NEW YORK STATE | Office of Mental Health | Department of Health

NY DMH Responder

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The DMH Responder is a quarterly production of...

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Welcome

Welcome to the Spring 2016 issue of the **New York DMH Responder,** our quarterly newsletter for the Disaster Mental Health community. This edition summarizes presentations at the recent Institute for Disaster Mental Health at SUNY New Paltz conference, "Effective Response to Mass Transportation Disasters." In recent years, New York State disaster workers have responded to plane, train, boat, and bus accidents and crashes. These events pose significant challenges for all responders. They're often mass casualty events that expose responders to grotesque sights and sounds and to extensive human suffering, and the logistical aspects are complex, requiring extensive inter-agency coordination. The IDMH conference brought together experts from fields including emergency management, mental health, government, and more to discuss their various roles in preparing for and responding to mass transportation incidents.

Thanks to generous sponsorship by the New York State Division of Homeland Security and Emergency Services (DHSES) that fully covered registration fees for staff from DOH, OMH and other relevant fields. As a result of this sponsorship the event was sold out, with close to 400 registrants. If you weren't able to attend 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 Judith LeComb at DOH or Steve Moskowitz at OMH.

Subscription to NY DMH Responder

If you would like to be added to the mailing list for this quarterly newsletter please email *prepedap@health.ny.gov*

The National Transportation Safety Board's Family Assistance Model – The Big Picture

Max Green, Coordinator of Emergency Operations for the National Transportation Safety Board (NTSB) delivered the first keynote address which described the NTSB's role in addressing survivor's needs following aviation and rail disasters. NTSB is an independent federal agency that reports directly to Congress. The need for this kind of investigative agency emerged from the badly mishandled carrier response to the crash of American Eagle flight 4184 in 1994 in Indiana where family needs were neglected – including the failure of the airline to return not only passenger's property but some bodily remains. As a result, family members and the NTSB leaders at the time advocated for the Aviation Disaster Family Assistance Act that was first enacted in 1996. This legislation clearly outlines carriers' obligations to family members following a disaster. NTSB is designated to coordinate the disaster response resources of federal, state, local and volunteer agencies and to work closely with the carrier to meet the needs of disaster victims and their families following all U.S. aviation incidents and selected rail, highway, pipeline, marine, and hazmat incidents.

Mr. Green outlined four fundamental concerns his group has identified as being primary for victims and family members, regardless of the type of incident:

- **Notification of involvement**
  "What happened?" This concern addresses the initial information that an event has occurred involving the family member. While the need for factual information is paramount too often this news is broken via the media, sometimes involving errors.

- **Victim accounting**
  "Where is my loved one?" This may involve search, rescue, and hospitalization of living victims, search and recovery of fatalities, and the process of identification, death certification, and return of remains.
- **Access to resources and information**
  "How will I get information and resources?" NTSB coordinates the provision of information about the investigation, financial and logistical resources, family members' legal rights, and access to crisis counseling and disaster mental health.
- **Personal effects**
  "Where are their belongings?" NTSB works with carriers regarding the recovery, processing, and return of victims' personal effects. These may be damaged but they still have sentimental value to family members.

Family briefings are held regularly throughout the response with updates provided to family members before news is released to the media. However, Mr. Green noted, the rise of social media has made it more

difficult to maintain control over the timing of that information flow. Families may also be asking for information that it is not yet available; it's essential for responders to acknowledge what they don't know and to never speculate. He noted that beyond providing information, delivering regular family briefings at set times creates a much-needed sense of consistency and routine for families during a highly disruptive experience. Allowing them to decide whether to attend briefings and meals also returns some sense of control when they may be feeling helpless.

Beyond the need for information and routine, Mr. Green presented a long list of what might qualify as family assistance, including help with travel arrangements, creating a secure location to grieve outside of media and public view, dispelling rumors, arranging a site visit, providing access to comfort dogs, arranging help with child care, funeral assistance, investigative updates – essentially, whatever is needed to address family needs and concerns. He also included his team serving as "someone to listen" and "someone to yell at" – actions DMH responders are surely familiar with. And he emphasized the importance of providing realistic expectations to counter the "CSI effect" that makes survivors believe investigations will proceed rapidly and conclude with certainty. Given the complexity of transportation disaster scenes and the likelihood that bodies may be severely damaged, the process of identifying and returning remains can be lengthy, and the condition when they are returned can be very different than people's expectations based on more typical deaths. Providing education about the process and the potential outcome involves very challenging conversations but Mr. Green said that families are generally appreciative that someone has been brave enough not to avoid their questions and fears.

