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Introduction

Welcome to the Spring-Summer 2019 issue of the **New York DMH Responder**, our quarterly newsletter for the Disaster Mental Health community. This double edition summarizes presentations at the 2019 Institute for Disaster Mental Health at SUNY New Paltz conference, **Supporting Children after Trauma and Disaster: Protecting New York's Future**. Thanks to generous sponsorship by the New York State Division of Homeland Security and Emergency Services that fully covered registration fees for staff from DOH, OMH, and other relevant fields, the 16th annual IDMH conference attracted a record-setting audience. The event brought together professionals from fields including healthcare, emergency management, mental health, government, education, and more to discuss their various roles – not only in directly addressing the impact of disasters and other traumatic experiences on children and families, but in coping with the added strain many helpers experience themselves when working with this most vulnerable group. This newsletter will describe the key points that were covered, with links to available archived presentations.

As always, your feedback and suggestions for topics to cover in future issues are welcome; please email any comments to Tom Henery at DOH or Steve Moskowitz at OMH.

“Live your beliefs
and you can
turn the world around.”

– Henry David Thoreau

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Keynote One

Protecting and Promoting Children's Resilience to Extreme Adversity When Facing Violence and Disasters

The conference began with opening remarks by IDMH Director, Dr. Amy Nitza; SUNY New Paltz Provost, Dr. Lorin Basden Arnold; and New York State Division of -Homeland Security and Emergency Services Senior Policy Advisor, Terry Hastings.

Then the first keynote address was delivered by Gilbert Reyes, Ph.D., a world-renowned clinical psychologist whose research and response work focuses on trauma and community response to crisis. His presentation highlighted evidence-based practices and programs intended to protect and support children and families in recovery from violence and disasters. Dr. Reyes began by pointing out the many ways in which society is not designed to help children reach their highest potential level of resilience. Human children, unlike most species, are born long before they're able to take care of themselves. They're extremely fragile and need adults to take care of them, but they also are born with tremendous potential that can be cultivated by everyone functioning in "child-serving systems." These systems include obvious groups like families and schools, but also healthcare facilities and first responders.

When children are suffering, he said, our focus is often on the immediate impact, but we also need to consider the durable impact over time. In addition to protecting children from direct harm due to very adverse experiences, it's also essential to shield them from secondary and vicarious exposure to potentially traumatic stressors, including exposure to disasters and other events through news coverage and social media. Children are impressionable and are in the process of forming their worldviews, he noted, so being exposed to media coverage of traumatic events will influence their perceptions about the world. They also take cues from how adults and peers respond to these events.

Dr. Reyes then elaborated on the social nature of humans, who exist in social hierarchies (whether we acknowledge them or not). By around age three children start to perceive this "pecking order" which determines how they expect to be treated relative to others. Children also learn that there are costs when people don't conform with these social norms and hierarchies – and when youths feel they're in

conflict with these expectations, it can lead to self-destructive thoughts, attitudes, and behaviors, such as self-sabotage, bitterness, addiction, or suicide. However, humans are also capable of experiencing awe, joy, love, gratitude, and growth through making life-affirming meaning out of hardship, including disasters, war, and interpersonal violence.

Dr. Reyes defined several key concepts:

- **Adversity:** Conditions that threaten someone's stability, viability, or development.
- **Violence:** Behavior that threatens or actually harms someone's physical, emotional, and/or psychological wellbeing and/or survival, and which elicits the automatic fight, flight, freeze, or appease response.
- **Disaster:** An event of such destructive magnitude that the physical, emotional, and/or psychological wellbeing and/or survival of many people is harmed. Disasters usually destroy parts of the built environment, and they can also impact the "social fabric" of life, especially if there are pre-existing rifts that are further torn.
- **Resilience:** The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development.

Resilience, Dr. Reyes noted, really can't exist in the absence of adversity, and it tends to strengthen over the lifespan before typically diminishing in later life. It's essential to view the development of resilience not only as an individual process within the child, but as something that can be fostered by cultivating a supportive environment.

Children need nurturance and protection, including secure attachment to a responsive caregiver, and they need a lot of social support in terms of both quantity and especially *quality* of relationships, as that support is an important buffer against stress and adversity. If they have those protective factors they're able to respond adaptively to stressors – and in the process, build a sense of self-efficacy and trust in their ability to handle problems successfully. However, in the absence of those protective factors they're more likely to experience exhaustion or shut

Protecting and Promoting Children’s Resilience to Extreme Adversity When Facing Violence and Disasters, *continued*

down in the face of adversity. And if that adversity is extreme (like a disaster) or chronic (like ongoing abuse), a child can develop maladaptive coping habits that become difficult to change.

