

APA Press Release

August 7, 2006

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ONE YEAR AFTER KATRINA, MORE IS KNOWN ABOUT ITS MENTAL HEALTH EFFECTS; STORM'S WIDESPREAD EFFECT ON PEOPLE OF COLOR AND CHILDREN AND THE NEED FOR CULTURALLY COMPETENT MENTAL HEALTH SERVICES ARE EVIDENT

Many Convention Sessions Devoted to the Storm's Effects and Recovery

NEW ORLEANS—Hurricane Katrina is acknowledged to be one of the worst natural disasters to ever strike the United States. The storm and its aftermath displaced more than 1 million people, mostly African-Americans, and unveiled issues of national disaster preparedness, socioeconomic status and race.

Victims of national disasters often experience trauma that can lead to psychological disorders such as post-traumatic stress disorder, anxiety, depression and substance abuse. Katrina and its aftermath left whole communities particularly vulnerable to such psychological disorders, not only because of the ongoing stress and upheaval of the storm, but also because of the challenging circumstances that many storm victims lived with before Katrina.

The loss of the social network and sense of self that come with familiar surroundings—a home, neighborhood, school and job—can in and of itself lead to serious psychological health problems.

“Couple these realities with a mental health system that was likely inadequate before the storm (most big city mental health systems are), and a serious challenge emerges—many people who may need mental health care, but an insufficient infrastructure to provide it to them,” warns Gerald P. Koocher, PhD, President of the American Psychological Association. “Furthermore,” Koocher states, “the fact that many of Katrina’s victims were members of minority and economically disadvantaged groups further stains the mental health system that may not be up to the task of providing culturally competent care.”

Natural Disasters and Post-Traumatic Stress Disorder

Most people are remarkably resilient in the face of trauma, and psychological disorders in response to large-scale disasters do not typically reach epidemic proportions. However, a certain percentage of a population will suffer psychological aftereffects of a traumatic event. Often people who are already experiencing stress in their lives or who suffered trauma or loss earlier will be most at risk for a post-event psychological disorder.

Katrina's Effect on Children

Children who experienced Katrina first or even second hand are likely to require special attention.

To date, two studies (one by Louisiana State University Health Sciences Center (LSUHSC) and one by Columbia University and the Children's Health Fund) of children affected by the hurricane have found high rates of depression, anxiety, behavioral problems and post-traumatic stress disorder (PTSD).

LSU Health Sciences Center Department of Psychiatry staff screened children who were evacuated to cruise ships just after the storm and children who have returned to St. Bernard and Orleans parishes, as well as children who remain displaced, for their levels of distress and their need for psychological services. The LSUHSC team found that of the displaced and returning children 54 percent were experiencing symptoms that put them in need of further mental health care. Symptoms were most common in children who had experienced previous loss or trauma.

Furthermore, screening data collected from children returning to St. Bernard and New Orleans Parishes, showed that over 31 percent reported clinically significant symptoms indicative of depression and PTSD.

"These children experienced a difficult evacuation and significant personal losses," states Joy D. Osofsky, PhD, one of the leaders of the LSU screening project. "They frequently attended two or more schools while displaced and reported difficulty in concentrating and enjoying normal activities but they have also shown great resilience. Many are saying that they are happy to be home and want to help rebuild their communities."

According to New Orleans mental health and school officials, the issue for many of these children is not just the storm, but the dislocation from a parent, a home, their school and classmates it caused. According to these officials, programs that help these families get back on their feet and return to a sense of normalcy are often the most helpful to the psychological health of the children.

Racial Differences in PTSD Rates

A limited number of studies have looked at differences in PTSD rates for Blacks and Whites. One large-scale study found that African Americans were more likely than European Americans to develop PTSD despite their having fewer experiences of what is traditionally considered trauma.

Another study showed that African Americans were more likely than White Americans to develop PTSD as a result of a natural disaster. And, a growing body of research suggests that Latinos/Hispanics experience more PTSD than do other ethnic groups.

One hypothesis for the cause of the greater risk for PTSD among people of color is their heightened sense of arousal caused by daily experiences with discrimination and racial prejudice.

