

Episode 141 – Tara Hughes: Disaster mental health: An emerging social work practice

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:19] We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure tornadoes floods bombings transportation accidents mass casualty scenarios whether natural or human caused are examples of extreme events that people are often confronted with in the aftermath. Victims and survivors have a number of critical needs that can include food shelter medical treatment and security. In addition it is recognized that emotional and mental health needs must also be attended to the emerging field of disaster mental health is one that social work is especially capable of addressing. Tara Hughes a licensed clinical social worker has worked in the mental health field with families and children in crisis for the last 24 years. Currently the project director for trafficked youth at the International Institute of Buffalo New York and a disaster mental health chief in the national deployment system Ms Hughes has responded to numerous disasters and mass casualty events including Hurricane Katrina, the crash of Colgan Air Flight 3407 the Haitian earthquake the Newtown Connecticut school shootings and the Boston Marathon bombings. She is a subject matter expert in mass casualty events and an emergency disaster consultant to school districts. Ms. Hughes is one of two New York State Disaster Mental Health Advisers and for the past 10 years she has been teaching at the University at Buffalo School of Social Work. She received her masters of social work degree and Family Therapy certification from Boston University in 1992 in this podcast Ms Hughes examines the impact of the interventions for disasters and multi casualty events. Though we know it intuitively Ms Hughes explains how stress in the disaster or multiple casualty scenario is different than the stress we experience daily. She identifies five domains of disaster survival response explaining in depth how cognitive functioning may be compromised in their survival experience. Ms. Hughes describes psychological first aid as well as identifies an assessment tool that may be employed to help the practitioner think about assistance as well as assess the severity of impact experienced by the survivor additionally misuse explains the role of family assistance centers which provide a myriad of services in the aftermath of a disaster. Finally using her own experience in disaster mental health work as context, Ms Hughes explains the importance of self care and how she constructs her own self care strategy. Ms Hughes was interviewed in March of 2014 by Steven Schwartz a research associate at the University at Buffalo School of Social Work's Buffalo Center for Social Research.

[00:03:40] This is Steve Schwartz, I'm with Tara Hughes. today we'll be talking about the service to mental health. I'm particularly pleased because I know Tara as a volunteer myself at the American Red Cross in Buffalo. So can you let us know how did you get involved with disaster mental health.

[00:03:59] Officially my first involvement was not with the Red Cross. It was in 1995 I was living and working in Nashville Tennessee and walked into work one morning and was handed a four page article about how to respond to incidents in the workplace and was told that there was an explosion at a factory and that it was witnessed by the vast majority of people who were working at the factory at the time. Fifteen people died in the explosion and it was witnessed by 130 people. So my job was to go in and work with 130 people and with the families of people who had died with absolutely no training. So that was my entrance and that was how I first got started. I realized that not only was I pretty good at it but that I actually liked it. I found that it was very interesting and then it joined with the Red Cross. After 9/11 I actually worked 9/11 with the fire department of New York and then joined the Red Cross immediately after that knowing that the Red Cross was a

place where I could continually do this.

[00:05:09] And you also have experience not just natural disasters and also mass casualties as well.

[00:05:15] Right. So I really started in the Red Cross responding to pretty much anything that came up. And I still do that. So it could be flooding it could be a hurricane a tornado an ice storm those kinds of things but have in the last several years become a subject matter expert in mass casualty events and have done a number of responses where multiple people have died and it has really impacted the community. So starting really in 2007 in Enterprise Alabama there was a high school that was hit while it was in session eight juniors and seniors in the high school died. And that was really sort of the beginning of this and then there was a plane crash in Buffalo New York in 2009 that I responded to I worked on the response to the Haitian earthquake helping to repatriate remains of American citizens back to their families. And then more recently in the last few years was the lead mental health person at Sandy Hook Elementary in Connecticut. The Boston Marathon bombing and the 2013 D.C. Navy Yard shooting.

[00:06:30] Can you tell us what's special about stress during these natural disasters?