Another key to building personal resourcefulness and resilience in children, Dr. Reyes said, focuses on developing their persistence and frustration tolerance. Youth who lack these qualities are likely to desist pursuing a task before they accomplish it. They also need to learn how to make “productive inferences” and “moderate generalizations” from experiences, meaning they learn lessons that can be appropriately applied to other situations, without *overly* generalizing a lesson. That, as we see in people with Posttraumatic Stress Disorder, often leads to inaccurate global perceptions about safety and trust. Children who experience extreme adversity face many negative effects on normative development across the lifespan including decreased health and longevity, decreased life satisfaction, increased risk of interpersonal and self-directed violence, increased sexual risk taking, and increased risk of trauma and stress-related disorders.

Promoting Child Resilience

In terms of promoting resilient responses to violence and disaster, Dr. Reyes encouraged the audience to consider these factors in planning:

Environment: If possible, create “sheltering buffers” from the post-disaster chaos by incorporating child-focused resources like play areas, while maintaining a sense of safety and attachment for the caregiver as well as the children.

Social: Emphasize belonging to counter youths’ sense of isolation or alienation, or sense of being judged negatively by others. Also remember that parents need respite from their family responsibilities during times of stress. School and other child-focused systems of care should try to foster positive peer interactions, including preventing bullying.

Culture: The word “culture” is often used as a proxy for race/ethnicity, but considering it more broadly, cultures provide members with codes of conduct, a sense of belonging to a collective identity, and a set

of shared values, expectations, beliefs, and assumptions. When responders are coming into a community from outside of the culture it’s helpful to work with “cultural brokers” – bicultural allies who can help you bridge gaps and establish trust and credibility.



Active: Don’t just do something, do smart things! If you realize one approach isn’t working, pivot and try something else. Don’t lecture children and youth about what they should or shouldn’t do but try to connect with them in ways that are emotionally gratifying and physically engaging.

Strengths: Don’t overlook children’s problems, but also don’t forget to focus on cultivating their strengths through the following actions:

- Foster self-efficacy
- Promote “growth” rather than “fixed” mindsets
- Promote problem-solving and persistence
- Promote self-compassion
- Promote empathy, altruism, and compassion toward others
- Promote acceptance of (not surrender to) harsh realities
- Promote realistic expectations toward how others “should be” responding
- Promote a longer and more extensive perspective on current conditions, rather than short-term tunnel vision
- Promote engagement in social and cultural activities

You can view Dr. Reyes’ entire presentation here: <https://tinyurl.com/IDMH-2019-Reyes-Keynote>

