

New York DMH Responder

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Welcome

Welcome to the summer issue of the **New York DMH Responder**, our quarterly newsletter for the Disaster Mental Health Community. The first two issues of the newsletter have been well received, and we're pleased to provide this source of information to personnel from New York State DOH, OMH, SOEM, and other partners in disaster mental health preparedness and response.

With the tenth anniversary of the attacks of 9/11 nearly upon us, we begin this issue with a report on the Mental Health Association of NYC's Healing and Remem-

brance Program. We're also kicking off a year-long series of articles on **assisting special populations** before, during, and after disasters. In this issue we'll focus on the needs of older adults; future newsletters will examine the needs of other populations such as individuals with mental and physical disabilities.

Our **Research Corner** focuses on a topic of great relevance to all in the helping professions: the emotional costs and benefits of helping. A summary of a recent study on the stressors and challenges faced by humanitarian

aid workers is presented. Also discussed is the concept of Posttraumatic Growth – the idea that one can not only recover from difficult events but can actually experience positive outcomes in the long term. A brief report on the on-going efforts to support and enhance the structure and content of DMH training and education is provided.

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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Guest Feature:

9-11 Healing and Remembrance Program

Note: The following description of services was provided by the Mental Health Association of NYC. Please share this information with anyone you think might benefit.

The Mental Health Association of NYC (MHA-NYC) is working with community members in Arlington, VA, New York City, and Shanksville, PA, to support meaningful activities and offer those affected a variety of resources to encourage hope and renewal during the tenth anniversary of 9/11. This anniversary is a transition time as we see the memorials established at each of the crash sites and our commemorative activities connected to these spaces. The 9/11 Memorial in New York City will be dedicated on September 11, 2011, in a special ceremony for victims' families. The nearly 3,000 names of the men, women, and children

killed in the attacks of September 11, 2001, and February 26, 1993, are inscribed in bronze on parapets surrounding the twin memorial pools and family members will be assisted to find the name of their loved one. The National Park Service in Shanksville, PA, invites all to be part of this historic week-end dedicating Phase 1 of the permanent Flight 93 memorial and commemorating the tenth anniversary of September 11. The Pentagon Memorial is also open to the public and designed so that the nation may remember and reflect on the events that occurred on September 11, 2001.

The memorial structures and the commemorative activities on and around the tenth anniversary are meaningful to us all. Through-

out the nation and even globally, hundreds of thousands of people consider themselves part of the "9/11 community." In anticipation of this landmark anniversary, the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, awarded the Mental Health Association-New York City a grant to oversee the 9-11 10th Anniversary Healing and Remembrance Program. This program is providing members of the 9/11 community (survivors, families, emergency responders, and others) with information about common responses to anniversaries and other triggers; referrals to access needed victim assistance, such as mental health counseling or emotional support; and details about events and activities related to the commemoration of the 9/11 attacks.

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9-11 Healing and Remembrance Program (continued from Page 1)

Resources and assistance available under the MHA-NYC program include:

- **A comprehensive website with a variety of information, tips, and resources to help those affected by 9/11.** When you visit the Healing and Remembrance site: www.9-11healingandremembrance.org you will find information on mental health resources; commemorative tenth anniversary event listings; tips for recognizing anniversary related stress and coping skills; and a guide for talking to the media. The website is updated frequently with anniversary events and ongoing resources, so please check back often.
- **A 24-hour hotline staffed with experienced mental health professionals who will direct callers to available community resources.** When you call the toll-free Healing and Remembrance Hotline (1-866-212-0444), an experienced mental health professional (called a "referral specialist") will assist callers with information about anniversary events or memorials, mental health resources, and other available support. If applying for the Healing and Remembrance travel and lodging assistance, the referral specialist will connect callers with an eligibility coordinator who will review the enrollment process.
- **Travel and lodging assistance to Arlington, VA, New York, NY, and Shanksville, PA, for qualifying family members.** which is available on a first-come, first-served basis, to those whose financial resources are limited. Because of the possibility of a large number of persons interested in obtaining

assistance, only two family members and one traveling companion each, who meet all the eligibility requirements and have successfully enrolled, will qualify. To be eligible, the applicant must be:

- A family member (spouse, domestic partner, child, parent, or sibling) of a person who died in the 9/11 attacks;
- Unable to attend commemorative events without assistance from this program;
- Living 240 miles away from New York City, Shanksville, PA, or Arlington, VA;
- Attending the 9/11 commemorative events; or
- Have a travel-related disability (e.g., mobility issues or physical disability that requires a wheelchair or other physical assistance for you to travel)

You can begin the enrollment process by contacting the Healing and Remembrance Hotline or online at www.9-11healingandremembrance.org.

