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## The DMH Responder

Spring 2023



Office of  
Mental Health



Department  
of Health

Office of  
Health Emergency  
Preparedness

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Welcome to the **New York DMH Responder**, our newsletter for the Disaster Mental Health community. Following up on the winter edition, this issue will summarize two more sessions from the October 2022 Institute for Disaster Mental Health conference, “**Re-Envisioning Disaster Mental Health**” which focused on the changing demands in the field of disaster management. We include highlights from a presentation by an expert on fostering resilience after traumatic events, and from a panel discussion including responders to, and a survivor of, mass shootings. One of those panelists will also be featured in our upcoming annual webcast on April 4, 2023 – read on for details about that event, and numerous training opportunities that will be held in Spring and Summer 2023.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to [Tom Henery](mailto:Tom.Henery@DOH) at DOH.

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*“We could never learn to be brave and patient, if there were only joy in the world.” -Helen Keller*

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## IDMH Conference Summary: Lessons Learned in Mass Violence Response, Long Term Healing and Survivors Resiliency

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*From left to right: Kelly Muklevicz, Molly Maurer, and Lorea Arostegui*

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The IDMH conference opened with an extraordinary panel discussion featuring three women with firsthand exposure to the impact of mass shootings. **Kelly Muklevicz**, Supervising Victim Advocate for the Ventura County DA's Office, shared lessons learned from deployment and response to two mass shootings, the Route 91 Harvest Festival shooting in Las Vegas on October 1, 2017, the largest shooting in US history, and the Borderline Grill Bar & Grill shooting on November 7, 2018. **Lorea Arostegui**, Social Worker, and Victim Specialist with the Vegas Strong Resiliency Center and Office of Emergency Management, highlighted a long-term healing model and services for families, survivors, first responders, and the community. **Molly Maurer**, survivor of both the Route 91 and Borderline attacks, shared her journey of survival, resilience, and peer mentoring.

Kelly Muklevicz began by summarizing the immediate impact of the Las Vegas attack on October 1, 2017, when a gunman opened fire on the Route 91 Harvest Festival, killing 58 people and injuring more than 600. Since about two-thirds of the ticket holders were from Southern California, her team was called on by the State Attorney General's office to assist in the days following the shooting. Initially, three Advocates from her office deployed to Las

Vegas; in the week that they were on-site they served over 3,000 survivors at the Family Assistance Center (FAC), approximately 800 of whom were from her county in Southern California.

Kelly described some of the successes her team encountered at the FAC in the early days after the event, which could be applied to planning for future events:

- **Managing a flood of donations:** “I remember the Metro Police Chief saying I had a conference room that would hold a thousand people that was filled with water, floor to ceiling, but I couldn't turn people away. People kept bringing, bringing, bringing. He said that was how they could help and that was what was helping the community to heal, so I kept taking the donations. Those were very welcomed at the Family Assistance Center – there was food, water, and plenty of refreshments so it was very welcoming for folks that were coming in for services. Meals for providers [were] another way for community members to feel like they were participating in the healing... they were bringing food for all of the responders that were there morning, noon, and night, so there was never a shortage of caring coming inside from the community.”
- **Creating efficient personnel systems:** Kelly noted the “ease of access for check-in for staff: They had a very streamlined system so it was very easy to check in in the morning and know who was supposed to be there, why they were there, and what they were doing.”
- **On-site support from law enforcement:** -“I cannot speak highly enough of the local law enforcement in Las Vegas and the FBI. They were there to support not only the responders, but [were] very trauma-informed and supportive of the families and survivors that were coming to the Center for help. FBI Victim Specialists were responsible for property return... they had cataloged every piece of paper. Everything they found within the concert grounds, they had cataloged and organized so when folks were coming looking for things that they lost they could very easily guide them to that.”

