



COUNCIL ON SOCIAL WORK EDUCATION



**Proceedings of the International Seminar on  
Disaster Planning, Management, and Relief:  
New Responsibilities for Social Work Education**

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**International Seminar on Disaster Planning, Management, and Relief: New Responsibilities  
for Social Work Education**

**ORGANIZERS**

Katherine A. Kendall Institute for International Social Work Education of the Council on Social  
Work Education  
International Association of Schools of Social Work  
North American and the Caribbean Schools of Social Work

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## Introduction

Reducing the risk of disasters or its impact on vulnerable populations worldwide requires the application of appropriate comprehensive interventions that improve the well-being of individuals, families, and communities and build resiliency. Disaster interventions necessitate that social work education and the profession reexamine their roles in disaster management and response.

On January 10-12, 2007, the Katherine A. Kendall Institute for International Social Work Education of the Council on Social Work Education (CSWE), the International Association of Schools of Social Work, and the North American and the Caribbean Schools of Social Work successfully organized their first joint international seminar on *Disaster Planning, Management, and Relief: New Responsibilities for Social Work Education*. The seminar attracted social work educators, researchers, and practitioners from universities, government, and nonprofit organizations, as well as public agencies worldwide to explore disaster management theory, research, principles, skills, knowledge, and practices.

Over 80 participants from 15 countries across the globe (Africa, Asia, Europe, South America, and North America) gathered in Barbados to engage in dialogue and careful examination of issues of disaster management and how social work education could catalyze this effort through curriculum integration in the classroom.

The seminar opened with a message read on behalf of Katherine A. Kendall by Julia M. Watkins, Executive Director of the Council on Social Work Education, and followed by a solidarity message from David Jones, President of the International Federation of Social Workers. A keynote presentation was delivered by Dave Paul Zervaas, Regional Coordinator for Latin America and the Caribbean for the United Nations International Strategy for Disaster Reduction. Other keynote speakers included Geoff Loane, Head of the Regional Delegation of the United States and Canada for the International Committee of the Red Cross, and Ronald Marks, Dean of the School of Social Work, Tulane University. Seminar participants were entertained by local cultural performances, including a poet during the opening ceremony and a group of Barbadian school children who performed a disaster-related song, *Be Prepared!*, at an evening reception sponsored by the Faculty of the Social Sciences of the University of the West Indies, Cave Hill Campus.

Throughout the two and a half day event, 24 speakers addressed the following thematic issues:

- International Responses to Disaster;
- Social Work Practice Response to Disaster;
- Linking Social Work Intervention to Reducing Disaster Vulnerability;
- Vulnerable Populations, Disasters, and Social Work Education; Curricular Infusion;
- Social Work Curriculum Issues, Components, and Theoretical Considerations in the Integration of Disaster Response; and
- Disaster Planning, Management, and Relief With Vulnerable Populations.

Over the course of the seminar, small groups met to share their experiences and to identify and outline curriculum modules on disaster management for social work education. These modules will be further developed by an International Working Group into functional teaching formats.

The seminar generated a great deal of excitement and momentum for social work educators, researchers and practitioners to integrate disaster management knowledge and skills into social work curricula and practice. The seminar was a milestone in the history of the Council on Social Work Education and the Katherine A. Kendall Institute for International Social Work Education in many ways. It was the first gathering of educators, researchers, and practitioners from countries around the world to begin a conversation on a specific topic pertinent to social work education. It was also the first collaborative efforts among CSWE, the International Association of Schools of Social Work, and the North American and the Caribbean Schools of Social Work.

The seminar provided the venue for social work educators, scholars, and practitioners to engage in a productive discussion for identifying and developing curriculum modules for social work education globally. The following specific goals were developed and addressed:

- Gain a broader understanding of disaster planning, management, and response
- Raise awareness of the diverse global interests of members of the social work profession as they relate to disaster
- Define regional action steps for a shared agenda regarding disaster and social work education
- Promote the integration of disaster response into social work curricula
- Develop curriculum modules for social work programs

The seminar further solidified the role of social work in working with individuals, groups, and communities for disaster prevention, response, delivery and management, and coordination of programs geared toward disaster mitigation, recovery, and reconstruction. This document is not an end in itself, but rather the beginning of an effort to provide useful resources to catalyze the integration of disaster related issues into the social work curriculum.

This compilation of the summaries from the presentations is an attempt to sustain the momentum from the seminar. Other resources on disaster management are made available on the CSWE Kendall Institute Web site. We hope you will find this material useful.

Julia M. Watkins  
Executive Director, CSWE

**PRESENTATIONS OF KEYNOTE SPEAKERS**

## **Global Disaster Reduction Approaches: The Role of the United Nations International Strategy for Disaster Reduction (UN/ISDR)**

Dave Paul Zervaas  
*Regional Coordinator, Latin America and the Caribbean*  
UN/ISDR

Good afternoon to all. Thanks very much to the organizers for inviting ISDR to this international conference on *Disaster planning, management, and relief: New responsibilities for social work education*.

This conference is an excellent opportunity to build on old and new ideas, create new partnerships and find practical ways to mobilize new resources, motivation, networks of practitioners and in stimulating new synergies that will hopefully lead to a strengthened involvement of social work in many aspects of disaster reduction on an international scale.

### **Why is disaster reduction important?**

We all know that disaster reduction is important. Intuitively it just sounds right to all of us. We need to reduce disasters, we need to do something about hazards, and we have to increase resilience. But despite the fact that we all know we need to reduce disasters, many of us refer to different aspects of the problem. Everybody seems to have their own idea of what disasters exactly are, and how to reduce disasters. Others speak about risk reduction. Many when thinking about disaster reduction think about getting better prepared to respond to a disaster, or a hazard.

Many others think that what we need to do in order to reduce disasters is to improve disaster response by saving people, bringing in medical attention, logistics, food, and similar items. Of course, most people possess a piece of the truth. Disaster reduction is all that and actually it is much, much more. But more on that in a while.

First we have to ask ourselves why disaster reduction is important. It is obvious that a good response to hazards can save lives, and often many lives. Good prevention and mitigation, disaster risk reduction can save many more lives or avoid that people are put into serious peril. Sound disaster reduction can also ensure that countries or even entire regions have a better prospect for long-term sustainable development. In fact, the other way around this relation is also valid: real and realistic sustainable development also (must) include a full disaster risk reduction approach in order to make societies less prone to be disrupted by hazards.

Disaster can set back development for years or even decades. Economies can be hurt in such a manner that health and education programs suffer tremendous setbacks as scarce economic resources are directed elsewhere in the years after a disaster occurs. It comes as no surprise that the long-term economic effects of disasters are usually much worse in poorer countries, or in poorer regions of a given country.

Additionally, international loans that countries are engaged for during decades often have to be used to help repair some of the damage done by disasters. Disasters impact economic growth. Average gross domestic product lost in disasters: 2-15% (World Bank studies).

The next few years represent a very special challenge for our world. Facing problems such as ongoing conflicts between countries and ethnic groups, environmental degradation, resource mismanagement, and poverty will require great effort and creativity. That is, of course, if humankind wishes to overcome a situation of great suffering that may indeed prove unsustainable in the long run. In many places, the relationship between humans and their ecological and social environments requires a profound change if we hope to achieve sustainable development and reduce disaster risks.

Disaster risk reduction is not an isolated act; it is very much linked to our attitudes towards ourselves and others, to our sense of civic-mindedness as a society, to our social consciousness and to the ways in which we relate to everything around us. A society that is determined to seek effective and balanced models for disaster reduction also tends to be a society that will make progress in other sustainable development spheres.

### **What is disaster reduction?**

Disaster reduction encompasses a wide conceptual framework of elements. It relates to activities and strategies that are geared to minimizing vulnerabilities and disaster risks throughout a society, to avoid (prevent) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

The disaster risk reduction framework is composed of the following fields of action, as described in ISDR's 2002 publication, "Living with risk: A global review of disaster reduction initiatives" (p. 23):

- Risk awareness and assessment including hazard analysis and vulnerability/capacity analysis;
- Knowledge development including education, training, research, and information;
- Public commitment and institutional frameworks, including organizational, policy, legislation, and community action;
- Application of measures including environmental management, proper land-use and urban planning, protection of critical facilities, application of science and technology, partnership and networking, and financial instruments.

Early warning systems include forecasting, dissemination of warnings, preparedness measures, and reaction capacities.

Many countries still focus primarily on disaster response, and continue to be dominated by humanitarian assistance and emergency management, rather than on prevention and well-engineered or thought-out reconstruction. In many situations, this attitude can actually increase the causes of vulnerability, if efforts are not planned and coordinated with the authorities and local communities, and if they do not focus on sustainable development. Generally, from a simplistic viewpoint, emergency response and humanitarian assistance are more visible and measurable in the short term, and in some way, may help comfort guilty public or national consciences, as they show tangible results, attract greater visibility, and gain credibility in the eyes of public opinion.

Also, lengthy periods often elapse between the end of humanitarian assistance and the beginning of sustainable and needs- or demand-driven based reconstruction activities. During this time, the local population has little or no support for recovery, and has no choice but to begin rebuilding in a spontaneous, ad hoc way, without the appropriate resources and capacities to do so. New disaster scenarios may arise during this time lag, increasing the risk that already exists. In some cases, long-term reconstruction never gets off the ground, or is delayed, due to a lack of implementation and preparation capacities after the emergency phase.

It should be noted that even when effective disaster reduction measures are in place, there would often be an element of risk that is residual or cannot be managed because it is either too costly or technically unfeasible to eliminate. Preparedness, an important component of disaster risk reduction, deals with residual and unmanaged risk and aims at developing or strengthening the necessary measures and capacities so that a timely, coordinated, and effective response can be organized when a disaster occurs. Priority action 5 of the Hyogo Framework for Action deals with this component.

### **Social dimensions**

Understanding that risk depends on a pre-existing situation, in which the human factor plays a role, allows us to understand the need for development strategies based on processes for disaster risk reduction and sustainability. This implies a two-pronged goal: reduce existing vulnerability (built up over time, through the implementation of unsustainable development practices), and promote processes that prevent the creation of new disaster risk scenarios in the future. We must address the structural causes of risk, not only the symptoms, as has been our tendency in the past.

In the Americas, as in other regions of the world, 2005 was a year full of surprises, and not necessarily agreeable ones. Thousands of people are dead and millions more have been affected by disasters of different sorts. Developing countries have suffered enormous economic losses, as have countries with the greatest buying power. While it may well be true that a good deal of damage has been caused by disasters in years past and that few places on the planet have been immune, the tsunami in the Indian Ocean at the end of 2004, the earthquake in Pakistan, and the devastating tropical storms in Central America, Mexico, and the United States could lead one to think that this past year was out of the ordinary.

Objectively speaking, however, a more thorough examination of what happened this past year, coupled with careful observation of the trends of previous years, might lead us to the question of whether we really ought to be surprised. It is true that no one expected such an intense hurricane season in our region. While experts had predicted an above average level of activity, they never imagined that there would be a record-breaking number of tropical storms. The unprecedented number of hurricanes in 2005 has generated a lot of questions as to the reasons behind these recent disasters in the region.

While joint efforts have led to a significant progress in the area of disaster reduction in recent years, ongoing conditions in Latin America and the Caribbean still lead to increased vulnerability.

Deficient regulatory policy in a number of areas, the current characteristics of urban management in many areas, problem in environmental resource management, and persistent social inequity in many population centers are factors that force large sectors of society to live in poverty, and in ecologically

fragile and degraded areas. For this reason, so long as the situation does not improve, in all likelihood we will continue to see the cyclical occurrence of disasters.

Perhaps one of the clearest lessons that we can glean from these last years is the need to work together and in an interdisciplinary manner to create more resilient societies.

There are various paths to make progress in this aspect. However, we would like to underscore that the development or strengthening of national disaster reduction platforms may be a very effective mechanism. It is one that is sustainable in the long term and can equip countries with more and better tools to identify durable solutions for reducing vulnerability and to ensure greater involvement from different fields and stakeholders so that, together, they might contribute to the construction of more just and better prepared societies.

### **ISDR role and the Hyogo Framework for Action**

The ISDR reflects a major conceptual shift from the traditional emphasis on disaster response towards holistic disaster reduction. It recognizes that natural hazards in themselves do not inevitably lead to disasters, but disasters result from the impact of natural hazards on vulnerable social systems. In other words, disasters can be prevented through conscious human action designed to reduce vulnerability.

The World Conference on Disaster Risk Reduction (WCDR, Kobe, Japan, 2005) represented a further landmark in worldwide commitment to implementing a disaster reduction agenda. The 168 States attending the Conference adopted The Hyogo Framework for Action, 2005-2015.

The five priorities for action are:

1. Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.
2. Identify, assess, and monitor disaster risks and enhance early warning.
3. Use knowledge, innovation, and education to build a culture of safety and resilience at all levels.
4. Reduce the underlying risk factors.
5. Strengthen disaster preparedness for effective response at all levels.

The Hyogo Framework for Action emphasizes that the primary responsibility for implementation and follow-up lies with States, involving national public administration structures, the scientific community, and civil society. We need to build a strong sense of ownership of disaster risk reduction within their populations and support local governments' capacities.

States should also conceive mechanisms that allow bottom-up disaster risk reduction initiatives, originating at the community level and contributing to the shaping of disaster risk reduction policy and programmes at all levels.

Let us not forget that psycho-social and emotional attention to victims of natural or social disasters is a field not yet frequently enough explored by international cooperation agencies. Assistance is normally directed towards providing roofs and food and controlling epidemic diseases. In Nicaragua, after Hurricane Mitch hit the country late 1998, many were appalled by the extent of the devastation, which left the population in a state of shock and led to attitudes of powerlessness

and/or self-destruction. Some local NGOs felt that if the psychological, emotional, and affective needs of the affected population were not urgently attended, reconstruction would be close to impossible. The rapidly increasing rate of violence taking place amongst the displaced population prompted local agencies involved in the struggle against social and domestic violence to set up a mental health project with the help of local and external financial and human resource support.

There is good evidence, both qualitative and quantitative, that social work and mental health activities have improved well-being in the communities. For instance, psychosocial intervention has stimulated communities to find more effective ways of organizing themselves regarding a variety of issues, such as education and housing. Furthermore, many women who had been victims of violence and sexual abuse have been able to improve with the help of direct attention of social workers, psychologists, and lawyers.

Positive changes in social organization, psychosocial well-being, and community mental health will positively affect the potential for development and thus may increase the impact of other programmes as well. It is true that after emergencies in poverty-struck areas, mental health support is not enough to palliate all damage done.

However, it will help in healing important social and individual wounds as it will also help create more capacities within targeted communities. Best results are to be expected when mental health support is complemented with other programmes aimed at education, housing, and other long-term solutions.

## **Multidimensional Domains of Disaster Response for Social Work Practice: Preparedness, Response, Recovery, and Mitigation**

Geoff Loane

*Head of Delegation*

North American and Canada of International Committee of the Red Cross

I would like to address my remarks through a consideration of the nature and response mechanisms to disasters. My own professional experience has focused largely on humanitarian emergencies in armed conflict although I have worked in a limited way in natural disasters as well. Thus, while my experiences derive from working in contexts armed conflict, most, if not all of the considerations are applicable to natural disasters.

The first part of my presentation will address typical features of disasters, what it means for communities and individuals and the second set of comments will look more closely at disaster response mechanisms. I have two general introductory remarks. Typically, disasters result in the collectivization of individuals as we tend to assess them by the quantitative impact of changes they generate through war, floods, hurricanes, etc., on communities. The numbers of persons affected is then cited as an indicator of the damage generated by particular phenomenon. Large scale emergencies focus on damage to communities and societies and in doing so, the individual is worryingly forgotten.

Consider the case of the Balkan's wars, whose brutality and horror were shared in all our living rooms. In the midst of that brutality there was a specific group of people, who then and now face the terrible problem of missing persons. More than 25,000 people remain missing from Balkan's conflicts, and for those loved ones at home, they are missing but not dead. For the rest of us, we know that they are no longer alive and the problem becomes one of locating and identifying their remains so that we are able to confirm the loss of their loved one to the concerned family. For each individual missing person, a community of family, friends, and neighbors remains concerned by the fate of the missing person, years after the event and largely without any support. Given that these losses are often associated with the sacrifice of young men in wars on behalf of their country, this forgotten problem, which is a feature of disasters all over the world, is even more tragic. Our lack of resources to treat the individual human problem remains arguably the largest constraint in dealing with disasters.

A second feature in terms of society is the perception, and thus support, that disasters receive. This is largely a function of media appeal and the nature of the emergency. The dramatization of a disaster is extremely significant in terms of the mobilization of support, as we have seen in the case of the tsunami and Hurricane Katrina. Equally, the lack of public attention on longer term disasters or chronic emergencies, such as the frozen conflicts in Abkhazia, Bosnia, DRC, all result in a lack of resources to address the problems they manifest. Inequality in the delivery of this external assistance and support is in part mitigated by the growth and strength of local state or voluntary services, but to a limited degree only, as disaster prone areas are not coincidentally those areas that largely have the poorest structures to deal with crises. And it needs to be kept in mind that even the richest and most powerful states rely in part on the voluntary sector to address disasters.

From the perspective of those persons affected by disasters, a couple of remarks can be made. Firstly, victims of disasters are systematically seen as being helpless. It is as if the moment a crisis hits, people lose their capacity to address it themselves and depend on someone else to solve daily and other problems. This is particularly acute when populations move as a result of disaster. Refugee camps are packed with tens of thousands of people, all of whom are seen as helpless and dependent. Worse still, they are considered to have been like that for all their lives.

I once ran a training course for people working in emergencies. Part of this involved a 1-day role play which involved refugees, local authorities, international organizations, and national authorities negotiating a solution to a refugee problem. On each of the 25-plus occasions I ran this course, the refugees were never consulted about their fate, apparently because none of the other groups felt they had anything to offer, or at least no power. On half of the debriefings at the end of the role play, the people playing the role of refugees even went as far as to attempt to boycott the debriefing because they had been alienated during the exercise. Make no mistake; we reinforce, at precisely the wrong time in someone's life, the notion of their vulnerability and helplessness.

A second and related dimension of this is that the local population and community are seen as incapable of solving or addressing the problems that disasters generate. Invariably, staff and volunteers are mobilized from external communities and countries to come and help affected populations on the basis that they need such support. This is an integrated part of disaster response and carries an important message in terms of our sense of responsibilities. Whilst we are in the business of providing external support to individuals and communities under threat, the way in which we do it is central to reinforcing notions of dignity and respect, and ultimately, self help.

If we look at the experience of the United States after Hurricane Katrina, hundreds of thousands of volunteers went to New Orleans and the region to support the tragedy of the flooding. They played a remarkable role, often life-protecting, and essential to the response. However what was the impact on New Orleans residents who overnight had been stripped of their security and livelihoods by a hurricane to find themselves dependent on others for their food, water, hygiene, shelter, and care, the very basics of our existence. We need constantly keep in mind that such a reliance runs contrary to all our notions of adult responsibility, and exceptional sensitivity is required when we meet people in that situation.

The third area that I would like to address is precisely this role of the wider regional or global community. Whilst none of us wish to have our problems and challenges exposed to outsiders or foreigners, this is exactly what happens in disasters. And yet it is this measure of wider regional or global support that provides disaster victims often with their daily requirements, but it does so at a price.

I started my career in the Ethiopian so-called famine, or more correctly, conflict-driven emergency. More than perhaps any other disaster, the Ethiopian crisis of 1984 was the first global response and, more significantly, a global ownership of emergencies. Thus, the Ethiopians paid the price of deep embarrassment for their suffering broadcast around the world, whilst benefiting from the generosity that this generated. At the end of that emergency, the Ethiopian government dispatched its premier cultural show to all major world capitals to stage benefit concerts thanking the world community for what it had done.

We cannot separate the reliance of disaster victims on external support from notions of collective responsibility for large-scale emergencies. But we need to address what is in the best interests of the victims of disasters in relation to playing a role in preparing for and responding to disasters. As professionals we cannot avoid our responsibility to promote the dignity and self-reliance of individuals and communities in their responses.

Let me now turn to disaster response mechanisms and the way in which these are implemented in this field. I will look specifically at disaster preparedness, response and recovery, as these form the backbone of efforts to limit the consequences of large scale disasters. Again, it is hoped that these remarks resonate with you in relation to social work models of practice and that lessons can be drawn that can strengthen the implementation of both forms of similar response.

Disasters are loosely characterized as natural or man-made and slow or fast onset. These classifications provide important clues as to the type of response that can be expected and who will be leading in that response. Natural disasters far outnumber man-made ones. Floods, droughts, storms, earthquakes, and erratic rainfall generate hundreds of thousands of casualties on an annual basis, but with the exception of large-scale emergencies involving tens of thousands of people, they do not receive the kind of attention that armed conflict invariably does. Disasters linked to armed conflict invariably draw the attention of the Great Powers, reflecting the potential for global disaster that conflict continues to represent to the world. A final consideration is that slow onset disasters often go virtually unknown and unheeded because they are not identified or linked with an event.

The collapse of the Soviet Union in 1990 had as a consequence the virtual collapse of the social security network in many of its satellite states. Rampant inflation and devaluation meant that, for millions of retired workers, they were left with inadequate resources from the state to manage their retirements. The good news is that for most, they were able to rely on family and other support but for those without that support, life slowly became a struggle for survival in every respect. And these were and remain unknown victims of slow onset disasters, whose situation is as tragic as those much more heralded contexts of war and sudden onset disasters.

Notwithstanding differences, it is interesting to note that disasters can be anticipated to a greater degree than one would imagine in the first analysis. Vulnerability to natural disasters is well chronicled and unsurprisingly the highest levels of vulnerability exist exactly in locations where disasters are most prevalent, thus adding argument to the logic that disasters erode coping mechanisms. I draw your attention to this point now because, ultimately, the strength and performance of coping mechanisms is central to an effective response.

The example of Bangladesh is a case in point. Bangladesh has the most exposed and vulnerable coastline to flooding with the largest population presence of anywhere in the world. On an annual basis, thousands of persons are displaced and lives destroyed through flooding. Anticipation of floods in Bangladesh is thus somewhat straightforward and because of this a greater emphasis can be placed on preparation and response. Again it is not surprising that the country has one of the best prepared local capacities for disaster response and for anyone trying to draw lessons in relation to coping mechanisms, this case study provides fascinating insight into how societies manage their disaster response mechanisms.

Central to these disaster preparations lie two key ingredients: local capacities and resources. The development of local capacities to address disasters is by far the single largest determinant of effectiveness, all other things being equal. During the conflict in southern Lebanon in 2006, the ICRC was able to mobilize its resources, evacuate wounded, provide assistance through the existence and credibility of the Lebanon Red Cross. Local organizations such as this are based on local membership, understanding their context because they have lived in it and are from it for decades, and they come complete with an in-built capacity to mobilize resources on the spot. The alternative option of mobilizing staff, resources, and other means from third countries is both exceedingly expensive, slow, and cumbersome but faces also the challenge of working as foreigners in a war zone, something that even the brave hearted balk at. Equally, the presence of the American Red Cross throughout the U.S. places them in one of the strongest positions to be able to respond to members of their society rapidly and effectively. In all of these cases we are accountable and need the feedback that is so generously given.

Resources are the second key ingredient to disaster preparation. Invariably, these circulate around personnel, finance, and material goods. Any preparation demands that qualified staff can be in place with the shortest possible delay and that they possess both the means and access to material to be able to mobilize support rapidly. To be sure, the temptation to want to do everything oneself is powerful, all the more when confronted with human suffering. That being said, it may be in longer term interests of the affected communities to anticipate at the earliest moment means of ensuring local ownership of the responsibility to assure disaster preparedness. Even if disasters can be anticipated, the initial management of their onset is going to be undertaken always by those affected by it, not by those who prepared for it.

Within the Red Cross a great deal of energy and resources are spent in preparing national Red Cross societies for disasters. Many of you will be aware of this role and function of Red Cross societies in your own countries and you may have witnessed or participated in those preparation mechanisms. To provide an interesting example of this is to compare two neighboring countries, Ethiopia and Sudan. Since the cataclysmic disaster of the mid-eighties in Ethiopia, whilst there continues tragically to be war and drought, there has never been a repeat of the level of that earlier disaster. In part this owes itself to the very high degree of preparation of the country, both at a State level as well as at the voluntary sector and Red Cross level. I would like to emphasise here, as is the earlier case of Bangladesh, the high degree of assumption of responsibility by the government for disaster preparation as well and the link that has with effectiveness. On the other hand, Sudan continues to face disasters, largely conflict related, to which it does not have any adequate preparation mechanisms in place. The responsibility for preparation then falls on the international community and we have all followed the tragedy of Sudan and the limits of international assistance over the past three years. As we were so aptly reminded last night, simple lessons such as preparation are the most important ones, and dare I say it, the most elusive.

On that note, let us look now at disaster response. If the effectiveness of disaster preparation is linked to the degree to which local actors are central to the process, then the response, which invariably necessitates external professional input, depends critically on an understanding of the context within which the disaster occurs. The best prepared contingency plans made in the western world using state of the art technology and expertise will simply not function without a thorough understanding of the political and social context at its largest. All communities have their very specific social and cultural norms and the adaptation of the response must take these into account.