- **Healing and Remembrance Family Support Centers** will be located at each of the three commemoration sites (Arlington, VA, New York NY, Shanksville, PA), providing safe, private, and welcoming spaces that will offer a range of services to family members, including mental health and emotional supports; mind/body activities; chaplaincy; child care; and informational resources to promote hope and renewal. If attending the Family Support Centers in New York or at the Pentagon, please call the Healing and Remembrance hotline to register.

You do not need to be receiving the travel and lodging assistance to participate in the Healing

and Remembrance Family Support Centers; however, registration is requested at the New York and Pentagon sites in an effort to assist staff in determining the number of family members and traveling companions to expect. Family members can register to use these spaces by calling the Healing and Remembrance Hotline. No registration is requested for participation in the Shanksville, PA, site.

It is important to note that enrollment or participation in the above mentioned activities does not provide access to the official commemorative events. Information about the official commemorative events can be found on the Healing and Remembrance Web site.

The Mental Health Association-New York City is appreciative of this opportunity to continue to serve the 9/11 community and to our partner organizations in providing this program as a support to the natural resilience of our community. It is our goal to always honor and remember those we lost on 9/11 and to assist those affected in adapting to this trauma in ways that promote emotional wellness.

MHA-NYC
9-11 10th Anniversary Healing and Remembrance Program

Hotline:
1-866-212-0444

Website:
www.9-11healingandremembrance.org

Disaster Mental Health Training Updates

The coordination of DMH training continues as both OMH and DOH work on refining the structure of DMH response in NYS and pursuing grants to support on-going course development and training opportunities. Success in the latter will lead to the core curriculum **DMH: A Critical Response (DMH:ACR)** being offered at four locations across the state beginning in late fall of 2011. The two-day training will be the **Participants** version and are ideal for individuals interested in this fundamentals course. Dates and locations for these sessions will be announced soon so, watch your email.

A feature of this coming year's training will be the inclusion of both healthcare and mental health professionals in all DMH trainings. The implementation of this integrated approach is the outgrowth of much discussion and feedback from training participants in both fields. Our belief and hope is that significant value will be added to these trainings by the wealth of experience and varied perspectives that such mixed-group trainings will provide.

In the spring 2012, our training schedule will feature the debut of a refresher course in DMH fundamentals entitled **DMH: Essential Principles and Practices**. The half-day course is designed for those individuals who completed the **DMH:ACR** training in the past and have a desire to reinforce key concepts and practice methods. The **Essential Principles and Practices** course will be offered in tandem with the special population module introduced last year: **Assisting Individuals Exposed to Radiation**. Prerequisite for attending this module is also completion of **DMH:ACR**. The two classes will be presented consecutively at eight locations statewide with dates, locations, and times to be announced.

Do you have an idea of how DMH training can be enriched, refined, or improved? Please drop us an email at: prepedap@health.state.ny.us

Assisting Special Populations: Older Adults

While the disaster-related needs of children and families have been recognized for some time, until recently far less attention has been paid to the needs of older adults. But demographic trends mean that this population is growing rapidly, so attending to their vulnerabilities – and capitalizing on their strengths – will be essential in coming years. This issue is global: According to the World Health Organization, the number of people age 60 and over will double between 2006 and 2050 to nearly 2 billion, or 22% of the world's population. It's also local: The New York State Office for the Aging reports that the state already has the third largest population in the country age 60 and older, and the Baby Boom generation's entry into this category will expand its ranks drastically over the next few decades. The "oldest old," those over age 80, will merit particular attention.

