JMFT SPECIAL SECTION ON MASS TRAUMA

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INTRODUCTION

The need for an ecosystemic understanding of mass trauma in global mental health has been consistently recorded across audiences ranging from humanitarian action groups and governmental agencies to public and mental health disciplines and professional organizations. The term trauma is used to connote a range of events and experiences that severely impact an individual or groups of individuals. In this special section the focus is on "mass trauma," which is conceptualized here as an event involving multiple people simultaneously experiencing, witnessing, or being confronted with actual and/or threatened death, serious injury, and threat to self or others. The most common examples of mass trauma typically involve natural disasters, transportation disasters, technology-related disasters, war and organized violence, civil/political/community violence, terrorist acts, and hostage and shooting situations (Webb, 2004).

Crises ranging from hurricanes and earthquakes to civil war, from famine to genocide, from the southeast Asian tsunami of 2004 to the wars in Afghanistan and later in Iraq following the terrorist attacks of 9/11 in New York City, along with a host of additional natural and human-made disasters worldwide, have forever changed the psychological, social, economic, and political landscape of the world we live in. These events have tested our capacity for responsive humanitarian action as well as the ability of mental health professionals to respond effectively to the overwhelming and increasingly complex needs of families directly impacted by these traumatic events. There is ample evidence of the growing requirements for mental health professionals to develop programs of intervention and build skills that aid in the prevention of mental health disorders and other maladaptive behaviors that frequently manifest in populations exposed to traumatic experiences (National Institute of Mental Health, 2002).

Presently, most conventional mental health approaches for mass trauma, empirically validated or otherwise, are individually focused and are often psychopathological in their orientation (Pynoos, Steinberg, & Goenjian, 1996; Terr, 1991; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). There is a glaring gap in the literature when it comes to understanding the relational impact of mass trauma and subsequent treatment at the family and community levels. Even though a number of scholars have written about the mitigating impact of mass trauma on families and larger social networks (e.g., Mollica, 2006; Norris, Galea, Friedman, & Watson, 2006; Webb, 2004), few research studies (and even fewer empirically conducted research studies) document innovative family- and community-level approaches for the treatment of PTSD and/or the multitude of more commonly expressed and associated comorbidities such as substance abuse, high suicide risk, violence, and depression that often accompany the aftermath of exposure to mass trauma.
As family therapists and researchers we wholeheartedly believe that given the state of the world we currently live in, where families and communities are constantly being exposed to natural catastrophes and human-made disasters, it is critically important that mental health approaches for mass trauma not only be culturally and contextually sensitive but also address the relationships that are at the core of the human experience. Therefore, it is incumbent upon us as systems therapists to make a concerted contribution in the area of mass trauma. Although much important work is taking place around the world in this area (e.g., Center for Victims of Torture, Harvard Program in Refugee Trauma, and International Trauma Studies Program at Columbia University), few organizations/agencies working clinically in the area of mass trauma have developed focused programs of research leading to evidence-based treatments. Although there are currently no systemically recognized evidence-based systemic treatments directed at the family and/or community levels of intervention for the treatment of populations impacted by mass trauma (National Institute of Mental Health, 2002), we recognize that an emerging number of scholars are focusing their efforts in this area and have demonstrated initial evidence of effectiveness with specific populations. Several of the studies included in this special section represent this developing body of work.

An in-depth literature search of articles published in the last 7 years in top clinical journals revealed few empirically based articles published on the psychological and relational impact of mass trauma. This area of research represents an innovation in the mental health field and has the potential to make a significant contribution to the broader social sciences and humanity disciplines. We feel grateful to have the opportunity to co-edit this special section of JMFT highlighting what we believe are significant research endeavors in the area of mass trauma showing promise of informing future evidence-based treatments that cut across biopsychosocial levels as the target of intervention within families and communities. Our hope is that this knowledge will enhance our capacity as family practitioners and researchers to develop relationally based interventions for mass trauma that eventually demonstrate both efficacy and effectiveness. These interventions will enhance our ability to serve different populations impacted by mass trauma with more sensitive and sophisticated theoretical, clinical, and methodological understanding of their complex needs.

