

Episode 15 - Kathryn Kendall, LCSW: Promoting Mental Health in the Wake of Disaster

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University of Buffalo School of Social Work is celebrating 75 years of transforming lives and communities. We would like to invite you to be part of the celebration. Please visit our website www.socialwork.buffalo.edu to see a full list of events marking our seventy fifth year leading up to the gala celebration I'm your host Adjoa Robinson. Trauma is a human response to sudden overwhelming and life threatening events. It is characterized by feelings of powerlessness helplessness and paralysis. It is also a normal response by normal people to an abnormal situation. Today's podcast was recorded shortly after the crash of Continental Flight 3407 in Clarence Center a suburb of Buffalo New York. It was the first fatal crash of a commercial airliner in the United States in almost two and a half years and the deadliest since 9/11. Fifty people died and an entire community feels the loss. The wreckage is gone but the wound remains. Now family friends and first responders begin their journey of psychological recovery. But that journey may look like and how we as members of the human community can help now and in the wake of future disasters. It's the topic of today's conversation between Kathryn Kendall and Susan Green on disaster trauma and mental health.

[00:02:13] Kathryn Kendall is a licensed clinical social worker and director of recruitment and alumni relations at the University at Buffalo School of Social Work. Prior to coming to UB she was employed as a clinical social worker and an outpatient mental health clinic. Miss Kendall is currently a volunteer for the Chautauqua County New York chapter of the American Red Cross and is trained as a first responder to disasters. Her first experience as a disaster mental health service volunteer for the Red Cross was shortly after 9/11 2001. Since then she has been deployed to several national disaster responses and has been promoted to the level of supervisor. Susan Green is an associate clinical professor at the University at Buffalo School of Social Work. Ms. Green is a licensed clinical social worker with certifications in Child and Adolescent trauma treatment and critical incident stress management who combines full time teaching with clinical practice. She has been working with children adolescents and their families for over 20 years. Ms Green is also a supervisor and trainer for the Child Trauma Institute in Greenfield Massachusetts. Now let's join the conversation between Kathryn Kendall and Susan Green on disaster. It's psychosocial effects and mental health services. Kathryn thank you very much for being here today with me today is Kathryn Kendall who is the director of recruitment and alumni relations at the School of Social Work at the State University of New York at Buffalo. And I'm Sue Green who is a faculty member here. Thank you. Thank you for having me. Absolutely Kathryn.

[00:04:00] I know that you've had a lot of experience in regards to responding to catastrophic events if not even disasters that have occurred in the community. How did how did you start doing that work. Well you know there are many events in our lives that make a strong impression. And one of the things was of course the the attacks in New York City and across other areas of the U.S. But on September 11th of 2001. At that point I was employed at a community mental health organization and providing direct clinical social work services. And that morning I simply remember coming out of my office to my co-workers standing around a transistor radio listening to this broadcast of the morning events. I remember it was a Tuesday and I remember I went into the office early that day and I remember feeling completely overwhelmed and helpless and really wanting to know. So OK I'm a professional. I have my MSW and a clinical social worker. I provide mental health services. What can I do. And at that point I had a conversation with a colleague who was already a volunteer

for the American Red Cross as a disaster mental health service worker. And at that point I just kind of started to pursue finding out what that was and how do you get involved and how can I volunteer. And so I contact my local Red Cross chapter and found out about disaster mental health services and that I qualified as a potential volunteer. And I signed up and that was Tuesday afternoon I made that call on September 11th.

[00:05:51] Less than a month later they called me back and were looking for volunteers to go to New York City and within a week's time I was on an airline airplane heading off to New York City. I got there and in a day the next day I went through the American Red Cross training for Disaster Services and specifically there are debriefing defusing CISM model that they use and it really fast crash course in the orientation to what Red Cross does in disaster response services. So I was at ground zero for about two weeks before I went back home. I went back in February of the next year following year I went back to New York City for for two more weeks. And then since then I have gone out on other calls to responses to hurricanes primarily was in Florida for that 2003 series of Charley Ivan. You know all of Frances all of those that went through. I was in New Orleans for not for Katrina but the year prior for Lili and Isidore. And this last year I was in Oklahoma for a flooding related to a hurricane that went through that area. You mentioned some letters. CISM. And you also said something about the briefing. Can you explain what what those mean. Sure. I mean one of the primary focuses for the disaster mental health services with the Red Cross and in other areas other organizations CISM Critical Incident Stress Management is the basis for our intervention with groups first responders and with the Red Cross with not only volunteers but also what would be identified as perhaps primary secondary victims of whatever the disaster or a traumatic event was debriefing and defusing is an intervention strategy that is used within a critical incident Critical Incident Stress Management Services so folks need to be trained in this intervention is what you're saying.

