

IN THE aftermath of **Hurricane Katrina**, thousands of people are dealing with mental-health syndromes as they cope with devastating loss. But with great courage and resiliency, and the help of psychiatrists at **UT Southwestern Medical Center**, many are landing on their feet.

Right side up

Diane McNabb fled New Orleans with her husband Reid, grabbing only two T-shirts and a pair of shorts, two days before Hurricane Katrina slammed into the city in late August 2005. > Evacuation for residents in subdivisions near the shorelines of Lake Pontchartrain was mandatory; otherwise, the couple would have stayed and weathered the storm. Expecting to return home the next day, the McNabbs headed to a friend's house in Mansfield, La. > Two months later, the couple, who now live in Dallas, were able to return to the harsh reality of what was left of their home – a home that Diane had watched her father build by hand and that she had lived in for 55 years. >

by **Donna Steph Hansard**

Right side up

“WE HAD about 4 to 5 feet of water inside, and the water had to go down before they’d let us back in,” Mr. McNabb said.

“I went back at eight weeks and didn’t know if I could even get to the house,” he recalled. “When I kicked the front door open, mold was hanging from the ceiling. It looked like a bad science experiment.”

“We had no wind damage, except for one small tree that was leaning on the house. That was it. The problem was the levee break.”

Hurricane Katrina irrevocably changed the lives of millions of people – evacuees, rescue workers, health-care personnel, families and friends of displaced residents, and many others – each with their own gut-wrenching story.

For the McNabbs, the hurricane’s aftermath translated into the loss of their home and the bulk of their possessions, including 45 years of negatives, prints and photos from Reid’s photojournalist career; a treasured watercolor collection painted by Diane; antique furniture passed down through generations; and much more.

Even family heirlooms and jewelry placed in their bank’s safety deposit box weren’t protected.

They were destroyed by floodwaters. Their china, crystal and furniture placed in storage during their home’s pre-Katrina renovation weren’t safe either. The facility was broken into, and everything was stolen.

“It’s the personal things that get to you,” he said. “The furniture can be replaced.”

Mrs. McNabb said, “You can’t imagine what it’s like until you go through it – the feeling that you’ve lost everything. I know they’re material things, and they’re not that important. But they’re part of your life and your memories, and you know you won’t ever get them back.”

The McNabbs count themselves more fortunate than many, however. They landed in Dallas, where the law firm Mrs. McNabb worked for had an office.

Members of a church that they attend provided furniture for their current home in North Dallas.

And they met Patrick Tiner in UT Southwestern Medical Center’s Department of Psychiatry, who was instrumental in helping them put their lives back together. Director of UT Southwestern’s Employee Assistance Program (EAP) and a licensed social worker, Mr. Tiner was contracted through EAP to provide

counseling services providing services where Mrs. McNabb worked.

“I don’t think we would have gotten through it, if we hadn’t have talked to Pat,” Mrs. McNabb said. “He didn’t have solutions for us. But he kept asking questions such as: ‘How are you going to handle this? What are you going to do next? What are you thinking?’”

“Through his questions, he helped us solve the problems.”

Mrs. McNabb added, “It was good for us to talk to somebody who was grounded and could understand the gravity of what we were going through.”

Mr. Tiner, a faculty associate in psychiatry, has treated the survivors and relatives of victims from many of the country’s most catastrophic disasters, including the Oklahoma City bombing, the Sept. 11 attacks and the crash of Delta Flight 191 in Dallas. He was one of dozens of professionals in UT Southwestern’s Department of Psychiatry to respond after Hurricane Katrina, and he continues to provide mental-health services to some of those displaced by the storm through the American Red Cross, Dallas Chapter.

Not only did Mr. Tiner help the McNabbs deal with grief over their losses and resentment at New Orleans’ government’s lack of preparedness for a levee break, he also helped them work through the hurt and anger they felt toward each other.

“I was furious at Reid,” Mrs. McNabb said. “When we were told to evacuate, I spent the day cleaning the yard and pulling pine straws out of our drains, so we wouldn’t get as much water inside our house – while he was off saving his cameras and his stuff.”