Current operations in Darfur in the Sudan are a case in point. We are all aware of the rising insecurity for aid workers in that region. Three years ago there were two rebel groups fighting a mixture of the government forces and allied Arab militia. Movement of all personnel and goods required green lights from all those armed groups. Today there are almost a dozen different rebel groups and when you have to secure green lights from all of them, it is very time consuming, but essential. Failure to secure these will result in security problems. These security problems do not necessarily reflect an escalation of fighting but a lack of dialogue between armed groups and foreign agencies. Linked with that is the held view that the perpetrators of the violence are Arab militias and a denial of the fact that they too have their civilian and vulnerable populations who are caught in the midst of fighting and need protection and assistance. Neutrality simply means that we talk to all parties in a conflict to secure their support for our humanitarian mission.

A second constraint is linked to timing. Timely response to individuals, communities, and societies who suffer from a disaster is, as we all know, essential. It is in the aftermath of the shock that people require the most attention and support, and the very presence of aid workers in the field after a crisis is the most valued intervention. It seems that our fears of being left alone to handle a crisis reinforce the impact of disasters. During active conflict, you can do very little because of the physical dangers inherent in moving around, but a presence with those affected communities provides tremendous support.

During the 1992 Somali conflict, I was urged by my headquarters to leave Mogadishu because of the level of violence and because we spent large amounts of the time under the stairs and were thus not able to bring support to anyone affected by it. I argued that even if we were limited in what we could do, our presence there was a support to people who had felt abandoned by everyone. Today, we continue to be able to work with Somalis who have not forgotten those periods and our support.

In terms of needs identification and the form of response, there are a number of considerations. Primary to these is the objective of the agency or employer. All agencies have their own mandate and area of responsibility and will seek out needs that correspond to their niche in the market. In the case of my own agency, the ICRC, we only work in situations or armed conflict, consistent with the mandate conferred on us by the international community through the Geneva Conventions. There is, of course, virtually nothing to prevent private citizens establishing their own response organization provided they can secure the resources. Disaster prone countries likewise are not in a strong position to reject disaster agencies even though some may be operating literally out of a briefcase.

A further constraint is linked to the shopping list of what forms of interventions are available for communities affected by disaster. Regrettably, in disasters we still have to learn to consult the victims in relation to their needs and in the meantime are strongly influenced by what donors, normally the states, make available as material for distribution. As noted earlier, this free delivery of wheat flour and used clothes, as important as it is, does undermine even further the coping mechanisms of communities.

A third area of constraint is that, in the immediate aftermath of a disaster, the priority is to ensure delivery of basic services, shelter, food, water, security, and health care being the main ones. In such a situation, many of the resources of host communities and external ones focus on this at the expense of approaches which reinforce local capacities. Over time, emergency response mechanisms

inevitably erode local capacity because they absorb all the energy and resources into that function, which assumes priority because of its life protecting nature. I once undertook an extensive field research programme into the unintended consequences of humanitarian assistance in southern Sudan and by far the greatest of these over ten years was the erosion of local capacity as foreign agencies brought their own staff and employed the brightest of locally available personnel for foreign salaries to implement a top down disaster response programme.

An often overlooked constraint is how to coordinate disaster response within new, often large teams of staff in the midst of a crisis. Even established and well-functioning professionals are challenged when an unexpected disaster occurs. The challenge for imported teams is much higher and human resource organization of disaster response teams is fundamental to agency effectiveness and is ignored only at ones peril

A final reminder about disaster response is that the bulk of the response is undertaken by the communities themselves. Even in their crisis periods, such is the strength of solidarity in communities that they always reach out to address human suffering in their midst on a voluntary basis. You may recall the NATO bombardment of Kosovo and Serbia in 1999 that led to the exodus of maybe half a million Kosovars to Albania. Whilst the international disaster response agencies all rushed to provide refugee centers and camps, the vast majority were taken in and looked after by ordinary Albanian families, spontaneously and generously, given the standard of living there. In my view, one of the more imaginative disaster response programmes I have come across was the provision of cash grants to some of those host families, who had put themselves under extreme pressure in taking in Kosovar refugees. The lesson from that surely has to be to identify ways to support local communities in their efforts, in addition to agency programming of its own.

Let us turn now to the disaster recovery phase, an area that increasingly is receiving well-deserved attention. Previously, the trend in disasters was to address the needs created by substituting ones agency for the family, the government, and even the society through the provision of basic needs to communities in stress. This top down approach is strongly linked to emergency assistance responders who once the emergency is over, generally leave as quickly and as suddenly as they came in. Failure of governments to provide ongoing financial support for operations that are not considered as emergencies any more contributes to this phenomenon.

The second phase is identified with development agencies, who generally take an entirely different view to the one of their emergency cousins. Where emergency agencies are top-down and result-oriented, development agencies focus on a bottom-up, participatory approach, with the emphasis being on enhancing local capacities. Not only does this create some confusion in the field as different foreign agencies pursue different approaches, but it does not facilitate an easy transition from disaster response to development. This has long worried practitioners, who have struggled to find meaningful ways to ensure that disaster victims do not fall inevitably in between being recipients of aid to foregoing that aid and being asked to act as agents of their own development.

Recent developments in operations have served to be somewhat more optimistic and hopeful about managing this process. These developments have generated the term disaster recovery and they focus on providing that transition between disaster response and development. Essentially they take as their starting point the empowerment of the individual or the community. These approaches argue

that, even in the post disaster phase, agencies can reinforce local capacities through the use of programming that allows households to take greater control for their management in disasters.

Perhaps the best known of these approaches and one that is replicated throughout the developing world is the use of micro credit. Pioneered in Bangladesh as a mechanism to empower some of the poorest members of society in a highly disaster prone context, the use of micro credit is used both by individual agencies as well as some of the worlds largest donors. It has proved enormously effective precisely because it rewards individual effort and initiative through income generation. This in turn is a powerful tool in the re-establishment of a sense of confidence and dignity for groups of people who have found their lives torn asunder by disaster.

There are also related programmes which focus on income generating activities. These include the provision of resources such as animals or material to allow households to re-build their shattered lives by doing what they are good at and what they were doing before the disaster struck. A third area is one of vocational training where agencies provide financial support or direct training themselves for individuals in disaster prone regions in order to enable them to build up the resources to combat crises.

The common denominator in all these approaches is that they are focused on individuals, either at the household or community level. This makes these approaches very human resource intensive which is something of a challenge for agencies operating on tight budgets with many competing priorities. It is also challenging as it demands agencies to develop the skills and expertise in these areas, something that requires investment, budgets, and institutional commitments. Despite this, the growth in popularity of recovery programmes signals recognition that in this field of disaster response, we can all be more effective by understanding the individual and reinforcing his or her own capacities.

In conclusion, let me make a couple of general remarks. Having been trained as a social worker, I have made use of those skills and techniques in understanding how best to work in disaster situations. After all, where traditional social work, as I learnt it, intervened in situations of household challenges, disaster response treats the same phenomenon from the perspective of a community or society. The stark difference between the two remains for me the attitude we adopt towards disaster victims through the lens of collectivity. Social work on the other hand has retained a focus on the centrality of the individual and the need to respect the dignity and integrity of that individual. We all have a long way to go to ensure that disaster victims are accorded the same degree of attention, without the publicity, photographs, and de-personalization that goes with it.

Disaster response is growing out of its philanthropic background into a science with attendant academic studies and research. The growth in humanitarian assistance programmes at third level is striking and the demand for additional training and teaching is equally growing. The overlapping areas between social work education and that of disaster response represents an enormous potential for sharing of concepts, approaches as well as practice and research. Each field carries with it its own professional approaches whilst looking largely at similar situations, that of intervention in support of the well-functioning of people and their communities. Having benefited throughout my professional career from the twin disciplines, I can only recommend for a closer examination of mutual goals and interests.

## Disaster Management and Response: What Social Workers Need to Know

Ronald Marks

*Dean*

School of Social Work

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In speaking at numerous venues over the last 14 months, the biggest challenge has been to convey to the audience the significance of this disaster on both the community and the hundreds of thousands of individuals affected by it.

About two months after the hurricane I spoke at an event at the University of Pennsylvania. At that point, I was traveling light and brought to the podium and used as props all that I carried with me everywhere I went in New Orleans. The contents of my most prized possessions included: band aids, hydrogen peroxide, a face mask for protection against the mold, rubber gloves, and MRE's (meals ready to eat).

I thought I would use my few precious minutes with you today to tell you some stories of the landscape where I live and work and what it's been like there this last year.

Over the last 16 months, as those of us involved in rebuilding New Orleans returned to the city, I've participated in coalitions being organized to address the critical problems associated with rebuilding our city. I've met neighbors I never met before. If there was ever a time to recognize that we cannot solve our communities' problems alone, this is the time. We could never afford to be separate and we cannot afford now to be separate.

In addition to the widespread sacrifices and suffering, there have been unprecedented opportunities. The School of Social Work at Tulane has partnered with several international aid organizations many of whom are providing service and operating in the U.S. for the first time. We've partnered with Save the Children to offer programs related to mental health services to children and families in several trailer parks, those associated with hurricane preparation for children in public schools, and to train students to work at shelters in the event of future need. We've partnered with UNICEF to provide monitoring and evaluation of 12 projects being funded by UNICEF in the region. With Mercy Corps, we've contracted for several projects including those associated with women's strengths in post-disaster community re-building, a project on youth well-being, neighborhood capacity-building, and another on Katrina and human rights/capabilities. With the American Red Cross we're offering mental health training for first responders and other activities such as organizing a communal grief ritual with Sobonfu some, an African healer.

Standing here now, it's hard to believe that it's been almost 16 months since Katrina devastated New Orleans. Still, after 16 months, I am part of a small club of about 100,000 people. Many of us still do not have a gas or electric bill, although some of us are just now getting our first electric bills for our FEMA trailer. The mail is unreliable, most of us still have to go to the post office personally to pick up our mail and if we miss a week, they send it back, and we still don't get any magazines.

As I think back over the last few months, there have been many, many chapters to this. As I was preparing for today, I came across a letter I wrote to my fellow deans of schools of social work on

September 6, thanking them for an unprecedented outpouring of support following the storm. I want to read to you from that letter.

“Tuesday, September 6, 2005 5:00 pm

Dear Friends and Colleagues,

Eight days have passed since Hurricane Katrina found its way to our front door. Slowly, I am learning of the whereabouts of my faculty, staff, and students yet I still have not heard from many of them. Our communications have been disrupted; none of the cell phones with 504 area codes work and the Tulane email server continues to be offline. All of our student records are inaccessible. Over the past 20 years, our lives and work have adapted to the access to high speed communications. This disaster underscores for me, how devastating it feels to be isolated from those with whom we share our everyday lives.

I know that you are all painfully aware of what has transpired in our city and neighborhoods from national news coverage. Although the coverage has been comprehensive and attempts to convey the personal impact, when the stories happen in your own backyard, the intensity and heartache is almost beyond comprehension. Millions of lives have been impacted. Millions of stories are yet to be told. Today, I learned of two of my colleagues who stayed behind. After the winds calmed, after the levee breached, after the city filled with water, they found a boat and began to look for ways to help. They paddled around the fairgrounds, where Jazz Fest is held, to Esplanade Avenue, a grand boulevard near the French Quarter. They came upon a nursing home where none of the residents had been evacuated and none had had food or water for three days. For the next two days, they broke into homes to salvage water and food destined for spoilage and took it to the starving residents. In the next nursing home they discovered all the residents drowned.”

Immediately after the storm, we did receive incredible media coverage and the debates began and the politicians positioned themselves. Make no mistake; a disaster is always a political event. But I submit to you now, in the early days immediately following the storm, a disaster of this magnitude does not call for dispassionate analysis, but rather human empathy.

Amongst all of this, there is an intensity that is unparalleled and an intimacy which springs from the meaning and significance of human relationships. On a personal level, in the early days following the storm, it was as if we had the uncanny opportunity to peer across an empty coffin with our name on it and see the quantity and quality of the flowers that were sent to our funeral by the people who care about us. One of the most profound aspects to this, as I think back on those early days, is to remember the friends and family who worried about their loved ones and who went to great lengths to find them and hear that they were alright.

So, let me tell you a few stories from the early days of this devastating disaster. I'll tell only a few. There are over a million of them and every one is significant; many are experiences of life and death. What is perhaps just as extraordinary is that many of these stories continue today.

Do you know that in the lower ninth ward where a wall of water washed houses off their foundations, a full year later they were still finding the remains of bodies buried in the rubble? Today, it is a community completely untouched. There is one lone FEMA trailer occupied by one man. It is, essentially, an abandoned community and the former residents continue to be dispersed to distant cities with little hope of returning.

The ninth ward was home to many of New Orleans' greatest musicians. Fats Domino was rescued by boat from his home in the lower ninth ward during the storm. Dr. John grew up there. It is there, that one of New Orleans' great musicians, Harry Connik, Jr., initiated a project in partnership with Habitat for Humanity. Harry was motivated to provide living space for the city's many musicians who have been displaced and began a project which would build numerous houses and thus enable these displaced musicians the opportunity to come home. It was meant to be an enclave for the city's musicians who are a central part of the fabric of the city. Unfortunately, although these houses are being built, most of the musicians have never established credit worthiness sufficient to secure a mortgage, even for the substantially discounted price of these homes. This is yet another insult to the recovery which seems to come on a daily basis.

I remember fleeing from the storm. We left with enough clothes for 2 days. Of course we would be returning in 2 days, we always have. Little did we know that it would be virtually impossible to reenter the city for nearly a month. I was in a lovely home in Houston for 4 weeks. Nevertheless, I recall crawling into bed every night, feeling like I was in prison. I simply couldn't go home.

Do you remember the question on everyone's mind in the early days? The question about why so many tens of thousands of people did not leave the city. If you haven't thought about it, think about it with me now. New Orleans has among the highest number of residents in the United States who grew up in the city and who have never left the city. There are families whose every relative lived within five blocks of each other. They had no relatives in Houston; they had no place to go. There were tens of thousands of people with no cars.

There were thousands of elderly people whose social security check was due to be delivered in two days. They could not conceive of leaving without it. There were tens of thousands of people who had no credit card or money for hotels. And there were tens of thousands of people whose culture it was to hunker down, because they had always made it through before. Their belief systems were clear; you stay and protect what you have.

I remember the centrality of hope in all of our lives while in exile. There was the belief that perhaps our neighborhood would be spared.

Everybody I know in exile became an expert at Google Earth, the program which lets you zoom in on any neighborhood on the planet, in an attempt to determine if our neighborhood was flooded.

I remember one word which was used more than any in the first several weeks following the storm. The word was "surreal." I don't think what happened to us was at all surreal; it was simply a reality that we were not able to comprehend.

I remember returning to the city for the first time. My wife and I were one of the first to return in early September. I secured a coveted pass, signed by the sheriff of New Orleans to enter to help

survey the damage to the libraries at Tulane. Twenty miles outside the city we ran into the first of the military barricades. Well, you know despite what I just said about the word “surreal,” it was truly bizarre to enter through the barricades, drive down an abandoned six-lane interstate, and approach a completely empty city. The closer we came to the city, the more rubble appeared, there were impassible neighborhoods still with 6-8 feet of water and fallen trees everywhere. There were tanks and military transport trucks, helicopters swarmed above.

After our work at the university, my wife and I were eager to see our neighborhood. The night before in Houston, my wife had purchased two pairs of rubber boots for each of us, one which came up to the knee and the other which reached our hips. We thought we would be adequately prepared. We drove to within about a mile from our neighborhood where the water began and, still filled with hopefulness, put on our knee boots. Within 100 yards of the car, the water lapped at the top of our boots. We returned to the car and put on the hip boots and this time got less than a hundred yards farther. Although deterred for the time being, we were determined.

That night, we learned of a friend who had a canoe in her back yard. We found the canoe the next morning but our friend forgot to tell us that it was chained and locked. After an hour of working on removing the lock and carrying it to the water line, we realized we had no oars. This challenge was far less demanding than the lock as all we had to do was collect two of the hundreds of fence boards strewn everywhere.

Within an hour, we had made our way to our neighborhood and discovered the bright orange “0” spray painted on our house at the bottom of a large “X.” The date is on the top, 9-13; the “0” on the bottom indicating zero bodies.

My police officer neighbor had already spray painted the “0” so the army would not have to break down the front door to determine if anyone was inside. There are other spray painted codes on our neighbor’s homes, “1 cat RSQ” or “1 dog DOA”—one cat rescued or one dog dead on arrival.

Once we finally got into the house through a broken window, we found a hideous nightmarish scene where all the furniture had floated into different rooms. Books and files were soaked, the landscaped yard was submerged under six feet of black water. We stumbled around for an hour, the whole time helicopters hovered within feet of the roof top, searching for survivors. Our canoe docked at our front door was a telltale sign that we had an escape route. We left with one antique child’s rocker from my wife’s family.

We canoed back to the car in silence. When we arrived two special agents, dressed in black and carrying large machine guns were near the car. They asked if they could help. Exhausted, I asked if they could help lift the canoe onto our car. They put their machine guns on the ground by our feet and lifted our canoe onto the car for us. They wanted so much to be helpful.

We returned three weeks later, in late September. During those three weeks in Houston, I had recurring nightmares of mold growing like spaghetti from the ceiling. The news accounts had been discussing this throughout September. I imagined we would have to enter our home with a machete, and cut our way through the Rapunzel like hair growing from the ceilings. Fortunately, the plaster walls and the fact that we had left all the windows in the house open had minimized the growth of

mold. But, all the beautiful landscaping was dead; the elegant magnolia trees and the beautiful crape myrtles were all dead.

By early October, I recall our neighbors returning and witnessing the same pattern. They would pull up to the house filled with hopefulness. No one could imagine the havoc 4-8 feet of water can wreak in a home, especially when it sat there for 3 weeks before it drained out. They enter and within minutes, emerge gagging and in despair. They describe mold the size of pancakes on the ceilings, four inch mushrooms growing from the furniture and frogs in the living room.

We sat on our front steps and watched parades of twenty 18-year-old National Guard troops marching past our house in full battle garb and machine guns. The helicopters were still overhead like a war zone.

So many stories emerged in those early days. The early days immediately after the storm before the army and National Guard arrived were defined by pandemonium, like something from *Lord of the Flies*.

There were stories of vigilante groups. One of my colleagues told me of his neighbor who had stayed in the city through the hurricane. Imagine the city without electricity, it's hot, everyone is sweaty and dirty, the night as dark as the swamp when there is no moon, neighborhoods are unprotected, completely abandoned, but there is still a presence of random beings whose intent it is to take whatever they can. The man armed himself with a gun. His fears were realized, and when a looter tried to enter his home, he shot and killed him. In his delirium, he dragged the body to the corner of St. Charles Avenue and put a sign around his neck which read, "Who's next?" Weeks later, when the city had calmed down, he sat wracked with remorse, incredulous that he had been capable of such an act.

And then there are stories of miraculous good will. When we left for Houston, we took every photo album in the house, knowing that many things could be replaced, but not photos. However a friend of ours, Carol, was away on vacation before the storm hit and couldn't save anything. She lived in Lakeview, one of the hardest hit neighborhoods that was almost completely destroyed by the flood water. She asked a neighbor to retrieve family photos, put them in the trunk of her car and park the car in a high-rise garage downtown. When she went to get the car, she found the trunk empty. Her car had been looted, the photos tossed out, and then thrown out with the trash just a few days before she returned to claim the car. The heartache of losing her home and all her possessions and her photographic memories was devastating. Then several months later she received a call from a stranger. He had been trying to track her down for months. He had been walking through the parking lot in September and saw her photos. He gently collected them, took them home and carefully laid them out to dry. He found a high school diploma with her daughters name on it, and began the process of tracking her. Her home phone was nonexistent of course, but he finally came upon an office number and found her. It was as if someone you thought had died had been miraculously brought back to life.

There are many other stories which speak to the deepest and most touching aspects to our humanity and help us smile in the face of adversity. New Orleans has a world class zoo. Almost all of the animals survived, but it took many months to get it ready for the public. And anyway, most families had not yet returned to the city. They had registered their children in schools where they had

evacuated, waiting for the city to recover sufficiently before coming home. It was odd and unsettling to see a city with totally empty playgrounds and no children walking on the streets.

In the late fall, several months after the storm, the zoo re-opened, and thousands of families showed up. It was wonderful to see so many children. It was a bright, warm, and sunny day. The vegetation at the zoo was beautiful. Even the animals sensed the difference and seemed happy to see the people return. As many entered the gates, they began crying. Do you know what the zoo did? They posted “huggers” at the gates. What a profound expression of the human condition.

Some stories are downright comical. By November, as more and more folks returned and gutted their homes, virtually a million refrigerators were taken out to the street. Can you even imagine a million refrigerators? It seemed that with all the fallen and dead trees, it was the refrigerators which supplied the only shade in the city. One columnist suggested we should change the names of the streets to Amana Avenue, Kenmore Court, and Whirlpool Way.

You just couldn't move or go anywhere without hearing a story. The wife of one of the crew who was ripping out soggy plaster and dry wall in our house came by one day and told of what had taken place at Charity Hospital where she was a nurse. After the generators in the hospital failed, the medical staff found themselves in the incomprehensible position of having to make decisions as to who to save. She told of a 16-year-old boy who had been in a car accident 2 days before the storm and how they kept him alive for 4 days, for 96 continuous hours, with rotating shifts bagging him.

Our neighbor, a physician at Tulane Hospital, stayed during the storm. At Tulane hospital, after the generators failed, they called for helicopters to airlift the critically ill. Three days later, the helicopters had still not arrived. Finally, a call was made to the family who owns the corporation who owns the hospital. They arranged for private helicopters. Upon their arrival, the governor commandeered them and demanded they go to Charity Hospital. A fight ensued between Charity and Tulane hospitals as to where the helicopters would land.

I've learned many lessons over the last several months. I've learned how profound and widespread the personal impact of a government policy can be and how much suffering it can cause. I'll give you a real life example. Perhaps some of you know about the policy of not permitting pets in the rescue boats.

Let me set the scene for you. Many who stayed during the storm found themselves trapped in their homes. After the immediate threat of the storm passed the water began to rise. For some, it was a wall of water which came and swept away their homes. For many thousands of others, they were trapped in their homes, surrounded by rising water. Within hours the water rose to the point where many had to climb into their attics to escape the ever rising water. Some died in their attics. Others endured several days in their attics with their families and family pets. It was brutally hot in there. Many had no water. When the flood water continued to rise, the only escape was to cut a hole in their roof and climb onto their rooftop. Their pets came with them. After 3 more days on the roof, again with no water and now with no shade from the burning sun you can easily imagine the desperation for a rescue boat.

When the rescue boats finally came and the family prepared to board, they were told they had to leave their pets behind; dogs and cats were not permitted in the boats. It is not difficult to imagine

the horror and suffering this lame policy caused after what these families experienced in their attics and on their rooftops and now presented with an unspeakably difficult decision. Some had to decide whether they thought their pets could survive without them, or if it was more humane to shoot them before they left.

It's virtually impossible for those not there to fully comprehend the significance of this, the many chapters, the breadth and depth of the human suffering. We've emerged from the immediate crisis of the storm and now, the long-term trauma is beginning to appear.

Insurance companies are still not being forthright; FEMA is an unfathomable disaster and nightmare. Marriages are breaking up, suicides are increasing, the incidence of domestic violence and child abuse has increased, and in general, the people of this city are exhibiting classic posttraumatic stress.

The first hurricane season after the storm began on June 1 and just recently ended on November 30. One of my clinician friends suggested it is like living with an alcoholic abusive parent. You live in fear, not knowing if your parent is coming home drunk and you'll be beaten.

Now, fully 16 months later, the repopulation of the city is following the same pattern as the evacuation experience. There are two faces to the rebuilding. Those with resources are rebuilding. Those without are still living in distant cities and the neighborhoods they once lived in are completely empty.

The social work challenges facing New Orleans are unimaginable and vast. Expertise and commitment is needed to rebuild, or in many cases, to build for the first time infrastructures which work.

To rebuild damaged and broken school systems, that in the case of New Orleans, were broken before the storm. Out of 120 schools pre-Katrina, only 20 are now opened, filled to capacity with students, leaving some children left with no place to go.

The post storm environment presents an unprecedented opportunity for social work to engage in the debates related to economic development and the horrid economic disparity which existed in our communities prior to the storm and is in danger of occurring again. The current debate is what to do with public housing.

New Orleans has one of the biggest and most concentrated public housing communities in the U.S. Housing and Urban Development wants to tear them all down and build mixed income housing. This is a loaded issue. It will take several years for this to occur and in the meantime there are tens of thousands of former residents who cannot return to the city.

This is a critical time to engage in the debates on the historic problems associated with racial and economic disparity.

Social work has always understood the intransigent relationship between poverty, resource-poor communities, and the essential role social work plays. In a post disaster community such as New Orleans, this is more evident than it has ever been, and in many cases it is blatant.

The lessons learned from this disaster are still surfacing. They are both personal and professional. I've learned that in addition to the natural disaster that caused staggering devastation felt far and wide, where the depth of misery has been incomprehensible there was another disaster, the institutional disaster.

This is the tale of the marginalized and disenfranchised, a critical concern for social work. It's about the failures of the city, state and federal government, and other institutions, and about class and race differences in the U.S., and about two very different hurricane experiences depending on your place in society.