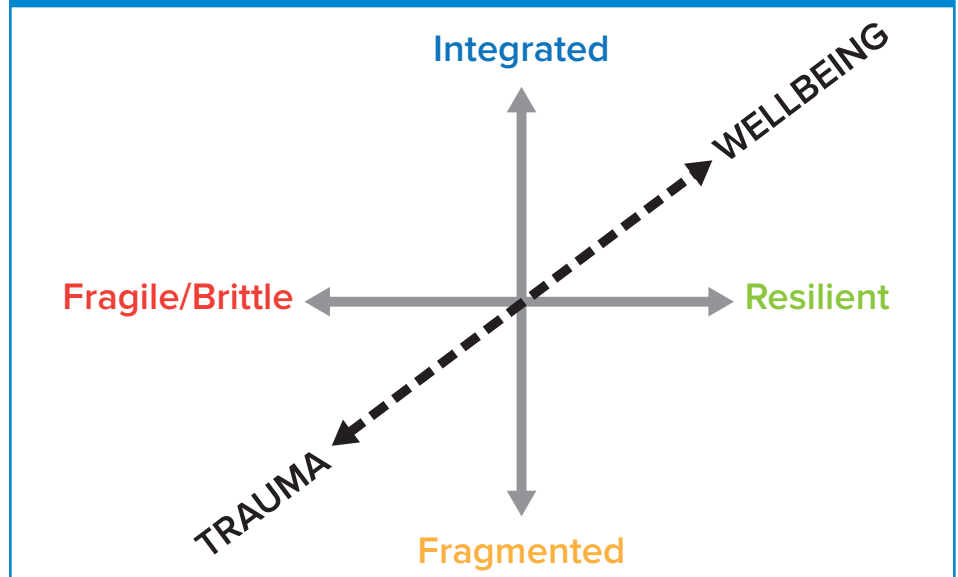
Keynote Two

Taking Charge of Vicarious Trauma & Work-Related Distress

The second keynote address was presented by Siddharth Ashvin Shah, M.D., M.P.H., CEO of Greenleaf Integrative, on the special challenges faced by trauma responders on the front lines, including those working with child survivors. He began by discussing an experience that caused him to reflect on his own disproportionate reaction to a mildly stressful family situation, which led to his realization that he needed to develop an “early warning system” so he could become aware of the impact of professional stressors before he became changed at his core. That led to his focus on “taking charge of stress before it takes charge of us,” at both the individual and organizational levels, in order to maintain resilience for adults whose work takes them into emotional harm’s way. In his view, that resilience must be based on flexibility.

In considering how to operationalize coping with stressors among adults, Dr. Shah conceptualized responders as functioning on two axes, fragile/brittle vs. resilient, and fragmented vs. integrated. When people are in a fragile state, they’re feeling something like “I’m breaking down in the face of stress and stressors,” while when they’re feeling resilient their perception is something like “I’m adapting well in the face of stress and stressors.” Those who are able to integrate their traumatic memories think something like “the things I’m experiencing in my life are part of a satisfying narrative that serves me,” while those whose memories are fragmented think

Quadrants We Live In



Source: Greenleaf Integrative

“my narrative does not hang together coherently. My life seems shattered.” Thus, trauma resides in the intersection of fragile/brittle and fragmented, while wellbeing is at the intersection of integrated and resilient.

This is a different way of thinking about resilience, which is often viewed as a stable trait that people either have or don’t have. Instead, in this model, the desired outcomes can be actively pursued. Movement toward integration can include feeling in touch, meaning-making, and joining together. Moving people towards resilience includes fostering awareness, regulation, and leadership.

Dr. Shah then discussed some of his experiences responding to various humanitarian crises and the impact that work had on him and his colleagues, who were exposed to high levels of vicarious trauma through their work with

survivors of political violence and war. (He even noted his own experience of tertiary trauma resulting from working with others’ secondary trauma, an indicator of the extensive ripple effects those in the field are exposed to.) One of the problems was a lack of resources and scaffolding for those trying to help others – a state that is unsustainable and causes many people to have to leave the field. His humanitarian aid colleagues in particular experienced the most damaging stress not from the difficult conditions they often lived in while in the field, but from exposure to the moral distress of those they were trying to help. The cumulative exposure to collective suffering led some to develop a range of physical and emotional problems, including, for some, depression and suicidality. The result of this kind of chronic stress, he pointed out, is a “whole body phenomenon” that reduces the

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Taking Charge of Vicarious Trauma & Work-Related Distress, *continued*

performance of every organ in the body, compromises the immune system, and de-conditions our natural ability to adapt to demands, making us more fragile.

While there are a growing number of empirical studies on the impact of trauma on responders, Dr. Shah noted that cultural awareness is also growing quickly among those affected. As a result, workforces are demanding a higher “duty of care” from their organizations. That means

aid workers increasingly expect attention to be paid not only to their physical safety, but also to their expectable exposures to trauma and cumulative stress in order to maintain wellbeing. While behavior change that improves wellbeing at the individual level may be controlled and incremental, Dr. Shah argued that at the organizational level, that behavior change needs to be discontinuous, disruptive, and surprising. It also needs to

go beyond words, lip service, or aspirations, into actions that are in alignment with the level of need. This cultural shift is likely to be noisy and unpredictable, like releasing the air from a balloon under pressure, but it’s essential if organizations are going to be able to keep their personnel healthy and functional.

You can view Dr. Shah’s entire presentation here:
<https://tinyurl.com/IDMH-2019-Shah-Keynote>

Workshop

Stress Mitigation: *Management and Leadership Roles in Promoting Organizational Resilience*

Dr. Siddarth Shah also presented a workshop where he elaborated on some of the ideas he introduced during his keynote address. Key takeaway points:

There are different ways of being aware of stress in ourselves and others, and our form of stress awareness will drive our methods of stress responsiveness. For example, if you view stress as an inevitable part of disaster or emergency work rather than as something to be judged or stigmatized, you’ll be far more receptive to proactive and productive stress management approaches, such as practicing self-care, seeking out social support, and receiving professional care like therapy.

