Hurricane Harvey: A Psychiatry Resident's Perspective

Anastasia Klott, MD

Over a 4-day period in late August 2017, a total of one trillion gallons of water fell across Harris County, Texas.[1] For some perspective, this is the equivalent of covering the entire county in 33 inches of water.[2] Hurricane Harvey was the second most costly hurricane in US history, behind Hurricane Katrina in 2005.[1] When Hurricane Harvey made landfall in late August 2017, I was in my third year of general psychiatry residency, living in the heart of downtown Houston, Texas.

As a South Texas native, I have experienced my fair share of hurricane watches and warnings. My childhood memories include weekends of hunkering down and riding out Hurricanes Rita and Bret. We were spared of the catastrophe that was Hurricane Katrina, though we were always aware that our time would eventually come. Life as a medical student in Houston had been peppered with a few flash floods, many of which would leave city streets completely submerged and undrivable. As a third-year general psychiatry resident, a patient in my outpatient clinic was the first to warn me of the hurricane brewing in the Gulf of Mexico. I was not a particularly avid viewer of the local news at the time, but his concern was enough for me to check the internet and see what all the fuss was about. After work, I drove to the nearest grocery store to stock up on the essentials, a vital routine that was ingrained in me as a child. In my outpatient clinic the next day, more than half of my patients did not show to their scheduled appointments, as they were all boarding up and preparing for Harvey. When I called to check in on them, they firmly advised me to do the same. I arrived at home that evening, still somewhat uncertain of just how serious the threat could be for us living in Houston. Worried about the fate of my family down in South Texas, sleep was next to impossible that night. Thankfully, they were spared, though many of our beloved beach day trip destinations were not.

In Houston, the rain came down and did not cease for 4 long days. Harvey decided to hover in place directly over us, an uninvited guest clearly overstaying his welcome. In our downtown apartment, my husband and I watched the chaos and turmoil across the greater Houston area on the news. As we watched the tragedy unfold in our city, we were simultaneously checking on the raging waters in the overflowing Buffalo Bayou directly behind our apartment. We packed our suitcases with our most cherished personal items and prepared to evacuate our first-floor apartment if worse came to worse.

Some of my residency classmates lost electricity and internet service, rendering them essentially useless on call at home. I volunteered to swap one of my classmate's in-home call for our outpatient clinic, thinking to myself "how bad can it be?" I quickly learned how wrong I had been in that assumption. In the chaos of evacuation, most people do not have the time and do not think to pack their medication. Taking call during that time gave me new and immediate experience troubleshooting minor medication adjustments in the moment via telephone for patients I had never met before. The widespread closure of retail pharmacies across the area made calling in prescriptions nearly impossible. While on call under these new circumstances I was also worried about my best friend and fellow resident, as well as her family. Her elderly grandparents were forced to evacuate their flooded home and had been featured on the local news coverage.

The local news depicted the displaced people of Houston, forced to evacuate to the downtown convention center, just a couple blocks away from my apartment. As I was sitting in my dry, air-conditioned apartment, I felt an immediate obligation to help those who needed it most. I arrived at the convention center to find thousands of cots on the ground, and the medical area was completely overflowed with people needing various

kinds of assistance. Initially, there was a rudimentary pharmacy set up with a limited supply of medication on folding tables, and an even more limited supply of psychotropic medication. Later, many large, well-known retail pharmacies parked mobile pharmacies inside the convention center and filled a few days' worth of medication we wrote on makeshift prescriptions. Many of the evacuees had to wade through water to get to higher ground and help, and many of them did not have time to pack an overnight bag, let alone their medication. It was a whirlwind of a few days witnessing the juxtaposition of extreme disaster and sense of community simultaneously inside the convention center. Just over 2 years prior, my medical school classmates and I donned our graduation caps and gowns for our commencement ceremony in that same convention center.

Eventually, the flood waters receded enough to be able to make it into my outpatient clinic, giving me a sense of normalcy. It was hard to return to this routine without a sting of guilt, knowing there were so many families who would wait months to get back to some sort of normalcy. The sense of community I witnessed at the convention center trickled into every interaction with my patients afterward. We had all shared in this horrific, catastrophic experience together. Each visit with a patient after Harvey always began with "are you and your family okay?" My patients would inquire as to how I had fared through Harvey, and if my home was still intact. I struggled with answering these questions, as I had previously been taught to limit any self-disclosure to patients. I quickly realized that these inquiries from my patients were an indication of their authentic, genuine concern about me as another human being. It had less to do with boundary violation, and more to do with sincere interest after a shared traumatic experience. When both patient and therapist have lived through a traumatic experience, the humility of the therapist's self-disclosure can outweigh the standard neutrality of the therapist. Greater leaps in the therapeutic process can be a by-product of therapist self-disclosure in the wake of a shared trauma. Such self-disclosure requires sensitivity to a patient's needs and emotional state so that it is affirming of his or her experience, rather than overwhelming or burdensome.