During the fall, when our students were studying all over the country as visitors we asked them to read "Man's search for Meaning" by Victor Frankl. For those not familiar with this work, Dr. Victor Frankl gives a moving account of his life amid the horrors of the Nazi death camps which led to his discovery of his theory of logo therapy. In it, he stresses man's freedom to transcend suffering and find a meaning to his life regardless of his circumstances. It seems an appropriate work for this time. Frankl says:

"We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

In the same book, Frankl discusses human pain and likens it to gas in a chamber. No matter how much or little there is, the gas expands to the boundaries of the chamber. Thus each person experiences his/her pain personally, and regardless of the extent of the loss, the pain is significant.

In New Orleans, there are many levels of concrete loss. Some have lost their home and all possessions. Some have lost a first floor, some possessions, but have about half of their home.

Some can rebuild, some will tear their houses down, others will elevate them 6–12 feet above the ground, and some will sell their gutted homes at a substantial economic loss. Some people talk about the pain of "Survival Guilt," because their homes were spared.

But, as Frankel said, the pain of the loss fills up the entire room, regardless of concrete reality of the loss. I contend that everyone has lost something, because everyone has lost their community as they knew it.

On a very personal level, I've learned many things. I've learned how to say thank you from the bottom of my heart like I've never done before.

I've learned how trauma burns a new neural pathway in the brain; a very well-lubricated one.

I've learned what it feels like to share a deep "trauma bond" with 500,000 people.

I've learned that adversity does not so much build character as it reveals it.

I've learned how important humor is and the importance of laughing, sometimes at ourselves. I was in a French Quarter nightclub a few months after the storm and heard a musician, taking a break between songs, blurt out: "We're all trying here in New Orleans to get back to abnormal."

And driving through one of our devastated neighborhoods, I came across a house that floated off its foundation and came to rest across the street. It was spray painted with the phrase, "Wicked witch of the East was here."

I've learned that a small electric motor submerged under 6 feet of water for 2 weeks, if not plugged in while under water, will still work. ...at least until you burn it up using it to whack overgrown weeds all over your neighbors' abandoned properties.

I've learned that when I sweat so much that my earphones to my mp3 player don't work, its time to take a break.

I've learned about the tenuosness of the boundaries which define civil society, fractured by vigilante groups and motivated by fear.

I've learned about hope and resilience and how they work together to support healing.

I've met neighbors I never met before and I've learned that if there was ever a time to recognize that we cannot solve our communities' problems alone, this is the time. We could never afford to be separate and we cannot afford now to be separate.

I've certainly learned about buffering mechanisms of coping, like suspending one's need for order and comfort.

And I've learned about patience. As Chris Rose, a N.O. newspaper columnist wrote in the paper earlier this week, "It's the only place I know where patience is a higher form of currency than money."

**INTERNATIONAL RESPONSES TO DISASTER**

# Defining Unique Roles and Required Skills in Disaster Management for Professional Social Workers in Developing Countries

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## Abstract

This paper reworks crisis intervention principles for application to intervention with larger systems after a natural disaster. Using the experience of a professional social work organization during the tsunami in Indonesia, this paper identifies the roles of social workers in a developing country in different phases of disaster and suggests skills needed to address issues for each phase.

## Introduction

It is common knowledge that in the midst of disaster and crisis there is opportunity for positive change. This principle has generally been applied to understanding the impact of crisis on individuals and families, yet it also can guide work in system development. Crisis theory suggests that intervention within a short period of time while the individual is in a state of flux is generally more effective. After a certain period, perhaps up to 12 weeks, the individual will readjust on his/her own, closing the window of opportunity for change. In larger systems, a natural disaster may open a window for change, however, the pace and process of change differs from that with individuals. For larger systems this change may take many forms around upgrading services, new types of service delivery and use of new modalities. For instance, after the tsunami in Indonesia, there were some efforts to address long-standing problems such as trafficking of children by instituting a birth certificate registration system. In addition, there was evident interest in starting coordination between formally discrete systems.

The disaster management process for large systems moves crisis, to restoration to rebuilding and finally to pre-crisis. These different phases require different sets of resources and different professional expertise. It is the premise of this paper that professional social workers in disaster management with large systems in a developing country can make the greatest contribution in the rebuilding stage. This paper will use the experience of the Organization of Indonesian Professional Social Workers (IPSPI) in their collaboration with the local government in Aceh Province (DINSOS) after the tsunami to highlight disaster and change within large systems.

**Crisis:** For large systems the crisis phase is characterized by the challenge and stress of coordinating emergency resources, rescue, and survival. Disaster organizations and government services need to immediately orient themselves to overwhelming pressing needs. In Indonesia, as perhaps in other developing countries, professional social work is relatively unknown within the mainstream. Some of the severe drawbacks for creating a unique role for social work in disaster and particularly in crisis are limited public awareness and visibility of the profession as well as a lack of defined role within government and NGO social, health, and education services.

Immediately after the tsunami, the social work profession as a whole was not recognized as a critical source of psychosocial help. As individuals rather than as recognized professionals, local professional social workers provided psychosocial support, and organized and administered local

relief services. They were integrated into international and national helping resources and were employees of the government ministry involved in distributing aid. It was clear that in the tsunami most organizations provided a number of services that did not necessarily incorporate a social work perspective. Even though in the crisis stage social workers performed the same roles as other community people, integrating professional social workers into disaster organizations provides important skilled manpower with the advantage of local knowledge. Yet, it is significant that WHO sent in an emergency psychosocial assessment team made up of MDs, psychologists and nurses--but no social workers. Although many roles are critical in disaster, they are not necessarily unique to social work. The infusion of social work practice principles can make a difference in service delivery at the crisis stage of disaster.

In many countries, the government is not prepared to meet the unusual crisis needs in disaster. Government workers lack training in crisis and emergency care and may also not be sufficient in number to meet the demand. In Indonesia, social work is more closely identified with the government Ministry of Social Affairs. Thus, the social work professional organization defined a unique role for professional social work during the tsunami crisis to train newly hired government tsunami workers in the role of crisis case manager. The role of crisis case manager incorporates skills that are unique to social work: rapid assessment of need, knowledge of resources, linking and referral as well as advocacy. The crisis case manager needs to have specialized knowledge in trauma, crisis intervention and social mapping of resources.

**Second Phase: Restoration:** Within this phase, after initial clean up and the withdrawal of acute care and emergency supports, the focus turns to reconstructing the physical infrastructure. Government systems, responsible for social service needs, feel the impact of untrained staff and inadequate systems. At this point, government may be more receptive to collaboration with other resources and to accepting new models to help solve overwhelming ongoing needs. Restoration is a time for social workers to consult with government to define problems and to propose new service models that meet the needs of vulnerable populations. Social workers' roles at this time include collaboration with international and national NGOs in data collection and formulating grant proposals for training in new service models. In the main, supporting the capacity of the local government to meet needs is a key function for social work in developing countries at this phase.

The process of collaboration between The Indonesian Professional Social Work Association (IPSPI) and the director of the provincial Department of Social Affairs (DINSOS) approximately 4 months after the tsunami is a good example of social work's contribution in the restoration phase. With the assistance of a small grant from International Federation of Social Workers (IFSW), IPSPI planned a needs assessment workshop and a small training in community-based restoration case management for the DINSOS staff. It became evident that the local social services were overwhelmed with meeting basic needs and coordination of services. The DINSOS workers noted that there was no viable coordinated system and no staff with a defined role for delivering services in the community. Because NGOs were bypassing local government and going directly to the community, services suffered from confusion, duplication and enormous gaps. By the end of the workshop, DINSOS was considering hiring community workers, and IPSPI developed a proposal for training and supervising community-based, restoration case managers for Aceh.

During this period of restoration, however, certain “tensions” or obstacles were evident. Although IPSPI had an excellent proposal, it was a challenge to keep the social work volunteers’ motivation while trying to find a funding body. Through the use of contacts and networks, UNICEF became aware of the IPSPI proposal. Because the goals of UNICEF and the IPSPI proposal were compatible but not an exact match, IPSPI needed to reframe the proposed training toward building the capacity of the local government for community-based, family-centered child protection and welfare services. Additionally, IPSPI’s already strong connection with the local government strengthened their position with UNICEF. The skills at this phase for social work were maintaining motivation in the face of lack of funds, negotiations, reframing and adapting program development goals, and building on existing networks.

**Third Phase: Rebuilding.** In this final phase, local social work expertise is sorely needed as external interest in the effects of disaster has waned. The establishment of some coordinated and rudimentary systems for meeting basic needs generally characterizes this phase, about a year or so after the disaster. Communities have begun to come to terms with the limitation of aid and the reality of the new situation. Most important for social work, as international and national NGOs plan withdrawal and look for ways to sustain their efforts, local systems feel the crisis of potential loss of support. At this time social work can support the regional government in building new social welfare systems that address enduring post-crisis and pre-crisis problems. After securing funding, social workers in this phase require skills in supervision, organizing and administering services and in training local community workers. Skills in community building and evaluation research are also important.

The IPSPI-DINSOS-UNICEF partnership provides a good example of some of the social work efforts during this phase. These partners with diverse interests found common ground around child protection and developing a new child welfare system. The local government was interested in strengthening all service delivery and system building on the sub-district level. UNICEF was looking for ways to sustain their efforts in Aceh through supporting local government and IPSPI was interested in promoting social work practice principles to upgrade service delivery. The UNICEF funded project provided professional social work supervision of community workers in a wide representation of sub-districts, social work training for community workers and DINSOS staff in child welfare case management and community organizing for a year and a social work (IPSPI) national resource center to promote the model of community-based, family-centered child welfare in Indonesia.

Particular challenges at this phase are competition with wealthier NGOs for expert workers, cultural differences between international NGOs and local participants, and negotiating budgets for funding. Even though many NGOs were withdrawing support, during their presence, they had inflated the salaries for local experts. At this time of NGO withdrawal, local personnel had to adjust to the reality of local rates and funding bodies had to be informed about local rates for professional service. This period of adjustment created recruitment problems for the IPSPI project and necessitated more negotiations with UNICEF around budget allocations for staff. Cultural differences between the international players and local social workers sometimes resulted in misunderstandings and distrust—local social workers perceived the international requirements for accountability, cumbersome bureaucratic procedures, and delays in receipt of funds, as devaluation, lack of trust of their expertise and unrealistic expectations. Program officers appeared to be protecting their money from “hungry” locals.

In addition to government services, international NGOs recognized the need for skilled workers in community building. Having completed the restoration of village infrastructure, NGOs were interested in safe-guarding their investment by assuring the village take responsibility for cleanliness, health care, establishing livelihood programs and micro-credit. Unfortunately, most disaster NGOs have not allocated funds for rebuilding. Likewise, by the time restoration is complete; many NGO workers are burned out. At this phase, local social have the skills to motivate community participation and mediate between the NGO and community. They are an important resource for sustaining gains made in restoration and helping the community adjust to the realities of rebuilding.

**Pre-Crisis Phase:** The pre-crisis phase begins as rebuilding is underway. This phase is categorized by collaboration to implement “lessons-learned” during the last three phases to institutionalize risk assessment and risk management planning. For social work, this phase includes marketing the role of social work in different phases of disaster, networking with government and international NGOs to define social work roles in disaster and linking with other professionals toward community mitigation. For social work education, this phase includes curriculum building and launching disaster as a field or practice within social work.

For social workers in developing countries, this phase offers opportunities to collaborate with unlikely partners, such as environmental, civil and sanitation engineers, as well as agricultural specialists. The social work role in these teams is community organization and program development. Social workers can support community adjustment to less vulnerable sources of income, different types of building, and new types of water treatment. While engineers provide important concrete technical information, they often lack skills in working with communities toward change. In pre-crisis, social workers can begin the long process of establishing connections, defining their role, collaborating on research and securing funding for risk assessment and risk management.

In Indonesia, because of geographic vulnerability, individual social workers have always had an investment in pre-crisis planning. Now, with the recognition from UNICEF and the DINSOS in the Aceh disaster, IPSPI is in a better position to be a recognized player in the field of disaster. In the case of the tsunami in Indonesia, this disaster did in fact offer important opportunities for systems change in rebuilding a different child welfare system, not only in Aceh but in other areas of the country and promoting the recognition of the social work profession.

## References

- Gist, R., & Lubin, L. (1989). *Psychological aspects of disaster*. New York: John Wiley and Sons.
- Panwar, M., & Cox, D. (2004). *Communities' informal care and welfare systems: A training manual*. Australia: Center for Rural Social Research: Charles Stuart University.
- Rothman, J., & Sager, J. (1998). *Case management, integrating the individual and community*. Boston: Allyn & Bacon.
- Smillie, I. (2001). *Patronage or partnership, local capacity building in humanitarian crisis*. Bloomfield, CT: Kumarian Press.

## **Disaster Management and Social Work Intervention in Korea**

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### **Abstract**

The presentation is about disaster management system in Korea. It includes statistics of disasters, GO and NGO relief activities, social work intervention strategies. It explores future perspective for social work curriculum development in Korea.

### **Introduction**

During the last decade (1996-2005), Korea has been exposed to natural disasters each year and increasing many various human-induced disasters. Recognizing the vital importance of the emerging issues posed by disaster response and control, Korea enacted Basic Law on Emergency and Safety Management in 2004, which integrated disaster-relevant laws' key issues. National Emergency Management Agency (NEMA), the first general organization for disaster management, was opened in the same year as well. The NEMA generalize the preventing, corresponding, and rehabilitating operations of disaster, which contain disaster prevention and control, education and publicity for safety, citizen's self-prevention against disaster, enforcement of disaster insurance, proclamation of disaster area, aid for the sufferers, fund for rehabilitation, and so on.

Here, social work intervention as a disaster management needs to be addressed. Social work interventions following trauma or disaster include organizational and community consultation and outreach programs with the goals of identifying high-risk groups, promoting recovery, and minimizing performance breakdown and group disruption. The treatment of disaster victims includes community interventions, resource management, medical care, community restoration as well as individual, group, and family focused interventions. Social workers use debriefing as an early intervention with groups exposed to traumatic events.

Social work interventions have not actively provided to the victims of disasters, yet in Korea the public started to get involved with natural disasters happening in Southeast Asian countries recently. When earthquakes happened in 2004, the Korean government and Non-Government Organizations (NGOs) initiated to recruit volunteers and sent them to help the victims and damages of those disasters. In the long run, Korean government and NGOs need to organize better protocols and to educate the public in order to respond to the disasters. Despite the tremendous growth of man-made disasters, there is no doubt that education and training programs for social workers hardly cover this pressing issue, and the acquisition of competences in this area has been neglected. There is an urgent need to develop specific education programs for social workers to be able to deal with the victims of various disasters. Korean social work schools must be prepared for crisis interventions to deal with victims of disaster by educating and training social work students. A more preventative approach to various disasters also strongly needs to be addressed for the public by media, books, and internet systems.

This presentation is about the disaster relief system in Korea. This report has four parts: a brief history of Korea's Disaster Relief System and related disaster statistics, different kinds of activities regarding disaster relief of governmental and nongovernmental organizations (NGOs), analysis of hitherto disaster relief activities and future proposals, and finally, in what direction social work should progress in order to raise competent professional workers in the field of disaster relief.

The Korean government has been developing a disaster relief system after the tragic disaster of 1995. But after the 2003 Daegu subway arson, the efficiency of national disaster relief system has been brought into question. In 2004, National Emergency Management Agency was established to help prevent and restore disasters more efficiently.

When disaster strikes in Korea, the National Management System first responds to the disaster and takes an appropriate measure. Central government, local governments, and other related government offices also provide a helping hand for the emergency rescue operations under the coordinated guidance of National Emergency Management Agency. These measures consist of prevention and preparedness stage, response stage, recovery stage, and post-disaster, and evaluation stage in succession.

In addition to the above-mentioned activities led by government, various NGOs in Korea, such as World Vision, Korea Food for the Hungry, Good Neighbors, and others, participate in disaster relief programs. These organizations support by giving medical aid, financial aid, sending volunteer workers, and more. They are also active in relief programs outside Korea and help countries such as Vietnam, Indonesia, Pakistan, and others. Their activities are helping the victims of war and of other natural disasters through psychological and financial aid.

The relief programs here in Korea are more focused on giving financial aid. The mental health and psychological state of the victims are not given enough attention. The field of social work should step up and give more attention and provide intervention to this aspect of the disaster. Post Traumatic Stress Disorder (PTSD) can strike the victims for a long time so it is only fitting that this syndrome should be given more attention to. Social workers, psychologists, psychiatrists, and nurses should work cooperatively on the mentioned stages.

In Korea, a study was conducted on the mental health of the disaster survivors. According to the Ministry of Health and Welfare, people who survived the Typhoon RUSA suffered from high levels of PTSD symptoms when compared with other civilians. When the victims of Daegu subway arson were closely monitored for mental health problems by a team of medical professionals, about 80% of the victims who took part in the study have been found to have a psychological problem, and about half of the participants were diagnosed with PTSD. Through this research, the awareness of the importance of mental health and post-disaster care are being raised. I propose that a Mental Health Management System for the crisis intervention and improvement of mental health status for disaster victims to be built and operated by the close alliance between local community and medical professionals in the involved area. To build such a Mental Health Management System, there must be a legal basis, substantial programs, and many different types of professional help and collaboration.

Finally, I would like to give advice to the education system of Social Work in Korea to meet the arising needs of disaster management and relief. There are 65 colleges that are affiliated to the

association for Social Work Education, but only five colleges among them have opened regular courses related to disaster managements. This simple statistics reflects the meager status of disaster related education in Korea. Students of social work do not have enough opportunities to be well-educated about disaster-related issues and, therefore, to cultivate knowledge and skills to be raised as competent professionals in this field. In conclusion, for social workers to be accepted as the leaders of disaster relief activities, there should be more research and publication, as well as more academic courses that provide field training and education.

## **Social Workers Respond to Disasters in the Caribbean: Parameters, Process, and Outcomes Based on Strengths and Resiliency**

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This presentation focused on the long-term work of two social work educators, one from the Caribbean and one from the U.S., who became involved in ongoing relief efforts immediately following two major natural disasters: a Category 5 hurricane in Grenada (Ivan), and a volcano eruption in Montserrat. Both disasters caused major physical and psychological trauma to the inhabitants of these islands, and both resulted in significant life-altering consequences as a result. One presenter focused on a longitudinal study of the consequences of the disaster in Montserrat as they related to the resilience in coping behaviors of a group of women studied over a period of 6 years. The other presenter focused on a series of ongoing post traumatic stress trainings with social workers and caregivers who worked in the children's homes of Grenada at the time of Hurricane Ivan.

Both presentations identified a number of issues that overlapped as outcomes were discussed, in particular the common theme of strengths and resiliency that underpinned the outcome of both projects. In addition, a primary focus of the presentation included the implications for social work interventions and education centering on strengthening resiliency within the micro, mezzo, and macro levels of practice throughout every phase of a disaster.

The presentation began with a discussion of the following phases of involvement in responding to the disasters in Grenada and Montserrat:

1. Phase One–Grenada: This phase involved the following tasks in Grenada:
  - Assessment of disaster-related problems manifested by citizens of Grenada 4 months after Hurricane Ivan.
  - Assessment of problems manifested by children and adult caregivers relating to PTSD.
  - Provision of educational information on PTSD following disaster and appropriate behavioral interventions to use with children.

Phase One–Montserrat: This phase involved the following tasks in Montserrat:

- Three-day workshop and follow-up focus groups.
  - Identification of strengths of participants in dealing with grief and loss.
  - Identification of types of grief reactions and coping mechanisms used.
2. Phase Two–Child Focused Interventions in Grenada. This phase focused on providing assistance in the development of mezzo interventions by the child welfare professional community and child care boards as they developed a strategy for assisting the children cope with the aftermath of disaster.

- Education of staff/professionals on how PTSD is typically manifested in children at various developmental level, identifying and focusing on strengths; appropriate methods for dealing with behavior problems emphasizing resiliency and strengths.
- Formation of committee of community leaders and professionals to facilitate communication and coordination among children’s homes and administrative authority.
- Macro intervention: follow-up report to the Ministry of Social Development

Phase Two–Adult Focused Interventions in Montserrat. This phase focused on the following mezzo and macro interventions used in Montserrat.

- Educational information provided on grief and loss; sharing and supporting group exercises conducted which focused on strengths and resiliency.
- Focus groups conducted.
- Development of research project.
- Follow-up report to government.

Phase Three–Outcomes and Recommendations. The following outcomes and recommendations were presented in relation to Grenada:

- Significant individual and collective strengths were identified.
- Educational outcomes– More empathy on part of caregivers noted; development and implementation of behavioral interventions focusing on strengths were learned.
- Political outcomes: A plan for more formal and informal collaborations among childcare providers was developed.
- Increased awareness among professional community on effects of disaster on children and families occurred.
- Long-term planning efforts regarding education and training programs were developed.
- Institutional staff learned ways in which they could better prepare for subsequent disasters.

The following outcomes and recommendations were presented in relation to Montserrat:

- Beneficial outcomes of disaster were noted (e.g., increased coping skills, enhanced sense of self-efficacy; increased psychological growth and resiliency).
- Helpful forms of religious beliefs were identified, in addition to most effective and consistent coping behaviors.
- High level of protective and resiliency factors were observed (e.g., social support, high quality of life and income, high educational status, successful master of past disasters, sense of mission, learned resourcefulness).

## **Recommendations for Social Work Education**

1. Social work curricula should incorporate disaster response content at all levels (micro, mezzo, and macro).
2. Social work views and interventions in disasters/crisis need to address issues on a long term continuum with a primary focus on strengths and resiliency.
3. Crisis intervention models need to focus on:
  - Resiliency and strengths (micro, mezzo, and macro)
  - Collective and ecological losses (macro)
  - Redevelopment planning and policies, to include citizen participation (macro)
4. Social work understanding of importance and spiritual values of groups in dealing with crises needs to be emphasized.
5. Social work understanding of the uniqueness and diversity of the culture in disaster response needs to be addressed.
6. Knowledge of social work advocacy skills for change across a variety of systems should be emphasized.

## **Sexual and Reproductive Rights of Internally Displaced Women: The Embodiment of Colombia's Crisis**

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### **Abstract**

Colombia has the second largest (over 3 million) internally displaced population in the world after Sudan. Through a sexual and reproductive rights framework, this paper demonstrates that the situation of internally displaced women is an integral reflection of Colombia's chronic cultural, political, and socio-economic crisis. Concrete short-term recommendations are offered.

**SOCIAL WORK PRACTICE RESPONSE TO DISASTER**

## **Practice Perspectives of Disaster Work**

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### **Abstract**

Social workers are ideally suited to meet the challenges resulting from the rise of natural, technological, and human-induced disasters. Disaster management programs developed by the American Red Cross in Greater New York will be presented. Opportunities for social workers and implications for practice and education will be discussed.

### **Introduction**

This presentation describes the daily work of providing mental health services to persons affected by disaster. An overview of the disaster mental health model at the American Red Cross will incorporate a description of response interventions and service delivery sites. This presentation was designed to participate in the formulation of curriculum models for social work education in regards to disaster planning, management, and relief.

The American Red Cross (ARC) was established in 1900 by a United States Congressional mandate for the purpose of providing aid to war wounded, fostering communication between military and family members, and providing relief to those affected by disasters. The ARC developed a disaster mental health program in early 1990 after the operations of several large disasters in the United States, which resulted in significant staff turnover. In recognition of the need for psychological support for both paid and volunteer staff and clients affected by disaster, a program was developed in collaboration with social work and psychology professional groups.

Currently, mental health professionals of the ARC consist of social workers (40%), psychologists (22%), mental health counselors (18%), psychiatric nurses (14%), marriage and family counselors (5%), and psychiatrists (1%). All mental health volunteers receive training in ARC policies and procedures and in disaster mental health interventions.

In 1995, a small group of mental health workers in New York City met to form the disaster mental health program for the American Red Cross in Greater New York (ARC-GNY). The service area consists of the five boroughs of the City of New York, four upstate counties (Orange, Rockland, Putnam, and Sullivan). The Greater New York chapter is responsible for a population of over 9 million people and responds to an average of nine disasters daily and over 3,000 annually.

The ARC-GNY mental health program was staffed by volunteers until the fall of 2001, when a paid director was added to the team. Mental health support is available 24 hours, 7 days per week, provided by a team of one paid staff and 105 volunteers.

A notification protocol was created to guide the emergency communications response center staff in the deployment of mental health workers. Some of the indications include: disaster responses that involve fatalities, multiple casualties, distraught clients, special needs populations, those with pet loss, etc.

A range of micro- and macro- level interventions are used, from meeting basic needs, to assessing the needs of individuals, families, and communities. Some of the core disaster mental health interventions were described as: psychological first aid (emotional support, connecting to support systems, normalizing stress reactions), crisis intervention, advocacy, grief counseling, and support to both paid and volunteer staff. It was noted that the services do not include psychotherapy, as the interventions necessary are immediate in nature. Workers who demonstrate flexibility and who are comfortable moving between micro and mezzo perspectives tend to do well.

Disaster mental health assistance may occur at actual disaster sites, at service centers and shelters, and at commemorations, memorials, and responder funerals. ARC mental health workers have a key role in aviation incidents as a result of the United States Aviation Family Assistance Act of 1996. This Act mandates that an independent nonprofit organization with experience in disasters and post trauma communications with families shall have primary responsibility for coordinating the emotional care and support of the families of passengers involved in the incident. The American Red Cross was designated to be the responsible organization, and the Greater New York chapter has responded to the call for assistance on six commercial airline incidents and three smaller local incidents since the passing of this Act.

ARC-GNY has responded to mass casualty disasters such as Hurricane Katrina and the World Trade Center attacks. Mental health interventions are comparable in small or large disasters. However, there are additional considerations in mass casualty work, such as: the potential for the helpers to be part of the affected population; the need to manage spontaneous volunteers; the prolonged operation; and unexpected environmental impacts.

