INTRODUCTION

In the late summer of 2005, Hurricanes Katrina, Rita, and Wilma brought nationwide attention to the importance of quick and ready response to major disasters. For social workers, however, timely and effective response has always been a characteristic of professional practice. Thus, in the aftermath of these devastating hurricanes, social workers from the Gulf Coast region and other parts of the country stepped forward to help.

This collection of articles represents only a few of the innumerable stories of sacrifice and resiliency. You’ll read about the hurricanes’ effects on children and elderly adults, Gulf Coast residents who evacuated and others who had no choice but to stay, terminally ill residents struggling to maintain their medication regimens, and university students caught between two worlds. You’ll also read about the multi-state response of social workers with the Department of Veterans Affairs—the largest employer of social workers. Other stories offer recommendations for social work practitioners, including prioritizing self-care, avoiding ethical mishaps, providing context-sensitive services, collaborating on the development of a school crisis plan, and preparing your social agency for future disasters. This package also includes tools for social workers, including the resiliency quiz by Nan Henderson, the first-responder burnout tip sheet compiled by Joanne Caye, and a recommended reading list for social workers responding to disasters.

The National Association of Social Workers (NASW) continues to play a major role in emergency preparedness and disaster response. In fact, most of these stories were written and submitted by NASW members. Other members made financial contributions to NASW’s Disaster Assistance Fund, which gave money directly to social workers affected by the disasters. Still other social workers volunteered through the American Red Cross, SAMSHA, and their local and state organizations. In February, NASW assembled a group of social workers with expertise in disasters and disparities. The group’s summary report—provided in this package—includes discussion points and recommendations for future action. NASW continues its long history of preparing social workers for responding to disasters of all types, as evidenced by recent participation in the United Nations’ conference on disasters.

This package is offered through NASW’s Specialty Practice Sections, which is committed to providing social workers with cutting-edge practical and theoretical knowledge that assists them in their daily work. These stories are offered not only as testament to the heroism, courage, and resiliency of social workers but also as a retrospective—an opportunity to look back, learn, and move forward even better prepared.
It was early morning on Monday, August 29, 2005, when Hurricane Katrina made landfall in Louisiana (NOAA, 2005, October 5). Katrina had brushed Florida as a Category 1 storm, then continued into the Gulf of Mexico, quickly becoming a Category 5 storm with winds greater than 155 mph. By the time it came ashore as a Category 4 storm, its winds were clocked at 140 mph (NOAA). In the end, the destruction from winds, flooding, collapsed levees, and failed government systems resulted in more than $80 billion in damage and more than a thousand people dead in Louisiana, Alabama, and Mississippi. Those who survived this catastrophe faced slow and chaotic responses to their calls for help. Children were separated from their families, frail persons were without adequate supplies of medicine or medical attention, and many people lacked the basics of shelter, food, and water. In the days and weeks following, thousands of people were evacuated to shelters around the country, including hundreds to Texas. CNN News (2005) described Hurricane Katrina as “the most destructive hurricane to ever strike the United States” and its aftermath as “the country’s most severe humanitarian crisis ever.”

The executive director of the NASW Louisiana Chapter, Carmen Weisner, and the executive director of the NASW Texas Chapter, Vicki Hansen, both sprang into action—organizing, directing, and assisting in countless ways. Following, each gives her view of those early weeks after the hurricane.

**On the Front Line in Louisiana**

**Carmen D. Weisner, LCSW, ACSW**

At the time of this writing, those of us living in the Louisiana/Mississippi region are four months past landfall of Hurricane Katrina and three months past landfall of Hurricane Rita. The destruction caused by these two hurricanes stretches from the Louisiana/Texas border miles eastward to the Alabama/Florida border. Wilma, another Category 5 hurricane, struck Florida in October and caused more catastrophic damage.

The communities and their survivors are coping with issues associated with meeting the basic needs as identified in Maslow’s hierarchy of need (physiological, safety, sense of belonging, esteem, and self-actualization). Simultaneously, the region’s entire infrastructure is slowly recovering.

For many of the survivors, work is continuing to focus on the physiological needs of hunger, thirst, and so on. We have thousands of survivors whose communities were severely damaged and for whom shelter is now a primary concern. We help them deal with issues associated with food, utilities, medical care, and access to services.

We also have challenges related to safety and security. Getting the survivors out of danger was the first order of business before Hurricane Katrina made landfall, during the flooding, and in the first few weeks following the storm. Now the work is focused on helping people define what will make them feel “safe” in their new realities.

The communities along the Gulf Coast no longer exist as they did before Hurricane Katrina. The current reality does not match the picturesque memories of the people who call this area home. Their sense of belonging has been challenged by the sheer depth of destruction in these coastal communities. The members of their neighborhoods, schools, churches, and even families are scattered across the country.

We are also concerned with maintaining the self-esteem of survivors, many of whom are relying on others to help them regain a portion of their lives. Gulf Coast residents need to hear from the systems designed to help that assistance is coming and that some form of long-term assistance will be available. We estimate that it will take years to create some of the basic supports and services necessary to recover and rebuild. Those basic supports, however, are what is needed now, to bring back a sense of normalcy to an abnormal environment.

**What are the lessons we learned from this experience?**

- The social work profession is uniquely positioned to meet the challenges of the survivors of a disaster. We are trained to respond to clients in an environmental system that includes their personal and significant relationships, economic and social conditions, and mental health issues.

- The core values of social work are the foundation of the work we do. Let’s not forget the principles of service, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence.

- As a profession, we should further explore disaster response, stay current on research, and continue building the body of knowledge in this area of practice.
Help for the Helping Professional

There are things we can do to support ourselves and other social workers in a disaster:

- Remember that in major disasters such as Hurricane Katrina, many of the region’s first responders are themselves victims.

- Accept help and practice self-care. In their typical self-sacrificing way, some helping professionals work until they are exhausted, skip breaks, and resist rotating assignments or going off duty. A helper who is immobilized as a result of secondary traumatic stress caused by repeated exposure to stories of trauma is of no value to disaster survivors.

- Consider varying caseloads of trauma and nontrauma cases. Consider limiting the number of the most severe cases a single worker deals with each day.

- Develop a buddy system and encourage workers to use it. The system should include access to a supervisor for sharing concerns.

- Use “distress tools” that have been shown to help the professional relax and re-energize, such as exercise, acupuncture, art, cooking, dancing, laughter, work limits, benefit time, yoga, and contact with family and friends.

In the Aftermath: The View from Texas

Vicki Hansen, LMSW-AP, ACSW

Within 48 hours of Hurricane Katrina, the NASW Texas Chapter implemented its Standard Operating Guidelines for Disaster Response. These guidelines had been developed as part of NASW’s involvement with the Governor’s Task Force on Bioterrorism after the September 11 terrorist attacks. As part of the disaster response, the Texas Chapter’s Web site served as a coordinating center for all information related to social workers and disaster services.

Within days of Hurricane Katrina, a quarter of a million evacuees were dispersed within Texas. City and county officials placed NASW’s Texas board members in charge of coordinating the social work response in San Antonio, El Paso, and the central counties. Board members, including Texas Chapter President Libby Kay, were crucial figures in the statewide communication network.

NASW social workers were indispensable in their provision of direct volunteer services. We worked with state officials in reaching out to social workers to provide volunteer mental health services. Many of our members had previously registered with and been trained by the American Red Cross. They were quickly mobilized. Additionally, we worked with out-of-state NASW members who volunteered to come to Texas. Local NASW members provided housing for their fellow volunteers.

In the early weeks of responding to the catastrophe, these thoughts emerged:

- Be patient! This is the largest disaster operation ever undertaken in the United States.

- If your initial offer to help does not elicit an immediate response, don’t worry. Your knowledge and skills will be needed for years to come.

- The outpouring of services from the faith community has been enormous. If you are frustrated by bureaucratic barriers to serving, contact local churches, temples, mosques, or other organizations in your area. If these groups are serving as shelters, they will probably welcome your assistance.

- The funding resources of other charities and nonprofits will be negatively affected by people sending assistance to the Gulf Coast region; those resources will need continued support and assistance.

- Social workers displaced by Hurricane Katrina will need new homes and jobs. Consider sponsoring them.

- While most volunteers are concentrating on meeting the short term needs, use your social work skills to think about needs down the road, and begin working on those needs now. How can communities best respond to the needs of displaced families in the next three to six months? What groundwork can you do to help ensure that resettlement issues are sensitively planned?

Many concerns arose during those initial weeks. For instance, it was sometimes difficult for volunteers to know who was in charge. In some situations, not all social work volunteers understood the difference between disaster response and therapy services. Concerns persist about the lack of a long-term coordinated plan for helping displaced survivors. Unfortunately, we have no real way of following up to identify emerging mental health issues. Recovery efforts continue in the Gulf Coast. Many of the region’s residents have decided not to return, while others are waiting to go back and rebuild. Much remains to be done. For the NASW Texas Chapter, having standard operating guidelines greatly enhanced our ability to
organize our response efforts and provide the most effective assistance possible during this time of disaster. It is recommended that all NASW chapters develop their own state-specific standard operating guidelines.

One important issue for future exploration is the need to formalize the role of social workers in disaster response. The federal government has contracts with social workers for the federal relief effort; should local and state entities develop a similar system to enable a more coordinated response?

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References


“Let Us Struggle Together…

“The future of New Orleans depends on those who are willing to fight for the right of every person to return…. Most groups here have adopted the theme – Solidarity not Charity. Or as aboriginal activist Lila Watson once said: ‘If you have come to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us struggle together.’”

Excerpt from an article by Bill Quigley, a law professor and director of the Law Clinic and the Gillis Long Poverty Law Center at Loyola University in New Orleans. His article, “After Hurricane Katrina New Orleans ‘older, whiter and more affluent,’” ran June 30, 2006, on the Web site http://BBSNews.net
Hurricane Katrina hit the Gulf Coast with devastating effects on August 29, 2005. Hurricane Rita followed a similar path through the region on September 24, and Hurricane Wilma struck the southern United States on October 24. After each of these hurricanes, social workers with the Department of Veterans Affairs (VA) assisted survivors in several locations, including Gulfport, Mississippi; Washington, D.C.; Houston; and Atlanta.

Part of the VA's mission is to provide medical care during national emergencies. The VA employs more than 4,200 master’s level social workers. Many of them were deployed to VA hospitals and federal medical shelters throughout the United States to care for military and nonmilitary survivors of the devastating hurricanes in the Gulf Coast region.

Three days after Hurricane Katrina, more than 400 frail residents of the Armed Forces Retirement Home in Gulfport were evacuated to the military retirement home in Washington, D.C. VA social workers helped assess the Mississippi retirees, offered support and reassurance, arranged medication distribution, helped locate missing family members, and assisted with veteran benefits.

In Houston, social workers with the VA’s Patient Reception Team triaged 726 patients at four triage stations set up for Gulf Coast evacuees. VA social workers helped at the three largest shelters in the Houston area, opening a medical clinic and identifying resources through local shelters, community organizations, and the American Red Cross.

Social workers at the Atlanta VA Medical Center helped triage 1,500 hurricane evacuees. They assisted by reconnecting families, identifying available housing options, locating food and financial assistance, and comforting the Gulf Coast residents.

In Biloxi, Mississippi, at the Gulf Coast VA Health Care System, the greatest challenge was the large number of hurricane survivors—veterans and community members—who came to the hospital’s emergency room for help immediately after Katrina. A 24/7 triage was quickly set up, and survivors were moved to shelters. At the same time, VA social workers were coping with their own losses. Of the 27 full-time social workers in the region, more than 40 percent had a total loss of their homes or homes that were not inhabitable until major repairs could be done. The homes of another 40 percent of the social workers’ homes sustained minor damage.

VA social workers from around the country volunteered under the VA's disaster emergency medical personnel system to help staff shelters and command stations in the Gulf Coast area. They worked with veterans and community residents affected by the hurricanes.

During the deployments, VA social workers faced the grieving and devastation resulting from the disaster and were challenged to return to the grassroots of social work. A common theme among social workers who assisted in disaster relief has been a recommitment to their field of practice and a reaffirmation of the reasons they chose social work as a profession. This recommitment was summarized by Miguel Ortega, social work executive at the DeBakey VA Medical Center in Houston, in a message to his staff: “Yes, it’s hard work. Yes, it’s tiring. But it is also rewarding, challenging, and meaningful.”

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The stories of children often do not get told, in order to protect their confidentiality. This practice frequently results in the needs of children being overshadowed by more highly publicized needs. In the Gulf Coast catastrophe, however, the needs of children traumatized by Hurricanes Katrina and Rita were not overlooked—thanks to Louisiana’s Department of Social Services (DSS) child welfare agency, the Office of Community Services (OCS).

When Hurricane Katrina hit the central Gulf Coast on August 29, 2006, there were 4,241 children in Louisiana’s child welfare system, including children living with relatives, in foster care homes, in group homes, and in other care facilities. More than 1,700 of these children were displaced by the catastrophic flooding and devastation caused by Hurricane Katrina and compounded by Hurricane Rita on September 24.

Countless more children who were not in the custody of the state were also displaced and required help finding their families. The OCS traditionally covers only children in the state’s care. During the hurricanes, however, the office assumed responsibility for all children in need. In a recent interview with this author, Louisiana child welfare section administrator Joel McLain recalled the long hours, hard work, and endless devotion of staff that cared for and found homes for these children.

