



Wilma L. West Library Resource Notes

Occupational Therapy in Military or Natural Disasters

September 2001

On September 11, 2001, every person in the United States experienced acts of terrorism. Many of our colleagues are experiencing it more personally than the rest of us, and I know that our thoughts and hearts go out to those who have lost family members, friends, neighbors, or colleagues.

Following are references concerning occupational therapy and natural or military disasters. This library does not have copies of the two references in Military Medicine or Disability & Rehabilitation.

Anonymous. (1989). OTs working 'round-the-clock' in aftermath of Hurricane Hugo. *OT Week*, 3(41), 4-5.

Bannon, R. (2001). OT at ground zero: The pentagon: A soldier's story. *Advance for Occupational Therapy Practitioners*, 17(23), 4.

Boardman, C.H. (1991). Mount Pinatubo: In the shadow of the volcano. *OT Week*, 5(32), 28-29.

Caracciolo, R. (1995). Fire prevention in rehab facilities. *OT Week*, 99(41), 17.

Dawson, P. (1993). Flood relief: Missouri OT students relate flood relief work to clinical practice. *OT Week*, 7(38), 32-33.

Ellsworth, P.D., Sinnott, M.W., Laedtke, M.E., & McPhee, S.D. (1993). Utilization of occupational therapy in combat stress control during the Persian Gulf War. *Military Medicine*, 158(6), 381-385.

Abstract: This article chronicles the deployment and subsequent utilization of occupational therapy personnel in support of combat stress control operations during the Persian Gulf War. It presents a discussion of occupational therapy's military history, evolving doctrine, and selected training experiences which led to the attachment of occupational therapy personnel to the 528th Medical Detachment (Psychiatric OM Team). A description of roles, functions, methods of operation, and lessons learned help to clarify the direction of occupational therapy in its future wartime mission.

Fine, S.B. (1991). Resilience and human adaptability: Who rises above adversity? 1990 Eleanor Clarke Slagle Lecture. *The American Journal of Occupational Therapy*, 45(6), 493-503.

ABSTRACT: We work in a world of traumas and triumphs. Most of the persons we serve come to us out of necessity, struggling with the sequelae of disease and illness or the aftermath of natural or manmade disasters. We bring our expertise and compassion; they bring their bodies, minds and comprised lives. Our worlds converge around a shared task: identifying and enhancing their capacities for daily living. We pursue problems of movement, perception, cognition, affect, and social capacity within the context of their roles and aspirations. Our contacts may be extensive, but often they are brief and only partially fulfilled. Our patients move on with varying degrees of functional ability- some with determination and buoyancy, others with little confidence that life is actually worth living. We remain, frequently knowing little about the factors that have influenced the outcome of our efforts, in spite of their compelling importance to our patients, our professional viability, and the health care system.

Gerardi, S.M. (1996). The management of battle-fatigued soldiers: an occupational therapy model. *Military Medicine*, 161(8):483-488.

Abstract: Battle fatigue is a soldier's response to the overwhelming environmental and psychological stressors associated with combat. Management efforts that emphasize replenishment of physiologic needs, structured occupation, and support of the affected soldier's occupational roles have yielded high return-to-duty rates. Although such effective battle-fatigue management principles, or "principles of battlefield psychiatry," are well described, they have not been explained in terms of theoretical foundation. The model of human occupation, an occupational therapy treatment model, is presented as a theoretical framework to explain the success of current battle-fatigue management principles and to guide continued refinement of the process of restoring battle-fatigued soldiers to duty.

Gerardi, S.M. (1999). Part I. Work hardening for warriors: occupational therapy for combat stress casualties. *Work: a Journal of Prevention, Assessment & Rehabilitation*, 13(3), 185-95.

Abstract: Combat stress is an occupational hazard of the military. Soldiers who become job-ineffective due to combat stress are termed "battle-fatigued." Occupational therapy, in the form of work hardening, is an important part of the management of these soldiers. Occupational therapists possess specialized knowledge and skills which make them uniquely qualified for this role. These assets include knowledge of neuromuscular and psychosocial aspects of occupational performance; the ability to do task analyses; the ability to assess occupational performance deficits; the ability to synthesize appropriate therapeutic occupations to rehabilitate functional deficits and match these to the needs of dysfunctional soldiers. These same resources serve occupational therapists equally well in civilian work hardening settings. This paper reviews the management of combat stress casualties, describes the Army units which minimize the impact of combat stress reactions, and delineates the Army occupational therapists' roles of soldier, mental health practitioner, and work hardening coordinator. (56 ref)

Gill, R. (1994). Occupational therapy STAT: At Beyer Hospital occupational therapy has become a crucial part of the Emergency Department team. *OT Week*, 8(19), 22.

Hettinger, J. (1995). Learning From Vietnam. *OT Week*, 9(40), 22-23.

ABSTRACT: Military personnel recently involved in combat, as well as survivor of natural and human-made disasters such as the Oklahoma bombing, are reaping the benefits of lessons learned from treating Vietnam vets with post-traumatic stress disorder

Joe, B.E. (1993). Disaster relief: Midwest practitioners confront floodwaters as "just another challenge." *OT Week*, 7(32), 36-37.

