

Intervention and Resilience After Mass Trauma

edited by Michael Blumenfeld, MD, and Robert J. Ursano, MD.
Cambridge University Press, New York, NY, 2008, 186 pages, \$72.00
(includes CD-ROM).

Growing out of a 2006 conference exploring the psychological interventions following mass trauma, this book aspires to capture the "state of the art" in the field traditionally known as "disaster psychiatry" or mental health. The 8 presenters were asked to elaborate on their presentations for the purpose of this book (which also includes a CD-ROM with audio of their original presentations). The result is a contributor list that amounts to a pantheon of what can rightfully be called "disaster psychiatry superheroes" and a book that permits the rest of us to bask in the glow of their wisdom.

The field of disaster psychiatry suffers from a meager evidence base. This lack has led a group including many of the same experts from this book to acknowledge in a 2007 consensus paper that "it is highly unlikely we will have an adequate representation of randomized controlled trials of interventions for major disaster events or terrorist attack in the near to mid-term future, if ever."^{1(p284)} There are many reasons for this, and these reasons are primarily practical and ethical. In the face of this reality, those in the field of disaster psychiatry have learned to gather all possible strands of relevant research, stir in wisdom and reason, and crystallize rational principles of practice. Drs Blumenfeld's and Ursano's book represents the leading edge of this tradition.

When writing any book or paper on disaster psychiatry, authors face the challenge of adding to a field that lacks a bustling research enterprise. It is therefore not surprising that this book represents something old and something new. For example, Dr Beverley Raphael's review of the science of early trauma interventions tackles a subject that has not advanced despite many years of writing on the subject. Yet, she folds in some keen observations, including the need for a science and practice of psychological rehabilitation commensurate with what is known about physical rehabilitation. At the same time, she asks us to consider a skill central to the practice of disaster psychiatry, engaging in a mental health conversation with overwhelmed survivors, and determine whether this skill can be manualized or taught.

Dr Patricia Watson also shares an invaluable nugget of wisdom in her discussion of the increasingly well-known practice of psychological first aid to support disaster survivors. Namely, structured cognitive-behavioral interventions should not be implemented until secondary stresses (eg, homelessness or joblessness) have subsided to a degree that they do not drain the patient of energy and effort needed to fully participate in the therapy.

Several chapters forge especially new ground in disaster psychiatry. Pfefferbaum and colleagues expand the central tenet of human resilience from its traditional focus on the individual to a focus on the community, smartly providing a conceptual and operational framework for promoting community resilience. Arieh Shalev and his associate later review the very concept of resilience and provide a rationale for considering it as not just the absence of a bad outcome from trauma, but as a reflection of a very human ability to succeed, far more often than not, amid tragedy. Casting aside the simplistic poles of illness versus resilience, even symptomatic disaster survivors may show resilience in how they overcome their symptoms or manage in other facets of their lives. Richard Bryant's chapter on acute stress disorder, while not necessarily introducing new information, provides a synthesis of what is known from a renowned expert on the subject. Bryant reviews the conceptualization, diagnosis, and treatment of this all too often overlooked and mistreated condition.

Intervention and Resilience After Mass Trauma affords current practitioners and scholars of disaster psychiatry a chance to check in with the experts and, when the dust is not flying, reflect on crucial concepts and challenges in the field. For readers who are new to disaster psychiatry, this book is not a "how-to" handbook or manual, but it will immerse you in the thick of the field's major issues. But please try not to pick up this book after a disaster, as it is not for the reactive. Its depth demands the deliberation and forethought that are part of all-important disaster preparedness and foreign to postdisaster chaos.

REFERENCE

1. Hobfoll SE, Watson P, Bell CC, et al. Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*. 2007;70(4):283-315.

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