Rush to Action

While the Federal Emergency Management Agency (FEMA) rushed to provide assistance after Hurricane Katrina, many of the 1,900 OCS employees were already taking telephone calls and staffing shelters throughout the state. OCS workers staffed children’s shelters for several weeks, even though nearly 25 OCS staff members had themselves been displaced by the hurricanes. “Many left with just the clothes on their backs,” said McLain, “yet they appeared for work the next day.”

Special needs shelters were established statewide; initially, the New Orleans Superdome was designated as one of these shelters. “The staff at the Superdome worked very hard,” he said. “There was no electricity and no way to communicate.” Baton Rouge, where OCS is based, was the first major evacuation site and became a conduit to other evacuation shelters throughout Louisiana.

As the Superdome and other shelters began to fill to capacity, the OCS set up a toll-free telephone number to help get information out. Parents and others could call to get information ranging from shelter locations to board payment and reimbursement information.

OCS employees manually set aside payment checks for foster parents until their locations were determined. There was no mail service in many areas affected by the hurricanes. When foster parents were located, payments were mailed or, in some instances, hand-delivered by staff.

The Public’s Response

The national media captured compelling images of stranded families being airlifted out one member at a time. Because of the lack of coordination and the sheer volume of people who had to be evacuated, some children were separated from their parents. As the media continued to air stories on the devastation in the area, the reports of children in need sparked a national response.

OCS staff answered calls from people around the country who wanted to help care for children. Callers volunteered to become foster parents, to pick up foster children, and to share their homes. Children under the care of the state typically cannot be placed in homes that have not been licensed, so callers were encouraged to work with their respective states to become licensed foster parents. OCS recorded caller information and made referrals as necessary.

During the days and weeks following Hurricanes Katrina and Rita, some news stories reported inaccurate information. For example, television footage showed children roaming the streets unaccompanied. According to McLain, reports of roaming children were not substantiated. The national media did, however, accurately report on the dire needs of displaced children. As a result of the actions of OCS and its partners, any children who were separated from their families during the early days after the hurricanes have been reunited with them.
Partners
The Louisiana DSS and OCS partnered with and continue to work very closely with officials in Texas, which provided temporary housing for many evacuees. One-fourth of Louisiana’s displaced children in care relocated outside of Louisiana. The DSS Medicaid division worked with Texas and with many other states to honor the medical insurance cards of displaced families who sought medical care.

OCS worked closely with the National Center for Missing and Exploited Children (NCMEC) to reunite children with their families. NCMEC and OCS received help from Angel Flight, a nonprofit organization that provides free air transportation to those in need. NCMEC coordinated nearly all the trips and was able to fly a number of children to rejoin their families.

Lessons Learned
In the aftermath of the hurricanes, many lessons have been learned. Although OCS was prepared, the vast devastation caused by Hurricanes Katrina and Rita and the limited initial response of FEMA showed the need for a more comprehensive emergency response plan. McLain said that OCS learned a number of lessons, including these:

- Emergency evacuation plans should be established and updated annually for foster parents, contracted agencies, contractual staff, and child welfare staff.
- Emergency telephone numbers should be established to provide information and referrals.
- A communication network with federal emergency response officials should be established.
- Staff training should be enhanced to address a variety of emergency situations.
- Vital records—such as birth certificates, case files, and court documents—should be maintained in areas that are secure from natural disasters.
- Administration should be flexible to respond to emergency situations that may require mailings to be stopped or rerouted.
- All financial payments to foster parents should be made via direct deposit, so that payments do not depend on the family’s physical location.

Where to Now?
New Orleans, along with other cities in Louisiana, Alabama, and Mississippi, is on the long road to recovery. Recognizing that the damage was not only physical but also emotional, NASW and Louisiana State University partnered with the U.S. Department of Veteran Affairs’ National Center on Post-Traumatic Stress Disorder to sponsor a Day of Understanding and Healing for Mental Health Professionals on December 2, 2005. Numerous OCS staff attended. The most important lesson to be learned is that when states like Louisiana make children’s needs a priority, there can be positive stories even in times of a disaster.

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IN TIMES OF DISASTER, FIND A SOCIAL WORKER

“Social workers are well suited to interpret the disaster context, to advocate for effective services, and to provide leadership in essential collaborations among institutions and organizations. Furthermore, compatible with social work epistemology, disaster assistance must be construed holistically, encompassing the physical, developmental, psychological, emotional, social, cultural, and spiritual needs of individual and systems.”

College life in 2006 is pretty surreal for this Tulane University student. At one time, Tulane was primarily known as a leading party school, but in recent years it has come to be considered a prominent research institution with good academics. For me and many other Tulane students, however, the single greatest thing about our school is that it is in the best city in the world: New Orleans.

New Orleans had been my dream city from the age of 11. So when I got serious about college, Tulane was the natural choice. I wanted to live in New Orleans more than anywhere else. It’s difficult to convey just how clever I felt driving my packed car down to New Orleans for the first time. I was thrilled by the fact that I would be spending my college years surrounded by the southern charm of the Big Easy while my high school friends wore snowshoes to get to class in New England. From the music and food to the political and cultural history, New Orleans is a living monument to the cultural fusion that makes our country great. And I loved it all. I loved the kitschy graveyard walks, the swamp tours, the late-night live music, and afternoons spent at the levee. It was only a matter of days before New Orleans felt like home.

It would be dishonest to talk about New Orleans without mentioning the issues that plagued the city even before the summer of 2005. As a student at a primarily white, upper middle-class university, it didn’t take me long to notice that the Tulane student body is not exactly representative of the surrounding city. New Orleans is one of the nation’s most impoverished cities, with a struggling public school system and a history of government corruption. In terms of racial and socioeconomic levels, inequality had long divided the city. New Orleans was a vulnerable city, desperate for support that very few people seemed willing to give. Tulane University, one of the city’s largest private employers, brings more than 7,000 undergraduate students and another 3,000 graduate students to the city. About 70 percent of the students are from out of state, and more than 80 percent are white (CollegeBoard.com, 2006).

Going to a school so racially and socioeconomically different from the surrounding city can be a strange experience. Many Tulane students fall in love with the party culture of the Greek life or the touristy French Quarter and never really experience the other scenes New Orleans has to offer. Before the storm, the student body was mainly united by a love of partying and drinking. While many students volunteered in the community, most of us couldn’t find the time between our academic and extracurricular commitments. Even though we knew how difficult it could be growing up in our adopted city, we didn’t think there was much we could do to change it.

When the storm hit, the party ended. I’m not sure any of us could really believe what had happened. All the racial and socioeconomic problems we hadn’t had time for before now screamed at us from the television by day and haunted our dreams by night. The dispersed Tulane population was glued to the news for weeks—hoping for new footage of our abandoned city, trying to discern which flooded streets were being shown and whether or not our neighborhoods had been destroyed.

Even as we prepared to evacuate before the storm, feelings of helplessness had set in. As I gassed up my car before leaving the city, a homeless man talked to me about his dim prospects. He had nowhere to go and didn’t know what to do. I looked at my car, jam-packed with friends and cats, and knew there was no way to fit one more. I imagine other Tulane students and New Orleanians had similar experiences on that ominous final drive out of the city. I imagine us making our way through the silent night, seeing members of our communities sitting on benches and steps, wondering if we could just squeeze in one more. Immediately after the storm, a friend and I discussed renting a U-Haul, filling it with bottles of water and food, and driving down to the city. We dismissed our plan as ridiculous, knowing that the government was far better equipped to handle the situation. If we had known then how the great tragedy of our adopted city would play out, I have no doubt we would have rented that U-Haul straightaway.

The helplessness that gripped us in early September only worsened as our impromptu “semester abroad” wore on. Students formed charities and solicited donations online. Most of us tried to sign up with as many volunteer organizations as we could, but few of us ever got a call. Pressed to keep up with the credits they’d need to graduate, the majority of Tulane students enrolled at colleges across the nation, biding their time until the end of the semester, when they could return to the city that felt more like home than ever before. I was fortunate
enough to spend most of the semester living with my boyfriend's family in Mobile, Alabama, just two and a half hours from New Orleans by car.

My boyfriend’s mother is a social worker with the Mobile County Public School System, which took on more than 2,000 new students who had been displaced by the storm. Many of the students and their families lost virtually everything they had. The school social workers made every effort to make the evacuees feel at home, and working with them was a great blessing for me. Every day I worked with them I could feel the impact I had on my abused and dispersed community. My job with the social workers involved a lot of simple data entry, and my work became a meditation that I looked forward to each day. I was so impressed by the daily miracles the social workers were performing that when the opportunity arose to take a semester online, the first class I signed up for was an introductory social work class. New Orleans is going to need all the help it can get, and if anyone knows a thing or two about rolling up their sleeves and getting to work, it’s social workers.

I’m not the only one who’s thinking a lot more about service. My fellow Tulanians can’t wait to get back and banish those feelings of helplessness once and for all. The university’s president, a member of the commission to rebuild the city’s public schools, is calling on students to help in the effort to restore the city. Tulane will soon require that students log a substantial number of community service hours in order to graduate. Many of us are signing up for service learning internships within our majors.

Our “semester abroad” was a lonely one. We were separated from our friends and our adopted home, and our close emotional involvement with such a controversial and political event often made it difficult to talk to people. We’d expected another semester in the Big Easy. Instead, we spent four disjointed months justifying our city’s continued existence to naysayers who thought us naïve to even consider returning to the gumbo soup bowl New Orleans had become. Now that we know what it means to miss New Orleans, we’re ready to spring into action. The new year marks a new era for New Orleans and Tulane, and I, for one, couldn’t be more excited.

Tulanians are truly the adopted children of their city and, like the New Orleanians who blaze the trail, we don’t give up easily. Some of us have had to find new places to live; others have had to replace virtually everything they owned. This semester has been one bad hangover, and we are all too aware that there’s no guarantee we won’t be in exactly the same place next year. But our lives have been reinvigorated with a new purpose.

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Reference


“Remember that it only takes one hurricane in your neighborhood to make it a bad season.”

Conrad C. Lautenbacher, Jr., administrator of the National Oceanic and Atmospheric Administration (NOAA), was quoted in the New York Times on May 23, 2006, as he forecasted the 2006 hurricane season could have as many as 10 hurricanes, compared to the average of 6 hurricanes or last year’s record-breaking 15 hurricanes.
As a social worker, where do you start when every single member of your staff is homeless—as are you, your immediate and extended family, friends, and neighbors? Every day brings new challenges, all precipitated by Hurricane Katrina on August 29, 2005.

I have worked in the field of aging services in the City of New Orleans for the past 29 years. For the past six years, I have served as executive director of the New Orleans Council on Aging/Area Agency on Aging (NOCOA). I am also a native son, so my perspective on Katrina and its effects on our city and our people, especially the elderly population, is both professional and personal.

NOCOA has served the senior residents of New Orleans since 1975. As the Area Agency on Aging, we are responsible for planning and contracting for aging services such as legal assistance, home health care, and home repair. The death and destruction caused by Katrina scattered many of our resources and debilitated the network of support services for senior residents. We now confront the daily challenge of putting order back into our own lives, while simultaneously grappling with the difficulties of rebuilding adequate services for the city’s aging residents.

Of the more than 1,600 people who perished, at least 60 percent were over the age of 60. Five of these people attended one of the 18 NOCOA senior centers, two were my employees, and two were members of my church. Decomposing bodies are still being discovered in the more severely flooded areas.

Before Katrina, NOCOA had more than 2,100 elderly clients who received noonday meals. NOCOA provided activities and day programs for nearly 1,000 seniors at 18 senior centers located throughout New Orleans. Now, there are only six senior centers to provide services. We estimate that at least 1,000 retired senior volunteers, many of our elderly clients, and many employees have left the region to find housing. Some of them were a part of the mass evacuations that occurred in the days after Katrina.

The essence of New Orleans is interwoven in the food, religion, music, and zest for life of our grandparents, aunts, uncles, and extended families. The aging community has always been an integral part of this city’s social, political, and economic makeup. Advocacy, empowerment, and transformation are the themes of the Southern University School of Social Work at New Orleans, where I have taught courses on aging as an adjunct professor. The university’s focus is on advocating for clients and empowering them to be transformed into advocates for themselves. I never thought I would one day have to apply these themes to myself and my family, friends, and staff.

Long before Katrina, I had a profound respect for nature’s wrath. I understood what a hurricane could do: In 1965, I lived through Hurricane Betsy, the last major storm to affect the New Orleans area. Because of this experience, I always made it a point to inform clients of the danger of hurricanes and urge them to prepare for every hurricane season. I also advocated for emergency transportation for aging residents in case a hurricane should strike. The Mayor’s Aging Advisory Council, which I chair, for years expressed the need for adequate transportation to get senior residents out of New Orleans in the event of a major storm. The advisory council had identified at least 10,000 senior residents who did not have transportation. Every June 1st, the council agonized over this deficiency. As recently as the June 2005 meeting, the council had informed the city’s Homeland Security Department of its concern for the lack of transportation. But while it was known that possible consequences included elderly and poor people perishing, no one expected the situation to actually arise.

August 29, 2005, changed all of this forever.