Of course, many older adults are robust and face no additional challenges around disasters than younger cohorts, but many do experience limitations such as health problems or poverty that increase their needs and may complicate their recovery. In other words, **being older is not in itself a risk factor, but other conditions that often accompany older age may be.**

For example:

- Decreased physical mobility and agility, compounded by reduced bone density, increase the risk of injury during disasters; diminished temperature regulation increases sensitivity to hyper- and hypothermia during extreme weather conditions.
- Chronic medical conditions may require medication, treatment, and monitoring that may be difficult to access post-disaster.
- Decreased acuity in vision, hearing, smell, and touch may prevent older people from receiving a warning, or detecting or avoiding danger.
- Reliance on personal assistive devices (such as hearing aids or a walker) for communication or mobility; these may be lost in a disaster, leaving the person dependent on others.
- Cognitive decline, including age-related dementias such as Alzheimer's disease, may limit older people's ability to understand warnings or take care of themselves, especially in unfamiliar or chaotic settings post-disaster.
- Extremely resistant to evacuating, preferring to take their chances at home rather than face the uncertainty and disruption of leaving.
- Particularly vulnerable to sudden changes in eating and sleeping conditions affecting their emotional stability and well-being, so displacement from home is especially difficult. Some may function fine as long as they can follow a set routine, but disruption of this routine caused by the disaster can result in cognitive reactions (confusion, difficulties with memory) as well as anxiety and emotional distress.
- Don't have time left to rebuild or replace what was lost, causing additional grief.
- May feel (accurately or not) like they are a burden on others, and they may fear that the disaster will lead to a loss of independence.
- May be completely reliant upon their caregivers (whether family members or professional staff in a care facility) for everything from information about the disaster to rescue and recovery, and may be unfamiliar with or lack access to information technology.
- Particularly reluctant to accept mental health counseling, perceiving the need for such services as weakness or failure.



While these logistical risk factors need to be recognized and incorporated into planning, it's equally important to recognize this population's strengths. Most research finds that older adults do not tend to report worse psychological responses to disasters than younger people. Part of that finding may reflect under-reporting of distress out of resistance to accepting professional mental health services or a desire not to be a burden on others, but it also appears to reflect the resilience earned over a long lifetime of experience: Few people reach older age without undergoing some kind of loss or trauma, so they have learned coping mechanisms they can activate after disasters.

The following are key goals to incorporate into preparedness and response plans for your community:

- See to older adults' practical and physical needs first, including limiting interruption in medical treatments that are needed to prevent further physical or cognitive decline.
- Minimize environmental stressors (for example, exposure to noise and confusion in a shelter) and reestablish a sense of routine as quickly as possible, including providing appropriate foods and a quiet place to rest.
- Connect survivors with a positive support network (family members, neighbors, peers) to limit feelings of isolation.
- Assist with recovery of physical possessions.
- Outreach to find people in need, and probe (gently) for signs of distress to be certain they're not minimizing or hiding their need for assistance.
- Recognize older people's strengths and resilience and involve them in assisting others if possible – they may have useful skills to contribute such as helping with childcare or other practical tasks, and they may have expertise about the community that can be a valuable resource in rescue and recovery efforts.

Additional Resources for Assisting Older Adults

Centers for Disease Control and Prevention
Emergency Preparedness and Older Adults
<http://www.cdc.gov/aging/emergency/index.htm>

The Geriatric Mental Health Foundation
Older Adults and Disaster: Preparedness and Response
http://www.gmhfonline.org/gmhf/consumer/disaster_prprdns.html

Substance Abuse and Mental Health Services Admin.
Psychosocial Issues for Older Adults in Disasters
<http://store.samhsa.gov/product/Psychosocial-Issues-for-Older-Adults-in-Disasters/SMA99-3323>