[00:08:07] Absolutely. There are a few models out there. The Mitchell model is the model that is being trained I believe right now with the American Red Cross at Mitchell being the gentleman who designed the intervention strategy. So you also mentioned that that you were already a mental health provider. So what makes this training and or your view different than possible previous training that you've had. You know there's a big difference between this type of crisis intervention and therapy. What we would consider office based where you you know you have your client scheduled. They come in on the 50 minute hour or you do your long term assessments intervention strategies and so on with with crisis intervention especially as it is structured with Red Cross assignments that I've been to it in the field it's short term it's a lot of quick triaging referrals. You may see somebody once and you hope that you can somehow impact or provide them some type of information or a referral to help them support through the longer term because you're not really going to see them after that one contact. So disaster. I understand that there are different categories of what are considered disasters and if you could tell us about that and with that you're mentioning this this obvious impact that being trauma can. Could you talk about the traumatic impact based on the possibility of depending on what the disaster is. Sure sure. I would generally we look at three basic types of disaster. We look at a natural disaster which some times are hurricanes earthquakes tornadoes floods sometimes loosely referred to as God's will.

[00:10:14] Of course we could probably debate about our influence in global warming over these types of events. But but that would be the natural disaster category and there's technological disasters and that tends to be disasters related to structural problems bridge collapses. Airline disasters things along that line where there is something mechanical or some kind of structure involved. And whether or not that disaster was related to a bad design or whether it's related to simply not having enough information to make a better design or even cutting corners in the construction of a building which would then weaken its structure and lead to more readily to a disaster collapse and then the third general category has to do with more perceived human intent

manmade disasters in that category would be acts of terrorism purposeful more malicious acts would fall into that category. In general the more one perceives another human being or another person influencing the disaster generally the more likely there will be some type of longer term psychological problems as a development. So we tend to tolerate or do better coping with disaster if we think there was no way to prevent it. If we believe that it was just the way things were going to be so talk about that a little bit. When you say psychological problems are there does it go across all or how people men women children cultures. Well I think there's no way to know for sure who is truly at risk and to be able to pick them out of a crowd. But some of the studies are suggesting that there are populations that are potentially at higher risk for developing some longer term psychological problems.

[00:12:29] And just in general children have a tendency to be at higher risk potentially because of the stage of development that they're in. Whether or not they can actually understand the events going around them their dependency on adults for their caretaking. You know a good example of this is after 9/11 and just watching repetitive reruns of airplanes crashing into buildings you know a young child would not really be able to understand that this was just one or two airplanes hitting one or two buildings but rather hundreds of airplanes hitting hundreds of buildings. And as a result having that fear that perhaps their house is next. You and I understand the concept of replays and watching thing over something over and over and over again. But that is not the case for children. There are some other high risk category groups. Interestingly enough what would be referenced as middle aged women that are married tend to be some of the higher risk group for developing longer term psychological problems based on some of the last 20 years of studies and looking at that. We can hypothesize a variety of things married women did not fare as well as unmarried women. Women who were the direct care providers of children and or their parents. So there were a generation in between. So they had obligations both to their parents and also to their children and potentially grandchildren. So the more people you are responsible for taking care of tended to have a higher risk to develop longer term psychological problems. Interesting enough there are also some populations that we once thought were at high risk that the studies are suggesting maybe that's not the case.

[00:14:29] For example aging population over 70 as long as there is consistency in their environment. So we're not talking about someone who maybe has a disruption to their medication regime things along that line. They tend to actually fare better than we thought they were going to. Also in that category would be people with severe and persistent mental illness. Again as long as their support systems stayed intact they seem to fare about the same as the general population. Problems for those that age range. And that those those folks with with chronic mental health problems those problems tended to be more related to disruption of their support system and potentially disruption and continuity of their care and medications. One of the discussions that I've listened to is around the idea of if somebody has had let's say previous post-traumatic symptomology or they've been in previous disasters or are situations in their life were they they were either terrorized or had no power over the outcome that sometimes those individuals are at higher risk. Have you heard that before. Definitely definitely a couple of studies I've read relation to the more traumas one is exposed to. Then consequently the increase in developing longer term problems. You know I think that again it's hard to pick someone out of a group who's going to be the lucky soul that ends up with a full diagnosis of post-traumatic stress disorder especially since there are so many acute stress reactions to these things and really it's about normal people responding normally to an abnormal situation. And when it comes to disasters whether they're natural technological or or are human made you can develop that type of a long term problem.