The local response to the Borderline Bar & Grill shooting in Thousand Oaks, CA, on November 7, 2018, which resulted in 16 injuries and 13 deaths including the perpetrator, was far more challenging, Kelly said. There were fewer resources available locally, and crucially, the community lacked a solid response plan – despite their coming back from Las Vegas with new awareness they really needed to create their own regional plan. Because that never happened, when the next mass shooting occurred in their county her team of victims advocates, local law enforcement, and other responders had to scramble to figure out how to support family members who had gathered at a local teen center to await death notifications or news about survivors.

That initial response was drastically complicated when, Kelly said, “15 hours after the shooting a wildfire broke out in Ventura County, so we now had a crime scene that was surrounded literally by a ring of fire. All of our freeways were shut down. We were basically crippled – we couldn't get out of the crime scene; people couldn't get back into the crime scene or couldn't get to the Assistance Center. FBI [agents] that flew in from Virginia were

evacuated from their hotel in the middle of the night and ended up sleeping in the parking lot of the Family Assistance Center that we put up the next day. Survivors of the shooting were evacuated from their homes hours after they arrived home. It was a perfect storm – I feel like it's a story you can't even make up.”

Despite the lack of a detailed plan for handling a mass casualty incident, Kelly and others were able to call on their recent experience in Las Vegas to cobble together an FAC with basic services for those impacted by the bar attack, in the first stages of support services that would continue to be offered for years for local survivors of both shootings, and which continues today.

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*“If I can if you leave with nothing else, just please have a plan. It doesn't matter if it's comprehensive and complete, just have a plan!”*

*- Kelly Muklevicz, Supervising Victim Advocate for the Ventura County DA's Office*

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Panelist Molly Maurer has the rare but sadly not unique experience of surviving two mass shootings. Molly is a resident of Ventura County who had traveled to Las Vegas in 2017 with friends to attend the Route 91 Harvest Festival. Like many in the crowd, when she heard the first shots fired she assumed it was fireworks that were part of the act they were watching. Then when the second round arrived, people in the crowd started reacting: “That was when you could start to hear people screaming and everyone just started running – chaos.... Nobody knew what was going on, everybody was running in every direction. The festival grounds only had a couple exit points and so there were a few thousand people, I think 22,000 people... all trying to funnel through very few exits and it quickly just became very chaotic, very scary. Nobody knew what was going on and [there were] just seas of people running to where they could, and the bullets started to hit the stage and you could hear them coming off the metal and we realized someone's shooting at us. We need to go, we need to figure out where safety is.”

Molly went on to describe the chaos of the scene and her attempts to escape with her friends, while feeling like no one was coming to help at first until police started arriving. They managed to get back to their hotel room, which had a direct view of the venue. She said they watched the scene of people still trying to escape until that became overwhelming, then they turned on the television to find confusing breaking news reports that included rumors about where the shooter was located and where victims were going. All hotels remained on lockdown through the night. As soon as that was lifted at 8 a.m. the next morning, they left to drive home. On the way to their car they saw the broken windows with billowing curtains where the perpetrator had fired from, and Molly recalled “it was such a surreal moment of like, okay, so it was real. All of this actually happened, like, that's where he was coming from and we were recounting where we were in the venue and being like okay, that's how close we were.... Everything just kind of started coming to the forefront of the brain of like, this is not

okay, this is crazy.”

After returning home to California, Molly said her initial coping strategy was to attempt to move on with her life without confronting what she had been through: “I went with the game plan of I’m just gonna pretend that never happened and we’re just gonna move on.... I was dealing with all of this PTSD and these thoughts and I didn’t even know what was going on. I just was trying to block out all of these fears and thoughts.... I was like we’re just gonna keep going and we’ll be okay – and that was not a great plan. Do not recommend that!” Eventually, when her withdrawal and avoidance behaviors (which she now recognizes as symptoms of PTSD) became problematic, her mother encouraged her to seek mental health support.

