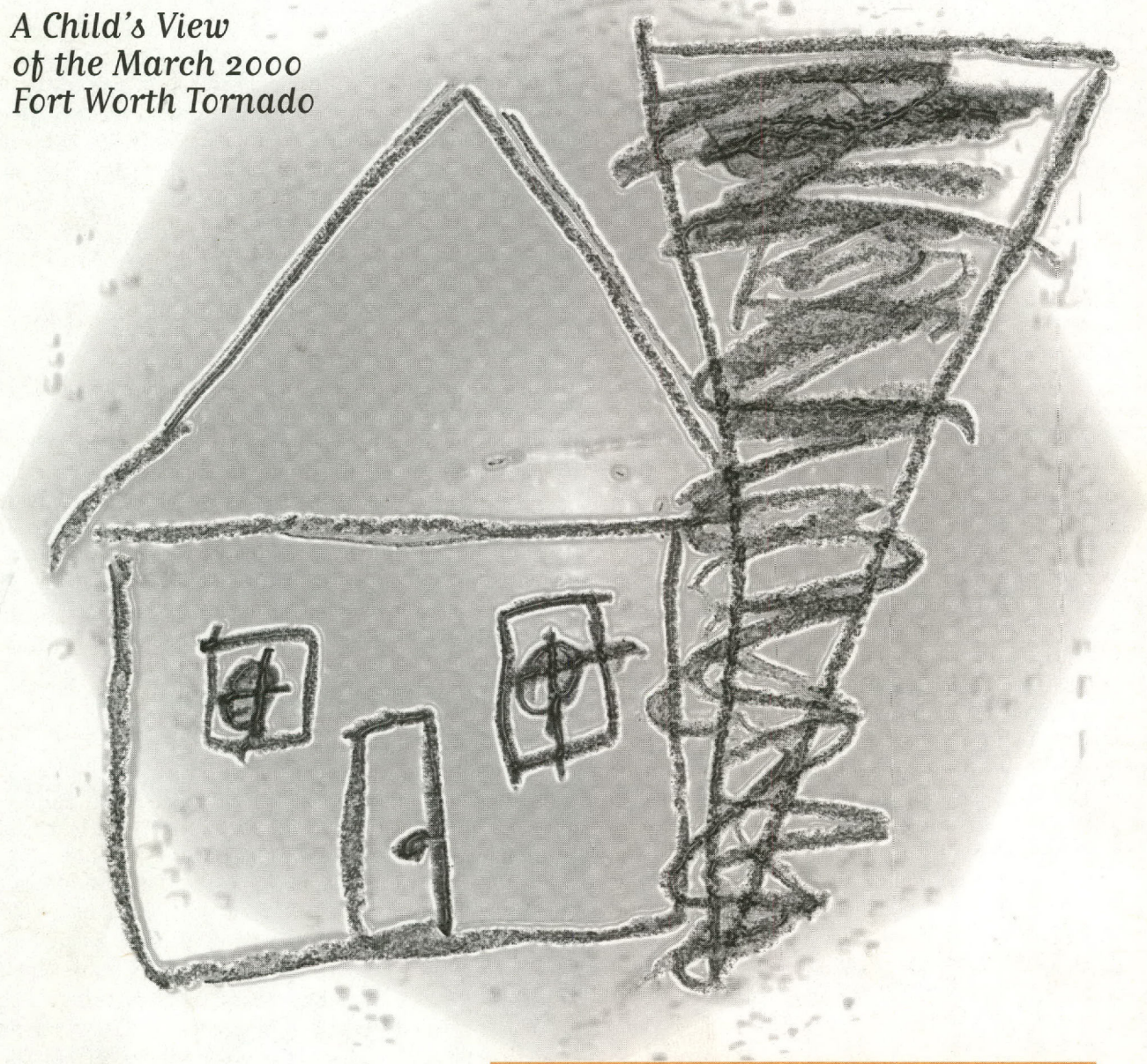
IMPACT

of Coping, Grief and Disaster Assistance Programs

Spring-Summer 2001

A Child's View of the March 2000 Fort Worth Tornado



Texas Department of Mental Health and Mental Retardation

Commissioner Karen F. Hale

VIEWPOINT

People who experience catastrophic events often must face the sudden loss of loved ones. They also may have injuries, lack basic necessities and lose property and belongings.

At TDMHMR, we know that the loss and trauma felt by disaster and crime victim survivors is overwhelming and may lead to emotional difficulties.

TDMHMR's Disaster Assistance and Crisis Response Services (DACRS), which will observe its 10th anniversary in 2002, serves as a vital mental health program for people coping with traumatic events (for more information, see pages 4-8). Following tragedies, such as the 1998 Del Rio flood, the DACRS team arranges for stress management and crisis counseling for survivors through disaster contacts at the community MHMR centers. Staff at these centers have become true unsung heroes, offering their tireless efforts to aid survivors even when they have been affected by the disasters themselves.

DACRS also oversees crucial emergency management for TDMHMR facilities during disasters. The critical need for this function was most apparent in August 1999, when Hurricane Bret threatened the Texas coast—and our consumers and employees along with it. The DACRS team, the TDMHMR Office of Risk Management and several MHMR facilities and centers coordinated the evacuation of more than 600 consumers and staff members to inland agency facilities (pages 9-11).

This issue of *Impact* highlights only some of the disaster and crisis assistance our agency and employees offer on a daily basis. As commissioner, I appreciate all the employees who volunteered their time and skills to evacuate the local facilities and who are there when Texans need a shoulder to cry on.

In this issue, we look at recovery efforts following the ice storm in Texarkana in December 2000 (page 7) and the tornadoes that struck Fort Worth and Arlington in March 2000 (pages 12-14). On pages 16-18, Daniel Thompson, DACRS director, explains the complex process of state crisis planning. Staff of Central Counties Center for MHMR Services share their experiences with Critical Incident Stress Management on page 15.

The road to overcoming grief and loss is long and arduous. One doesn't adjust to tragic circumstances overnight. On pages 23-24, *Impact* looks at a Big Spring State Hospital class, led by Chaplain Rick Foster, that helps consumers deal with grief. Terrell State Hospital's involvement in the Shattered Dreams program for high school students is highlighted on pages 28-30.

Individuals with mental retardation cope with grief and loss just like everyone else. Denton State School Chaplain Dennis D. Schurter discusses this fact of life on page 26, and, on pages 20-21, Abilene State School Director of Nurses Rebecca Hall shares the facility's heartwarming experience with Hospice to aid a consumer facing death.

In This Issue

Spring-Summer 2001

About the cover:
Following the March 2000 tornadoes in Fort Worth and Arlington, the Tarrant County Tornado Recovery Program sponsored, as part of its outreach efforts, drawing contests for children affected by the tornadoes. One of the children's drawings appears on the cover. (See related articles on pages 12-14.)

TDMHMR department provides vital services during disasters

In the early morning hours of Aug. 24, 1998, a wall of water barreled down San Felipe Creek in Del Rio, plunging the town's 33,000 residents into horror, death and grief. The 18 inches of rain spawned by Tropical Storm Charley over a 24-hour period—more than the area usually receives in a year—sent water thundering over the banks of the normally quiet creek.

Nine lives were lost. Six residents were never found. Hundreds were left homeless. Eventually, the Del Rio Housing Authority bought many destroyed properties. Today, almost three years after the disaster, 20 economically disadvantaged families still live in temporary trailer housing provided by the Federal Emergency Management Agency (FEMA).

After a tragedy like the Del Rio flood, the task of TDMHMR's Disaster Assistance and Crisis Response Services (DACRS) is twofold.

"We provide emergency management for TDMHMR facilities," said Daniel M. Thompson, DACRS director. "We ensure that the clients and staff members are safe, and see that the facilities are functional again."

"Our second duty is to arrange for immediate stress management and crisis counseling for people and responders within the affected areas," Thompson continued. "The counseling is provided through disaster contacts at the community MHMR centers. Often, however, staff at the centers also are affected directly by the disasters themselves, yet they will provide emotional support to those in need. It is amazing how they continue their duties. Their dedication is inspiring and reflects well on TDMHMR and its components."

When disaster strikes

The Governor's Division of Emergency Management (DEM) is responsible for alerting all human service agencies about potential disaster situations. DACRS is required to staff the State Emergency Operations Center in Austin, serve on the State Emergency Response Team, which assesses damages and local, state and federal resources that are needed following a disaster, and serve on the State Emergency Management Council.

"The emphasis is in four areas—preparedness, planning, emergency response and recovery," Thompson said.

After a presidential disaster declaration is made, DACRS team members help staff the federal Disaster Field Office. The role of DACRS is to provide administrative oversight and coordination of state mental health resources and relief efforts. Members of the public can receive basic information on available services via a toll-free number that offers multiple languages, or they can talk to relief workers face-to-face at Disaster Recovery Centers (DRCs), which are set up in familiar surroundings, such as schools and shopping centers, and within easy access to public transportation. DACRS works to obtain federal crisis counseling grant monies to hire staff to provide counseling through the DRCs and mental health centers. The staff is trained in Critical Incident Stress Management, designed to aid trauma recovery. (See related article on page 15.)

Helping survivors to cope

Counseling services are vital to individuals who experience catastrophic events. A recent study showed that more than a third of survivors of the 1995 bombing of the federal building in Oklahoma City were left

with psychiatric disorders not unlike those experienced by soldiers after combat. Individuals affected by natural disasters may have similar disorders and often have higher suicide rates, as evidenced in a seven-year study that was published in the *New England Journal of Medicine* in 1998, which revealed a dramatic increase of suicide rates for survivors of most natural disasters.

"The first thing you want to do is give people a chance to talk," said Ed Maldonado, DACRS assistant director. "Anyone who has been through a disaster needs opportunities just to share their story."

"The counselors get the survivors to talk about the event. Where were they when the storm hit? Where was their family?" Maldonado continued. "The flood in Del Rio happened in the middle of the night. The individuals you speak with can't believe the pictures they have in their heads and the sounds they heard—they spent hours hearing people cry for help and often could not help."