[00:06:35] Well natural disasters are really a larger version of the stress that we might see if we had major things happen in our life. a lot of natural disasters We have some kind of warning with a hurricane you usually have a week or two warning even with a tornado. You may not know exactly when it's going to hit but you are in tornado season. People are prepared for that. There is a warning for that kind of thing. Clearly an ice storm you know that the ice is coming but when it all hits. There's a lot that changes very rapidly. We don't have creature comforts that we normally have. We don't have a lot of the ready things that we used to take care of ourselves. So our levels of stress go up because we're having to do different things we're having to take care of a lot of people including ourselves. And we don't have a lot of mechanisms at our disposal to do that. So our stress level goes up naturally as a response to that and we see that with people who remain in their homes and also people who have to be evacuated. Clearly an evacuation where you're living in a shelter and there's 400 people in this shelter is much more stressful place even than your home when there's no electricity.

[00:07:49] You've talked about the difference between a survival brain and a normal brain. Can you explain that.

[00:07:54] Sure. When you think about the way that brain functions when high levels of stress hit I like to think about it as really dividing it into two parts survival brain and the rest of your brain survival brain is the central core part of your brain and that's where things happen that you don't think about and really they're based in survival things like We want to flee if we're in danger or we want to fight. If there's something that's threatening us the rest of our brain the cortex of our brain that functions with language and movement and decision making and problem solving that part of our brain in terms of survival is not necessary so when high levels of stress hit whether it's during a disaster or just in your life you're having a lot of stress. The survival part of our brain kicks in because our brain feels threatened. So when the survival part of the brain kicks in the rest of the brain starts to not function as much. So we're really looking at fight or flight as the primary thing that our brain gets focused on when we have high levels of stress and what kind of normal reactions to this kind of stress are there. So when the survival part of the brain kicks in and the rest of the brain isn't working you really have five domains that we react to in those five domains our emotional physical cognitive behavioral and spiritual and there are symptoms in each one of those categories. And I'll just pick one cognitive because that's one that people really can latch onto. It's very hard when you're under high levels of stress to think clearly to pay attention to problem solve to sort through information and come up with an idea of how to move forward. All of that becomes

much much more difficult when we are under a huge amount of stress that becomes in some cases nonexistent people can't make decisions. So that's a very normal kind of a thing and you see another kind of normal responses a sense of helplessness I can handle this. Right. So when we're not highly stressed we have a set of coping mechanisms that we pick from and choose every day how are we going to make it through the day we pick these coping mechanisms and we use them routinely when we are stressed and we don't have those coping mechanisms at our disposal. Then we have to sort of go to what's possible out there sort of what we can get our hands on. Sometimes there isn't anything and we feel very overwhelmed. We feel like there's no way that I can do this. Most of us don't have experience living through a natural disaster or a human caused disaster. Most of us don't have anything to pull back on and say you know the last time this happened this is what I did. So what we do is we end up feeling very much like we can't cope we're overwhelmed with the fact that all of this stress is happening and we just can't figure out how to handle it. That's a very very normal thing to happen when we as disaster mental health people go in. One of the things that we actually do is help people realize how normal that is and the knowledge of that being normal actually reduces our stress usually enough that we can start to process information again. So giving people that information can really be helpful when they're feeling that overwhelmed that that's a normal reaction.

[00:11:32] And it's even more extreme with unexpected violence.

[00:11:36] Right. So when you look at something like a bombing or a shooting what you get is something that's completely out of the blue. So you're going along with your day. You have no warning whatsoever. And there's an abrupt shift in how we have to manage things. When I talked before about survival brain versus normal brain at that moment the threat level that's in front of us is so high that our survival brain goes into overdrive and that's really the only thing we have access to when we're trying to respond. So we lose sometimes even the ability to speak coherently to process information to think about if I do this. This is the consequence. We lose that ability at least temporarily because it's such a sudden abrupt change in what's happening right in front of us. The other thing that very routinely happens is that in that moment the worldview that we have had for so long that in general the world is a safe place. The world will continue the way that I think it will. I'll be able to get up in the morning and get my coffee and take a shower and go to work and that that's what I can predictably expect that disappears in an instant. And we don't have that anymore and that really feeling like that shift in our worldview that can persist for a long time after an event that's very sudden and unexpected like a shooting and in particular a shooting like at Sandy Hook Elementary where you have very young children who are impacted and really targeted that becomes one of the most difficult things that all of us have to deal with is the idea that children are that vulnerable that schools might be that vulnerable. And that's a shift in our world. Normally we're very at least relatively comfortable dropping our children at school because schools are a place where people look after children. People teach them people nurture them. And now all of the sudden you have a completely different view of what schools could be. And that's a very difficult thing. Whether you're living in Newtown Connecticut or anywhere that's heard about that effect.