Another hypothesis is that the daily tasks of living are already stress provoking for many people of color whose economic opportunities have been limited by racism.

PTSD in the Wake of Natural Disasters

A University of Michigan study released this spring found that in the year after a natural disaster 30-40% of the adults directly affected by the event may suffer from PTSD. Furthermore, 10-20% of rescue workers and 5-10% of the general population may experience such PTSD symptoms as flashbacks, recurrent dreams, survival guilt or hyper-vigilance. The study, which looked at the aftermath of disasters between 1963 and the September 11 attacks, also found that the most critical risk factors for the development of PTSD were the extent of exposure to the event and the scope of the disaster. These reported rates are higher than earlier estimates. For example, a 1999 U.S. Surgeon General's report estimated that about 9% of those exposed to extreme stress would develop PTSD.

The Michigan report also showed that women were more at risk for PTSD than were men. Also at higher risk were persons with a history of mental illness and those who were repeat victims of natural disasters or other traumas or whose lives involved substantial stress.

The Vietnamese American community of the New Orleans area, including many people who came to the United States as refugees and survivors of wars and political upheaval, are therefore at special risk: Re-traumatization caused by Katrina is likely to push up this community's cases of PTSD to higher-than-average rates.

The Role of Socioeconomic Issues in Moderating or Exacerbating the Impact of Natural Disasters

The APA Task Force on Multicultural Training has looked at the aftermath of Katrina through the prism of race, ethnicity and socioeconomic status. A primary report of the task force stated that the sheer numbers of people affected by the storm and the degree of devastation immediately called into question the adequacy of the mental health infrastructure to respond. An added question was the ability of those mental health services to respond with culturally appropriate services. This is especially true when disasters strike communities where there are pre-existing problems of poverty and lack of resources and community services, the task force found.

“The disproportionate degree to which African Americans bore the brunt of the suffering and loss is clearly attributable to the economic and social stratification that was present in New Orleans before Hurricane Katrina, but became magnified after the storm,” writes Priscilla P. Dass Brailsford, PhD, an American Red Cross/APA Disaster Response Network volunteer who was on the scene working in shelters in the days immediately following Katrina.

The APA task force defines “culturally competent skills” as knowledge of and skills to work within a community's history, psychosocial stressors, language, communications styles, tradition, values and artistic expressions, help-seeking behaviors, informal helping supports and natural healing processes. Culturally competent providers must be able to respond to culturally

based cues and be able to interview and assess survivors on the basis of their personal, psychological, social, cultural, political and spiritual models, their report states.

One of the very real and obvious needs, the task force observed, is for mental health providers who speak the language of minority-group Americans, particularly Spanish and Asian languages.

“One year after the storm, it is apparent that while many people are making Herculean efforts to provide mental health services to storm victims, the mental health professions need to do more to ensure that amongst our ranks are providers with the skills and experience to provide culturally competent services to members of minority groups, including African Americans, Vietnamese, Cambodian, Hmong Americans and Hispanic Americans,” states APA President Koocher.

The recommendations of the APA task force (now under review with the association’s governance structure) were based on its belief that “disasters create multiple and cumulative psychological, social and economic problems that include post-traumatic stress disorder (PTSD), depression, homelessness, unemployment and the shattering (and sometimes total destruction) of communities.”

The report goes on to say, “In addition to exposing individuals to new trauma, disasters can also worsen the status of underserved people and communities and can exacerbate past trauma.”

When such large-scale disasters happen—disasters that result in the shattering of whole communities—an appropriate response must include mental health resources that encompass a wide range of knowledge and training in mental health issues as well as a depth of knowledge of the communities that were affected and their culture, customs and language, the report states. “Communities have values, practices and spiritual orientations that are supportive of psychological and spiritual healing,” the report concludes.

“Those involved in mental health service delivery should be aware of the role of psychocultural issues and unique trauma responses that ethnic minority populations are likely to exhibit,” Dr. Dass Brailsford states. “The most important lesson that Hurricane Katrina has taught us is that strategies for helping should always centrally locate culturally specific needs for interventions to be effective.”