Molly said she was just starting to look for professional help when her regular night out with friends at a local bar, Borderline Grill Bar & Grill, became the site of her second mass shooting exposure in just over a year. Like Kelly, she was able to draw on her Las Vegas experience, only this time it wasn’t to set up an FAC, but to survive: “I’m again hearing gunshots and my one advantage this time was I know the noise now and I was like, oh that’s not fireworks... that’s gunfire. So I responded pretty quickly the second time and got out of the bar as quick as I could.” Once she made her way home, she again watched local news coverage with a sense of unreality – and then the next day she had to evacuate from the wildfire with her infant daughter, so she was displaced from the home that had become her one refuge.

This time, Molly said, her efforts to put her experience “on the shelf” and never think about it again clearly wasn’t working, to the point where her undiagnosed PTSD was impacting her ability to take care of her child. That recognition, and her mother’s ongoing urging, convinced her to attend a local support group for shooting survivors, though she acknowledged it took her a few attempts to actually get through the door. When she did, it was a real turning point: “I did the support group and I cried the entire time. Other people were sharing. I cried. I was talking. I cried. It was a very emotional moment for me and kind of like this moment in my healing where I was like, this is what I need to do to get better, to be okay, and as I’m sharing the other people in the room were nodding an agreement or crying with me or holding hand out for support, and I was sitting in a room with people who absolutely understood what I was going through. Nobody said I was dramatic and nobody said I was crazy, and they were agreeing with me and offering their thoughts about it and how scared they were and all of these things, and we’re all looking at each other like, all right, we got this this.”

After that first healing step opening up to others who understood what she’d gone through, Molly participated in a trauma retreat for mass shooting survivors, where she received various forms of trauma therapy and gained “a new perspective of what my healing could be and all of the things that I was capable of doing if I just focused on my mental health and kind of put that to the forefront, and it was the first time that I realized that if I could get to a place that I was okay I could potentially help other people and I could use my experience to support other survivors.” She’s spent the years since that revelation getting trained in peer support, and is now working as Program Coordinator for the Route 91 Heals Project, which provides ongoing

assistance for survivors of both shootings.

To hear more from survivor turned victims advocate **Molly Maurer**, please read on for details about registering for her upcoming DOH-OMH-IDMH webcast!

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## IDMH Conference Summary: Trauma, Disaster and the Resilience Paradox: The Key Role of Flexible Self Regulation - George Bonnano

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Closing the IDMH Conference was **Dr. George Bonnano** from Columbia University and his discussion on what he coined, "the resilience paradox". Dr. Bonnano begins his conference session by providing an overview about traumatic events and how common they are, citing that most people will experience at least one event in our lives that could be considered "traumatic". To provide an example, Dr. Bonnano re-tells the story of a young man who had a traumatic accident involving a sanitation truck in New York City, and whom later became one of Dr. Bonnano's students. Despite the psychological and physical toll that this accident had on this young man, namely the loss of one of his legs, Dr. Bonnano says that this young man noticed his psychological reactions quickly fading. This led him to ask "why I wasn't more messed up... You know, if everyone gets PTSD, why was I doing okay?"

This would lead Dr. Bonnano on the quest to answer that question; what makes some people resilient to trauma? In researching an answer to this question, Dr Bonnano found three central points:

1. Resilience is common
  2. Having certain "key" traits along will not make us resilient (there is no "resilient type")
  3. Resilience requires engaging with a stressor and each time working out the best response
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## 1. Resilience is Common

To the first point that resilience is common among those exposed to extreme events, Dr. Bonnano begins by discussing the use of the term PTSD. He mentions that while the distinction of PTSD has led to advancements in research and treatment of trauma, it also puts all post-trauma reactions and experiences into the context of a diagnosis. With this type of thinking, reactions to extreme events are classified as either PTSD or not-PTSD, with little to no room for all the other variations in human responses to extreme events, many of which can still be highly distressing but not reach the specific criteria of PTSD.

