FIRST ON THE SCENE

What to Expect as a Mental Health Worker

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Q. SAKAMAKI/REDUX

The universal brotherhood of man is our most precious possession.
—Mark Twain

As a native son of Louisiana, I watched in horror with the rest of the nation as hurricane Katrina unleashed the fury of a category five hurricane on the southern states. Although I have lived in Oregon for over 10 years now, every summer I have made a yearly pilgrimage home to visit my friends and family on the Gulf Coast. For me, the Pelican State had always lived up to its reputation as a sportsman's paradise, with its giant cypress and oak trees, open waterways, abundant life, joie de vivre attitude, and laissez faire style. And so in September when the AAMFT sent out the call for disaster mental health volunteers to serve the post-Katrina community, I answered, along with many other LMFTs from across the country.

Within a week of submitting my paperwork, I received a call from the American Red Cross office in Washington, DC. The next day, I participated in a Red Cross conference call briefing regarding the current information about the disaster area, how to prepare for the trip, and what to expect during my two-week deployment. The Red Cross advised volunteers to prepare for "extreme physical and mental hardship" during the deployment, given reports coming out of the area.

Traveling into a National Disaster Area

Intentionally traveling into a national disaster area is a unique experience. As I boarded each successive flight carrying me closer and closer to Louisiana, the number of passengers progressively thinned, until at last the final leg to Baton Rouge carried almost exclusively aid workers and other Red Cross volunteers like myself. We could easily spot each other by our uniforms, hats, pins, and other aid paraphernalia. As we taxied to the terminal, the plane passed row after row of military black hawk helicopters on the tarmac, evidence of the rescue efforts that were underway. The Baton Rouge terminal was a sea of chaotic activity, resembling more of a military staging area than a commercial airport.

Providing for Basic Needs and "Psychological First Aid"

On my second day in Louisiana, I traveled to the New Orleans area and witnessed some of the destruction that had occurred as a result of the storm and the floods that followed. Eventually I was stationed in one of the small towns north of New Orleans, across Lake Pontchartrain where many of the storm refugees fled and were housed in Red Cross shelters. Our mission was fairly simple: assist in shelter and feeding operations, dissemination of accurate information, and provision of "psychological first aid" whenever possible. The area was still without electricity or water, and so much of the immediate work that needed to be done involved getting people basic supplies, food, and water. To accomplish this, the Red Cross teamed up with local churches, agencies, and other volunteer organizations to establish kitchen complexes where people could come each day for a hot lunch and dinner. For those who were homebound, there were the Emergency Response Vehicles (or ERVs in Red Cross lingo) that roughly resembled a cross between an ambulance and a delivery truck. The ERVs delivered thousands of hot meals each day by visiting neighborhoods and common areas throughout the affected region. The Disaster Mental Health (DMH) workers split time between the kitchen complex, the shelters, as well as riding along on the ERVs to help deliver food. The basic strategy for the DMH workers was to help with basic needs, while also positioning ourselves in places where people with counseling needs would likely visit. This was an effective strategy. About 1 in 20 people who came seeking food and supplies also showed signs of various trauma responses, and would usually readily engage with the DMH workers. Counseling in this context is remarkably different from traditional clinical services. There is no office, no physical trappings of clinical work, and often the therapy was this single meeting.

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Caring for the Helpers, and Self-Care

Many of the towns surrounding New Orleans effectively doubled in population immediately following the storm. As these communities struggled to meet the needs of the refugees, they also had to contend with the influx of military and aid workers, most of whom had never been to Louisiana before and were unfamiliar with the culture and customs of the community. These factors combined to create a sort of secondary crisis that required special consideration and sensitivity. Housing was in short supply and most aid workers slept in makeshift shelters that provided little or no privacy and often lacked showers and other basic comforts. Some aid workers, not wanting to take up space that could be used by others, brought tents and camped where they could find space. In this context an important part of the DMH workers job was to provide counseling for the other helpers. This involved making sure aid workers attended to their own needs, took breaks from their work, called home to connect with family, and dealt with their own vicarious traumatization associated with the work.

FOX PHOTOS/GETTY IMAGES

WHAT IS A NATURAL DISASTER?

A natural disaster is a catastrophe that occurs when a hazardous physical event (such as a volcanic eruption, earthquake, landslide, hurricane, or other natural phenomena) precipitates extensive damage to property, a large number of casualties, or both. In areas where there are no human interests, natural phenomena do not result in natural disasters.

A disaster is a social disruption that can occur at the level of the individual, the community, or the state (Kreps, 1986).

The extent of casualties and damage to property resulting from a natural disaster depends on the capacity of the population to resist the disaster (Bankoff et al., 2004).