“When we left, I hadn’t had time to save anything of mine, and I was really angry. We got about three blocks from our house, and I told him I wanted to turn around and go back and get some of my clothes and things. He didn’t want to, because of the traffic.”

“Pat helped me work through this. I could express my feelings to Pat, but not to Reid.”

First Responders

Dr. Peter Polatin was one of the first to receive the call – a call for assistance from the Dallas County Department of Health and Human Services – informing him that there were busloads of evacuees headed toward Dallas from New Orleans.



“UT SOUTHWESTERN has a commitment to serve our community. We are fortunate to have so many dedicated physicians, psychologists, social workers and others who gave generously of themselves to help citizens who had to evacuate New Orleans.”

—Dr. Eric Nestler

A clinical associate professor of psychiatry and anesthesiology and pain management at UT Southwestern and mental-health consultant to the county health department, Dr. Polatin sprang into action. He phoned UT Southwestern’s Dr. David Tyler, vice chairman for clinical services in psychiatry, and Dr. Alan LaGrone, former associate professor of psychiatry and medical director of psychiatry emergency services at Parkland Memorial Hospital, and relayed the immediate need for mental-health services. (Dr. LaGrone is now medical director for the North Texas Behavioral Health Authority.)

It was Wednesday, Aug. 31, two days after Katrina hit.

Drs. Tyler and LaGrone visited Reunion Arena, where Red Cross volunteers were setting up shop.

“It didn’t seem like too huge a deal at the time,” Dr. Tyler said. “It looked like they would get about 1,500 people, and we would need to provide doctors to write prescriptions and offer mental-health services.”

Two days later, at 5 a.m. Friday morning, Dr. LaGrone phoned Dr. Tyler again. Between 10,000 and 20,000 evacuees were expected to reach the Dallas Convention Center (DCC) by nightfall, he said.

“I went straight to the office and called a meeting of the entire clinical faculty for 10 a.m.; no excuses accepted for not showing up,” Dr. Tyler said. “It was standing room only.”

“I told them we needed to provide 24/7 psychiatric service for at least 10,000 people and needed to do it by that night. I asked if we could do it. And they said, ‘Yes, we can.’”

Diane and Reid McNabb



He and Dr. LaGrone drove to the DCC, where a crew was building a massive relief shelter and medical triage unit on the convention center's bare floors. Dr. Tyler requested that a mental-health section be established near the emergency-care area.

"By 6 p.m., we were up and running, and evacuees were streaming in," he said. "We had raided pantries here and there for medication samples. It was amazing how everyone pitched in."



"BY 6 P.M., we were up and running, and evacuees were streaming in. We had raided pantries here and there for medication samples. It was amazing how everyone pitched in."

—Dr. David Tyler

"By Saturday morning, there were more than 10,000 people on cots on the convention center floor. I'll never forget that. I walked in, and it reminded me of that scene from 'Gone With the Wind,' with soldiers on stretchers spread out as far as the eye could see."

Psychiatrists, psychologists, social workers, residents, interns and graduate students from UT Southwestern worked around-the-clock for 13 days, joined by colleagues from other major hospital systems and mental health-care organizations in the area.

As part of a larger team of medical professionals providing urgent and routine care, pediatrics, obstetrics/gynecology, podiatry, ophthalmology, dentistry, chiropractic services and more, UT Southwestern's Department of Psychiatry dispensed medications and counseling services to more than 500 people who visited the mental-health clinic and treated many more on the convention center floor.

"A lot of people were scared to death and not about to come see us," Dr. Tyler said. "So we'd wander the floor like we were making rounds. If we saw someone in distress, we'd sit down and talk to them."

"There were a lot of horrible stories. For most people, it was the most horrific experience they'd ever gone through – and probably would be for any of us."

Dr. Eliot deGravelles, then a psychiatry resident at UT Southwestern and recent graduate of Louisiana State University School of Medicine in New Orleans, was one of the first responders. Last March at UT Southwestern's Grand Rounds, he presented data garnered from evacuee patient records.