Dr. Bonnano mentions that in an effort to break this very strict outlook on trauma responses, he choose to refer to extreme events as PTE's, or potentially traumatic events. However, most people who experience a PTE will not go on to experience reactions at the level necessary for PTSD. So what do we refer to this group as? Resilient? Then what makes someone resilient and how can we use that to help those who do develop PTSD?

Diving into the history of resilience, Dr. Bonnano mentions that those who don't experience many or any negative reactions used to be considered pathological. According to the research, between 5-30% of people who experience a PTE will be on the "Chronic trajectory", or what we would consider meeting criteria for PTSD. Around 5-20% will have some negative reactions following a PTE, but those reactions will remit with time and are considered to be on the "Recovery trajectory". 0-15% will have reactions that don't meet criteria for PTSD, but which don't improve or worsen with time and are considered to be on the "Worsening trajectory". However most people, between 55-58% or 1 in 3, will be on the "Resilience trajectory", where there are some reactions following a PTE but these remit fairly quickly.

Dr. Bonnano then applies this concept to a recent chronic disaster, the COVID-19 pandemic and lockdowns, which many thought would cause a major mental health crisis which would overwhelm our system's capacity. However, this did not result in as big of a crisis as initially thought, with studies from around the world showing that even in this type of ongoing PTE, 60% of those studied still fell into the 'Resilient trajectory category. Even in Hubei Province, China, where it is speculated COVID-19 began and which had some of the strictest lockdowns globally, maintained 60% were still in the 'Resilience trajectory.

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## 2. There is No Resilient Type

Dr. Bonnano continued to his second major finding by asking the question "if we know that most people are resilient, why?" The original idea posed was that there were certain factors or traits that would make one resilient, and that by practicing that trait we could increase our resilience. Dr. Bonnano says that this notion is false, and that the research shows that there is no one factor that can predict resilience. In looking at the research, there have been over 50 factors correlated to resilience including pre-event, post-event, and factors occurring during the event. While none of these factors alone has shown any effect, the combination of these effects seems to show some promise.

Dr. Bonnano reviewed studies conducted around the world correlating resilience to scores on genetic tests to see if genetics would play a role in predicting how resilient someone was. However, the data showed that there was no direct correlation between any of the genetic factors and an increase in resilience, showing that resilience is a more complex construct than simply genetics. This is what Dr. Bonnano has coined the "resilience paradox"; or the idea that we know the factors that correlate to resilience, but cannot accurately predict resiliency. Through the work of his research lab, Dr. Bonnano's proposed solution to this paradox has three main components:

1. Situation challenges vary across events and depend on the specifics of each event
2. All traits and behaviors have costs and benefits
3. Most people are resilient, so most people must be flexible

With situational challenges, different types of events will demand very different things from us in terms of responding to the situation. The way that you respond to a hurricane will be different to how you respond to a terrorist attack, which is different than a medical emergency. This is true over time as well, where the demands from the environment will change as the event progresses from first shock, to confusion, to numbness, for instance. Almost everyone who experiences a PTE will have some type of reaction which will change over time, however the trajectory of that change will depend.

The second main point in the resilience paradox is that anything we do will have certain costs and benefits associated with that action; there is no such thing as a perfect adaptation. What this means in relation to resilience is that human behaviors also have costs and benefits, and given the situation, those costs may outweigh the benefits or vice versa. For instance, distraction and emotional suppression are generally considered maladaptive, however in some situations they would be considered helpful and adaptive. On the other hand, social support is typically seen as an adaptive reaction, but there could be cases where that would actually be more harmful to engage in than helpful. Thus, what works in one situation may not be as effective, or actively harmful, in another situation or at another point in time.

However since we know that most people are resilient, then most people must be able to work out this problem of context-dependent actions and reactions. Dr. Bonnano mentions that the research shows us that people are pretty good at knowing how to



act given the situation that they are in, however since not everyone falls on the resilient trajectory, there are some who struggle with this. This leads to Dr. Bonnano's third central point of his conference session:

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### 3. Resilience Requires Engaging with a Stressor and Working Out the Best Response

Since it appears that there is no one "magic bullet," as Dr. Bonnano puts it, to teach people resiliency, maybe we can teach people how to best assess each situation and apply the best course of action, or what he has coined "regulatory flexibility." This regulatory flexibility that Dr. Bonnano is proposing is comprised of two parts, the flexibility mindset and flexibility sequence.