The same divide applies at the organizational level. Does management view work-related stress as something staff members just have to deal with, or as something they can try to mitigate? Providing **staff care** through an Employee Assistance Program or similar offering is “necessary but not sufficient” for organizations whose personnel are exposed to significant stressors through their work. In those cases, efforts also need to address **stress mitigation** – upstream efforts to reduce stress before staff members are exposed.

For an individual, resilience includes **situational awareness** (the ability to notice the right data and understand the significance of that data), **self-regulation** (the ability to keep stress reactions within a healthy range), and **self-leadership** (the ability to take bold steps in demanding situations in ways that support resiliency).

Organizations experience resilience breakdowns at interlocking levels, including **avoidance** (lack of clarity on what frontline staff and managers are dealing with), **ad hoc reactions** (lack of definitive actions to remedy cycles of distress), and **poor messaging** (manipulating staff to perform when faced with stressful situations).

Managers can encourage personnel to periodically do a private check-in considering their own wellbeing, in order to recognize whether they need to ramp up their stress management needs from self-interventions, to social support, to professional care, to rest in order recharge and recover so they can return to work.

You can view Dr. Shah’s workshop here:
<https://tinyurl.com/IDMH-2019-Shah-Workshop>

Workshop

Communicating Effectively with Victims and Families: *A Workshop for Emergency Response Professionals*

Dr. Gilbert Reyes presented a workshop focusing on an essential aspect of disaster response work that often doesn't receive enough attention or training: the importance of compassionate and effective communications with survivors. He began with a powerful analogy, comparing disaster survivors to burn victims. When people get burned, he said, they need to be treated very delicately. Their skin can be easily damaged; they're in a lot of pain; and their pain can be expressed emotionally. It's similar for families in the wake of major disaster and loss: They're hurting, they're slow to heal, and we must be very careful in how we treat them in order to provide effective support. And, he reminded the audience, pain really gets your attention. You can't ignore it, and you can't focus on anything else.

Addressing this group's pain requires the helper to develop appropriate attitudes, knowledge, skills, and habits that help ensure compassionate, sensitive, respectful, and functionally effective communication with victims and their families. That includes delivering death notifications – which, Dr. Reyes emphasized, should never be done by anyone who is not authorized and qualified – as well as supporting survivors through family assistance centers, Psychological First Aid, and recovery-oriented counseling.

One common issue that can impair effective helping, he noted, is our human tendency to be judgmental. We all carry around a set of values about how people should behave and react, and we measure others by our own expectations, which can really get in the way of helping. Instead of this judgmental attitude, helpers need to cultivate a compassionate attitude. Compassion is not pity, Dr. Reyes specified, which involves looking down on someone. Instead, compassion is based on the belief that the helper and survivor are in this together, and the helper is willing to share the survivor's suffering. That is not easy to do, so helpers need to practice getting into the "compassion zone," which is analogous to an athlete or musician getting into their peak performance zone. It encompasses knowledge, skills, and habits that are so practiced that one

can stay in that zone without getting distracted and making a mistake. However, one challenge with training in Disaster Mental Health and Psychological First Aid (PFA) is that most people aren't involved in responses frequently enough to reinforce their skills and make them habitual, which is why it's so important to keep training in these practices, and to view PFA in particular as a general compassionate way of being with people rather than something reserved for disaster response.

After outlining the various consequences disaster survivors face (traumatic stress, traumatic loss, and cumulative stressors including direct and vicarious exposure, secondary adversities, and reminders/triggers), Dr. Reyes noted that responders from all disciplines also face stressors related to the need to balance professionalism with personal reactions, and the need to balance following legal procedures and organizational policies with addressing community interests and survivors' needs.

Among other reactions, sometimes survivors will downplay or deny the extent of their pain because they don't want to deal with the cost of confronting their losses. They may experience "memory flooding," an overflow of intense memories, or the amplification of a particular memory or aspect of an experience, like an intense focus on the last conversation or interaction with a deceased loved one, particularly if that involves regrets. While they're in this state, survivors' cognitive processing of information is often impaired because they're too preoccupied to absorb much information.