When the flooding started, Val Verde County Mental Health Center staff began responding to the needs of consumers, staff and local citizens. Staff immediately ensured that consumers were safe as the flooding was occurring and then began a more "formal" response, even though the center was destroyed.

Support for the Del Rio community came from Hill Country Community MHMR Center in Kerrville and Kerrville State Hospital (KSH). "Both facilities have been very involved in the DACRS program," Thompson said. "The Del Rio flood was KSH's fourth federally declared disaster."

Linda Parker, Hill Country MHMR executive director, and TDMHMR staff traveled to the area the day after the flood to help Val Verde County Mental Health Center staff provide debriefings for emergency and city personnel.

"In Del Rio, many of the rescuers who worked to get people out of their flooded homes were city employees," Thompson said. "When emergency vehicles, such as fire trucks, could no longer get through the rising waters, the city had to send out heavy construction trucks. The drivers had not been trained in rescue efforts, and the devastation they saw had a big impact on them."

continued on next page

Recent Disasters

May 1997—Tornadoes target the towns of Jarrell and Cedar Park in central Texas and take 27 lives and destroy 40 homes.

August 1998—Tropical Storm Charley brings flood waters to Del Rio and the Hill Country and takes nine lives. Six residents are never found and are presumed dead. Hundreds are left homeless.

October 1998—Floods in south Texas take 17 lives. Scores of homes and buildings are washed away.

May 1999—A tornado in DeKalb injures 14 people, damages 150 homes and destroys a large portion of the downtown district.

August 1999—Hurricane Bret brings flooding and scattered damage to south Texas. Four people die in a car accident caused by the storm. (See related article on pages 9-11.)

November 1999—Twelve students are killed in the Texas A&M University bonfire accident.

March 2000—Tornadoes in Fort Worth and Arlington take five lives. Approximately 300 homes and buildings are destroyed and damaged. (See related articles on pages 12-14.)

December 2000—An ice storm in Texarkana leaves thousands of residents without basic necessities for weeks.

When the DRC opened in early September 1998, Hill Country MHMR staff counseled survivors who came in for information.

"Staff provided an opportunity for them to tell their stories and made sure they were aware of local resources, suggesting ways to help themselves and their families," Parker said. "They screened contacts for the need for more traditional mental health services and made referrals to the mental health center, which had set up temporary offices, or to another provider of their choice." As the local agency assisted in the direct care of consumers and citizens, it was the role of the DACRS team to begin the grant process.

Fast-paced operation

With little or no warning, the DACRS staff may find themselves traveling to the scene of some horrific disaster. Depending upon the magnitude, an event such as the Del Rio flood may be presidentially declared within hours of its occurrence, thus opening the door for a variety of state and federal assistance programs.

One such program is the FEMA Crisis Counseling Program grants, which are developed and administered by DACRS through the community MHMR centers. Unlike most Health and Human Service grants, the FEMA grants have extremely short time frames. By 5 p.m. on the 14th day following the presidential declaration, it is the role of the DACRS staff to arrive onsite, set up an office, meet with local and state government officials, canvass the impacted region, meet with disaster victims, write and submit the grant application, and continue to coordinate services in the meantime.

Upon approval of the 60-plus-day grant, which typically is within days of submission, DACRS begins working with the local center to hire staff so that regular staff can return to normal duties. Upon hiring of the grant staff, which usually is done within the first five to 14 days, DACRS will train and set the staff upon their short time-framed, but labor-intensive, task.

After the DRC in Del Rio closed in late

Photo by Nora Bender

Almost three years after the Del Rio flood, 20 economically disadvantaged families still live in temporary trailer housing provided by the Federal Emergency Management Agency.

October 1998, grant staff began canvassing door-to-door in the affected areas and at the temporary housing sites.

Kelli Kazmaier, a crisis counselor with the grant staff, set up counseling programs in the schools, with a special focus on Lamar Elementary, which enrolls a large number of children from the San Felipe flood area. Following counseling, teachers reported that the children showed less fear of rain and clouds and of coming to school.

Through individual and group counseling programs and door-to-door and phone outreach, the team contacted about 800 individuals by January 1999.

"Some survivors expressed surprise that anyone would help them at all. They were touched that staff were concerned enough to call," Parker said. "It took months for many survivors to be able to deal with their emotional needs."

Maldonado said a disaster is "not a normal life event, and most people have flashbacks and difficulty sleeping. You evaluate if they are responding normally for the situation."

continued on next page

An infamous White Christmas

TDMHMR Disaster Assistance and Crisis Response Services (DACRS) doesn't just respond to floods, twisters and hurricanes and situations involving loss of life. Its most recent disaster involved ice—lots of it. The Dec. 25, 2000, ice storm in Texarkana left thousands of individuals without food, water, electricity and sewage services for weeks.

The American Red Cross set up 39 shelters and served 2,500 individuals in the impacted areas. Staff from Northeast Texas MHMR Center in Texarkana helped the local Emergency Management Office evacuate 35 residents from a nursing home that was without power because its generator was stolen.

Power crews worked 16-18 hour days to replace broken power lines and get the power back on. After two weeks, tempers began to flare. Two of the power crews were assaulted at gunpoint by angry mobs.

"This was an unusual ice storm, and people reacted with behavior that was not typical," said Daniel M. Thompson, DACRS director.

The grocery stores and local food banks were unable to keep up with the demand for food and supplies, including generators, kerosene and batteries. People began to loot and fight, and curfews were mandated in Texarkana.

"The Union Pacific Railroad shipped in 100 generators, all of which were stolen within 24 hours of arriving in Bowie County," said Tina Tijerina, DACRS program administrator. "One man reported that he had just purchased the last amount of kerosene and wood from a local store, and before he could get home, he was robbed at gunpoint—and all they took was the kerosene and wood. They didn't take his money."

Some 500 individuals needed crisis counseling services to help them cope with their ice storm stresses.

"While there was no loss of life, people had to cope with damage to their homes and personal property and a lack of basic necessities," Tijerina said. "Hundreds of people lost refrigerators and freezers as a result of the power being out for long periods. Many people reported that when the power surged back on, their appliances and power meters blew up, resulting in fires and injuries."

DACRS received a Federal Emergency Management Agency (FEMA) grant to set up the Ice Storm Recovery Project (ISP), which has provided services to more than 1,200 individuals since February. The ISP team, comprised of temporary employees hired by Northeast Texas MHMR, contacted people through community outreach and held over 60 counseling sessions with church, senior citizen and children's groups. DACRS is trying to secure funding to extend services into June.

"We certainly appreciated the availability of the emergency coverage that has been provided through DACRS and FEMA, and we hope the ice storm was a once-in-a-lifetime experience," said Joe Bob Hall, chief executive officer of Northeast Texas MHMR. "I believe the thing that has remained with me since the ice storm has been the vivid memory of our center's staff and their willingness to put the needs of our clients first, even though most staff had significant damage personally to their homes and cars, and, most dramatically, to their emotional states.

"I don't believe all of their professional education and experience prepared them for this type of disaster," Hall continued. "In spite of all that, staff made many personal sacrifices in order to serve others in need. For that I, more than ever, realize what it means when people in this field are called caregivers."—*NB*

Counseling services are vital to individuals who experience catastrophic events. A recent study showed that more than a third of survivors of the 1995 bombing of the federal building in Oklahoma City were left with psychiatric disorders not unlike those experienced by soldiers after combat.

Photo by Nora Bender

The devastation of the August 1998 flood in Del Rio was very apparent months later. This abandoned house was located near San Felipe Creek.

As time goes on, if individuals continue to have difficulty coping, they are encouraged to contact their local mental health center.

"I think the case in Del Rio that affected me the most was a 10-year-old boy who was staying with his grandparents when the flood hit," Maldonado said. "They all survived, but later he didn't want to be left alone and had to keep someone in sight at all times.

"He said, 'During the flood, I just knew my grandparents were going to die in the water.' At his age, he was very smart to realize that was a very real danger. We told his parents that counseling could help them find out what to do to make their son feel safe again. Another child, a 9-year-old, was terrified during the flood when the water kept going over his head. To help children feel secure after a traumatic event, we encourage parents to immediately establish a routine that's as close as possible to the child's old routine."

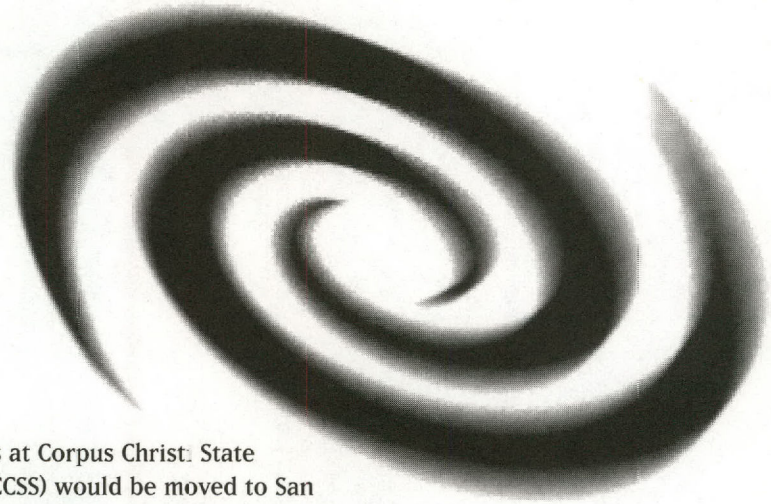
Important, also, is understanding that grief and pain will continue long after a disaster occurs. Two years ago, DACRS developed and produced a videotape titled "Hope & Remembrance, Ritual & Recovery" that focuses on anniversary reactions to traumatic events and ceremony planning. The tape was released nationally by FEMA and the U.S. Center for Mental Health Services.