[00:16:52] And it it is stressful in the short term as well to deal with. You know right now the core purpose for Disaster Mental Health Services is to try to mitigate to limit in whatever way we can. That potential development of long term psychological problems. Earlier when we were talking I

think you had made a comment that there's kind of a natural fate there there are natural phases that the U.S. the person going in and working with folks you kind of look at. So there's phases of disaster I guess what I'm trying to say. Can you talk about that. I can yeah there's a there's a great practitioner's book out there for anyone who's interested in doing disaster mental health work. Myers and we put out a disaster mental health book that you can order in in that that particular text the outline the kind of effect the phases of disaster. Almost as if Kubler Ross outlines the stages of grieving and grief for how to how to conceptualize that. And so they start with the first stage of threat and depending on what we're talking about there there may or may not be any stage of threat. I mean for example if you live in a southern state between the months of May and November is the stage of threat for the development of hurricanes getting behind the wheel of a car and in a snowstorm could constitute a stage of threat. You know that there's risks involved stepping onto an airplane even even though it's a relatively safe way of transportation. There's still a potential threat there for safety if something went wrong. So that's the first stage and it can last.

[00:18:48] You know there could be no threat stage or it could last for a few days depending on what the again what the disaster is warning would be the next stage and again I'll use my hurricane reference. You know you're watching the Weather Channel. They've identified a low pressure system developing into a tropical storm developing into a hurricane that would be going through the stages of mourning. If we're talking about you know an airline disaster you know warning may be very short. It could be literally a few seconds between the time that you recognize that there is something wrong and you may not know what it is but but it it definitely heightens your awareness of what's happening around you. The third stage they identify is impact. So that would be when the hurricane hits when you're in the middle of the disaster. And again there could be a few seconds that could be you know a couple of days. If we're talking about flooding or fire or you know things along that line the next stage they identify is as heroic stage acts and that's where you kind of forget that there's danger and you go into automatic pilot and you. You help to rescue people you help to pull people to safety you help to get them out of harm's way. And a lot of times you know after the fact people will say oh you know you acted very heroically. And most people will say no I didn't. I was just doing what my instincts said I needed to do and that's really what they're talking about with this kind of a phase of heroic phase.

[00:20:37] You know in New York City during 9/11 attacks that heroic phase lasted quite some time because of the rescue efforts that were involved. And that is followed then by that the honeymoon phase where we have this concept of things will be OK that we'll be able to will manage this. Things will be OK probably before we really understand the full impact of the consequences either as an individual or as a community and how that disaster impacted everyone and then they kind of slide into the stage that they refer to as disillusionment. When you realize how much paperwork you have to file to put through a claim with FEMA or having to go to a Red Cross headquarters to fill out paperwork to request some help to realizing that the loss of your loved ones you're dealing more than than just your grief. Now you're dealing with a loss of income. You're dealing with a complete change in your day to day lives and how you're going to raise your children without your spouse. And that this this disillusionment phase frequently includes that discouragement that comes when what you thought the help that you thought was coming doesn't materialize the way you thought it was going to. And I think probably that might best be shown in an example after Katrina. You know of New Orleans and that. How quickly did people respond in helping him and insurance claims that didn't get filed or filled or you know that that there were a lot of insurance companies that went out of business out of that. Declare bankruptcy. And so those people who had insurance policies didn't get what they thought they were going to get back from a system that they had been paying into.