Of course, being the person who initiates those difficult conversations can take a toll on responder well-being and Mr. Green acknowledged the need for his team to "practice what we preach" and be more attentive to self-care, including providing access to support resources outside of the organization if someone doesn't want to utilize an Employee Assistance Program. He also noted a tendency to "go big" by throwing all available personal into the immediate response but that risks exhausting staff resources well before the need is complete.

While careful attention to family assistance can help to mitigate survivor reactions and support the grief and recovery processes, Mr. Green noted that it's not a solution to all needs and it certainly can't provide some kind of mythical "closure" that erases their pain or undoes their loss. They will still need time to adjust and to work towards a "new normal"; they may still need to be involved in lengthy legal actions; they will still have unanswered questions. But providing support for practical and emotional needs post-disaster is not only legally required by legislation, he observed – it's simply the right thing to do.

View conference opening remarks and Max Green's keynote (beginning at minute 30) at: http://tinyurl.com/IDMH-Max-Green-Keynote

When Planes, Trains, and Buses Crash: *Multiple Response Perspectives*

A panel discussion featured professionals from many of the organizations that work together following a transportation disaster to meet the needs of survivors, victims' families, and the community. Panelists included:

- **Samantha Philips, M.P.H.**
  Philadelphia Emergency Management
- **Valerie Cole, Ph.D.**
  American Red Cross
- **Peter Gudaitis, M.Div.**
  Disaster Interfaiths Network
- **Elizabeth Cronin, Esq.**
  New York State Office of Victim Services
- **Penny Neferis**
  Jet Blue Airlines
- **Seamus Leary, MA**
  Federal Coordinating Officer
  Federal Emergency Management Agency
  (panel moderator)

Details of their discussion are too lengthy to include here, but if you're interested in learning what each of these agencies do and how they collaborate, you can watch the session at: http://tinyurl.com/IDMH-Multiple-Perspectives

Understanding Traumatic Bereavement

The second keynote focused more specifically on the emotional impact of transportation disasters. Dr. Laurie Anne Pearlman, Ph.D., lead author of *Treating Traumatic Bereavement: A Practitioner's Guide,* discussed the particular intersection of trauma and grief that can occur after some losses, impeding recovery. She began by defining traumatic bereavement as the "persistent experience of trauma and grief following the sudden death of a significant other due to unnatural causes," in which "the survivor has not yet accommodated the death and the trauma and grief interfere with the survivor's ability to live life fully." In this situation, the interaction of trauma and grief both interfere with and potentiate each other. The individual experiences post-trauma symptoms like those that characterize PTSD and grief symptoms such as yearning, sorrow, and anger, all set among a shattering of the assumptive world characterized by struggle with faith and meaning, feelings of guilt and blame, and a preoccupation with the deceased person's suffering.

Traumatic bereavement is more likely to occur following deaths that are abrupt, untimely, human-caused and violent and those perceived as preventable or random. This reaction can be notably persistent, lasting for years or even decades, especially in response to homicides – with the emotional reaction in these cases often compounded by the desire for retaliation and by the need to participate in a legal system that's not generally sensitive to their needs. Survivors may have unrealistic expectations for what kind of satisfaction they can expect from legal proceedings, as well as frustration at how long the process can take.

Traumatic bereavement is also highly pervasive, affecting multiple realms of the survivor's life including interpersonal relations and daily functioning. Members of a family may respond very differently to a shared loss, creating friction and distress as the family struggles to reorganize around the missing member. Social support may be perceived as absent or inadequate – partly because mourners tend to withdraw and isolate themselves, but also because the broader support network is also impacted by the death. Also, many people are simply inept at knowing what to say after a death. Dr. Pearlman quoted actual well-intentioned but unhelpful statements her clients have encountered such as "You need to be strong for your children," unwelcome religious platitudes like "She's a flower in God's garden," unhelpful advice like "You shouldn't be going to the cemetery every day." Then there was "Your wife may be dead but at least she's not a vegetable," which elicited gasps from the audience.

Dr. Pearlman outlined the many secondary losses that accompany the primary loss of the deceased person including the emotional support they provided, the practical support such as shared decision-making, the physical contact with the person, financial position and material possessions like a house one can't afford without the partner, and less tangible things like one's sense of humor and joie de vivre, and one's hopes and dreams for the future. Survivors can also lose essential roles or parts of their identity, like being a parent or spouse. She highlighted the particular pain of parents who have lost a child and then face the common question upon meeting a new person: How many children do you have?

