

New York DMH Responder

Spring 2011

Volume 1, Issue 2

New York State
omh
Office of Mental Health

DOH
STATE OF NEW YORK
DEPARTMENT OF HEALTH

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

518.408.2967
518.474.2893

Inside this Issue...

- DMH Training and Education Update
- Preparing for 9/11 Anniversary Reactions
- Lessons Learned from Disasters Since 9/11
- Preparing for Radiological Events

and more...



Welcome

Welcome to the spring issue of the **New York DMH Responder**, our quarterly newsletter for the Disaster Mental Health Community. This month we're featuring material gleaned from the recent Institute for Disaster Mental Health at SUNY New Paltz conference, *Lessons from Adversity: Strengthening Preparedness with Reflections from 9/11*. The annual conference once again brought together professionals from across the disaster mental health

spectrum and offered attendees presentations, workshops and panel discussions on topics ranging from first-hand reports on the responses to the disaster sites at the Pentagon and Flight 93 to a workshop on Supporting Children, Teens and Families Post-disaster.

This month's issue will also offer a brief report on the ongoing efforts to support and enhance the structure and

content of DMH training and education. The joint DOH-OMH process begun almost seven years ago is being reassessed and lessons learned are being applied as we craft a schedule for 2012.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to either (or both) Judith LeComb at DOH or Steve Moskowitz at OMH.

DMH Training and Education Update

The responsibility for considerations related to Disaster Mental Health in New York State is a shared responsibility of the state Department of Health and the Office of Mental Health. As such, the planning for training and education on Disaster Mental Health is a joint undertaking seeking to ensure that resources to respond to the mental health needs of NYS residents are provided for in a comprehensive manner.

In the fall of 2010, OMH and DOH representatives began to review existing programs and initiatives and assess future needs relative to DMH Training and Education. Guided by staff at the SUNY New Paltz Institute for Disaster Mental Health, training goals and methods have been evaluated based on both empirical data and field experience. As a result of this process several modest changes will be in evidence as DMH trainings are announced in the spring of 2012.

Among the most notable changes will be the consolidation of the basic training, *Disaster Mental Health: A Critical Response* (DMH:ACR) into a single curriculum appropriate for healthcare, spiritual care and mental health professionals. DMH:ACR will become the core course of an ongoing educational track in Disaster Mental Health which already includes a number of half-day course offerings meant to enhance and build upon the fundamentals provided in the core offering DMH:ACR.

A second feature of the review process will be a revision and updating to the DMH:ACR curriculum. Completed in 2005, the current curriculum still stands as a major accomplishment in defining the basics for education for DMH responders. In the five years plus since the curriculum was written the field of disaster mental health

has matured significantly. In response we wish to ensure that the wisdom gained is utilized to best inform our understanding of disaster mental health practice and in turn, be reflected in the education we provide you... the professionals in the field.

Additional information on other specific revisions to the training and education process will be detailed in upcoming issues of the DMH Responder so stayed tuned.

"To each there comes in their lifetime a special moment when they are figuratively tapped on the shoulder and offered the chance to do a very special thing, unique to them and fitted to their talents. What a tragedy if that moment finds them unprepared or unqualified for that which could have been their finest hour."

— Winston S. Churchill

The DMH Responder is a quarterly production of...

NYS Office of Mental Health
Office of Emergency Preparedness and Response

Steve Moskowitz, Director
518.408.2967
Steven.Moskowitz@omh.ny.gov

&

NYS Department of Health
Office of Health Emergency Preparedness

Judith LeComb,
Manager, Preparedness Training and Education
518.474.2893
prepedap@health.state.ny.us

Newsletter Production services by the
Institute for Disaster Mental Health
at SUNY New Paltz
www.newpaltz.edu/idmh

Preparing for 9/11 Anniversary Reactions

The tenth anniversary of the attacks of September 11, 2001, is just months away. Many communities are hard at work planning a variety of memorial events, and there is no question that media coverage surrounding the date will be extensive. Still, health, mental health, and emergency responders may be unprepared for the range and intensity of emotions these events are likely to evoke – in ourselves as well as in those we try to help.