The Flood Anniversary Commemoration Committee members who organized one-year anniversary events for the Del Rio tragedy said the events allowed individuals to "remember and mourn with those who are still suffering" and to "recognize all those who survived and those who extended a caring heart and lent a helping hand." Participants at the August 1999 events dedicated a monument to flood victims, held a candlelight ceremony, and buried a time capsule. DACRS team members were in Del Rio for the anniversary events when they learned that another disaster loomed—Hurricane Bret. (See related article on pages 9-11.)

For more information on services available through DACRS, call Daniel M. Thompson at (512) 206-4656.—*NB*

Hurricane Bret

An unwelcome visitor causes a massive evacuation



One day in August 1999, members of the TDMHMR Disaster Assistance and Crisis Response Services (DACRS) were attending the one-year anniversary observances of the Del Rio flood. At approximately 2:30 p.m., the DACRS director was notified by the Governor's Division of Emergency Management that a storm, which only 24 hours earlier had been a tropical storm, was now a hurricane and was heading towards Texas. By 10 p.m., just after the evening's events ended, the team learned that the small Hurricane Bret was now a major hurricane, and landfall was expected to hit Corpus Christi within 24 to 48 hours.

Bret, at its strongest a Level 4 hurricane and the biggest storm to lash Texas in nearly 20 years, had the potential to bring the state catastrophic damage similar to that unleashed on Florida in 1992 by Hurricane Andrew.

> ***"When I saw how positively the employees responded to this emergency, I was reminded of the spirit of service that defines our Department."***
>
> *— Karen F. Hale, TDMHMR Commissioner*

The DACRS team returned to its Austin base to meet and plan with other state and federal agencies. As Hurricane Bret threatened, the TDMHMR Office of Risk Management, the DACRS team and several MHMR facilities coordinated the largest coastal area evacuation of state facilities and community MHMR centers in TDMHMR history. More than 600 clients and staff members were routed to safety at inland MHMR facilities.

The strategy for evacuation had been in place since hurricane season began that summer. Some 379 residents and 90 staff members at Corpus Christi State School (CCSS) would be moved to San Antonio State School (SASS). Nueces County MHMR Community Center in Corpus Christi would move 27 staff members and 33 group home residents with mental retardation or mental illnesses to Austin State Hospital (ASH). Another 33 consumers from Corpus Christi's Coastal Plain State-Operated Community Services would be moved to safety at SASS and shelters in Beeville. Staff at each site volunteered to assist in the evacuation.

"Staff at SASS were already briefed on their duties, and when the call came in the middle of the night on Aug. 22, they swung into action," said John Markey, a therapist technician and consultant at SASS. "Every square inch of available space in the Developmental Center and other buildings was cleared of equipment and prepared for housing people."

In the pre-dawn hours, Markey led a convoy of SASS vehicles to Corpus Christi to assist in the evacuation.

The Herculean task of moving people

continued on next page

already was well underway in Corpus Christi. Staff at the respective facilities packed and labeled supplies, prepared vehicles and fielded phone calls from concerned staff and families of consumers. Team members kept all parties up-to-date via phone and fax.

"By 10:30 that morning, over 60 vehicles had begun the exodus from Corpus Christi," said Gay Skinner, director of Management and Program Evaluation Services at CCSS. "It took each one of us, working together, to pull the operation off."

Photo by John Markey

San Antonio State School staff unload a bus from Corpus Christi State School during the August 1999 Hurricane Bret evacuation.

A welcome with open arms

ASH and SASS staff developed medical/nursing plans, prepared supplies and food, and performed a myriad of other tasks to get ready to care for their guests for an unknown period of time.

"We also did little extras," said Carol Ainsworth, Safety/Risk Management coordinator at ASH. "We prepared a welcome banner; had snacks in the refrigerator; obtained TVs, VCRs and appropriate videos; provided games, magazines and recreational materials; and acquired free movie passes and city maps.

"During their stay, the guests commended ASH staff for their courtesy and attention to their needs. But one of the most endearing comments was when a guest described our hospitality as 'awesome,'" added Ainsworth.

Corinne Reed, a qualified mental retardation professional for a group home that was evacuated to ASH, said "I've never seen such teamwork in my life. Everyone was amazing. They made my job easier."

"When the consumers arrived at SASS, we got them settled in their rooms, began their feeding and hygiene routines, and made them as comfortable as possible," said Lucia Driskell, SASS Public Information officer. "We set up TVs to show videos, took the consumers for walks and involved them in any other activities we could put together."

Finally, the eye of the huge storm settled over the miles of sparsely inhabited Kenedy and Kleberg counties, between the large population centers of Corpus Christi and Brownsville. While observers said Bret "threaded a needle" and avoided wreaking havoc in Texas, the DACRS team members and other emergency workers knew only too well that the storm still had the potential to flood regions of the state. As it was

As it was downgraded to a tropical storm and, later, a tropical depression, Bret—like Charley in 1998—brought a deluge of rain to the Texas-Mexico border. The storm ultimately brought flooding and scattered damage to south Texas.

A house and car in the south Texas town of Driscoll are submerged in flood waters brought by Hurricane Bret in August 1999.

Photo by Tina Tijerina

downgraded to a tropical storm and, later, a tropical depression, Bret—like Charley in 1998—brought a deluge of rain to the Texas-Mexico border. The storm ultimately brought flooding and scattered damage to south Texas, causing 11 counties to be declared federal disaster areas, which resulted in DACRS's seventh federal Crisis Counseling Program grant in a 12-month period. Four people died in a car accident caused by the storm. Some 5,000 individuals from Corpus Christi to Laredo sought refuge at American Red Cross/Salvation Army shelters.

On Tuesday, Aug. 24, 1999, the MHMR evacuees were able to return home.

"One of the consumers thanked us for the 'nice vacation' and asked us to send him some postcards of all the San Antonio spots that he had missed," Markey said. "We sent him some cards, along with our sincere wishes that his next visit to our town would be under much different circumstances than the coming of a visitor like Bret."

In commending staff involved in the evacuation, TDMHMR Commissioner Karen F. Hale said, "When I saw how positively the employees responded to this emergency, I was reminded of the spirit of service that defines our Department. TDMHMR employees really care about others, and this was obvious in the staff's response to those in need."—*NB*

A special thanks to the following individuals for providing information for this article: Carol Ainsworth, Austin State Hospital; John Markey and Lucia Driskell, San Antonio State School; and Gay Skinner, Corpus Christi State School.

Chronology of a Texas tornado

Illustration by Sherry Grona

At 6:22 p.m. on March 28, 2000, a tornado with winds exceeding 150 miles per hour hit Fort Worth, damaging and destroying over 80 homes. Castlebury High School lost part of its roof as students huddled in the gymnasium. The Montgomery Ward warehouse in Linwood suffered extensive damage and has since closed.

As the tornado veered toward downtown Fort Worth, it struck a 250-unit public housing apartment complex that housed predominantly senior citizens and people with disabilities, forcing their evacuation.

The storm spawned another tornado (winds up to 206 miles per hour) in South Arlington, damaging and destroying more than 200 homes and buildings, including the State of Texas Health and Human Service Center.

The five deaths attributed to the tornadoes were a sad first for Fort Worth. Never before in the city's history had a tornado brought death.

Response efforts launched

On the evening of March 28 and in the days that followed, response efforts were launched on multiple fronts:

- The American Red Cross established four shelters, two in Fort Worth and two in Arlington, ultimately housing 233 people.
- MHMR of Tarrant County provided immediate support for tornado-affected citizens, agency consumers and employees. MHMR consumers and others displaced by the disaster were offered support and relocation assistance. The community MHMR center also established a crisis counseling hotline to enable those affected by the tornado to talk to a crisis intervention specialist, scheduling up to three sessions per person with a licensed mental health professional at no charge.
- The state activated the Emergency Operations Center in Austin, where Jennie Barr, Ph.D., then assistant director of TDMHMR Disaster Assistance and Crisis Response Services (DACRS), met with members of the State Emergency Management Council, made up of state and volunteer agencies. It is DACRS's responsibility to arrange for immediate and long-term stress management and crisis counseling in the wake of disasters.
- DACRS sought a Federal Emergency Management Agency Crisis Counseling Program grant to meet the anticipated short-term mental health needs of Tarrant County citizens. With the short-term grant, the Tarrant County Tornado Recovery Program (TCTRP) was established. Hosted by MHMR of Tarrant County, grant staffs were hired to provide services. Ruben DeHoyos, TCTRP team leader, coordinated recovery efforts with Emergency Agencies of Tarrant County (EATC) and other groups. EATC, a coalition of human service agencies that included TCTRP, provided comprehensive financial and emotional assistance to tornado survivors.
- After determining ongoing need, DACRS applied for and received approval for a long-term grant to provide relief services through March 2001. During the first six months, 1,640 individuals received mental health services.—*JM*

For more information on recovery efforts in the affected areas, see pages 13-14.

Tornado survivors

Working through changes and losses

As the stunned survivors of the March 2000 tornadoes tried to piece together their belongings and lives, the Tarrant County Tornado Recovery Program (TCTRP) team, formed by TDMHMR Disaster Assistance and Crisis Response Services and MHMR of Tarrant County, worked to reach out to the shattered community.

Specialists from the team found that nearly two months after the tornadoes, many residents still were displaced because their homes were uninhabitable or because repairs had not begun. Five months after the tragedy, door-to-door visits found many families reporting ongoing anxiety with their children.

TCTRP established a partnership with the American Red Cross to offer a program at local YMCAs, YWCAs, and Boys and Girls Clubs, aimed at promoting a safe environment for children to tell their stories. Team members met with school leaders to discuss children's programs in the schools. The Fort Worth libraries permitted TCTRP to make presentations at their children's day programs.

Team members shared information on their free and confidential services to more than 150 attendees at the Fort Worth Senior Citizens Fair. They also visited PTA meetings, a Tarrant Community College community-wide conference, and a Southwestern Baptist Theological Seminary Social Work class.

