



# NASW Annual Practice Conference

## **The Aging Boom: Is Your Clinical Practice Ready?**

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### **Mental Health Responses to Catastrophic Events: The Unique Needs of Older Adults & Lessons Learned After a Disaster**

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# Hurricane Katrina

- 6<sup>th</sup> largest Atlantic Hurricane ever recorded
- Levees flooded 80% of New Orleans
- \$100 billion in aid, extensive loss of life, & mass forced displacement
- Many of these displaced survivors are African American, poor, & elderly

# Why Concern?

- Older adults more negatively affected
- Short and long-term psychosocial maladjustment
- Increased psychological & emotional distress
- Disruptions in social functioning
- Risk for PTSD
- Development of dementia, disorientation
- Decreased physical functioning
- Increased depression

# Voices Of Katrina Survivors: Texas

- Sample Population
- Site
- Method = Qualitative approach,  
In-depth interviews

*Evacuation, Aftermath,  
& Relocation*

# Psychological Construction Of 'Storm'

- State of Ambivalence
- Misunderstanding Warnings
- Sense of Danger Diminished
- Limited Preparation
- Overreliance on Old Patterns

## Voices ...

- *“When the storm came through, I did not hear nothing, that is how hard I sleep.”*
- *“I wasn’t worried because I know we had had storms before and we had water to flood.”*
- *“My Mom lived through some hurricanes, she said hurricanes never hit the projects.”*
- *“People acted like they were just getting away for the weekend, just a weekend get-a-way.”*

# Barriers To Evacuation

## Social

- Role of Family
- Neighbors, Friends

## Procedural

- Confusion

## Structural

- Floods
- Transportation

## Economics

## Political

- Outcasts
- Race

# Voices ...

## Mismanagement of Evacuation –

- *“A lot of people didn’t have no way to get out, everybody don’t have cars, everybody didn’t have money to even get to the buses to travel”*

# Immediate Aftermath

- Communication Difficulties
- Lack of Control
- Sense of Place / Crowded Conditions
- Disorientation
- “Victim” status
- Safety / Assault on Citizenship
- Access

# Voices ...

- *“It just had your nerves going in and out, flipping, and it was just like, is it the end?”*
- *“They put us all out there like when you put all the cattle in the yard... Cattle to be slaughtered.”*
- *“Instead of standing in line together, we can to separate [to board buses]*
- *We couldn't get served because the people were shutting their doors*
- *“The conditions were too crowded... even when you took a shower you had 80 people in one shower.”*

# Context Of Relocation

## Structural

- FEMA
- Database

## Social

- Family Separation

## Environmental & Economics

- Instability , Quality
- Daily Living

# Relocation:

## Psychological / Emotional

- Disorientation
- Lack of Control
- Grief and Loss Issues
- Loss of Status, Ego change

## Physical & Health Status

# Voices . . .

- *“They did not say a word [bus drivers]. We kept asking them where we were going, and they would say they did not know.”*
- *“Things should have been different, handled better...it didn't have to be the way it was”*
- *“The hurricane kind of tore us apart [family], because we were very close.”*
- *“I'm 'nervous' now”*
- *Every time I think about it...I get filled up and cry because I loss everything”*

# Lessons From Katrina Survivors

## Evacuation:

- Importance of Training & Public Awareness
- Organizational Needs
- Social / Family Issues
- Humane Treatment (fear, empathy)

# Immediate Aftermath:

- Sense of Control
- Social Support
- Swift Stabilization
- Tracking Database & Outreach
- Better coordination of efforts
- Training of professionals & volunteers

# Relocation:

- Trained professional workforce to deal with problems in advance
- Accountability & transparency in use of relief funds
- Policies & Programs set up for failure

# Arkansas' Katrina Response

- Collaboration between the Arkansas Chapter of NASW and the Arkansas Department of Health
- NASW-AR trained over 200 social workers to provide mental health triage and psychological first aid
- A total of 14 teams served more than 800 individuals and 200 families in 52 camps

# Elderly Survivors Of Disasters

## Micro-Level and Mezzo-Level Issues

# Elderly Survivors: Micro-level Issues

- In disaster situations, elderly persons often:
  - Are less likely to comply with evacuation warnings
  - Are at higher nutritional risk and may forget to take medications
  - Are susceptible to physical and mental abuse as family stress increases
  - Are likely to experience a drop in social support
  - Experience an increase in health problems
  - Are targeted by con men who exploit them financially

# Katrina Survivors: Medical Issues

- Prescription medications
  - Didn't know all the medications they were taking
  - Didn't know dosage, etc
- Didn't have insurance and Medicare cards
- Had left behind wheel chairs/walkers
- Were missing eyeglasses, hearing aids, etc
- Didn't have information on medical devices/treatments
- Had experienced a disruption in medical treatment

# Intervention: Case Work

- **Outreach**
  - Met with survivors in the camps
- **Education**
  - Provided information about services available in community
- **Brokering**
  - Helped coordinate donation of medical supplies
- **Advocacy**
  - Worked with community and state officials to help cut through red tape

# Katrina Survivors: Psychological Issues

- Anxiety and Depression
  - Many losses
  - Separated from and concerned about family members/friends
- Many were confused about where they were and what had happened
- Many had been off medication for awhile
- Many exhibited symptoms of PTSD

