

Coping with the impact of disaster and bio-terrorism

Tragedies such as the September 11, 2001 devastation of the World Trade Center and attack on the Pentagon shatter the sense of safety we once felt. People stranded in airports around the country were unable to get transportation home. There was a sense of hopelessness and helplessness with land and cell phone service disrupted. People were glued to images on television bringing us ever closer to the terror. Emotionally, people are experiencing a phenomenon called "Critical Incident Stress" or "Traumatic Event Stress". News of the sudden loss of a loved one requires the necessity to cope with this grief and understand the deep emotional impact of that loss. Children seek out comfort from their parents. Information can often help us understand the complex feelings that overwhelm us. The following article may help provide an understanding of these issues.

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Help is Available at Vanderbilt

- As a member of the Vanderbilt faculty and staff and need someone to talk with about your individual concerns or if your department needs a Critical Incident Stress Management Intervention, call the Work/Life Connections-EAP and Faculty and Physician Wellness Programs at 936-1327.
- As a student, the Psychological and Counseling Center at 322-2571 and the Student Health Center 322-2427 are available to help you deal with this difficult time.
- Patients and families of the Medical Center can ask to speak with the social worker on their Unit or the Department of Pastoral Care.
- The University Chaplain's Office may also be a source of support at 322-2457.

"Critical Incident Stress/Traumatic Event Stress" by Jim Kendall, LCSW

In the 1980's, firefighters and paramedics began recognizing "Critical Incident Stress" as a potential hazard of the situations that they encounter in the daily performance of their duties. "A critical incident is any situation faced by (emergency service) personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later" notes national disaster expert Jeffrey Mitchell, Ph.D., EMT. This may include the death of a coworker on the job, the death of children, mass casualty incidents, natural disasters, rape victims, or other personal traumas, which expose the individual to threats to their personal safety. Many jobs also involve emotional risks due to exposure to traumatic events.

"It is important to pay attention to the emotional aspects of trauma as it relates to individuals performing their jobs whether it involves an emergency responder, an event in the schools, a bank robbery, an injury in a factory, or a natural disaster" states Jim Kendall, LCSW, Organizational Manager for the Vanderbilt University/Medical Center Work/Life Connections-EAP and Clinical Director of Tennessee Critical Incident Stress Management (a volunteer program formed in 1989 to meet the needs of the emergency responder community). "Trauma shatters our fundamental assumptions about ourselves and about the safety of our world. The use of techniques such as defusing, demobilization, or debriefings can help the worker exposed to trauma in dealing with the emotional impact of witnessing such events." Traumatic events invoke the most basic threats--that of survival notes author and psychologist Ronnie Janoff-Bulman, Ph.D. in her book *Shattered Assumptions*. There are occasions when we are forced to recognize the risk and real possibility of serious injury, the randomness of events, and our own mortality.

"Trauma can produce symptoms in individuals including anxiety, fears, depression, nightmares, nausea, memory loss, identification with the victim, flashbacks, fear of repetition, fatigue, and problem solving difficulties. This can be a normal response to the acute stress "adds Kendall. "Anticipating these reactions through a psycho-educational process such as a debriefing can help reduce the intensity and longevity of stress responses. This is why counselors are made available to students after situations such the shootings at Columbine, Colorado, Jonesboro Arkansas, and Pulaski, TN. Industry utilizes these interventions following employee injury or death on the job. Emergency workers need critical incident stress management after traumas such as the Oklahoma City bombing."

It is important to deal with the emotional responses after the physical welfare is insured. Our hearts must go out to those who, in the course of carrying out their jobs, are exposed to events that we are horrified to just read about. Dealing with the emotional impact of such events allows these workers to continue, marked by the memories of the event, yet again able to perform their duties.

Coping with Loss **by Jim Kendall, LCSW**

The terrible terrorist attack on the World Trade Center and Pentagon hijacking tragedy of September 11, 2001 resulting in the death of thousands means that we will face the need to grieve for those innocent lives lost. Grief is related to love and attachment; it is love under the condition of absence. Grieving is loving someone who is no longer there. Loss, death and grief are part of the human experience. To grieve is normal; to not grieve is pathological. We grieve for the loss of friends and family.