The following are some natural phenomena that can result in natural disasters:

- Avalanche
- Blizzards and snowstorms
- Drought
- Earthquake
- Epidemic
- Famine
- Flood
- Forest fire
- Hailstorm
- Heat wave
- Hurricanes
- Ice storm
- Lahar (related to volcanic eruption)
- Landslides, mudslides, and rockslides
- Limnic eruption (sudden release of asphyxiating or inflammable gas from a lake)
- Sinkholes
- Storm surge
- Tornado
- Tsunami
- Volcanic eruption

SOURCE: WIKIPEDIA

BANKOFF, G., FRERKS, G., & HILHORST, D. (2004). *MAPPING VULNERABILITY.* STERLING: EARTHSCAN.
KREPS, G. A. ED. (1986). *SOCIAL STRUCTURE AND DISASTER.* UNIVERSITY OF DELAWARE PRESS: NEWARK.

Intervention and Healing

One of the most gratifying experiences for me was to witness again and again the open generosity of the citizens of these surrounding communities and their selflessness in helping both those fleeing the storm and those who came to help. The natural resilience of these communities and their members was amazing to witness. In this environment, DMH intervention often involved helping catalyze these resiliencies as people worked to get their lives back on track. Some victims of the storm expressed shame for having to accept what they saw as "charity." Although it was necessary to accept to get to a place where they could move on with their lives, they felt demoralized.

Creative intervention in this situation may involve giving people a way to find purpose and help others as they also accept help. When appropriate, this may involve setting up opportunities for aid recipients to also volunteer and connect with other relief efforts. In other situations, people may need help and want it, but not know who or how to ask. Creative DMH intervention may involve coaching people through the process of applying for aid and following through with the process. In the shelters, DMH workers often help people by assisting them in honoring the losses they've suffered, and helping them plan for their lives in the future. Many shelter residents had never left Louisiana, and were now facing a move to a different part of the country where they would experience their first snowy winter. Intervention in these situations often involved helping people plan and psychologically prepare for life in new environments.

Tips for Those Considering Deployment

The challenging, demanding, and at times heartbreaking work of disaster mental health is not for everyone. During my deployment, I met with many DMH workers who had been on several previous deployments and had accumulated some tips for those considering the job. These included:

- Find out the **chain of command** early in your assignment and follow it throughout your deployment. A national disaster area is naturally a place of chaos and confusion. Failing to follow the chain of command will only contribute to the chaos and make things worse.
- When on deployment, prepare to "**hurry up and wait**" for many of your daily tasks. You will need to be flexible with the organization and your fellow workers.

AAMFT DISASTER RESPONSE

The AAMFT partners with the American Red Cross and federal agencies to help fill the need for volunteers qualified to provide disaster mental health services. The AAMFT provides members with e-mail alerts, an online discussion board, and updated news and resources during national-level disaster responses. The AAMFT staff point of contact for questions relating to these activities is Lincoln Stanley. You can reach him by e-mail at LStanley@aamft.org, or by calling (703) 253-0469.

- Before your deployment, make sure you will be able to endure the **hardships of the assignment**. If you know that you would have difficulty with limited accommodations, it is better to pass and look to provide help in other ways.
- **Assess your own personal resources** and your ability to respond to the needs of the deployment. If you feel you may not be able to handle the stressors of the deployment, do not send yourself into the area.
- While on deployment make sure to **call home** and connect with friends and family. It will be important for you to maintain your own resources, and also for them.
- Remember the importance of "**out processing**" at the end of your deployment. Out processing is your chance to tell your story about your experiences in the deployment and will provide you with important closure. For some, it is difficult to disconnect from the work when it is time to go home.

My work with the American Red Cross in Louisiana was some of the most challenging, yet rewarding work of my career. As my term of deployment ended, I found I was exhausted and ready to go home, yet also reluctant to disengage from the people of Louisiana. As fate would have it, I was traveling out the day hurricane Rita was making landfall. I observed many people panic in the airport, desperately trying to gain passage to sold-out flights. I wanted to counsel them, to give them my ticket, to help. In the end, I knew that I would need to heed the advice I had given to others…to know my limits and to let go when it was time to go home. ❍

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ELECTIONS COUNCIL ANNOUNCES PRELIMINARY SLATE

The AAMFT Elections Council is pleased to announce the following preliminary slate for the 2006 Elections:

President-Elect:	Linda A. Schwallie, MS Howard M. Turney, PhD	**Elections Council:**	Wayne H. Denton, PhD Claudia Grauf-Grounds, PhD Betty R. Johnson, MEd Carolyn Y. Tubbs, PhD
Board Members:	Sallie Campbell, MSW Judith B. Galleazzi, MA Janis M. Gordon, MSc Silvia Kaminsky, MSEd	**COAMFTE:**	Dale E. Bertram, PhD Peter D. Bradley, PhD Jerry E. Gale, PhD Jennifer Hodgson, PhD Joan Keefler, PhD Linda L. Terry, EdD

Additional nominations may be made by petition of five (5) percent of the voting members until June 1, at which date nominations shall be closed. If additional nominations have not been received, the preliminary list of candidates will comprise the final ballot.

There were a total of 35 nominations this year for the various offices. The Board charge noted that candidates should reflect race, gender, ethnicity, sexual orientation, religion, physical condition, and geographical distribution. The Elections Council appreciates the many qualified candidates who expressed a desire to serve the AAMFT.