Sources

American Psychological Association. (2006). APA’s response to international and national disasters and crises: Addressing diverse needs. *American Psychologist*, 61, 513-521.

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American Psychological Association Office of Ethic Minority Affairs. (2006, March). Special section: Hurricane Katrina: A multicultural disaster. *Communiqué*.

Osofsky, J., & Osofsky, H. (2006, August). *In the eye of the storm: Resilience in Katrina's wake*. Plenary session presented at the annual convention of the American Psychological Association, New Orleans, LA.

Pole, N., Best, S. R., Metzler, T., & Marmar, C. (2005). Why are Hispanics at greater risk for PTSD? *Cultural Diversity and Ethnic Minority Psychology, 11*, 144-161.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.

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Hurricane Katrina themed sessions at the APA Convention include:

Session 1100 - Paper Session: **Applications in Hypnosis—Children of the Katrina Disaster and DID**, Presentation: *Therapy With Victims of Hurricane Katrina: Relaxation Therapy and Imagery*, 10:00 - 10:50 AM, Thursday, August 10, Morial Convention Center, Second Level, Meeting Room 272

Session 1128 - Symposium: **Hurricane Katrina—Effects on Drug Abuse, Risk Behaviors, and Coping**, Presentations: *Impact of Katrina on Drug Markets and Distribution Networks; Substance Use and Health Consequences Among Katrina Evacuees in Houston; Family-Based Drug Services for Young Disaster Victims; and Drug Use Among High-Risk Youth in New Orleans After Katrina*; 10:00 - 11:50 AM, Thursday, August 10, Morial Convention Center, Second Level, Meeting Room 243

Session 1164 - Symposium: **Promoting Resiliency in Children and Families in the Wake of Hurricane Katrina**, 11:00 AM - 12:50 PM, Thursday, August 10, Morial Convention Center, Third Level, Meeting Room 335

Session 1179 - Symposium: **Potentials of Psychologists and Their Networks in Katrina-Like Crises**, Presentations: *Having Futures: Putting Them on Hold; and Hurricane Katrina and Homelessness: What Can We Do to Help?*; 12:00 - 12:50 PM, Thursday, August 10, Morial Convention Center, Third Level, Meeting Room 349

Session 1237 - Symposium: **Tough Lessons From Katrina and Rita—Toward Better Disaster Preparedness**, Presentations: *Walk Toward Trauma: You'll Find Ways to Help; Response to Katrina: Lessons Learned From San Antonio and Houston; My Date With Katrina: Encouraging Social Responsibility in Counseling Psychology; and Strategic Responses to Disasters: Lessons From Katrina and Rita*; 1:00 - 2:50 PM, Thursday, August 10, Morial Convention Center, Third Level, Meeting Room 338

Session 1299 - Symposium: **Trauma and Resilience in Survivors of Hurricanes Katrina and Ivan**, Presentations: *Trauma, Coping, and Acute Stress Disorder in Hurricane Katrina's*

Evacuees; College Student Evacuees of Hurricane Katrina: Needs, Coping, and Intervention Strategies; and Hurricane Coping Self-Efficacy and Written Disclosure Interventions Following Hurricane Ivan; 3:00 - 3:50 PM, Thursday, August 10, Morial Convention Center, Second Level, Meeting Room 266

Session 2049 - Symposium: Psychologists Respond to Katrina and Rita With Highest-Caliber Psychotherapy Strategies and Newly Earned Prescriptive Authority, Presentations: *Risks and Rewards of Providing Comprehensive Services to Katrina Survivors; Prescribing Authority Is Essential in Mental Health Disaster Relief; Mental Health Organizational Response to Katrina; Louisiana Office of Mental Health: Operating in the Wake of Disaster; and Child and Caregiver Needs Following Katrina's Impact on Mississippi's Gulf Coast; 8:00 - 9:50 AM, Friday, August 11, Morial Convention Center, Second Level, Meeting Rooms 235 and 236*

