

New York DMH Responder

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OMH: Office of Emergency Preparedness and Response
DOH: Office of Health Emergency Preparedness

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Welcome

Welcome to the Fall 2011 issue of the **New York DMH Responder**, our quarterly newsletter for the Disaster Mental Health community. This issue will focus on the response to the terrible flooding resulting from Tropical Storms Irene and Lee, which produced the worst natural disaster in New York State history.

Our lead feature examines how the principles of Psychological First Aid were applied during the flood response, demonstrating how appropriate these fundamentals are regardless of

setting. We also include reports from United Health Systems and the American Red Cross on their roles in the response.

For the latest in our year-long series of articles on **assisting special populations**, we'll examine the challenges of working with people with serious mental illness in times of disaster. While DOH and OMH have been actively training to work with this group, recent policy changes by FEMA mean they will now be housed in general shelters rather than in special needs shelters. Several incidents during the

response made it evident that additional preparation is needed to balance the needs of people with mental illness with the comfort of other shelter residents.

Our **Research Brief** presents results from an Institute for Disaster Mental Health survey on Posttraumatic Growth after 9/11 that many OMH and DOH staff members participated in.

As always, your feedback and suggestions for topics to cover in future issues are welcome. Please email any comments to Judith LeComb at DOH and/or Steve Moskowitz at OMH.

The *DMH Responder* is a quarterly production of...

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Psychological First Aid Principles in the Field

The Winter 2011 edition of this newsletter presented a summary of the key elements of Psychological First Aid which were excerpted from the new "Disaster Mental Health: Essential Principles and Practices" training module. While this module was originally intended to serve as a refresher course to update skills learned in the fundamental "Disaster Mental Health: A Critical Response" course, it was successfully put to use as a just-in-time training to prepare clinicians and crisis counselors to respond to the floods.

The basic premise of Psychological First Aid (PFA) is that helpers can create a positive early recovery environment for trauma survivors by fostering their sense of **safety, calming, efficacy, connectedness, and hope**. The intent is not to downplay survivors' problems or create an unrealistic sense of optimism, but to remind them

of their strengths and to activate their natural coping processes. For many people that simple early intervention is sufficient to prevent them from developing more extreme posttraumatic reactions, just as some well-timed medical first aid can prevent a wound from becoming infected.

Those supportive responses were sorely needed by shelter residents and clients at the Disaster Recovery Centers (DRCs), many of whom were struggling to understand the extent of their losses. By calling on their PFA training and remembering to stay calm, be empathetic, and encourage survivors to reconnect with resources, staff members often could reduce distress and redirect survivors' focus from what was lost to how to begin recovering.

Of course, PFA is not enough to help all survivors, just as first aid is not enough to help all injured

people. Some flooding victims will surely require more intensive treatment for conditions such as depression, anxiety, and post-traumatic stress disorder. Still, this experience of applying the training helpers had received, whether through the longer "A Critical Response" training, the day-long PFA course, or the just-in-time delivery of the "Essential Principles and Practices," made it evident that the elements of PFA really are the fundamentals needed for responding to trauma, regardless of setting.

"There are some things you learn best in calm, and some in storm."
-Willa Cather



Guest Feature

DMH in Action: American Red Cross Responding to the Storm

By Tara Hughes, LCSW-R, & Diane Ryan, LCSW, Red Cross DMH Advisors for NYS and DMH Chiefs, DRO 772-12

When Hurricane Irene was predicted to strike in NY State, the American Red Cross moved into action. A full contingent of Red Cross staff (paid and volunteer) from NYS and across the country organized to assist those impacted by the storm. When Tropical Storm Lee caused massive flooding in the Binghamton area, that same staff and some reinforcements shifted their focus to continue the work. That work consisted of DMH support of shelter residents, outreach to residents in small towns where few structures remained standing, and help to reduce stress levels and improve functioning for people getting assistance in the form of food or clean up supplies.

There were challenges throughout that included a geographically vast area of impact from NYC to Albany to Binghamton, Red Cross staff needing to “shelter in place” during the early hours of Irene and live in a staff shelter during most of Lee, and working within a newly reconfigured state and national Red Cross structure. Despite those challenges, the Red Cross response incorporated 61 nationally deployed DMH volunteers and 65 local volunteers, as well as partnerships with Disaster Chaplain Services, NYS OMH, and NASW to serve impacted people in over 70 Service Delivery Sites.

The response highlighted the benefits of using PsySTART, a mental health surveillance system being implemented nationally within Red Cross DMH, in order to prioritize the assignment of staff to the neediest of identified service delivery sites. In addition, the Red Cross DMH focus on “force health protection” strategies continued to strengthen with a focus on preparing, maintaining functionality of, and supporting all response workers throughout the many stages of the response.