Katrina was more than a Category 4 hurricane; former mayor Marc Morial described it as an “equal opportunity destroyer” that unveiled New Orleans’ deeply embedded social, racial, and economic disparities. Could any of the suffering, disorder, and loss of life have been prevented by interventions from social workers, politicians, economists, and educators? This question will always be debated. The inequities had become a part of the culture of the city and had existed for generations; they were accepted as the way things were.

Nonprofit social service organizations in New Orleans have always competed for funding from city, state, and private sources. Waiting lists for services had become the norm. Our education system was in decline and, in fact, is
now run by the State of Louisiana. Crime in the city had risen to the point that three or four murders a day were not unusual. Although New Orleans prospered as a tourist destination, the hospitality and tourist-related jobs did not provide a living wage for residents. Some of these working-class families relied on their aging relatives’ income for survival.

After the hurricane, NOCOA relocated to Baton Rouge. Our employees, who dropped in number from 65 to 15, drove 80 miles each way to work every day. I traveled each weekend for two months from Shreveport to Baton Rouge, 325 miles each way to work on my evacuated home. On February 1, 2006, the agency moved back to New Orleans. Our budget has been reduced by $2 million, but our mission has not changed: to provide the elderly with supportive services to encourage their independence.

NOCOA is working to secure housing for the elderly residents who want to return. Our efforts are focused on providing property cleanup and demolition, with the help of church groups and grants. In addition to housing concerns, many of our clients are coping with the reduced level of service that we are able to provide. NOCOA is serving 400 meals a day at six senior centers, and we have contracted with the Regional Transit Authority to provide transportation to allow our clients in the other parishes to access services in New Orleans.

Services to the elderly in the affected areas that border New Orleans are also in a state of flux. The Council on Aging for St. Bernard Parish, south of New Orleans, is working out of a Federal Emergency Management Agency (FEMA) trailer. The Councils on Aging for Jefferson, Orleans, St. Tammany, St. Bernard, and Plaquemine Parishes have jointly applied for grants to help them provide services for elderly residents. One grant is to build the capacity of our aging network on a regional basis. We are also exploring the possibility of developing a Center on Aging that will be affiliated with our local universities. The City of New Orleans has developed a new hurricane evaluation plan, with input from advocates from the aging community. The plan includes designating senior centers as pickup locations in the event of an evacuation.

Horrifying memories linger—like that of the elderly woman who died and was left in a wheelchair outside the Convention Center—but we are determined as a city and as a people to move forward. It is March as I write this article; seven months have passed since Katrina, and only three months remain until the start of the next hurricane season. The Army Corps of Engineers cannot guarantee our levee system. My family and friends are working on our houses. My concern is for the safety of elderly residents and those with special needs.

Our city will never be the same, but its rebuilding and the rebuilding of our lives continue. As survivors of Katrina and its devastating aftermath, we speak for those who cannot speak for themselves.

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RESOURCES FOR SOCIAL WORKERS
ASSISTING CLIENTS AFTER A DISASTER

- Life after a National Nightmare: Coping with Invisible Illness and Disability
  Sharon M. Keigher; Elaine T. Jurkowski
- Groups for Individuals with Traumatic Histories: Practice Considerations for Social Workers
- Impact of Trauma Work on Social Work Clinicians: Empirical Findings
- After Columbine: How People Mourn Sudden Death
- A Trauma Education Workshop on Posttraumatic Stress
  Robert R. Fournier
I am one of the many thousands of people who fled their homes in New Orleans in late August 2005. My husband, our two cats, and I evacuated to Alexandria, which is in central Louisiana. We left on Sunday morning—one day before Hurricane Katrina devastated the Gulf Coast region.

When we arrived at my mother-in-law’s home, I tried to cope in the same way many hurricane evacuees did, if they could: I sat in front of the television and watched news coverage of Hurricane Katrina for hours. Exhausted, I fell asleep. When I woke up, I watched more television coverage of the hurricane. The next morning, I did the same thing. We cooked and ate to excess—another common experience among evacuees. Finally, I thought, “If I keep doing this, I’ll drive myself crazy.” I got out the Yellow Pages, looked up the American Red Cross, and called them. I told them I was a licensed clinical social worker, and, although I had not had Red Cross disaster training, I would like to volunteer. The person on the other end of the line said, “Come on. We need you.”

So began my experience as a Red Cross volunteer. I was sent to a shelter with evacuees from St. Bernard Parish and New Orleans, both of which had flooded when the levees broke. When I told the person in charge of mental health at the Red Cross headquarters that I was a school social worker, she seemed relieved. “Do your thing,” she said. That was the extent of my orientation.

Rather than mental health counseling, most people needed material things, including cots, pillows, and shoes. And they needed information about their loved ones. I spent the next two weeks determining people’s needs and trying to find out where to get what they needed.

Lesson #1: Networking works.
I called various agencies in town in search of wheelchairs, canes, walkers, bedding, shoes, and whatever other physical necessities I could obtain. So many people wanted to help—not only those from central Louisiana but people from all over the country. When I was able to contact friends to let them know I was okay, each one wanted to know what to do to help the evacuees. Almost every day, my mother-in-law received boxes of donated supplies from friends, and friends of friends, to be distributed to evacuees.

Lesson #2: Different people have different coping methods.
I was struck by the many ways in which people coped under such extraordinary circumstances. Here were people who had been rescued from rising water and had lost literally everything. Some of the parents seemed to be in shock, and the children had nothing to do. The Red Cross shelter manager mobilized volunteers to create a children’s area with games, books, and art supplies. A widescreen television and movies were donated to the shelter. Computers were set up in another area.

Other people coped by eating, seemingly nonstop. Most evacuees I talked with later said they had put on weight from stress-induced eating. One man told me that his wife wanted to go shopping. He was incensed that she would want to spend money that they did not have, but shopping was a coping mechanism for her. Some evacuees seemed to escape the stress of the traumatic situation by sleeping, some for most of the day. Others hoarded supplies that were given out, even if they did not need them. Ways of coping are as individual as people.

Lesson #3: You cannot take care of others unless you take care of yourself first.
I took my vitamins and tried to get in an aerobic walk every day. I tried to get a good night’s sleep and read something that had nothing to do with the hurricane. At one point, I realized that I was starting to feel run down, and that if I didn’t take a break, I would become sick and would not be of use to anyone else; so I took a day off from the shelter to replenish my spirit.

Lesson #4: People are thankful for small things.
One of the things that touched me most was the generosity of a family that had lost everything. While still living in the shelter, this family made up little baggies with a few pieces of candy and a note that said, “Thank you, from us,” and gave them to the workers. They were grateful for all the efforts of the Red Cross volunteers. Another common experience among evacuees was crying when kindness was shown. Every time someone was nice to an evacuee, including me, tears sprang to our eyes. None of the evacuees had ever imagined being on the receiving end of so much help in this kind of disaster.
Lesson #5: Egos are everywhere.

So, don’t waste time disagreeing. A day after the shelter opened, a man in a red shirt came up to me and said he had a truck full of cots that he needed to unload. He said he needed 15 men to unload the truck and distribute the cots. Meanwhile, more evacuees were arriving, and the shelter very quickly had four gyms full of people who had no place else to go. I asked several evacuees with whom I had been working over the previous few days to help unload the cots. I led them over to the man in the red shirt, and they went with him to his truck. I did not see anyone in charge, and the shelter managers I had gotten to know were not at the Convention Center shelter anymore.

I kept expecting one of the managers to show up, but none did, so I decided to go ahead and direct the distribution of the cots, instructing the men to take the cots to the people in the gyms. Everything fell into line, and some kids who had flocked around became masters at assembling the cots. I showed them how to open the boxes and set up the cots, and they passed their knowledge on to others. Soon, all four gyms at the Convention Center were filled with cots, and people were happy to have something to sit and sleep on other than the hard wood floor. As we were distributing the cots, a woman in denim shorts, a white T-shirt, and a Red Cross vest approached me. She was the new shelter manager. She seemed angry as she asked how all these cots were being distributed. I deflected her anger and recounted the story of the man with the truck. I guess she saw how efficiently everything was being handled, and she moved on. This was no time for a power struggle, especially when there was so much to be done.

Lesson #6: Decompression takes more than one session.

Dena, an experienced Red Cross worker, sat and talked with me for about an hour when I told her I was going back home. She asked me to recount the high and low points of my experience at the Red Cross shelter. The high point had been helping and doing whatever was needed, especially working with the folks I had met the first day. Another high point was seeing people’s generosity. Supplies and donations had come in from people all over the country. The low point, I told her, was the Red Cross shelter manager’s anger when she questioned me about the distribution of the cots.

We agreed that the experience had been chaotic, which was to be expected in a natural disaster. I had not worried about the chaos but had done what needed to be done. Dena reflected my experience very well. She noted that I had stepped up to the plate and that people had listened to me not because I am a (self-described) “loudmouthed woman,” but because I had provided them with a sense of organization, purpose, and commonsense direction.

Dena also talked with me about dangling conversations, those seemingly unfinished interactions with people. She prepared me for my return home by telling me that I might continue to worry about what had happened to the various people I talked with at the shelter. She suggested that I focus on the positive aspect of what I had gotten from the whole experience. The dangling conversations, she said, would fade. I thanked her for her help. We said goodbye and promised to correspond with each other.

It is now more than six months since Hurricane Katrina. I am still processing the experience and having a hard time coping with the enormity of the situation. The Gulf Coast region is still in shambles, and we realize that it will be like this for a long time. In the back of our minds is the scary thought that the levees are still not repaired, and hurricane season starts on June 1. What will become of us? It is not easy to cope with circumstances that are out of our control. Cope, however, is what we must do.

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"I thought I could weather the storm, and I did — it's the aftermath that's killing me."

Gina Barbe, resident of New Orleans who reported to the New York Times on June 21, 2006, saying that she still cries almost every day since the August 2005, Hurricane Katrina struck her home city.
More than 21,000 people with HIV/AIDS resided in the Gulf Coast region directly affected by Hurricane Katrina. About 8,000 of them were left homeless after the hurricane and flooding last August, according to a report by the Kaiser Family Foundation (2005).

In the days and weeks following Katrina, many Gulf Coast residents with HIV/AIDS were unable to secure an adequate supply of medication. Further complicating the problem, the network of medical and social service providers that supports people with HIV/AIDS was in disarray due to the chaos following the hurricane and flooding.

The management of HIV disease and its treatments is difficult under the best of circumstances, and the challenges are even greater during a crisis such as the catastrophic circumstances after Katrina. A study conducted in New York City following the September 11 terrorist attacks found a significant decrease in medication adherence in a group of gay and bisexual men (Halkitis, et al., 2003). Results of the study confirmed the increased challenges of managing life with HIV/AIDS in the context of a national crisis and broader life-changing events. So when Hurricane Katrina struck the Gulf Coast region, the immediate and targeted response of the AIDS community was crucial in determining potential outcomes for people with HIV/AIDS.

Our national government’s response to Hurricane Katrina triggered a global debate. Images of evacuees languishing on rooftops and in makeshift shelters haunted us in the days following the hurricane. These images poignantly portrayed the shortcomings of our nation’s emergency response system. Yet, at the same time, grassroots efforts swept the country to create and implement plans to address the immediate needs of displaced people living with HIV/AIDS.

Medication adherence, a vital concern of people living with HIV/AIDS, is commonly affected by a variety of psychosocial issues, including homelessness, mental health, substance use, and the availability of social supports (NCH, 2005). Hurricane Katrina and the subsequent flooding left many people struggling to deal with these issues. For Gulf Coast residents living with HIV/AIDS, the needs were even more complex: Going without medication could result in their immune systems building up a resistance to the medication (Crawford, 2003). “Adherence rates of 95 percent or higher are needed in order for it to be successful. Furthermore, patients’ failure to adhere to medication regimens can cause the virus to multiply rapidly and become drug resistant” (Crawford, n.p.).

The advent of highly active antiretroviral therapies, commonly known as HAART, has brought new hope in recent years to people living with HIV/AIDS. While these therapies offer no long-term cure for HIV disease, they have allowed many people to achieve improved health status and quality of life. To reap the benefits of these medical advances, however, adherence to one’s medical regime is paramount. The catastrophic events that occurred after Hurricane Katrina made adherence very difficult for many, but the response of the AIDS community was outstanding.

Social workers and allied professionals in governmental and nongovernmental organizations worked collectively to minimize disruptions in treatment and services to people with HIV/AIDS as they were dispersed across the country. At the national level, a diverse group of service providers and advocates came together quickly to discuss the need for a national response. Through a collaborative effort of national and regional service providers, guidelines were quickly created for non-HIV providers who would inevitably find themselves caring for displaced persons with HIV/AIDS.

The guidelines, which provided step-by-step instructions for assessing the needs of HIV-positive clients, were distributed nationally by the American Academy of HIV Medicine (2005) and linked via the NASW consumer Web site HelpStartsHere.com for provider access. The guidelines emphasized the importance of maintaining antiretroviral medications to avoid treatment interruptions. If, for example, clients could not obtain their medications, providers were instructed to talk with clients about the option of stopping all antiretroviral treatments rather than continuing a partial medication regime that could result in drug resistance at a later point. Additionally, the National Institute of Allergy and Infectious Disease offered 24-hour medical consultation for health care providers, participants enrolled in clinical trials, and any persons undergoing treatment.

