

Dedicated to the Survivors of Tsunami: A Psycho-therapy Manual for Mental Health Advocates and Providers

Compiled by: Lakshmy Parameswaran, MA LPC
Counselor & Training Specialist on Family & Women's Issues & Domestic Violence, Houston, TX, USA
Phone: 001-281-438-2805 (USA); 91-44-2817-0409 (India); Email: lakshmy12@yahoo.com

Section I – UNDERSTANDING THE DISASTER

What is Tsunami?

Tsunami is a Japanese term referring to the long high sea waves caused by underwater earthquakes. Though a huge disaster, Tsunami is a rare occurrence.

What is Trauma?

Physical and or emotional damage usually caused by an outside source. Trauma can cause unusually strong emotional reactions and has the potential to interfere with functioning either at the scene or later.

Why does a Tsunami cause trauma?

Tsunami has nearly all of the characteristics of extremely traumatizing disasters, as follows:

- ❖ Life threatening and physically harmful (especially to children)
- ❖ Exposure to gruesome death, bodily injury, or dead or maimed bodies
- ❖ Extreme environmental or human violence or destruction
- ❖ Loss of home, valued possessions, neighborhood, or community
- ❖ Loss of communication with or support from close relations
- ❖ Intense emotional demands (For example, rescue personnel and caregivers searching for missing people, and/or interacting with bereaved family members)
- ❖ Extreme fatigue, weather exposure, hunger, sleep deprivation
- ❖ Extended exposure to danger, loss, emotional/physical strain

Three Phases of a Disaster

1. Impact phase
2. Rescue and Recoil phase
3. Recovery phase

1. Impact phase: Overview

- Primary concern is for safety and survival
- Brings out appropriate natural reaction to protect self and others
- Some may become stunned and disorganized. This may be temporary or continue into post-disaster period

For example, Wandering helplessly after the disaster may indicate a level of cognitive distortion and dissociation

Possible Stressors of Impact Phase (Tsunami meets almost all of them):

- Threat to life and encounter with death
- Feelings of helplessness and powerlessness
- Loss (For example, of loved ones, home, possessions)
- Dislocation (that is, separation from loved ones, home, familiar settings, neighborhood, community)
- Feeling responsible (For example, feeling as though you could have done more)
- Inescapable horror (For example, being trapped or tortured)

2. Rescue and Recoil Phase:

This phase is immediate post-disaster phase

People in this phase withdraw from the impact

Initial rescue efforts begin

Initial psychological symptoms begin to appear

Note: People may be confused, stunned or anxious in this phase. Reactions will vary based on the person's view and experience of the tragedy as well as the length of the rescue phase.

Symptoms seen in rescue and recoil phase:

- Numbness
- Denial or shock
- Flashbacks and nightmares
- Grief reactions to loss
- Psychosis (losing touch with reality)
- Anger
- Despair
- Sadness
- Hopelessness
- Relief and Elation regarding one's good luck

3. Recovery Phase

- ❑ Begins when rescue phase ends
- ❑ Prolonged period of adjustment and/or return to normalcy
- ❑ Progress will depend on the extent of the devastation
- ❑ A time of feeling loved by the community (due to kind and generous community response)
- ❑ Also a time of let-down (when the disaster no longer makes head-line news; help and attention lessens; and reality of life sets in).

- ❑ Existential and psychological needs emerge
- ❑ Emotional needs become significant

Note: Some people may minimize expressing their emotional neediness because they have received help or feeling their loss is not as severe as that of others. However, suppressed emotional needs can manifest in physical symptoms such as fatigue, sleeplessness and relational difficulties.

Section II – DISASTER-INDUCED TRAUMA

The observed result of any disaster is that people are resilient. A traumatic event brings communities closer; moves people to new heights by re-orienting them to find new priorities, goals and direction. This has been referred to by some authors as 'post-traumatic growth.' Still, disaster-induced trauma also results in enormous suffering.

In a disaster, there are two common traumatic states that require therapeutic intervention:

- A. Stress and anxiety
- B. Grief and bereavement

A. Stress and Anxiety

Stress responses in the face of a disaster are normal and prevalent. Most disaster survivors experience only mild to moderate stress reactions lasting from a few days to a few weeks. Survivors should know that these reactions are not always negative; they can be positive and adaptive.