Research Corner: The Emotional Costs and Benefits of Helping

Research Brief: Stressors for Helpers

Hopefully we're all aware that exposure to the suffering of those we encounter through our work puts us at risk of taking on their pain as our own, and necessitates the practice of good self-care so we can avoid secondary traumatization. But that may not be the primary cause of pressure in the workplace: A recent study conducted by van Beerendonk and colleagues (2011) found that of 1,107 international aid workers who were assessed for stress-related symptoms, the most frequent source was found to be "basic stress" (58%), followed by "cumulative" (35%), "traumatic" (6%), and "post-traumatic" (1%) stress. The primary factors associated with basic stress were:

- Difficult relationships within the organizational hierarchy (39%)
- Aspects of the professional environment (26%)
- Relationships with colleagues (11%)

In fact, in this study exposure to traumatic events was *not* cited as one of the most common factors in work-related hazards, contrary to what is believed by both the general public and many mental health professionals. So, while self-care around traumatic exposure is still essential, addressing and improving more mundane sources of workplace pressure may be the best way to reduce stress and maintain satisfaction with your role as a helper.

Source: van Beerendonk et al. (2011, June). "Stress in Expatriates of the International Committee of the Red Cross (ICRC) Upon Return from the Field." Paper presentation at the 12th Annual European Conference on Traumatic Stress, Vienna, Austria.

Posttraumatic Growth: What's Your Experience?

No doubt you're familiar with the causes and symptoms of Posttraumatic Stress Disorder (PTSD), the extreme response some people develop following terrible or horrifying experiences. While the powerful toll that PTSD and other negative reactions take on individuals is evident, there's also recognition in the field of disaster mental health that with time and, if necessary, treatment, most people do eventually recover from posttrauma reactions, while some demonstrate a resilience that means they never experience negative symptoms at all (e.g., Bonanno, Brewin, Kaniasty, & La Greca, 2010).

In addition to **recovery** (return to baseline functioning after some period of distress) and **resilience** (resistance to posttraumatic distress), there's growing interest in the mental health field in a third possible outcome referred to as "**posttraumatic growth**" (PTG). Proponents of PTG argue that some survivors of traumatic events (including individual crises and sexual abuse as well as disasters) actually achieve improvements in various domains of functioning over time, usually categorized as relating to others, new possibilities, personal strength, spiritual change, and appreciation of life.

The growth appears to result from a reexamination of core beliefs about how the world works – as Triplett, Tedeschi, Cann, Calhoun, and Reeve (in

press) put it, "deliberate reflective rumination that allows those surviving trauma to grasp their own psychological development and a greater sense of what it means to live as a human being." However, this positive outcome comes at a cost: In at least one study of 9/11 survivors (Butler, 2010) this ultimate growth was more likely to occur among people who experienced higher levels of initial global distress and higher levels (both positive and negative) of event-related changes in existential outlook. Those who demonstrated more resilience initially were less likely to report subsequent growth. In other words, PTG appears to require a high enough initial degree of suffering to trigger that reexamination of beliefs; people who don't experience that early distress may recover quickly, but without the deeper reflection associated with growth.

While it's nice to think that a negative can ultimately lead to a positive for some trauma survivors, not everyone in the field believes that PTG is a valid concept. For example, Johnson and colleagues (2007) suggest it may reflect "the illusion that 'I have found meaning' when nothing meaningful about the person's life has changed. These illusions are everywhere and perhaps can be restorative. Many of them, however, are rationalizations that mainly allow the person not to change."

What's your experience? Have you observed posttraumatic growth in clients you work with, or experienced it yourself? If so, was your professional role as a helper associated with growth – or with increased distress? To examine this issue, the Institute for Disaster Mental Health at SUNY New Paltz is conducting a survey to explore short- and long-term outcomes in those involved in the response to 9/11. Please share your experiences by responding to this anonymous survey, which will likely take 10 to 15 minutes of your time. 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.

(Note: This is the same survey that was mentioned in the Spring newsletter so if you've already taken it, many thanks for your time.)

To take the survey, please go to: <http://www.surveymonkey.com/s/Responseto911>

Results will be reported in the next issue of the DMH Responder.

"Only a life lived for others is a life worthwhile."
-Albert Einstein

What's YOUR Critical Response?

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

Email to: nredan@health.state.nv.us and/or Steven.Moskowitz@nmh.nv.gov