Understanding and preparing for these “anniversary reactions” was the topic of an IDMH conference panel featuring:

- Sanja Blazekovic, Mental Health Association of NYC
- Margaret Pepe, Ph.D., J.D., American Red Cross
- John Tasse, Ph.D., Oklahoma City VA Medical Center & University of Oklahoma Health Sciences Center
- Steven Moskowitz, L.M.S.W., NYS OMH

The following are essential points made by the participants, as summarized by the panel’s moderator, Mary Tramontin, Psy.D, a psychologist with the U.S. Department of Defense.

Anniversary reactions are temporary upsurges of grief which occur in response to triggers including memories, unexpected reminders, or special events or times such as holidays or anniversaries. So far there has been limited research on this complex phenomenon. Best practice recommendations include providing additional support, normalizing reactions, facilitating awareness, and managing “anticipatory” dread and emotions (those that occur as people look ahead to upcoming anniversaries and other reminders), but more exploration is needed before common practices such as offering

anniversary memorial services for trauma victims should be universally endorsed.

This lack of research is especially troubling given the collective nature of disasters. After personal traumatic experiences, anniversary reactions are evoked by internal cues, or external ones that become personal triggers. In contrast, disasters affect many different people and groups – and they attract media attention, so external reminders are far more likely to be encountered. Catastrophic events like 9/11 also become politicized and remembering becomes, in part, mass mediated. This means that public rituals must attempt to serve multiple constituencies (for example, those who experienced personal losses as well as community members who did not but want to show their respect), who may have very different needs and preferences.



Rituals and Memorials: The goal of rituals is to ameliorate and dissipate the impact of grief and loss. Rituals can create a structure for recalling those who have died, allow for the expression of feelings, and serve to acknowledge transitions and changes in status for individuals, families, and communities. Often, cultural beliefs and practices dictate the how and when of these remembrances. Rituals may occur once or they may become routine events, and those held on milestone anniversary dates can include others beyond the immediate family so that community attachments are renewed. Using a specific timeframe such as an anniversary can reduce the danger of endless bereavement while also serving to alleviate complicated feelings such as possible guilt or fear regarding “forgetting” or leaving behind those who have died as life goes on. In addition to marking the loss, rituals and memorials can offer the chance to recall joyous moments, honor life, and again feel positive emotions regarding their deceased loved one that may not have other venues for expression.

Respect Individual Differences: It’s essential to note that individual and community responses when commemorating disasters will be varied. Not everyone who has gone through trauma or bereavement will experience anniversary reactions. Many will have expected and/or unforeseen responses. Some will also suffer anticipatory reactions as the occasion draws near. The uncertainty of not knowing how one is going to feel may induce extra stress. And, socially prescribed rituals marking the

(continued on Page 4)

Preparing for Radiological Incidents

Compounding concern in recent years about the possibility of terrorist attacks using radiological dispersal devices (“dirty bombs”), the ongoing nuclear disaster at the tsunami-damaged Fukushima Daiichi plant in Japan has heightened attention worldwide to the potential threat of accidental radiological release. This is a topic that is little understood but greatly feared – a combination guaranteed to create tremendous psychological distress should an event actually occur, and increasing the demands on health, mental health, and emergency responders who will need to address widespread emotional as well as physical reactions.

DOH recently sponsored the first round of delivery statewide of a new training, “Disaster Mental Health: Assisting People Exposed to Radiation,” developed by the IDMH. The module, which discusses types of radiological incidents, their physical and emotional impact, and best practices for addressing psychosocial reactions, was taught in train-the-trainer format to participants who can now deliver in their facilities. Since there is additional demand given the currency of the topic, we have tentative plans to teach the module again next year in the participant version so as many personnel as possible can be prepared should a radiological incident of any cause occur. Watch for training announcements in the future.

