



**DMS gastroenterologist Richard Rothstein, M.D., et al. reported in the *New England Journal of Medicine* on the effectiveness of a nonsurgical treatment for a precancerous esophageal condition.**

## The mind matters in disaster recovery

**W**hen major disasters like Hurricane Katrina strike, the damage to personal and public property is obvious. Less obvious, though often as devastating, is the effect on survivors' mental health. The Federal Emergency Management Agency (FEMA) has recognized the need for post-disaster mental-health support since 1974 by funding local crisis counseling programs (CCPs). But until recently, the programs had never been rigorously evaluated.

**Fit:** The CCP model has been "get in, [provide] support, and get out," says Jessica Hamblen, Ph.D., a DMS assistant professor and deputy director for education at the Dartmouth-affiliated National Center for Post-Traumatic Stress Disorder in White River Junction, Vt. "That does fit most of the time, until you have either extreme events or . . . events where most people do fine but . . . a subset . . . need more."

For several years, Hamblen has been developing an intervention for survivors who "need more." It was first used in New York City after 9/11; then in Florida after several major hurricanes in 2004; and in Mississippi after Hurricane Katrina in 2005. Hamblen published the Katrina results in April in the journal *Administration*

*and Policy in Mental Health and Mental Health Services Research.*

**Data:** CCPs are run "with a lot of good will," says Fran Norris, Ph.D., a DMS research professor and director of the National Center for Disaster Mental Health Research, who coauthored several papers in the same journal. "You probably won't meet many people who are more caring about their communities than people who get involved in disaster relief."

**But good will doesn't provide usable data or evidence of value.**

But good will and compelling anecdotes don't provide usable data or evidence of value. So Norris has been helping the agencies that oversee CCPs develop a system to collect standardized data.

Norris had planned to finish the evaluation system by 2006, but when Katrina struck in August 2005, she rushed to implement it. "I can't tell you how overwhelming this was," she says. For example, because Katrina evacuees ended up all over the country, Norris had to train the leaders of 19 CCPs in 18 separate conference calls. But now for the first time, researchers can assess CCPs.

For example, the data shows that "over a 16-month period, crisis counselors documented 1.2 million individual and group encounters across 19 CCPs," wrote Norris in one paper. Before, Hamblen says, CCPs "couldn't tell you basic things like how many people they served, what kinds of services they got, [or] who delivered the services." With a wealth of data now, Norris and Hamblen made recommendations in another paper for future CCPs.

**Real:** "Fran really understands the trade-off between asking the questions you want to ask . . . and [the] real world," explains Hamblen. "If you come up with a system that's too complicated . . ."

" . . . no one is ever going to do it," Norris concludes. She means to see that CCPs now "do it." JENNIFER DURGIN



JON GILBERT FOX

Norris, left, and Hamblen are based at the VA.

### Money isn't everything

For people with mental illness, steady employment offers more than a paycheck. A DMS research team evaluated the effects of holding a job on people with bipolar disorder, schizophrenia, and other serious conditions.

They found that those who were employed showed improvements in their mental health and made less use of outpatient services, saving the public about \$166,000 over 10 years. In *Psychiatric Services*, the researchers concluded that the "reduction appears to be dramatic, certainly enough to justify offering supported employment to all persons who use high levels of service and express interest in working."



### DNA and diagnoses

To find out what genetic characteristics might predispose someone to bladder cancer, a group of DMS researchers studied mutations in the epidermal growth factor receptor (EGFR), an important regulator of the cell cycle. By comparing genetic variability in hundreds of people, both those with and without bladder cancer, they found that slight changes in the nucleotide sequence did seem to affect the risk of getting the disease. "Further confirmation of these relationships could help ultimately guide cancer prevention efforts or modify clinical care," they wrote in *Carcinogenesis*.

