

## Preface

# Disaster Psychiatry: A Closer Look



Craig L. Katz, MD      Anand Pandya, MD  
*Guest Editors*

This issue focuses on disaster psychiatry, and, in so doing, takes its place in a long line of scholarly publications devoted to delineating and exploring how the tools of psychiatry may be brought to bear on understanding and perhaps even mitigating the emotional impact of disasters. Indeed, where this lineage stretches back decades, it has undergone something of a population boom since the terrorist events of Sept. 11, 2001. How much this proliferation has said anything substantially new about the field of disaster psychiatry that was not known before 9/11 is subject to question. It would seem that the field of psychiatry has a long way to go before arriving at an informed, evidence-based consensus regarding its role in the broader realm of disaster response.

We believe this issue, *Disaster psychiatry: a closer look*, deserves its own place on the shelves of the psychiatric practitioner who is interested in learning about or even engaging in disaster work for a number of reasons. We have chosen most topics based on our own experience as leaders of an organization devoted to disaster psychiatry, Disaster Psychiatry Outreach. The articles thus reflect what we have found to be crucial topics in the clinical practice of disaster psychiatry. We have attempted to marry the ivory tower with the demands of field in which it sits. At the same time, many articles address topics that, to our knowledge, have received little or no attention in the literature. Finally, we have attempted to synthesize the greatest possible range of relevant subjects in one concise and readable volume. This is no “how-to” manual in disaster psychiatry. Yet, we certainly hope it provides a broad orientation to those psychiatrists and mental health

professionals who are new to the field of disaster psychiatry and greater depth to the practice of veteran practitioners.

Garakani et al open the issue with an overview of disaster psychiatry. In its broad review of the nomenclature, epidemiology, and practice of disaster psychiatry, this article sets the stage for the more in-depth discussions to follow. The two articles that follow look at specific and important clinical tools available to the disaster psychiatrist. Raphael and Wooding offer a rich examination of the history and complexities of the popular but increasingly controversial postdisaster intervention of debriefing. Gorman and Simon then take the reader from the world of talking treatments to that of medication and dissect the biological underpinnings and empirical evidence for the use of various psychotropic medications in the immediate aftermath of trauma and disaster.

Subsequent articles offer various lenses through which to further filter the clinical practice of disaster psychiatry. Ritchie and Owens provide a glimpse into the practice of combat psychiatry, providing a military perspective on disaster mental health that surely can inform civilian practice. Indeed, much of disaster psychiatry has its roots in the military. The rich, older literature of military psychiatry needs to be applied judiciously to civilian settings - acknowledging the differences in situations that lack rigid command structures and where the population has greater age and gender diversity. Nonetheless, it is important to learn both similarities and differences between disaster psychiatry and military psychiatry since military actions affect civilian populations and the military is sometimes called to respond after civilian disasters. Coates and Schechter make some ground-breaking observations into early childhood reactions to the 9/11 disaster and thereby remind us of the unique needs of young children in the wake of disaster. Also drawing from 9/11, Koplewicz et al then offer a complementary view of the systems issues that require attention in setting up a postdisaster clinical program for children. Barron casts an international light on disaster psychiatry and looks at the systematic, clinical, and cultural challenges of importing Western psychiatry to the non-Western world when disaster strikes. Marsella and Christopher follow by expanding on the cultural issues surrounding disaster mental health work and offer a culturally informed clinical, educational, and research agenda for the future of this field.

The remaining articles examine various aspects of what might best be described as the framework in which disaster psychiatry occurs. Holmes provides an exhaustive review of the domestic disaster response system, providing a portrait of the complex and layered infrastructure in which the disaster psychiatrist inevitably must practice within the United States. Kleinman and Stuart lay out the forensic issues that are relevant to psychiatrists' work in the disaster setting and provide a sobering reminder that neither medical ethics nor laws are suspended amid the chaos of disaster. Lindy and Lindy explore the impact of disaster work on psychiatrists themselves

by looking at the countertransferential issues exemplified by psychiatrists' work in New York City after 9/11.

It is fitting that this issue then ends with Carol North's chapter depicting research challenges and goals for disaster psychiatry. Socrates was famous for saying that the wise man is he who knows what he does not know. May this issue make us all the wiser in seeing both the burgeoning knowledge base of disaster psychiatry and the tremendous gaps in knowledge of what constitutes effective, evidence-based disaster psychiatric practice that reflects the capacity of the field to make an impact on communities around the globe while not over-reaching its limitations. And, may scientific knowledge and thoughtful collaboration keep pace with our good intentions as psychiatrists.

Craig L. Katz, MD

*and*

Anand Pandya, MD

*Disaster Psychiatry Outreach*

*141 Fifth Avenue, 3rd Floor*

*New York, NY 10010, USA*

*E-mail addresses: [craigkatz@aol.com](mailto:craigkatz@aol.com)*

*[anand.pandya@med.nyu.edu](mailto:anand.pandya@med.nyu.edu)*