[00:22:47] So the disillusionment fish can actually start very early on. And I would say that if we make reference to our local airline disaster here that that's already happening. If you're watching the

media or the news they're already talking about policies of flying an airplane in an icy weather and an icy weather and whether or not the policies were correct and whether or not the the pilot and co-pilot had enough training and that you know in some of that some of that anger starts to surface and that that's really the stage that it comes out. And then eventually that rebuilding regrouping and time that passes leads to what would be considered a reconstruction phase where starting then to get back to a previous zoster point you know wherever they were pre disaster at least getting back to that area. So I can't help but think about these phases or stages are probably specific to an individual. Yet at the same time there are specific to a community. Yes yes they are. There's also this concept of individual trauma and I think that we focus a lot on individual trauma. You know what is an individuals going through what was their experience. But there's also I think something called collective trauma and collective trauma is really more about the community being impacted as a whole and and the strains that the social structure and social relationships go under during things like this. And I think that that that's a concept that we don't really think about we don't really think about an entire community south. We think about individuals within a community.

[00:24:46] You know one of the things that I would really love to see happen is amongst the aggressive media coverage that some public service announcements go out about repetitive trauma to media exposure of an event. I don't know how well that would go over with the local media stations. But but I think they could play a part in the community's health in educating the community members to understand again that these are normal people responding normally to an abnormal situation and that that doesn't mean that they won't be under stress they won't have nightmares they won't have some acute stress reaction to this and that they may not one day develop some more you know severe psychological problems as a result. But part of part of what the media provides is an opportunity to provide that education to the community and bring the community together. In a more constructive way than just simply replaying the same video over and over again I'm finding myself struggle a little bit as I'm listening because you know as you made comment to just a couple minutes ago we are sitting here in Buffalo New York. And it was just over a week ago that we experience as a community the disaster of the Continental Flight three 407 which is now etched in many of our brains where we have been witnessing and possibly being participants in the recovery process of the disaster.

[00:26:26] And I know for myself that I was someone that did witness the unfolding of the event and the TV channel as as they were getting the information and I've heard folks talk about what it was like for them hearing about it when they woke up in the morning versus watching it unfold on TV versus that and also folks that have made comment of knowing that they had somebody on the flight etc.. So as a community we're in this right now and I know that we also have a responsibility as a school if you will school social work that we have made comment around paying attention to first responders and those other responders that are possibly our colleagues or ourselves that are responding. Can we make some comments about the impact on community. What happens in the disillusionment and then reconstruction phase around attending to first responders etc.. Well you know I think we probably have at least with our local community. We have some good programs in place already. Most of the County Disaster Response Services have some connection with CISO am teams that primarily provide services to first responders only. And that it's really the American Red Cross that might extend that type of service the debriefing diffusing to more community members so there is to some extent a division of labor about who provides what service to which population of our community. But you know I agree that you know one of the key concepts of disaster mental health is that no one who sees a disaster is untouched by it. And so you know we can talk about primary victims secondary victims tertiary victims and so just being a community member in court you know brings us into that and that you know the University of Buffalo family also lost people within this event this traumatic event. I think that that there were at least 11 people on board that had some ties or connections with Eubie either as alumnus or other or the relationships that we know people who were on the flight.

[00:28:56] We know friends of friends who were on the flight. So also people who were supposed to be on the flight. So you know we can go on and on about how how that particular event impacts us. And indeed you know I think this may be getting slightly off of what you've asked Who is there were some responses immediately up front to this event. I mean the fire were called in. You know and I was one of those folks who woke up the next morning and heard about this airplane that crashed in Clarence and I thought Oh Clarence Ohio Clarence Pa. Clarence Sharana Ontario and it didn't really click initially that it was our Clarence. So I thought that was an interesting response on my part about how you know these things just simply don't happen here. Right. So so I had to get through that myself. But yes I you know I think that most of the services that we have set up do respond to to first responders and that would be fire police MT's ambulance. And it wouldn't necessarily cover I don't know this for sure. But you know I'm I worry about the people who boarded the flight in New Jersey whether or not someone's reaching out to that community and those people whether or not the airline staff for Continental Airlines is being supported through this type of work CISO marker or diffusing a briefing and bringing them services. And because of the nature of this particular disaster there are family members potentially all over the United States and world that were you know they are part of our community now.

[00:30:52] And how are we going to reach out to those individuals. Even you. There's now doing need to reach out to people. I mean you know one of the comments you made earlier was probably does this in their own way. Do we have a responsibility to reach out to everyone. I think that's why we're social workers because we've decided that we should at least reach out now whether or not everyone will benefit from that we'll take advantage of that I think to some extent. We just simply need to open the door. You know one of the premises to about disaster mental health services is that you don't have to get someone into an office to call it mental health services. You know that sometimes it's simply about acknowledging to people that this is really an abnormal situation and you're doing the best he can to manage it and that between acknowledging again that this is your normal person responding normally to an abnormal situation and that that an end time will help people to heal. And sometimes it's about giving them simple simple instructions or simple information. You know that will not be unusual for people to have nightmares. It will not be unusual for people to experience agitation or stress or fatigue that these are kind of normal coping normal long term responses to the stress really short term responses to the stress. And you know I think that that plays a role in healing the community and and and to some extent too it's about opening up this experience to allow people to talk about them.