The flexibility mindset is the motivation that is required to engage in regulatory flexibility, and can be thought of as the "what" of how we build resiliency. In order to engage in this process, one must first be motivated to engage with the stressor. This motivation comes from a combination of Optimism ("the future will be okay"), Coping Confidence ("I have the skills needed to deal with this"), and Challenge Appraisal ("I can and will do what is necessary"). These all influence one another, and when one of these is increased, the others will follow suit.

This flexibility mindset then allows us to engage in the flexibility sequence, which can be thought of as the "how" we build resiliency. This sequence can also be thought of as the process of how we self-regulate ourselves. We first must evaluate the demands that are being asked of us from the environment or situation, including what is going on, what is my role in this situation, etc. We call this 'context sensitivity', or how well we are able to assess the current situation or environment and know what is needed of us given that context.

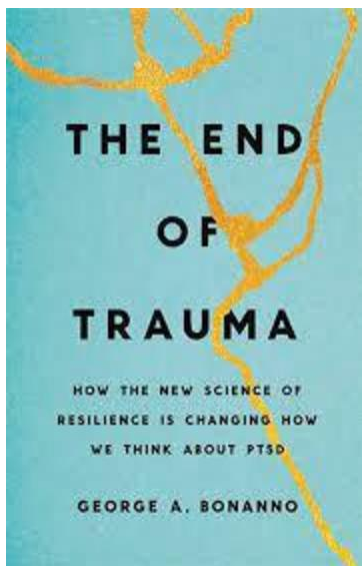
Once we appraise the situation, the next step in the flexibility sequence is to select a response of how we will engage with the situation or environment, or what is called 'repertoire'. While we previously appraised what the situation needed from us, now we are appraising what we are able to do given the situation. Once we select a course of action, we then move on to the last step which is to monitor how well that action matches to what is being demanded of us, also known as 'feedback monitoring'. This is where we are looking to see if our response is working or if we need to change our course of action, and how we should change it if needed. Dr. Bonnano mentions that this final step can be particularly difficult in times of extreme stress, where people tend to see their course of action as not working and give up instead of trying to new course of action. According to Dr. Bonnano, coping should be a trial and error process and that we will not get it right the first time, every time.

This process of appraising the situation, selecting appropriate action, and then assessing how well that action plays out is not a one time process. Most of the time we will cycle through this sequence multiple times for the same situation or environment, even up to days or weeks after an extreme event has ended.

## High Flexibility Predicts the Best Outcomes

Dr. Bonnano concludes his conference presentation by discussing some of the research into this idea of the flexibility sequence by pointing out that most of those surveyed fall into the "high flexibility" category, meaning that they were better able to assess a situation, respond accordingly, and then re-assess their response if needed. However, those that scored lower on any one of those components (context sensitivity, repertoire, and feedback monitoring) had higher levels of depression, while those lower in the context sensitivity were particularly linked to anxiety.

In his closing words, Dr. Bonnano says that the best pathway to resilience is to be flexible in how we assess situations and respond to those situations, or having "flexible regulation." While this might seem like common sense, having the data to back up that common sense is helpful in knowing what to do and not to do related to extreme events and building our own resilience.



To pick up a copy of Dr. Bonnano's book on this topic, "The End of Trauma," please click or tap on the photo to the left.

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## Annual DOH-OMH-IDMH Live Webcast Disaster Mental Health: A Survivor's Perspective

April 4, 2023  
2:00 - 3:30 p.m.

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As we continue to emerge from the stress of the pandemic, this year's webcast will return to focusing on the impact of more traditional disasters and the need they generate for trained

mental health support, through a conversation between two people with first-hand experience in the field.

