

SPECIAL ENEWS

From: Center for Mental Health in Schools at UCLA

Re: UPDATE (9/19/05) – Hurricane Aftermath

If past history is a guide, many folks not directly affected by the immediate aftermath of the hurricane but who mobilized to provide special assistance over and above their regular responsibilities will soon have to return much of their attention and efforts to those ongoing obligations and pressures.

At the same time, the longer-term effects of the hurricane aftermath must be addressed – and will be by all who can muster some resources to help.

On our part and in keeping with our Center's mission, we will now begin focusing on what schools can do to continue providing essential student, staff, and family psychosocial supports to address daily and longer-term needs. We will distribute materials, additional guidance notes, and other information and sharing on a regular, but not daily basis.

We encourage you to keep sending us information to share with others, indications of what is needed and what is helpful. Your input is essential and is greatly appreciated by other across the country.

MORE RESOURCES

>>National Black Child Development Institute (NBCDI) “Resources for Families: Helping Children Cope with Crisis” – Activity workbook for African American Families that has useful tips and activities for helping children cope with disasters --
http://www.nichd.nih.gov/publications/pubs/hccc/helping_children.htm

>>See The Association of Maternal and Child Health Programs for an “Update: Public Health Response to Hurricane Katrina” – <http://www.amchp.org/news/katrina.htm>

>>The Mississippi Child Trauma Therapeutic Services Collaborative is a strengths and resilience-based partnership that includes State mental health, State disaster management, a major faith-based provider, a prominent family organization, and a network of accessible, community-based services. Focus is on a multi-agency, child/family-centered Child Trauma Therapeutic Services Center, based in Jackson, and serving a three-county area. Designed to serve a wide-range of primarily rural and geographically isolated child trauma survivors, including those who have experienced physical, emotional or sexual abuse, rape, neglect, refugee trauma, community violence, domestic violence, violent crime, disaster, and the traumatic loss of loved ones. Contact: Jennifer Sigrest, Phone: (601) 948-4494 X115
Email: jennifer.sigrest@catholiccharitiesjackson.org
Web: <http://www.catholiccharitiesjackson.org>

>>The Louisiana Rural Trauma Services Center's designed to provide, improve and enhance needed services for rural children and adolescents exposed to traumatic events in Louisiana. Focus is on two important treatment and services components for children and adolescents: (1) hospitals that provide emergency services and (2) school districts that meet the educational needs of rural children. Collaborative partners for the Center include the Louisiana State Department of Education, public and community hospitals, and key State agencies.
Contact: Howard J. Osofsky, Phone: (504) 568-6004, Email: hosofs@lsuhsc.edu

>>The Center for School Mental Health Analysis and Action at the University of Maryland, Baltimore, has sent us the following summaries of two major articles related to disaster response, children, and schools.

*School reactivation programs after disaster: Could teachers serve as clinical mediators? By L. Wolmer, N. Laor, & Y. Yazgan (2003). *Child Adolescent Psychiatric Clinics of North America*, 12, 363-381. This article reviews the literature on effective childhood interventions in disasters and offers a framework for intervention for school-based children within the school environment after a disaster. The article points to the need to understand disaster syndrome that has a clinical picture of grief, dissociation, and specific PTSD symptoms that last for months and years. The lit review points to a series of literature on disasters such as hurricanes, 9-11, shipping disasters, and war that individuals that receive help and support in the school in the aftermath of the traumatic event report fewer PTSD symptoms years later. They point to one such intervention in the aftermath of Hurricane Iniki hit Kauai that had four sessions: (1) safety and helplessness, (2) loss, (3) mobilization of competence, and (4) issues of anger, termination, and moving forward.

The authors stress the need to recognize that teachers and caregivers are struggling themselves with loss. However, the authors strongly argue for teacher mediated interventions organized by a central agency and not independently by schools. Evidence from disasters point to the fact that victims are reluctant to seek professional help from traditional community institutions and school becomes the suitable settings for psychological disaster. The authors point that teacher support is a significant predictor of fewer PTSD symptoms in children after disasters.