Research Brief: 9/11's Impact on Young Children

Children's resilience in the face of traumatic experiences has often been over-estimated, with the result that their distress has often been under-acknowledged. However, the harm caused by recent major disasters including Hurricane Katrina and the Haitian earthquake has increased recognition in the mental health field of the toll trauma can take even on very young children, especially when parents are also distressed. A recently published study by DeVoe et al. examined the effect of child exposure to the World Trade Center attacks of 2001 and subsequent parent reactions (such as changes in parenting and adult PTSD symptoms) in a sample of New York City children under age 5. They found that children with higher direct exposure to the disaster had higher levels of PTSD symptoms based on parent reports, supporting the well-known dose-response relationship. More notably, they also found that children's exposure to negative adult reactions such as seeing a parent visibly upset, changes in parenting style, or increased tension between parents, was associated with higher levels of child PTSD symptoms. This illustrates how essential it is to view children within the family context when assessing and treating trauma.

Source: DeVoe, E.R., Klein, T.V., Bannon, W., & Miranda-Julian, C. (2011). Young children in the aftermath of the World Trade Center attacks. *Psychological Trauma: Theory, Research, Practice, and Policy*, 3, 1-7.

Lessons Learned from Multiple Disasters Since 9/11

Summarized from the conference presentation of Col. (Retired) Elspeth Cameron Ritchie, M.D., M.P.H., Chief Clinical Officer for the District of Columbia's Department of Mental Health who oversaw the mental health response to the 9/11 attack on the Pentagon. In an overview of how responders can incorporate lessons learned from 9/11 and other events into planning and preparation for future disasters her recommendations included:

Assessment

- Take the time to do a needs assessment. This will increase your ability to effectively develop a strategic plan; report to command, families, and the media; apportion limited resources; and target interventions where they're needed most. In Dr. Ritchie's words, an assessment helps you "to not do stupid stuff."
- Assessment should occur at multiple levels; individuals, groups, and populations, paying special attention to the needs of vulnerable populations including people with chronic mental illness, physical illness, and disabilities. It should first consider basic physical needs (food, shelter, medications, fuel, handling remains, etc.) and then

mental health needs and available resources.

- **Assessment must be on-going** and should not end after the "honeymoon period" when the media attention and public interest in the disaster dwindle. Community needs continue throughout the clean-up period, so assessment should too.

Early Interventions

- Psychological debriefings are not recommended for the general population as they risk causing vicarious retraumatization. Instead, Psychological First Aid (PFA) is the early intervention of choice once basic needs – which she noted include communication with family, friends, and community – have been met.
- PFA includes providing support for the distressed; keeping families together; facilitating reunions with loved ones; providing information and fostering communication or education; protecting those impacted from future harm; and reducing physiological arousal.
- Other evidence-based early interventions include monitoring the recovery environment (both for physical threats and for services provided); providing outreach ("therapy by walking

around" to connect with those who won't seek out services); actively disseminating information through multiple media including social media; and providing technical assistance or training to local leaders and organizations to help them help their communities.

- In addition to addressing negative reactions, she also recommended fostering resilience and recovery by supporting survivors' positive coping mechanisms, providing education about stress responses, and repairing organizational infrastructure to speed a return to normalcy.

Finally, Dr. Ritchie pointed out a particular stressor for responders as disasters unfold: Which direction do you run, towards family or mission? She described the conflict she experienced on 9/11 between reporting directly to the Pentagon, knowing she might be there for days on end, or returning home briefly first to change into uniform and to check arrangements for her young children so she wouldn't have her attention divided once she was on-site. She noted that this is an issue all responders and their managers need to pay more attention to in order to minimize personal stress at a time of tremendous professional pressure.

