Center for the Study of Traumatic Stress

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • www. usuhs.mil/csts/

Japan Disaster

Overview for American Military Leaders

The earthquake, tsunami and ongoing radiation event at the nuclear power plant in Japan have resulted in significant human tragedy and distress. Over 10,000 people have died, hundreds of thousands more have had to be relocated and an entire nation has been gripped by sadness and fear. Many Americans who were living in Japan or working in the area have had to be relocated or have otherwise been directly affected by the events. The United States has offered assistance to the Japanese, and American military and civilian officials will be tasked with responding to a horrible and still evolving disaster. This information sheet serves to provide some helpful approaches to confronting the many challenges that military personnel and their families may confront in this disaster.

Who Has Been Affected?

- ❑ Those who were directly exposed to the event including people who were injured or displaced or those who lost loved ones may be particularly affected. This group includes American military personnel who were living in Japan prior to the event as well as those who have traveled to the area—working on the ground or on ships nearby—since the event as part of the disaster response.
- ❑ Some personnel and families have had to be relocated out of their home area, away from familiar surroundings and people and have had to alter or suspend important daily activities and cultural practices.
- ❑ Other personnel have been emergently deployed to the area to assist in the disaster response and may be vulnerable to significant stress given the nature of their work, the intense and often continuous operational tempo, the frequently non-standard chain of command, the unfamiliar setting and the distance from family and other social support.
- ❑ Vulnerable populations may require special attention and include children, those with previous/present mental health problems, those who are physically displaced and/or lost property, medically ill persons and those with previous traumatic exposure.
- ❑ Even those not directly exposed may be affected. Sometimes, it is helpful to think of concentric circles of affected persons—those directly affected at the center, then—moving outward—their family and friends, their colleagues, the nation as a whole. Even those who are far away geographically may be greatly affected because of affected families, friends or other strong identification with the affected.
- ❑ A nuclear event in particular can induce fear among large swaths of the population both near the reactors and at some distance.

How Do People React to Disaster?

- ❑ Most people are able to function relatively well in the wake of a disaster, rising to the occasion to ensure the well-being of themselves and others. However, even those that function relatively well may experience some degree of distress. Some problems may not emerge until the initial phase of the disaster is over.
- ❑ Leaders and responders should be aware of psychological and behavioral responses to disaster. These include—but are not limited to—increased smoking, drinking and drug use; avoidance, sadness, insomnia, anxiety; missed work and neglected family obligations. Interpersonal relationships may be more strained during this period as people may be more short-tempered, more irritable, and less available.

- ❑ For a majority of individuals, symptoms such as insomnia, nightmares, anxiety and sadness will diminish over time without intervention. A smaller proportion may need some short-term professional assistance such as help with insomnia or someone with whom to talk, but will do fine afterwards. An even smaller subset may develop more significant conditions, to include clinical depression, anxiety or substance abuse. This group may require more formalized treatment. Thought post-traumatic stress disorder can develop following a disaster and has been the focus of much recent attention and study, mood disturbances such as depression or traumatic grief are more common phenomena.

- ❑ Many disaster victims will be grieving—they will have lost loved ones, their property, their sense of security and sometimes, their sense of identity. Grief can take on many different forms in different people and at different ties in the same person—sadness, numbness, longing, anger and others.

- ❑ Fear, especially of the unknown (as is common in nuclear events), can predominate and lead to changes in behavior. Worries about children and their safety can be especially prevalent and lead to significant distress and alterations in behavior. Fear often drives behavior that may seem odd or excessive and may conflict with the advice of authorities.

    - ➤ For example, people who have been advised not to feed potentially contaminated water to children less than 4 years old, may not give water to their older children, themselves or even use it for bathing or other purposes.

    - ➤ Personnel who believe they may have been exposed to radiation may be fearful of contact with their families for fear of endangering their spouse or children.

- ❑ Worries about exposure and belief of contamination can be quite common following a nuclear or biological weapon event. Many people will develop medically unexplained physical symptoms (MUPS) and present to care providers seeking explanations and treatment. Health concerns can persist for many years, especially given concerns about increased cancer risk associated with radiation exposure.

What Can Be Done?

- ❑ Interventions that are guided by principles of Psychological First Aid should be employed. The principles of first aid include (1) safety (e.g. getting people out of harm's way); (2) connection (e.g. helping people get in contact with loved ones); (3) calming (e.g. providing quiet, clean space and clear instructions); (4) self-efficacy (e.g. allowing autonomy and opportunities for participation in recovery); and (5) hope.

- ❑ Providing support and listening to victims/survivors is important, but do not require that they tell their story—this can lead to even more distress.

- ❑ Maintaining a registry of the evacuated/displaced or exposed can help track a vulnerable population. Maintaining a voluntary (e.g., agree to be contacted later) registry of those individuals/families who sought care/evaluation after the disaster can also be helpful.

- ❑ Good risk communication is vital. The information source should be a well-regarded and competent authority (e.g., doctor) who delivers regular updates, shares what is known and unknown, avoids speculation, and provides information on what actions individuals/families can do in order to provide for their safety. Clear instruction on self-protection is also vital. For example, instructions on proper safety and decontamination measures can allay worries about health risks.

- ❑ Leaders, responders and primary providers should be equipped with information about risks or be able to direct individuals on how they can receive more information. Questions about the degree of exposure, risk, and worry will most likely continue. Anticipated questions might include, "Am I at risk?", "How do I know if I'm affected," "Can I go back to my home?" or, conversely, "Do I have to go back?", "Are my belongings safe?"-Restoring sense of normal, as much as appropriate or possible, is important, especially for children. Providing an environment in which children can continue with schooling, people can continue to engage in social gatherings, and celebrate special occasions is important. Ensuring that important religious, spiritual and/or cultural practices are available to people can be helpful.

- ❑ Limit exposure to stressful stimuli (e.g. TV/media coverage of disaster coverage) can help reduce stress, though this needs to be balanced with the need for information dissemination and people's interest in learning about the disaster. Special care should be taken with children. If children watch media coverage, it should be with parents or other trusted adults who can witness their reactions and discuss what the children are seeing.

- ❑ Leaders may be called upon to provide "grief leadership." Recognizing that grief is a natural part of loss and takes on various forms, normalizing the difficult emotional experience, being aware of and recognizing the sense of loss that communities and individuals may feel ("I'm so sorry for your loss), resisting any urge to offer false reassurance ("everything will be alright") and assisting the grieving individuals in identifying proper resources (e.g. funeral, spiritual leaders) are all tenets of grief leadership. Leadership messages that focus on compassion, commitment, and optimism can be especially helpful.

- ❑ Responders and leaders need to take care of themselves as well – mission effectiveness depends on it! Getting appropriate rest, encouraging regular sleep patterns, meals and daily routine, maintaining communication with loved ones, and guarding against overdedication (i.e., doing too much at sacrifice of own health and well-being) are all helpful guiding principles.

- ❑ Leaders/supervisors are vitally important in monitoring the function and health of their troops/workers – making an active effort to know them, walking around, and modeling a proper example of self-care (with modeling appropriate rest, eating and hydration) are essential.

- ❑ Leaders and care providers should be aware that many patients will present with medically unexplained physical symptoms (MUPS) and/or concerns about long-term health risks of exposure. Providing potentially exposed individuals with accurate information about what symptoms are and are not cause for concern is a good public health intervention. Offering appropriate reassurance and limiting iatrogenic injury to patients who present with MUPS is an important skill for care providers.

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