[00:13:52] You've given some examples of both the kinds of shift in thinking that new tone intuitive hope others. Can you share some with us.

[00:14:00] Sure there there's definitely a sense of people really not being able to process information and not being able to accept this shift in worldview. So how could this happen. Why did this happen. Questions that we really can't answer. In particular in those first few days we really never can answer the question of why this happens on a particular day to a particular school or to the Boston Marathon when it happens. We don't really have the ability to answer the why questions and that's very difficult for people because it leaves people with perpetual questions. So that can be really difficult not having all of the information and trying to fill in the pieces of the information

can be very difficult especially if we don't have them. We have two situations as we're taping this that are going on in the world the Malaysian airliner that crashed in the mudslide in Washington state. And both of them are in a state of limbo where there are questions about who has been impacted what happened how long did they stay alive if they stayed alive at all what happened and those questions can remain and can be difficult for many many years sometimes for people in particular in Newtown. There was a woman who was having difficulty because she didn't know all of the details that happened in the school her husband and her father not knowing whether she should had those details or not had kept many of the details from her thinking that that would protect her. Her father came to me and asked and I said in cases that we've seen getting information that you know is concrete information and can fill in as many of those pieces to that puzzle as possible is really an important thing to do. So the woman was able to come to me and said she very much wanted all of the details. So in that moment I was able to get a state trooper to come with me and actually in that moment talk with her and give her all the details that he had. She did that holding my hands with her eyes shut. Listen to every word. And at the end said Wait. That's it? Because what was in her mind was so much worse than what the reality was. And we see that often where people really fill in with the most horrific details and the details the real details are horrific enough. But she had gone even beyond that because she didn't have anything to hold on to. So what we know is that information is gold. Information about what happened and the specifics and where people were and how they were impacted. All of those pieces of information can get put together for survivors and can really help them manage how this becomes a part of their life.

[00:17:00] Sometimes you have to repeat the information.

[00:17:03] Absolutely. Sometimes you have to repeat it 10 or 12 times. Truly the processing of language is very very difficult in the aftermath of any kind of high level of stress that this kind of stress in particular. So having people available who know the information and can repeat it a number of times during the Continental Airlines Flight 3407 crash in Buffalo New York one of the things that happens in a family assistance center or after a plane crash is that briefings come in. The NTSB the medical examiner the fire chief the police chief anybody who's involved they all come together and they give a briefing to the families. And part of what the Red Cross disaster mental health crew does is during those briefings we are in the room with the families and we're doing that to support the families as they're hearing pretty horrific information. But we're also there to hear it ourselves. Because when that briefing is over those families will need to have that repeated a number of times. And if we have that information directly from the source we can reinforce that as they come out of those briefings.

[00:18:15] The family assistance center that is the central part of disaster response is particularly those with the Red Cross as present? \.