Lessons from Adversity Resources

If you missed the Institute for Disaster Mental Health conference or would like to revisit any presentations, you'll find downloadable handouts and materials at:

<http://www.newpaltz.edu/idmh/conference.html>



ICS

If you are part of a response team or have a desire to become a DMH responder, being knowledgeable about Incident Command System (ICS) is crucial.

ICS was developed to provide federal, state, and local governments, as well as private and not-for-profit entities, with a consistent framework for the preparation for, response to, and recovery from any incident or event, regardless of the size, nature, duration, location, scope, or complexity.

The Incident Command System provides for interoperability, efficiency, and effectiveness through a core set of concepts, principles, terminology, and technologies encompassing all aspects of incident management. These include multi-agency coordination, unified command, training, identification and management of resources, qualification and certification, and the collection, tracking, evaluation, and dissemination of information.

The IC-100 (Introduction to ICS) is the starting point for the curriculum and is available to everyone as a FEMA Independent Study program. The following link will bring you to the FEMA Independent Study website for this course: <http://training.fema.gov/EMIWeb/IS/is100.asp>



Preparing for 9/11 Anniversary Reactions (continued)

anniversary are themselves a potential source of stress if they vary from personal preferences – for example, if a widow is expected to appear at a public memorial when she would prefer to mark the anniversary privately with family. Potential anniversary effects should be addressed preventively, not reactively, and anticipatory reactions and concerns merit equal attention and can inform us about possible intervention points prior to the anniversary itself. That’s why it’s important to start thinking about the issue now.

Bear the following points in mind when working with clients, communities, or colleagues around anniversary reactions:

- Individuals and communities should be free to commemorate and grieve at their own pace. There is no prescribed right or formulaic way to observe such an event, whether a personal trauma or a public catastrophe, and people should be encouraged to find a way to deal with an anniversary event in a way that best suits them. The best time for a commemoration may or may not be the anniversary.

- Because each disaster is different and every community and impacted group is different, so are their needs and reactions. How a community chooses to approach an anniversary may reflect a combination of these differences. Within a larger community, there are sub communities or groups that may be best represented by their own special needs, by a shared identity (such as being a first responder), or by shared losses (as in the case of the spouses of those who have died).
- Just as in initial reactions to disaster, variables related to the scope, cause, influence anniversary reactions. healing and resilience while they can also open the door to revisiting trauma, loss, and grief.
- Humanitarian aid workers and emergency responders are often the worst at implementing self-care practices for themselves and with their comrades. As during a disaster response, it’s imperative during disaster commemorations that leaders encourage workers and

volunteers to actively manage their psychological reactions and that constructive support is provided. Provision of training, supervisory guidance, and reassurance are best practices for supervisors to offer their workers.

In the coming months you may be called upon to support impacted individuals and families, specific populations, and/or communities as they attempt to balance the tension between remembering and forgetting disaster trauma; you may be observing these reactions in clients or colleagues; or you may be experiencing them yourself. We hope this brief overview will raise awareness of the phenomenon of anniversary reactions so they don’t take you by surprise.

How Were You Impacted by 9/11?

As the tenth anniversary of the attacks of September 11, 2001 approaches, the Institute for Disaster Mental Health at SUNY New Paltz is examining the long-term effects of exposure to those events on professionals in the disaster, healthcare, mental health, spiritual care, and emergency response fields. Please share your experiences by responding to this anonymous research survey, which will likely take 10 to 15 minutes of your time. Your participation is voluntary and you may exit the survey at any time. This survey has been approved by the SUNY New Paltz Institutional Review Board. Your participation in this research will help everyone in the response field better understand the impact major events have on us, personally and professionally, so your participation will be greatly appreciated.

To take the survey, please go to:

<http://www.surveymonkey.com/s/Responseto911>

What’s YOUR Critical Response?

Your feedback, comments, ideas for future topics or suggestions on how to improve DMH training are welcome
Email to: prepedap@health.state.ny.us and/or Steven.Moskowitz@omh.ny.gov