

Episode 28 - Dr. Elaine Maccio: Helping Survivors of Katrina - An Evaluation

[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 this 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. This is your host Adjoa Robinson August 29 marked the fourth anniversary of Hurricane Katrina. One of the deadliest and most destructive hurricanes in U.S. history. Two thousand died and over 1 1/2 million people were displaced. The trauma of so much devastating loss touched everyone there prompting calls for programs to address the resulting mental health needs. Today's guest Dr. Elaine Maccio evaluated one such initiative. Dr. Maccio earned her MSW in 1998 and her Ph.D. in 2004 both from the University at Buffalo School of Social Work. She is a licensed clinical social worker and is currently assistant professor at the Louisiana State University's School of Social Work in Baton Rouge. Dr. Maccio has been at LSU since 2006 arriving one year after Hurricane Katrina devastated the Gulf Coast region including New Orleans 80 miles southeast of Baton Rouge. In the immediate aftermath of Katrina Dr. Maccio served as a shelter volunteer at Kelly Air Force Base in San Antonio.

[00:02:11] Since then she has become a trained behavioral health volunteer for emergency shelters established in the wake of a disaster training that she put to use in 2008 following Hurricane Gustav. In 2007 she and a colleague were invited to conduct a program evaluation of an initiative designed to address the mental health needs of Katrina survivors which she discusses in this podcast. Lisa Butler associate professor at the UB School of Social Work is our interviewer and I'm Dr. Lisa Butler associate pastor in the University at Buffalo School of Social Work. And I'm joined today by Dr. Elaine Maccio of Louisiana State University School of Social Work to discuss her research and responding to mental health needs of hurricane survivors. So first could you just give us a little background on this project back in the summer of 2007. I was approached by Dr. Cecile Guin who is the director of the Office of Social Service Research and Development which is a center at the School of Social Work at LSU. She had been approached herself by the Baton Rouge Area Foundation which we call BRAF to do a program evaluation of a mental health initiative that they had undertaken the year before that was continuing through 2007. So she had invited myself and a colleague of mine Dr. Lily Allen to carry out this program evaluation. So Dr. Gulin invited bully and I to interview community partners people who BRAF had brought to the table and we also constructed a survey for practitioners those who had actually been the providers of the program. Let me just get a sense of the timeframe here. So this is related to Hurricane Katrina and to a lesser extent Rita.

[00:04:06] And so how far out were you from that time Katrina hit Aug. 29 2005. So a year later 2006 Braff had come up with this idea to engage in social service research something that never done before and provide mental health services for survivors of that Hurricane Rita hit in a different part of the state although it certainly did devastate the Louisiana coastline. And so certainly survivors of Rita were invited also to avail themselves of these services. So that was 2006 that they implemented. And then in 2007 is when Dr. Allen and I were invited to conduct a program evaluation. So the initiative was already in place. Is that correct. Yes practitioners. I think a hundred or maybe over 100 were trained in a CBT protocol developed by Dr. Fran Norris and Dr. Jessica Hamblin of the National Center for Post-Traumatic Stress Disorder PTSD. In 2006 I believe that might have been the fall of 2006. And so the program had been going for maybe three quarters of a

year when BRAF requested a program evaluation thus far. How did you go about evaluating this. What are the steps that you took. Well the first thing that Dr. Allen and I did was we met with BRAF administration the top two folks.

[00:05:34] Basically those who had requested this evaluation and they gave us ideas for questions they told us what it was that they wanted evaluated and they left it off to Dr. Allen and I to come up with the questions and to formulate this evaluation plan then we did get approval again from BRAF to make sure that we were on track with what it was that they wanted to find out. And it was a two part evaluation. Again it was to personally interview the community partners that is those who BRAF invited to the table to help spearhead this because BRAF knew that they couldn't do this alone. They had never done anything like this before. So they invited several social service and human service organizations to the table to help them develop this mental health approach. Then we construct Dr. Alanah I constructed a paper has a survey which we also put online for practitioners the ones who are actually administering the CBT protocol and how did you recruit participants in the study. As far as the community partners BRAF gave us a list of those who they had brought to the table and we were to simply interview as many of those folks as would comply. And we did that we got at least 20 out of maybe about 25 of those community partners who have fled to and then practitioners. There were somewhere over 100 who were trained in the protocol. And by the summer of 2007 there were 83 I believe who were still actively participating as providers. So we sent announcements to all of them. And as busy as professionals social workers are we've got a pretty low response rate. We didn't offer any incentives but I don't believe that we gave them a second announcement. We just mailed them with postage paid envelope a survey. We also gave them in the cover letter the around to find the survey online and we asked them to complete it. We got 20 maybe just over 20 responses 14 ended up being usable.