The authors present a framework where mental health providers take responsibility for managing and coordinating a mental health response rather than deal directly with the victims. They call for the empowerment and use of mediators to fill the role as therapeutic resources. They see teachers as filling these mediator roles to large groups of children affected by a disaster. They lay out a three phase process for teachers to begin to fill this role and use a case example of an intervention in Turkey following the 1999 earthquake:

(1) "Past to future": Teachers must restructure traumatic experience with debriefing protocols – in Turkey this was down with a group session with teachers and authors

(2) "Teacher to educator"; Teachers must assume their roles as educators through empowering them to not only fill their traditional role but to a) formulate a vision; b) providing individualized consideration; c) fostering an atmosphere of stimulating cognitive and creative processes; d) transmitting positive expectations. Teachers can help become aware of this need by reviewing in their own lives individuals whom may have had a transformation effect in their own lives and using this vision to help their current students

(3) "I to we": Recognizing teachers have a hard role - continuous support of supervision and staff become central and vital.

Within the Turkey intervention, evaluation showed that even teachers that were reluctant to take responsibility for the role of mediator reported significant accomplishments within education and students well being in school. The authors stress the need to involve students in disaster reactivation programs even if they have showed no risk factors for PTSD because many do not report symptoms, the intervention framework is geared to a whole school or community, and nonsymptomatic children are a valuable source of support to model to other children.

*Facing war, terrorism, and disaster: Toward a child-oriented comprehensive emergency care system. By N. Laor, L. Wolmer, S. Spirman, & Z. Wiener, (2003). *Child Adolescent Psychiatric Clinics of North America*, 12, 343-361. This article presents a framework for child mental health professionals in preparing for and recovery after a disaster that must be systematic and community-based. The framework is based on the following principles

(1) Risk assessment must take place early and reach as many people as possible
(2) It is important to remember that children and adult survivors of disasters are often reluctant to seek professional help

(3) Clinical evaluations must be subordinate to social considerations. Clinicians must be sensitive to the environment that must likely will require an integrative context

(4) Professionals must be aware of role-differentiation, the boundaries between the role of social workers, educators, and physicians will be blurred. The basic needs of survivors become the primary concern.

(5) Social agents (teachers, community workers) may play the role as mediators of interventions (vice the mental health professional)

The framework is based in the principal that senior mental health professionals oversee the interventions and can use the following principals under the AREST acronyms.

A: Anticipate (foresee scenarios and have contingency plans)

R: Re-differentiate (there will be role dysfunction – must initiate interdisciplinary teams)

E: Empower (debrief, educate, and empower social agents to take up therapeutic responsibilities)

S: Supervise and assess (support the mediators and assess needs that arise)

T: Treat and follow up (focus on group and family rehabilitation and possible delayed responses)

The authors stress the need to look for systemic dissociation within the educational system that might stick to a usual curriculum while ignoring the need to intervene with suffering children. They stress the need for a child mental health team that integrates various systems and delegates responsibilities. The team must (1) integrate the dimension of time through the process of preparation for and reactivation after disaster, (2) rehabilitate the sense of social space by a process of intersystemic empowerment, (3) revitalize the sense of more cohesive identity for children, families, and communities by mixing in and working with mediators.

Child mental health professionals must also respond to the needs of these new team members to maintain hope and develop a sense of belonging. They must be given tools and have the support of the whole community. The AREST design based on the following assumptions (1) during a major disaster the mental health system will prove insufficient and (2) community health mental health preparedness based on AREST can increase resilience and reduce damage to the population, which enables a large-scale intervention in a suffering community.

CALL IN - GO ONLINE – TO ENHANCE CAPACITY

In response to direct requests from addiction professionals in the Gulf Coast states affected by Hurricane Katrina, the Addiction Technology Transfer Center (ATTC) Network, funded by SAMHSA, will host two free call-in conference calls next week on “After Katrina: Suicide Prevention” (NO REGISTRATION REQUIRED)

>Part I: Thursday, Sept. 22, 10:30 am Central (11:30 EDT, 9:30 MDT, 8:30 PDT)

>Part II: Friday, Sept. 23, 10:30 am Central (11:30 EDT, 9:30 MDT, 8:30 PDT)

Dr. Daniel Reidenberg, Executive Director of Suicide Awareness Voices for Education (SAVE; www.save.org) will discuss what caregivers working with people impacted by Hurricane Katrina can do to prevent suicide.

Dial the toll free number and enter the appropriate conference ID code PH: 1-866-505-1517; Conference ID Code: 9612606 (Please call ten minutes before the calls are scheduled to begin.)

>To replay Part I (Thursday’s call), dial 1-800-642-1687, ID code 9612606.

>To replay Part II (Friday’s call), dial 1-800-642-1687, ID code 9613178.

Telephone replays will be available for 5 days after each call.