We also we grieve for loss of health, jobs, stages of life, possessions and other things. There is a grieving process that occurs in response to these losses too. The tendency is for

the individual to experience this grief alone, and this can often lead to an unrecognized depression.

We cannot change the fact of the loss; we are left with memories and feelings. For each, there will be a healing process that includes the process of grief. Grief takes us through stages that come and go and often confuse us. Elizabeth Kubler-Ross defined "Five Stages of Grieving" that most people go through. The stages are not always clearly separated or sequential.

Initially we are caught in **disbelief or denial**. "It can't be me...!"

As the reality settles in, we find ourselves second-guessing, "If only ..." a stage called **bargaining**. The loss leaves us asking why this life was taken from us. We want answers when all we are left with is questions. We must rely on our beliefs and faith that are often tested during these times.

Soon this gives way to the emotion of **anger**, also a stage of grief. We can be angry at our bodies for aging, at the situation, at the person who has died or at God. Anger is not logical and it is not fair. It is an emotion that can be displaced on others because we don't know what to do with it.

This can give way to extreme **sadness and depression** at our loss and our inability to control events or understand them. It is a feeling of helplessness- the lack of power to change things. It is very normal and healthy to cry over the loss of someone who meant a great deal to you-someone you cared about. It is also normal to feel sadness over the loss of physical functioning.

Eventually, with time and support, we hope to reach a stage of grief called **acceptance**. This means that you can remember the one who is gone with love and fondness, yet be able to share memories with a range of emotions. You don't forget, but you may be able to control when the thoughts and feelings come on. Don't judge your feelings; they are not bad or good.

You need to talk and share your feelings with peers, family and friends. That is part of the healing process. It is not easy. Time helps in healing wounds only if you are actively working on the grieving process. Active grieving requires talking out loud with others, not just thinking about it. Sharing good feelings with someone else makes you feel good; surprisingly, sharing bad feelings with people often makes people feel better. Psychiatrist George Engel, MD from the University of Rochester defined "Four Tasks of Mourning" as:

1. **Accept the Reality (and Meaning) of the Loss.** This task requires coming to grips with the loss as real and understanding the meaning that the loss had for you. It requires acceptance of the loss and the value that loss will have for your life.

2. **Experience the Pain and Grief.** Dealing with the emotional and physical impact of the loss requires one to experience this pain. It is impossible to lose someone or something that was important to you without feeling the pain. The intensity varies from person to person but the need to grieve remains universal.
3. **Adjust to an Environment in which the Deceased is Missing.** In any bereavement, the loss is seldom clear-cut. This task involves adapting to the loss.
4. **Withdraw Emotional Energy and Reinvest it in Another Relationship.** Many people misinterpret this task. In the case of the loss of a spouse, a friend or something meaningful, withdrawing emotional attachment doesn't change the memory or dishonor the individual. It allows one to live in the present rather than being stuck in the past. Loving someone else doesn't negate the love that was held for the deceased. This is a difficult task to complete.

One benchmark of the completed grief process is when the person is able to think and talk of the deceased without pain. There may always be sadness but it is not in the form of active physical or emotional pain. The mourner is able to reinvest energy into living and enjoying the present. Responses to the stress involved in loss can produce symptoms including depression, anxiety, panic attacks, nightmares, sleep problems, appetite changes, nausea, concentration problems, fatigue and fear of repetition. These can be normal responses to sudden loss or unresolved grief.

If it gets unmanageable, you may need to get help from a trusted person, your clergy or a counselor. Please ask for help. This can be a difficult emotional time for you.