[00:07:37] There may have been some who did either mail back a consent form and signed the consent form so we wound up with a pretty low low rate of return and with the client and the clients with practitioners. Did you recruit them separately. I mean how did that work. The clients really brought themselves to the program to the providers themselves. There was a PR campaign publicity and marketing outreach to find Hurricane Katrina survivors and bring them into treatment. But two things. One when the potential clients heard of mental health services they didn't see themselves as needing mental health help. Another aspect to that is there were some who weren't ready really for treatment. Here it was you know a year year and a half later and many Hurricane Katrina survivors were still just trying to get their needs met. I mean they're still living in trailers they were still trying to just make it from day to day that they hadn't even really begun to deal with the mental health aspect and even today here we are you know just about four years later there are still trailers in Louisiana. There are still blue roofs. There are still people who have no place to go from trailers and just again trying to meet their basic needs. It's still still a problem in Louisiana. So it sounds like there are some real challenges in getting clients involved with these services no less assessing it later. Yeah one of the comments that practitioners made on the survey one of the questions was something to the effect of how well did the encourage programs called encourage is actually spelled capital and capital c o u r I J I or encourage.

[00:09:19] How well did encourage reach out to those in need. And some of the feedback that we got was that the marketing campaign really didn't seem to adequately reach out to those who needed it. So we're not really sure how many out of how many actually got what it was that they needed that although some folks did get help and the practitioners did report though that those who came were helped that the program did they felt the program did work. So they had to come to practitioner to some specific site for this. How did that work. That was part of the problem encouraged was a great idea. The community partners applauded Braff for even venturing into something of this scale again they hadn't done anything like this before so good for Braff to have tried to reach out to the community and help them. Part of the stipulations for the program were yes

as you're saying the with the klise themselves had to get themselves to the practitioners who were in certain locations around the southern Louisiana area. And so now we're talking about a population of people devastated by a storm who are mostly vulnerable in several ways. People of color people of low income. I mean just little means so they don't really have a way to get themselves to a provider's office. So if encouraged think we're going to be Dunigan or something similar to that part of what would have needed to be changed is that we go to the clients we make it easier for them to access the service of mobile units kind of thing and carry it out. So.

[00:11:04] So you only had input into the later assessment rather than the design of the protocol. Absolutely. An essential protocol. And it was cognitive behavioral. So it was a CBT protocol. And that's one of the things that the providers really like just because they were saying to us and their feedback we already know CBT so it was easy just to pick it up. One of the things I also liked about it though is that it was manual ised so it was really scripted in a manual about what to say what to do. What paperwork to administer and when. And it was time limited. So everything was very laid out for them and I think they appreciated that approach. So what is the average number of sessions that an individual could get in this program. I believe it was 10. OK. And most of the clinicians were comfortable with that. There were a couple however who said you know these clients are so traumatized by what happened to them. You know we're just getting to the nuts and bolts of things by Section 8 or 9 10. It really isn't enough sessions but for the most part clinicians really felt that the treatment was valuable and worked the way it was laid out. It was Elyas youth involvement limited to research or where their school social work involved in other ways. And this actually at LSU from my perspective played a major role in that. For example LSU. How's that training unless you got the training together. So we helped invite the providers from around the southern Louisiana area.

[00:12:41] Whoever wanted to be involved who was licensed was invited to come and it wasn't just social workers it was also he's also a professional counselors. It was a licensed marriage and family therapist it psychologist anyone who was so licensed a mental health practitioner was invited to be a part of that. So Ellis you put on this today training so again Doctor Norris and Dr. Hamblen came down. I believe the two of them did the training and may have been someone else I'm not entirely sure. And then after that Chavonne Patrick Levitch who is a licensed social worker in the research department it was a study at LSU School of Social Work. She maintained all of the paperwork. So in other words when the clinicians were sending in assessment forms enrolling clients terminating with clients she had all the paperwork. I believe she even had a hand in taking care of reimbursements. Things like that so just an incredible amount of work went through her office so LSU did have a big hand in it. Last year the incurred program changed hands and when that happened LSU transferred their portion to another organization in Baton Rouge and having been very systematic in asking you about the results. But and I know you mentioned some in passing that I'm wondering give me a little summary of your findings. Yeah just a real brief summary. Again the practitioners loved the CVT protocol. They felt that it did what it was supposed to do for the clients. They did have some concerns about clients not being reached out to adequately enough that they could have seen so many more clients.

[00:14:23] But for whatever reason the clients weren't common they didn't have transportation they didn't know about the program they didn't know how the program could benefit them. The therapist couldn't go to them. The therapist could we asked them if they would and most of them said no. Some of the reasons were I'm in private practice. You know I have to go from one client to the next. Another one was I don't feel safe going out into the areas that I would need to go out into. So mostly it was an economic and safety issue for the clinicians. But again overwhelmingly they did support the program and they did feel that encouraged worked for those clients who they saw. And for that community partners again they really applauded Braff for taking on this initiative something that they weren't used to as perhaps getting involved in social services. So they appreciated being invited to the table. The community partners really applauded Braff. They really felt that it was a

worthwhile project and that they commended Brad for taking on something that had never taken on before this social service kind of initiative and they were asked if they felt like a program like this you know could be useful in the future and of course they said yes that it did meet the needs and that Braff had done a good job of bringing people to the table and seeing this program through. What about the clients. We didn't evaluate the clients so I don't have a client value would have. On their experiences because that would be interesting certainly to see although you don't have a control group in that. So the so the of the community partners felt it was great the providers felt it was great.