>You may also go to the ATTC Network Web site (www.nattc.org) to hear a recording in streaming audio.

Send questions about the calls or specific questions for Dr. Reidenberg to the Addiction Technology Transfer Center Network National Office at no@nattc.org or 816-482-1200.

NEWS BRIEFS

DALLAS MORNING NEWS – "Gulf Coast Pupils May Face the TAKS Test -- High school seniors who fled the Gulf Coast could soon face another hurdle -- the Texas high school exit exam. Education officials said evacuees who enrolled in Texas schools as seniors will have to

pass the state tests required to graduate, unless officials come up with another arrangement. If the testing is required, potentially thousands of high school seniors from Louisiana and Mississippi would take the tests, which are based on Texas curriculum, as early as next month. If they do not pass the first attempt, they would have three other chances, just as other Texas seniors do.

REQUEST

>>Congresswoman Sheila Jackson Lee of Houston, Texas, co-chair for the Congressional Children's Caucus, is currently drafting legislation that will be a "National Call to Action for Children Affected by Katrina." She wants input from child advocacy groups (i.e., succinct bullet-point lists of tangible ideas about how federal legislation can help those in the foster care and child protective services systems in affected jurisdictions. Send directly to the Rep. Jackson or send to us, and we will collate and forward.

>>I am interested in reading more about the effectiveness of CISD, especially the Sanford model used by NOVA. Regarding the Cochrane Collaboration, what I have gathered in reading their reports is that studies evaluating *structured group* debriefing models such as CISD/CISM were not considered or were not available when the overall evaluation was carried out. Can you provide any citations that can help practitioners make an informed, evidence-based judgment regarding the use of structured stress debriefing with groups?

*Center input:

>One recent article is: Early Intervention for Trauma: Current Status and Future Directions (2002) B. Litz, M. Gray, R. Bryant and A. Adler, Clinical Psychology, 9(2) 112-134.

>A quick source for other citations on this matter is: "Critical Incident Stress Management Articles" at http://www.vaonline.org/doc_cism.html

>Also, check with the National Child Traumatic Stress Network – <http://www.nctsn.org> and the National Center for PTSD at <http://www.ncptsd.va.gov>

>And here is a discussion from an article in "Youth Today" (December/January 2004). – "A 2002 analysis of past research published in 'The Lancet' medical journal found that crisis-intervention teams do very little or no good at all in reducing symptoms of post-traumatic stress disorder (PTSD). The analysis was based on a review of seven studies. The researchers concluded that the counseling could actually harm the emotional healing process. Another study in 'Psychological Science in the Public Interest' found that, 'Although psychological debriefing is widely used throughout the world to prevent PTSD, there is no convincing evidence that it does so.'

But Scott Poland, director of psychological services at the Cypress-Fairbanks school district in Houston, Texas, said his firsthand experience indicates that crisis-response counseling is effective. He led crisis teams to Paducah, Ky., and Jonesboro, Ark., following school shootings in 1997 and 1998, respectively.

'They tell me, That session helped so much. It changed everything. We knew we were not alone,' said Poland, who is on the advisory board of the National Organization for Victim Assistance.

Over the past few years, the federal government has been increasing funds to school districts affected by violent incidents to pay for psychologists and other local services. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has available \$30 million in grants and contracts "to provide services nationally to providers who assist children experiencing post-traumatic stress disorder."

Richard Gist, associate professor of psychology at the University of Missouri-Kansas City, who has studied the effectiveness of mental-health crisis interventions for 10 years, said his research has shown that such intervention played no significant role in preventing post-traumatic stress.

Gist said crisis-response counseling, also known as psychological debriefing, may interfere with a person's natural assimilation of a tragedy and prevent them from getting help

from a more traditional support system of family and friends.

But William Modzeleski, associate deputy undersecretary at the Department of Education's Office of Safe and Drug-Free Schools, questioned whether the studies' findings apply to school shootings because of the sheer nature of the tragedy and the victims involved. 'There really hasn't been any research in the U.S. that has taken a look at what is the most effective way to respond in the aftermath of a shooting that has occurred in a school,' said Modzeleski.

He added, 'Research tells some of the story, but it doesn't tell all of the story. One thing we clearly know from all these disasters is: There are kids that are hurting, there are faculty who are hurting and there are parents who are hurting. Without some help, teaching and learning can't take place.'"

Again, we encourage you to keep sending us information to share with others.

Identify what is needed and what is helpful.

Your input is essential and is greatly appreciated by other across the country.