Pre-incident relationships and partnering with our help groups are essential in the provision of quality mental health services. The ARC-GNY partnership with disaster chaplains ensures that those affected by disasters also receive support for any spiritual distress that they may experience. The GNY chapter also partners with emergency responders, city agencies and local transportation authorities in conducting preparedness drills. The Greater New York chapter had become involved in working with our international colleagues. Several initiatives have been developed with plans for further cooperation with other entities in the future.

The American Red Cross and the Magen David Adom (MDA) in Israel have forged a collaborative relationship to exchange best practices of procedures and techniques. At the corresponding local chapter level, a mental health team from Greater New York participated in psychological support training designed for emergency responders in Jerusalem. The ARC-GNY has prepared a symposium with delegates from both the British and Spanish Red Cross organizations to review lessons learned in responding to catastrophic transportation incidents. Several points were offered in regards to the formulation of curriculum models for social work education: to recognize the need for both micro and macro interventions that are most appropriate for preparedness and immediate response; and to identify the skills of collaboration and forming partnerships that will be essential in the delivery of these services.

## Developing Cultural Competence in Disaster Response

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### Abstract

This presentation will explore the relationship between culture and key concepts in disaster response. It will provide participants with a definition of cultural competence in the context of disaster services and will introduce a number of practical self-assessment tools for establishing cultural competence in disaster planning and disaster service provision.

### Overview

Disasters, natural, technological, acts of terrorism, or war affect us all, regardless of race, culture, or ethnicity. Yet, during the “fog” of disaster response, it is extremely challenging to deliver culturally sensitive and competent services, especially to segments of the population or groups that may be perceived as “minorities.” Diminished access to disaster emergency, relief and recovery services identify them as especially vulnerable to the stresses and negative outcomes to disasters.

The U.S. Department of Health and Human Services Center for Mental Health Services has published through its Crisis Counseling Assistance and Training Program (CCP), a guide to address the need to provide cultural sensitivity and competence in disaster planning, response, and recovery services. The authors of the publication identify common concepts, guiding principles, and recommendations for disaster mental health responders working in multicultural communities. The purpose of the guide is to assist communities in planning and implementing culturally competent disaster mental health services to meet the needs of all disaster survivors.

This presentation will introduce, review, and summarize key points identified in the CCP publication, “Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations.”

### Presentation goals:

- 1) Explore the relationship between culture and disaster;
- 2) Present key concepts of disaster mental health services;
- 3) Define cultural competence in the context of disaster related services;
- 4) Review the “Cultural Competence Continuum;”
- 5) Discuss “Nine Guiding Principles” for culturally competent disaster mental health services and related recommendations for developing these services;
- 6) Identify personal attributes, knowledge, and skills essential to the development of cultural competence; and
- 7) Provide a cultural competence self-assessment for disaster counseling programs.

## **What is cultural competence?**

Cultural competence is a set of values, behaviors, attitudes, and practices that enable people to work effectively across cultures in planning and delivering disaster services and response. It refers to the ability of disaster workers to honor and respect the beliefs, language, interpersonal styles, and behaviors of those receiving disaster services, as well as those planning and providing these services. It is a dynamic, ongoing developmental process that requires long-term commitment and is only achieved and sustained over time.

## **The cultural competence continuum**

Cultural Destructiveness: The most negative end of the continuum is characterized by intentional destructiveness. Organizations and individuals in this stage view cultural differences as a problem and purposely pursue activities to destroy a culture.

Cultural Incapacity: In this stage, organizations and individuals lack the ability to address the needs of cultures from diverse communities, and through belief that their own culture is superior, manifest a paternalistic posture toward non-dominant cultural groups. They may act as unintentional agents of oppression through the development of racist policies and attitudes and practices built on stereotypes.

Cultural Blindness: This is the mid-point of the continuum. Organizations and individuals at this stage believe that all people are the same and that cultural differences do not exist. They view themselves as non-biased and believe that they address the needs of all cultural groups. Unfortunately, people who are culturally blind do not perceive and cannot benefit from the valuable differences among diverse groups, and the services they offer are not effective in addressing diverse cultural needs.

Cultural Pre-Competence: Organizations and individuals in this stage begin to realize the weakness of their attempts to serve diverse cultures and make some attempts to improve their services. They work to hire staff from the cultures they serve and to achieve diverse representation on their boards or advisory committees. Through their beginning achievements, “tokenism,” and an attitude of complacency, are common risks as this stage.

Cultural Competence: Culturally competent organizations and individuals accept and honor cultural differences and participate in on-going self-assessment of their capabilities to address diversity. They work to constantly expand their cultural knowledge, resources, and culturally relevant service models. They strive to hire unbiased employees and seek advice and representation from the cultural groups they serve.

Cultural Proficiency: At this stage, organizations and individuals hold cultural diversity in high esteem. They seek to build the knowledge base of culturally competent practice by conducting research and developing new cultural approaches built on evidence-based practice. They additionally publish and actively disseminate the results of their projects. They strive to hire staff who are specialists in culturally competent practice.

### **Nine guiding principles for culturally competent disaster response**

1. Recognize the importance of culture and respect the need for addressing diversity in planning and delivering disaster services.
2. Maintain a current profile of the cultural composition of the communities you serve with special emphasis given to the geographic locations of enclaves of diverse populations.
3. Recruit disaster staff and volunteers who are representative of the cultural groups you serve.
4. Provide ongoing cultural competence training to staff and volunteers at all levels within the organization.
5. Ensure services are accessible, appropriate and equitable from all cultural perspectives.
6. Recognize the differences in help-seeking behaviors, customs, and natural support networks and the roles they play in diverse cultural groups.
7. Involve “cultural brokers” who represent diverse groups within the communities you serve.
8. Ensure that the services and information you provide are linguistically diverse and competent.
9. Strive to continually assess, evaluate, and strengthen the cultural competence of individuals and the organization.

### **Important considerations for cross cultural interactions**

Communication: Both verbal and non-verbal communication may present barriers to providing effective disaster related and crisis counseling services. Culture largely influences how people express their feelings as well as what feelings are appropriate to express. Even when translators are used, disaster workers must adjust to unaccustomed changes in the communication process and the added stresses of not being sure that communication at all levels is adequate or complete.

Concept of Personal Space: “Personal space” can be defined as the area that immediately surrounds a person, including the objects within that space. “Spatial comfort” tends to be culturally defined and disaster workers must be sensitive to non-verbal clues as to a client’s personal need for space. Additionally, a person from one subculture might touch or move toward another as a friendly or nurturing gesture, whereas someone from a different cultural group may consider such behavior to be threatening or offensive.

Social Organization: Beliefs, values and attitudes are learned and reinforced through social systems such as family, tribes and a multitude of community groups. Understanding how the client draws support from these systems will enable the disaster worker to better assess sources of strengths and engage better coping behaviors. A complete understanding of the client’s pre-disaster adjustment within this dynamic constellation of social systems will provide a guide to restoration of homeostasis.

Time: People from different cultures have very different perspectives on how they view time. These differences can often lead to misunderstandings. In addition to having different interpretations of time, some cultures may have an altogether different concept of time. As an example, rather than using “clock time” a cultural perspective may be based on “meal time,” “harvest time,” or “worship time.” Disaster workers with a sense of urgency may be led to set timeframes that are not realistic or meaningful to their clients.

Environmental Control: Survivors will often respond to disasters through an underlying belief that the disaster event was caused by some external factor. Beliefs that the disaster was caused by God, fate, or some form of deserved punishment may influence how disaster survivors will view their

predicament and their behavior in seeking and accepting assistance. Disaster workers will better understand help-seeking behaviors of culturally diverse clients through understanding their concept of environmental control.

### **Cultural competence self-assessment for disaster counseling programs**

Six elements are needed to ensure cultural competence of mental health agencies. Programs can use these elements to assess their level of cultural competence.

#### Leadership

- Are the leaders of the program committed to cultural competence?
- Do the project managers hold staff accountable for knowledge of the provision of appropriate services to all disaster survivors?

#### Understanding Cultural Competence

- Has the program staff developed a common understanding of cultural competence, and do they clearly and frequently communicate that understanding to others?

#### Organizational Culture

- Does the crisis counseling program promote and encourage cultural competence?
- Is the program administered by an organization with a strong commitment to and history of working toward cultural competence?
- Are policies, procedures, and systems in place for delivering interpretation, bilingual, or translation services?

#### Training

- Have all crisis counseling staff members been trained in cultural competence, and are they familiar with the diverse cultural and ethnic groups in the community?
- Are training programs ongoing?
- Are regular meetings convened and educational opportunities offered for staff members to discuss cultural competence issues and concerns, build cross-cultural skills, and develop strategies?

#### Cultural Competence Plan

- Has the program identified goals designed to address the mental health needs of the community in a culturally competent manner?
- Has the program explored various methods of working with disaster survivors in a way that respects and is sensitive to the needs of all groups in the community?
- Has the program established partnerships with community-based agencies that serve cultural and ethnic groups of input on needs assessment, program planning, and evaluation?
- Has the program developed a mechanism to acquire knowledge about customs, values, and beliefs of special populations?

#### Managing the Plan

- Has a person or group been identified to evaluate the success of the program in addressing cultural competency issues?

- Have methods been instituted to recognize innovations in serving culturally distinct groups and implement those innovations project-wide?

Material from:

Bernard, J.A. (1998). Cultural competence plans: A strategy for the creation of a culturally competent system of care. In M. Hernandez and M. Isaacs (Eds.), *Promoting cultural competence in children's mental health services*. Baltimore: Brookes Publishing Company.

## CULTURAL COMPETENCE CHECKLIST

### **Cultural Competence Checklist for Disaster Crisis Counseling Programs**

Cultural competence should be integrated into a community emergency mental health management plan before a disaster actually occurs. When disaster strikes, certain principles must be followed to ensure a culturally competent disaster crisis counseling program. The following checklist can assist in developing cultural competence in disaster crisis counseling programs. You also can use this checklist as an informal program assessment tool. For this purpose, use the check boxes to insert a numerical ranking from 1 to 3, with 1 reflecting the cultural pre-competence stage of development (good intentions, no actions yet); 2 representing the cultural competence stage (importance recognized, some actions underway); and 3 denoting the cultural proficiency stage (effective program in place). The terminology used to describe these phases was drawn from the Cultural Competence Continuum developed by Cross and colleagues (1989).

#### **Recognize the importance of culture and respect diversity.**

- Complete a self-assessment to determine your own beliefs about culture.
- Encourage staff to complete self-assessments in order to understand their own cultures and worldviews; examine their own attitudes, values, and beliefs about culture; and acknowledge cultural differences.
- Assess capabilities of the counselors to understand and respect the values, customs, beliefs, language, and interpersonal style of the disaster survivor.
- Seek evidence that you/staff respect the importance of verbal and nonverbal communication, space, social organization, time, and environment control within various cultures.

#### **Maintain a current profile of the cultural composition of the community.**

- Develop and periodically update a community profile that describes the community's composition in terms of race and ethnicity, age, gender, religion, refugee and immigrant status, housing status, income and poverty levels, percentage of residents living in rural versus urban areas, unemployment rate, language and dialects, literacy level, and number of schools and businesses.
- Include in the profile information about the values, beliefs, social and family norms, traditions, practices, and politics of local cultural groups, and historical racial relations or ethnic issues.
- Gather information in consultation with community cultural leaders who represent and understand local cultural groups.

#### **Recruit disaster workers who are representative of the community or service area.**

- Review the community profile when recruiting disaster crisis counseling workers and attempt to recruit workers from the ethnic and cultural groups included among the survivors.

- If workers from the community or service area are not available, recruit others with backgrounds and language skills similar to those of local residents.
- Assess disaster workers' personal attributes, knowledge, and skills as they relate to cultural competence.

**Provide ongoing cultural competence training to disaster mental health staff.**

- Offer ongoing cultural competence training (e.g., in-service training and regularly scheduled meetings) to service providers, administrators and managers, language and sign interpreters, and temporary staff.
- Involve community-based groups with expertise in cultural competence or in the needs of specific cultures.
- Allot time for training participants to examine and assess their values, attitudes, and beliefs about their own and other cultures.

**Ensure that services are accessible, appropriate, and equitable.**

- Identify and take steps to overcome reluctance of ethnic groups to use services because of mistrust of the system or previous inequitable treatment.
- Identify and take steps to eliminate service barriers that occur as a result of racial and ethnic discrimination, language barriers, transportation issues, and the stigma associated with counseling services.
- Involve representatives of diverse cultural groups in program committees, planning boards, and policy-setting bodies, and in decision making.
- Identify and use strategies to address specific concerns of refugees who had negative experiences that make them suspicious of government intervention.

**Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks. Identify and use strategies to:**

- Identify cultural patterns that may influence help-seeking behaviors.
- Build trusting relationships and rapport with disaster survivors.
- Recognize that survivors may find traditional relief procedures confusing or difficult.
- Recognize individual cultures' customs and traditions related to healing, trauma, and loss, and identify how these customs and traditions influence an individual's receptivity to and need for assistance.
- Acknowledge cultural beliefs about healing and recognize their importance to some disaster survivors.
- Help survivors reestablish rituals; organize culturally appropriate anniversary activities and commemorations.
- Recognize that outreach efforts focused only on the individual may not be effective for people whose cultures are centered around family and community.
- Determine who is significant in survivors' families and social spheres by listening to their descriptions of the home, family, and community.

**Involve community leaders and organizations representing diverse cultural groups as cultural brokers.**

- Collaborate with trusted leaders (e.g., spiritual leaders, clergy members, and teachers) who know the community.
- Invite organizations representing cultural groups and other special interest groups in the community to participate in disaster mental health program planning and service delivery.
- Collaborate with community-based organizations to communicate with the cultural groups they represent.
- Identify effective ways to work with informal culture-specific groups.
- Coordinate with other public and private agencies in responding to the disaster.

**Ensure that services and information are culturally and linguistically competent.**

- Identify indigenous workers who speak the language of the survivors; use interpreters only when necessary.
- Identify trained interpreters who share the disaster survivors' cultural backgrounds.
- Determine the dialect of the disaster survivor before asking for an interpreter.
- Assess the level of acculturation of the interpreter in relation to that of the disaster survivors.
- Establish a plan for providing written materials in languages other than English and at the literacy level of the target population.
- Provide means to reach people who are deaf or hard of hearing.
- Consult with cultural groups in the community to determine the most effective outreach activities.
- Use existing community resources (e.g., multicultural television and radio stations) to enhance outreach efforts.

**Assess and evaluate the program's level of cultural competence.**

- Continuously assess the program to identify and correct problems that may impede the delivery of culturally competent services.
- Incorporate process evaluation into the crisis counseling program.
- Involve representatives of various cultural groups in process evaluation.
- Communicate process evaluation findings to key informants and cultural groups engaged in the program.

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations: From: <http://mentalhealth.samhsa.gov/publications/allpubs/SMA03-3828/appendixf.asp>

# Equipping Social Workers to Deal with Issues of Spirituality and Religion in Times of Disaster

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## Abstract

Since the late 1980s, issues of spirituality and religion have received much attention both in terms of publications and curriculum policy statements. Within the last 2 years there has been an increasing focus on disaster preparedness and management. This article explores the nexus between these two interrelated issues and the implications for social work practice and education.

## Introduction

Within the helping professions, since the 1980s, issues related to spirituality and religion have been the subject of much research and reflection with their implications for education, training, and practice (Allen, 2003; Cascio, 1999; Furman, Benson, Grimwood, & Canda, 2004; Hall, Dixon, & Mauzey, 2004; Moon, 2006). The Council on Social Work Education (revised EPAS, 2002) and the *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (1994) have declared curriculum policy statements. There is consensus on the importance of understanding the dimensions of spirituality and religion as part of a wholistic understanding of clients and patients in diverse cultural settings.

The nexus between spirituality and religion in the context of a disaster and the unique role of the social worker are areas which have received very little attention. The specific dynamics of this nexus requires an integration of both familiar and unfamiliar paradigms. How equipped, then, is the profession as a whole?

During social work's "professionalization and secularization" phase (Canda, 1997, p. 300), a "wholistic" biopsychosocial, person-in-environment approach to client assessment and intervention was promoted. In spite of the claims of being "wholistic," issues related to spirituality and religion were largely ignored. By the 1980's, however, there has been a "resurgence of interest in spirituality. Advocates called for ways to address spirituality that would respect diversity and avoid the pitfall of sectarian exclusivism and proselytization . . . and (for) effort(s) to restore attention to the spiritual aspect of human experience" (p. 301). A definition of spirituality, however, does not have to include the traditional definition of religion, particularly in its sectarian sense.

Koenig, McCullough, and Larson (2001, p. 18) define religion as "an organized systems of beliefs, practices, rituals and symbols designed (a) to facilitate closeness to the transcendent (God, higher power, or ultimate truth/reality), and (b) to foster an understanding of one's relationship and responsibility to others living together in a community." They define spirituality as "the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent which may (or may not) lead to or arise from the development of religious rituals and the formation of community."

O'Brien (1992, as cited by Canda, 1997) identified 18 themes ranging from "sensitive awareness of the earth and nonhuman world" to "transpersonal states of consciousness and experiences." The definition then takes on a personal, individualistic meaning about the whole existence and purpose of life.

The experiences of recent past disasters, such as the tsunamis in South-East Asia and the volcanic eruptions in Montserrat, demonstrate the need for greater coordination among diverse sets of responders. Within the last 20 years, social workers have begun to take a greater interest in the area of disaster research, management, and response (NASW, 2007; Zakour, 1997). A competency-based practice response, which incorporates sensitivity to issues of religion and spirituality, especially in times of natural disasters, is needed at all levels of disaster planning, preparation, and recovery.

What, then, is the nexus between spirituality and religion and times of disaster? First of all, there is a need for a biopsychosocial spiritual framework, whereby the spiritual is seen as an equal and important dimension in an individual's life. Carroll (1998) refers to this as "spirituality-as-one dimension," which refers to a person's "conscious search for meaning and a relationship with God or the transcendent" (p. 9). She distinguishes this from the related aspect of "spirituality-as-essence," which various writers and thinkers describe as "originating from the deepest core of the person" and has been called, among other names, "the ground of our being;" "a supernatural essence which is the source of the soul's internal resources;" "one's potential capacity for growth and change;" and "an inner sense of knowing or wisdom" (pp. 3-4). Both these aspects of spirituality must be borne in mind, during all phases of a disaster, and more so during the disaster event itself. When a disaster strikes, persons are wounded to the core. While immediate concrete resources are paramount, spiritual distress, where indicated, should not be ignored.

How, then, do social workers recognize emotionally deep, spiritual needs, especially emanating from one's "spirituality-as-essence?" Such needs surface automatically from the unconscious to the foreground of one's consciousness, creating a shift of paradigms in areas of self-awareness, foci, perception, meanings attached to the experiences, and challenges to one's spiritual anchor. Y. B. Yeats (1919) describes it thus: "things fall apart, the centre cannot hold... the ceremony of innocence is drowned." Disaster is a crisis event and it is in these most critical of times that the spirit is most sorely wounded and existential questions of life, death, meaning, and the "groaning of all creation" can be heard. When the "centre" falls apart, all other dimensions will be affected. According to Herman (1992), traumatic events "undermine the belief systems that give meaning to human experience. They violate the victim's faith in a natural or divine order and cast the victim into a state of existential crisis."

The National Voluntary Organizations Active in Disaster (NVOAD) (2006) views spiritual care as an equally important aspect of a person's health care, which may be described in clear contrast to the psychological and mental health needs of persons. While there are symptoms that are common to both psychological and spiritual distress, nevertheless, each is a distinct healing modality. Similarities include the wholistic view of person, concerns for emotional well-being, as well as the emphasis on attentive listening (p. 20). One should also include the focus on building a trusting, therapeutic relationship. On the other hand, the need for psychological mental health care is indicated in various dysfunctional affect, thought processes, verbal expressions, and behaviours (p. 25); while the need for spiritual care is expressed in strong superego responses, such as guilt, asking existential questions

about life, hope, and transcendent power, yearning for reconciliation with previously held beliefs and a desire to experience rituals and receive resources from a faith perspective (p. 26).

In times of disaster, issues of spirituality and religion are raised more often in the form of questions than answers. Questions or statements are more often of an existential nature.... Why should bad things happen to good people? What have I/we done to deserve this? Where is God when I need him most? Better if I had never been born! I wish I were dead; there is no reason to go on living! When will this suffering end? What is there to hope for? What answers that are provided seem so puny in the face of catastrophic disasters. These and other symptoms mentioned above are the *raison d'être* for spiritual care. Research have indicated that a significant number of survivors look to their spiritual resources as a means of coping. Both positive and negative influences from spiritual beliefs, practices, and policies must be examined.

Disaster preparedness will involve having social workers trained and attuned to respond to such issues and to be themselves spiritually and psychologically prepared to take action before, during, and after disasters. Paradigms of coping and helping are not unfamiliar to trained social workers. The values, principles, and ethical guidelines, as set out by NASW's *Code of Ethics*, have established a sound basis for relating to persons and situations with empathy, respect, integrity, and professionalism. The organization's *Standards for Cultural Competence* is particularly relevant when social workers recognize that spirituality is an aspect of diversity just as race, class, and sexual orientation. In addition, social workers can draw upon their generalist knowledge and skills in working with individuals, groups, families, and organizations, as well as their training in crisis intervention, stress and trauma management, and their clinical skills in applied counseling and therapy.

Bearing in mind the special sensitivities, traumas, diversity of experiences and responses to disaster, and the likelihood of more heightened consciousness of things spiritual among many survivors, social workers must be equipped with specific knowledge, attitudes, and skills for coping in times of disasters, some of which may require shifts in our current way of thinking and intervening. These include pro-active steps to affirm one's own spirituality; reflecting on its relevance during times of crisis and disaster; engaging in interdisciplinary, interfaith conversations; seeking training on how to deal with spiritual issues from the perspective of being a "wounded healer;" and establishing a resource network for referrals in times of disaster. During the actual disaster event, social workers must be trained in adopting healing approaches that will enable persons to be transformed from being victims to survivors, focusing on doing no harm through evangelizing, proselytizing, or exploiting persons in vulnerable need. Above all, social workers must be trained in offering presence and "hospitality" and to be comfortable to meet, accept, and respect persons exactly as they are. This can be achieved by learning to listen empathically to the voices of the suffering.

In addition, social workers must be helped to come to terms with such issues as a transpersonal perspective on spirituality; the nature, value, and use of self-disclosure; the role of intuition and its relationship to spirituality and the distinguishing factors between the application of theory and practice wisdom. Most importantly, social workers will need to equip themselves to take a leading role in post-disaster recovery and recuperation, especially in community reconstruction.

Training social workers to be equipped for dealing with issues of spirituality and religion in times of disaster will demand a visionary and strategic approach both in the education of student social

workers and in the field. A more experiential approach will need to be taken to ensure a wholistic “sharpening of the tool” in the process of building spiritual self-awareness and in continuous reflection on the existential questions of life and on the qualities that build human character and resiliency. In addition, leadership competencies must be honed for building interdisciplinary collaboration and coordination, especially with faith-based institutions.

## References

- Allen, E. A. (2003). Integrating spirituality in the training of medical students: Needs, possibilities and experiences. *West Indian Medical Journal, 52*(2), 151-154.
- Canda, E. R. (1997). *Spirituality. Encyclopedia of social work, 1997 Supplement*. (19<sup>th</sup> Ed.). Washington, DC: NASW Press.
- Carroll, M. M. (1998). Social work’s conceptualization of spirituality. In E.R. Canda (Ed.), *Spirituality in Social Work: New Directions*, (pp.1-13). New York: The Haworth Pastoral Press.
- Cascio, T. (1999). Religion and spirituality: Diversity issues for the future. *Journal of Multicultural Social Work, 7*(3/4), 129-146.
- Furman, L. D., Benson, P. W., Grimwood, C., & Canda, E. (2004). Religion and spirituality in social work education and direct practice at the millennium: A survey of UK social workers. *British Journal of Social Work, 34*, 767-792.
- Hall, C. R., Dixon, W. A., & Mauzey, E. D. (2004). Spirituality and religion: Implications for counselors. *Journal of Counseling and Development, 82*, 504-507.
- Herman, J. L. (1992). *Trauma and recovery*. London: Pandora
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press.
- Moon, G. W. (Ed. ). (2006). Christian spirituality and mental health. *Journal of Psychology and Christianity, 25*(3), 267-273.
- National Association of Social Workers. (1996). *Code of ethics*. Washington, DC: NASW Press.
- National Association of Social Workers. (2001). *Standards for cultural competence*. Washington, DC: NASW Press.
- National Association of Social Workers. (2007). *Disasters*. Retrieved January 5, 2007, from <http://www.naswdc.org/research/naswResearch/0205Disasters/default.asp>
- National Voluntary Organizations Active in Disaster. (2006). *Light our way: A guide for spiritual care in times of disaster*. Retrieved January 3, 2007, from [http://www.nvoad.org/articles/Light\\_Our\\_Way\\_LINKS.pdf](http://www.nvoad.org/articles/Light_Our_Way_LINKS.pdf)  
<http://scholar.google.com/scholar?hl=en&lr=&q=cache:tKIYp8a3L58J:www.ejsw.net/Iss>
- Zakour, M. J. (1997). *Social Work and Disasters*. Retrieved January 6, 2007, from <http://www.training.fema.gov/emiweb/downloads/edu/Socialworkanddisasters4.doc>

# **Critical Incident Stress Management: A Program to Address Issues of Secondary Traumatization Among Disaster Workers**

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## **Abstract**

This paper presents a Critical Incident Stress Management Program (CISMP) that is designed to anticipate and mitigate the emotional impact of external and internal critical incidents upon individuals and groups who deliver disaster recovery services. This comprehensive program provides for immediate and sustained responses to assist disaster workers in effectively minimizing the emotional detriment of stressful incidents, resulting from interactions with disaster victims. Disaster workers have the potential to experience secondary traumatization as they listen to the pain and losses of disaster victims, long work hours, and extended work periods. The program is a structured, peer-driven, clinician-guided, and supported process designed to provide intervention to address disaster mental health issues.