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## Molly Maurer

Molly Maurer survived two mass shootings within a year of each other, at the Las Vegas Route 91 Harvest music festival in 2017 and the Borderline Bar and Grill 2018. After those attacks, Molly began working on her own mental health journey. She found healing through the Give an Hour organization and started attending their weekly support groups for mass shooting survivors. She

later began working for Give an Hour as the peer lead for the Route91 Heals Peer Support project. She is currently using her own experiences to help guide and support mass shooting survivors to their own healing journey through her work as the program coordinator for the Route 91 Heals project.



## Christie Rodgers

Christie Rodgers, MSW, LICSW, is now the Manager of Talent and Organizational Development for the American Red Cross. In her previous role managing the American Red Cross Disaster Mental Health (DMH) program, Christie led an overhaul of the Red Cross Disaster Mental Health program, including the introduction of a

new evidence-based assessment protocol for DMH responders. She provided DMH leadership and technical assistance for every major domestic disaster between 2013 and 2018 and she responded in-person to more than 10 national disasters, including serving as an operational leader at the Las Vegas shooting. Christie is a clinical social worker with expertise in trauma and attachment.

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Molly and Christie will discuss their respective experiences both needing and providing mental health support, the importance of Disaster Mental Health-specific training, and the impact working in this area can take on helpers.

**Target Audience:** Mental health, hospital, public health workers, or anyone likely to become involved in the disaster response in their communities.

**Live Stream Virtual Training:** Tuesday, April 4, 2023 - 2:00 - 3:30 PM

**Registration:** To enroll in the training, please go to [www.NYLearnsPH.com](http://www.NYLearnsPH.com) and either register or login to the LMS. Search Course Catalog for: OHEPBP4-HPP5 OR [click this shortcut](#) or the QR code below to access the course enrollment page on the LMS.

**Questions Regarding NYSDOH Learning Management System (LMS):** Direct questions to [edlearn@health.ny.gov](mailto:edlearn@health.ny.gov) or 518- 473-4223 Ext 4.

**Questions Regarding Training:** Direct questions to [prepedap@health.ny.gov](mailto:prepedap@health.ny.gov) or 518-474-2893.



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## Institute for Disaster Mental Health Trainings: Psychological First Aid & Personal Resilience and Stress Inoculation

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Back by popular demand, we'll be offering several more sessions of two virtual trainings that have been well-received by DOH and OMH personnel since the start of the pandemic. The two subjects complement each other, and we encourage you to take both so you're better equipped to take care of your own well-being while you help others more effectively. All sessions will be delivered live and remotely by IDMH Deputy Director Karla Vermeulen, Ph.D.

**Psychological First Aid** is a widely recommended early intervention that can be used to support anyone who is stressed or distressed, including patients, clients, and colleagues. This 90-minute-long training will present a toolkit of supportive elements that can be used to help others, regardless of the setting or source of stress, in order to remove barriers to natural resilience. Dates and times:

- Wednesday, April 12, 2:00 to 3:30 PM
- Wednesday, June 7, 10:00 to 11:30 AM

**Registration:** to enroll in this training, please go to [www.NYLearnsPH.com](http://www.NYLearnsPH.com) and either register or login to the LMS. Search Course Catalog for: [OHEP-BP4-PFA](#) [Live Virtual Offerings] or [OHEP-OMH-PFA-NY](#) [Online Course] or scan the accompanying QR codes below:

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[OHEP-BP4-PFA](#)



[OHEP-OMH-PFA-NY](#)

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Where Psychological First Aid focuses on helping others, our 75-minute-long **Personal Resilience and Stress Inoculation** sessions focus on building your own coping capacity, including an overview of how stress impacts brain functioning, understanding how to manage stress, and building and maintaining resilience through cognitive approaches including Stress Inoculation. Dates and times:

- Tuesday, April 25, 10:00 to 11:15 AM
- Thursday, June 1, 1:00 to 2:15 PM
- Tuesday, June 13, 2:00 to 3:15 PM

**Registration:** to enroll in this training, please go to [www.NYLearnsPH.com](http://www.NYLearnsPH.com) and either register or login to the LMS. Search Course Catalog for: [OHEP-BP4-PRSI](#) or scan the QR code below:

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Both sessions are targeted to broad audiences, including those working in hospitals, nursing homes, adult care facilities, local health departments, emergency medical services, emergency management, and mental health settings. There are no prerequisites and no mental health background is needed. Both are free, though advance registration is required by following the link or instructions above, or scanning the accompanying QR code above.

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## Research Brief: Mental Health Benefits of Helping Others Through Peer Support

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The emotional benefits of helping others during times of stress or distress have long been recognized, which is why fostering senses of efficacy and connectedness are two of the main principles of Psychological First Aid (Hobfoll et al., 2007). Consciously or not, it's also probably an important motivator for people who choose to train in Disaster Mental Health: Having the ability to feel we're doing something productive to support our communities at times when many feel helpless can help restore a sense of control and provide personal gratification.

Those benefits can be difficult to quantify, though, given how diverse activating events like disasters and public health emergencies are, and how varied helping activities tend to be. One group of researchers working out of Massachusetts General Hospital attempted to study the topic during the pandemic, when they assessed various effects of COVID-19 on 173 study participants from 23 states. Those surveyed all were described as "living with mental health challenges" that put them at high risk for pandemic-related problems including substance abuse, financial issues, worse health outcomes if infected due to pre-existing conditions and limited access to healthcare, and loneliness. They were recruited through agencies involved in providing mental

health and substance use services, advocacy organizations, and recovery and self-help organizations.

The sample included two groups: 109 participants were “Peer Specialists” who were trained to provide support to individuals with similar mental health conditions to their own, while the other 64 people surveyed had comparable challenges but were not trained to provide peer support. According to the authors, “by virtue of their role, which encourages recovery through shared experience, Peer Specialists (PSs) may be more able to access support and better equipped to use illness self-management skills than peers who are not PSs. PSs foster wellness and coping through peer support and empowerment, valuable tools to be leveraged during COVID-19 in terms of managing distress and getting the basic needs of daily life and treatment needs met effectively.” As a result, they predicted that PSs would be less vulnerable to the pandemic’s mental health impact than those with similar substance abuse or mental health challenges who did not work in peer support.

Apart from their helping roles, there were some significant demographic differences between groups that may have contributed to the results: The PSs were more likely to be married, employed full-time, and higher earning than the non-PSs, all of which are seen as general protective factors. On the other hand, PSs were significantly more likely to have higher COVID exposure risks, and non-PSs were more likely to have received mental health therapy during the pandemic, though there were no differences between groups in the impact of receiving peer support including hope, empowerment, social support, quality of life, and sense of belonging.

Still, the researchers did find several measurable benefits for the Peer Specialists. While both groups (along with much of the general population) reported feelings of loneliness and isolation during the pandemic, those rates were significantly higher for the non-PS group. PSs reported less conflict in the home and lower levels of work disruption, as well as lower levels of worsening of mental health issues. Interestingly they also found that “PSs adopted more positive changes in attitudes (e.g., finding greater meaning in work or being more appreciative of things taken for granted). Employment in a helping profession may have played a role in fostering a positive outlook among PSs. In turn, these positive attitudes may have enabled PSs to cope with various stressors during the pandemic, such as increased mental health symptoms, change in work or homelife, or isolation.”

While this study was small and limited to a very specific form of helping, it does provide empirical support that feeling productive and connected to others can be just as beneficial for the helper as for the survivors receiving their support – certainly a finding to keep in mind as you keep building your disaster response skills.

*Source: Wright, A.C. et al. (2022). The impact of the COVID-19 pandemic on peer specialists. Psychiatric Rehabilitation Journal, 45, 201-211.*

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