The complexity and intensity of these interwoven trauma and grief symptoms mean that survivors often become stuck in their mourning process. To begin to overcome this, survivors need interactions to follow the RICH model proposed by Saakvitne, Gamble, Pearlman, and Lev in Risking Connection (2000):

- **Respect**
  Control, recognition, acknowledgment, justice
- **Information**
  About what happened, coping strategies, resources, paths to recovery
- **Connection**
  Human contact, social support, engagement with experience
- **Hope**
  All of the above plus return to routines, meaning engagement, spiritual engagement

All therapeutic interactions can strive to incorporate these elements in order to begin to reverse the feeling of a loss of control that is common after trauma. This can be as simple as asking someone their name and then asking them how they would like to be addressed as a sign of recognition and respect. Survivors will also need to establish

connections at three levels: internal, regarding their awareness of the traumatic experience; interpersonal, regarding how they were treated by responders and others after the event; and spiritual, regarding how they make meaning of the experience. These same needs also apply to responders, who need to be aware of how their professional experiences impact them.

Earlier in her talk Dr. Pearlman had addressed the concept of closure as unrealistic and she concluded by pointing out some other myths about loss that still prevail in the field. In particular, she dismissed the classic Kubler-Ross stage model of grief as inaccurate since it does away with individual differences – which we know characterize all human behaviors, not only reactions to loss. She also affirmed the need to move away from Critical Incident Stress Debriefings towards evidence-supported interventions like Psychological First Aid (PFA) and Cognitive Behavioral Therapies. She described the perspective that continuing bonds with the deceased person indicate pathological grief as inaccurate; people want and need to maintain those bonds, though it may be helpful to try to shift how they are defined. For example, a counselor might help shift a belief from "he was the only person who could ever understand me" to a thought like "he was the love my life" or "I loved him and he loved me" which maintains the original connection, but doesn't preclude the survivor from ever seeking a new relationship.

Finally, the myth that time heals all wounds is not true with this population, who can remain stuck for a very long time after their traumatic loss.

View Laurie Anne Pearlman's keynote at: http://tinyurl.com/IDMH-Pearlman-Keynote

Dr. Pearlman also led an afternoon workshop on treating traumatic bereavement that is recommended watching for any clinicians who may work with clients experiencing this painful phenomenon: http://tinyurl.com/IDMH-Pearlman-Workshop

Aviation Accident Case Study Workshop

Max Green of the NTSB led an afternoon workshop highlighting the importance of situational awareness during disaster response, using Asiana Airlines Flight 214 in San Francisco in July 2013 as a case study. The flight crashed during landing after the pilot brought the plane down short of the runway, breaking off the landing gear on a seawall. The plane then slid down the runway and oil from a ruptured tank caught fire. Evacuation slides were deployed and most passengers and crew escaped, though many were injured.

This was a particularly complex response as it involved an international carrier with passengers and crew members from nine nationalities speaking multiple languages. While foreign carriers operating in U.S. airports are required to submit "assurances" to the NTSB and Department of Transportation outlining their plans to meet the requirements of the Aviation Disaster Family Assistance Act, in this case it became clear that the carrier's small staff in the U.S. were not adequately familiar with the plans, leading to unacceptable delays in implementation.

This disaster was also immediately noteworthy for the effects of social media: People in the San Francisco airport witnessed the event and began posting descriptions and photographs literally less than a minute after impact. This fueled the spread of rumors and misinformation and led to exaggerated reports in mainstream media coverage about the number of casualties. Some early reports announced there were 60 people missing, suggesting the response would involve extensive numbers of badly damaged remains, which fortunately did not prove to be true.

Ultimately there were three fatalities (all teenage Chinese girls on a school trip), 40 seriously injured and many more with minor injuries. However, it took days for that full picture to become clear as there was a lack of communication among and between hospitals and response agencies, compounded by language barriers that made communicating with the passengers challenging. Fifteen hospitals received transported patients, many of whom had no identification, creating a "Jane/John Doe surge" that took some time to resolve so that all passengers could be accounted for. Some hospital administrators were also unwilling to disclose patient identities to the NTSB, citing HIPAA restrictions, though those can be relaxed in times of disaster.

