

# New York DMH Responder

Fall 2013

Volume 3 Issue 4



Office of **Emergency Preparedness and Response**



Office of **Health Emergency Preparedness**

## In this Issue...

**Maintaining Responder Resilience Training**

**Project Hope – A Long-term Mental Health Response to Sandy**

**Research Corner:  
The Importance of Psychological Preparedness**

**Save the Date – IDMH Conference – April 25, 2014**

*“The greatest weapon against stress is our ability to choose one thought over another.”*

– William James

**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

**Articles contributed by** the Institute for Disaster Mental Health at SUNY New Paltz  
[www.newpaltz.edu/idmh](http://www.newpaltz.edu/idmh)



## Welcome

Welcome to the Fall 2013 issue of the New York DMH Responder, our quarterly newsletter for the Disaster Mental Health community. Our focus this month is on workforce resilience and the need to actually practice self-care – something we in the helping professions are notorious for recommending to others but not following through on personally. Summarized in this issue are key points from a training and webcast on this topic that was recently delivered by the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz and webcast to more than 30 sites throughout the state. Related to resilience, our Research Corner summarizes a study on increasing psychological preparedness among healthcare workers as a way to increase their willingness to respond to disasters. Also included is an article on the FEMA Crisis Counseling Program-Project Hope which has been the primary source of mental health support to those affected by Superstorm Sandy.

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.

## Maintaining Responder Resilience through Extreme Disasters: Self-Care beyond Lip Service

How many times have you attended a professional training that concluded with a brief reminder about the need to practice self-care? It seems like it's become standard procedure to include some token acknowledgment of the need to get enough sleep, eat well, exercise, and so on. Too many of us in the helping professions are quick to offer the same guidance to others but slow to follow it ourselves.

Yet it's become increasingly clear that the changing face of disasters means we need to stop paying lip service to self-care and start actually practicing what we preach. Probably everyone who plays any role in disaster preparation and response in New York State recognizes a number of recent trends: Disasters and crises seem to be happening more frequently overall; some events, like Hurricanes Irene, Lee, and Sandy, are enormous in scope and long-lasting in their impact; and other events, like the shootings in Webster, NY, and Newtown, CT, are notably intense in the anguish they expose us to. And for many people these acute incidents are occurring amid more chronic stressors like economic struggles and job insecurity, as well



*continued on page 2*

## Maintaining Responder Resilience through Extreme Disasters, *continued*

as the usual demands around family, work, and so on. To put it simply, most of us are stressed and we need to learn to address that stress in order to stay personally and professionally resilient.

That was the focus of a NYS DOH Office of Health Emergency Preparedness-sponsored training that was recently held by the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz and webcast to more than 30 sites statewide. The training was delivered by Dr. Mary Tramontin, clinical psychologist and experienced American Red Cross Disaster Mental Health Volunteer and Dr. Karla Vermeulen, SUNY New Paltz Assistant Professor of Psychology and IDMH Deputy Director. Their goal was to give participants specific skills to develop plans for improving their self-care habits.

In the end, training participants were encouraged to establish two types of self-care plans:

1. **A Maintenance Goal for Disaster Response Work.** This means committing to consistent, or increased, use of established and effective self-care practices. You're far more likely to practice at least basic self-care during a response if you have a specific plan in place for how to do so.
2. **A Growth Goal for Everyday Life.** This involves identifying an area you want to improve, where you will commit to establishing a new practice to bolster wellness and resilience. Essentially this goal is to build up your strengths in advance, so positive practices are easier to call on times of high stress.

We hope you'll try this planning for yourself. As a minimally stressful starting point, try this simple step: What is one self-care practice you will commit to doing daily for the next 30 days? Make it an achievable goal – it may seem small, like singing again while in the shower or eating more vegetables.

### Key points from the training

- Not all stress is bad! In fact, many people who are attracted to challenging professions like ours thrive on “eustress,” the positive demands that keep us engaged and performing at optimal levels and we're often able to bounce back quickly from acute stressors. However, forms of stress that are chronic or traumatic can affect our physical and mental well-being if we're unable to cope with them effectively.
- The concept of resilience is receiving a lot of attention these days but people are often using the same label for very different processes including:
  - Resistance** – apparent immunity to typical impairment of functioning in response to stress or trauma
  - Recovery** – the ability to rebound, to regain equilibrium, to return to a state of health
  - Sustainability** – continuation of recovery, possibly even resulting in growth and enhancement (e.g., post-traumatic growth)
- Resilience is a result of wellness, which is a result of self-care.
- Wellness involves multiple domains: Physical, Emotional, Intellectual, Occupational, Spiritual, and Social/Relational. Different domains may be more important for different people and even for the same person at different times, so developing self-care practices in multiple domains is kind of like cross-training in physical fitness: It gives you more tools to draw on in times when your usual habits may not be possible or sufficient.
- Self-care begins with self-awareness or being mindful of what you're experiencing physically, emotionally, and cognitively – rather than focusing entirely on action and ignoring how stress is impacting you.
- Self-talk is also a key element of self-care. For example, when you're heading into a disaster response or other stressful activity what do you tell yourself about your training and abilities? Do you have automatic thoughts or beliefs (i.e., “I can't handle this”) that undermine your confidence and increase your stress? Or thoughts that keep you functioning but prevent you from paying attention to your wellness needs (i.e., “I'm the only one who can handle this so I'm not going to take a break”)? If so, you can learn to recognize these thoughts and replace them with more productive internal messages.