I have found much reassurance in reading Rao and Mehra's account of shared trauma and self-disclosure in the aftermath of Hurricane Sandy.[3] In the aftermath of Hurricane Sandy, the author provides a first-hand account of the interwoven professional and personal experiences that came out of such a devastating disaster. Along with thousands of people in the Northeast United States, the author watched the flood waters wash away 35 years of memories "before my very eyes." Faced with many personal questions by a patient regarding the storm's impact, the therapist wrestled with disclosing personal information, and ultimately did so. This led to a turning point in the therapeutic relationship where a previously resistant patient began to open up, initially with feelings related to the storm, and subsequently with more personal struggles.[3] One can assume that self-disclosure by the therapist created a level playing field in the therapeutic space where there was not one before.

I was pleasantly surprised by some of my patients who seemed to thrive in the face of tragedy and chaos. One of my patients had been a part of the home boater rescue brigade, depicted on news coverage evacuating families in flooded neighborhoods. Another patient, whose home had been flooded, managed to take the whole experience in stride. He was thankful it was merely his material possessions that had been lost, even if that meant replacing a nearly brand-new washing machine and dryer. I found myself identifying most closely to my patients who had been isolated to their home, with the threat of flood waters inching their way to their front door. I started to recognize my own acute stress response, particularly in nightmares where I would encounter a road with flood waters quickly rising, unsure of where to go. For a period after Harvey, any forecast of precipitation had me uneasy and questioning just how much more water the city could possibly handle.

Each patient encounter in the aftermath of Hurricane Harvey reiterated the concept of shared trauma. An important piece of recovery after a disaster is restoring normalcy, which typically means a return to usual daily activities like work.[3] This shared trauma differed from the usual types of trauma we most commonly treat

because the patient and therapist are both victims. The perpetrator, in this case, is mother nature. Mother nature is not easily identifiable and can't be brought to justice.[3] We could not demand retribution against Hurricane Harvey and mother nature; the closest we could get was shaking our fist angrily at the sky. The therapeutic process in the months following Hurricane Harvey made for a unique, distinctive experience in my training as an outpatient psychiatrist. Together, through our shared experience, my patients and I were able to recognize, process, and adjust to life after Hurricane Harvey.

As COVID-19 has quickly uprooted our personal and professional lives to virtual meetings and encounters, this topic of self-disclosure has been at the forefront of my mind. In the rapid adjustment to working from home and telehealth, I have found myself comparing this societal shift to my life in the aftermath of Hurricane Harvey. Just as I did back then, I have witnessed the power therapeutic self-disclosure can have on the doctor-patient relationship. I have validated many of my patients fears and joined with them in those feelings, making myself vulnerable while equalizing the relationship. While I initially believed our relationships might suffer with this shift to virtual treatment, I have observed the therapeutic space flourish with our newfound shared experience. We are all continuing to adjust to our new home-bound, socially isolated lives, unsure of when, or if, they will return to the way things used to be.

Take Home Summary

Mental health providers are not immune to traumatic experiences. When a natural disaster, act of terrorism, or global pandemic occurs, this shared traumatic reality can weave its way into a therapeutic relationship. When appropriate, self-disclosure can be used as a tool for clinical benefit.

References

1. Blake E, Zelinsky D. National Hurricane Center Tropical Cyclone Report. Hurricane Harvey. National Hurricane Center. Updated May 9, 2018. Accessed May 22, 2020. https://www.nhc.noaa.gov/data/tcr/AL092017_Harvey.pdf.
2. Harris County Flood Control District. Hurricane Harvey: Impact and Response in Harris County. Harris County Flood Control District website. Published May 2018. Accessed July 8, 2020. https://www.hcfcd.org/Portals/62/Harvey/harvey-impact-and-response-book-final-re.pdf.
3. Rao N, Mehra A. Hurricane Sandy: shared trauma and therapist self-disclosure. *Psychiatry.* 2015;78(1):65-74. https://pubmed.ncbi.nlm.nih.gov/26168028/

About the Author

Anastasia Klott, MD, recently completed Child and Adolescent Psychiatry Fellowship at the University of Colorado School of Medicine, where she has now joined as faculty. Professional interests include consultation-liaison psychiatry, the impact of social media use on mental health, and medical education.

The author has reported no funding for this work.

Disclosure: Dr. Klott has reported no biomedical financial interests or potential conflicts of interest.

Correspondence to Anastasia Klott, MD; e-mail: **anastasia.klott@cuanschutz.edu**

This article was edited by Michael Kelly, MD.