[00:18:23] Yes. In particular there are times where it's actually mandated by law in airline disasters and in Amtrak disasters that where there's been a major loss of life. The NTSB actually has a Memorandum of Understanding with the Red Cross that our job would be to come in and help set up a family assistance center and run that family assistance center using that model which has been used multiple times in those situations plane crashes and rail accidents. We also use that when those entities are involved. So the Boston Marathon out in Washington state currently there's a family assistance center that's being set up to work with the families who have lost property and or family members in the mudslide out there. And it's an opportunity for families to come together and get information. As I was talking about before information is gold. And this is a place where they can get in and they get it directly from the people who know what the best. It is also a place where families can sit in the same room with each other. They don't necessarily need to talk to each other but we've heard repeatedly over the years being able to sit in a room and look across and see a family who's going through the same thing is a comfort knowing that I am not the only person

going through this right now. Someone, another mom over there knows what this is like for me. After the shooting at Sandy Hook Elementary we had the families together at one point and one of the moms looked at me and she said I've really been able to kind of hold it together. She had another child so that I can take care of her. And I came here and I saw all these other moms and we're all holding it together. And then I realized that I hadn't seen somebody else who was struggling with the same thing I was struggling with. And I looked at these moms and I just broke down when that happened. Another mom immediately walked over to her and hugged her. Remember these were first graders kindergartners and first graders. These parents knew each other. So this other mom walked over and gave her a hug and she said it absolutely changed the landscape of what she's been dealing with. She had felt very isolated prior to that. And now she was connected to somebody that she knew and she knew fairly well. So family assistance center gives an opportunity for families to be together in a protected environment and to get that opportunity to be with each other. The other thing that happens in a family assistance center is that victim assistance groups come in and families get access to people who can support them for a longer term. Sometimes they get monetary assistance from different victims crime organizations those kinds of things. So these families don't have to go chase all of that support we bring it all together. They come and they can have access to it all right there.

[00:21:20] I've been in your class when you've taught psychological first aid. Could you help us identify some of the best practices that you may have used in that you talk.

[00:21:30] Sure. Psychological first aid is really best practice in how we work with people in the immediate aftermath. And it really looks at dealing with basic needs Maslow's hierarchy of needs and looking at the very basic needs of somebody first before you can ever get anything else so you're really looking at safety and food and water and a connection with other people a support that they've had in the past. So our job in those immediate few hours is to really bring that together for people so the Red Cross comes with food and with water and then we work very hard to get people connected to supports that they've already had. We allow them to talk about whatever they want to talk about about the people who may be missing or known to be dead. And it varies depending on the person. Sometimes we get questions about how this person died and why this person died much more often we get stories about what the person's life was like and we can share that with these families and it's a real honor to be there in that moment and to be able to have this person who has just lost someone share that person with you. And that's a service that we can do for them. A lot of times in disaster mental health we talk about the ministry of presence in terms of a lot of what we do. It's not anything all that great. We just are there with people. It can be very difficult to be with someone who is in that much pain and who doesn't know what to do with that pain. And the general public not knowing what to do even very close friends and family often shy away. Well I don't know what to say. I'm afraid I'm going to say the wrong things. All of those kinds of fears come into it. And what we know is that if you are there present with someone in that pain and you don't try to fix it because there's nothing you can do to fix it that that is a huge service. And we hear years later from people about how much of an impact that has if I go back to the Continental Flight 3407 crash in Buffalo our family assistance center stayed open for 11 days. There was a gentleman there that I had not spoken to the entire time that I was there. And the last day as we were closing he was getting ready to leave and he walked up to me and he said I know you don't know me he said but I need to tell you that we had to sit through those briefings every day sometimes multiple times a day. We had to sit there. This was our family member we had to be there. You didn't have to be there. And I saw you at every single one. I can't tell you what it meant to me that you chose to be there with us while we had to receive that information and you were there after they left and were able to just sit with us in the pain that we were in. This was a man I hadn't talked to at all. And just the fact that I'd been in the room for 11 days while he was hearing the very difficult information was a huge service that I at that point didn't even realize I was giving.

[00:24:48] You've talked about some special assessment tools that help you understand about the consequences of some of these traumas.