Session 2070 - Discussion: Aftermath of Hurricane Katrina Through the Eyes of Displaced and Affected Predoctoral Interns—Reflections of Maslow's Hierarchy of Needs, 9:00 - 9:50 AM, Friday, August 11, Morial Convention Center, Third Level, Meeting Room 353

Session 2078 - Paper Session: African American Church—Promoting Post-Katrina Resilience, 9:00 - 9:50 AM, Friday, August 11, Morial Convention Center, Second Level, Meeting Room 261

Session 2169 - Symposium: Plenary—Moving Forward After Katrina: Addressing Social Justice and Mental Health Needs, Presentations: *Public Health Response to Katrina: Applying Lessons Learned-Mental Health; Blacks and Katrina: The Mental Health Aftermath; Doctoral Student Affected by Katrina: Thinking Back but Moving Forward; and Breaking Through Barriers: Delivering What Our People Need; 12:00 - 1:50 PM, Friday, August 11, Morial Convention Center, Second Level, Meeting Room 243*

Session 2251 - Symposium: Mission to the Gulf—Meeting the Crisis of Hurricanes Katrina and Rita, Presentations: *Responding to Mental Health and Substance Abuse Needs Post-Katrina: A Perspective From SAMHSA; Responding to Katrina: Intervening With the New Orleans First Responder Community; Responding to Katrina and Rita: Meeting the Mental Health Needs of Evacuees in Central Louisiana; and Central Louisiana Mental Health System Adapts to Hurricanes Katrina and Rita; 2:00 - 3:50 PM, Friday, August 11, Morial Convention Center, Second Level, Meeting Room 245*

Session 2373 - Workshop: Group Intervention in the Aftermath of Hurricanes Katrina and Rita, 5:00 – 5:50 PM, Friday, August 11, Morial Convention Center, Third Level, Meeting Room 339

Session 3012 - Symposium: Collaboration in the Wake of Katrina, Presentations: *Displaced Psychologists; and Mental Health Authority in Need of Assistance; 8:00 - 8:50 AM, Saturday, August 12, Morial Convention Center, Second Level, Meeting Room 257*

Session 3024 - Symposium: Children of Hurricane Katrina and We Who Treat Them, Presentations: *Stress and Coping in Adolescents Impacted by Hurricane Katrina; Assessment of*

Symptoms of Posttraumatic Stress Following Hurricane Katrina; and Old Dog, New Tricks: Post-Katrina Child and Family Psychotherapy and Parenting; 8:00 - 9:50 AM, Saturday, August 12, Morial Convention Center, Second Level, Meeting Room 252

Session 3070 - Symposium: State Psychological Association's Response to Hurricane Katrina, Presentations: *Psychological Issues of Hurricane Katrina Victims in Kentucky; Kentucky Psychological Association's Response to Hurricane Katrina; and KPA Hurricane Katrina Project; 9:00 - 9:50 AM, Saturday, August 12, Morial Convention Center, Second Level, Meeting Room 257*

Session 3265 - Symposium: Psychological Services to First Responders—Post-Katrina Guidelines, Presentations: *Perspectives on Post-Katrina Disaster Response From a New Orleans Native; First Responders of Saint Bernard Parish; and Cultural Competency in the Aftermath of Katrina; 1:00 - 1:50 PM, Saturday, August 12, Morial Convention Center, Second Level, Meeting Room 252*

Session 4054 - Symposium: Recreating Home After Disaster—Challenges for Katrina's Kids, Presentations: *Baton Rouge Blues: Improvised Care for Katrina's Kids; Breaking Rules: How I Learned Disaster Response From Katrina's Kids; Cultural Sensitivity Issues: The Retraumatizing of Hurricane Survivors; Katrina Volunteer Leadership: Why Race and Community Mattered; After Katrina: Scarce Housing for Vulnerable Populations; and Banda Aceh to Baton Rouge: The International Rescue Committee; 9:00 - 9:50 AM, Saturday, August 12, Morial Convention Center, Second Level, Meeting Room 252*

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The American Psychological Association (APA), in Washington, DC, is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 150,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.