

Psychosocial Response to Bioterrorism: Diagnosing and Treating

Normal Responses to Disaster

Physical, mental and behavioral changes occur automatically in the face of threat: nor-adrenergic (sympathetic NS) “fight or flight” response or (para-sympathetic) “conservation-withdrawal”

Tri-partite Response to Disaster

- Psychological: A sense of apprehension and difficulty concentrating on anything other than the source of threat
- Instrumental: Rational and irrational attempts to remove the threat
- Social/Altruistic: Normally induces behaviors intended to ameliorate the situation and help the people involved
- Stress Disorders: Common Symptoms, Different Timing
- Acute Stress Disorder
- Acute Post Traumatic Stress Disorder (PTSD)
- Chronic PTSD

Common Features of Stress Disorders

- Exposure to a highly traumatic event with responses including:
- Re-experiencing (nightmares, flashbacks, intrusive thoughts); Emotional numbing (de-personalization, derealization, disorientation); Autonomic arousal; Avoidance (negative conditioning to event related stimuli)

Role of Practitioner on the front line

- Differentiate between normal & abnormal responses to disaster
- Comfort and support
- Efficiently diagnose anxiety disorders and treat acute stress disorder before it becomes PTSD
- Identify high-risk individuals for treatment & referral
- Avoid single, one-time encounters

12 Step Approach to Working with Anxious Patients

1. Use a SUDS scale (subjective units of discomfort, with 100 as the worst possible) to measure distress/response
2. Be non-judgmental
3. Display caring when the patient describes her/his experience – high anxiety is hard to convey
4. Demonstrate knowledge and expertise
5. Express confidence in the efficacy of the treatment approaches
6. Highlight the patient’s personal resources
7. Praise the patient for having the courage to work on their problems
8. Be active and directive if the patient is reluctant
9. Encourage the patient to work – do the exercises, practice the relaxation, take the medication
10. Reinforce the good work
11. Use failure to learn and modify, not criticize
12. Provide referral (cost appropriate), web sites and readings (literacy and culturally appropriate) if additional support and guidance is needed

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