As a result, the first 48 hours of the response were what Mr. Green described as an "error-rich environment" with confusion about which passengers had been identified and where they currently were located, some needs being duplicated (for example, family assistance centers were set up at multiple locations in addition to the official carrier-sponsored FAC) and other needs being overlooked (for example, some passengers who were not aware of the official FAC and didn't know what resources were available slept at the airport for at least one night).

This incident was also unusual for an aviation disaster as it featured a wide distribution of uninjured survivors, fatalities, walking wounded and passengers with severe injuries. That pattern is far more typical of railway disasters, Mr. Green said, and in retrospect the traditional FAC model that focuses primarily on serving the needs of family members of the deceased was not appropriate here where there were few fatalities but many survivors in need of services and information. One remarkable example: Some passengers had been released by hospitals wearing nothing but gowns and while they were given debit cards to purchase clothing they couldn't exactly go shopping dressed only in a hospital gown. In response, the local Salvation Army set up a clothing "store" inside the FAC where passengers could select a free outfit that would allow them to go out with a degree of dignity.

Mr. Green noted the need to plan for multiple demands when an incident occurs:

- Do you have the right personnel, plans, and resources?
- How will you activate them?
- How will you fill in gaps in needed resources, especially in a very lengthy and complex response operation?

Among the lessons learned from this complicated and problematic response is that in future events, NTSB and partners need to be prepared to adjust their plans and outreach strategies as driven by the specific circumstances. There also needs to be more confidence that carriers are equipped to actually implement their response plans in accordance with the national legislation so that passengers' and family members' needs are not overlooked in the crucial period immediately after disaster.

Engaging Faith Communities in Crisis Settings: Increasing Religious Literacy and Competency Workshop

Peter Guidatis, M.Div., President of the National Disaster Interfaiths Network led a workshop exploring the role of spiritual care in disaster response. Why is faith relevant to disaster relief? The U.S. is home to 345,000 religious congregations, compared to 105,000 schools and universities – "though there are possibly more Starbucks," Mr. Gudaitis joked. The pre-existing networks and infrastructures of faith communities can play a major role in disaster relief. However, collaborating with diverse faith communities and their leaders in times of disaster requires a religious skill-set.

In times of disaster, 60% of Americans will turn to a religious leader for guidance, Mr. Gudaitis said, so collaborating with religious leaders can help disaster response efforts reach large populations through already existing faith networks. Religious leaders may be especially attuned to the needs of vulnerable populations. For example, religious leaders may know the hiding spots of homeless people. Marginalized populations may be more likely to trust disaster response advice from their local religious leaders than from unknown government officials. Additionally, people may be more comfortable staying in a shelter that is also a house of worship because it is a familiar space in their community.

Still, religious diversity in the U.S. can create challenges for disaster relief efforts as disaster relief that isn't sensitive to diverse customs may alienate faith communities. Religious groups might bypass disaster care that violates the terms of their faith and become endangered as a result, Mr. Gudaitis warned. In New York City, 30% of the population is Muslim or Jewish. Accordingly, NYC shelters need to offer halal and kosher food as well as standard fare. In general, shelters should accommodate diverse religious customs in order to welcome all of their community members.

Mr. Gudaitis defined religious literacy as understanding the history of a faith and the context it creates in its participant's lives. Religious competency involves effectively engaging existing religious populations as trusted allies. Long-term resettlement of disaster survivors, for instance, requires a region that offers housing and jobs, in addition to a helpful existing community. In such a community, supermarkets should be encouraged to provide for the dietary needs of new religious populations. Even local banks should be made aware of religious customs pertaining to loans and interest. Mr. Gudaitis noted that joining forces with religious leaders is an effective way to navigate the specific moral needs of their followers.

In order to collaborate successfully with religious leaders and their followers, it's essential to show respect for them which can take different forms. Mr. Gudaitis outlined various ways to show respect, for example, calling religious leaders by their titles and extending them the deference their own community would offer. When possible, relief workers should adhere to the etiquette of different faiths. Cover your head or take off your shoes in places of worship, if that's the custom. Recognize religious symbols, but don't make assumptions about other people's faith based on their clothing and jewelry. Some clothing and jewelry has a cultural connotation, he said, rather than a spiritual one.

Overall, the U.S.'s diverse religious populations present advantages and challenges to disaster relief efforts. Mr. Gudaitis advocates inclusivity, religious literacy and competency as skills for realistic and effective disaster response.