Six manuscripts are included in this special section on mass trauma. Five of the six articles illustrate a range of research in different phases of development, targeted at multiple levels of intervention—from individual to community—all focused on specifically intervening with different types of populations exposed to mass trauma. Together, this body of research helps to set the stage for an ecosystemic vision of scholarship in this area. The work included here is also representative of efforts from scholars from around the world conducting research on a range of mass trauma experiences and relational contexts—from war and organized violence in Afghanistan, Sri Lanka, and Bosnia-Herzegovina to Hurricane Katrina in New Orleans. All authors conducting the research presented here are relational psychotherapists themselves or are currently collaborating with family/relational therapists to develop multicomponent models of intervention for mass trauma–affected communities. A brief summary of the manuscripts is presented below in the order of the study’s targeted level of systemic intervention—from an individually based intrapsychic narrative exposure approach tested to be effective with war and disaster survivors to an evidence-based parenting intervention being adapted for the context of mass trauma, to two examples of family-based services for populations exposed to disaster and war, to finally an article documenting a systems philosophy with derivative clinical modalities that tap into people’s resiliency by exploring ancestral, family, and community strengths as sources of healing following mass traumatic events.

Manuscript one, titled “Beyond Individual War Trauma: Domestic Violence Against Children in Afghanistan and Sri Lanka,” is a study depicting the psychosocial consequences of war on children and their mental health. This inquiry was conducted by a group of European scholars who have a well-established research agenda that is aimed at understanding and
developing an individual-level intervention for victims of mass trauma. While the analysis presented by the authors is primarily descriptive in nature, we believe that it provides preliminary yet important evidence of how children impacted by traumatic events in Sri Lanka and Afghanistan indicate higher levels of exposure to family violence. The authors further present an important discussion on the need for family- and community-based prevention and clinical programs of intervention for mass trauma to be specifically adapted and/or developed for the larger family system and the societal context of affected communities.

Manuscript two is titled “Parenting Practices as Potential Mechanisms for Child Adjustment Following Mass Trauma.” While this is primarily a theoretical article, it is significant to this special section because it demonstrates the adaptation of an established evidence-based parenting intervention to the context of mass trauma. Virtually no empirically based interventions have been specifically directed at helping parents become better prepared to effectively support and parent their children following exposure to traumatic events. Trauma research has identified a link between parental adjustment and children’s functioning and the sometimes-ensuing intergenerational impact of traumatic events. Research findings have indicated that the effects of traumatic events on children may be mediated through their impact on children’s parents. However, until now, little consideration has been given to the separate and potentially more proximal mechanism of parenting practices as potential mediators between children’s adjustment and traumatic events.

Manuscript three is titled “Evaluating a Multiple-Family Group Access Intervention for Refugees With PTSD.” The central focus of this article is on a nine-session multiple-family group intervention called CAFES (Coffee and Families Education and Support) developed for refugee families from Bosnia-Hercegovina currently living in Chicago. The authors report on the effectiveness of their CAFES intervention in increasing access to mental health services for refugees with PTSD. While refugee mental health is a recognized U.S. national priority and several scholars have written about the impact of mass trauma on refugee families, what is exciting about the work presented in this special section is that this is one of the first known reported randomized controlled trials of a multiple-family group intervention with refugee families.