In September 2000, more than 250 Arlington residents, including Arlington Mayor Elzie Odom, attended a six-month anniversary event at a local elementary school. The TCTRP set up a display board documenting the amount of progress the community had made during the previous six months, focusing on before and after pictures of homes and businesses struck by the tornado.

Enhancing recovery

The TCTRP team helped Arlington residents deal with their emotional needs while they recovered materially from the disaster. Children, especially in South Arlington, benefited from one-on-one interaction with team members who let them know what they were feeling and experiencing was normal, and that things would get better.

"We have made good progress in Arlington," said Ruben DeHoyos, TCTRP team leader. "Some residents have had their homes completely repaired, others have been relocated permanently to a better living environment, and still others have received the legal or material assistance they needed to move forward with their lives."

In August 2000, TCTRP team members participated in a meeting for Project Impact, a Federal Emergency Management Agency (FEMA) seed grant to help Arlington plan for improvements to help prevent future disas-

continued on next page

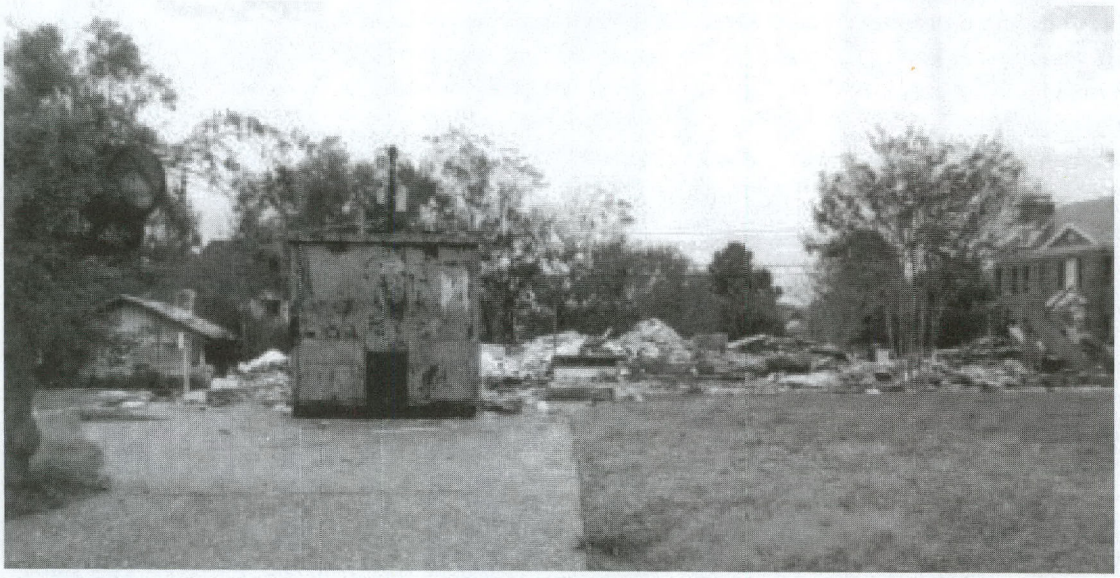
Photo by John McLane

The State of Texas Health and Human Service Center was heavily damaged by the tornado that hit Arlington in March 2000.

ters or to be better prepared in future disasters. The city has adopted stringent fire codes and building codes requiring weather resistant construction and is actively engaged in public awareness activities for tornadoes, severe weather, flooding and winter storms.

Following the tornado, residents of Hunter Plaza, a Fort Worth public housing complex, were relocated to temporary housing while their building was evaluated and repaired. Those not going to live with family or friends relocated to two assisted living centers and a nursing home. Residents began returning to Hunter Plaza in October 2000 and now are back and resettled into daily routines.

Photo by Ed Maldonado



The tornado that swept through Fort Worth in March 2000 leveled this home in the city's Linwood section.

In the Linwood area of Fort Worth, recovery progress was slow at first due to the language barrier, according to DeHoyos, with many residents speaking Spanish as their primary language. In late May 2000, the program hired Rose Beard, a bilingual outreach specialist. Outreach efforts improved tremendously when Beard was able to communicate with the residents about their needs.

"Hiring Rose Beard allowed the team to make steady and rapid progress in canvassing the neighborhood," DeHoyos said. "She acted as a catalyst to ensure that Linwood residents are referred to the EATC or other agencies, and she continued to serve as a translator for other crisis counselors."

While providing outreach, the team discovered that a number of the residents' landlords were not making repairs or seeking available federal and local assistance for the repairs, holding residents responsible for the repairs. A community meeting was scheduled to discuss the problem, and the aid of the Tarrant County Bar Association was enlisted to provide pro bono legal services for residents.

Work remains

Although many survivors received assistance from FEMA, it was not enough to replace all that had been damaged or lost, especially items with sentimental value. Through the TCTRP's outreach and coordination with the Emergency Agencies of Tarrant County (EATC), additional assistance and items were provided to help meet their needs.

On March 31, 2001, a one-year anniversary event for survivors and volunteers was held at Six Flags Over Texas. But amid the festivities, it was still evident that work remains in the Fort Worth and Arlington communities. Homes still need repairs, and MHMR of Tarrant County has alerted citizens of the pressing need for volunteers to help rebuild homes. DeHoyos said EATC has worked with federal, state and local agencies to obtain funds and housing materials to make needed repairs but that people are needed to help make those repairs.—*JM*

Central Counties Center for MHMR Services

Critical Incident Stress Management helps in crises

Helping emergency service personnel process traumatic events that their profession requires them to deal with on a daily basis—that's what Critical Incident Stress Management (CISM) is all about. It helps these professionals get back to their lives faster, and be as productive as possible, after such events.

Pat Roy-Jolly, Community Living Support and Skills Training coordinator, is one of the designated CISM personnel at Central Counties Center for MHMR Services. She remembers being taken off guard when one call came in.

"It was a utility company that had *avoided* a tragedy, but wanted a debriefing. The utility team had been called to a scene to fix a utility problem," Roy-Jolly said. "Unfortunately, while fixing the problem, someone had forgotten to turn off a power switch, which, if touched, could have killed someone. They were lucky to have caught the problem before a tragedy occurred.

"It was unusual because I don't usually think of utility workers as emergency service personnel, but they are," she continued. "When a line goes down in inclement weather, as in this case, it becomes an emergency. It is the utility crew that goes out to fix it, no matter what the circumstances. In this situation, it was the possibility of someone's life being lost that caused the team tremendous stress; hence, it was a critical incident that needed debriefing."

It is an amazing process that works. Confidentiality is the foundation; everything that is said in the debriefing room stays in the debriefing room. The confidentiality rule helps remove potential mental roadblocks, so participants can express themselves in a safe environment.

In the past decade, staff of Central Counties Center provided services following the tragic Luby's mass shooting in Killeen and the Texas A&M University bonfire tragedy.

By Judy Schaffer, Marketing/Volunteer Services/Public Information officer at Central Counties Center for MHMR Services, (254) 298-7000, ext. 7072. Schaffer also serves as a CISM team member.

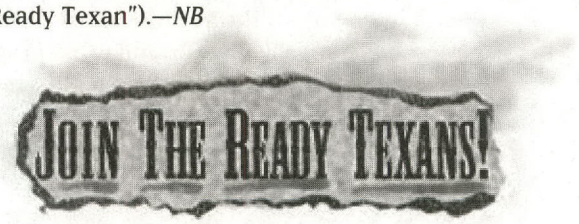
Ready Texan Program brings a multitude of rewards

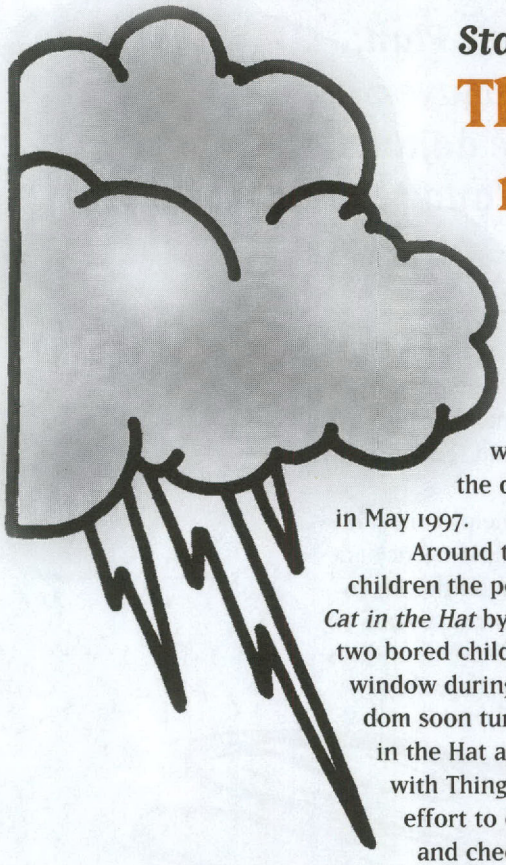
Are you a state employee? If so, would you like to help others while getting paid by your employer? Become a Ready Texan!

Through the Ready Texan Program, state employees donate their time and skills to aid Texans affected by disasters. With support from your supervisor and a few training classes by the American Red Cross of Central Texas, you can serve as a disaster relief worker without losing vacation or compensation time at work.

Once certified, Ready Texans are called during Texas disaster situations, and, with their supervisors' support, serve up to 10 days of paid time in such efforts as damage assessment, shelter management, mass care, logistics and family services. The program rapidly provides an expanded pool of trained volunteers who know the state's demographics and characteristics. During three recent Central Texas disasters, Ready Texans donated a total of 352 hours.

The American Red Cross of Central Texas serves Bastrop, Burnet, Caldwell, Hays, Lee, Llano, Milam, Travis and Williamson counties. For more information, call (512) 928-4271 or (800) 928-4271 or visit the web site at www.redcrossaustin.org (enter "Main Building" and then click on "Volunteer" and "Ready Texan").—*NB*





State Crisis Planning

The Cat in the Hat and other real-life disasters

Isn't it strange how art really does reflect life sometimes? I was reminded of this after the devastating Jarrell tornado in May 1997.