If you would like to learn more about the subject, The National Disaster Interfaiths Network offers a free resource, The Religious Literacy Primer for Crises, Disasters, and Public Health Emergencies, available at **www.N-DIN.org**.

A New York State Structured Mental Health Response to Disaster

As many experienced disaster mental health responders know, the mental health consequences after a traumatic event may go unrecognized as the primary focus of disaster response tends to be on physical injury, property loss, and environmental damage. Among the lessons learned from events such as Hurricanes Irene and Sandy and shootings in Binghamton and Sandy Hook has been that in order to be *truly* effective a disaster response must meet survivor's needs with an appropriate *combination* of services, a task that requires strong inter-agency cooperation and planning. This was the premise behind an ongoing series of meetings that examined how to engage a multitude of both response and recovery managers to grapple with the challenges of comprehensive response and recovery planning that would account for a range of contingencies including the mental health needs of the victims, survivors and communities impacted by disaster.

In this afternoon workshop, Greg Brunelle, M.S., M.A., Vice President, Emergency Management and Community Resilience, Tetra-Tech and Steve Moskowitz, L.M.S.W.., Director, Bureau of Emergency Preparedness and Response, Office of Mental Health, broke their presentation into several parts: a brief review of the key elements of Disaster Mental Health including how the psychological trauma of a disaster can overwhelm our ability to cope with what we have witnessed-shaking and sometimes shattering our assumptive world. They described the importance of Early Intervention as a process that by addressing immediate reactions to a traumatic event can mitigate the need for long-term care by altering one's interpretation or meaning of the experience.

The Sandy Hook Elementary School shooting was an event that allows for the exploration of both the depth of the emotional and psychological challenges, as well as, the complexity inherent in a multifaceted emergency response. The presenters reviewed some of the key mental health interventions and strategies utilized at Sandy Hook, including the provision of crisis counseling to immediate family members and the need to protect families from unwanted and intrusive media coverage while also providing guidance on handling reporters.

To place the Sandy Hook experience into a local context, Mr. Moskowitz then provided an overview of the organization of Disaster Mental Health response by New York State. He described the how response is coordinated via the Mental Health Committee of the Human Services Functional Branch and how the NYS Office of Mental Health prepares responders statewide through recruitment, training and on-going responder support. Mr. Moskowitz went on to describe the multipart project which has sought to address the challenges of coordinating disaster mental health services statewide and integrating those services into the emergency response environment. The

first part of that effort was the May 2015 - Disaster Mental Health Summit which was sponsored by NYS Department of Homeland Security and Emergency Management, SUNY New Paltz's Institute for Disaster Mental Health (IDMH) and Tetra Tech. The Summit brought stakeholders from across the emergency management and mental health spectrums to provide those in attendance with an unusually detailed look at each other's role and thus perspective on responding to a critical event.

In the final segment of the workshop Mr. Brunelle described the NYS School Disaster Mental Health Project, a next-step intended to build on the recommendations included in the DMH Summit White Paper. Sponsored by Tetra Tech and IDMH the daylong-facilitated discussion among appropriate stakeholders utilized active discussion and scenario-based strategic and operational role-playing to review existing planning efforts by each stakeholder. Building upon existing plans and research and recommendations from the DMH Summit, the Tetra Tech team developed a guidance document for use by local, county and state agencies as well as public and private stakeholders such as school districts/academic institutions, cultural institutions and others that summarizes Disaster Mental Health Considerations relative to both Response and Recovery, as well as, Recommended Actions, before, immediately following and in support of long term recovery of an untoward incident.

Key concepts that informed the *NYS School Disaster Mental Health Operational Support Tool* include:

- Providing the necessary access and support to mental health services along the continuum of the emergency is as critically important as ensuring organizational recovery;
- The mental health aspect of response and recovery will challenge all communities, large or small. Providing crisis mental health services will quickly strain community resource networks and test capacities throughout the response period and well into recovery;
- Proven best practices have shown that communities need to plan for notifying and accessing state-level resources. Planning should include notification and coordination with the New York State Office of Mental Health as soon as possible after an event; and
- The usefulness of this guide and the successful provision of crisis and disaster mental health services in a community is predicated on local jurisdictions working with stakeholders to develop a customized plan for their needs within the scope of resources that are available.

The NYS School Disaster Mental Health Operational support Tool and the lessons learned from the DMH Summit and this project are now being actively advanced through an initiative to educate educators, emergency managers and mental health professionals across the state.