To help local community-based agencies that faced increased demands on service capacity, the National AIDS Fund administered emergency funds to allow agencies to ensure the delivery of essential services such as food, water, housing, medical care, case management, and mental health services for people with HIV/AIDS.
Like many service delivery systems, AIDS-related services have experienced an increase in bureaucracy over the years. In the Katrina crisis, federal officials quickly agreed to waive documentation requirements that typically must be met to determine eligibility for services such as housing, case management, nutrition, and medication assistance. The U.S. Department of Housing and Urban Development (HUD) waived its requirement that applicants produce proof of HIV status and income to qualify for HUD-sponsored housing programs. Organizations were granted permission to prioritize Katrina evacuees on their waiting lists for AIDS housing programs.

During the weeks immediately following Katrina, the provider community responded by holding “AIDS Community Planning Calls” to help identify prevention methods, testing, treatment, and other services necessary to address the medical and psychosocial needs of people with HIV/AIDS. This ad hoc alliance facilitated resource sharing, service linkages, and open communication between non-profit groups and federal agencies. For example, NASW participated in calls with the administrator of the HIV/AIDS Bureau of the Health Resources and Service Administration (HRSA). Ultimately, the collaborative effort resulted in HRSA issuing national guidelines that encouraged local agencies to use maximum flexibility in determining evacuees’ eligibility for services. HRSA offered reassurance that providers would receive reimbursement for services delivered to evacuees if Katrina prevented patients from being able to produce proof of eligibility.

At the state level, agencies that administer federal funds under the Ryan White Care Act (RWCA) assumed a leadership role in compiling resource directories for local health and social service providers encountering displaced persons. For instance, Boston’s Public Health Commission provided daily updates to RWCA-funded programs regarding service eligibility requirements and local resources targeting Katrina evacuees. This timely information allowed providers to quickly identify resources for housing, food, medical care, and other essential needs. The commission also tracked data regarding the number of evacuees presenting for care in local agencies.

The need for advocacy and collaborative efforts is ongoing. According to Noel Twilbeck, executive director of the New Orleans AIDS Task Force, it may be premature for Katrina evacuees with HIV/AIDS to return home. The service infrastructure was decimated and communication technology remains limited, so service capacity is still compromised. In addition, information that was distributed to providers across the country could not be communicated to providers and people with HIV/AIDS in New Orleans. If evacuees with HIV/AIDS have found primary care and housing in other locations, it may be in their best interest to remain in those settings until New Orleans has restored its services.

For social workers and other professionals who worked in the AIDS epidemic in its early days, the situation since Katrina bears a strong resemblance to the early 1980s. At that time, no formal systems were in place, and workers created a patchwork of services to keep people alive on a day-to-day basis. Exhausting as it was, the work was about ensuring that basic human needs were met. It required quick problem-solving skills and creativity, and ignited powerful advocacy efforts.

In September 2005, those same skills were required to protect the dignity and well-being of people living with HIV/AIDS in the Katrina crisis. While much work remains to be done to restore services and care for people with HIV/AIDS, the AIDS community, sadly, is skilled at responding to immense needs with few resources.

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References


Katrina blew through Gulfport, Mississippi three months ago. Yet, the downtown area was still deserted. Piles of debris were everywhere. I tried to drive south beyond the railroad tracks but was stopped by razor wire and a military checkpoint. I did not belong south of the tracks; that area belonged to residents who lost everything.

I was in Gulfport because more than 20,000 Navy service members and their families had been displaced by hurricanes Katrina and Rita. The Chief of Naval Operations had responded by creating Task Force Navy Family, a group of volunteers from around the country who were charged with contacting everyone affected, identifying their needs, and tracking their progress. I was one of many who had volunteered.

So there I was on a bright Sunday morning in November 2005 trying to find my way to the Gulfport Inn located at the Naval Construction Battalion Center. Eventually I found my way without the benefit of street signs—torn down by the force of the hurricanes. The base was free of debris and looking good. Besides the missing street signs, only the smell of tar and men on rooftops signaled something out of the ordinary had happened. The base, along with the entire Gulf Coast, was devastated.

When I arrived just before 7am, the Navy’s director of Fleet and Family Support Center (FFSC) was waiting for me. She gave me a big welcome, saying, “Thank you, thank you, thank you.” I wondered why I was being thanked so much when I hadn’t done anything. The answer to my wondering would come soon enough. My two weeks at the center began with introductions and orientation briefings. Everyone was glad to see me and eager for me to understand the situation.

The Situation
At first glance, the center appeared to have weathered the storm. A closer look revealed several windows boarded up, men working on the roof, and sections of the drop ceiling still missing. The people inside the building also appeared to have weathered the storm in good shape. Upon closer encounters, however, their grief, losses, and attempts at rebuilding their lives were exposed. Seemingly, no one was spared by Katrina.

Initial conversations all had one thing in common: Everyone asked whether I’d been south of the tracks. Just listening wasn’t going to be enough. I had to understand, and to understand I had to see what they were talking about. I asked to be shown what I needed to see and was given a 30-minute tour. That’s really all it took to understand that ‘south of the railroad tracks’ meant total destruction. I had had to experience it to know it. Still, I could not know it because I did not live there.

The Stories
A good listener begins by not knowing and by asking questions of the subject-matter experts—those going through the disaster. So, I asked one of the counselors what had happened. He described his ordeal of being driven from his home and having found refuge at a shelter. He spent the first hours after the storm surviving in ways he had learned years earlier in the Army. He found what he needed to survive and then went to work. Having obtained food, shelter, and a flashlight, he was then able to reach out to others. He engaged people in conversation. He was a first responder. Everyone was a first responder.

Now it was three months after Katrina, and he was rebuilding his life. He talked about returning each day to ‘the swamp,’ formerly his house. The storm surge went through his house, mixing the contents in a salt-water soup. He described his progress as being able to sort out items that could be saved from items that were unsalvageable. I asked whether I could help. He had had many offers to help, but he said he had to do it himself. Each of his possessions had to be picked up, held, and remembered. Then he said he could decide whether an item was salvageable or headed for the debris pile. Rebuilding a life is a very personal process. He needed to do it his way. Everyone had to rebuild in their own way. My job was to be the person they needed at that moment—even if that meant just being there and watching.

This one man’s story was representative of many. He would like to be able to plan ahead, but he couldn’t because he didn’t have enough information. The information he did have changed weekly. Decisions by FEMA, insurance companies, mortgage lenders, and the new-but-unreleased zoning regulations all stood in the way of rebuilding and creating a new normal. His need to rebuild his life was frustrated by forces beyond his control.
Everyone was doing a job while dealing with his or her own “swamp.” Critical Incident Stress Management (CISM) briefings were provided to Navy units in the area. Clients were receiving counseling, and the regular business of the FFSC was being conducted. All the while, individual stories were unfolding and the emerging issues for the staff and the population they served were ever changing. This was no normal disaster. It wasn’t going to go away any time soon. There was no escaping it—everyone was living with the reality of the destruction of their homes and the chaos of not being able to plan ahead.

The destruction caused by Katrina was everywhere. It was at the concrete level—visible in the debris piles and moldy houses. It was along every roadside with freezers and refrigerators still waiting to be hauled away. It was in the traffic jams that didn’t exist pre-Katrina, before the bridges on Highway 90 were destroyed. It was at the invisible levels of mind and soul. It gnawed at everyone because they could not fix it. They could not move on because other forces were in control.

The Lessons

Begin disaster relief work with a philosophy of not knowing and having no expectations. Expectations lead to needs, and the last thing anyone rebuilding from a disaster wants is another needy person. Not knowing is vital because it opens the mind and allows for listening. Knowing can actually prevent listening.

Be willing to sit on the bench, ready to come into the game on a moment’s notice. Be ready and willing to play any position, from receptionist to crisis manager, from teacher to ticket-taker. The more adaptable you are the better for everyone. Above all and more important than anything is to listen and be encouraging.

Talking is not as important as being understood. Helpers are those who convey understanding while realizing that they really don’t understand. No one can really understand anyone else. The best we can do is to care. We have to sustain calm while in a windstorm. We can be within a disaster zone but not attached to it. We must be okay so that the person across from us can feel okay too. Yes, bring all of your professional knowledge and skill with you, but keep them as tools in a toolbox ready to be used if necessary. Keep the focus on creating an encouraging atmosphere rather than on doing anything.

Supporting and helping those who need a break, for even an hour or two, is more important than we can know. That is why I was thanked so much—before I did any thing. I showed up. I listened. I encouraged. That is really what they needed.

James C. Bryant, MSW, LCSW, spent his last ten years of public service as a therapist in the Arlington County Detention Facility in Virginia. He is currently in private practice and recently completed a new book on self-healing. He can be reached at megjim@aol.com

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**SOCIAL NETWORKS**

**Social networks not only shaped whether people evacuated before or after Hurricane Katrina struck and therefore how they evacuated, they also will continue to shape how displaced New Orleanians reconstruct their lives. But not all social networks are equal – some connect people who can offer generous assistance in attractive destinations, while others connect people who are similarly disadvantaged (Menjivar 2000).**

Excerpted from the article, “Leaving New Orleans: Social Stratification, Networks, and Hurricane Evacuation,” written by Elizabeth Fussell for the Social Science Research Council (September 26, 2005).
It was the end of August 2005, and Hurricane Katrina had just struck the Gulf Coast region. I wondered how bad the devastation was going to be. Then the levees broke in New Orleans, and the city flooded. The events and the pictures being shown on television and printed in the newspapers seemed surreal. The reality of the situation, however, slowly settled in. As a clinical social worker living in Newport News, Virginia, and trained in critical incident work, I wanted to help.

By October 2005, I had signed a contract with an insurance company to go to New Orleans to provide critical incident debriefing with various employee groups. Getting there was not a simple task. I discovered that flights into New Orleans and rental cars were essentially unavailable. There were no vacant hotel rooms, and the lack of clean water and electricity made it difficult for many volunteers to come into the city. As an alternative, the insurance company arranged for a motor home to be driven from Michigan to New Orleans to transport me and the other volunteer counselors from several locations.

Arrangements were made for me to stay with a clinical social worker in New Orleans whose home had not been damaged by either the hurricane or the flooding. So there I was: a stranger in a devastated city.

My first assignment was to counsel and assess employees of a company whose office had been destroyed. The employees were working at a temporary location 30 minutes away. Many of them had been displaced and separated from family members, and were driving two hours a day just to get to work. The atmosphere in the office was somber. There was little laughter or chit-chat. To facilitate discussion and sharing, I organized small groups and quickly found that people were eager to talk about their experiences and concerns.

At another assignment, I spent the day in the lunchrooms of two different hardware stores. These stores were so busy that there was little time to conduct groups, so I engaged the employees in conversation individually and in small groups to assess their emotional and practical needs. Some workers reported losing their homes. Others were stressed because they were sheltering displaced family or friends. One employee explained that when he returned home after the storm, he found only a foundation, a reality common to many New Orleans residents.

As I became intimately involved in the post-Katrina life of New Orleans—reading the newspapers, having coffee and talking with locals—what became most apparent to me was the ripple effect that this disaster was having on every aspect of society and the economy. Neighborhoods were gone. Families were forced to separate and relocate to get housing and jobs, and to get children into schools. Many people had to make major decisions about their future before they had a chance to emotionally recover from the trauma of losing everything. The stark absence of children on the streets and in stores was haunting.

Many small businesses had folded overnight because clientele and staff were gone. Hospitals were closed because of shortages of staff, supplies, electricity, and water. The lack of housing in the area compounded the shortage of workers and the already problematic recovery. One fast food chain offered a $4,000 bonus to any worker who would sign a one-year contract to stay and work in the city. Some construction and restoration specialists from other states were willing to come in and work, but they could not find housing for their employees. One day I was having lunch at a small pizza place and met an insurance adjustor from another state who had been sleeping in his truck and eating peanut butter and jelly sandwiches.

The communication networks that many of us take for granted no longer existed in the region. Making contact with employees, neighbors, or church members was extremely difficult. The whereabouts of many people were unknown. One company used voicemail and a transmitter radio to instruct workers to contact an out-of-state call center that had been set up to receive employees’ locations and contact numbers, determine their job status, and provide them with paycheck information. In most areas, cable and electricity were out and cell phone towers had been destroyed. The Internet was the best way to send and obtain information.

As residents started to come back into the city, traffic increased. Many residents found housing in the cities and towns surrounding New Orleans, and traveled back and forth. Then there was the onslaught of government workers, the military and their vehicles, thousands of rescue workers, and delivery trucks trying to deliver much-needed food and supplies to the area. Six weeks after the hurricane, the radio news reported that only five gas stations were open within the New Orleans city limits.
Everywhere I drove, I saw devastation, and no matter whom I spoke with, Katrina was the topic of conversation. There were constant reminders of the crisis, such as the 5 p.m. curfew and the lack of cable TV. People remained glued to their radios for the latest news and information.

In the air was a distinct smell that reminded me of a huge, waterlogged landfill. The odor assaulted my senses when I woke every morning and when I retired every night. I cannot forget this smell. The gnats were pervasive. A shop owner told me that they had arrived with the water.

And yet, I was glad I had decided to volunteer. To me, critical incident work is challenging and rewarding. It is an excellent example of how social work addresses people’s situations in their environment. This work requires a great deal of flexibility to adapt to many different types of surroundings. I relied heavily on my listening and problem-solving skills, and on crisis intervention techniques. The individual work involved helping people—rich or poor, black or white, supervisor or employee—regain a sense of control over some aspects of their lives, navigate the huge federal bureaucracy, and identify and use available supports.