Emphasis is placed on individual peer support for immediate action, and specialized individual and group support, assessment, and referral is provided by a stress management clinician. Peer Partners participate in a training program, which includes:

- An overview of stress assessment and management
- Critical/intervention orientation
- Identification and utilization of peer support techniques
- Event pre-planning, event briefings, defusings, and debriefings
- Protocol for responding to an incident
- Basic information on workplace violence

## **Introduction**

Disaster workers encounter situational events during the course of disaster work, which have a stressful impact causing unusually strong emotional reactions, feelings of counter-transference, and a decreased ability to cope. The unique disaster work environments dictate that an intentional, operational response be designed and implemented to address and manage Critical Incident Stress within the work setting. The Critical Incident Stress Management Program (CISMP) was developed to address issues of secondary traumatization among disaster workers, and is administered by a CISM Program Committee.

## **The Critical Incident Stress Management Program (CISMP)**

The Critical Incident Stress Management Program is a comprehensive program designed to anticipate the emotional impact that external and internal critical incidents have upon groups and individuals within the multiple work environments of disaster service delivery (Mitchell & Everly, 2000). It is a structured, peer-driven, clinician-supported process, associated with a Stress Management Program, whose intent it is to prepare a response to event-driven situations affecting the emotional well-being of disaster workers. The Program provides for both an immediate and a prolonged response to effectively minimize the emotional detriment of stressful incidents. It places

the emphasis on individual peer support for immediate action, while providing specialized group/individual support for more intense events.

The program includes a Stress Management Inventory; a Critical Incident Stress Management orientation for all employees; annual CISM training for the CISM Program Committee and for those workers trained as Peer Partners; an overview of methodologies used to address diverse scenarios encountered by workers in all areas of the disaster service delivery; and basic information on Workplace Violence. We include this because of the potential for occurrence in any working environment and subsequent to an incident, the CISMP Team would respond to minimize the effects on the workforce.

### **Program goals**

The objectives of this program are:

1. To create an awareness of the Program and the services provided therein, and to make the assistance available to all workers/employees at all levels throughout disaster relief agencies/organizations.
2. To recruit and train disaster workers from the various agencies to serve as Peer Partners, and to provide adequate training for these individuals to enable them to be fully functional within the program.
3. To provide peer support and clinician-guided interventions and facilitated defusing/debriefings as a timely response appropriate to critical incidents.
4. To provide referrals to the Stress Management clinicians for all disaster workers as needed.
5. To enable disaster workers to effectively respond to escalated and crisis situations created as a result of assisting disaster victims.

### **Levels of response**

Effective Critical Incident Stress Management draws upon a variety of measures to prepare for and respond to stressful incidents that impact disaster workers and service delivery from both internal and external sources. This section identifies some of these methods. The following provides an overview of a CISM program designed to mitigate critical incidents and secondary traumatization among disaster workers.

## **CISM Program (CISMP)–Roles and responsibilities of CISMP Team Members**

### **Individual Peer Support–First phase intervention**

The most critical component of the CISMP is creating a culture of incident stress awareness and a preparedness to respond quickly among all employees. It embraces the concept that every disaster worker is a member of the workplace family and that each person cares about the other's well-being. By encouraging workers to be supportive, teaching basic communication skills, and providing certain guidelines, Peer Partners can become the most effective of first responders for a colleague in need of assistance. Peer Partners will generally operate within an informal setting.

Individual Peer Support Techniques Include:

- Applying listening skills such as reflection, paraphrasing, or mirroring if appropriate
- Assisting the colleague to vent
- Soliciting help through providing referrals to other programs if further support is needed

## **Basic peer support**

*Co-worker/friend:* Peer support consists of normal networks of co-workers and friendships within a work area. The co-worker/friend would be the most likely person to identify a colleague in crisis. They can provide immediate help simply by being aware and available to provide support. If a situation is identified as or intensifies into a stress incident, they can call for further help.

*Peer Partner:* The Peer Partner is a member of the CISMP Team who, following completion of basic support training, provides immediate assistance to co-workers, primarily within a defined work unit. This person is available for co-workers throughout the workplace when no trained personnel reside in a specific area.

The objective of the Peer Partner is to be approachable when any disaster worker encounters a stressful situation and feels the need to talk about it, to further provide support if the worker has to handle a critical event which interferes with their ability to immediately return to their regular duties, and to provide a referral (bridge) to other support services as the situation warrants.

Essentially the purpose of co-workers/friends and Peer Partners in critical incident stress situations is to be a good neighbor. Each one, to the best of his/her ability, brings a measure of FIRST-AID IN ACTION to follow disaster workers and victims in times of severe stress or crisis.

NOTE: It should be clearly understood that providing this kind of support is not an expectation placed on all disaster workers and is not a condition of their employment. Participation in the CISM Program on any level is strictly voluntary in nature.

## **Advanced peer support**

*Facilitator:* Facilitators are at the front line of organizational support in critical incident stress situations. All Facilitators have had a formal introduction to CISM methods. They serve the workplace through their ability to recognize stress symptoms and initiate a response from the CISM Program. They will also facilitate or guide discussion during an intervention.

## **Collateral positions**

*Spokesperson:* The Administrative person is appointed by a disaster service delivery agency to serve as the Spokesperson. The Spokesperson plays an essential role in mitigating the effects of conjecture and hearsay in association with major critical or high profile events that could potentially affect disaster workers on several levels. Statements issued from the Spokesperson will serve as an official *Internal* response. At no time will these statements be released for publication or be made known off of the agency site.

The responsibilities of the agency Spokesperson include:

- Assuming responsibility only for internal agency staff communication pertaining to critical or high profile events.
- Disseminating verified information by formal statement in conjunction with CISMP activities involving groups of employees such as briefings, debriefings, and defusing.
- In cases involving disaster agency workers, the information divulged would only reflect statements or facts approved by the disaster employee with the one possible exception, that being an event that has already become common knowledge or one that has been locally publicized.

- Providing informational updates to the CISMP Team as it becomes available and/or is applicable to the well-being of the general disaster workforce.

### **Program coordination**

*CISM Program Coordinator:* All of the Stress Management Clinicians assigned to disaster agencies/organizations will serve as CISM Program Coordinators. The Stress Management Clinician provides the professional psychological and clinical support to the program. During times when multiple Stress Management Clinicians may be involved in disaster relief activities, one will serve as the CISM Program Coordinator and others will assume support roles. If a Program Coordinator is not available, another member of the Program Committee can serve as an alternate to organize and facilitate events, but they will in no way take on the role of a clinician.

The responsibilities of the *CISMP Program Coordinator* include:

- Conducting/coordinating needs assessment for an intervention
- Consulting with the Event Coordinator in preparation for interventions
- Leading Pre-Intervention meetings
- Serving as the clinician in an intervention
- Conducting a Post-Intervention
- Submitting an Event Intervention After Action Report

*CISMP Event Coordinator:* The CISMP Event Coordinator is responsible for the practical considerations in preparing for and executing a CISM group intervention. The Event Coordinator works closely with the CISMP Program Coordinator, or alternate, in executing a CISMP response.

The responsibilities of the *CISMP Event Coordinator* include:

- Mobilizing members of the CISMP Team
- Procuring facilities and arranging times for interventions, pre-intervention meetings, and post-intervention meetings.
- Providing support to the CISMP Program Coordinator, or alternate, and the agency Spokesperson in the execution of their duties.

### **Clinician provided individual/Group interventions**

In certain extreme circumstances, a clinician may be needed to effectively conduct a one-on-one intervention with a single disaster worker. At the disaster worker's request or a Peer Partner's discretion, one of the on-duty Stress Management clinicians should be contacted to meet with the worker at the earliest possible opportunity.

At times, critical incident or events of a greater magnitude will require a more collective or intensive form of intervention. The following group meetings, called interventions, are designed to meet these needs.

Briefing: These meetings are held to deliver information regarding an incident, which provide a structured forum to receive instruction and to answer workers' questions. They can be conducted in multiple, smaller groups such as with program administrators, supervisors and their sections, or in large groups such as an all-units meeting. The goal is to provide consistent information across the board and to minimize the dissemination of incorrect or misleading information.

Example: *Community event that has become high profile through the media.*  
Roles and Responsibilities of CISMP Team Members  
Everly, G.S., & Mitchell, J. (2000)

## **Critical Incident Stress Management Program (CISMP) TERMINOLOGY**

### Critical Incident

A critical incident is any event which has a significant amount of emotional power sufficient to overwhelm a person's or a group's ability to cope with a situation, which includes, but is not limited to: suicide (internally/externally); line-of-duty death; serious line-of-duty injury; disaster/multiple casualty incident; killing or wounding of someone; significant events involving children; dealing with relatives of known victims; prolonged incidents, especially with loss; threats to the agency and/or its personnel; and excessive media interest in a significant event. Events specific to work environments include, but are not limited to: secondary traumatization precipitated by personal contact with disaster victims experiencing many of the aforementioned events; specific stress producing pressures relative to the various agencies providing services as a result of disaster activity; and the effect of the compounding of multiple stressors or, the long term exposure to constant generalized workplace stress.

### Critical Incident Stress Management

Critical Incident Stress Management is a comprehensive, systematic, and multi-component approach for the reduction and control of harmful aspects of stress.

### CISM Program Committee

The CISM Program Committee is responsible for the development and administration of the Program. It is comprised of Program Coordinators, Stress Management Clinicians, and the Event Coordinator, disaster workers identified as agency representatives and Facilitators. The Committee, or any portion thereof, may be called upon to assess the needs of the disaster workforce in relation to critical events and to coordinate a response to these various incidents and events.

### Internal Events

A turning-point event within or related to the disaster workforce environment.

*Examples: Workplace death or serious injury of a disaster employee, the arrest of an employee. Also, disaster event with prolonged intensity or work hours.*

### External Events

This is a turning-point event stemming from situations affecting, but removed from, disaster work-site work environment.

*Examples: Requests from a community having experienced multiple deaths or secondary trauma triggers such as affected children.*

### Briefing

A briefing is a meeting held to deliver information to a group of disaster workers.

### Event Briefing

This is a briefing designed to mitigate the psychological impact of stress producing events at the work site, which primarily revolves around disaster activity.

### Intervention

An intervention is a guided activity, which is designed to be the most rapid response to a critical incident. It is the first level of support designed to bring stability to an unstable or high-impact situation. An intervention can be conducted for a single person or for a group of individuals impacted by the same event. Quite similar to a defusing.

### Pre-Intervention

A meeting held by the CISM Program Coordinator (or Committee Member) to inform the disaster work team of the basic information surrounding an incident and to work out the logistics for conducting a large-scale intervention (defusing). This would be applicable especially in instances of multiple interventions happening at the same time.

### Post-Intervention

A meeting held for the entire disaster work team following an intervention, defusing, or debriefing. It is a time frame to debrief the debriefed, to analyze the event, and to compile information to be utilized in creating the after-action report.

### Debriefing

The debriefing is a process designed to lessen the overall impact of an event and to accelerate recovery in normal people who are having normal reactions to abnormal events. The process is a discussion and not a critique or investigation.

### Defusing

A defusing is a shortened version of a debriefing.

Terminology may be found in: Mitchell, 1999; Everly, 2000; Peterson, 2003; Young, Ford, & Ruzek, 1998; Bowenkamp, 2000.

## **Creation of the CISM Program Team**

### Criteria for Selection of Team Members

*Voluntary Participation:* Disaster workers who desire to hold positions on the CISM Team should be encouraged to volunteer to participate. The only prerequisite is that the employee must have a minimum of six (6) months experience in disaster work, or they must have had prior experience in voluntary or paid service with a crisis counseling center or hotline; one of the following areas: a clinical background (education and/or, work experience in a quick response, high stress environment such as a hospital, police department or fire department).

*Membership Application:* Volunteers wishing to participate on the CISM Team must submit a CISM Application in order to receive consideration. Applications may be obtained from the Program Committee and are to be returned to the same. Due to the fact that a Team Member may be called away from their assigned duties at any given time, the employee's immediate supervisor must endorse the application.

### Process for Selection of Team Members

*Application Rating:* All CISM Applications will be reviewed and rated by the Program Committee. Selected candidates will then proceed to the panel interview portion of the selection process.

*Panel Interview:* The panel will be comprised of members of the Program Committee and, in certain instances, personnel representing the various disaster response programs/agencies.

### Conditions of Appointment

*Term Appointments:* Each person chosen as a CISM Program Team Member, operating in any capacity, shall serve for a period not to exceed one (1) year.

*Training of Team Members:* All persons appointed as members of the CISM Program Team shall attend a basic two-day, in-house training to familiarize them with the Components of the Program and the Program Standard Operating Procedure.

*Operating Restrictions:* Being a member of the CISM Program Team is a collateral position and does therefore carry restrictions insofar as the amount of time that can be designated for Team activities. Barring unforeseen events and true emergencies, Team Members may devote ten percent (10%) of their time to program activities. This will average at approximately four (4) hours each week.

*Reporting Requirements:* Each member of the CISM Program Team will keep a written record of the time spent engaged in CISM Activity which will be approved time away from their normal duties.

*Evaluation Period:* Team Members shall be evaluated on performance once each year (each CISM program to determine time frame). Some of the areas that will be focused on during the evaluations are promotion and fulfillment of the program objectives, contribution to the support of the workforce, the ability to operate within the program guidelines, attendance of team meetings, etc. Team members receiving a satisfactory rating will be reappointed for another term.

*Removal from the Team:* If a disaster worker's participation in the CISM Program as a Team Member creates any type of conflict of interest or operational impasse, the Program Committee will review the situation. If the Committee is in consensus that there is a need bring the situation to the attention of a decision-making authority to reach resolution, the information will be forwarded to the next level in the process. The means of resolving the issue may include a recommendation of the disaster worker's temporary or permanent removal from the Team.

The final decision to remove a member of the Team must be approved by no less than two (2) progressive levels of administrative/management.

### Pre-Crises Education and Training for Disaster Workers—New and Continuing Objectives

1. To provide an overview of the Critical Incident Stress Management Program (CISMP).
2. To present CISM information in three separate training modules.

### Overview of Training Modules

Module 1: Introduction to Stress Management

This component provides an introduction to Stress Management resources either within or available through the work place. This unit will address stress in the workplace, identification of stressors and the impact on behavior and responses, and strategies to recognize and manage stress.

Module 2: Introduction and Overview to CISMP

This component is an introduction and overview of the Critical Incident Stress Management Program. It includes a presentation detailing the need for the Program and the benefits it offers disaster workers.

### Module 3: Disaster Work Specific Critical Incidents

This component is an introduction to intervention techniques available to disaster workers for utilization with disaster victims and other people in crisis. The techniques will vary according to the type of situations that are foreseeable and that are specific to the different agencies and organizations that provide disaster relief.

### Annual Program Team Member Training

\*During seasons that traditionally bring heavy activity, refresher sessions will be offered to first responders and workers in front-line positions.

*CISMP Team Members:* The Program Committee will seek to provide on-going and refresher training to Team Members who provide Basic Peer Support. Generally speaking, this will be conducted in-house by Program Committee Members, although, if an opportunity presents, a trainer from outside may be employed. The Committee will pursue this type of activity in an effort to offer the best available training to the entire Team.

*CISMP Committee Members:* Annual training will be made available through conferences and seminars as funding allows. Information and techniques obtained through these trainings will be made available to the Team during the in-house trainings.

### Summary

The primary goals of this discussion have been to:

- Present some general CISMP approaches and strategies of intervention to mitigate maladaptive responses to critical incidents, and
- To raise the level of awareness regarding secondary traumatization among disaster workers.

It is hoped that the discussion presented has achieved these goals

### References

- Bowenkamp, C. (2000). Coordination of mental health and community agencies in disaster response. *International Journal of Emergency Mental Health, 2*(3), 159–165.
- Everly, G.S., & Mitchell, J. (2000). Critical incident stress management- CISM- A new era and standard of care in crisis intervention. In G. Everly (Ed.), *Innovations in disaster and trauma psychology* (pp. ). Ellicott City, MD: Chevron Publishing Co.
- Figley, C.R. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Gentry, J.E., Baranowsky, A.B., & Dunning, K. (2002). ARP: The accelerated recovery program (ARP) for compassion fatigue. In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 123–137). New York: Brunner-Routledge.
- Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of Traumatic Stress, 15*, 423–432.
- Mitchell, J., & Everly, G. (2000). Critical incident stress management and critical incident stress

- debriefings: Evolution, effects, and outcomes. In B. Raphael & J. Wilson (Eds.), *Psychological debriefing: Theory, practice and evidence* (pp. 71–90). Cambridge, UK: Cambridge University Press.
- Mitchell, J. (1999). When disaster strikes: The critical incident stress debriefing process. *Journal of Emergency Medical Services*, 8, 36–39.
- Myers, D. G., & Wee, D. F. (2002). Strategies for managing disaster mental health worker stress. In C.R. Figley (Ed.), *Treating compassion fatigue*, pp. 181–211. New York: Brunner-Routledge.
- Peterson, D. (2003). Mitigation of social stress from critical incidents. *Journal of Emergency Management*, 1, 19–26.
- Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion fatigue and satisfaction test. In C.R. Figley (Ed), *Treating Compassion Fatigue* (pp. 107-119). New York: Brunner/Mazel.
- Stamm, B. H., Varra, E. M., Pearlman, L. A., & Giller, E. (2002) *The Helper's Power to Heal and to Be Hurt—Or Helped—By Trying*. Washington, DC: Register Report: A Publication of the National Register of Health Service Providers in Psychology.
- Stamm, B. H. (2005). *The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales*. Baltimore: Sidran Press.
- Young, B. H., Ford, J. D., Ruzek, J. L., Friedman, M. J., & Gusman, F. D. (1998). *Disaster mental health services: A guidebook for clinicians and administrators*. Menlo Park, CA: National Center for Post Traumatic Stress Disorder, U.S. Department of Veterans Affairs.

**LINKING SOCIAL WORK INTERVENTION TO REDUCING DISASTER  
VULNERABILITY**

# The Role of Social Work in Building Social Capital for Sustainable Disaster Relief and Management

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## Abstract

This presentation examines the scope and prospect for effective utilization of social capital in mitigating the consequences of natural disasters that hit coastal regions. The article concludes by identifying the role of social work education and practice in building social capital for sustainable disaster relief and management.

## Introduction

Social workers need to be prepared in anticipation of disaster rather than wait until disaster strikes. Social work curriculum needs to incorporate disaster management so that a new generation of social workers will be trained and prepared for disasters. Ongoing training must also be developed for practicing social workers. This paper examines the scope and prospect for effective utilization of social capital such as social networks, social cohesion, social interaction, and solidarity in mitigating the consequences of natural disasters that hit coastal regions. Special emphasis given on social capital at three levels: bonding within communities, bridging communities, and linking through ties with financial and public institutions. Light (2005) reports that actual movement toward preparedness at local level is real weakness in Hurricane Katrina and Rita affected areas in U.S. Gulf Coast.

Government/public sector coordination at senior levels, capacity building at the ground level of public service, and strengthening the social capital at grassroots level were identified as the key strategy in an international conference on sustainable hazard reduction that took place in Colombo, Sri Lanka on January 10-12, 2006. The need for macro-economic and fiscal policy to reflect recovery programs; the need to think beyond the pre-tsunami development levels; safety nets for the poor and the vulnerable; and risk reduction and transfer and dependence on technology were some salient points brought up for dialogue on policy at the conference (Fernando, 2006). Communities need to be prepared for natural and human-made disasters as they can strike anywhere, regardless of location, culture, or history. Communities that are well-trained culturally, socially, and psychologically are better prepared and effective responders to the aftermath of disasters. That community capacity building by effective utilization of social capital is crucial in disaster management projects and is evident from this author's previous work and research in this area (Mathbor, 1993; 1997; 1999; 2004).

The emphasis of this paper is on the role of personal, social, economic, and political empowerment through direct involvement and participation that will improve and contribute to sustainable development of communities. Many of this author's publications emphasize that "experts by experience" (local people) must be consulted by development practitioners and programs from the beginning (Mathbor, 1993; 1997; 1999; 2004). This research focus represents a continuation of his work that began in Bangladesh and has continued to prove applicable in ever widening spheres of engagement.

## **Disaster relief and management**

In simple words, a disaster can be defined as “a hazard that causes significant damage to a vulnerable community or locality, resulting in deaths, property losses, etc.” There are three major types of disasters: (1) Natural, such as geo-physical and hydro/meteorological; (2) Accidental occurs as a result of human error; and (3) Human-made, i.e., war, terrorism, etc. In general, disaster management includes three steps: (1) Relief (short term), (2) Recovery (mid term), and (3) Reduction (long term), which takes place in three stages: (a) preparedness, (b) planning, and (c) prevention. No matter where in the world disaster strikes, disaster management is about people. It is evident from the literature on disaster management that vulnerable populations tend to be the ones that suffer the greatest. Social work as a profession highly values the services to these vulnerable populations, i.e., the economically-disadvantaged, mentally-challenged, the elderly, children, medically frail, etc.

In the wake of recent disasters Hurricanes Katrina, Rita, and Wilma, social workers in the United States have much to learn from the countries that have faced similar tragedies such as those in South Asia, particularly Bangladesh. As a matter of fact, Bangladesh expects a major disaster every 2 years. Consequently, Bangladesh has developed a successful mechanism that utilizes social capital to recover and rebuild after each disaster hits Bangladesh. Social workers in the United States and other countries at risk can substantially learn from the experiences of their social work colleagues in Bangladesh.

## **Role of social work**

The Preamble of the National Association of Social Workers *Code of Ethics* explicitly states, “the primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty” (www.nasw.org). However, social work has not yet developed or prioritized disaster management as an integral part of curriculum and practice. The Social Work profession is highly grounded in the principles of social justice and human rights. Their active involvement in disaster management is pivotal to create a plan that links and bridges vulnerable population to required resources before, during, and after a disaster.

Social work professionals utilize social capital concepts such as solidarity, social cohesion, social interaction, and social networks to enhance the capacity of individuals, groups, communities, and organizations thereby, ensuring social development. Evidently, the enhancement of social development in community organizing and development facilitated by social workers and community allows for a stronger, more cohesive response to disasters. For example, during the recent earthquake devastation in Bam, Iran, with the support of the International Federation of Red Cross and Red Crescent Societies, the Iranian National Society’s teams of community volunteers, who live locally, make it unique among all humanitarian organizations in terms of being able to react immediately...as well as stay long after other agencies have come and gone (Mukhier, 2006).

International partnership provides a platform to learn from other nations and countries that faced similar hazards and developed mechanisms to cope with situations over the years. This author’s research draws from and contributes to models of community development and participation from around the world. In valuing a variety of models and disciplinary perspectives, the author has found that with stronger local, regional, and international partnerships, effective practice can be built.

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## References

- Bern, C., Sniezek, J., Mathbor, G.M., Siddiqi, M.S., Ronsmans, C., Chowdhury, A.M.R., et al. (1993). Risks Factors for Mortality in the Bangladesh Cyclone of 1991. USA: *Bulletin of the World Health Organization* (WHO), Vol. 71.
- Fernando, V. (2006). Conference on Sustainable Hazard Reduction Plans. *Sunday Observer*, January 15, 2006, Section News, p.6. Colombo, Sri Lanka: Sunday Observer.
- Light, P. (2005). Boston Globe. September 4, 2005.
- Mathbor, G. M. (1997). The importance of community participation in coastal zone management: A Bangladesh perspective. *Community Development Journal*, 32 (2), 124-132.
- Mathbor, G. M. (1999). *The perception of effective community participation: Coastal development projects in Bangladesh (a grounded theory study)*. Unpublished doctoral thesis, The University of Calgary, Alberta, Canada.
- Mathbor, G. M. (2004). Functionaries and beneficiaries' perceptions of effective community participation in Bangladesh coastal development projects. *Social Development Issues*, 26 (2 & 3), 54-70.
- Mukhier, M. (2006). Surviving the Bam earthquake: Psychosocial support helps people to heal. *Optimist: Looking Beyond the Horizon*. Retrieved April 27, 2006, from <http://www.optimistmag.org/gb/0014/one.php>
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

## **A Structural Analysis of Disasters Discloses Macro Practice Roles**

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A structural analysis of disasters reveals the connection between poverty and inequality and the extent of loss of life and damage in cases of natural or man-made hazards. This presentation uses case material from the Caribbean to illustrate community and policy practice roles and recommends the integration of disaster management content into the macro practice curriculum.

# Helping the Oil and Gas Industry Cope With Disaster: Preparing Social Workers Globally

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## Abstract

Potential risk exists for major disaster in the global oil and gas industry. The war in Iraq, political unrest, and terrorism fuel this concern. There is a tremendous global need for more social workers to have specialized training in trauma and disaster mental health to help impacted workers.