Video for the webcast can be viewed at:  
<http://tinyurl.com/DOH-Resilience>

## Lessons from Disaster Response Veterans

The NYS DOH webcast on maintaining resilience also included video profiles of three mental health professionals with extensive disaster response experience. Each shared the self-care practices they've developed to allow them to keep working in this demanding field.

**Superstorm Sandy** For Mirta San Martin, psychologist at South Beach Psychiatric Center on Staten Island, lessons learned from 9/11 and other disaster experiences were valuable after Superstorm Sandy when the South Beach facility was flooded and evacuated for an extended period. Having some sense of how long and grueling the recovery would be helped Mirta and her colleagues develop ways to support their staff and patients effectively but the constant reminders in their ruined neighborhood made stress management difficult.

**Newtown** When IDMH Director James Halpern was asked to respond to the Newtown shootings as a Red Cross Disaster Mental Health volunteer he knew he would need a more structured self-care plan than in other events. Even so, the extreme emotional intensity of the grieving families he worked with, combined with the chaotic environment caused by the media circus in the town, meant that he needed to go beyond his initial plan in order to keep functioning.

**American Red Cross** Diane Ryan, Regional Director of Mental Health & Partner Services, American Red Cross in Greater New York, described how she has learned to prepare for the sprint of an intense short-term response versus the marathon of a long lasting response where she knows she'll need to ration her energy. She also described preparing for each individual event by imagining how much suffering she may be exposed to so she's emotionally ready; even so, she acknowledged finding events involving children or those where survivors blame themselves particularly challenging.

All three disaster veterans noted the need for some kind of spiritual practice (though that did not necessarily need to involve formal religion, only a way of finding meaning in suffering) – and all three noted the rewards of feeling they're actually helping others at a time when many people feel helpless, which is what motivates them to remain in the field.

## American Psychological Association

# 10 Ways to Build Resilience

- 1 Make connections
- 2 Avoid seeing crises as insurmountable
- 3 Accept that change is a part of living
- 4 Move toward your goals
- 5 Take decisive actions
- 6 Look for opportunities for self-discovery
- 7 Nurture a positive view of yourself
- 8 Keep things in perspective
- 9 Maintain a hopeful outlook
- 10 Take care of yourself

## Got an App for That?

SAMHSA recently announced the upcoming launch of GO2AID, a groundbreaking app that will give disaster responders the ability to access tip sheets, guides and emergency preparedness resources from your phone. These materials can be downloaded to your phone for easy access, even when you have no internet connectivity, and the app will allow users to share these resources by text, e-mail, or computer. To get more information and sign up to be notified when the GO2AID app is available, visit <http://store.samhsa.gov/apps/go2aid/>.



*Have a better one? Send us a message about your favorite disaster-related apps at [idmh@newpaltz.edu](mailto:idmh@newpaltz.edu). We might include it in our tech-focused Winter issue!*

## Project Hope – A Long-term Mental Health Response to Sandy



Within days of Hurricane Sandy the New York State Office of Mental Health (OMH) reached out and connected with County Mental Health Commissioners to gain insight into the mental health needs facing their devastated communities. In the first days and weeks following the storm OMH coordinated the deployment of dozens of Disaster Mental Health (DMH) Responders to assist with the immediate disaster mental health response in Disaster Recovery Centers (DRCs) from Rockland County to the eastern tip of Long Island.

At the same time, OMH was anticipating the long-term, collective need. In larger-scale disaster, where losses of both human life and massive property destruction severely impacted entire communities, the path to emotional recovery is often through a FEMA Crisis Counseling Program (CCP). To address the truly massive mental health needs created by Superstorm Sandy OMH began work on creating its third CCP in just over a year, Project Hope.

Creating Project Hope involved identifying and contracting local service providers with strong community ties and knowledge. Initially 38 provider agencies were contracted for the CCP response to Superstorm Sandy. They were tasked with bringing the crisis counseling services of Project Hope to survivors – in shelters, churches – wherever survivors were calling home at the moment. Community-based agencies administer the program using locally-hired staff to step in and meet the behavioral health needs with a neighbor-to-neighbor approach that is practical and down to earth, utilizing interventions based on Psychological First Aid (PFA) concepts and techniques. Just weeks after Superstorm Sandy more than 800 crisis counselors were hired, trained and reaching into their community - visiting shelters, knocking on doors, walking up to cars in line for gas – offering support.