To have the privilege of working with people during what may be the worst days of their lives is an extremely moving experience. Critical incident work is not for all social workers, but excellent training is available for those who might like to try it.

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### AVOIDING FIRST RESPONDER BURNOUT

<table>
<thead>
<tr>
<th>Most common reasons include:</th>
<th>Social workers can help helpers by:</th>
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<tbody>
<tr>
<td>• Professional isolation</td>
<td>• Help the person identify reactions</td>
</tr>
<tr>
<td>• Emotional drain of providing continuing empathy</td>
<td>• Keep boundaries clear, and enforce them</td>
</tr>
<tr>
<td>• Ambiguous successes</td>
<td>• Provide respite to helpers on a regular basis</td>
</tr>
<tr>
<td>• Erosion of idealism</td>
<td>• Keep track of amount of time helpers are on duty</td>
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<tr>
<td>• Lack of expected rewards</td>
<td>• Make sure helpers eat and sleep, especially after the initial adrenalin rush</td>
</tr>
<tr>
<td>• Helpers may also be survivors</td>
<td></td>
</tr>
<tr>
<td><strong>Common signs to watch for:</strong></td>
<td><strong>Helping techniques might include:</strong></td>
</tr>
<tr>
<td>• Exhaustion – often indicated by comments such as, “Let everyone else take a break, I’m fine. I can keep going without sleep.”</td>
<td>• Guided imagery</td>
</tr>
<tr>
<td>• Boundary problems – may include such comments as, “I just can’t do enough for them. I feel so guilty.” Or “Isn’t it time these people started pulling together?”</td>
<td>• Psychological debriefing</td>
</tr>
<tr>
<td>• Loss of internal locus of control – may be indicated by such behaviors as crying often, becoming angry unusually quick, or difficulty making decisions</td>
<td>• Meditation / prayer</td>
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<td></td>
<td>• Therapeutic assessment of trauma reactions</td>
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<td></td>
<td>• Support for healthy coping reactions</td>
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**Reference**

Why go to the Gulf Coast to help? The answer was not simple. Yet, my decision was the only right one for me. It was as though I was being called to duty. This, I knew in my heart, was the best way for me to help them.

I am a social service director at a long term care facility in Lowell, Massachusetts, with seven years experience as a home care case manager. My previous experience includes early intervention, school-based counseling, and home counseling. I arrived in Gulfport, Mississippi, with no prior disaster relief training. Yet, that did not bother me. I was assigned to a community center in Biloxi, where I conducted needs assessments of aging or disabled residents. An average of 25 people a day came my way with requests for assistance with housing, medical care, food stamps, counseling, transportation, or relocation. Many were grandparents, who came with their children, nieces, nephews, grandchildren, spouses or alone for help.

By the fourth day, resources began to dwindle: There was a significant decrease in the number of local church groups clearing debris, volunteers providing transportation to medical appointments, and out-of-towners donating tents and non-perishable items. The walk-in medical center, where I was assigned, continued to operate. I was determined to make even a small difference for everyone I met.

As always in social work, we learn so much from those we serve. With each story told, I learned of a new resource, of outdated information, or of how well our coordinated service approach was working. I, in turn, gave each individual an opportunity to tell of their plight. I was encouraged by their apparent inner strength and resilience.

One woman in her early 60’s described living in her car with her 30-year-old, mentally ill son. She told me she works part-time and has no benefits or medication. She did not qualify for emergency shelter on the cruise ship due to her son’s mental illness. After conferring with onsite Federal Emergency Management Agency workers regarding her situation and making a few calls to local shelters, we were able to secure her two shelter slots and added her name to the cruise ship wait list. I was also able to connect her with a walk-in clinic that was providing free medical care.

We may never know the impact we have on the people we serve. Often we walk away, as I did, wondering what happened to them. How are they managing? Are they alive? Are they well? Are they happy? I can still see their forlorn faces. With concrete resources rapidly depleting, I had so little to give them. I often wonder if my willingness to listen and offer emotional support was sufficient.

My experiences in the Gulf region had a tremendous impact on me personally and professionally. I will never forget the wonderful people I worked with and on behalf of. I had no prior ties to Mississippi nor had I ever visited there before my deployment. I was as their guest and was treated with southern hospitality. I am forever grateful to have been part of such an enormous and necessary undertaking. Living and working in their war zone-like environment reminded me just how often I’m concerned with trivial matters. Upon return to work, my routine seemed mundane in comparison. I looked at my residents. They were clean, healthy, happy and well-nourished. I kept thinking about the seniors in Biloxi, who were breathing the air in their mold-infested homes or were displaced so abruptly. It was not that my job or the people around me who changed. I did.

To sum it up, my volunteer experience gave me a new gauge for measuring problems. It saddens me to think of those who were not helped in some small way. Unlike the case management I did in my past, I may not ever know how much good was done and for whom. Often, I hear or see something that triggers a memory. Some are happy and others sad. I will never forget this experience or the people who made me feel at home there.

Margaret Swanson, MSW, LICSW, works in Lowell, Massachusetts, as a social service director at a long-term care facility. She can be reached at marbrek@aol.com
I am a licensed clinical social worker and a former Roman Catholic priest. I responded to a call by the National Association of Social Workers and the American Red Cross for social workers to volunteer in the Gulf Coast region in the aftermath of Hurricane Katrina. From September 8 to 22, 2005, I was in Gulfport, Biloxi, and Pass Christian, Mississippi, assisting survivors of the catastrophe.

I worked in a neighborhood site, interacted with members of the local government, and helped where I could. My daily journal consists of 50 loose-leaf notebook pages that chronicle my experience from beginning to end. It is filled with story after story of people I met, as well as my day-to-day experiences as a volunteer mental health worker. Most of my story is contained in the following excerpts from an e-mail that I sent to my family and friends after my return on September 27, 2005.

Goodness gracious! I am so humbled and honored to have had the opportunity to do such privileged work with the people of the Gulf Coast area. Thank you for your prayers and thoughts while I was away. I have wanted to check in with you earlier, but reentry has been difficult. Especially the bone-weary tiredness. Today I am feeling less tired—10 pounds lighter, but less tired. I woke up this morning saying, “Did I really do that?”

I was processed in as a mental health worker with the American Red Cross in Montgomery, Alabama, just 10 days after Hurricane Katrina. I was assigned to the Mississippi communities of Gulfport and Biloxi. At that time, both of these cities were just beginning to receive much-needed help. We were warned of the intensity of the circumstances in that area. Until then, most effort had been focused on providing shelter and food to displaced residents.

On the day of my arrival, the Red Cross was beginning a never-before-tried approach—Neighborhood Care Teams. The Gulf Coast region had been divided into 25 sectors, with a team assigned to each sector. The team consisted of a mental health worker, medical personnel, and mass distribution folks. The mass distribution workers were responsible for driving through neighborhoods in trucks, distributing goods.

The mental health worker and the medically trained professionals were responsible for identifying an area in their sector that appeared to be a hub of activity for the people of that community. The Red Cross wanted to establish a visible, reliable, and helping presence in each community. An American Red Cross box truck, loaded with identified needed goods for that particular community, was driven to the community hub daily and parked for several hours. The goods were dispersed to residents. At the end of each day, it was the team’s responsibility to load the truck at the warehouse in preparation for the following day’s duties. A nurse and/or emergency medical technician was stationed at the site to address medical concerns of the residents.

The mental health worker and at least two nurses were also responsible for door-to-door assistance. We literally started in one corner of the quadrant and walked every street, knocking on every door to make sure the folks were okay. It was a way to ensure that the emotional and medical needs of residents were being met.

My first assignment was in Sector 16, an area two to three miles north of the coast. The community was a very impoverished neighborhood before Hurricane Katrina, and now even more so. In some areas of this sector, people were living in uninhabitable houses, with sections of missing roof, blown-out windows, no electrical power, no running water, and downed wires and trees everywhere. The mental health worker was the designated leader of the sector team. Over the course of five days, I worked diligently to help strategize, organize, and serve the people in this area.

As the management team got to know me and I got familiar with them, I was blessed to be able to turn my work in Sector 16 over to someone else. I was then assigned to Sector 23, Pass Christian, further south of Gulfport and one of the hardest hit areas. It is estimated that 80 percent of the homes in Pass Christian were leveled.

It was now 17 days post Hurricane Katrina. The debris removal teams had cleared the area enough and the Army Corps of Engineers and the Seabees had secured the area enough so that residents were being allowed to return. For most, it was their first
opportunity to assess the damage to their property since evacuating before the hurricane. They were initially given a three-day limit, but it was later extended. Even the additional days were not nearly enough time for folks to begin to process the magnitude of the disaster.

This is where I stayed for the remainder of my tour of duty. I was there seven days, and blessed was I! I cannot express my gratitude to God and my supervisors for giving me such a privilege. My work evolved into loading a van daily with coolers of iced drinks, bacterial sanitizer, work gloves, bug spray, sunblock, snacks, and MREs (meals ready to eat). Our team would stop wherever I saw someone sifting around slabs of what used to be a home or business. I also helped attend to the police, the utility and cable crews, the army, and so on.

During my time in Pass Christian, I began working directly with the navy admiral’s marshal, a local woman who was coordinating the efforts for recovery there. Everyone around her lost everything, but she was spared. Her survivor’s guilt was being creatively channeled into doing some great work. I worked with her to attempt to fill the holes of need that had yet to be filled and holes that would become open should a volunteer group unexpectedly pull out.

I had never done disaster work before—crisis work, yes, but never disaster work. It was such an honor.

Even though I am home now, I am still in contact with folks from there, especially the admiral’s marshal. My hope is that through my journal, photos, and presentations to some groups, I might be able to raise funds that the leadership of Pass Christian can funnel to the right recovery efforts.

So, to each of you, thanks for all your love and support. It certainly was fuel for my work.

Peace,
Don

I continue to maintain contact with some of these folks today, and want to do all I can to help them. Perhaps publication of my experience will help generate awareness and support for the people who continue daily to put one foot in front of the other as they rebuild their lives.

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He was a frail man, walking slowly with a cane when he came to apply for financial assistance at the intake center in Gulfport, Mississippi. The American Red Cross was offering $330 per person, up to $1,565 for a family of five, to assist with immediate needs. The only criterion was that one had to be living at the reported address on the day Hurricane Katrina hit. I filled out the application, noticing on his driver’s license that he was 91 years old. In a soft voice, he told me that he and his wife had evacuated safely to his daughter’s home in Jackson, Mississippi.

This elderly gentleman continued to talk about his wife, telling me that they had recently celebrated their 65th wedding anniversary. He told how they had built a home and raised four children together. She was all that ever mattered to him, he said. I said that I was very glad they were both safe. His eyes filled with tears, as he softly told me that she had died seven days earlier. After the flooding had subsided, he and his wife returned to their home, where she developed a respiratory infection triggered by the mold growing in their attic from the water damage. He described a sense of bewilderment, a feeling that his life had lost much of its meaning. I noticed that his breathing was labored—he said he was fighting pneumonia and was not sure whether he had the will to live. We sat in an open tent in the middle of a gravel parking lot, talking and crying together for nearly an hour. I walked him to his car, and he patted my hand and thanked me for my kindness.

Perhaps the most difficult part of my 10 days in Gulfport was the awareness of my own powerlessness. Evidence of grief and loss were abundant, and being a comforting listener did not seem to be enough. As social workers, we are taught to look for strengths in the midst of crises. But how does one realistically find relief with $330 and an empty slab of concrete for a home? Where is the encouragement in not knowing if friends and neighbors are dead or alive? And where is the hope in living in mold-infested housing, with no other options?

It is nearly a year later, and I fear that stories of both courage and despair are being forgotten as the ongoing problems related to the aftermath of Katrina hit page six of the news—Americans are moving on with their lives. I think often of my elderly friend, and I hope this past year has been full of support, comfort, and a renewed sense of hope for him. His spirit continues to motivate me to be mindful of the prolonged suffering in the Gulf Coast region and to honor survivors’ experiences in ways that facilitate meaningful action.

Diane Davis, MSW student

MOVING BEYOND THE DEVASTATION: WHAT NOW?

Diane Davis, MSW student

It is nearly a year later, and I fear that stories of both courage and despair are being forgotten as the ongoing problems related to the aftermath of Katrina hit page six of the news—Americans are moving on with their lives. I think often of my elderly friend, and I hope this past year has been full of support, comfort, and a renewed sense of hope for him. His spirit continues to motivate me to be mindful of the prolonged suffering in the Gulf Coast region and to honor survivors’ experiences in ways that facilitate meaningful action.

Diane Davis, BA, is an MSW student who will graduate this year from San Francisco State University. She was a Peace Corps volunteer for two years in Kenya, where she acquired a thirst for learning about different cultures by allowing others to have voice and space to give their authentic experiences. From October 6–15, 2005, Diane worked with families to provide financial assistance and emotional support, and conducted home visits. After graduation, she plans to continue providing support to individuals in crisis. She can be reached at msdianedavis@yahoo.com

Diane Davis, MSW student
I sat outside the American Red Cross station at Liberty State Park in New Jersey on a November 2001 morning, gazing across the Upper New York Bay at what had once been the World Trade Center. I was serving as a mental health technician following the terrorist attacks of September 11.