Around that same time, I read my children the popular children's book *The Cat in the Hat* by Dr. Seuss. In the story, two bored children sit looking out the window during a rainstorm. Their boredom soon turns to chaos when the Cat in the Hat appears on their doorstep with Thing One and Thing Two. In an effort to drive away the boredom and cheer up the children, the Cat and his cohorts wreak havoc in the house and leave it in shambles. But just in the nick of time, the Cat reappears with a magical machine that cleans and restores the home to pre-Cat condition.

Planning and preparation are crucial

When events like the Jarrell tornado, Columbine school shooting or Oklahoma City bombing occur, victim service providers in the affected communities get an onslaught of help, both invited and uninvited. Planning and preparation help reduce the havoc that can come when some of that well-meaning help turns out to be The Cat in the Hat and his pals. Assistance agencies within communities must actively participate in the planning process.

The time to learn which agencies are legally in charge of coordinating a response and recovery operation is now—before a disaster occurs. This also is the time to determine the services different community agencies can train for and perform in an emergency. Unless they are willing to have a proverbial Cat in the Hat rescue them, communities must take charge of this effort. In disasters, children are not cartoon characters in a book, but living, breathing humans, and unfortunately, I have yet to see any magical machines come in and restore what has been destroyed.

The state process

In an effort to coordinate and alleviate potential damages caused by an uncontrolled response, the State of Texas is taking a new approach to the overall scope of "disaster mental health/crisis counseling" services.

During a state-declared emergency, the Governor's Division of Emergency Management (DEM) serves as the lead-coordinating agency. DEM, a division of the Texas Department of Public Safety (DPS), has about 60 full-time staff. DEM works with the State Emergency Management Council, made up of 41 state and volunteer agencies, including the Salvation Army and the American Red Cross.

DEM handles overall disaster mitigation, response/recovery, preparedness and planning efforts. It also works with local governments to protect lives and property and to help them obtain the necessary and appropriate resources to make a quick recovery. This assistance now includes crisis-counseling teams.

Making sense of all the participants

DEM, TDMHMR, TDH, DPS, OAG...XYZ—alphabet soup, anyone? What are all these agencies, when do they get involved and how? DEM designated TDMHMR as the agency responsible for crisis counseling and disaster mental health programs. The Texas Department of Health (TDH) is the lead

As conceptualized in the State of Texas Disaster Plan, the State Crisis Consortium is composed of two layers: the core membership, Texas agencies, and the adjunct membership, local public and private groups and federal resources.

agency for health and medical services, including the Critical Incident Stress Management (CISM) Network. Other players include DPS, with its full-time Victim Services, and the Office of the Attorney General (OAG) Crime Victim Services Division. There are other Texas resources, as well as hundreds of private, public and federal resources.

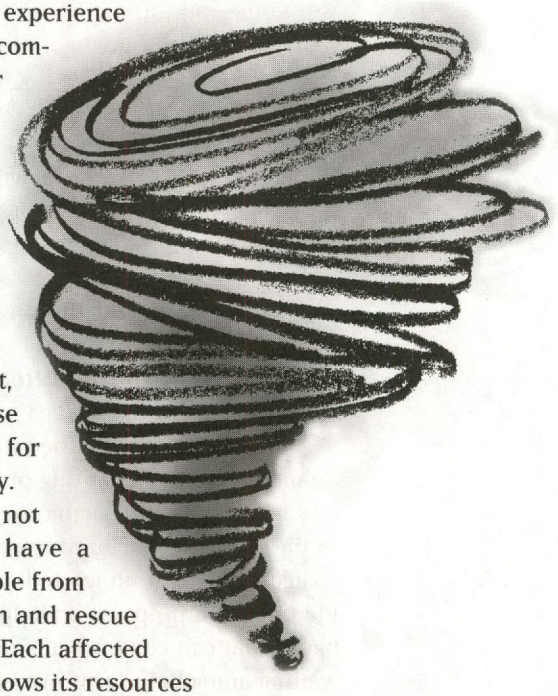
What is Texas doing to help coordinate disaster response?

Working on the premise that it is better to get to know one another before a disaster than after, program directors from DEM, TDMHMR, TDH, DPS and OAG developed the State Crisis Consortium, a coordinated approach to disaster response and recovery. Members of the Consortium understand that multiple-casualty events, such as the Oklahoma City bombing, affect multiple agencies, and no one agency by itself can completely meet the needs of everyone involved.

While each agency has its own specific and individual duties, mandates and program objectives, we realize the constraints of our own programs and work to combine our resources. We cross-train, educate ourselves and our local constituents, and collectively plan for large-scale emergencies. While the process sounds relatively easy, challenges abound. Different jurisdictional boundaries, funding issues, priorities, paid and/or volunteer staff issues, and overall legal constraints all must be addressed. While these issues may have slowed our progress, they have not hampered our efforts. We know that if we don't take charge, plan and communicate, someone else will—someone who may not have the same interest and/or ability to provide adequate short- and long-term crisis response.

As conceptualized in the State of Texas Disaster Plan, the Consortium is composed of two layers: the core membership, Texas agencies, and the adjunct membership, local public and private groups and federal resources.

The Consortium also helps communities develop their own multiple-agency action teams. Too often, communities try to respond to large-scale, traumatic events alone. For communities with previous disaster experience, this approach may be fine, but often, the experience is new to the community and/or its leaders. The Consortium taps into the local resources that each of our individual agencies have or know about, so the response is appropriate for the community. However, it is not our goal to have a bunch of people from Austin come in and rescue a community. Each affected community knows its resources and customs better than we do, so the Consortium is there to work with them and provide whatever help is needed.



Accessing the resources

During a state-declared emergency, such as the October 1998 south Texas floods, the Governor's Office has DEM direct assistance to the communities. Crisis counseling is coordinated through TDMHMR, which

continued on next page

activates the State Crisis Response Team through the emergency management structure already in place. Communities work through their city or county emergency management coordinator, who requests the team through DEM. DEM informs local emergency management personnel about the importance of crisis counseling and suggests that they seek state assistance.

Other types of events fall short of a state-declared emergency, but crisis response resources still are available to assist communities. For instance, a crime may occur where there are several victims and the local victim services program either does not have crisis response capabilities or sufficient resources to serve all the victims. Or, an incident may occur that causes unusual stress and creates a need for services for emergency responders, such as Emergency Medical Services, fire or law enforcement agencies. Help is available in those situations and may be accessed through the Consortium.

By Daniel M. Thompson (See contact information, this page.)

State Crisis Consortium Director

Daniel M. Thompson, Director, State Crisis Consortium, Disaster Assistance and Crisis Response Services, TDMHMR Office of the Medical Director, **(512) 206-4656**

Other State Crisis Consortium Core Membership Resources

Angie McCown, Director, Victim Services DPS, **(512) 424-5163, pager—(800) 299-4099, I.D. #7553**
Paul Tabor, Director, Critical Incident Stress Management Network, TDH Bureau of Emergency Management, **(512) 834-6749**
Jennie Barr, Ph.D., Director, Training & Victim Assistance Program, OAG Crime Victim Services Division, **(512) 936-1233**

APA network provides free services

Through the American Psychological Association (APA) Disaster Response Network, more than 1,500 psychologist volunteers provide free, onsite mental health services to disaster survivors and the relief workers who assist them.

In December 1991, APA became the first national mental health organization to sign a Statement of Understanding with the American Red Cross to work collaboratively to provide free mental health services to disaster victims and relief workers. Since its official unveiling in August 1992, network members have worked hand-in-hand with the American Red Cross, Federal Emergency Management Agency, state emergency management teams and other relief groups on disasters throughout the country.

In addition to the short-term crisis intervention services it offers to survivors, the network helps identify local resources for ongoing psychological assistance. APA plans to expand the network and eventually train members in a national crisis intervention course.

For more information, call (202) 336-5898 or go to www.apa.org.

Recovering from the emotional aftermath of a disaster

Disasters often strike with little or no warning. In an instant, your home and community can be damaged or destroyed. Even if your home or business does not suffer severe damage, the disaster touches everyone who experiences it.

Studies have shown that, for many individuals, a disaster continues as a very real presence: ongoing red tape with agencies and insurance companies; endless work repairing property; financial problems; prolonged stress, tension and health concerns. It is common to have feelings of sadness, depression, frustration and anxiety—sometimes lasting for many months. Learning to recognize the normal reactions and emotions that occur can help you better understand these feelings and become more comfortable and effective in coping. Common reactions to disaster include:

- Problems with getting to sleep or staying asleep;
- Isolating oneself;
- Becoming excessively busy and preoccupied to avoid the disaster's unpleasant effects;
- Becoming overly alert or emotional;
- Being at odds with family members or others; and
- Experiencing an increase or decrease in your normal appetite.

To effectively cope with a disaster's after-effects:

For yourself

- Share your feelings with others. You need to express sadness, grief, anger and fears over what has happened and what you face.
- Don't overwork yourself. Take time off from home repairs and be with your family. Take time for recreation, relaxation or a favorite hobby.
- Seek out and maintain connections with your community (friends, relatives, neighbors, co-workers, church members, etc.).
- Pay attention to your physical health, as prolonged stress takes a toll on the body. People with long-term stress often experience an increase in headaches, stomach or intestinal problems, colds, viruses, and allergies. Pre-existing medical conditions, such as heart problems and high blood pressure, can be exacerbated. Maintain a good diet, and make sure you get enough sleep and exercise.
- Do not use alcohol or drugs to cope with stress.

For your family

- Try to maintain a regular routine.
- Spend time together to talk and have fun.
- Let children express their feelings and concerns.

Abilene State School

Hospice services aid consumers

We first realized we needed Hospice after we missed the opportunity to receive the services it provides. One of our consumers at Abilene State School (AbSS) died of breast cancer. I was the director of the infirmary at that time, and I, along with the other staff members, felt inadequate in providing her nursing care.