Beyond the actual loss or traumatic experience, survivors may suffer from multiple secondary adversities related to the main disaster, including:

- Mishandling of the death notification
- The victim identification process
- Testifying in court or participating in legal system interviews
- Financial losses
- Health issues
- "Fishbowl effects" (overwhelming deluge of sympathy; news and social media exposure; voyeurs)

Communicating Effectively with Victims and Families, *continued*

- Opportunistic exploitation by people taking advantage of survivors

Dr. Reyes also described a common source of vicarious trauma as “the virtual reality of the mind” which leads survivors to ruminate about details of the death, especially imagining what the loved one went through and wondering whether they suffered. That is constantly retriggered by places, events, media, and all other reminders that further expand the trauma reaction.

Dr. Reyes then outlined key principles for responding to crime victims, from a federal Office for Victims of Crime guide (see link below). Victims need:

- To feel safe
- To express their emotions
- To know what comes next
- To feel respected and dignified
- To be protected from further traumatic stimuli
- To be protected from further indignities and exploitation

Victims also benefit immensely from working with an insider-advocate to help navigate the complex and unfamiliar system, very much like the “cultural brokers” Dr. Reyes described partnering with in his keynote address. He also emphasized the need to limit survivors’ exposure to reminders of the event and other distressing stimuli, as well as coaching them to avoid news and social media reminders as much as possible. Overall, responders’ focus should be on helping survivors feel safe and preventing any avoidable secondary adversities, so they can begin to process the primary loss or traumatic stress exposure.

You can view Dr. Reyes’ workshop, including a detailed plan for delivering death notifications, here:

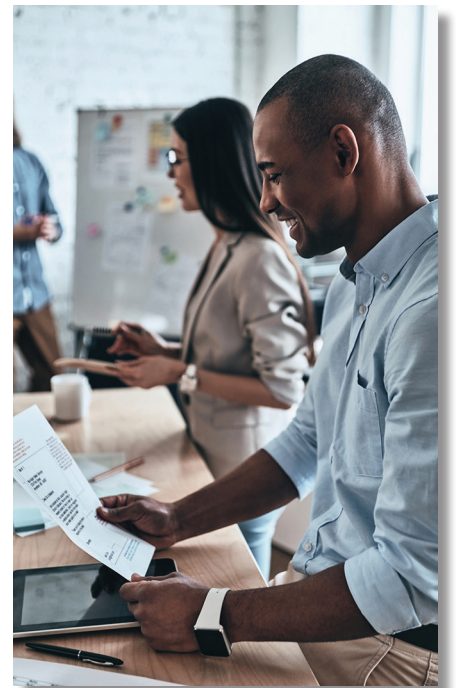
<https://tinyurl.com/IDMH-2019-Reyes-Workshop>

Download the First Response to Victims of Crime: A Guidebook for Law Enforcement Officers:
<https://ojp.gov/ovc/publications/infores/pdf/txt/FirstResponseGuidebook.pdf>

Psychological First Aid: NY Train-the-Trainers Delivered Statewide

Supporting the shared goal of the partners at DOH, OMH, and IDMH to train as many people as possible in Psychological First Aid (PFA), a second round of train-the-trainer sessions was delivered statewide in May and June, 2019. PFA is an evidence-informed approach that provides staff with practical methods to help people with their basic needs and immediate concerns during, or in the aftermath of, an emergency. It’s designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Learning and using PFA does not require a mental health background. The more people who know how to incorporate PFA into their work, the more they’ll be able to maintain their own resilience and support colleagues throughout stressful events, as well as helping survivors.

The new PFA: NY curriculum was developed by IDMH under sponsorship by OMH last year, and this was the second year that DOH sponsored rounds of train-the-trainer sessions. IDMH Director Karla Vermeulen and Program and Operations Manager Rebecca Rodriguez delivered the training in Saranac Lake, Rensselaer, Canandaigua, Cheektowaga, Oriskany, Binghamton, Bethpage, and New Paltz, to approximately 200 representatives from hospitals, health departments, mental health associations, police and fire departments, and other organizations that will be called on to respond to disasters and crises. The hope is that those participants will now train their colleagues in PFA, further strengthening the level of preparedness across New York State.