Guest Feature: United Health Services’ Disaster Mental Health Response

The story of loss goes on and on in the Southern Tier of New York as the area was inundated by record-high floodwaters as the remnants of Tropical Storm Lee dumped rain across the Northeast, closing major highways and re-flooding regions still reeling from Tropical Storm Irene. Rivers washed onto roadways and into neighbor-hoods, creating what some residents labeled a once-in-a-generation flood, with rain pushing waterways to historic levels in places like Deposit, Owego and Vestal. Many United Health Services (UHS) employees were unable to report to work from 1-3 days as roads were closed or staff were evacuating or fighting the water that had taken over their own homes.

The DMH operations center is located at UHS Binghamton although DMH team members are located throughout the UHS system. UHS is very actively involved in their community and provides a myriad of mental health support services and education to community agencies and schools. All behavioral health services are located at UHS Binghamton General Hospital with a Disaster Mental Health (DMH) team of 20. Many of these team members have completed the NYSDOH/OMH DMH training, offered annually, which provides principles and practices that should be followed in order to improve the lives of survivors of disaster. Amid all of the other demands of training and preparation UHS faces, taking the time

to prepare hospital and healthcare facility staff members to incorporate a disaster mental health component into their response is a priority. This article is a reminder of why supportive disaster mental health early interventions are so important in preventing post reactions among survivors.

On the day of 9/8/2011 Broome County Mental Health contacted UHS requesting Disaster Mental Health (DMH) responders at the SUNY Binghamton Events Center that had been established as a shelter. Through UHS’ Emergency Response Plan, medical support. (physicians, nurses and supplies), as well as a DMH team were deployed. This was accomplished even though UHS was working with a skeleton crew due to absences.

On 9/13/2011 a second request was placed to UHS requesting DMH team members to assist Vestal Nursing Home staff and patients that were evacuated and dispersed largely between two local nursing homes (Bridgewater and Susquehanna). Two DMH team members were deployed the first day and three the next two days. The first day was spent at Bridgewater Nursing Home providing psychological support to Vestal Nursing Home and Bridgewater staff, residents and family members who had been displaced by flooding. There were many needs of residents, staff and family members which were overwhelming for team members but many of the self care techniques learned during DMH training helped to minimize fatigue. Also, the DMH team captain continually monitored members and provided support and relief when necessary. During the

second and third day both at Bridgewater Nursing Home and Susquehanna Nursing Home the team of three saw a total of 500 people. Since this was UHS’ first major large scale disaster and response the first day was the stepping stone for the remainder of events over the course of the next few weeks. A lesson learned in this response was that the response was basically assisting victims in the moment with a good set of ears with no need for any scripted speech, years of counseling, or condolences. Once a DMH responder introduced themselves the victim opened up a “flood gate of conversation and needs.” Calming anxiety, restoring hope and connecting with family members were some of the basic elements team members utilized during early intervention. A unique situation that presented itself to UHS was the opportunity and need to assist management with tips on how to help nursing home staff works together as a team so that the Vestal Nursing Home staff felt welcomed and the receiving nursing home staff did not feel “invaded upon.” During the 2006 floods UHS had firsthand experience of working alongside Lourdes Hospital staff when Lourdes was evacuated and UHS drew upon this experience to provide support and direction to management.

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Assisting Special Populations: Serving People with Mental Illness in Shelters and Disaster Recovery Centers

One notable lesson from the recent storms and flooding in New York State was the need for better preparation to support people with mental illness in times of disaster. Approximately 20% of U.S. residents experience some form of mental disorder, though in many cases symptoms are well controlled through some combination of therapy, medication, and other interventions. An estimated 6% of Americans experience serious mental illness. Many (though by no means all) members of this population can be highly vulnerable during disasters and crises for a variety of reasons such as unstable housing arrangements and a limited support system, so they may be over-represented among shelter residents and service users. And conditions in shelters or other unfamiliar environments may be particularly stressful for those who depend on routines, support services, and regular access to medications to function well.

Response issues may extend beyond the population with mental illness to impact other disaster survivors as well. While people with mental illness rarely produce any actual threat to others, exaggerated depictions in the media and sensationalized reporting about the occasional violent incident have created a skewed perception of the issue among the general public, increasing stigma and fear about this group. To be sure, psychiatric symptoms are often expressed through behaviors that are frightening or off-putting to others, such as talking to oneself or not attending to personal hygiene. This may heighten fear and tensions among other shelter residents (who are already coping with fear and anxiety from the disaster itself and so may be less tolerant than usual), and it may create challenges for shelter managers and other helpers who often have little training in working with people with mental illness.