[00:16:08] But right the next piece of that would be then how did the klise feel about that. I correct that the providers of the reasons they thought it was great was they actually saw improvement and yes they did see improvement. OK. And presumably improvement beyond what you might expect people to show absolutely your time. Absolutely. OK. Well that's interesting. So I'm interested in both the lessons generally learned by the community and implementing this kind of intervention and so on. And also for you in doing research in this case sounds like it was probably the first time you've done this particular kind of research is that correct. Oh absolutely. Responding to natural disasters was not an area of mind but when you live in southern Louisiana there's really no way around it. Of course I was very enthusiastic to become involved in this project just to learn more about what had happened because when I arrived at LSU it was in 2006 which was a full year after Hurricane Katrina hit. So certainly I arrived when there were plenty of blue roofs and stories to go around but I never actually saw any of it. But the stories that I heard from people who were here the year before were just stunning and horrific. LSU again played a role in sheltering people from who had evacuated from the storm at the time so it was quite an experience for me to hear from the providers and from the community partners what actually had happened. So what lessons did you take for you for doing research in the future. I assume you're going to do more research in this area.

[00:17:40] Oh I would like to. Sure. I always try to stay open to new opportunities and certainly disaster research is one of them a project I'm currently working on is with homeless and runaway youth in New Orleans. And certainly even just earlier this year when we did some of these interviews we heard stories about well I became homeless. The first time when my family and I had to evacuate for Hurricane Katrina and we went to Houston and we went to northern Louisiana we went to Dallas. And that's really where things kind of fell apart for them again. When you're at a university in southern Louisiana it's really hard to escape anything related to Hurricane Katrina. It was just such a massive disaster and apparently such a pivot point for this kind of thing you're describing. We don't typically think of or follow people out over an extended period of time after this has happened. And this is what you just mentioned about children. Their trajectory to becoming runaways or home you know was this homelessness following the event. That's fascinating and very interesting to pursue and we ask them questions about their experiences in hurricanes during Hurricane Katrina and afterwards that in some way might have affected their being homeless or running away from home. So if you were going to say another event like this is going to happen knowing what you know now from what you've done before. How would you change. Perhaps the intervention that was done that you know the partnership that came about the way you assessed it. I like the role that LSU played.

[00:19:07] I would hope that if LSU didn't initiate their own program that we could be heavily involved in a program again such as that line I'm interested in what you see the role of schools of social work being in disaster response. Do you see a role for schools. Yes. I think schools should have a major role. Just by virtue of them being members of the community that they serve. Universities have so much to offer not only on campus but off campus in their community and regionally statewide and LSU is the flagship university in Louisiana. Last fall Baton Rouge was battered by Hurricane Gustav which didn't make a lot of news because I think anything that doesn't measure up to Trenea kind of pales in comparison. But Baton Rouge was absolutely devastated by

Gustav. And what I saw was this incredible amount of preparedness on the part of LSU to respond again probably from what they learned during Hurricane Katrina. So being prepared anticipating the worst. Having your collaboration in place beforehand. Just trying to stay out of the game and trying to think about OK what did. What is it that you might need. Who who would we need to collaborate with that we want to establish those pathways now just really trying to brainstorm talking with people who have lived through disasters. I was here in 2001 when 9/11 occurred and I saw a great response from Eubie. They immediately I mean within hours they had set up a mental health response for the students particularly those from downstate who had families who they were worried about and how to meet the students needs. So thank you is doing a great job so far.

[00:21:01] And luckily he doesn't have to worry about any hurricanes but certainly there are plenty of other natural and human made disasters to prepare for. That's for sure. Do you think it's worthwhile for schools of social work to have disaster training in schools as part of the curriculum. I think it never hurts. I mean if it's feasible to do that canonically and time wise faculty wise I think it's very valuable because we groom students to be able to practice pretty much anywhere from a generalist kind of perspective. You never know where the students are going to wind up. You never know what kind of disasters are going to hit. And again I think the best thing you can do is just to be prepared for them. So certainly of course if not a certificate program in disaster response would be very very valuable. OK. Well thank you so much for participating in this podcast. Thank you so much for having me. You've been listening to Elaine Maccio discuss findings from a program evaluation of an initiative designed to address the mental health needs of Katrina survivors. Tune in again next time her more lectures and conversations on 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. For 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.