Tips for Helping Children Deal with Disaster **by Diane R Neighbors, EdD**

Here are some thoughts concerning how to help not only preschool children but also older siblings deal with current events:

- Keep in mind your child's stage of development and accept their feelings as normal. A child's age will affect how he or she responds.
- Younger children may not have the verbal skills to describe what they are feeling or experiencing.
- Offer a stable, secure environment.
- Provide appropriate comfort, such as holding or hugging.
- Provide simple, honest, accurate answers.
- Try to take cues from the child about how much they can understand or handle.
- Let your child know that you are available for discussion.
- Remember your child may need to share the same story again and again.
- Communicate to children that they are safe and that what they may have seen on television is an isolated incident.
- Assure your child that you will keep them safe.
- Adolescents may be hit hardest by these events; watch for sleep disturbance, fatigue, and lack of pleasure in activities enjoyed previously.
- Adolescents may become more argumentative with their parents or aggressive.

For more information go to:

<http://www.aacap.org>

<http://www.optum.myuhc.com>

While we need to be honest and open with our preschool children we also need to shelter them from overexposure to the media coverage of this tragedy. It may be best to leave the television and radio off when you first arrive home. Have story time or some outside time. Hold your child in your lap. Just simply show them how much you love them. You will have plenty of time to watch the coverage after they have gone to bed.

The Emotional Impact of Bio-Terrorism by Jim Kendall, LCSW

Bio-terrorism is psychological warfare whose goal is to overpower individuals and populations with intense fear, rendering them dysfunctional. Anthrax, smallpox, the plaque and other forms of germ warfare evoke terror as we imagine massive loss of life. We take little comfort in the fact that the historical context of these epidemics occurred before we had antibiotics, medical knowledge and the sophisticated tools of assessment and treatment that exist today.

Some anxiety and deep concern about the events these days is truly normal. In fact, the lack of any emotional response would be surprising. The issue at hand is the intensity of the response in relationship to the level of exposure. If you actually handled a substance that you felt might be anthrax, certainly there will be appropriate anxiety and fears in much the same way healthcare workers exposed to a needle stick would be concerned about HIV and AIDS. We need to differentiate exposure from infection; fact from fiction. Awaiting the results of substance analysis seems like forever. That is normal. Eventually with more information and after diagnostic tests (and treatment if needed), this anxiety should decline. If not, after about four to six weeks, it may be necessary to seek professional mental health treatment to reduce the symptoms and provide eventual relief.

We have been made to feel vulnerable as a people and as a Nation. Feeling this loss of security is a new phenomenon for many of us in the United States. Other parts of the world have not been so fortunate. Countries like Israel, Palestine, and Bosnia have experienced this unsettling psychological uncertainty for extended periods of time.

Terrorism capitalizes on three vulnerabilities:

1. **Fear of the Unknown:** There is anxiety in facing "the unknown." Many of us have heard of anthrax, smallpox and bio-terrorism but we have chosen not to worry about it until recently.
2. **Loss of Control:** The inability to feel control over these intermittent random acts reinforces our fears. Even though a bus can hit us tomorrow, we are focused on

the acts of bio-terrorism plastered all over the daily news. These acts are about as likely to impact directly as we are to win a lottery. There are random acts over which we have little or no control.

3. **Feelings of Mortality:** The reminders of our own mortality. One of the absolutes of life is death; the unknown aspects are when, where and how.

In the 1980's, the epidemic of HIV created a similar panic. Lacking clear and accurate information on the illness left healthcare workers to their worst fears. Public education helped to reduce panic through knowledge and universal precaution training along with promising medications helped ease the psychological unrest of the illness. When one fears they have a medical condition, such as cancer, HIV, or meningitis, there is a great deal of emotional flooding that occurs. Anger, depression, tearfulness, lack of concentration, hopelessness, and anxiety may result. These are normal emotions for that situation. Once the individual gets past the initial shock while waiting for confirmation tests, many try to learn whatever they can about the potential illness. This information serves as a useful coping mechanism by understanding the possible symptoms, course of illness, and various treatment options. Information is a powerful tool. Knowledge about biohazards can be a crucial tool in reducing panic about the looming threats we are bombarded with in the daily news.