"I felt like I was helpless to do anything for my friends and family back in New Orleans, but I did think I could be of help to the New Orleanians who evacuated," said Dr. deGravelles, now an assistant professor of psychiatry at UT Southwestern. "The vast majority of people we saw were people with chronic psychiatric illnesses who were suffering increased symptoms because of the stress from the storm."

Data from patient records tells part of the story. Of the 503 individuals seen in the DCC mental-health clinic, four-fifths were uninsured or covered only by some type of public health-care assistance, such as Medicaid and Medicare. Eighty-five percent were adults; 80 percent were African-American.

"Katrina came along and broke all the rules of disasters," said Dr. Carol North, UT Southwestern professor of psychiatry and an expert in disaster and crisis psychiatry. "For the most part, people with resources got out. Many of the people who didn't get out were in houses that were falling apart around them. Some had to swim through the waters. They had to endure situations at the various shelters and centers and at the Louisiana Superdome. They were the hardest hit."

"The people who were setting up services for the evacuees were worrying about the usual necessities for acute psychological trauma. Based on past disaster experiences, it didn't occur to providers that we'd need methadone clinics, for example, or that we'd be taking care of a lot of chronic and severe mental illness, such as schizophrenia and bipolar disorder."

"The problem was that many of the evacuees were underprivileged and marginalized, including many who were homeless, drug abusers or chronically mentally ill – people who already lived on the edge."

"You displace these people from all their sources of support. You throw some trauma into the mix and scare the daylights out of them. You separate them from their loved ones and bus them off to centers where they can't reach their doctors. Their medicine is gone, and they're plain scared. And that's a real recipe for problems."



"YOU DISPLACE these people from all their sources of support. You throw some trauma into the mix and scare the daylights out of them. You separate them from their loved ones and bus them off to centers where they can't reach their doctors. Their medicine is gone, and they're plain scared. And that's a real recipe for problems."

—Dr. Carol North

"This was totally different from other disasters."

Dr. North was experiencing her own personal drama when Katrina stormed the Gulf Coast.

One of the world's foremost authorities on crisis psychiatry, she recently had been recruited from an 18-year career at Washington University School of Medicine in St. Louis to accept a position at UT Southwestern, where she holds the newly established Nancy and Ray L. Hunt Chair in Crisis Psychiatry. She planned to start her job in Dallas in September 2005.

"When the hurricane hit, I was in St. Louis in the final throes of preparing to move," she said. "I had been up all night painting my bedroom, watching the events unfold on CNN."

"In the middle of that, I got a call from Paul Pepe (chairman of emergency medicine at UT Southwestern), telling me he and a group were going to Baton Rouge and asking if I would come. It was Sunday, and I dropped everything and went."

Dr. North, who has spent most of her career studying the mental-health effects of personal and community-wide disasters and of terrorism, has accumulated a comprehensive database on more than 3,000 survivors of a dozen major disasters in the United States and other countries. She has personally been involved in studies on the Sept. 11 attack, the Oklahoma City bombing, bombings of various U.S. foreign embassies, plane crashes, tornadoes, mass murders and more. Many of her studies have translated into measurement tools used in assessing depression and post-traumatic stress disorder (PTSD) after such events.

She and her team are currently adding data from individuals displaced by hurricanes Katrina and Rita to their files.

Her goal: to understand the lingering short- and long-term effects that victims and their families experience even after an initial disaster is over.

"PTSD is unique among diagnoses in that it's predicated on a special kind of event. Not just any kind of stressful event, like a spouse divorcing you or being fired," she said. "It's a really harrowing event involving a threat to life or limb."

"PTSD itself is different from other psychiatric disorders that are not defined based on their etiology," Dr. North said. "We assume we know what causes PTSD, which is the event. But it's far more complicated than that. Not everybody has an equal chance of being in a traumatic event. And once you're in a traumatic event, not everyone has an equal chance of developing PTSD or some other psychiatric disorder afterward."

"Some people seem to have the right stuff and seem to be more resilient afterward. And some people may have that genetic makeup that is more brittle, or a past history that's made them more vulnerable, and may not do as well as others."