“How could this have happened?” was the question in my mind. I was glad that no one was around as I wept. Even now, four years later, the faces of the survivors and family members of the victims come streaming back to me.

Since that experience, I have an even greater appreciation for the social workers who provide critical services. Disasters never hit at a time that is convenient for social workers to respond. Hurricane Katrina was particularly inconvenient for me. I could not volunteer myself, so I opted to provide as many debriefings as I could with social workers returning from their volunteer work at disaster sites throughout the Gulf Coast region.

Having provided both disaster response and debriefing services, I know the importance of self care for social workers. If social work interventions have merit, we should practice them ourselves.

So how do we improve our self care? First, we need to give ourselves permission to be human. Theodore Millon (1990) wrote about the polarities of pain/pleasure, passive/active, and self/others. He suggested that achieving balance in each of these areas allows for better management of emotions.

We care, and thus we are affected by others’ pain, grief, and loss. We need to feel this pain as we see or experience it. In some situations, it may not be therapeutic to do so at that time. Additionally, our profession role may require a delay in our personal response.

Disasters often challenge Millon’s second area of balance, between active and passive. Providing disaster services is difficult because of the short term nature of the interaction. Though our work with them is for only a brief time, the service recipients are often in our thoughts forever. We have the challenge of opening up issues in that brief period that need to be followed up on. Yet, we are rarely sure that follow-up occurs.

Finally, the third challenge in Millon’s model is balance between self and others. Disasters often require social workers to render services under adverse circumstances, for long hours, and with few resources. It is very easy to stretch ourselves too thin.

In high school physics, I learned about the point of elasticity, as illustrated by a door spring. On one side of the point of elasticity, the spring will return to its original unstretched position. If it is pulled beyond the point of elasticity, however, the spring will not return to its original position: It has been stretched too far. The emotional and physical well-being of a social worker sometimes parallels this spring. As difficult as it is, we must restrain ourselves from crossing the emotional and physical point of elasticity.

We do so by joining—or rejoining—the human race. Social workers have emotions, too. We have to manage those emotions without causing any “secondary wounding” of our service recipients. We need to take advantage of debriefing efforts that occur while we are on assignment and after we return home. The rules for recipients of our services also apply to us: Watch alcohol consumption, get rest, practice stress management techniques, and apply any of the host of other therapeutic interventions.

I am an advocate of returning to disaster sites. It was healing for me to return to New York City in recent years to see the efforts the city has made to heal itself and to remember my work there.

It is also valuable for us to work on reentry issues as we resume normal family and occupational functioning. It was difficult for me to help people address issues that seem minor and trivial after working with those who had survived the attack on the World Trade Center. At times I wanted to shout, “Do you realize that you have a safe and secure workplace? What more do you want?”

I resolved those issues with some wisdom from my grandmother. “Never compare yourself to anyone else,” she would say. It helps to recognize that each set of problems—regardless of the degree of severity we place on them—are important to those who are enduring them.
In summary, it is extremely important for social workers to provide disaster social work services. Let me emphasize that it is equally important to maintain self care.

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SCHOOL CRISIS PLANS IN THE WAKE OF HURRICANE KATRINA

Brenda Ward, ACSW, LCSW

The critical need for schools to have crisis management plans has been highlighted by emergencies such as the Columbine High School shootings, the terrorist attacks on September 11, and the recent catastrophe caused by Hurricanes Katrina and Rita in the Gulf Coast region. In each of these situations, crisis management plans have had a direct impact on the experience of children. The challenge for each school today is to develop a crisis management plan comprehensive enough to address crises of all types.

School social workers are accustomed to collaborating with interdisciplinary teams and are positioned to assist in the coordination and development of a comprehensive crisis management plan. Additionally, school social workers are skilled in planning, mobilizing, coordinating, developing programs, and evaluating service delivery (Gibelman, 2005). Their role is central in crisis management and can be crucial to guiding recovery and to minimizing the post emergency trauma of schoolchildren.

State and federal laws require school districts to have crisis plans. Typically, these plans address the sudden death of a staff member or student as a result of suicide, homicide, or accident. These plans also may include procedures for responding to bomb threats, fires, and other commonly anticipated events. All schools, however, should also have a comprehensive plan that covers the possibility of a major catastrophe, such as a hurricane.

School districts and local communities vary in their crisis management planning and in their ability to provide support during a crisis. Many schools take a reactionary and piecemeal approach, developing a crisis plan that encompasses only the emergency at hand.

A survey by Crepeau-Hobson, Franci, and Gottfried (2005) showed that many schools became vigilant in crisis preparation after the 1999 Columbine High School shootings that left 15 dead and 24 wounded. Results of the survey indicated a 20 percent increase in the number of Colorado high schools with crisis management plans. This increase was greater than any other changes noted in the survey, which also examined group counseling and school security. These results underscore the lessons learned about the importance of planning. Unfortunately, however, they also suggest the tendency to react to past events rather than anticipate future ones.

Overcoming Possible Barriers

Developing a crisis management plan makes good sense, but there can be many barriers to overcome in coordination, inclusion, and accountability.

Coordination: It can be difficult to get all parties, especially those with decision-making authority, to sit down and commit to planning. Substitutes may be sent to meetings without being briefed on what has already been done. Participants may not share information with those who need the information for follow-up. Some representatives may miss meetings completely.

Inclusion: It is not unusual for turf battles to arise when one or more levels of government are involved, and confusion may develop when various agencies and institutions with similar missions attempt to coordinate services. The focus, however, must remain on the importance and the common benefit of planning for crises. A comprehensive plan must include community leaders, parents, students, school officials, and leaders at all levels. All opinions must be valued.

Reference

Accountability: Once decisions are made and a crisis management plan is developed, there must be follow-through. Accountability measures must be incorporated into the final plan. Additionally, plans must be reviewed and updated periodically, and regular training must occur to make sure that everyone stays informed.

Developing a Comprehensive Plan
Crisis management plans must be long-range, well-thought-out plans that include training and practice drills. The U.S. Department of Education recommends that every school have its own plan, designed according to the needs of the school district; but every plan should include certain fundamental components. These components are outlined in the Department of Education’s guide to crisis planning (2003):

- School and community leaders at all levels must participate in the planning to secure the necessary needs analysis, support, and funding.

- Crisis planning should include the school and its community.

- Schools and districts should develop collaborative relationships before emergency situations occur. Familiarity with mutual roles, responsibilities, and responses can smooth coordination.

- Community responders, such as fire and police officials, should be included in the development of school crisis plans.

- Common terminology (rather than professional jargon) should be identified and used. Plain language, such as evacuate instead of code blue, should be used.

- Crisis plans should be evaluated and adjusted to accommodate the individual needs of each school. This permits the development of age-appropriate instructions.

- Diverse needs of children and staff must be considered in crisis planning. Specific attention should be paid to children with physical, sensory, motor, or developmental delays, and those with limited English language skills.

- All area schools and school programs—public, private, alternative, and charter—should be included in the planning.

- All school staff, not only the teachers, should be provided with a copy of the plan, with the expectation that they will know how to implement the plan.

- Implementation of the plan must include training and practice for students and staff to assess what does and does not work.

- The crisis plan should be reviewed and revised regularly.

State and federal laws require school districts to have crisis plans. Schools that have no plan in place must develop one. Some schools have plans, but staff have not been trained. All schools should continually assess and update their crisis plans. School social workers can work with administrators to determine the status of their crisis management plans and help ensure children’s safety.

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References


Recovering from a major trauma, such as a hurricane, can be challenging at best. This article will address the emotional feelings that older people and their families experience as a result of a traumatic event, the steps that should be taken to recover from such an event, and what social workers can do to assist their clients both before and after a major trauma.

Older people especially may have physical and medical needs that often are disrupted following a major trauma. They may become afraid, especially if they live alone or don’t have family living nearby. Older adults may also experience irritability, fatigue, anger, sleep disturbances, loss of appetite, hyperactivity and feelings of anxiety and helplessness. It is important for them to know that it is okay to have these feelings and social workers should encourage them to talk openly about their fears and concerns. LISTENING is a skill that we as social workers practice well. Allowing clients the opportunity to vent their fears and concerns after living through a traumatic event and acknowledging those fears and concerns is paramount to helping them cope with the situation and move forward in their lives.

Older people should also be encouraged to get enough rest which will give them a chance to refresh and replenish their bodies and minds so that they can tackle the tasks that need to be accomplished following a trauma. By eating properly, exercising regularly and maintaining a good sleep schedule, older people and their family members can help others as well.

It is also important for people to try to return to their daily routine. Although some things have changed after the trauma and may never be the same again, returning to their daily routine helps to maintain a sense of stability and control over their lives. Older people especially are comforted by the consistency in their daily routine and this can be a very positive step in helping them to recover from a major trauma, such as a hurricane.

It is also important for older people and their family members to find outlets for the stresses that inevitably result from experiencing a major trauma. These can include yoga, meditation, calming music, journal writing, deep breathing exercises or taking a daily walk. By finding a way to curb stress, those who experience a major trauma can better cope with the reality of the situation and the steps needed to start the recovery process.

Living in Fort Myers, Florida, my family and I witnessed first-hand the fury of Hurricane Charley on August 13, 2004, and Hurricane Wilma on October 24, 2005. We were very fortunate to escape major structural damage to our home, but were without power for four days after each storm. (Thank goodness for a generator, which at least kept the chest freezer running!)

As a geriatric social worker, I assisted many of my clients with obtaining the necessary hurricane supplies, emergency food and made sure that they had plenty of medicine. I also assisted several clients in contacting their families who live out of the area, and made arrangements for them to stay with those families throughout the duration of the storm and, in some cases, for the remainder of the hurricane season. For those of us who stayed, it was amazing to witness the strong sense of community – of people helping each other- that resulted from these storms. People invited their neighbors over to share barbequed meals, ice cold drinks and long swims in the pool. Our elderly next door neighbors were VERY grateful for our grill, ice from the chest freezer and pool, and have since purchased their own generator! This sense of community, of coming together, lasted for quite some time, and still exists among many to this day.

We were a bit more prepared for Hurricane Wilma, but I still had to make preparations and assist older clients and their families in dealing with the storm and its aftermath. Many clients who had damage to their homes from Hurricane Charley had just gone through repairs to their home when Hurricane Wilma created new damage. Talk about frustration! As a result, some clients have chosen to move nearer to their families who live out of state, away from the hurricane path. This is certainly a very understandable reaction, but it poses the question of what can social workers do to assist and support older people and their families who choose to remain in the “eye” of future hurricanes?

The main thing that social workers can do is to PREPARE and PLAN AHEAD. Make sure that clients have adequate emergency food, ice, hurricane supplies and plenty of medication. Try to encourage folks to evacuate to a nearby shelter, if necessary, or make arrangements for
them to stay with family who live out of the area. Establish a good informal support network of friends and neighbors who take on the responsibility of ensuring the older person’s safety.

Experiencing the 2004 and 2005 hurricane seasons in Florida has given me a first-hand look at what it takes to live through a major trauma. Going through the same experiences as my older clients and families has allowed me to “practice what I preach.” I take time out of my daily schedule to relax and find time for me, away from demands of work or family. I try to eat properly, get plenty of exercise and get enough rest. I also share my feelings honestly with others, whether they like it or not! I also focus on the positive – being an optimist is good for the mind, body and spirit.

As we approach another hurricane season, I have started to talk to my older clients and their families about their preparation plans for this year, and how their past experiences have shaped their attitudes regarding future storms. Some clients have responded by saying “We are leaving the area for good”. Most of these older folks are choosing to relocate to another part of the country, to be geographically nearer to family. Others have said “We are planning to stay put. Our lives are here in Southwest Florida – we are not going to let hurricanes keep us from enjoying our life. Other parts of the country have tornadoes, mud slides, flooding, snow and ice storms. You’re always going to find weather problems somewhere”. One client said “How you cope with any trauma in life depends on your attitude. I try to stay positive and look at the best in any situation”. What a wonderful mantra! We all should think this way in every aspect of our lives!

Trauma events, such as a hurricane, are often beyond our control – they will occur no matter what we do. We can, however, control how we deal with the aftermath. By focusing on the positive and by helping others who may have been affected, we can boost our own morale and aid in our own recovery from the event. Remember to show others that you care and express your own feelings to those who can help, such as a social worker. Be considerate of others and express love and concern regularly. And laugh! Laughter is a great way to release tension. Try it – you’ll see what I mean!

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RESILIENCY

The human capacity (individual, group, and/or community) to deal with crises, stressors, and normal experiences in an emotionally and physically healthy way; an effective coping style.

Social workers are no strangers to intervening in situations of extraordinary stress. When disasters occur, however, social workers are compelled—as individual practitioners and as a profession—to look beyond the usual therapeutic tools to mount an effective response to urgent and complex human distress. This timely and comprehensive book provides a clear and systematic treatment of the multiplicity of human needs associated with human disaster. It is a great resource for social workers in a variety of roles.

The goal of this book is to teach improved interventions in the care of children and families in the wake of disaster. To this end, the authors address disaster intervention from an approach that combines the family-centered perspective with an integrated model that includes the cognitive-behavioral, family systems, and ecological perspectives. The authors remind social workers of the importance of intervening in a manner that helps the family learn to help itself, as well as the importance of considering individual, family, and community resources. Readers will find this lens congruent with traditional social work practice.