[00:24:57] So Red Cross uses a system called PsyStart and it was actually developed by Merritt Shriver he is a Ph.D. in the University of California system of universities. He happens to be a Red Cross volunteer and he has been working for years to really pull this all together and make it work. So what it is it's a research based list of exposures that people may have had during an event that indicate if they were exposed to these 13 different exposures that it may be more difficult for them to recover that they may be more likely to have a long term mental health difficulty depression anxiety substance abuse PTSD those kinds of things. And it's a whole range of exposures or symptoms that people have starting with thoughts of harm to myself or to others during an event or after an event. And it goes through a progression downward from there where you're looking at losing a family member having a direct threat to a family member the death of a pet losing a house being unable to actually live in your house anymore. Being separated from children when an event happens that is actually a very common thing to happen. We have parents who work and children who go to school and the process of getting back together can sometimes be many many hours and that's very difficult. So these are research based in terms of we know that these if you experience these that you have a greater chance of having more difficulty afterwards so the Red Cross uses these as a very very rapid assessment where our disaster mental health people as they're talking to people we don't go through a form or anything but we have in our mind what we're hearing and we can identify people who we think need to get more quickly connected to local support who will be there for much longer than the Red Cross will be there long term counseling long term spiritual support those kinds of things. The other thing and I know we'll talk about this more later but the other thing we use so start for the Red Cross is to help take care of our workforce. We monitor what exposures our workforce has had. So if I have someone who in the span of a day or two days has talked to multiple people who lost family members or saw a dead body or had to evacuate in you know unconventional scary kind of way. Helicopter lift off the roof or something like that that's difficult on our workforce as well. And so we use that information to help rotate our workers in and out of the more intense spots where they are and get them out where maybe they spend a day or two not doing something that's not quite as intense.

[00:27:57] But you don't always have that luxury. how do you take care of yourself through these things

[00:28:03] During events like this. I have a very well-developed whole connection with Red Cross people that I have worked with over the past 13 years who are at the ready on the phone with me. They will send me text messages send me e-mails. They don't expect responses. They know that they're going to be there if I need them but know what the pace of this kind of work is like too and the fact that I can't make phone calls. Most of the time but sending supportive e-mails I'm thinking about you. I know you're there. Hope you're getting some rest. Those kinds of things is really and and then knowing that really I can pick up the phone in those moments when things get really really tough. And I have a whole list of people that I can call who have done this kind of work with me. I also have an incredibly supportive family both my family of origin and my husband and my children. So sort of all along the spectrum I have incredible support. They know what I do. They respect what I do and they're there during and after. In terms of being able to support me and being able to let me get rest or maybe not show up at an orchestra concert at the high school when there's one planned I have just gotten home more of those kinds of things. There's a lot of that kind of support that I really have. The other thing that I have and this is a Red Cross thing is very much that chapter that I belong to is incredibly supportive and incredibly they will do absolutely anything they can to help me when I am out deployed so that if I need something and I can't find it on the website or I forgot it at home or any of those things and email to the chapter will immediately get a response. The Red Cross is very much like that in terms of being a web of support but I definitely

have my whole chapter behind me when I go out

[00:29:59] What some people may not know is that deployments may last weeks. So you may be away from your home for two or three weeks or more. One of the themes that keeps coming up and you're talking use that connectedness has at least a partial antidote to the isolation and stress.

[00:30:19] Absolutely. And I think that there's a couple of things that help with that. The one is that my chapter is not only checking in with me my chapter is checking in with my family as well and finding out if they need anything and really staying connected to everybody. The other thing about going away for that long is when you deploy with the Red Cross really in any job. But I think in particular mental health the people who are on that job with you often become very very close in a very short period of time because the work is so intense and there's so much happening that you jump right in and everybody jumps right and and there's a connectedness that happens because of that. So very often we carve out time as a mental health staff to go out to dinner together to meet after sort of we're off the clock we're usually staying in the same shelter hotel anyways. So we're in close proximity anyways but really consciously taking that time to help talk through what was difficult today what was easier today. What I did to help myself today we talk about all of those kinds of things.

[00:31:30] One of the things I did want to mention is that the listeners are interested in size start and how it's applied. All they need to do is google snapshot from Superstorm Sandy and its publication from the annals of emergency medicine and it will show the application. I guess now really the question is what advice do you have for clinicians for teachers for researchers who may want to understand or help during any of these disasters.