NYS agencies have long recognized the need to serve people with mental illness in times of disaster. In 2009 NYS Department of Health (DOH), in conjunction with the Office of Mental Health (OMH), sponsored the production of a training module for responders, "Disaster Mental Health: Assisting Individuals with Mental Illness," which was delivered eight times around the state last year. While this kind of proactive training is essential, it coincided with a major policy change that drastically increased the likelihood that disaster responders will find themselves interacting with people with



psychiatric disabilities: In November 2010, FEMA issued new guidance that does not segregate people with disabilities (physical or psychological) into "special needs" shelters, but requires that they be accommodated in general population shelters via Functional Needs Support Services. FEMA's rationale for this change is that "People with disabilities are entitled by law to equal opportunity to participate in programs, services, and activities in the most integrated setting appropriate to the needs of the individual. Additionally, children and adults with and without disabilities who have access and functional needs should not be sheltered separately from their families, friends, and/or caregivers because services they require are not available to them in general population shelters."

While the new policy demonstrates increased respect for the rights of all individuals, it also increases demands on disaster responders in ways which are only now becoming evident as the change is implemented. Staff members in both Disaster Recovery Centers (DRCs) and shelters following Tropical Storms Irene and Lee encountered people with developmental disabilities, schizophrenia, and other conditions that required additional attention, and in some cases their behavior disturbed shelter residents (especially families with children). This illuminated the need to have mental health staff present who are prepared to cope with clinical symptoms such as hallucinations and dissociation, and to work with other residents to educate them and calm their fears – in a manner that respects the privacy of the person with mental illness.

Along with the myriad of other challenges disaster responders face, the recent floods serve as a valuable wake-up call that sheltering and response plans need to be inclusive of all, including people who are not only suffering themselves, but whose behavior may be distressing to others. Therefore, it is essential that staff in shelters and DRCs be trained in disaster mental health and understand the primary ways in which they can assist individuals who are experiencing psychological difficulties.

Assisting People with Mental Illness

The assistance needed will vary greatly depending on the situation and the nature of the person's condition, so as in all cases, flexibility is essential. Primary ways you can help post-disaster include:

- Address the person, not the diagnosis
- Communicate clearly
- Restore access to medication
- Restore a calm environment
- Restore past support sources

Research Brief: Posttraumatic Growth Survey Results

Is it possible that experiencing a traumatic event can ultimately lead not only to recovery, but to improvement in some areas of life? That’s the premise of Posttraumatic Growth (PTG), a relatively new field of study that explores positive change in domains including relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. To examine whether the attacks of 9/11 led to PTG among responders and other health and mental health professionals, the Institute for Disaster Mental Health at SUNY New Paltz conducted an online survey that inquired about response experiences and long-term outcomes. Many *Responder* readers participated in the survey; here are some of the results.

Among the 158 total participants, 47 (29.9%) knew someone who was injured or killed in the attacks, and 88 (56.1%) were involved in the response. Of them, one-third responded as volunteers and two-thirds were in a professional role; half were mental health helpers or American Red Cross volunteers and the rest were primarily emergency responders, social workers, and spiritual care providers. The intensity of the initial response was high: One-third of responders said they worked more than 40 hours per week during the first month after the attacks.

Respondents’ perceptions of the usefulness of their work were generally strong. In answering the question “Do you feel that your work responding to the attacks was productive in helping OTHERS cope with the event?” no one thought it was not at all productive and 2 people thought it was “a little productive.” Twenty-nine (33.7%) selected “somewhat productive” and 53 (61.5%) selected “very productive” or “extremely productive.”

Perceptions of the personal benefits were slightly lower. Asked “Do you feel that your work responding to the attacks was productive in helping your OWN coping with the event?” answers included 5 (5.8%) “not at all productive,” 11 (12.8%) “a little productive,” 28 (32.6%) “somewhat productive,” and 40 (46.5%) “very productive” or “extremely productive.”

Replies to a question about how people coped with any personal distress they experienced from 9/11 demonstrate the importance of social support in handling trauma. The most popular choices (multiple selections were allowed so percentages exceed 100%) were:

- “I turned to friends” (86 people, 56.2%)
- “I turned to my spouse/partner” (60 people, 39.2%)
- “I turned to my family” (57 people, 37.3%)

“I always tell people that I NEVER want to do it again but, truthfully, I would drop everything and do it again without hesitation.”
- 9/11 responder

Similarly, the most popular ways of coping with professional distress included:

- “I turned to colleagues” (70 people, 45.8%)
- “I turned to friends” (49 people, 32.0%)
- “I turned to my my spouse/partner” (36 people, 23.5%)

While most participants reported experiencing at least some personal and professional distress resulting from the attacks, many also experienced growth. Among the 153 people who answered the question “Looking back, do you feel the events of 9/11 led to any positive personal developments for you?” 97 (63.4%) said yes, 23 (15.0%) said no, and

33 (21.6%) said they were not sure. Even more reported positive professional developments, with 103 (68.7%) “yes” responses to the question “Looking back, do you feel the events of 9/11 led to any positive professional developments for you?,” 24 (16.0%) “nos,” and 23 (15.3%) “I don’t know.”