[00:32:43] And so that they know they're not alone that they know that what they're experiencing is not unusual and that within the bigger picture you know they can they can come to some point of being able to support themselves even if they're not pulled into a debriefing group session or something along that line. But that simply being able to talk to family members or a friend about it could be enough to help support them through this traumatic experience. So what I'm hearing you say is that you know what responding somehow to disaster is important. And obviously in your work you've put yourself in a position of responding to several disasters how how has that impacted your life. Hmm that's that's a good question. So I am well aware of vicarious trauma. And I know that that that this kind of work does affect you to walk into the work and say oh I'm a social worker or I'm the disaster responder. I'm the person providing mental services without being able to just acknowledge that I will have the same nightmares I will have the same stress I will have the same agitation I will understand that I am a normal person responding normally to an abnormal situation. I think that I especially I think from being in New York City that I have stories of sitting down with responders or people who were at ground zero that I have chosen not to share with other people because of the impact it had on me that I saved those for my own debriefing my own defusing but they're not as casual conversation and some of that has to do with not wanting to continue any vicarious trauma experiences.

[00:34:51] But I really believe that I guess we're going to have a poster child of whether or not debriefing or defusing works that I might play that role as well. It's really odd to say that I had a good disaster but I had a good disaster experience when I went to New York. I was surrounded by other mental health professionals who supported one another at the job assignment. I was X. I was in ground zero for that time period. And every time we had a distressing conversation we would seek one another out. We'd sit down and we debrief one another. At the end of every shift before we left the worksite we did a debriefing with a group of mental health people. Before I went home we did debriefing before you left the assignment side to go back home and within the follow up. Although I'm the only mental health person in Chautauqua County I did have access to other mental health people so that there could be some continuity and some follow up for me if I needed that or if I wanted that. So I think that that has helped to keep me focused and and prevent me from burning out on this type of work because you can't do that. It's pretty intense emotional work that you do. And has I think has allowed me to be able to respond very positively to others and to be able to say this has worked for me. And I think it might work for you. One of the things that I didn't ask you to highlight would be some of the protective factors that we could pay attention to let's say here in the western New York community at this moment around the possible healing component of our recent disaster.

[00:36:49] Well I think that yes some of the protective factors that that some of the studies talk about have to do with the general populations. And you know age groups and differences in gender and age and socioeconomic background of things along that line. But I think just in more general terms of protective factors a lot of it I think comes down to having the opportunity to discuss or at least listen to others discussions. You know you don't have to participate but if you listen then you'll find out that the responses that you're having to this really traumatic event are not unusual that you're not alone that for the most part they will you know they will get better on their own to some extent. And if they don't that there are resources within the community that will try to reach out to you. But you know that that people can seek out counseling a longer term more traditional way if they want to do that. And I would sure I would be sure that the local Red Cross chapter would be able to provide just some basic educational information for anyone who would like to take it take it into a classroom and give to their kids in the class take to work and give out to your employees that those those educational materials are available.

[00:38:23] You know the I think some up some of the healing things have to do with community involvement and pulling people together everything from setting up and running town meetings you know where it's just simply we're going to disseminate this information and by having this information you'll feel more focused you'll understand what's going on and what to expect and that alleviates some some anxiety or fear. And the other thing there are some of the memorial services that have helped to bring people together to provide a opportunity to grieve and and to provide an opportunity to just be around one another when we may not have sought that out individually I appreciate your time. I know that I've learned as a result of spending time with you. So thank you very much. Thanks for having me. So you've been listening to a podcast featuring a conversation between Kathryn Kendall and Susan Green on disaster. It's psychosocial effects and mental health services. Thanks for joining us. And tune in again to hear more lectures and conversations about social work practice and research. Hi I'm Nancy Smyth professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. Our school is celebrating 75 years of research teaching and service to the community. More information about who we are our history our programs and what we do. We invite you to visit our Web site at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.