[00:32:01] I think that's two questions. One is how do people understand. And I think that there is a significant amount written in scholarly journals about the emerging field of disaster mental health. And it really still is emerging. It really coalesced into a field around the early 1990s so we're in a very young field but there is a lot being written out there about that. And I think the more you read the better off you are. I think every event that has happened big ones Katrina Joplin Superstorm Sandy the Boston Marathon Sandy Hook. There's a lot written about how people have reacted to those things who are impacted immediately but also communities how they've been impacted how school systems have been impacted. There's a number of books and articles written out there and I think the more I would definitely encourage people to read as much as they can get their hands on in terms of helping during an event and I'm a little biased but I would definitely say join the ranks of the American Red Cross in your community. We are always always always looking for people you can deploy both nationally or just locally if you cannot leave your home if you have young children. If you have parents to take care of whatever your situation we can always use the help in any way both locally and nationally. I think the other way that mental health people can be of a real service is to get to know your local chapter whether you become a volunteer or not. Because during events in your area you can offer to see people pro bono or at a reduced rate. People who are directly impacted by an event you can advocate in your agencies that your agencies maybe pick up one or two of those clients and that information goes back to the chapter and we use that information wherever we land so that we have local referrals. If I'm coming into Boston and I'm working with somebody I know that two to three weeks later I'm leaving so I can't do long term treatment with people. I need a lot of resources to be able to hand people off and say this is your local resource. This is somebody who is going to be able to help you. So making sure your chapters know that if you're available. What about faculty who are teaching new social work schemes. I think new social work students are phenomenal in terms of their passion for this. Our world has become more and more a place where natural disasters on a very large scale are happening. But we also have human caused disasters that are happening and people are much more aware of that. So we have students who are very eager to work in this kind of a field. I think the more that faculty

learns and is able to incorporate the ideas of what that immediate crisis intervention will look like what that immediate disaster response would look like. That can be woven into any class. We will always be looking at every vulnerable population we can think of. So if you teach about a particular vulnerable population talking about what happens to that population during disasters is a great way to get people interested. It's also a good place for research for any researchers who are looking for something to really focus in on focusing in on how do certain populations manage certain events is a really blooming place to do research. I think that students in order to be a Red Cross volunteer in the disaster mental health division you have to be clinically licensed individuals so the students are able to deploy with their supervisor if their supervisor is an already established Red Cross volunteer and they have a mechanism to make that happen. Students can go with their supervisors in particular of the social work world. There is a time period of two to three years after students graduate where they're a master level clinician they're licensed at a master's level but not a clinical level during that time they are unfortunately at this point not able to work as disaster mental health volunteers. And I think for good reason in terms of needing a certain amount of experience to do that. But we do have other places that they can get involved. The American Red Cross has a casework component after a disaster a local family fire where one person is moved out of their home all the way up to a superstorm Sandy or a mudslide in Washington. We have case workers who go in and assess need and get people connected to establish services social work students master's level social workers are phenomenal at this. We love when we get them and we would really encourage them to do that. It actually makes them better disaster mental health volunteers when they switch over after they get their clinical license because they have experience really hearing what people's needs are. And then it's easier to anticipate when you're a disaster mental health vOlunteer.

[00:37:15] You have any last words for us.

[00:37:17] I would encourage anybody to do it. It's really fulfilling. It's something that when you come home and after two weeks it's the most exhausting thing you will ever do. And it's also something that is going to stick with you for the rest of your life in terms of what you learn about resilience from people that you're working with. I think about over the years all of the amazing people who lost family members multiple family members sometimes or all of their possessions and they get up the next morning and they put one foot in front of the other and they walk out and they start to rebuild their lives and that's an inspiration.

[00:38:03] Well I want to thank you for your time today and also for your ongoing service to all of us in times of both natural disasters and mass casualty events.

[00:38:13] Thank you sir. You're welcome.

[00:38:16] You have been listening to a discussion on disaster mental health intervention with Tara Hughes. We hope you found it enlightening. This is Charles Syms your host. Please join us again at inSocialWork.

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