Mild to moderate stress reactions indicate recognition of danger by victims, their families and the community; it moves people towards action

Most people recover from even elevated stress reactions

Even extreme stress reactions do not generally become chronic

Overcoming stress can result in higher self-esteem, promoting personal growth and strengthening relationships

Most common traumatic stress reactions:

Emotional: shock, fear, anger, grief, denial, resentment, guilt, shame, grief, numbness, helplessness and hopelessness, and lack of joy

Cognitive: disorientation, confusion, worry, indecisiveness, inability to focus, shortened attention span, memory loss, flood of memories, self-blame, disbelief, dissociation, decreased self-efficacy and self-esteem

Physical: fatigue, muscle tension, exhaustion, agitation, aches and pain, insomnia, racing heartbeat, nausea, change in appetite, change in sex drive, startle response, gastrointestinal upset, and reduced immune response

Interpersonal: irritability, distrust, conflict, withdrawal, isolation, clinginess, feeling rejected or abandoned, feeling judgmental, externalization of blame, becoming overly controlling or protective, impairment at work or school

Serious stress symptoms that can lead to post-traumatic stress disorders (PTSD), anxiety disorders and depression:

About one in three disaster survivors experience one or more of the following serious stress symptoms. Surviving a disaster like Tsunami is in itself a risk factor.

Dissociation (feeling completely unreal or outside yourself, like in a dream; having "blank" periods of time you cannot remember)

Intrusive re-experiencing (terrifying memories, nightmares, or flashbacks)

Extreme attempts to avoid disturbing memories (such as substance abuse)

Extreme emotional numbing (completely unable to feel emotion, as if utterly empty)

Hyper-arousal (panic attacks; rage; extreme irritability; intense agitation)

Severe anxiety (paralyzing worry, extreme helplessness, compulsions or obsessions)

Severe depression (complete loss of hope, self-worth, motivation, or purpose in life)

Symptoms of Post Traumatic Stress Disorders (PTSD):

Posttraumatic Stress Disorder (PTSD) is a mental disorder resulting from exposure to an extreme, traumatic stressor. Only 4-5% of survivors are likely to be diagnosed with PTSD following a natural disaster like Tsunami. PTSD has a number of unique defining features and diagnostic criteria, (American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, 1994) including:

- ❑ Exposure to a traumatic stressor
- ❑ Re-experiencing symptoms
- ❑ Avoidance and numbing symptoms
- ❑ Symptoms of increased arousal
- ❑ Duration of at least one month
- ❑ Significant distress or impairment of functioning

Note: The re-adjustment process following a disaster can be long and hard even if a survivor does not develop PTSD or any other anxiety disorder. The re-adjustment process becomes further complicated if the survivors, as a community, are already poor, secluded or socially marginalized.

Stress responses requiring psychiatric intervention and or hospitalization:

The following responses are less common and indicate need to seek assistance from a medical or mental-health professional:

- Severe dissociation (spacing out, staring into emptiness, feeling as if the world is unreal, not feeling connected to one's own body, losing one's sense of identity or taking on a new identity, amnesia)
- Severe intrusive re-experiencing (flashbacks, terrifying memories or nightmares, repetitive automatic reenactment)
- Extreme avoidance (agoraphobic-like social or vocational withdrawal, compulsive avoidance)
- Severe hyper-arousal (panic episodes, terrifying nightmares, difficulty controlling violent impulses, inability to concentrate)
- Debilitating anxiety (ruminative worry, severe phobias, unshakeable obsessions, paralyzing nervousness, fear of losing control/going crazy)
- Severe depression (lack of pleasure in life, feelings of worthlessness, self-blame, dependency, early awakenings)
- Problematic substance use (abuse or dependency, over-medication with prescription drugs)
- Psychotic symptoms (delusions, hallucinations, bizarre thoughts or images)

This concludes our discussion of Stress and Anxiety, the first of the two common disaster-related traumatic states requiring therapy. The second common traumatic state requiring therapy is Grief and Bereavement.

B. Grief and Bereavement

There are almost always unjustified deaths in the aftermath of any disaster, which can unleash the stress of grief among survivors. Survivors may also bereave the loss of their homes, land, possessions, health and body parts.

Grief is result of love and attachment

Experience of grief is personal, but it may be public and private

Even after sudden violent death, most people grieve successfully, although the emotions can be intense

Role of a counselor:

- To engage in skilled, supportive intervention
- Provide information about symptoms of grief, course, and complications
- Evaluate the nature of the individual's distress
- Help identify and solve practical problems
- Provide strategies for management of intense feelings
- Help the person think about the death in a way that leads to emotional resolution

Goals for the Bereaved:

- Bereaved should find the energy to get through the day
- Some psychological comfort; release from pain and distress
- Find reasons to carry-on other social roles
- Feel a sense of hope for the future
- Gain strength to slowly achieve gratification from life

Effective Grief Counseling:

- Express sympathy directly
- Acknowledge your inability to 'know' what the person is going through
- Talk about the deceased, including saying his or her name
- Elicit questions about the circumstances of death
- Ask about the relationship, feelings and the changes death has caused

Unhelpful strategies:

- A casual or passive attitude (For example, "Talk to me if you want to talk," or asking "How are you?")
- Statements that the death is in any way for the best or acceptable (For example, "She is in a better place," or "It's God's will.")
- An assumption that the bereaved is strong and will/should get through this
- Avoiding the subject of death or the person who died

Section III: HELPING AND HEALING

Helping disaster survivors, family members, and disaster relief personnel (referred to as 'clients' from now on) requires preparation, sensitivity, assertiveness, flexibility, and common sense.

Who is an effective helper?

General Characteristics:

- Good team player who works with the chain of command
- Good listener
- Makes personal contact with clients in a genuine way
- Always asks clients about their welfare and that of their families
- Ready to provide practical help (For example, find basic necessities, help obtain government assistance, etc.)
- Encourages clients to talk about themselves
- Knows when silence and privacy is appropriate

Qualities required to provide therapy:

Must be tolerant of symptomatic behavior including strong emotional responses such as crying, wailing or silence

Must respect the client's ability to self-regulate and monitor her own environment

Must be able to bring the client out of mental isolation that follows any trauma

Maintains reliable contact with the client so he or she does not feel betrayed and return to the state of mental isolation

Must be able to tailor mental health care to the needs, capacities and desires of each client

Must be able to make assessment and identify potentially severe cases of trauma

Must be equipped with a list of professionals for the client to be referred to, and a follow-up plan

Allows the client to utilize and benefit from the therapeutic relationship

Responds to any normal complications (slow progress, resistance, etc.) with minimal stress

Approach to psychological healing:

Psychological healing is a gradual process

Do not force the issue, especially if the client is hesitant at first

Always a good idea to begin a session by focusing on physical symptoms: sleep quality and duration; acute body sensations etc.

Help the client feel and enjoy a sense of control while in session

Keep checking with the client about the direction of therapy

Be aware of your own feelings about the disaster and the suffering

Ask yourself if these feelings may be influencing your interaction with your client

Be alert and attentive to what the client is trying to say, verbally as well as through body language

Never assume you know what your client needs from you; try hard to find out what it is that the client may want to hear or receive from you

Possible obstacles to seeking help:

- Some people may feel that they are better off than those more affected and that they, therefore, should not be so upset.
- Some may not seek help because of pride or because they think seeking help is a sign of weakness.
- Mental health interventions may not be recognized as different from other disaster efforts and, therefore, may not be requested.
- Some are more comfortable seeking informal support from family and friends, although this may not be sufficient.

Recognizing Caregiver burnout:

Compassion fatigue is common among those who are in the forefront of helping such as the police, firemen and disaster relief workers. Working in an emotionally and physically challenging atmosphere can lead to burnout. You are experiencing burnout if you recognize the following signals over a period of time:

- ❑ You find yourself unable to listen or focus as you did before
- ❑ You do not look forward to meeting the day's challenge
- ❑ You are pre-occupied with your own discomfort or pain
- ❑ You make mistakes, forget appointments and are tardy
- ❑ You neglect yourself which shows in your self-care
- ❑ People notice your lack of commitment or energy

Strategies to avoid burnout:

- ❖ Try to stick to a routine
- ❖ Take time to drink and eat proper nutritional foods
- ❖ Avoid repeated use of alcohol, caffeine and chocolates
- ❖ Find time to exercise by taking a walk, stretching or yoga
- ❖ Take two to three relaxation breaks during the day
- ❖ Talk to family, friends or peers about work and feelings
- ❖ Develop a buddy system with a peer/team member that will allow the person to watch over you
- ❖ Know your limitations; don't hesitate to ask for help
- ❖ Do not compare or measure your reactions against others'
- ❖ Be kind to yourself by appreciating your own efforts
- ❖ Be realistic; back off, re-energize and return; don't be a martyr

References:

A National Center for PTSD Fact Sheet: Effects of Traumatic Stress in a Disaster Situation

A National Center for PTSD Fact Sheet: Helping Survivors in the Wake of a Disaster

A National Center for PTSD Fact Sheet: Mental-Health Intervention for Disasters

Raphael, Disaster Mental Health Response Handbook, NSW Health, 2000

Shear, K. Managing Grief after Disaster, A National Center for PTSD Fact Sheet

Yehuda, R. (Ed.). Treating Trauma Survivors with PTSD: Bridging the Gap Between Intervention, Research, and Practice. Washington, DC: American Psychiatric Press