Workshop

Creative Approaches to Engaging Children in Trauma Processing

Craig Haen, Ph.D., graduate adjunct faculty member at NYU and Lesley University and co-chair of the American Group Psychotherapy Association's Community Outreach Task Force, led a workshop for mental health professionals on treating child trauma. Dr. Haen prepared his attendees by saying that "we can't speak about trauma without the idea of experiencing it in our body," and throughout the workshop, as he does it with his clients, Dr. Haen involved participants and their bodies in a journey about healing. Dr. Haen's method is to fully focus on his clients (or in this case, his attendees): "You are the most important people in this room," as he explained at the beginning of the workshop. In his view, children and adolescents somehow know how to repair themselves. In consequence, the goal of the therapist is to provide techniques with a constant adaptation to the child in front of you. Any resistance is seen as energy which can be used in the therapy. Dr. Haen gave several examples of how he used resistance to build up his therapy with children.

Trauma, in his view, is defined by the fact that an experience is "too much, too soon, and too fast." Then the individual is stuck with the experience. When there is post-traumatic stress disorder, the person cannot move beyond the trauma. There's no catharsis possible; it still comes back in cycles, and the memory is not going anywhere. In addition, the client is in permanent "conflict between the will to deny horrible events and the will to proclaim them aloud." This is the central dialectic of psychological trauma, which is all about reprocessing and re-experiencing aspects of the original trauma in the here and now.

Having established these foundations about trauma, Dr. Haen helped the attendees experience his techniques. They played games using their

imaginations, created a piece of art together, expressed themselves about this artwork, and learned some very simple breathing exercises. Even when the atmosphere was intentionally childish, Dr. Haen never forgot to explain the purpose of those "games," when and how clinicians can use them, and how he adapted these techniques to certain circumstances.



As he explained it, the main purposes of this arts-based therapy are well established as ways to address the issues of the four PTSD clusters: Hyperarousal, social segmentation, intrusion, and avoidance. To address the hyperarousal symptoms, one major goal is to soothe the brain. With

this in mind, the therapist will try to use games and exercises that focus on the body in order to improve regulation. For the social segmentation, Dr. Haen recommended using activities where children or teenagers create together, such as co-created stories, co-created art pieces, etc. Working on intrusion means working on the creation of a sense of safety and helping the traumatized youth create boundaries. This can be as simple as creating concrete boundaries on a piece of paper with a marker and not letting your partner enter your area with his marker during a game. Finally, helping children expand the window of their tolerance and working on their feelings of shame will address the cluster of avoidance.

According to Dr. Haen, the interesting aspect of this arts-based approach is that it provides entry into the child's locked down system by creating distance and containment and bridges the hemispheric split between memory and language. In other words, by engaging in the "game," the child can concretize his memories. The ultimate goal is to externalize, then organize, then re-integrate the traumatic memories. Using creative arts-based therapy makes this possible in a way that children barely notice.

Research Brief

Involving Children in Disaster Risk Reduction

While society has come far in recognizing and addressing the traumatic impact disasters can have on children and adolescents, we're less enlightened about how children might play an active and productive role in disaster preparedness, response, recovery, and resilience. Pfefferbaum, Pfefferbaum, and Van Horn (2018) reviewed the literature on children's developmental capacity to participate, and on disaster risk reduction activities that can appropriately involve children. They argue that children and adolescents can be enthusiastic and competent participants in risk reduction activities, provided their efforts are developmentally appropriate and supported by adults.

However, adults may be the main barrier to maximizing children's potential involvement if they take the position that youth are unable or unwilling to participate, or if the adults don't want to take the time to support and scaffold children's efforts. Adults often underestimate children's awareness and concerns about potential disasters, so involving them in preparedness and risk reductions activities can provide a tool for managing their anxiety and building their self-efficacy.

Key findings the authors highlight:

- Children are resources to be cultivated and mobilized for disaster preparedness, response, recovery, and resilience.



- Their participation yields numerous potential benefits for children, including enhanced personal development and skills, self-efficacy, and interpersonal relationships.
- Children's participation yields numerous potential benefits for communities through improved social connections and networks and disaster preparedness.
- Attention is needed to identify approaches to appropriately involve children in disaster risk reduction activities, to promote these efforts, and to evaluate these approaches.

Overall, they note, "participation in disaster risk reduction activities supports empowerment in

children which in turn should enhance their resilience. Moreover, participation may promote children's development more generally by teaching them to accept and adapt to change." So, in addition to preparing to respond to children's post-disaster reactions as part of all emergency planning, we would be wise to also view children as assets whose energy could be tapped to reduce risks and improve community and family preparedness.

Source: Pfefferbaum, B., Pfefferbaum, R.L., & Van Horn, R.L. (2018). Involving children in disaster risk reduction: The importance of participation. *European Journal of Psychotraumatology*, 9(Suppl 2).