Manuscript four is titled “When the Levee Breaks: Treating adolescents and Families in the Aftermath of Hurricane Katrina.” This study documents how Hurricane Katrina brought to the surface serious questions about the capacity of the public health system in the United States to respond to community-wide disaster. The storm and its aftermath severed developmentally protective family and community ties with specific acute consequences predicted for vulnerable adolescents. Research confirms that multiple interacting risk factors for substance abuse in adolescence may be compounded when families and communities have experienced a major trauma. Further, existing service structures and treatments for working with young disaster victims may not address their risk for co-occurring substance abuse and traumatic stress reactions because they tend to be individually or peer group focused, and fail to consider the multisystemic aspects of disaster recovery. The article proposes an innovative family-based intervention for young disaster victims, based on an empirically supported model for adolescent substance abuse, Multi-dimensional Family Therapy (MDFT, Liddle, 2002). Outcomes and mechanisms of the model’s effects are being investigated in a randomized clinical trial with clinically referred substance-abusing teens in a New Orleans area community impacted by Hurricane Katrina.

Manuscript five is titled “Linking Human Systems: Strengthening Individuals, Families, and Communities in the Wake of Mass Trauma.” This article presents an overview of the philosophy and practical principles underlying the Linking Human Systems Approach based on the theory of resilience in individuals, families, and communities facing crisis, trauma, and disaster. The Link Approach focuses on tapping into the inherent strength of individuals and their families and emphasizes resilience rather than vulnerability. It has been successfully used
in combating critical public health problems such as addiction, HIV/AIDS, and recovery from major trauma or disaster. Also, three specific models of Link intervention aimed at the individual, family, and community levels are discussed, with special emphasis on the family-level intervention. These interventions are directed toward mobilizing resources for long-term physical, emotional, psychological, and spiritual healing.

Manuscript six, titled “A Virginia Tech MFT Ethics Class Reflects on the Shootings at Virginia Tech,” was not originally a part of this special section. However, it is an honor to have received this meaningful addition to the special section as it represents the voices of several therapists-in-training who reflect on personal, ethical, and professional issues related to the experience of mass trauma and continuing recovery. This latest contribution complements the body of work presented here by offering a more intimate opportunity for researchers and practitioners alike to reflect on the complex ways that mass trauma impacts us all.

As co-editors of this special section, we (Wieling and Mittal) are grateful for the opportunity to showcase the research being conducted by these scholars. We are also fortunate to be currently collaborating with some of these authors as part of an interdisciplinary team of scholars to develop different aspects of multicomponent interventions for mass trauma that bridge several trauma contexts as well as levels of intervention.

Several research projects are currently underway in different stages of development (e.g., working with child maltreatment populations in Mexico; with mass trauma populations in collaboration with Vivo Foundation work in Sri Lanka, Uganda, Somalia, Ethiopia, Afghanistan, and other countries exposed to war violence; and with torture-specific violence in collaboration with the Center for Victims of Torture who are established in 18 different countries). Our ultimate hope is that this work along with that of others will generate knowledge that will eventually lead to the development of programs of intervention that are sensitive to the variability of human experiences as well as provide skills to treat with greater effectiveness populations impacted by mass trauma in its immediate aftermath as well as in its long-lasting psychological and social consequences.

In order to hold the complexities of mass traumatic events and their impact on different populations, we believe that interventions should simultaneously consider the following: (a) diverse historical, sociopolitical, economic, racial/ethnic, gender, and cultural factors that often contribute to events like war and organized violence and impact the course and type of social and psychological responses given to occurrences of natural disasters; (b) broad and multiple dimensions of mass trauma that vary enormously in the etiology, symptomology, and phenomenological meaning attributed to traumatic events. These experiences of mass trauma and associated meanings become part of the systems’ (individuals, families, and communities) historical life stories which then impact their past, present, and future; and (c) ecosystemic levels of the targeted intervention. It is critical that programs of intervention and research be designed to address different levels of nested systems—micro to macro—and understand the interrelationships within and between these levels.

Although there are many challenges and much work ahead in developing appropriate methodology and systemic interventions that demonstrate efficacy and effectiveness at the family and community levels, we are proud of the body of work presented in this special section exposing several exemplars of systemic work conducted with different populations exposed to traumatic events.

REFERENCES