None of us believed we had served her the best we could—not from lack of caring but from lack of knowing. We thought her care could have been improved through better explanation to her, better support for the staff at the home where she lived, and especially, better pain control. One of the RNs in the infirmary had worked with Hospice and helped us understand that the use of Hospice services in that situation could have improved our ability to care for the patient.

Later, when our consumer C.F. was diagnosed with cancer, we recognized that our main goal would be comfort, not cure. His degree of understanding was such that he knew he was very sick and that he would soon see his daddy in Heaven. He told us when he got there, they could go fishing, as they did before his daddy died. He did not understand the dying process, but he understood that people do die and they aren't here on Earth anymore. He was sad to leave his family and friends.

C.F.'s mother and sister were very involved with him, and he visited at home frequently before becoming so ill. They, along with us at his AbSS home, needed help working through this process with him.

The Hospice experience

Due to funding issues with Hospice, we had to address many aspects of financial and administrative support. Bill Waddill, AbSS superintendent, was very supportive of having Hospice provide nursing and emotional support to C.F., his biological family, and his "family" here at AbSS.

Our nursing consultant and I met with the staff of Hospice of the Big Country. They

For More Information on Hospice and Grief

Web Sites:

Hospice Hands
www.hospice-cares.com

Americans for Better Care of the Dying
www.abcd-caring.com

Children's Hospice International
www.chionline.org

Last Acts: Care and Caring at the End of Life
www.lastacts.org

Living Well Today While Planning for Tomorrow
www.finalthoughts.com

On Our Own Terms: Moyers on Death and Dying in America
www.pbs.org/wnet/onourownterms

Death & Dying
www.death-dying.com

The Centering Corporation
www.centering.org

Crisis, Grief and Healing
www.webhealing.com

Fernside: A Center for Grieving Children
www.fernside.org

GriefNet
www.rivendell.org

were enthusiastic about the opportunity to work with us during our first experience of using Hospice and to be the first Hospice in Texas to render services to an individual in a MHMR institution.

The medical staff was somewhat cautious in allowing someone else to make care decisions for one of our individuals, but they agreed to let Hospice try to help. After the physicians saw that Hospice was an adjunct of—not a replacement for—them, the barriers lessened.

The Hospice nurses were very caring and treated C.F. with so much dignity. They allowed him to express his fears and answered his questions. They greatly enhanced our ability to keep him comfortable and informed about his condition. Our other consumers who lived in the home with C.F. had questions about his illness and needed explanations given in terms they could comprehend. The Hospice nurses met those needs as well.

Hospice counseled C.F.'s family and our staff when the need arose at any hour of the day. They discussed and resolved any nursing issues in the same way. The day C.F. passed away, the Hospice nurses stayed the entire time with him, his family and our staff. They also did follow-up grief counseling with everyone involved with C.F.—his family, our consumers and staff, and others. They made the counseling available up to one year after his death, if needed.

I believe C.F. received quality care that was physically and emotionally successful. A part of nursing we often fail to recognize is that we can't heal everyone. We must learn to help people die with dignity and comfort. Those of us who are left behind must deal with death and memories. Hospice definitely helped us accomplish these goals.

By Rebecca Hall, RN, BSN, director of Nurses at Abilene State School, (915) 692-4053, ext. 3724. Ms. Hall said, "It was very interesting and emotional to put this experience on paper. I did not expect the emotional part; it caught me off guard. Hospice was a wonderful experience for us, and I am proud we made these services available for this dear individual."

American Psychological Association
www.apa.org

National Down Syndrome Society
www.ndss.org

National Association of Developmental Disabilities Councils
www.igc.apc.org/NADDC

The Arc of the United States
www.thearc.org

Publications:

A Good Death: Challenges, Choices and Care Options
By Charles Meyer

I'm With You Now
By M. Catherine Ray

Caregiving: Hospice-Proven Techniques for Healing Body and Soul
By Douglas C. Smith

All Kinds of Love: Experiencing Hospice
By Carolyn Jaffe and Carol H. Ehrlich

Surviving Death: A Practical Guide to Caring for the Dying and Bereaved
By Merrill Collett

At Home with Terminal Illness: A Family Guidebook to Hospice in the Home
By Michael Appleton and Todd Henschell

Facing Death and Finding Hope
By Christine Longaker

continued on next page

Tuesdays with Morrie
By Mitch Albom

On Death and Dying
By Elisabeth Kubler-Ross, M.D.

Helping Adults with Mental Retardation Grieve a Death Loss
By Charlene Luchterhand and Nancy Murphy

Talking About Death: A Dialogue Between Parent & Child
By Earl A. Grollman

Tear Soup
By Pat Schwiebert and Chuck DeKlyen

Man's Search for Meaning
By Viktor Frankl

A Grief Observed
By C.S. Lewis

Life After Loss
By Bob Diets

Necessary Losses
By Judith Viorst

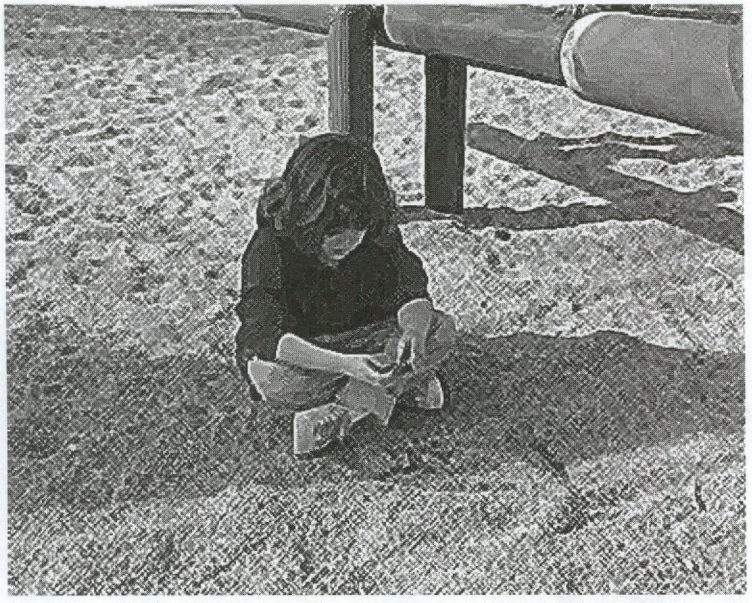


Photo Illustration by Sherry Grona

For Children:

Badger's Parting Gifts (ages 4-10)
By Susan Varley

When my Dad Died and When my Mom Died (ages 3-8)
By Janice Hammond

Aarvey Aardvark Finds Hope (all ages)
By Donna O'Toole

Charlotte's Web (ages 5-12)
By E.B. White

The Fall of Freddie the Leaf (ages 7-12)
By Leo Buscaglia, Ph.D.

The Tenth Good Thing About Barney (ages 3-8)
By Judith Viorst

Lifetimes: A Beautiful Way to Explain Death to Children (ages 3-10)
By Mellonie and Ingpen

The Hurt (ages 3-10)
By Teddi Doleski

The Dead Bird (ages 1-5)
By Margaret Wise Brown

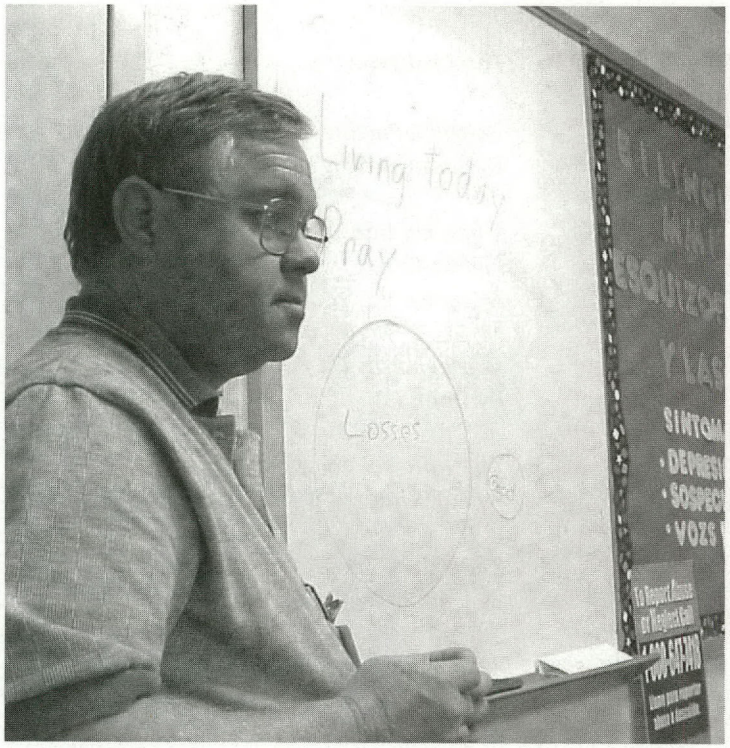
When Dinosaurs Die (ages 5-12)
By Laurie Brown and Marc Brown

Big Spring State Hospital

Finding the light at the end of the tunnel

A handsome woman smartly dressed in a neat pair of jeans and a windbreaker, sunglasses perched on her head, gazed out across the room.

Sitting nearby are a handful of the 202 patients at Big Spring State Hospital (BSSH). The woman's blank stare was interrupted by a question from the hospital's chaplain, Rick Foster, M.Div.M.A., who was facilitating the class on grief.



> ***"Grief can contribute to persistent depression and unresolved issues in relationships. I try to get people to normalize their grief. I let them know that grief is normal, and what they're experiencing is appropriate."***
>
> *—Chaplain Rick Foster, M.Div.M.A., Big Spring State Hospital*

Her face still expressionless, she told Foster, "Every day is awful. My smile is so fake. It's hard to believe not everyone can see it."

Foster empathized with the patient. "The grief is big. Your losses are very big. If I were sitting in your shoes, I'd think it was awful. But there's light at the end of the tunnel."