Crisis counselors were getting into the field just about the time the communities were beginning to transition from the somewhat optimistic phase of recovery that disaster experts refer to as the Honeymoon Phase to the challenges of the Disillusionment Phase. The Disillusionment Phase is a time when survivors begin to confront the difficult realities of assistance and recovery - a period when survivors have had time to

assess damages, begun to understand the realities and limitations of assistance, and are grasping the magnitude and scope of the devastation. Crisis counselor's arrival into the field is

well-timed as it finds survivors at a place where there is an acute need for support from someone prepared to help them identify and think through logical steps for recovery; someone who knows about their community and its available resources.

Survivors also need someone to help them understand and normalize their emotional reactions. Crisis counselors listen with genuine concern; offering survivors someone they can tell their story to without judgment and in a non-threatening setting. Crisis counselors also help to identify and prioritize recovery tasks, work to develop plans for action, teach coping skills, offer links to available community services, and refer for mental health services – all with the goal of helping survivors move forward at a pace that is comfortable for them – confidentially and with no charge.

Initially, counselors work with those with the highest level of exposure and, over the course of time, their reach spreads to people affected from the larger community. They offer survivors an opportunity to talk about what they have been through, how they feel and what they need – it's a chance to restore some sense of control after disaster. Individual crisis counseling, brief educational or supportive contact, group counseling, public education and resource linkage are the core components of the support.

With the one-year anniversary of Superstorm Sandy just behind them, Project Hope has reached more than one million survivors. Continuing survivor need necessitates that the majority of Project Hope's service provider agencies will remain in place until the end of February. Between now and the phase down of Project Hope crisis counselors will focus on resilience; encouraging individuals and communities to draw from their inner strength as they continue the long and deliberate process of recovery. From teaching survivors simple coping tips to providing them with community resource contact information, crisis counselors will strive to leave communities and survivors stronger and better connected with each other.

## Research Corner: The Importance of Psychological Preparedness

In addition to practicing self-care during and after a disaster response, worker resilience can be strengthened in advance by improving perceived psychological preparedness for specific events. That's the conclusion of a study by a group of researchers at Johns Hopkins (Errett et al., 2012), who surveyed local health department and hospital workers about how their attitudes and beliefs about their own readiness would influence their willingness to respond to a variety of public health emergencies including a dirty bomb and an influenza outbreak. Participants who believed they were more psychologically prepared to perform their duties were consistently more willing to respond, though there was less willingness to respond to a dirty bomb overall than to a pandemic flu scenario, demonstrating the added uncertainty and fear around radiological incidents.

This finding is essential for healthcare workers and, perhaps especially managers, as it suggests that providing advance training and education about specific types of threats are effective ways to ensure staff members will report to work and engage in the response when they're critically needed. As the authors summarize, "it is vital that these workers not only perceive that they are psychologically prepared, but also that they are, in fact, prepared and supported from a mental health standpoint. If not, we face the potential of a large percentage of our workforce burdened with mental health consequences following an event, affecting not only disaster response but also everyday operations of our local public health and hospital systems" (p. 129).



### Source

Errett, N.A. et al. (2012). Assessment of psychological preparedness and emergency response willingness of local public health department and hospital workers. *International Journal of Emergency Mental Health*, 14, 125-133.



Save the Date for the next  
IDMH Conference

**April 25, 2014**

### "Why Don't People Listen? – The Whole Community and Communicating in a Crisis"

New York State residents face a remarkable array of collective threats including natural disasters, disease outbreaks, terrorism and nuclear accidents, and our state is geographically vast and widely varying in population density. Emergency responders, healthcare workers, and mental health helpers statewide work extremely hard to prepare for and respond to these potential events. Regardless of the nature of the disaster there is one form of preparation that truly applies to all hazards and all populations: public education and risk messaging. Numerous events have demonstrated that citizens do not simply do as authorities tell them. Public indifference to official recommendations applies to general preparedness as well as to specific warnings. What psychological influences prevent people from taking actions to prepare for recognized hazards or from complying with official warnings, and what can authorities do to communicate more effectively with community members in times of crisis? The 2014 Institute for Disaster Mental Health conference on April 25 will focus on how disaster response professionals can best communicate with community members to help them avoid or minimize their exposure to disaster and to jumpstart their recovery when events do occur. Presentations and workshops will address specific hazards and populations, led by a combination of academic experts on risk communication and Public Information Officers and other agency representatives familiar with the challenges of message dissemination during complex and rapidly changing disasters. Additional details and a full presenter lineup will be announced in the next issue of this newsletter and at [www.newpaltz.edu/idmh](http://www.newpaltz.edu/idmh).