# Intervention: Mental Health Triage And Crisis Intervention

- Triage
  - Assessed for PTSD and deteriorating mental health or ability
  - Referred when needed to area mental health providers and nursing homes
- Crisis Intervention
  - Safety
  - Security
  - Ventilation
  - Validation
  - Prediction
  - Preparation

# Intervention: Psychological First Aid

- When responding with survivors of a disaster, establish an environment that:
  - Is safe
  - Is calm
  - Promotes connectedness
  - Encourages self-efficacy
  - Is hopeful

# Psychological First Aid: Elderly Survivors

- Do:
  - Provide repeated, simple, and accurate information
  - Listen as people share their experiences
  - Help connect people with loved ones
  - Engage people in identifying and meeting their own needs
  - Connect people with services and monitor to insure follow-through

# Psychological First Aid: Elderly Survivors

- Don't:
  - Force people to share experiences
  - Give simple assurances
  - Tell people how they should be feeling, thinking, or doing now, or how they should have acted earlier
  - Tell people why you think they suffered the event
  - Make promises you can't keep
  - Tell people they're lucky they survived

# Elderly Survivors: Mezzo Level Issues

- In disaster situations, elderly persons:
  - Are slower to register for disaster assistance
  - Are less likely to follow through after registering for assistance by completing necessary applications
  - Are less likely to use formal aid sources such as the Red Cross
  - Experience slower economic recovery

# Katrina Survivors: Housing, Financial And Medical Assistance

- Much time spent to ensure elderly survivors registered for assistance and followed through with subsequent appointments
- Local and state funds had already been allocated
- Many people were missing required documents
- Federal funds were slow to come to Arkansas
- When federal funds arrived, many recipients were moved to top of waiting lists causing resentment

# Intervention: Casework

- **Education**
  - Provided information about needed services to providers
- **Brokering**
  - Helped problem-solve how to meet needs
- **Advocacy**
  - Worked with community and state officials to meet needs without documents

# 3 Years After Katrina

## Psychological “Just Existing”

- Emotions range (Grateful vs. Anger)
- Isolation, Instability, Identity, “Fitting In”
- Grief & Loss
- Disoriented, Blocking

## Structural

- Environment & Sense of Place
- Transportation

## Economics

- Financial recovery
- Under/Unemployment

- *“It’s just like it happened yesterday”*
- *“You want to go home, it’s no place like home”*
- *“I try to block it out in my mind; I don’t want to think about what happened.”*
- *“I haven’t been able to find a job, that been kind of stressful, no income coming in”*
- *“I’ve always been strong and independent, took care of myself and family, now it’s like I’m depending on other people”*

# High Risk Groups

- Age & Gender (male)
- Poverty
- Limited social support
- Life satisfaction
- Physical/mental deterioration
- Reframe negatively
- Control of Place
- Lack support network
- Hopelessness

# Processes for Recovery

- Positive Meanings / Future
- Perceptions of Control
- Social Support Network
- Group identification
- Social Participation
- Faith

# Voices . . .

- *“I don’t know about the future. I ain’t got to that stage yet. So, I’m just going to go one day at a time”*
- *“There was a group of us, and I was the only one not part of the family. They adopted me as their family”*
- *“I was there to help anybody that I could by talking to them, by them not being alone “*
- *“Just praying and asking God to help me, that’s all I know to do.”*

# Service Delivery Issues

## Structural / Environmental

- Comprehensive Resources
- Provide skills to maneuver new city

## Psychological

- “Time” / Developmental process
- Allow sufficient assessment
- Look out for changes over time / Follow-Up
- Cultural context

## Social

- Encourage increased social participation
- Enhance support networks

# Coordinated Disaster Response

## Collaboration Not Collision

# Successful Collaboration

- Is in place before an event occurs
- Is vision driven
- Has defined relationships and roles
- Is outcome-focused
- Has formalized procedures for communication
- Has a culture that encourages teamwork and cooperation
- Defines whom performs what activities when

# Member Groups

- Health Care
  - Public Health
  - Hospitals
  - Emergency Medical Services
- Law Enforcement
  - Local and state police
- Mental Health
  - Social workers
  - Psychologists
  - Psychiatrists
- Other Community First Responders
  - Firefighters

# How to Start

- Define purpose
  - Respond to disasters vs catastrophic events
- Discuss unique skills each member group brings
  - Every member group has a unique role to play
- Define goals
  - To provide micro, mezzo, macro intervention?

# “Turf” Issues

- Occur because:
  - Perception that member organizations are competing for resources
  - Perception that cost of participation outweighs gains
  - Fear of changing protocols
  - Perception of not having a voice
  - Perception that some organizations gain more than others

# How to Overcome “Turf” Issues

- Be willing to compromise
- Help all members adjust
- Realize true collaboration develops with time and trust
- Clarify roles and responsibilities
- Communicate! (and listen!)

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# About the Presenters

**Cecilia L. Thomas, PhD, LMSW-AP**, is Assistant Professor at the University of North Texas in Denton. She teaches solely in an undergraduate social work program. She is a licensed social worker and has over 20 years of social work practice experience including mental health, health services and child welfare. Her scholarship interest has included social work education and practice with vulnerable populations.

**Susan Hoffpauir, PhD, LCSW**, has been a social work practitioner and educator for almost 30 years. Before joining the Provost's office at the University of Arkansas at Little Rock, she was director of the baccalaureate social work program. Currently she serves as President for the NASW Arkansas Chapter, and was co-principal investigator on a Catastrophic Mental Health Response grant funded through the Arkansas Department of Health.

# For more information . . .

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