Mustering the faintest glimmer of a smile, the woman quipped, "I'm still looking for the tunnel."

Foster, who conducts daily sessions on grief for patients referred by treatment teams, continued the mix of questions, conversation and simple words of encouragement for the next hour.

One person's story of hardship was the springboard for another patient's, leading to more hypothetical questions from Foster. "How do you live today to make it a successful day, and be content with this day and still live with grief from the past?"

Grieving for past hardships and tragedies is a major hurdle in life for everyone, Foster said. Grief is a normal consequence of living—for people with mental illnesses and for those who are not ill. But for many people living with mental illnesses, wading past grief is a major obstacle.

"It can cause problems," Foster said. "It can contribute to persistent depression and unresolved issues in relationships. I try

continued on next page

Big Spring, continued from page 23
to get people to normalize their grief. I let them know that grief is normal, and what they're experiencing is appropriate.

"Many people think they shouldn't feel that way. And all of that sadness of believing they shouldn't feel that way can contribute to ongoing depression."

This delicate balance between teaching and therapy gives patients a daily outlet to express their grief and find ways to keep it from becoming a stranglehold on their lives. The unresolved grief can exacerbate their illnesses.

The two are cyclical in nature—grief feeds depression, and the process continues.

"I encourage them to express themselves in the class," Foster said. "Some write it down. One of the things we often do is write letters. If someone has a Grandma who died, I'll have him or her write a letter to Grandma. We find that this really helps."

This is not a class that is punctuated with a great deal of chatter. Foster asks questions and helps along the discussion with exhausting pregnant pauses. Eventually, someone opens up with a personal story, which is painful to detail.

Their unveiling is instrumental to recovery.

"I've tried to kill myself several times," said one man.

"But how do you go day-to-day now?" Foster asked, encouraging the dialogue.

"I try not to let other people push the buttons," the man answered. "I don't listen to things that don't make sense."

An older woman talked about losing her mother, father and sister. Foster genuinely wants to know how she worked through those losses.

A devout Catholic, the woman told the group that "You just have to live each day one at a time. Our timing is not the same as God's time."

Foster echoed the theme of patience—the willingness to endure. "Enduring to the end. You just keep on going. You hear those concepts around athletic events, but when you're going through it, it's much, much more difficult."

The class, conducted at BSSH's newly constructed Activities Therapy Department Building, is no different than group therapy outside of a psychiatric hospital.

Everyone experiences grief in its various stages. "Our patients grieve in the same way everyone else does," Foster said. "What's important here at the hospital is the grief may not go away. The wellness part is learning how to handle the grief in a normal way. Not in an exaggerated way. Not in an inappropriate way.

"Suppose you have a woman who loses a young infant. That just stays with her. She may get depressed later in life and go into the state hospital. The grief may be with her, and it just comes up later. It's unresolved. You don't resolve grief. You can learn to grieve in a more appropriate way."

His bottom line to most of the hospital's patients: "What happened to you is not normal, but the grief is."

Foster hopes they will leave BSSH with better tools to deal with their grief. If their grief remains unresolved, it may cause a relapse forcing a return of their illnesses.

By Valerie Avery, Public Information coordinator at Big Spring State Hospital, (915) 267-8216.

For more information on the programs discussed in this issue of Impact, *contact the organizations below.*

Resources in Texas:

TDMHMR Disaster Assistance and Crisis Response Services
Office of the Medical Director
P.O. Box 12668, Austin 78711-2668
(512) 206-4656
www.mhmr.state.tx.us (click on Disaster Services)

Hill Country Community MHMR Center
One Schreiner Center
819 Water St. #300, Kerrville 78028
(830) 792-3300; www.hillcountry.org

Kerrville State Hospital
721 Thompson Dr., Kerrville 78028
(830) 896-2211

Northeast Texas MHMR Center
1C Oaklawn Center, Texarkana 75501-4159
(903) 831-3646

Corpus Christi State School
P.O. Box 9297, Corpus Christi 78469-9297
(361) 844-7792
www.mhmr.state.tx.us (click on Facilities)

San Antonio State School
P.O. Box 14700 Harlandale Station
San Antonio 78214-4700
(210) 531-3727

Austin State Hospital
4110 Guadalupe, Austin 78751-4296
(512) 419-2132
www.mhmr.state.tx.us (click on Facilities)

MHMR of Tarrant County
3840 Hulen Tower North, Fort Worth 76107
(817) 569-4435; www.mhmrtc.org

Central Counties Center for MHMR Services
304 S. 22nd, Temple 76503
(254) 298-7000, ext. 7072

Ready Texan Program
American Red Cross
(512) 928-4271 or (800) 928-4271
www.redcrossaustin.org

Abilene State School
P.O. Box 451, Abilene 79604-0451
(915) 692-4053, ext. 3724
www.mhmr.state.tx.us (click on Facilities)

Big Spring State Hospital
1901 Highway 87 North, Big Spring 79721
(915) 267-8216
www.mhmr.state.tx.us (click on Facilities)

Denton State School
P.O. Box 368, Denton 76202-0368
(940) 591-3663
www.mhmr.state.tx.us (click on Facilities)

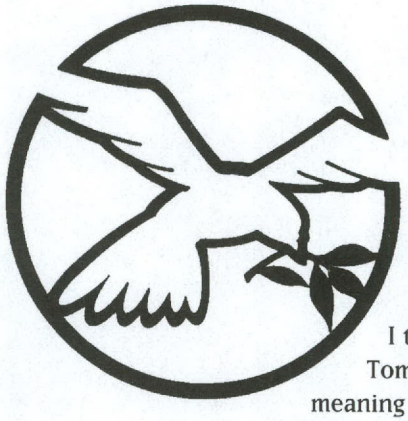
Terrell State Hospital
P.O. Box 70, Terrell 75160-0070
(972) 551-8640
www.mhmr.state.tx.us (click on Facilities)

Resources outside of Texas:

Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC)
(800) 996-8845 (V) or
(800) 526-0844 (TTY)
http://www.uic.edu/orgs/rrtcamr/index.html.

American Association of Suicidology
(202) 237-2280

People with mental retardation and the bereavement process



Tommy smiled as I spoke, and then he repeated what I had told him, "Daddy died."

I replied, "That's right, Tommy. Your Daddy has died, and I wanted to share this sad news with you."

He continued to smile as I talked about what this meant. Tommy did not understand the meaning of the news, but he seemed very pleased that I was giving him so much personal attention. He left my office that day with a smile, and every time we met after that day, he would smile and repeat, "Daddy died."

Tommy's experience of loss—the awareness that his Daddy was permanently gone and would not come back to see him again—came in the weeks following our visit. He reacted with raging anger, destruction of property, and behavior that threatened those around him. Tommy never understood that his father had died—only that he never came back. Tommy had no concept of death, but his experience of loss was real and devastating.

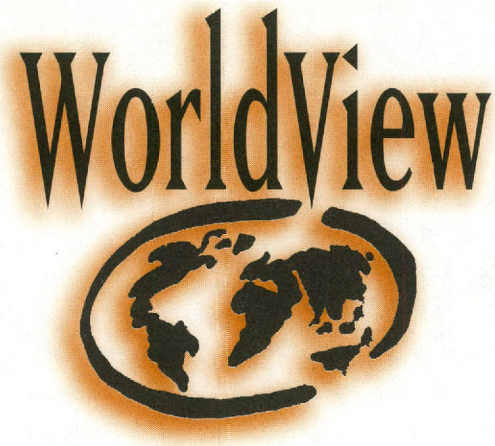
We all experience various kinds of losses in our lives, from losing the car keys to losing a job to the death of a loved one. Even in seemingly insignificant losses, one can see the five stages of grief that Elizabeth Kubler-Ross helped identify in her studies of death and dying over 30 years ago. Those stages are denial, anger, bargaining, depression and acceptance. These stages can help us understand our grieving process when we face death or any other loss.

The stages of grief are denial, anger, bargaining, depression and acceptance. These stages can help us understand our grieving process when we face death or any other loss.

In recent years at Denton State School, we have experienced a significant number of deaths of people who live here as well as some of their family members. I have been present to share the grief of my congregation members, and they have taught me several things about the bereavement process.

- People with cognitive disabilities experience loss and grief like anyone else. When a friend of 30 years dies, when a family member passes away, when a familiar staff person moves to another job, they grieve. Each person may express his or her grief in various ways depending on that person's level of understanding and his or her experience with grief in the past, but each person *does* experience loss and *does* grieve.
- When informing someone of a death, use language that is clear and direct, but not unsympathetic. Use the words "die" and "death." Avoid saying, "We have lost your father," or similar euphemistic language. Many people with mental retardation will misunderstand your intent. Even speaking about "going to heaven to be with Jesus" should be explained with the words "death" and "dying."
- People with mental impairments should be allowed and encouraged to grieve. The grief process, while painful, is a healing process. The emotional injury experienced in loss needs time to heal. This is the process of grieving or bereavement. Tears are part of the healing; so are memories and talking and sharing with others. People with mental retardation need the support of others who will allow them to

continued on page 31



Training helps consumers understand death

A recent study indicated that persons with mental retardation benefit from training on death, dying and loss. The Rehabilitation Research and Training Center on Aging with Developmental Disabilities (RRTC) based this conclusion on the outcome evaluation of its new training curriculum to help adults with mental retardation understand death, dying and loss.

Person-Centered Planning for Later Life: Death and Dying—A Curriculum for Adults with Mental Retardation was developed in 1999 by the RRTC's research team at the Institute for Life-Span Development and Gerontology at The University of Akron, Ohio.

The training module includes five in-class lessons covering understanding death; grief; mourning, comfort, and support; death-related rituals-visitations; and death-related rituals-funerals. The training module ends with a field trip to a funeral home and also addresses different religions. Each participant chooses a support person to help him or her review the lessons and complete assignments. Curriculum development was guided by a study of 108 adults (ages ranged from 30 to 83) with mild to severe mental retardation that used the Derry Death Concept Scale to determine their understanding about death.