Participants were also asked to submit any final thoughts. Comments addressed both the difficulty of responding to the event, which for some took a serious physical or psychological toll, and the rewards of feeling they were able to help others. For example:

- “Participating in the response - at any level - is ultimately healthier and more connecting than avoiding, denying or feeling one can't respond. And responding is always enriching.”
- “I became a social worker in large part because of the Red Cross volunteers who provided support to me and others at the Park Avenue Armory Buidling in the days following 9/11.”
- “It was an honor and privilege to be involved with the response. I always tell people that I NEVER want to do it again but, truthfully, I would drop everything and do it again without hesitation.”
- “One minute humanity is destructive and the next it's healing. I think the healing will win.”

Many thanks to everyone who participated in this research.

**Save the Date: The
Institute for Disaster
Mental Health 2012
Conference**

**Building Capacity:
Managing and Mitigating
Responder Stress**

Friday, April 20, 2012

The ninth annual Institute for Disaster Mental Health conference at SUNY New Paltz will focus on building responder capacity and resilience through effective stress management and self-care strategies. Disaster response, emergency management, and trauma work are intrinsically and uniquely stressful, and it's essential that the occupational hazards be reduced through proactive self-care and stress management strategies. The care that responders provide to others can only be as good as the care they provide themselves!

Featured presenters and workshop leaders include:

- Charles Figley on mitigating occupational hazards of disaster response
- Richard Tedeschi on post-traumatic growth
- Rob Yin and Valerie Cole on new American Red Cross models for reducing responder stress
- Dianne Kane on self-care for first responders
- Monica Indart on culturally competent self-care

Additional details and registration information will be posted on www.newpaltz.edu/idmh so check there for details!

2012 Disaster Mental Health Training Schedule

The upcoming DOH Disaster Mental Health training will include two half-day-long modules.

"Assisting People Exposed to Radiation" was first offered during 2010-11 and will be repeated for staff who did not have an opportunity to attend the initial sessions. This module will be offered from 8 a.m. to noon and is intended to address the psychosocial needs of individuals exposed to radiation through an accident, dirty bomb, or other incident. In-class exercises will offer an opportunity to practice the skills needed to work with individuals and their families in the aftermath of radiation exposure.

"Disaster Mental Health: Essential Principles and Practices" is a new four-hour module that will be offered from 1 to 5 p.m. The goal of module is to reinforce participants' core knowledge about disaster mental health and to bring them up to date on the most current developments and practices in the field.

Trainings will be led by two of the authors of the Essential Principles module. Mary Tramontin, Psy.D., is a clinical psychologist with the U.S. Department of Defense, a long-time American Red Cross volunteer, and the co-author of the textbook *Disaster Mental Health: Theory and Practice*

as well as training modules for the United Nations. Karla Vermeulen, Ph.D., is the Deputy Director of the Institute for Disaster Mental Health at SUNY New Paltz where she's also a visiting assistant professor of psychology, and is the project coordinator and co-author for multiple training curricula for OMH, DOH, and the United Nations.

The prerequisite for both modules is the completion of the "Disaster Mental Health: A Critical Response" course which provides the basic fundamentals of disaster mental health. Please note that the modules will *not* be offered in a "train the trainer" format; this will allow a staff person to attend without being required to follow up with a provider course in their facility.

2012 Dates are as follows:

- **Hudson Valley - January 25**
- **Suffolk - January 26**
- **Nassau - January 27**
- **Albany - February 7**
- **Lake Placid - February 8**
- **Buffalo - March 27**
- **Rochester - March 28**
- **Syracuse - March 30**

Further information regarding registration and location will be forwarded in December, 2011.

United Health Services' Response

Continued from page 2

UHS DMH services still continue to be needed but the calls are fewer as the weeks go on and people heal. It was evident that incorporating disaster mental health training into UHS facility's preparation helped to minimize the traumatic impact on the victims of the flood and played a major role in the success of UHS' response to community.

For more information about UHS contact Susan Law, RN, AEMT-P. CLII CPEP Unit Coordinator, United Health Services:
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What's YOUR Critical Response?

Your feedback, comments, ideas for future topics or suggestions on how to improve DMH training are welcome
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