Traumatic events, including terrorism, invoke the most basic threats--that of survival notes author and psychologist Ronnie Janoff-Bulman, Ph.D. in her book *Shattered Assumptions*. There are occasions when we are forced to recognize the risk and real possibility of serious injury, the randomness of events, and our own mortality. Trauma can produce symptoms in individuals including anxiety, fears, depression, nightmares, nausea, memory loss, identification with the victim, flashbacks, fear of repetition, fatigue, and problem solving difficulties. While these can be a normal response to the acute stress, they can also be very distressing. The diagnosis of Acute Stress Disorder (DSM-IV: 308.3) suggests that a person has been exposed to a traumatic event (or perceives they have been exposed) and was confronted with an event that involved actual or threatened death, serious injury or threat to the physical integrity of self or others. Secondary exposure to trauma through media may also produce similar responses, even if the person is across the country or across the world. The resulting response involved intense fear, helplessness or horror (in children this may be expressed by disorganized or agitated behavior).

In order to cope, one must learn to block out the daily risk of facing their own mortality and live their lives. The concepts found in the "Serenity Prayer" help us put that in perspective:

<p style="text-align: center;">The Serenity Prayer Grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.</p>
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The psychological effects of disaster radiate out in concentric circles from ground zero to those who have witnessed an event on television or repeatedly exposed through other forms of media. While only a small number of individuals are actually exposed to a bio-hazardous material, eight times that number truly feel impacted and may seek medical treatment out of this concern. If you feel emotionally incapacitated by your fears, anxiety, or depression you may need to seek professional help.

RESOURCES

- Middle Tennessee Community: Your doctor, clergy, a therapist, the Crisis Intervention Center (615-244-7444) or Mental Health Association of Middle Tennessee (615-269-5355) may be a resource for support.
- Vanderbilt Students: If you are a student at Vanderbilt University, the Mental Health Services Department at the Zerfoss Student Health Center (322-3414) or the Psychological and Counseling Center (322-2571) may be of help.
- Vanderbilt Faculty and Staff: If you are a member of the faculty or staff at Vanderbilt University/Medical Center, call the Work/Life Connections-EAP and Faculty and Physician Wellness Program (615-936-1327) for an appointment. Help is available.

Anxiety and Terrorism

In a suddenly scarier world, don't get worried sick An Interview with Paul Ragan, MD
From People Magazine, October 18, 2001

Is the nation as a whole suffering from acute anxiety as the result of the terrorist attack? A large segment of the nation is. Because of electronic communications, all of this gets into our living rooms and we can't help feeling anxious. This attack occurred out of the blue -- that is what strikes the most terror.

What are the signs of acute anxiety?

You may have intrusive memories of the event -- you play it over and over in your head and can't get to sleep. Or you have nightmares. There can be a physical response: an increased heart rate, dry mouth, dilated pupils, intestinal disorders. You can have shortness of breath, a tightness in your chest, difficulty swallowing, even tremors.

At what point should a person seek help?

The symptoms may be so severe that they interfere with your relationships and your ability to function. Someone might become so fearful that they can't leave the house or enter a high-rise. Also, be on the alert if you resort to destructive behaviors-increased drinking, for instance. If a few weeks after the terrorist attack your symptoms aren't toning down, you may have reached a stage that requires therapy. But if there continue to be new frightening events, like the anthrax scare, then high levels of anxiety will be normal.

How can people ease their anxieties?

Talk about them, at churches, in social groups and especially with the family. People who are the most isolated are the most at risk for developing persistent anxiety disorders. Writing-poems, letters, in a journal-is also helpful. Try yoga or meditation to relax. An active person may need to be out running, dancing or climbing rocks. Or else try to do something you think is constructive-such as giving blood.

Can watching the news heighten our anxiety?

It depends on the individual. People who are especially sensitive may need to limit TV. But if the news is disseminated responsibly, it's essential, whether it provides us with the signs of anthrax or quashes rumor and panic.

A specialist in acute anxiety disorder and posttraumatic syndrome, Dr. Paul Ragan is an associate professor of psychiatry at the Vanderbilt University School of Medicine in Nashville. Ragan, 46, served as a Navy psychiatrist in the Gulf War. Dr. Ragan is the Program Director for the Vanderbilt Work/Life Connections-EAP Faculty and Physician Wellness Program.