The book is in three sections: Understanding Disaster, the Effects of Disasters, and Disaster Intervention. The 14 chapters offer models for considering disaster effects; guidelines for dealing with vulnerable populations; resiliency factors for children and families; keys to community disaster planning; secondhand effects of disasters; tips for helping the helper; and much more information related to natural, technological, and complex disasters.

This book is a great resource for social workers in a variety of roles: Practitioners who intervene with children and families affected by disasters; organizers and agency administrators who intervene on community, state, or national levels; anyone who is communicating with media; and anyone who is interested in a deeper understanding of disaster response and intervention, especially with children and families.

Social workers who are accustomed to working with clients in a therapy setting will have to shift from a growth orientation to a framework that addresses dire and concrete needs for shelter, water, and food. Here is a book that provides information about what we can do for disaster-stricken individuals and communities. It describes the possible reactions of children and their families to disaster, clearly defines their immediate needs, and shows us how we can give help in a brief encounter. In the context of this time-limited encounter, the professional can assist with safety and health concerns; the need to feel secure; and the need to vent feelings about the disaster.

Time itself is a powerful theme: phases of disasters; phases of intervention and healing; the timing of approaches in relation to the disaster; how long it takes for various types of help to arrive before, during, and after the event; how long the help stays; how long the disaster stays in the media and, thus, in the awareness of people in outside communities; and how long the disaster experience stays with the survivors, victims, and helpers. Crisis stabilization/disaster relief work and psychotherapy/counseling work differ in the skills required of social workers, the goals and needs of clients, the dynamics of the helping relationship, and the time the process takes.

WHEN THEIR WORLD FALLS APART: A BOOK REVIEW

Lana Sue Ka`opua, PhD, ACSW, LSW
Laura Kaplan, PhD, LISW, LCSW

The Book:


For more information on this book and others related to social workers and disaster response, go to the NASW Press Web site at www.naswpress.org or call (800) 227-3590.
This book is a great resource to help the helper focus energy, strategies, knowledge, and expertise to do the most effective work possible under the extraordinary circumstances created by disasters.

Additional strengths of this text are as follows:

- An integrative framework for understanding disaster-related effects on children and families that is highly congruent with the social work perspective. Cognitive-behavioral, developmental, family systems, and ecological perspectives and strategies are offered, with emphasis on the effects of diversity, vulnerability, and resilience factors.

- Clear delineation of disaster assistance as crisis intervention rather than psychotherapy or counseling. This is a book about helping families and children manage the effects of disaster. It is about strategies professionals can use to help others get through a disaster, meet the needs of those experiencing one, alleviate suffering, and reinforce the use of active emergency coping skills.

- Reader-friendly descriptions of relevant, current literature on disaster-related family stress, clarified with many examples. Practitioners are introduced to both cognitive and affective road maps to guide intervention. Diverse examples of natural (e.g., earthquakes, floods) and technological (e.g., the Challenger explosion, Chernobyl) events from around the globe broaden the practitioner’s perspective.

- Relevant intervention strategies and tools for use in the assessment of coping, resilience factors, risk, need, and other critical issues. The CD-ROM that comes with the book includes real people telling their disaster stories.

- Specific attention to vulnerable populations, including the elderly, the socioeconomically disadvantaged, and those who are physically disabled or living with cognitive impairments.

- Specific activities for fostering the practitioner’s well-being. The need for regular respite for frontline social workers and other responders is not treated as an afterthought, and activities for reflexive practice, self-care, critical incident stress debriefing, and group defusing are described.

- Human rights in disaster from a global perspective. The authors connect human rights to disaster through the consideration of violence such as children in the military; exposure to the violence of war; terrorism; and associated sex crimes against women and girls.

When Their World Falls Apart more than meets its stated goal of teaching ways to improve preparations for helping families and children manage the effects of disaster. The reviewers were moved by the profound sensitivity of the authors in communicating the lived experience of disaster for those in need of help, as well as for those who help.

Although excerpts from this very readable text can stand alone as resources or as educational units for students and busy practitioners, reading the entire volume is highly recommended. This book addresses a critical and timely social work issue.

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**DISASTERS & DISPARITIES AS IT RELATES TO SOCIAL WORK AND NASW**

Final Focus Group Report, Washington, DC, February 22, 2006

As New Orleans evacuees from Hurricane Katrina settle into communities throughout the country, it is important for child welfare workers nationwide to have knowledge about the cultural context of these potential clients. This article provides recommendations for providing culturally competent context sensitive social work services to former residents of New Orleans.

Prior to Hurricane Katrina, New Orleans was a major tourist attraction. The city differs from others in Louisiana partly because of its geography as a port city and its semi-urban culture. The uniqueness of New Orleans’ culture is evident in the residents’ colorful language—phrases such as making groceries, or endearments like dawlin’ for men and women. Other residents have accents, known as Yat, that give away which section of the city they reside (Lyman, 2005).

Poverty in New Orleans before Katrina had been generally invisible to tourists (Snyder, 2005), but a daily reality of more than 23 percent of the African American population of New Orleans (Victims, 2005). Before Katrina, the flooding, and the subsequent disbursement of residents across the country, New Orleans residents were about 67 percent African American, 28 percent white, and 5 percent other races, including Hispanic, Asian, and Native American (Census Bureau, 2000). One in seven residents did not have access to a car (Berube & Raphael, 2005). Ultimately, social class determined whether residents could leave New Orleans before Katrina or were forced to go to public shelters (such as the Superdome, Cajun Dome, and Southern University at Baton Rouge); congregate on sections of the interstate highway; or remain in their homes (Dyson, 2006). The evacuees were the most vulnerable group in New Orleans, and consequently, have a higher probability of requiring child welfare and social work services in their current cities.

Recommendations for Context Sensitive Service Delivery

Cross-cultural knowledge is important to effective social work practice in child welfare (NASW, 2001). Delivering culturally sensitive, context relevant services to evacuees from New Orleans requires recognizing and responding to the sociopolitical factors in their current lives, as well as their hometown city. Clients bring their cultural context with them and service providers must deal with cultural context as it influences client-worker interactions.

The following recommendations are for social workers in the child welfare system:

- Increase your knowledge of the context of New Orleans. This article has provided an introduction; seek out more information. NASW cultural competency standards underscore the importance of social workers to seek cross cultural knowledge (NASW, 2001).
- Actively listen to their stories although they may not be relevant to the service contact. Survivors need to talk and to know that others are listening. It is a way of giving meaning to their experiences.
- Remember that clients may lack knowledge about their new environment. Provide details about the city and its services.
- Help clients obtain needed documents for themselves and their children. Also, discuss storage of the documents, as more moves are likely.
- Explain your agency’s policies on defining family membership. New Orleanians may have a broad view of who is in their families, including non-blood relatives.
- Respond sensitively to clients’ emotionality. They may be very angry as a result of being traumatized and involuntarily placed in your city and your system.
- Consider developing social support groups for evacuees in your area. There is a concern that families who did not have the resources to leave New Orleans will not have resources to return (Snyder, 2005).
- Include a quarterly service evaluation that examines the clients’ adjustment to their new context, and service needs and utilization. Then make any appropriate adjustments to service delivery.
- Remember that your position of power and privilege as a social worker can be balanced when you act as an ally for social justice on behalf of clients who have been oppressed or traumatized.
Hurricane Katrina evacuees may find themselves dependent on governmental resources (Victims, 2005). Social workers in the child welfare service delivery system are accustomed to serving women and children who are vulnerable, which is one of the strengths of our practice. Although social workers are often trained in culturally sensitive service delivery, integrating the context of New Orleans represents a unique challenge for those who provide services to evacuees. Social workers are accustomed to demonstrating cultural competence; adding context sensitivity will lead to more effective practice with former residents of New Orleans.

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References


"We’re in a period of denial about the extent to which racism still exists as a structural phenomenon,” said Thaddeus Mathis, a social administration professor at Temple University. "It was just so evident in this storm. Even in the language people used."

Mathis was quoted in an article, “Flood of Emotion,” printed in the Philadelphia Weekly October 5, 2005. He is professor and former associate dean of the School of Social Administration at Temple University and director of the university’s Institute for Africana Social Work, which focuses on developing culturally centered social work practices in black communities.
Will Your Agency Be Prepared for a Disaster?
Insights from a Former Child Welfare Leader

Carmen D. Weisner, ACSW, LCSW

Just eight weeks after Hurricane Katrina devastated the Gulf Coast, I had the opportunity to speak about how child welfare agencies can prepare for disasters. A large portion of my professional career had been with Louisiana’s child welfare agency. And while a disaster of the magnitude experienced in Louisiana, Mississippi, and Alabama could never have been plotted out, we have learned lessons from it that will help child welfare professionals develop their own emergency response plans.

As the former assistant secretary for the Louisiana Department of Social Services, Office of Community Services, I had had the pleasure of guiding that agency toward accreditation. During the accreditation process, we envisioned providing a blueprint for running a quality organization and a model that could be used to mentor new staff. I drew from this experience, as well as many others, when I was asked to speak to more than 175 child welfare professionals at a Council on Accreditation (COA) roundtable in Little Rock, Arkansas, on October 18, 2006.

My comments to the group focused largely on two questions: “Are you prepared for a disaster?” and “Could your state handle some of the unique challenges that Louisiana and Mississippi are encountering?” I think that some of the challenges that are being dealt with in the Gulf Coast states could be used to help child welfare professionals perfect a blueprint for their organizations. The following are questions that child welfare leaders should consider in developing disaster plans for their agencies.

Assessing the Situation
Let’s start with a worst-case scenario: The city is a large metropolitan area. The caseload is one-third of the state’s total number of children in the care of the child welfare system. The service delivery support system includes major medical centers, major universities, large social service delivery systems, a large charity hospital system, medical centers associated with two large medical schools, large adolescent mental health treatment centers, more than 1,500 social workers who are employed in various human service delivery systems, a large public school system, a large parochial school system, and a juvenile court system. The affected city is the location of all the state’s vital records (birth and death certificates) and the state’s supreme court. The city is the largest economic engine for the state’s economy. It has a population with a high level of poverty and low literacy levels, in a state where child well-being indicators are traditionally in the lower ranks (say, 49th). The population is 1.5 million.

If you have to evacuate this city, do you know where all the children in your custody are going? Consider these issues:

What about your caregivers?
When certifying and approving caregivers (foster parents, residential care facilities, relative caregivers), do you ask where they will go in the event of a disaster? Where would you store this information? How often would you update it? If you put this information on a form in the case record, how would you get to it if you are not allowed into the area to retrieve your records? If you put it in your large database, how quickly can you make changes or incorporate new information? Can your workforce enter the data quickly so you’ll be prepared for a disaster that may or may not come? Will you incorporate this issue into your quality improvement process as a critical element to check in your reviews? Will your licensing elements also need to make this a standard for your contracted private agency providers? How would you monitor this? Will your courts now begin to ask this question of workers during court reviews?

What about your workforce?
Do you have a system of disseminating information? Are there employees who are assigned to maintaining contact information and communicating with everyone during an emergency? If everyone is evacuating, do you know where each one of your staff members is going? Will the caregivers inform the caseworker where they are going? How would that information be transmitted to a central source for tracking purposes? Does your agency require that personnel check in within a certain time frame? If the local office is out of commission, what telephone number are they to call? Is that number posted? Are all workers aware of this process? Can you, or should you, make it part of your personnel processes? Will you be able to issue paychecks? Do the state’s banking processes use direct deposit, or are you still issuing paper checks? If paper, how would you distribute money? If mail delivery has stopped or mail is being held or rerouted, how will you send communications? How long do you keep...
employees on salary if you are unable to give them a location where they can report for duty? Does your state have any unique civil service rules and regulations regarding furlough or layoff of staff?

What about your records?
Are all your critical documents embedded in your Statewide Automated Child Welfare Information System (SACWIS)? Are some items kept in paper documents? Can you recreate court orders and other legal, medical, and service-related documents to send to another state to help that state serve children/clients who have relocated? Remember, your court system cannot access its records, and the service delivery support system is not functioning, which means you cannot get a copy of a birth certificate, marriage license, death certificate, amended court order, documentation of recent Title XIX or Title IV-E eligibility determination, and so on.

The list could go on and on. If you think you need to embed all this information in your electronic case record, is your current SACWIS design adequate? Will you need to go out on bid to amend a contract to cover this? Will your legislators support this type of expenditure if they do not believe you are at risk? What other options do you have?

What about your federal partners?
Would you need to involve them early in the recovery process? How will this disaster affect your Program Improvement Plan for the short term and long term? What about reporting on the indicators? Will your partners be able to waive federal statutory requirements? Will they allow you to use cost allocation data from previous quarters to continue to draw on federal funds at the same level as you did before the disaster? Will you have the same State General Fund level to match? Can you continue to sustain your IV-E caseload mix/penetration rate without redeterminations?

What about staff development?
In the impacted area, two major schools of social work are closed down. Will you be able to sustain an adequate graduation rate to ensure that you will have qualified staff to perform child welfare functions in the short and long term? If the students went to other states to complete their education, do you think they will return? Can your civil service salaries compete with the salaries being paid by federal government contractors who are staffing Disaster Recovery Centers? Will some of the federal departments allow for sharing of information on clients to help with locating children and families?

How should you use the media?
Who will be responsible for getting your message out? What will your message be? Will your information be reliable?