Jones L.E. & McGlynn M. (1992). Rehabilitation after a letter-bomb attack causing bilateral hand loss and other injuries: case report. *Disability & Rehabilitation*, 14(3):152-155.

Abstract: The rehabilitation of patients after terrorist attacks has received scant attention in the literature. A case is reported of a patient injured in a letter-bomb explosion; his injuries were bilateral hand loss, loss of one eye, and perforated ear-drums. The successful rehabilitation of this patient to normal work in 8 months is described. A rehabilitation plan for management of similar patients is given. (Erratum in: *Disabil Rehabil* 1992 Oct-Dec; 14(4):198).

Kenny, V.C. (1994). Functional containment and the work complex in mass society. *Journal of Occupational Science: Australia*, 1(3), 22-27.

ABSTRACT: The events of the twentieth century point to a profound loss of group maturity in mass society. While this has been easy to recognize in the affairs of nations, astute cultural analyses of the phenomenon might have averted the collapse of financial institutions, which were caught up in the same process. The outbreak of commercial disasters has brought home to many how insidiously occupation has become tied to notions of money and power. It is referred to here as the 'work complex' just because the cluster of concepts reinforces each other through their association in the group unconscious. In spite of the sense of individual helplessness engendered by the large scale of these affects, the individual can do something practical to ground them and enhance the effectiveness of other individuals and the maturity of the group by becoming aware of the way functional containment has always worked.

Laedtke, M.E. (1996). Occupational therapy and the treatment of combat stress. In: Martin, J.A., Sparacino, L.R. & Belenky, G. (Eds.). *The Gulf War and mental health: A comprehensive guide*. Westport, CT: Prager Publishers, pp. 145-152.

McDaniel, M.L. (1960). The role of the occupational therapist in natural disaster situations. *The American Journal of Occupational Therapy*, 14(4), 195-198.

Murray-Slutsky, C. & Slutsky, H. (1992). Hurricane Andrew: OT's efforts continue weeks after Hurricane Andrew. *OT Week*, 6(41), 36-37.

Rice, V.J. & Gerardi, S.M. (1999). Part II. Work hardening for warriors: training military occupational therapy professionals in the management of combat stress casualties. *Work: a Journal of Prevention, Assessment & Rehabilitation*, 13(3), 197-209.

Abstract: The purpose of this article is to describe the training of military occupational therapy personnel in a unique application of their professional skills. Ergonomic principles of training for stressful environments were implemented to ensure training effectiveness and transfer of skills to combat situations. Training schedules, casualty role-play scenarios, critical incident stress debriefing principles and scenarios, unit survey guidelines, and premises for training persons to function under stressful conditions are provided. Comparisons with civilian applications are drawn, and suggestions for future roles and training for Occupational Therapy professionals are given. (38 ref)

Roberts, G.W. (1995). Trauma following major disasters: The role of the occupational therapist. *The British Journal of Occupational Therapy*, 58(5), 204-208.

ABSTRACT: The tragic loss of over 900 lives in the ferry Estonia in the Baltic Sea brought back many painful and bitter memories of similar disasters, such as Zeebrugger, the Marchioness and Piper Alpha, together with other disasters of a similar magnitude, such as Lockerbie, the Bradford fire, Hillsborough, Chapham Common, Hungerford and the King's Cross fire, which are still in the minds of the public. Such well-publicized disasters refocused attention on how society is ill-prepared and uncoordinated in the provision of sufficient and effective coping strategies. They raised awareness, and assisted both statutory and nonstatutory bodies in focusing on the need to establish a collaborative and coordinated approach to deal with major disasters.

Rosenfeld, M.S. (1982). A model for activity intervention in disaster-stricken communities. *The American Journal of Occupational Therapy*, 36(4), 229-235.

Rosenfeld, M.S. (1989). Occupational disruption and adaptation: A study of house fire victims. *The American Journal of Occupational Therapy*, 43(2), 89-96.

Rosenfeld, M.S. (1993). Disaster relief: From fires to floods: Helping victims regain their lives. *OT Week*, 7(46), 22-23.

Schroeder C. & Benedict P. (1984). Brief or new: egress during fire--wheelchair exiting in an emergency. *The American Journal of Occupational Therapy*, 38(8), 541-542.

Steib, P.A. (1995). Fire prevention week Oct. 8-14: What your OT clients should know. *OT Week*, 9(41), 16-17.

ABSTRACT: People with disabilities, physical or mental, are often at special risk in the event of a fire. The National Fire Prevention Association has special tips for people with disabilities and their caregivers, beginning with how to plan ahead for emergencies

Suzuki, A. (1995). The quake that shook Japan. *OT Week*, 9(19), 18-19.

ABSTRACT: Amid the ruins and rubble - the horrible aftermath of an earthquake, an OT professor reaffirms the meaning of her profession by mending both bodies and spirits of survivors

Valluzzi, J.I. (1995) Safety issues in community-based settings for children who are medically fragile: Program planning for natural disasters. *Infants and Young Children*, 7(4), 62-76.

ABSTRACT: As more young children who are medically fragile receive services in community settings, safety issues have increasingly become a focus of concern. Planning for natural disaster response is critical to this population's life sustenance. An overview of external natural disaster planning, response, and recovery is provided with applications for young children who are medically fragile. The article is intended to be a springboard for discussion and planning as the uniqueness of each situation creates new opportunities for learning.