## Introduction

The world is becoming more aware of the risk for disaster at oil refineries, chemical plants, and major gas pipelines. The growing concern for major disaster is exacerbated by international political unrest, the harsh realities of the war in Iraq, and increasing violent acts of terrorism.

On any given day, there are hundreds of thousands of individuals who work globally in the oil and gas industry employed in various job roles. Numerous companies currently are deploying workers to countries engaged in armed conflict or experiencing violent internal turmoil.

These concerns generate an enormous global need for social work education to broaden the traditional scope of how social workers can make a positive impact on individuals, communities, and nations. Due to the systems-based social work educational background, social workers who are specifically trained and experienced in crisis preparedness, crisis intervention and management, and resiliency-building can be extremely effective in mitigating traumatic stress.

Although safety of all employees is a top priority for most responsible companies in any industry, many employees in this high-risk industry already experience traumatic stress from unexpected fatal or serious, critical incidents in the workplace. It is not uncommon for a critical incident to trigger previously experienced feelings of loss or depression that had not been dealt with at that time in an effort to “move on.” It is also not uncommon for traumatic stress to be experienced by employees of all levels, following a tragic event.

As an employee benefit, many companies contract with Employee Assistance Program (EAP) business organizations to provide counseling services to all employees and their families. As part of the EAP services, disaster response and disaster mental health services are provided by trained professionals following a workplace tragedy. Sometimes these professionals are licensed clinical social workers. However, EAP services do not currently exist in many countries and affected employees and their families must find other resources.

A new “workplace” for hundreds of thousands of civilian contract workers has been war environment locations such as Iraq, Afghanistan, and Kuwait. High levels of anxiety and stress are frequently experienced by these contract workers living and working alongside military operations in dangerous situations. Depending on the candidness of these individuals, it has been widely known that many workers experience the psychological impact of working in a war environment as civilians. This issue is often compounded if and when these contract workers are physically injured during their deployment. To address this previously unidentified behavioral health concern, this author created a comprehensive plan for U.S.-based KBR to implement In-Country Employee Assistance

Program services in Iraq, Afghanistan, and Kuwait. This detailed plan to provide EAP services in active war environments has created a spectrum of new concepts for disaster mental health and crisis intervention providers. In addition, global companies have gained a good understanding of how to effectively utilize specially-trained social workers in unique work environments.

In addition to man-made disasters, floods, hurricanes, earthquakes, tsunamis, and other natural disasters are becoming more frequent. This has resulted in heavy material damage and often in the loss of human lives. Hurricane Katrina and Hurricane Rita greatly impacted employees in the oil and gas industry in a variety of ways. The levels of stress and uncertainty rose significantly among workers on offshore drilling platforms, remote industry operations, oil refineries, and chemical plants as large scale evacuations were expedited along the Gulf Coast of the United States.

Although workplace employee safety was achieved, many of these workers lost their homes or suffered other property damage. Some of these workers also suffered family member physical injury and/or the loss of loved ones. Due to varying degrees of damage to several work sites by the hurricanes, many employees did not have their usual jobs available for an extended period of time to help them return to a daily routine and progress toward a sense of “normalcy” in their lives. Some workers were “displaced” and were temporarily reassigned to work in other cities that had not been affected by the storms. Disaster mental health professionals were heavily needed to assist with multiple issues.

There is currently a massive void of a consistent protocol and procedure among disaster responders within all industries, including the oil and gas industry. There is a huge lack of crisis intervention professionals who not only have consistent training in this specialized area, but who also can think outside the box to help identify employee needs. Social workers globally can respond to these needs by providing professional services that go beyond their traditional roles. In turn, the innovative approaches to help employees and their families cope with traumatic events add significant value to the social work profession.

## **Accounting for Disaster-Related Chemical Contamination**

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Research from national and multi-national disasters is used to illustrate dimensions of chemical contamination with regard to natural and technological disasters, including: industrial, commercial, agricultural, and residential sources of contamination; direct and indirect, unintentional and intentional chemical releases; human health effects, with emphasis on children and other vulnerable populations; intervention issues and strategies; and inter- and multi-national resources.

**VULNERABLE POPULATIONS, DISASTERS, AND SOCIAL WORK EDUCATION**

# “Vulnerability”: A Central Concept Encompassing the Multidimensionality of Disaster<sup>†</sup>

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## Abstract

Vulnerability theory is presented to better understand how to increase disaster resilience in vulnerable populations. Social work intervention strategies in organizations and communities include geographic and network research, larger geographic service ranges for organizations, improved training and education, and the inclusion of less formal organizations in disaster preparedness and planning.

<sup>†</sup> *Author note: Michael J. Zakour, Ph.D., M.S.W., G.S.W. is an associate professor at Tulane University School of Social Work, where he teaches courses on disaster social work, human behavior and the social environment, theory, and statistics. He is the founder and Chair of the Disaster & Traumatic Stress Symposium, held each year since 1995 at the Council on Social Work Education Annual Program Meeting.*

## Introduction

Social work education must respond to the heightened disaster vulnerability of older adults, people of color, and low-income households, which are often female-headed households with young children. Globalism increases the complexity and interdependence of human systems, which generates more disasters at the regional, national, and international levels. Disasters are sentinels of destructive processes that are intensifying on a planetary scale (Oliver-Smith, 2004). The concept of vulnerability will be very useful in creating theory and new knowledge to deal with the rise in types and numbers of disasters.

Low-income households are more vulnerable because they lack fewer material resources for disaster prevention and recovery. Populations in impoverished regions with a low level of development lack a reserve of resources to respond to natural and human-caused hazards. Partly because of developmental reasons, older individuals, and especially children are at risk from natural and technological disasters (Rogge, 2003).

Vulnerability is a holistic concept, ranging from the level of community social development to individual capabilities, and including much of the biopsychosocial. Disasters affect every level and system within a community. Knowledge from each of the disciplines which social work draws on, as well as theories applying to many levels of intervention, are essential when dealing with disasters. Social workers, with their systems and generalist approach, are uniquely equipped for disaster work.

## Defining vulnerability

This presentation reviews concepts and theories of vulnerability to better understand disaster susceptibility and resilience in vulnerable populations. The research literature in disasters and social work is reviewed to conceptually define vulnerability, with an emphasis on the populations historically served by the social work profession (Minahan & Pincus, 1977). Vulnerability is the physical, social, economic, political, or other susceptibility of a community to damage from a destabilizing phenomenon of natural or human cause (Cardona, 2004, p. 37). One factor closely related to vulnerability, especially in the case of disruption of livelihood activities, is the level of

development, and success of development planning. Development has begun to be understood as a process that increases harmony between people and their physical environment. If vulnerability as a concept is to contribute to theorizing in disasters, and to an increased ability to manage disasters and emergencies, the concept needs to be precisely defined.

To assess the vulnerability of communities, one must assess not only risk and susceptibility, but also the resistance of physical infrastructure to disaster, and the resilience of the community after a destabilizing natural or human-caused event. A multidisciplinary definition of vulnerability should include not only the risk and resistance for the physical environment, but also resilience to social and cultural disruption. Resistance and susceptibility, in this multidisciplinary context, refers to the ability of a system to control and manage future adverse events (McEntire, 2004).

### **Vulnerability as a key concept in disaster theory**

Vulnerability is a political ecological concept, such that it refers to the relationship that people have to their environment, as well as the political economy of a society and culture that shapes and conditions this relationship. By combining elements of environment, society, and culture, vulnerability provides a theoretical framework encompassing the multidimensionality of disasters. Social, political, and economic forces and practices channel and distribute disaster risk and susceptibility within a society, and this is the essence of vulnerability. The concept of vulnerability focuses on the totality of social relationships and social structures, which, when combined with an environmental hazard, interact to form a disaster. When a segment of society, such as an ethnic group or age group, is unable to control adverse forces in their social and physical environments, such as a disaster, then these populations are vulnerable (Oliver-Smith, 2004).

Two major social components of vulnerability are susceptibility and resilience of populations, societies, and their socio-cultural environments. Controlling and managing adverse events is one definition of resilience. Some phenomena, which make a community more resilient and less vulnerable to disasters, are social development, adequate coordination, and communication within the emergency response system, disaster services programs, which are accessible to people, high capacities of civil society for disaster response and recovery, political stability, a robust economy, and adequate levels of social capital which can be mobilized for informal support. The presence of a unified, harmonious, coordinated organizational base is an additional variable which is associated with resilience.

An important force for the coordination of disaster organizations is the presence of voluntary organizations. Project development teams, local leaders, community-based organizations, and government organizations need to build consensus and trust for each other to accompany the development of social capital in a local area (Lavell, 2004). Often, organizations in the domains of disaster management and science, disaster governance, and local community-based knowledge will be involved in development projects, and these types of disaster organizations and organizational cultures must be coordinated to be maximally effective. Local knowledge refers to the ways local people cope with emergencies and maximize their own capacities, resources, and social networks (Hilhorst, 2004).

### **Explanatory theories of vulnerability**

According to Cardona (2004, p. 49), "In order to analyze vulnerability as part of wider societal patterns, we need to identify the deep-rooted and underlying causes of disaster vulnerability and the

mechanisms and dynamic processes that transform these into insecure conditions.” There are a number of factors or variables which cause vulnerability and that are not the same thing as vulnerability. One of these is poverty, which is a contributing cause to vulnerability. Disasters should be considered to be unresolved development problems rather than purely natural events, because disasters are the result of the contradictory relationships between the natural or physical environment and the socio-cultural conditions of a community (Cardona, 2004). Another variable causing vulnerability factor is demographic, such as the concentration of a population in disaster prone areas. Social exclusion is a final important cause of vulnerability.

Vulnerability to exceptional events (hazards) and vulnerability in the everyday lives of the poor (everyday vulnerability) should be part of the same holistic analysis of total (global) vulnerability. Everyday or life-style vulnerability refers to risk and susceptibility in the day-to-day development context. This everyday vulnerability refers to the permanent threats to the safety and security of poor populations, and populations in regions with low levels of development (Lavell, 2004). Destitute populations are unlikely to have access to the resources that will promote disaster resistant communities through mitigation projects, and they lack the resources to be resilient to disaster.

### **Research on causes of vulnerability**

Several recent studies have examined causes of vulnerability for populations traditionally served by social work. Zakour & Harrell (2004) found that, for 13 measures of disaster services capacity, three populations in a metropolitan area (75+, low-income, and African-American) had low access to these services. Zakour (in press) found that the higher the percentage of individuals 75 years of age and older in an organization’s geographic service area, the lower the organization’s capacity for evacuation services ( $r = -0.4, p < .01$ ). In Hurricane Katrina the perished and missing were disproportionately elderly and low-income (van Heerden & Bryan, 2006). As revealed by Katrina, increasing the evacuation capacities of social service and healthcare organizations is an important means of promoting distributive social justice.

### **Discussion and conclusions**

The underlying causes of vulnerability are the economic, demographic, and political processes affecting the availability and distribution of resources among different populations within a community or society. Social workers define vulnerability in reference to both individuals and communities. Vulnerability at the individual level refers to social structural factors which increase individuals’ probability of suffering long-term and serious social, psychological, and health problems after a disaster (Thomas & Soliman, 2002). In social work, the primary theoretical foundation for vulnerability is distributive justice (Soliman & Rogge, 2002). In this formulation, the market value of individuals and populations is inversely related to the level of vulnerability from natural and technological hazards. Social vulnerability is therefore a continuum in which lower levels of socioeconomic status of individuals and systems are associated with greater social vulnerability (Rogge, 2003).

### **Theoretical implications**

Rather than examining vulnerability from an individual deficiency perspective, it is important to focus on social injustice embedded in the basic social structural factors causing vulnerability, poverty, and social isolation. Often, income level coincides with social isolation. Older individuals, people of color, recent immigrants, and children are vulnerable because they are disproportionately low-income and socially marginalized (Sanders, Bowie, & Bowie, 2003). Social isolation from

neighbors, kin, and formal organizations means that individuals and households will be unable to mobilize social capital to recover after a disaster. Isolated individuals will have difficulty obtaining information to help them make evacuation decisions, and to obtain relief services from formal organizations. Older individuals, and households consisting only of older individuals, tend to be especially socially isolated (Sanders et al., 2003).

Consistent with a social justice and structural approach, vulnerability is defined at the community level by the community's demographic, historical, cultural, and ecological characteristics. Poverty rate is a demographic variable negatively associated with community survival and recovery during major, long-term disasters (Sundet & Mermelstein, 1996). The level of functioning of local governments also predicts survival during community disasters. Communities are vulnerable when they contain few disaster social services organizations, and when these organizations and their programs are poorly coordinated. Vulnerable individuals and households tend to reside in communities whose other residents have similar social and demographic characteristics. Partly because low-income communities tend to have a poor tax and organizational base, the degree of vulnerability of communities coincides with the vulnerability of populations (Zakour & Gillespie, 1998; Zakour & Harrell, 2004).

Based on vulnerability theory, concepts, and research, social work intervention strategies for reducing the disaster vulnerability of populations are offered. Consistent with a strengths approach in social work, improving the disaster resistance and resilience of populations can lessen or buffer disaster risk and susceptibility. Strategies for disaster services organizations include enlarging their geographic service ranges (Murty, 2000), and using computerized geographic and network information systems. These two strategies can result in higher levels of access of vulnerable populations to services. Related to these strategies, organizations should seek to provide services in a client-centered fashion. In disasters, client-centered service delivery involves case management, case finding, case advocacy, outreach, brokering, and helping clients apply for services (Zakour, in press). Finally, for disaster prevention, response, and relief to be coordinated and thus effective, there must be an adequate number of organizations which are working together toward a common purpose in disaster. However, most distressed areas are not served by an adequate number of organizations with high service capacities (Zakour & Harrell, 2004).

One network strategy for increasing resilience is for central organizations, such as the American Red Cross and Offices of Emergency Preparedness to include smaller and less-formal community-based organizations in the disaster preparedness and planning activities of the entire community. This strategy helps to increase the number of links of less-formal organizations to the entire disaster network. A second network strategy is to promote links among different types of organizations, such as formal and less-formal disaster services organizations. There are numerous types of organizations active in disaster, such as police, fire, emergency management, healthcare, mental health, schools, and social service organizations. Increasing the number of different types of organizations which a particular organization is linked to is a major strategy for increasing the evacuation capacity of an organization, and the entire network (Harrell & Zakour, 2000).

Finally, strategies and content focusing on improved education and training are suggested, both for the social work curriculum, and for training programs and continuing education in communities at-risk for natural disasters. Education and training are important vehicles for creating a common purpose for disaster services organizations, and a common purpose is a major component of inter-

organizational coordination. Joint training and exercises further increase cooperative links among organizations. If a variety of types of organizations are involved in joint training, education, and drills, then the number of different types of organizations each organization is linked to increases, increasing evacuation capacity. Both of these strategies are especially relevant to vulnerable populations, because informal organizations often serve these populations (Harrell & Zakour, 2000).

Increased disaster education and training for social workers will facilitate the use of generalist skills in responding to disaster. Social workers, with their relationship expertise, are obvious group leaders for multidisciplinary teams of emergency personnel, medical workers, mental health professionals, and volunteers from community-based organizations. With improved education in disaster services, the profession can insure that our historical clients will receive timely services from organizations with an adequate disaster capacity. An improved understanding of the causes of vulnerability will help in the building of new approaches in disaster theory and practice. These new approaches will aid in facilitating resilience in otherwise at-risk groups and communities.

#### References

- Cardona, O. D. (2004). The need for rethinking the concepts of vulnerability and risk from a holistic perspective: A necessary review and criticism for effective risk management. In G. Bankoff, G. Frerks, & D. Hilhorst (Eds.), *Mapping vulnerability: Disasters, development & People* (pp. 37-51). London: Earthscan.
- Harrell, E. B., & Zakour, M. J. (2000). Including informal organizations in disaster planning: Development of a range-of-type measure.
- Hilhorst, D. (2004). Complexity and diversity: Unlocking social domains of disaster response. In G. Bankoff, G. Frerks, & D. Hilhorst (Eds.), *Mapping vulnerability: Disasters, development & People* (pp. 52-66). London: Earthscan.
- Lavell, A. (2004). The Lower Lempa River Valley, El Salvador: Risk reduction and development project. In G. Bankoff, G. Frerks, & D. Hilhorst (Eds.), *Mapping vulnerability: Disasters, development & People* (pp. 67-82). London: Earthscan.
- McEntire, D. (2004, June). *The status of emergency management theory: Issues, barriers, and recommendations for improved scholarship*. Paper presented at the FEMA Higher Education Conference, Emmitsburg, MD.
- Minahan, A., & Pincus, A. (1977). Conceptual framework for social work practice. *Social Work* 22(5), 347-352.
- Murty, S. A. (2000). When prophesy fails: Hysteria and apathy in a disaster preparedness network. In M. J. Zakour (Ed.), *Disaster and traumatic stress research and intervention* (Tulane Studies in Social Welfare, Vols. XXI-XXII, pp. 11-24). New Orleans, LA: Tulane University, School of Social Work.
- Oliver-Smith, A. (2004). Theorizing vulnerability in a globalized world: A political ecological perspective. In G. Bankoff, G. Frerks, & D. Hilhorst (Eds.), *Mapping vulnerability: Disasters, development & People* (pp. 10-24). London: Earthscan.
- Rogge, M. E. (2003). "The future is now: Social work, disaster management, and traumatic stress in the 21<sup>st</sup> Century." *Journal of Social Service Research* 30(2), 1-6.
- Sanders, S., Bowie, S., & Bowie, Y. D. (2003). Lessons learned on forced relocation of older adults: The impact of Hurricane Andrew on health, mental health, and social support of public housing residents. *Journal of Gerontological Social Work* 40(4), 23-35.

- Soliman, H. H., & Rogge, M. E. (2002). Ethical considerations in disaster services: A social work Perspective. *Electronic Journal of Social Work* 1(1), 1-23.
- Sundet, P., & Mermelstein J. (1996). Predictors of rural community survival after natural disaster: Implications for social work practice. *Journal of Social Service Research* 22(1/2), 57-70.
- Thomas, N. D., & Soliman, H. H. (2002). Preventable tragedies: Heat disaster and the elderly. *Journal of Gerontological Social Work* 38(4), 53-66.
- van Heerden, I., & Bryan, M. (2006). *The storm: What went wrong and why during Hurricane Katrina*. New York: Viking Penguin.
- Zakour, M. J. (in press). Social capital and increased organizational capacity for evacuation in natural disasters. *Social Development Issues*.
- Zakour, M. J., & Gillespie, D. F. (1998). Effects of organizational type and localism on volunteerism and resource sharing during disasters. *Nonprofit and Voluntary Sector Quarterly*, 27(1), 49-65.
- Zakour, M. J., & Harrell, E. B. (2004). Access to disaster services: Social work interventions for vulnerable populations. *Journal of Social Service Research*, 30(2), 27-54.

## **Socio-Economic Impact of Hazards in the Caribbean: Framing Action for the Social Worker**

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Recent disaster events in the Caribbean have highlighted the increasing vulnerability of our social sectors, especially housing, education, and health. Our vulnerable populations are often the most impacted. The attendant social and economic dislocation calls for a deeper and more structured engagement of social workers in disaster management, as we pursue our goal of building resilient communities. The Comprehensive Disaster Management (CDM) framework is offered as a point of entry for framing this deeper engagement.

# **Rushing In: A Social Work Educational Opportunity to Enhance Disaster Management and Response**

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## **Abstract**

Social workers have been engaged in disaster planning and response for much of the profession's existence. Recently, social work students were deployed as responders. Several major disasters have subsequently drawn the profession's attention to the need for a comprehensive professional educational strategy and improved linking technologies for evacuees and survivors.

## **Introduction**

During the recent disasters along the southern coast of the United States resultant from Hurricanes Katrina and Rita in 2005, a mass evacuation and relocation of millions of residents within a developed country was necessary. According to the National Oceanic and Atmospheric Administration (NOAA) of the United States Department of Commerce, Hurricane Katrina, a level five tropical hurricane that struck the Gulf Coast of the United States on August 29, 2005, resulted in more than 1,500 immediate deaths, more than \$100 billion (U.S. Dollars) in economic damages, in disrupted lives over tens of thousands of square miles, and destruction of more than 275,000 homes (NOAA, 2007). However, the American Red Cross estimates that it provided services for approximately 1.2 million displaced families, or 3.7 million hurricane survivors, deployed more than 219,500 disaster relief workers, and opened more than 1,100 shelters to respond to evacuees' needs (American Red Cross, 2007). Yet, numerous additional resources were required from host communities and local Emergency Operations Centers (EOC's) to respond to those officially evacuated through government and service organizations, and the nearly equal number of evacuees who were able to escape devastation through their own resources.

The aftermath of the devastation along the southern Gulf Coastal States which eliminated structures and residences in Alabama, Florida, Louisiana, Mississippi and Texas, was unprecedented. The most publicized portion of the disaster involved the flooding of the city of New Orleans, Louisiana following the failing of a levee system that had served to protect the city during lesser storms. The unanticipated delay of federal disaster response and recovery services was at the epicenter of the globally broadcast controversy over the need to develop more comprehensive systems of response for larger scale disasters. Surprisingly, and receiving lesser media attention, was the human and material resources deployed to assist the displaced or forced migrants from the hurricane area in the receiving communities that provided evacuation respite. As human and material capital rushed to the epicenter of the disaster to search and rescue, the sheer volume of needs of the displaced overtaxed local disaster response services, and novel approaches were developed to assist the survivors. In at least one instance, social work students were rapidly trained and deployed, primarily in case management roles, by a Council on Social Work Education (CSWE) accredited School of Social Work at the University of Texas at Arlington. An opportunity for social work students in training to augment disaster and recovery services and for training opportunities in undergraduate and graduate education in disaster response for social work professionals were illuminated through the efforts of trainees and their supervising faculty.

Student volunteers were trained to recognize the characteristics of disasters as part of a brief training program facilitated by a social work faculty member with experience as a Critical Incident Stress Debriefing Trainer and a designated Disaster Mental Health Responder for the local chapter of the American Red Cross. A generally recognized listing of the characteristics, or phases, occurring during a disaster are listed in Table 1 (below), whereas Table 2 (below) includes the generally recognized phases of recovery following a disaster utilized to facilitate an educational understanding for volunteers. Evacuees were surveyed regarding personal needs and personal recovery resources and were then followed by students for case management services for up to 1 year.

Traditional and historical relief responses by agencies and governments have included the preplanning and the positioning of emergency supplies and rations to assist survivors over the short term. Emphases by disaster recovery planners however, have focused on the search and rescue of survivors and the logistics of transportation involved in evacuation. Seeing to the more immediate needs of hydration, nutrition, shelter, and short term medical care, and more recently, considerations of disaster mental health response have been the focus of volunteer and governmental services. These planning and response efforts are often managed by government agencies, rescue organizations, and military, or uniformed, first responders. Lesser ongoing emphasis has been placed on the needs of the displaced in their short-term, or long-term, host communities after the initial crisis period has abated. The need to develop linking and communication infrastructure to facilitate the reuniting of families and loved ones, especially children, as well as to reestablish identity, consumer credit, and other privileges of citizenship is often overlooked for evacuees. Social work case management skills are consistent with these needs as they often occur in the later disaster recovery phases.

Table 1: Characteristics of disasters: During the disaster

Warning of Impending Disaster - warning messages must be clear because denial, confusion, and delayed response are common.

Period of Threat - perception of immediate, severe danger, with sense of panic, and period of poor communication.

Impact - people try to stay alive and protect immediate associates; behavior situationally determined and may become violent.

Inventory - begin to form a preliminary picture of individual conditions, vulnerability, and risk of mortality assessed.

Rescue - activity focused upon immediate help for survivors; rapid recovery from emotional shock is the norm, an exception has been described as the “disaster syndrome;” the individuals appear dazed, stunned, apathetic, or “dead while alive,” disorganized; extreme suggestibility may be seen.

Remedy - more deliberate and formal rescue and recovery activities are undertaken; anticipation of the long-term consequences of the disaster; feelings of grief, anger, and inadequacy usually appear or stress is felt within the families and shows itself particularly in the behavior of children.

Recovery - community and individuals attempt to recover former stability or achieve new forms of stability.

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Source: Halpern & Tramontin, 2007.

Social work students in training and under supervision with relevant orientation to disaster related concepts were requested to volunteer to serve in longer term case management roles for displaced families and individuals. A portion of the training was focused on the emotional, social, and mental health needs of disaster victims.

Table 2 (below) includes the psychological phases of disaster and post disaster with which social workers needed to be familiar to facilitate recovery efforts on behalf of the evacuees.

Table 2: Characteristics of disasters: Following the disaster

Heroic Phase – at the time of impact and short period after (altruism and mutual aid is prevalent)

Honeymoon Phase – 1 week to 3 to 6 months after disaster (expectation of hope and support)

Disillusionment Phase - last 2 months to 1 or 2 years (realization of limits of help and support)

Reconstruction Phase - realization of need to solve the problems of rebuilding their own homes, businesses, and lives largely by themselves and gradually assume the responsibility for doing so (several years)

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Source: Feberow, N. (Ed.), 1999.