The main predictors of developing PTSD after a traumatic event are: being female – although Dr. North says no one knows why; having pre-existing psychiatric problems, including prior depressive episodes; and possessing certain kinds of character traits. Surprisingly, the severity of the traumatic event and the amount of exposure to it are not as

strong at predicting PTSD as are the personal characteristics of individuals.

In addition, “traumatic events are not equal opportunity employers,” Dr. North said, “except for disasters, which is why we study them. But there’s even an exception to disasters. And that was Hurricane Katrina.”

In assessing victims of the Washington, D.C., anthrax scare in 2001, Dr. North said her team found that many of those involved were more upset about other problematic things in their lives than the anthrax.

“If you don’t ask people what they’re upset about and just assume it’s the traumatic event, you could be wrong,” she said. “That’s why we study disasters and try to tease out some of the confounding variables.”

Dr. Polatin, who has continued to help the city of Dallas and community organizations in

collecting data from evacuees, as well as in evaluating how Dallas’ mental-health network responded, said, “awareness of disaster mental health is relatively new, with the idea of PTSD not really conceptualized until after the Vietnam War.”

“You can’t really diagnose mental-health syndromes until two to four weeks after a disaster, after seeing symptoms of depression and the first signs of PTSD,” said Dr. Polatin, who was instrumental in organizing the Katrina Mental Health Task Force, recently renamed the Disaster Mental Health Task Force. The Dallas-based group meets regularly to investigate and discuss ways to be better prepared for future disastrous events.

“What do you see after disasters?” he asked. “The answer is kids who have been traumatized and are not succeeding in school; workers failing at their jobs; instances of alcohol and substance abuse; family violence and crime.

“And that can be far more costly in the long run than the initial physical damage.”

Such consequences are part of the reason that studies by Dr. North and psychiatrists at UT Southwestern and other medical institutions are so important. Statistics and data from Katrina victims treated in Dallas will eventually be turned into a retrospective study.

“Our mission is to develop and analyze a database and share the findings in publications so that

the rest of the world can know what happened during Katrina,” Dr. North said.

In a larger, more far-reaching arena, Dr. North said her ultimate goal is to understand how people respond to extreme stress and the problems they have, as well as how they cope with stresses of trying to meet their basic needs.

“I want to understand the structure of the PTSD diagnosis,” she said. “I’m particularly interested in what part of the human response is normal and what part is pathological – and ultimately how these differences are played out in the structure and function of the brain. Like every psychiatric disease, it’s got to be brain-based.

“Every thought, every emotion, is represented somewhere in the chemistry and structure of your brain. So it’s up there somewhere.”

Dr. Eric Nestler, UT Southwestern’s chairman of psychiatry and holder of the Lou and Ellen McGinley Distinguished Chair in Psychiatric Research, praises the way his department initially reacted to Katrina and what its members continue to do.

“UT Southwestern has a commitment to serve our community,” he said. “We are fortunate to have so many dedicated physicians, psychologists, social workers and others who gave generously of themselves to help citizens who had to evacuate New Orleans.

“Dr. North’s arrival on campus is particularly important at this point in time, when it seems that there is no shortage of natural and man-made disasters. Her research will continue to teach us how best to work with victims of disasters to improve their long-term recovery and health.”

Almost a year and a half later, the McNabbs find themselves still at odds with their displacement from New Orleans and the fact that close friends are now scattered around the country. But they are learning to survive in a new environment, with a new home and new friends.

“We have good days and bad days,” Mr. McNabb said. “It’s very difficult still. Although we both feel that we’re lucky to be here, Dallas is still not home. You miss people and things from New Orleans.”

Mr. Tiner is impressed with how well the couple has coped.

“I look at their courage and resiliency, having been erupted from their home of generations, and after losing that, having people steal the rest of their possessions on top of it all. That they’ve gotten through this is amazing to me. Their sense of determination to go beyond the devastation and try to rebuild and make a new life is nothing short of incredible.” *



“YOU CAN’T really diagnose mental-health syndromes until two to four weeks after a disaster, after seeing symptoms of depression and the first signs of PTSD.”

—Dr. Peter Polatin