention
(psychological and psychiatric service for the severely affected)

Support
(counseling for the at risk group)

Prevention
(psychosocial support for most of the affected population)

Emergency phase – Mid-term period – Years after Referral to be made as necessary and appropriate
Training in disaster preparedness & recovery

- Preparedness & planning to deal with disasters: “wise before the event” (Yule & Gold, 1993)
- Equipping with adequate response to disasters & readiness for rendering intervention
Training for the helping professionals

Directions: flexibility of intervention; adaptation to specific circumstances (culture, context, targets etc); evidence-based

Objectives: effective, efficient and sustainable intervention

Content: response, assessment, intervention, risk reduction measures at individual, group, organization & community levels; multi-layered intervention
Response

- Self awareness
- Preparedness
- Competence

Abilities to: work under pressure, in crisis response & in adverse conditions, use sound clinical skills with minimal supervision, work in team

Flexibility
Assessment

- Causal characteristics
  - Disaster classification: natural, technological etc.
  - Onset: advanced warning vs unexpected
  - Duration: quick duration vs prolonged
  - Scope: geographical area affected
  - Impact: degree individuals & community infrastructure is affected; death, injury, damage, loss of property; community cohesion vs isolation
Individual characteristics
- Degree of exposure: direct/indirect
- Role in the disaster
- Cognitions & perceptions: thoughts & beliefs, fears
- Demographics: sex, age, education, culture/ethnicity, socio-economic status
- Personal factors: level of preparedness, support systems, social networks, resources, ego strengths, coping skills, pre-existing functioning, prior traumas

(Disaster Mental Health Assessment)
Intervention

- 5 principles
  - promotion of sense of safety
  - promotion of calming
  - promotion of sense of self-efficacy and collective efficacy
  - promotion of connectedness
  - instilling hope

(Hobfoll, et. al., 2007)
Promotion of sense of safety

- Safety from bad news, rumors, other interpersonal factors that may increase threat perception
- Psychophysiological & neurological
- Reduce biological responses that accompany ongoing fear & anxiety, posttraumatic reactions
- Individual, group, organization & community levels – restoration & reestablishing of confidence in a protective shield
Promotion of calming

- Emotional arousal or numbing
- To help achieve a relaxed state as a critical treatment goal
- Direct, targeted treatments to more indirect approaches
- “normalization” of stress reactions
- Foster positive emotions
- Increase sense of control & predictability
Promotion of sense of self-efficacy & collective efficacy

- Efficacy: the sense of belief that his/their actions are likely to lead to generally positive outcomes (Bandura, 1997) through self-regulation of thought, emotions, and behavior (Carver & Scheier, 1998, Benight, 2004)
- Relationships, restoration of property, relocating, job retraining, and other tasks
- Prevention of burnout, help to overcome threat and solve problems; emotional regulation
- Family is main provider of care; linkage to resources
Promotion of connectedness

- Importance of social support, sustained attachments to loved ones, social groups
- Increase knowledge, problem solving, emotional well-being etc essential to disaster response
- Keep connected, help access to support & provide formalized support where informal social support fails
- Negative social support (minimizing problems, unrealistic expectation on recovery etc) is destructive
Instilling hope

- Hope: positive, action-oriented expectation that a positive future goal or outcome is possible (Haase, et. al., 1992)
- Strength building and prevention, motivation for learning & future planning
- To restructure irrational fears, have accurate risk assessment, manage extreme avoidance behavior, control self-defeating self-statements, encourage positive coping behaviors
- Decatastrophizing to preserve and restore hope
A bio-psycho-social-spiritual model

- Spiritual (Hope)
- Efficacy
- Biological (safety)
- Social (connectedness)
- Psychological (calming)
Other factors & supports

- Ethical issues
- Supervision
- Trouble shooting
- Follow-up
- Self-care of the helping professionals
Restoration, rehabilitation, reconstruction of facilities, livelihoods & living condition
Reduction of risk factors
Pre–existing strategies & policies for institutional responsibilities, public participation, awareness & engagement
“build back better” principle
(UNISDR Terminology for disaster risk reduction, 2009)
Thank you