**Social work students: As post-disaster responders**

In the instance of Arlington, Texas, in the fall months of 2005 following Hurricane Katrina and later as well for Hurricane Rita, the influx of distressed evacuees was initially greater than the community's preparedness level. In part this was due to the previous shelter contracting arrangements of the local American Red Cross in certifying high quality shelters in inadequate numbers, due to limited prior projections of foreseeable need. A compounding variable was the exodus of key personnel and materials from the area to service the more critical need near the epicenter of the disaster area in Louisiana and Mississippi. Though actual figures are not known, more than half of a million evacuees from New Orleans, southern Louisiana and Mississippi are thought to have sought refuge in Texas. Some estimates suggest that nearly half of these arrived via their own resources, but ran out of resources quickly. Approximately 13,000 are estimated to have entered Tarrant County through traditional evacuation efforts, though likely twice as many displaced persons could be the actual figure (FEMA, 2006; Texas Health and Human Services Commission, 2006). Ten to twenty percent of these are estimated to have been seen in the smaller community of Arlington, Texas.

However, the local Emergency Operations Center (EOC) for the city had not opened until a short time prior to the evacuation, but functioned well given time and resource limitations. The newly designated Director was also an alumnus of the local graduate Social Work School. Additionally, the community, though located amidst a large urban metropolitan community, did not have a system of public transportation. The municipal governments of Tarrant County, despite these limitations, opted to extend as many resources as feasible to meet the needs of the evacuees. The City of Arlington, through the EOC Director, also requested assistance, and The University of Texas at Arlington, School of Social Work trained staff and faculty (about 90 responders in total) in Disaster Response, Emergency Management, Shelter Operations, and Mass Care and deployed them in Arlington and Fort Worth, Texas primarily as supervised case managers. Survey and interview responses of evacuee's indicated that emergency services personnel, though well prepared, were not oriented toward assisting individuals and families after evacuation and initial triage. Social work responders facilitated longer term recovery through usage of traditional social work skills.

Social work students and faculty engaged in disaster response services continued to be supervised, and were themselves, participants in routine Critical Incident Stress Debriefings while engaged and afterward. The host community, through the professional school, was able to identify, then train, and rapidly deploy casework responders. These student responders facilitated integration of evacuees into host communities and family reunification.

Furthermore, students provided services essential to safety and opportunity, training, connectedness, and permanence for displaced persons entering the local community with limited hope of returning to their homes over the near term. In another local effort of volunteer recruitment of experienced post-graduate and agency-based social workers, employers provided paid leave to volunteers willing to respond to the disaster need. Essential to volunteer responder's success were the tasks of linking referral and communications with the service delivery system and familiarization with technologies that facilitated these.

### **Social work education and disaster response**

Following the first year of post-disaster recovery with evacuee families and survivors of Hurricanes Katrina and Rita, the recurring themes of practice development and of education of social workers, as disaster responders, began to emerge among key responding agencies and social workers in critical decision making roles through the state of Texas. Some of the course sequence training recommendations emergent from these agencies and decision makers are listed in Table 3 below.

#### Table 3: Suggestions for disaster response integration into the social work curriculum

HBSE: Disaster mental health, and phases of disasters, populations at risk

Policy: Understanding the mechanisms of world, national, local, and private relief agencies and services, and the historical policy and emergent policy themes relative to response

Research: Development of funding mechanisms to partner with large database and information organizations to build an information architecture, to respond to rapid and large scale displacement of children, families, pets, loved ones, etc., and to identify best practices and resource allocation methods

Practice: Training in models of care for disaster victims and the related linking technologies needed to secure resources across phases of disasters of differing type and scope

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Source: Hough, Turner, Adame, Basham, & Clark, 2006.

### **Discussion: An educational opportunity**

The Council on Social Work Education (CSWE) is well-positioned to develop the curriculum materials for training these highly needed professional social work disaster and post-disaster responders. This area of practice specialization may not have received sufficient curricular attention in the past. Social work professionals as a portion of traditional social casework education develop specialized skills in both resource allocation and the maintenance of the functioning of individuals, families, organizations, and communities.

These skill sets are highly adaptable to the facilitation of disaster phase service needs and the post-disaster aftermath and recovery for forced migration populations. In much the same way as first responders, or even secondary responders “rush in” to aid victims in emergency situations, while those affected rush away from the disaster area, social work may have an educational opportunity to

advance professional recognition and support for disaster response roles. Some process model considerations, or methods, that could be explored to advance this opportunity would include developing program-level funding mechanisms and determining educational interest or need. Key schools or programs and with proximity to likely areas of identifiable need could be identified as disaster response social work training institutions. Furthermore, identification of educators, best suited to develop curricula and programs, would rapidly give impetus to the growth of a new specialty area that is greatly needed. Additionally, there is a need for curricular development of placement experiences and opportunities for students at all levels of training in both large-scale and small-scale disaster response organizations. However, developing economic incentives to facilitate training and experiential opportunities is an essential prerequisite for curriculum innovation and advancement.

### References

- American Red Cross. (2007, January). Hurricane Katrina response—Facts at a glance. Retrieved January 2, 2007, from [http://www.redcross.org/news/ds/hurricanes/katrina\\_facts.html](http://www.redcross.org/news/ds/hurricanes/katrina_facts.html)
- Faberow, N. (Ed.). (1999). Training manual for human service workers in major disasters. Darby, PA: Diane Publishing Company.
- Federal Emergency Management Administration. (2006). By the numbers—One year later—Hurricane Katrina: Press release number 3216-242, Release date: August 29, 2006. Retrieved January 6, 2007, from <http://fema.gov/news/newsrelease.fema?id=29359>
- Halpern, J., & Tramontin, M. (2007). *Disaster mental health: Theory and practice*. Belmont, CA: Thomson/Brooks Cole.
- Hough, C., Turner, R., Adame P., Basham, R., & Clark M. (2006, October). Social work roles in disaster response: Paper presented at the annual meeting of Texas National Association of Social Workers' Thirtieth Annual State Conference, Arlington, Texas.
- National Oceanic and Atmospheric Administration. (2007, January). Retrieved January 5, 2007, from <http://celebrating200years.noaa.gov/events/katrina/welcome.html>
- Texas Health and Human Services Commission. (2006, August). Hurricane evacuees in Texas. Prepared by: Epidemiology Team, Strategic Decision Support, Financial Services Division, Texas Health and Human Services Commission, Austin, TX.

## **A Disaster Response Curriculum Module for Foundation Social Work Courses**

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### **Abstract**

The aim of this workshop is to provide a framework for the integration of disaster response knowledge and skills in core undergraduate and graduate level social work courses. A generalist approach is used to frame disaster response education and training that speaks to the needs of diverse and vulnerable populations.

### **Introduction**

The need for disaster response knowledge, preparation, and effective intervention strategies in social work education in the United States has experienced an increase in interest since events like 9/11, the tsunami, disastrous floods, fires, and major hurricanes such as Andrew, Ivan, Katrina, and Rita. The aim of the proposed curriculum is to provide a framework for the integration of disaster response knowledge and skills in core foundation undergraduate and graduate-level social work courses through a nine module disaster-related response for classroom and practice settings. It is presented in the context of four foundation undergraduate and graduate courses. Consensus-type crisis and contrasting models of disaster response in service delivery, namely Social Order and Humanistic Approaches, provide the theoretical frameworks for the modules.

It is anticipated that this proposed curriculum will stimulate student learning; advance student practice and service skills with individuals, families, communities, and vulnerable populations during and after a disaster; increase student's ability to respond in disaster crisis situations competently in the short- and long-term; and provide opportunities for additional curriculum development in disaster response in general foundation practice and research courses. The nine modules that make up the proposed curriculum emphasize micro, mezzo, and macro prevention/intervention and service delivery strategies.

### **Theoretical framework**

Quarantelli and Dynes wrote in 1977 that "three decades ago, there was very little research to social crisis and disaster." The most recent decade has seen a surge of interest due to the exceptional number of natural and man-made disasters impacting communities all over the world. This interest, however, has been slow to connect practice in the context of disaster or social crisis. This slow pace is also reflected in the minimal representation of disaster-related content in social work education. In response to this slow pace, the author has developed a model for disaster response that speaks to the many areas of knowledge and skills needed to prepare students in social work education to respond in a disaster-related context effectively.

As a basis for conceptually framing disaster in the context of social work education, consensus-type crisis (Quarantelli & Dyers, 1977) serves as a foundation for the knowledge base used in the modules to be understood and applied in the field. Consensus-type crisis refers to "crises where there is some agreement on the meaning of the situation, the norms and values relevant to the situation and priorities that should be addressed in the context of the situation" (Quarantelli &

Dyers, 1977). Natural disasters are good examples of consensus-type crises, particularly in consideration of where practice and service delivery effectively address the needs and/or concerns of affected populations.

While practice can be understood in the context of crisis, strengths and the impact of the biopsychosocial environment represent key elements to be considered in disaster planning, response and recovery. These key elements are viewed in the context of service delivery in two key models of intervening: maintaining social order and humanistic approach (Green, Gill, & Kleiner, 2006). The model of maintaining social order places emphasis on efficiency; attention to the deserving as it relates to meeting needs; expectation of disorder; and considerable time and efforts on warding off crime and public safety. The humanistic model considers aspects of the social order model but with particular emphasis on people's dignity; efforts to help anyone asking for help; and people responding in a morally and socially responsible manner. The focus of the humanistic approach is more in line with social work values and ethics and considers that response is best done in the context of strengths of the individual and community, and further with a goal of recovering that is dignified and empowering. The modules developed in this curriculum utilize a humanistic approach and further stresses the development and application of skills that speak true to social work values in times of disaster.

### **Modules**

The modules consist of nine key areas of disaster that emphasize knowledge, skills, values, and practice at pre-disaster, disaster, response, and recovery phases. The key areas include:

1. Introduction – introduction to the many definitions of disaster, key elements of disaster planning, response and recovery, key mental health issues, and long-term consequences at the individual, family, community, and national level.
2. Communications and risk management pre/post disaster – understanding the needs and impact of communication and risk management about disaster before, during, and after the disaster occurs (local communities emphasized).
3. Health/Mental Health – presents issues are mental health, post-traumatic response, psychological first-aid, stress and stress management in the context of disaster, and short/long-term impact on physical and mental health of affected populations.
4. Housing – addresses issues around housing deficits, rebuilding, and affordability post-disaster.
5. Loss and Economic Stability – deals with issues impacting job loss, individual and family income resources, applying for government subsidized funding, and regaining and/or maintaining economic stability.
6. Social Support and other resources – considers how individuals, communities, and social workers renegotiate social supports in the absence of supports that were used and/or available pre-disaster.
7. Cultural Responsiveness – addresses cultural factors impacting social workers' response, particularly with families and communities.
8. Vulnerable Populations: Special Needs Consideration – presents populations at considerable risk, such as the aged, the disabled, people with various medical conditions, people with severe mental illness, and children and families living in particularly stressed environments, where access to resources to ensure safety, food, clothing, shelter, transportation, etc., is significantly restricted.

9. Needs Assessment- addresses the use of psychosocial assessment tools appropriate during a disaster and the implementation of Rapid Assessment Tools (RAT) as a part of disaster planning or mitigation.

The modules were developed in response to students' expressed desire to gain knowledge and skills post Hurricanes Katrina and Rita in the U.S. As a social work educator and mental health responder in Louisiana and Mississippi for one year post Katrina and Rita, it became apparent that students could benefit from knowledge and skills specific to disaster-related issues. The modules presented provide disaster specific knowledge that has been integrated into foundation courses (taught by the author) that deal with human behavior, at risk populations, and practice with diverse populations. Experiential exercises are used to help students acquire and practice pertinent skills in crisis assessment, crisis management, psychosocial coping, stress management, post-traumatic stress indicators and response, communication, cultural issues impacting response, identifying, accessing, and using available resources, and developing and implementing disaster planning in their own agencies/organizations.

The experiential exercises used include case vignettes (actual situations drawn from individual, family, and community stories post Katrina and Rita) with assessment specific and skill-based questions and key points for discussion. Various mitigation and post-disaster assessment tools evaluating the pre-disaster needs/issues (i.e., RAT), and short- and long-term psychosocial needs of targeted groups such as children, teens, families, the aged, persons who are homeless, and members of the community from diverse ethnic/religious backgrounds particularly vulnerable before and after a disaster are used. Finally, coping and recovery role play exercises highlighting group facilitation and coping and recovery groups (with children and teens), one-on-one counseling (with children, teens, and families), and community organizing (particularly with grassroots and faith-based organizations) are used.

While the modules identified do not represent all areas of disaster response, they do provide a more formal and structured framework for introducing disaster content that engages students in a meaningful way around issues to be considered and skills needed in the context of disaster. As we continue to explore knowledge and skills needed to improve social work's response in times of disaster, having a disaster-related curriculum that can be integrated or infused into coursework at the foundation and advanced skills level becomes key.

Responding at all levels (micro, mezzo, and macro) requires that students are armed with the necessary tools needed to assess and intervene effectively. The proposed curriculum, which has been developed through the use of the nine modules, is one proposed strategy designed to help students be prepared to do this. Social workers are expected to respond in times of crisis. Through improved disaster-related education and skill development, social workers can state without trepidation that they are prepared and ready to meet the challenge of disaster.

## References

- Green, J.J., Kleiner, A.M., Montgomery, J.P., & Bayer, I.S. (2006). *Voices from the frontlines: Service providers share their experiences from working in the wake of Hurricane Katrina*. This report is a project of ICBR of Delta State University, Southeastern Louisiana University and the Michigan Center for Public Health Preparedness.
- Green, J.J., Gill, D., & Kleiner, A.M. (2006). *From vulnerability to resiliency: Using community-based research to assess impacts and responses to disaster*. Unpublished manuscript.
- Quarantelli, E.L., & Dynes, R.R. (1977). Response to social crisis and disaster. *Annual Review of Sociology*, 3 (23), 23-49.
- Substance Abuse and Mental Health Services Administration. (2002). *Communications in a crisis: Communications before, during and after a crisis situation*. Rockville, MD: U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (2003). *Developing cultural competence in disaster mental health programs: Guiding principles and recommendations*. Rockville, MD: U.S. Department of Health and Human Services.
- Substance Abuse and Mental Health Services Administration. (2006). *For mental health and human services workers in major disasters*. <http://mentalhealth.samhsa.gov/scripts>
- World Health Organization. (2001). *Rapid assessment of mental health needs of refugees, displaced and other populations affected by conflict and post-conflict situations, and available resources*. Geneva: Author.

**CURRICULAR INFUSION–DISASTER CONTENT IN SOCIAL WORK EDUCATION**

## Curriculum Transformation: Lessons Learned From the CSWE Gero-Ed Center

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### Abstract

In response to worldwide demographic imperative to prepare gerontologically competent social work graduates, the CSWE Gero-Ed Center (National Center for Gerontological Social Work Education) is leading the effort to transform social work curriculum across the United States through the training of faculty using an infusion and planned change model to infuse gerontological competencies into curriculum. This presentation will discuss this effort and present lessons learned.

*More information is also available in the *Achieving Curricular and Organizational Change* monograph. This monograph was distributed at the seminar and is available online at no cost to interested persons. To download the monograph, register for the eLearning course or to access additional infusion resources related to gerontology and social work, please visit the CSWE Gero-Ed Center Web site: [www.Gero-EdCenter.org](http://www.Gero-EdCenter.org).*

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*The information included in this presentation was compiled largely from the work of Dr. Nancy Hooyman and Suzanne St Peter through their work on both the GeroRich Project and the Gero-Ed Center.*

Since 1998, the Council on Social Work Education (CSWE) has undertaken several major initiatives to change social work curriculum so that it is inclusive of gerontology content. This effort has been led by projects funded through the Geriatric Social Work Initiative of the John A. Hartford Foundation of New York City, USA.

Projects have included the CSWE Strengthening Aging and Gerontological Education for Social Work Project (SAGE-SW), funded from 1998-2004, the CSWE Geriatric Enrichment in Social Work Education Program (GeroRich), funded from 2001-2006, and the current CSWE Gero-Ed Center (National Center for Gerontological Social Work Education), funded since 2004. Highlights of the accomplishments of these programs include a survey of 946 social work educators and practitioners to develop the *CSWE SAGE-SW Competencies* (65 competencies), the selection and funding of 67 BSW & MSW programs to infuse gerontology content into their program through the GeroRich program, and the development of the Planned Change Model. The current project, the Gero-Ed Center, has refined and reduced the list of *SAGE-SW Competencies* from 65 to 39 competencies and has selected another 72 programs to participate in its Curriculum Development Institutes. These institutes use the *Planned Change Model* to infuse gerontology into social work programs. Over the course of the 9 years, CSWE has trained well over 1,000 social work faculty from the U.S. and abroad.

All of the Gero-Ed Center's work is competency-based. The Center defines competencies as what graduates are able to do based upon knowledge and values learned in BSW and MSW foundation classes and field curriculum. One example of a Gero-Ed Center competency is: *Use empathy and*

*sensitive interviewing skills to assess social functioning (e.g., social skills, social activity level) and social support of your client.*

Through its work in training faculty, the Gero-Ed Center identifies three models of curriculum change: (1) specialization, (2) integration, and (3) infusion. For its purposes, specialization is defined as graduate learning that builds on foundation content, integration is defined as specific content placed separately in strategic locations in the curriculum but not within all foundation courses, and infusion is defined as content poured into the foundation curriculum to permeate and alter it.

The work of the Gero-Ed Center focuses on the infusion model, or the embedding of gerontology in the course description, course goals and objectives, foundation competencies/learning outcomes, and each class session's description/objectives. The goal of its efforts is curriculum transformation, where the infusion of gerontology is a long-term change focusing on institutionalization. The aim of the transformation is to realign the learning experience with the desired outcomes so that learning is fundamentally altered. A focus of the Gero-Ed Center involves building intersections between one content area and another and recognizing that curricular transformation must be congruent with each program's learning environment and culture.

Although it is recognized that the infusion model takes longer than the integration or specialization models to implement, infusion is the most effective in institutionalizing content. Due to the nature of the infusion model, content becomes difficult to remove once embedded content versus the add-on approach of integration. Through its programming, the Gero-Ed Center has found this to be especially important considering faculty turn-over and other academic issues.

Through the experience of the GeroRich program, the Gero-Ed Center has adopted a Planned Change Model that involves four stages: (1) Planning Phase, (2) Implementation Phase, (3) Evaluation & Dissemination Phase, and (4) Sustainability Phase.

During the Planning Phase, an assessment is completed, including input from faculty, students, and the community; appropriate competencies are selected and faculty develop an action plan. In the Implementation Phase, the action plan is implemented. Examples of infusion that might occur during the Implementation Phase include turning the Human Behavior class "upside down" so that it begins with old age. During the Evaluation and Dissemination Phase, faculty or the program measure to what extent they have achieved their goals and begin incorporating their work into their research agenda for dissemination. Finally, during the Sustainability Phase, faculty or programs build toward the institutionalization of long-lasting curricular changes.

Over the years, and specifically from the GeroRich project, the key features that have been identified as resulting in successful curriculum transformation include the ability to articulate clearly the need, or the "selling point," for the infusion of gerontology content. Other features include properly addressing organizational barriers such as time, resources, curriculum structure, the reaffirmation self-studies for accreditation, diverse faculty teaching styles, other demands and the congruence of the transformation effort with a program's organizational culture, including its mission, curricular goals, and objectives.

The factors that have been found to impede success include: inadequate time or attention, fixed preconceived notions, programs unwilling to move beyond specialization approach, the inability to build on topical or curricular intersections, gero-faculty who did not collaborate with other non-gero

faculty, an entrepreneurial organizational culture and/or programs undergoing the CSWE reaffirmation self-study who did not have the time to dedicate to the curricular transformation efforts.

In Dr. Nancy Hooyman's recent monograph, *Achieving Curricular and Organizational Change: Impact of the CSWE Geriatric Enrichment in Social Work Education Project*, she outlines the lessons learned from the GeroRich project, for which she was Principle Investigator. Highlights of what was learned during GeroRich is that the process of curricular transformation was similar regardless of program size or type, that the inclusion of field in addition to classroom learning was critical and that faculty needed support in learning the best ways to teach the material, in addition to the resources they received. Other lessons learned were that evaluation was most effective when incorporated into existing mechanisms, mentoring became essential for dissemination and the scholarly potential of faculty or programs was not related to size or nature of program.

Additionally, it was learned that sustainability must be defined more broadly than simply funding. For instance, several programs were able to acquire in-kind support for their efforts such as meals, speakers and space, and it was found that building on the intersections with other populations (children, addictions) led to sustainability. Interestingly, GeroRich also highlighted a need for support in marketing the efforts of faculty or the program as it was found that acknowledgment led to increased commitment and sustainability on the part of participating faculty and programs.

It is hoped that the participants of the International Seminar on Disaster will take away the lessons learned from the 9 years of curricular transformation efforts at the Council on Social Work Education and use them in their efforts to transform social work education to be inclusive of issues of disaster. The Gero-Ed Center recently launched an eLearning course, *A Planned Change Model: Preparing Gerontologically-Competent Graduates*; participants are encouraged to take this course so as not to "reinvent the wheel" as they move forward with their curricular transformation efforts.

## **Incorporating Disaster Content as a Component of International Curriculum**

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Disaster response is relevant to domestic and international practice and policy development in social work. Curriculum content on disaster response provides an avenue for extending and enhancing the infusion of international content into the social work curriculum and demonstrating the link between local and global practice. This presentation will identify principles for developing and infusing disaster content based on the protracted efforts to internationalize social work curricula.

**SOCIAL WORK CURRICULUM: ISSUES, COMPONENTS, AND THEORETICAL  
CONSIDERATIONS IN THE INTEGRATION OF DISASTER RESPONSE**

## **A Social Development Model for Infusing Disaster in the Curriculum**

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Disasters raise complex psycho-social, economic, and service delivery issues. This presentation explores some aspects of the contribution that the study of disaster issues and social work can make to curriculum design in social work education through the presentation of a social development model for the study of disaster in social work education and as a way of incorporating a global approach to practice in the social work curriculum.

## **Disaster Recovery Case Management: Social Work and Multicultural Education**

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Emily Stapleford  
Florida State University, United States

### **Abstract**

The purpose of this presentation is to demonstrate how social work education programs can collaborate in the development of culturally sensitive practitioners for disaster recovery case management with multiethnic communities. An emphasis is placed on the need to understand how intercultural diversity affects disaster recovery case management with diverse indigenous populations.

### **Introduction**

In recent years, Florida has been hit hard during hurricane seasons. In 2004 Charley and Ivan marked the first time that two major hurricanes, Category 3 or higher, hit Florida in one year since 1950. Over 100 people lost their lives and approximately 25,000 homes were destroyed. With another 40,000 homes suffering major damage, the cost has been estimated at \$42 billion in total property losses. Charley devastated the state's central east coast and is considered the worst natural disaster to hit Florida since Hurricane Andrew in 1992. Florida's tourist and agricultural industries suffered billions of dollars in damage and loss wages. The citrus industry alone, the mainstay of Florida agriculture, suffered almost \$500 million in initial damages and an estimated over 2 billion dollar in overall loss.

One of the major challenges to disaster relief and crisis intervention professionals is the development of methods for initial access and long-term services to vulnerable populations such as rural minority residents, migratory families, persons with disabilities, low-income families, the homeless, and the elderly. Beyond the general risk that all geographic localities face during hurricane season, many of these communities and individuals face greater risk due to their sometimes less than adequate access to public resources (Zakour & Harrell, 2003).

Coupled with this problem is a general lack of education and training in cultural competence among emergency management and other disaster relief professionals, who are usually members of the majority and do not reside within those minority communities in which they may provide services. These professionals often struggle in the long-term case management process with the most vulnerable populations due to language barriers and other cultural factors that, if not understood, can hinder the helping process. As such, the research literature in this area is replete with examples of stress, burnout, and posttraumatic disorders related to long-term case management with the most vulnerable populations (Puig & Glynn, 2003).

The social work profession with its emphasis on advocacy and empowerment of vulnerable populations has much to offer disaster relief education and training. The presentation outlined a three part demonstration project developed by Florida State University College of Social Work in collaboration with Catholic Charities U.S.A. and Network Florida. It consists of a self-paced, on-line computer-based education and training program as well as face-to-face instruction. Program

certification is within one of three modalities (1) a *degree seeking certification program* with a dedicated internship for MSW students; (2) a *non-degree certification program* which does not require field placement for MSW as well as non-degree continuing education students; (3) and an *on-line special topics course* entitled *Culturally Competent Emergency Management*, which is open to degree seeking and non-degree seeking individuals. The training Web site can be found at [www.disasterrecoverytraining.org](http://www.disasterrecoverytraining.org). Individuals interested in the on-line training program can contact the program chair, Martell Teasley: [mteasley@mailier.fsu.edu](mailto:mteasley@mailier.fsu.edu).

### **Program objectives**

After successful completion of this training program, participants will be able to:

Understand the meaning of cultural diversity and how it affects the helping process during and after a natural or human induced disaster.

Understand the signs and symptoms of stress, burnout, and posttraumatic stress syndrome as they relate to disaster recovery.

Understand how to become culturally competent and how to determine individual, group, and organizational levels of self-awareness towards cross-cultural sensitivity in the helping process.

Demonstrate awareness, skills, and strategies for dealing with stress, burnout, and other mental health challenges that result from short-term and long-term recovery case management.

Understand how vulnerable populations may be disproportionately affected by the impact of disasters and methods for advocacy and facilitating healthy outcomes for these populations.

Assess and facilitate community risk and preparation for a disaster occurrence, crisis intervention, and long-term recovery.