How will you manage offers of help?
There are many offers of help. You are overwhelmed with the outpouring of support, but you realize that your crisis is just one headline away from moving to page 6 of national newspapers. When do you bring in volunteers from other states? There is no place to house people, so where would your volunteers stay? Are they skilled in disaster services and trauma? Do you and your staff need training on these issues?

Who should you involve in future planning?
In addition to your usual community partners, do you need to include others in rebuilding, reforming, and improving? Many advocates and emerging service delivery systems will be drawn to the disaster response, creating a different pool of people whom you will need to invite to meetings to discuss child welfare issues. The state chapter of the National Association of Social Workers and your nonprofit association need to be invited. At the national level, the Council on Accreditation, Child Welfare League of America; the Alliance for Children and Families; and the American Public Human Services Association should also be included. National entities have access to consultants who may be of service.

Will the disaster in your state have an impact on the service delivery systems in other states?
If so, what is your role in terms of informing your practice peers about cultural issues, jurisdictional issues, and so on?

Conclusion
Disaster planning is a critical function of any organization, but most child welfare organizations do not have a plan in place that addresses the concerns identified here. Having a plan to address these issues will prepare the organization to respond in a timely and efficient manner to a disaster of any level in its jurisdiction.

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AVOIDING ETHICAL MISHAPS IN A POST-DISASTER ENVIRONMENT

Krystie Scamehorn, MSW, LCSW

The news coverage of hurricanes during the past year has brought needed attention to the necessary emergency care and protection of older adults during and after a disaster. Older people who survive disasters may emerge with additional frailties or feeling more vulnerable than prior to the disaster. In such cases, it is important that social workers have a practical framework for addressing ethically sensitive issues that may arise while caring for older people in a post-disaster environment.

In the weeks following Hurricane Katrina, it was discovered in Louisiana that 34 nursing home residents died and another 44 hospital patients died when staff did not evacuate (Judice, 2005). Just weeks later, during the evacuation efforts prior to Hurricane Rita, 24 nursing home residents perished aboard a charter bus that caught fire outside of Dallas (Johnson, 2005). While it is not known whether ethical dilemmas played a role in any of these situations, it is known that social workers often encounter out-of-the-ordinary situations in a post-disaster environment, and those situations may involve ethical challenges.

Soliman and Rogge (2002) reported that the environment after a disaster is a “breeding ground for ethical uncertainty and dilemma” (n.p.). For social workers helping older adults after a disaster, normal protocols may not be appropriate or adequate. Major disasters typically result in the loss of utility services, transportation barriers, and closing of service agencies. These circumstances can create situations in which social workers face ethical tensions over decisions that must be made and made in a timely manner. At the same time, disruptions in service or the delay of prescription medication can have fatal consequences for older people (Combs, Quenemoen, Parrish, & Davis, 1999).

For instance, social workers may be employed by an agency that does not have a policy on disaster management, or following the agency’s disaster policy may create a situation in which the social worker’s actions would conflict with the Code of Ethics (1999). This author recalls such a situation that occurred after Hurricane Charley in 2004 when a senior social service agency sustained severe damage and was temporarily unable to provide services to its frail older adult clients. Many seniors depended on the transportation service to meet get to grocery stores or healthcare appointments. An 83 year-old woman called her social worker just a few days after Charley hit to inquire about transportation to a very important medical appointment. The social worker attempted to arrange alternative transportation but was unsuccessful. Knowing the importance of the client’s medical appointment, the social worker used her personal vehicle to drive the woman to and from her doctor’s appointment—even though it was against company policy for employees to transport clients in personal vehicles. That example pales in comparison to the more serious ethical dilemmas social workers may encounter in serving older adults after a disaster.

Post-disaster situations can raise many important questions, such as: How does a social worker handle ethical dilemmas in serving older adults in a post-disaster environment? What ethical framework exists for helping social workers navigate these dilemmas in a way that honors the profession and simultaneously protects the safety, dignity, and self-determination of older adults after a disaster? Obviously, there is no clearly defined, universally accepted answer to each of these questions. Although, generally speaking, social workers should equip themselves with an overall framework to apply to situations when providing post-disaster services to older adults.

Above all, know your code. Familiarity with the Code of Ethics (1999) should be the foundation of every social worker’s framework for dealing with ethical challenges. The principles and standards outlined in the Code are intended for and can be applied in all social work practice settings. The Code provides support for concentrating on the needs of vulnerable populations, including older adults in a post-disaster environment. One purpose of the Code is “to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise” (p. 2). The more familiar a social worker becomes with both the spirit and the letter of the Code, the quicker that information can be retrieved and applied in time-sensitive settings such as after a disaster.

Another element of a good framework is a commitment to self-care. A social worker’s self-care (or lack thereof) can affect the ability to provide appropriate disaster relief services to older adults and to make ethically sound decisions. Soliman and Rogge (2002) said self-care can minimize risk in disaster response. The Code of Ethics (1999) also provides some clarity on this issue: It is our professional responsibility to keep our personal issues (including psychosocial distress and mental health difficulties) from interfering with professional judgment.
The post-disaster environment always seems to have an endless supply of work, and a lot of the work is time sensitive. While it can be very difficult for social workers to pull away from a post-disaster environment, it is imperative that they do so and take the opportunity for reprieve. Otherwise, they can become compassion fatigued or burned out—conditions that render the very best impaired.

In addition to a general framework, social workers may need more specific support for ethical dilemmas in post-disaster environment. The following are questions social workers can ask themselves as guidelines for navigating ethically sensitive situations:

1. What need is at stake? Know what ethical principles are in conflict in this situation.

2. Are there alternative options to meeting this need? Know whether the values and principles outlined in the Code support either option.

3. What are the ethical consequences of each option? Weigh the options. Know which option comes closer to meeting both the letter and the spirit of the Code.

4. What would Jane do? This question reminds us that we are not the first social workers to involve ourselves in disaster recovery work. While we cannot personally consult with Jane Addams or another pioneer social worker, we should review ethical dilemmas with a colleague—even in the chaotic post-disaster environment. Consulting with a social work colleague can provide an objective perspective, as well as accountability in resolving the conflict with as much respect to ethical considerations as possible.

5. Since disaster-recovery can be incredibly time sensitive, especially with respect to vulnerable adults, reviewing the issues with a colleague may not be feasible or appropriate in every case. The NASW Office of Ethics and Professional Review (OEPR) offers an ethics consultation service to NASW members. Though it is not available 24 hours a day (which might be ideal for a disaster-recovery setting), this valuable service is an additional resource available to social workers in navigating ethical dilemmas in disaster recovery. The contact information is listed at the end of this article.

Make your professional, ethical judgment with confidence. A social worker that has done her or his best to abide by the Code should have some measure of confidence that the decision is ethically sound, even if it was a difficult decision. The social worker should feel free to take careful and confident steps forward in the landmine of disaster recovery.

One characteristic that sets social work apart from other helping professions is its special focus on the vulnerable (Code, 1999), and disasters often leave older adults more vulnerable. The social work profession, however, has a strong track record of skills and modalities that assist with disaster recovery, including crisis intervention, communication skills, empathy, strengths perspective, the problem solving model, and of course, the person-in-environment or ecological perspective (Zakour, 1996). While there is no universally accepted means of avoiding ethical mishaps in a post-disaster environment, social workers can equip themselves with an ethically sound framework in their work with older adults after a disaster.

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References


THE RESILIENCY QUIZ
by Nan Henderson, M.S.W.

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Note: This quiz can be used to assess your own life, or you can use it in your role as a parent, educator, or counselor to help others assess and strengthen the resiliency building conditions in their lives.

PART ONE:
Do you have the conditions in your life that research shows help people to be resilient?

People bounce back from tragedy, trauma, risks, and stress by having the following conditions in their lives. The more times you answer yes (below), the greater the chances you can bounce back from your life’s problems “with more power and more smarts.” And doing that is a sure way to increase self esteem.

Answer yes or no to the following. Celebrate your “yes” answers and decide how you can change your “no” answers to “yes.”

1. Caring and Support
   ______ I have several people in my life who give me unconditional love, nonjudgmental listening, and who I know are “there for me.”
   ______ I am involved in a school, work, faith, or other group where I feel cared for and valued.
   ______ I treat myself with kindness and compassion, and take time to nurture myself (including eating right and getting enough sleep and exercise).

2. High Expectations for Success
   ______ I have several people in my life who let me know they believe in my ability to succeed.
   ______ I get the message “You can succeed,” at my work or school.
   ______ I believe in myself most of the time, and generally give myself positive messages about my ability to accomplish my goals—even when I encounter difficulties.

3. Opportunities for Meaningful Participation
   ______ My voice (opinion) and choice (what I want) is heard and valued in my close personal relationships.
   ______ My opinions and ideas are listened to and respected at my work or school.
   ______ I volunteer to help others or a cause in my community, faith organization, or school.

4. Positive Bonds
   ______ I am involved in one or more positive after-work or after-school hobbies or activities.
   ______ I participate in one or more groups (such as a club, faith community, or sports team) outside of work or school.
   ______ I feel “close to” most people at my work or school.

5. Clear and Consistent Boundaries
   ______ Most of my relationships with friends and family members have clear, healthy boundaries (which include mutual respect, personal autonomy, and each person in the relationship both giving and receiving).
   ______ I experience clear, consistent expectations and rules at my work or in my school.
   ______ I set and maintain healthy boundaries for myself by standing up for myself, not letting others take advantage of me, and saying “no” when I need to.

6. Life Skills
   ______ I have (and use) good listening, honest communication, and healthy conflict resolution skills.
   ______ I have the training and skills I need to do my job well, or all the skills I need to do well in school.
   ______ I know how to set a goal and take the steps to achieve it.
**PART TWO:**
People also successfully overcome life difficulties by drawing upon internal qualities that research has shown are particularly helpful when encountering a crisis, major stressor, or trauma.

The following list can be thought of as a “personal resiliency builder” menu. No one has everything on this list. When “the going gets tough” you probably have three or four of these qualities that you use most naturally and most often.

<table>
<thead>
<tr>
<th>PERSONAL RESILIENCY BUILDERS</th>
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<tbody>
<tr>
<td><strong>INDIVIDUAL QUALITIES THAT FACILITATE RESILIENCY</strong></td>
</tr>
<tr>
<td>Put a + by the top three or four resiliency builders you use most often. Ask yourself how you have used these in the past or currently use them. Think of how you can best apply these resiliency builders to current life problems, crises, or stressors.</td>
</tr>
<tr>
<td>(Optional) You can then put a ✔ by one or two resiliency builders you think you should add to your personal repertoire.</td>
</tr>
<tr>
<td>✔ Relationships – Sociability/ability to be a friend/ability to form positive relationships</td>
</tr>
<tr>
<td>✔ Service – Giving of yourself to help other people; animals; organizations; and/or social causes</td>
</tr>
<tr>
<td>✔ Humor – Having and using a good sense of humor</td>
</tr>
<tr>
<td>✔ Inner Direction – Basing choices/decisions on internal evaluation (internal locus of control)</td>
</tr>
<tr>
<td>✔ Perceptiveness – Insightful understanding of people and situations</td>
</tr>
<tr>
<td>✔ Independence – “Adaptive” distancing from unhealthy people and situations/autonomy</td>
</tr>
<tr>
<td>✔ Positive View of Personal Future – Optimism; expecting a positive future</td>
</tr>
<tr>
<td>✔ Flexibility – Can adjust to change; can bend as necessary to positively cope with situations</td>
</tr>
<tr>
<td>✔ Love of Learning – Capacity for and connection to learning</td>
</tr>
<tr>
<td>✔ Self-motivation – Internal initiative and positive motivation from within</td>
</tr>
<tr>
<td>✔ Competence – Being “good at something”/personal competence</td>
</tr>
<tr>
<td>✔ Self-Worth – Feelings of self-worth and self-confidence</td>
</tr>
<tr>
<td>✔ Spirituality – Personal faith in something greater</td>
</tr>
<tr>
<td>✔ Perseverance – Keeping on despite difficulty; doesn’t give up</td>
</tr>
<tr>
<td>✔ Creativity – Expressing yourself through artistic endeavor</td>
</tr>
</tbody>
</table>

It is helpful to know which are your primary resiliency builders; how have you used them in the past; and how can you use them to overcome the present challenges in your life.

You can also decide to add one or two of these to your “resiliency-builder” menu, if you think they would be useful for you.

**You Can Best Help Yourself or Someone Else Be More Resilient by...**

1. Communicating the Resiliency Attitude: “What is right with you is more powerful than anything that is wrong with you.”
2. Focusing on the person’s strengths more than problems and weaknesses, and asking “How can these strengths be used to overcome problems?” One way to do this is to help yourself or another identify and best utilize top personal resiliency builders listed in The Resiliency Quiz Part Two.
3. Providing for yourself or another the conditions listed in The Resiliency Quiz Part One.
4. Having patience...successfully bouncing back from a significant trauma or crisis takes time.

Nan Henderson, M.S.W., is an international trainer on how to help yourself, your children, or others you care about become more resilient. She speaks to educators, parent and community groups, and to youth on a variety of topics connected to resiliency. She is also the President of Resiliency In Action, Inc., and the author/editor of five books on the topic of fostering resiliency. She can be contacted at nhenderson@resiliency.com or by calling 858-488-5034.