Originally developed for use with children, the Derry scale provides an index of global death understanding and the four death concept dimensions: causality (knowledge of the causes of death), finality (the understanding that all life functions cease with death), inevitability (the understanding that all living things eventually die), and irreversibility (knowledge that, once dead, a deceased object or person cannot return to life).

Assisted by the Ohio Summit County Board of Mental Retardation and Developmental Disabilities, the research team pilot tested the curriculum and evaluated the outcomes for 41 individuals age 35 and older. The Derry scale was used to assess participants' knowledge and understanding of death prior to and after the training. The research team found that participants showed improved understanding of all four death concept dimensions:

- Causality Pre-test- 46% Post-test-65%
- Finality Pre-test- 78% Post-test- 89%
- Inevitability Pre-test- 40% Post-test- 89%
- Irreversibility Pre-test- 75% Post-test- 89%

For more information on the RRTC curriculum, released in 2000, call (800) 996-8845 (V) or (800) 526-0844 (TTY) or go to http://www.uic.edu/orgs/rrtcamr/index.html.

Innovative program involves Terrell State Hospital staff

Heather said good-bye to her Mom and Dad as she walked out the door with her date on the way to the Prom. It was the last time they would see each other.

Heather and two friends died that night. The drunken driver of the car they rode in survived. It could have been prevented.

The above episode is fictional, but for teenagers all across the country, the circumstances are reality. For their survivors—families, friends and teachers—the need to cope with their grief, their shattered dreams, is paramount.

Students at Terrell High School and other Texas schools are learning coping skills and other vital life lessons through Shattered Dreams, an innovative program promoted by the Texas Alcoholic Beverage Commission to help focus students' attention on the consequences of driving while under the influence of alcohol.

At Terrell High School, the two-day event occurs every two years in the weeks before Prom night and involves students, counselors, teachers, parents and the administration of the high school. Representatives from local fire, police, sheriff and Emergency Medical Services departments play key roles in the "tragedy." The Texas Department of Public Safety and area hospitals, including Terrell State Hospital (TSH), also participate.

The program's first day begins with a "wreck" involving two vehicles on a country road near the high school. One of the vehicles is driven by a teenaged drunken driver. There are three fatalities and many injured, and area law enforcement and emergency medical personnel are called to the scene. All participants literally act out the process of providing and obtaining medical attention at the wreck and local hospital. Law enforcement personnel assist in emergency management on the highway and "arrest" the drunk driver. He spends the night in jail and is arraigned the next day. The local mortician is called, and arrangements are made for the funerals. The same day, several students are painted with white faces and act as the Living Dead. They are called out of their classes, and obituaries are written for their funerals. At each location of the drama, videotape is taken for viewing at the student body assembly the next day.

For this year's assembly, the video was edited by one of the Dallas TV stations, which also covered the event on its morning show. L. Kim Harris, TSH director of Community Relations, worked with students and teachers to create a production of four 15-minute segments—each including video, speakers and discussion—where participants described their experiences and the lessons learned.

Although the primary purpose of Shattered Dreams is to promote abstinence from drinking and driving, a key goal is to offer effective ways to deal with grief. Glenn Noblin, LMSW-ACP, a staff social worker with the TSH Children and Adolescent Program, told the assembly of students, teachers and parents about his personal experiences with those who are bereaved. He described typical reactions to and coping skills for the grieving process and told of his experience with teenagers dealing with grief.

"What has impressed me most with these teenagers is that they have experienced more loss at a younger age than most people," Noblin said. "This seems to have had great significance in terms of their ability to function."

Noblin outlined common reactions of teenagers who are grieving: shock and disbelief, guilt, thoughts of suicide, unusual happenings (hearing the voice of the deceased), sexual activity, drug and alcohol abuse, anger and tears.

How can a teenager who is grieving find help? Here are some suggestions:

- Find someone with whom the experience of grief can be shared. It is best if the person listens and provides support without trying to talk the pain away.

continued on next page

Photo by L. Kim Harris

Glenn Noblin, LMSW-ACP, a staff social worker with Terrell State Hospital's Children and Adolescent Program, discusses his Shattered Dreams presentation with TSH Community Relations staff member Seydia Adkins.

- Write a letter to the deceased. This activity often provides an opportunity to say good-bye and brings relief and a safe expression of feelings.
- Identify your needs during this time and share those needs with others.
- Attend the funeral or memorial service, which lets individuals deal with the reality of the loss in a supportive context.

Noblin said even though teenagers strive for independence, they still need the presence of family and friends. The expression of genuine support can help them through their shattered dreams.

By L. Kim Harris, director of Community Relations at Terrell State Hospital, (972) 551-8640.

Youths and Drinking

In 1997, 21 percent of the young drivers involved in fatal crashes had been drinking. During a typical weekend, an average of one teenager died each hour in a car accident, with nearly 50 percent of those crashes involving alcohol. (National Highway Traffic Safety Administration, 1999)

Eight young people a day die in alcohol-related crashes. (Center for Substance Abuse Prevention, 1996)

For more information on young people and drinking:

Alateen—(800) 356-9996 or go to the web site at http://www.al-anon.alateen.org

Alcoholics Anonymous—check your local phone book or go to the web site at http://www.alcoholics-anonymous.org

National Council on Alcoholism and Drug Dependence—(800) 475-HOPE

Mothers Against Drunk Driving—(800)-GET-MADD or go to the web site at http://www.madd.org

Students Against Destructive Decisions (also known as Students Against Driving Drunk)—check your local phone book or go to the web site at http://www.saddonline.com

Bereavement Process, continued from page 26

tell stories, share pictures, shed tears, be sad, and be comforted by others who care. In *Helping Adults with Mental Retardation Grieve a Death Loss,* Charlene Luchterhand and Nancy Murphy discuss 107 strategies for helping adults with cognitive impairments to grieve. (This publication and other resources are listed on pages 20-22.)

• People should have the opportunity to attend a funeral or memorial service for a friend or family member who has died. For some people, this kind of concrete experience may be the only way that they can grasp the reason for their sense of loss and begin to see what death is. Although this may be a painful experience for the person and for those who are supporting him or her, the person with mental retardation often can handle the experience in a constructive way.

When Richard's father died, his mother asked me if Richard should be allowed to attend the funeral. She was worried about how he would react. Would he become so upset she could not control him? I told her I would be glad to attend the service with him and assist in any way possible. Richard very much enjoyed being with the family at the lunch before the service and did very well at the service itself. In the days following, he was able to talk about the experience and deal more adequately with his father's death than if he had not attended the service.

Douglas Manning has said about the bereavement process, "It is like peeling an onion—it comes off in stages and you cry a lot."

And we might add, it takes a long time. At least one to two years is a normal time to grieve the death of a loved one. Even those with mental retardation go through the process of bereavement. Each of us who lives with and supports them can help them by walking with them through the grieving process.

By Denton State School Chaplain Dennis D. Schurter, D.Min., (940) 591-3663.

Circle of Life 2002 applications available

Applications now are available for the 2002 American Hospital Association Circle of Life Award: *Celebrating Innovation in End-of-Life Care.* The Circle of Life Award honors innovative programs to improve the care people receive near the end of their lives, whether in hospital, hospice, nursing home, or home.

Up to three award winners each will receive $25,000 to further their programs' work. Applications may be downloaded from the web site www.aha.org/circleoflife or obtained by calling (312) 422-2700. The deadline for submitting applications is August 15, 2001.

The award is co-sponsored by the American Medical Association, the American Association of Homes and Services for the Aging, and the National Hospice and Palliative Care Organization and supported by a grant from The Robert Wood Johnson Foundation.

Texas Department
of Mental Health and Mental Retardation
P.O. Box 12668
Austin, TX 78711-2668

Suicide—a major cause of death for young people

Suicide is the third-leading cause of death for people ages 15-24. Only unintentional injury and homicide claim more lives. The Centers for Disease Control and Prevention reported recently that more young people die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined. Suicide rates for children and teenagers have tripled since 1970.

Risk factors include:

- Significant changes in relationships, well-being of self or family member, body image, or living situation (job, finances, school or home).
- Significant losses, including death of a loved one, loss of a valued relationship, loss of self-esteem or personal expectations, or loss of employment.
- Perceived abuse (physical, emotional/psychological, sexual, social or neglect).

Warning signs include:

- Making statements about feeling hopeless, helpless or worthless.
- Talking about suicide or being preoccupied with death.
- Experiencing depression and loss of interest in the things one cares about.
- Exhibiting risky, self-destructive or out-of-character behavior.
- Visiting or calling loved ones, as if saying "goodbye."
- Setting affairs in order and giving prized possessions away.

Especially among young people, one suicide often follows another. Coping skills are vital in preventing a rash of suicides. According to the American Association of Suicidology (phone 202-237-2280), in the event of suicide:

- Encourage individual or group counseling. Emphasize that help is available and that suicide is preventable.
- Contact the family of the deceased to offer condolences.
- Emphasize that no one is to blame for the suicide.
- Don't dismiss school or encourage funeral attendance during school hours.
- Don't hold a large-scale school assembly or dedicate a memorial to the deceased.

Upcoming Theme
- Criminal Justice System Issues

Circulation: Barbara Loudamy and Irene Briceno
Contributing Writer: John McLane
Managing Editor: Nora Bender
Art Editor/Designer: Sherry Grona
Communictions Director: Katie Stavinoha

IMPACT, a publication of the Texas Department of Mental Health and Mental Retardation (TDMHMR), is produced two times a year to alert TDMHMR customers and employees, other professionals in human services, and the general public to advances in the field of developmental disabilities and mental illness. Article and photograph guidelines may be obtained from the Communications Office, P.O. Box 12668, Austin, Texas 78711-2668, (512) 206-4540 or FAX (512) 206-5093.

For additional information on TDMHMR, please refer to our web site: **http://www.mhmr.state.tx.us**