Understand and assess organizational culture including administration, management and staff in terms of cultural competence and preparation for crisis intervention and long-term recovery with vulnerable populations.

## **II. Structure of the training program**

This is a self-paced training program that should be completed within 120 days from the start.

Depending on the individual reader, this training will take approximately 60 hours to complete. The curriculum consists of five modules with each demonstrating micro, mezzo, and macro-level implications.

Module 1: Understanding Cultural Diversity and Cultural Competence

Module 2: Racial & Ethnic Diversity and Disaster Relief

Module 3: Vulnerable Populations & Disaster Relief

Module 4: Case Management & Long-Term Disaster Recovery

Module 5: Cultural Competence & Disaster Relief Organizations: Strategies, Skills & Community Practices

The bulk of the program consists of chapters of text for review, followed by a test in each chapter. Tests contain multiple-choice questions and true/false questions and are based on the materials from the corresponding chapter. This program uses video and audio streams and PDF files as part of the training. It is necessary for the user to review all video and audio components of the training in order to successfully complete the certification program. Listed throughout this program are links to websites that provide additional in-depth information about specific topics. After completion of

the entire program, users will have to take a posttest. The posttest is designed to see how much of the information provided in the curriculum has been retained. In order to receive certification, users must achieve a passing score on the posttest.

### **III. Research components**

The evaluation plan for this project consists of three phases: (1) It gathers data from all components of the project including on-line and face-to-face classroom education; (2) structured interviews with emergency management professionals and volunteers are conducted; (3) finally, recipients of services will be part of structured interviews to discuss their experiences. Both quantitative and qualitative methods will be used through survey research and structured person-to-person interviews.

This evaluation plan includes conducting a needs assessment. The purpose of the needs assessment will be to develop an understanding of particular competencies needed for crisis intervention and long-term case management with venerable populations.

## **Engaging Social Workers in Disaster Risk Reduction Across the Curriculum: A Few Missing Pieces**

Marla Petal, Ph.D.

Risk Reduction Education for Disasters, United States

### **Abstract**

The urgent tasks of disaster risk reduction are about engaging in the prophylactic imperative to develop a culture of safety; to assess, and plan; to physically protect ourselves; and to develop resources, relationships, and skills for resilience. If we do not engage in it, it is clear that all of our prior efforts can easily be undone in the brief time it takes for the forces of nature or the folly of people to wreak widespread havoc.

### **Infusing disaster risk reduction throughout the curriculum**

Just as the core tasks of disaster risk reduction are required at all levels of social organization, and in all settings, so too the core education for disaster risk reduction should be infused throughout the social work curriculum, and implemented throughout all practice settings. Social work education provides a model that addresses the Achilles heel of disaster risk reduction, the need to link knowledge and action, theory and practice.

Applying an “infusion” model allows us to build consciousness by rooting and embedding disaster risk reduction in social work education's core values and ethics, in our concern for vulnerable populations, our appreciation of diversity, our understanding of the reciprocal relationships between human behavior and social environments, in the role of social policy in bringing about social and economic justice, and in social work practice and research in all settings. The infusion model relies upon demonstrating the intersections of disaster risk reduction with the substantive areas of social work practice, and using these to enrich and strengthen existing foundation content, rather than eliminating something to make way for it (National Center for Gerontological Social Work Education, 2007).

Using models successfully implemented for professional preparation in gerontology and in alcoholism and drug abuse, our efforts should be focused on developing lecture-ready modules with slide presentations, handout materials, classroom and field activities, case examples, and readings to engage students with the subject matter personally and professionally. Schools of social work can themselves be role models, setting an example by walking the walk.

The overarching curricular theme or principle is that the fundamentals of disaster risk reduction link micro, meso, and macro practice, and none can be bypassed if we are to build a culture of safety into the fabric of social life. This can be established during BSW and MSW foundation curriculum, and reinforced by encouraging students to discover and develop this content throughout their coursework and field practice. The focus of social work practice on strengths, capacities, and resources of client systems in relation to their broader environments must be articulated routinely to include disaster resilience.

For those interested in disaster risk reduction as a field of practice, a single course and/or a monthly seminar can aid the process of infusion through the selection of appropriate classroom and field assignments so that the topic can be explored with greater depth, breadth, and specificity.

## Disaster risk reduction in the field

Field supervisors can and should be guided to involve students in the disaster risk reduction tasks in each agency, thus strengthening arenas of practice as well. Every field setting is a place where social workers can promote disaster risk reduction. Disaster risk reduction experiences are ideal macro assignments for student in the field. Examples are: learning and/or helping to develop or communicate the agency's disaster preparedness plan, working on building evacuation drills, emergency supplies, safety and security measures, evacuation location, relocation site, mutual aid plans, and participating in a response-skills course.

## Fundamentals of disaster risk reduction

The "disaster cycle," as it is commonly taught, is not consistent with the core teachings of social work. The traditional temporal model is motivated by a disaster event, then response, recover and mitigation and preparedness prior to the next event, in an ever repeating cycle in which disasters are assumed to be inevitable and continuous. Instead the disaster cycle taught within the first two weeks of first year practice courses should be the "disaster risk reduction cycle" with the goal of developing disaster resilience. In the disaster risk reduction model mitigation and preparedness have primary and simultaneous importance for the purposes of reducing the impact of the next event, minimizing the need for response, and accelerating recovery (Selvaduray, 2004). As mitigation and preparedness improves, the cycle itself diminishes in magnitude until disasters are anticipated and avoided entirely.



### **A social justice perspective**

A social justice perspective on disaster risk reduction should seek neither to eliminate all risk, nor to make us all equally vulnerable to risks, but rather to reduce helplessness and to eliminate unnecessary and avoidable losses.

We would do well to draw upon the work of Young (1990) and Laws (1994). To Young's elaboration of the forms of oppression: exploitation, marginalization, powerlessness, cultural imperialism, and violence, Laws adds knowledge denial. Thus, as we examine a disaster, we should test the hypothesis that it is not the hazard itself that kills people, but one of the ubiquitous forms that oppression takes that kills people.

An understanding of the forms that oppression takes will help us to counteract these forms wherever they are found, and to use education for disaster risk reduction as a means of empowerment. Often it is by overcoming knowledge denial that the most sustainable changes can be achieved. It is no accident, for example, that women's literacy is the single most highly correlated factor associated with all manifestations of well-being. We should be clear with students that fatalism is not a cultural value, but rather the consequence of knowledge denial.

Knowledge about disaster risk reduction must be absorbed by all of us at a personal level and shared widely with individual clients and in social systems and practice settings. Disasters teach what can *happen* but *not* what we must *do* about it. We need to infuse the necessity to "*Be Prepared*" with content around which there is broad consensus and must become common knowledge, as well-understood and adopted as hand-washing, tooth-brushing, seatbelts, and life-jackets.

### **Basic disaster awareness**

Resiliency inoculation begins with "Basic Disaster Awareness." This is no more than a 3-hour overview of shared individual, organizational, and societal responsibilities. This includes understanding of hazard mechanisms, awareness of vulnerability and risk factors, overview of structural and infrastructure vulnerabilities and importance of policy, what to expect and what to do, before, during, and after common natural and man-made disasters. Community emergency response training should be an option available to students during the course of their studies, just as first aid training is.

Students should know that the positive factors for disaster resiliency, as for so many other challenges in life, are:

- Caring and support
- High expectations for success
- Opportunities for meaningful participation
- Positive bonds
- Clear and consistent boundaries
- Life skills

(Henderson, 2005).

And that knowledge, imagination, rehearsal, risk reduction, contingency planning and preparedness complete the course of disaster immunity.

### A simple but comprehensive rubric

A simple but comprehensive rubric divides the tasks of disaster mitigation into three categories, to be applied at micro, meso, and macro levels. These are: Assessment and Planning, Physical Protection, Response Capacity Development.

“Assessment and Planning” are said in one breath - for too often one is done without the other, rendering it a meaningless waste of time. Physical protection focuses especially on the built environment (infrastructural, structural, and non-structural) from the perspective of the individuals who stand to be injured, killed, rendered homeless, jobless, or whose geographic and social communities face destruction. For example, building codes are enacted by policy-makers (macro), but they must be enforced by local government departments and professionals (meso), and they must be observed and respected by individual construction workers and owners (micro).

Response capacity includes both skills and provisions. Skills should include principals and functional areas of incident command systems, as well as skills such as first aid, non-medical triage, wireless communications, organizations of shelter, nutrition and safety. Provisions encompass planning for and rotation of personal, agency and communal supplies (including food, water, shelter and medical supplies, search and rescue tools, and so forth). Since we know that in the critical first 2-3 days after a disaster event, people must rely mostly on those around them - micro tasks becomes important. More specialized and technical skills, professional response, and the organization of relief and recovery take place at the meso level.

To bring these to a practical level, everyone – faculty, staff, students and field instructors—should be familiar with and implement their own basic Family Disaster Plan ([www.ahep.org](http://www.ahep.org)). We should be willing to be ethical role models, to walk the walk, humbly, acknowledging that we too are vulnerable (Burghardt, 1982). We need to begin with our personal and institutional resiliency: as individual faculty, staff, and students, and as a university and field agencies. The family disaster plan checklist below, prepared for earthquake safety, provides an example of the three categories of tasks. Education, of course, is critical for all of these (Petal, 2004).

#### Family Disaster Plan

Check when completed.

Bold items, and a minimum of 5 additional items are required for instructor candidates.

<b>ASSESSMENT &amp; PLANNING</b>	
<input type="checkbox"/>	We held a family disaster planning meeting, identified our risks and used this checklist for our planning. (household, extended family, or family of one)
<input type="checkbox"/>	We identified the safest places in the house and in each room in case of earthquake, fire, or hazardous materials release. (Away from windows, large and heavy objects that can fall, and objects like heaters that can cause fire.)
<input type="checkbox"/>	We identified exits and alternative exits from our house and building.
<input type="checkbox"/>	We searched for and identified non-structural hazards in our environment.
<input type="checkbox"/>	We know our out-of-area contact person(s) and phone number(s): (ideally cell phone for text messaging) It's: _____
<input type="checkbox"/>	We know that we will only use the telephone in case of physical emergency after an earthquake. We will use radio and television for information.
<input type="checkbox"/>	We know where we would reunite

	Inside the house: _____ Outside the house: _____ Outside the neighborhood: _____ and we have a secret message drop location outside our house.
<input type="checkbox"/>	We made our copies of important documents, and key addresses and phone numbers. We have one set with our out-of-area contact and/or we keep one in our earthquake bag.
<input type="checkbox"/>	We plan to review our plan again every 6 months.
<input type="checkbox"/>	We are spreading the word to everyone we know.
<b>PHYSICAL PROTECTION</b>	
<input type="checkbox"/>	We have fastened tall and heavy furniture, appliances, large electronics, lighting fixtures and other items that could kill us or our children, to wall stud or stable surface.
<input type="checkbox"/>	We know never to light a match, lighter, or any other flame after an earthquake until we are sure there is no danger of escaping gas anywhere around.
<input type="checkbox"/>	Our building has been designed and built according to seismic codes, or it has been inspected by a qualified engineer, and required repair or retrofit has been completed.
<input type="checkbox"/>	We maintain our building, protecting it from damp, and repairing damage when it occurs.
<input type="checkbox"/>	We have put latches on kitchen cabinets, secured televisions, computers and other electronic items, and hung pictures securely on closed hooks to protect ourselves from things that could injure us, or would be expensive to replace.
<input type="checkbox"/>	We have a fire extinguisher and maintain it once a year.
<input type="checkbox"/>	We have secured family heirlooms and items of cultural value that could be lost to future generations.
<input type="checkbox"/>	We have limited, isolated, and secured any hazardous materials to prevent spill or release.
<input type="checkbox"/>	We keep shoes and flashlights with fresh batteries, by our beds.
<input type="checkbox"/>	We have protected ourselves from glass breaking with heavy curtains or window film
<b>RESPONSE CAPACITY: SUPPLIES &amp; SKILLS</b>	
<input type="checkbox"/>	We know how to use a fire extinguisher.
<input type="checkbox"/>	We know how to turn off our electricity, water and gas.
<input type="checkbox"/>	We have gathered survival supplies in our home and made up evacuation bags for our home and car. (including 1 gallon of water per person per day and food for 3 days, prescription medications, water, high energy food, flashlight, battery, first aid kit, cash, change of clothing, toiletries and special provisions we need for ourselves, including elderly, disabled, small children, and animals.)
<input type="checkbox"/>	We know principles of incident command systems or standard emergency management systems for organizing post-disaster self-help in our community.
<input type="checkbox"/>	We have learned first aid, light search and rescue, fire suppression, wireless communication or community disaster volunteer skills.

## References

- Burghardt, S. (1982). *The other side of organizing: Personal dilemmas and political demands*. Cambridge, MA: Schenkman Books Inc.
- Henderson, N. (2005). Resiliency in Action. Retrieved January 2007, from <http://www.resiliency.com>
- Laws, G. (1994). Oppression, knowledge and the built environment. *Political Geography*, 13(1), 7-32.
- National Center for Gerontological Social Work Education. (2007). Retrieved January 2007, from <http://depts.washington.edu/geroctr/>
- Petal, M. A. (2004). Urban disaster mitigation and preparedness: The 1999 Kocaeli earthquake. *Urban Planning*. LA: University of California.
- Selvaduray, G. (2004). *Disaster cycle*. Sacramento, CA: Disaster Resistant California Conference.
- Young, I. M. (1990). *Justice and the politics of difference*. Pittsburgh, PA: University of Pittsburgh Press.

## Creating a Module on Disaster Management and Social Work

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### Abstract

This paper explores the process of creating a shared module with two other Universities in the Philippines and Nairobi. The module will be available for workers in each country and will allow a comparative perspective by use of examples of practice from each country. The aims of the module are to enable students to: develop sustainable responses to disasters and prepare communities to better cope with future disasters and develop ways of supporting social workers engaged in disaster response.

### Ralph Firth:

My experience is not in disaster work but in social work education. I got involved in this project as a result of attending a talk given by social workers who had been involved in a disaster. It was evident that they were working in an atheoretical way, just taking what was offered in terms of resources from the outside world and calling it therapy. It was also evident that they, as people in the affected community, were also traumatised by the events and also exhausted by their efforts to help their community. I knew from the experience of mentoring a person working in a very isolated location overseas that support/reflection by e-mail could be very helpful to the worker, even when there was no direct contact.

We decided we needed to make available to isolated and potentially poorly-financed communities a module on Disaster Management and Social Work. This would allow electronic access and be work-based so that the participants could use and reflect on their work as they did the module. Our goal was:

- To create a module with worked examples of this activity from across the world.
- To offer a model of practice, which can be shared and developed by practitioners in the work place.
- To make the module available to those with limited access.
- To support and care for the social workers in these communities.

The module would follow the Disaster Cycle and cover both natural and man-made disasters. To ensure wide coverage, we needed to create an international network, and to do this we used contacts available to us as members of International Schools of Social Work (IASSW). To enable this, we also applied for support from the IASSW Project Fund which has two calls per year to offer small grants to member schools from at least two different countries to develop educational provision (to find out more visit the IASSW Web site). We were successful in this application and this has acted as a catalyst to the work, and we would like to express our thanks and appreciation to IASSW for that support.

The partners in developing the module are:

Dr. Gidraph Wairire, University of Nairobi, Kenya.

Professor Romeo Quita, University of the Philippines

Eileen Brady, Disaster and Development Centre, and Professor Ralph Firth, both at University of Northumbria, UK.

Our Action Plan was:

- To devise a Distance Delivery Module using a workbook structure to enable social workers to develop their capacity to respond to/prepare for disaster. Based upon Adult Learning Theory.
- To create a jointly developed free standing module; this would be owned by each university for them to use in different courses.
- To work in a way which allowed others to use and add to the module their own worked examples, so that the module offered examples of “best practice” from around the world. So if you have such examples we would be delighted to hear from you.

### **Eileen Brady**

One of the issues related to someone taking charge of the module and its development. In the interest of parity, I attempted to ensure that each person would have an equal say. This was not easy as my colleagues would often ask me to take on the coordinating role and make decisions in relation to the whole module.

Working only via e-mail is also a challenge as you do not have face-to-face contact with your colleagues; in fact I have never met them.

We agreed that the module should meet real needs and should encompass the development of support packages for workers and would also consider the longer term issues facing communities and individuals. I will give an example of this shortly.

As you can appreciate, the hazards we face in the UK are significantly different in nature and impact from the hazards experienced by the others in the Philippines and Kenya. It was clear from the content of the module that the shape of it would have to encompass these different perspectives.

Timing has been another issue as we are working remotely a lot of the time; we all spend half time in the field and half time in our universities, therefore having time to commit to this has been problematic as we never seem to be all at our desks at the same time.

We also had to identify a common language when developing the module and we agreed that when we used the term social worker we would also be referring to community mobilisers, community development workers, and other workers within a similar role who may become involved in disaster response.

The syllabus is divided into eight different areas, each covering an aspect of the preparation for and response to disasters.

One important point to consider is that, for any worker undertaking this module or similar modules relating to working in a disaster, there needs to be a support and monitoring mechanism developed that will ensure that even if a person had gained the appropriate theoretical knowledge, they will need assistance in applying this in practice. This may be beyond the scope of your institution, but opportunities for the student to develop this should be considered.

Issues relating to working in disasters. Recently, I returned from working in the earthquake-affected area of Pakistan. The area I worked in was considered a red zone, which meant that nothing could be rebuilt there for a period of 5 years. How do we as educators and practitioners assist communities to return to their new normal when they are unable to rebuild their livelihoods, yet choose to stay where their home once was? A further thought relates to longer term development and the period after the disaster has occurred. In Armenia there are still families living in metal containers following the earthquake which occurred there in 1988. This is almost 20 years later and yet families continue to live in temporary shelters.

As social workers, we may find ourselves working in the aftermath of disasters many, many years later, yet the impact of the event is still very evident. These are all considerations which need to be built into disaster education for social workers.

**DISASTER PLANNING, MANAGEMENT, AND RELIEF WITH VULNERABLE  
POPULATIONS: TRAINING TOWARD A PEDAGOGICALLY SOUND CURRICULUM**

## **Vulnerability: Central Concept of Disaster Curriculum**

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### **Abstract**

A brief historical sketch of disaster planning is given as a backdrop to recommending that the concept of “vulnerability” be moved from its peripheral position to the center of disaster study. The traditional focus on hazards has limited our understanding of disasters and ability to manage disaster relief and recovery.

### **Introduction**

It is fantastic to see social work planning expanded involvement in the disaster area. Social work has a lot to offer the disaster field. For the past 30-plus years, I have been working to expand the role of social work in disaster, particularly in the preparedness and mitigation stages (Gillespie, Perry, & Mileti, 1974). Social work has always been ready to help during the response stage of disaster. However, to increase the amount of help that social work is capable of delivering we need involvement during all stages of disaster. Happily, just last year for the first time I was asked to develop a course on disaster. The course is international in focus and covers all stages of disaster with a special emphasis on vulnerable populations. I will send a copy of this syllabus to anyone interested.

The main point of my talk is that the concept of vulnerability offers a useful way to organize knowledge, plan for effective response to disasters, and guide ongoing efforts to reduce the negative consequences of disasters. The idea of vulnerability is relatively straightforward. For example, Oliver-Smith and Button (2005) define vulnerability as a ratio of risk to susceptibility. The vulnerability concept was first introduced in the 1970's, but it did not catch on at that time. It has recently resurfaced as an encompassing idea that is flexible and capable of integrating the wide spectrum of issues and challenges involved in reducing the casualties and damage from disasters.

To provide some context and show the merit of working and teaching through the vulnerability perspective, I will briefly sketch in broad-brush 20-year intervals the last 60 years of disaster planning, practice, and research in the United States. The 20-year intervals relate to significant developments in the disaster field. In addition, it helps to know that the disaster field is organized overall around four stages: Mitigation, Preparedness, Response, and Recovery. Mitigation and preparedness take place before disaster strikes and response and recovery take place after the disaster has happened. Each stage is important and each stage can be usefully understood through the vulnerability perspective.

### **Emergence of the disaster field**

Initially, the disaster field emerged around different hazards. There were flood experts, earthquake experts, hurricane experts, and so forth. There was little awareness or interaction across these areas. There was a clear distinction between natural hazards and technological hazards. In addition, disasters were portrayed as extreme events. The combination of these characteristics yielded a geophysical technocratic paradigm. The focus was on the hazards as the basis of disasters. This work

was useful in giving us frequencies, magnitudes, speed of onset, location, and other descriptive information. But it also implied that hazards *per se* were the problem. This is true only in a limited sense. For example, an earthquake in the desert where nobody is living is not a problem. In addition, some hazards bring benefits, such as the soil being enriched by flooding.

Beginning in the early 1950's, in response to the threat of nuclear attack, the federal government began to build on the civil defense system created during World War II. Planners were hired to map out shelter options and evacuation routes. This work was military inspired and largely ignored natural hazards. Also it was a government operation and did not draw on non-governmental organizations or other potentially helpful actors.

Along with the expansion of civil defense, a social science center was launched at Ohio State University. The Disaster Research Center (DRC) was created by Henry Quarantelli and Russell Dynes, both sociologists. DRC emphasized case studies. Research teams of doctoral students were sent out shortly after a disaster struck to observe behavior and interview victims and responders. The vast majority of these studies focused on the response stage, the period immediately following disaster impact. Perhaps the most widely cited findings to come from this work were the myths about disaster behavior. For example, the wide spread belief that people panic during the immediate aftermath of a disaster was found to be a myth. Instead, DRC established that victims and others who are able begin almost immediately to help anyone who had been injured, to check on neighbors, to remove rubble, and in general to deal directly with the problems brought on by the disaster. This work continued for many years and the DRC archives offer a rich resource for understanding people's responses to disaster. The DRC is now located at the University of Delaware, <http://www.udel.edu/DRC/>.

### **Origin of the vulnerability concept**

In the early 1970's, it was noticed that the human and material losses in disasters were rising, while the number of natural disasters remained about the same. It was also noticed that disasters of the same magnitude can produce dramatically different results. This was the context within which O'Keefe, Westgate, and Wisner (1976) proposed to take the "natural" out of natural hazards. These scholars reasoned that if the number of disasters is the same but cost and losses are going up, it must be the social system that is causing it. O'Keefe et al. also noticed that the most vulnerable people suffer the most from disasters.

The idea of vulnerability was proposed as a way to reduce the losses from disasters. Kenneth Hewitt (1983) put together the first collection on vulnerability. Cuny (1983), Wijkman and Timberlake (1984), and others focused on vulnerability. Some criticized the vulnerability perspective as playing down personal responsibility and over-simplifying vulnerability. For example, vulnerability was simply measured by proximity to a hazard zone, such as living on a flood plain. In addition, this early version of the vulnerability perspective was couched in Marxism, so the end of the Cold War probably helped to reduce enthusiasm for it.

### **Expansion of the disaster field and foundation of the emergency management profession**

Also during the early 1970's, the Natural Hazards Center (NHC) was formed at the University of Colorado by J. Eugene Haas (sociologist) and Gilbert White (social geographer). One thing they did was to hold an annual meeting of researchers from different fields, practitioners, and government support agencies—The Hazards Research and Applications Workshop. This workshop helped to promote interdisciplinary work and it continues right up to the present time. The NHC Web site (<http://www.colorado.edu/hazards/>) offers a wealth of information for teachers, researchers, and practitioners.

Later in the 1970's, the Comprehensive Emergency Management (CEM) framework was created. This framework was designed to guide 1) the assessment of risk, 2) the assessment of capabilities, and 3) the reduction of the gap between risk and capabilities. The implementation of CEM was known as "Integrated Emergency Management." This framework and practice guidelines were the basis for a new profession. The emphasis on was preparedness and response. The CEM framework and IEM guidelines were largely supported by the federal government. In 1978 the Federal Emergency Management Agency (FEMA) was formed out of a collection of different agencies, departments, and programs – each of which had some function in disaster.

Beginning in the early 1990's, with the appointment of James Lee Witt, the first emergency management specialist to head FEMA, there was a shift in emphasis from preparedness to mitigation. This shift was made in response to the continuing trend of larger and larger losses from disasters. FEMA created "Project Impact" to encourage "disaster resistant" communities. However, the idea of "resistance" failed to adequately capture the social, political, and economic situation. Later in the 1990's the term "resilience" was advanced as a potentially more useful concept than the idea of resistance. Also sustainable development or "sustainable disaster mitigation" surfaced to offer a long-term perspective. The longer-term perspective is critical, but there is some tension between environmentalists and disaster professionals. For example, disaster professionals argue the merits of levees while environmentalists argue for flood plain management.

### **Refined vulnerability perspective**

In the early 2000's, we are seeing a renewed emphasis on the vulnerability perspective. McEntire (2004; 2005) in public administration, Villagran De Leon (2006) in physics, Oliver-Smith (2005) in anthropology, and others are building on the original work of the social geographers and political scientists such as O'Keefe, Westgate, and Wisner (1976), ecologists such as Hewitt (1983), and others. Zakour (2007) did an excellent job of summarizing this work. This more recent work on vulnerability is disconnected from a Marxist perspective, but still very much focused on changing the system as well as being highly consistent with social work values and practice.

In addition to the relevance of social work, there are good reasons to make use of the vulnerability perspective. First, there is not much we can do to affect natural hazards but we can reduce vulnerabilities. Second, vulnerability relates to every kind of hazard and disaster. Third, vulnerability takes into account both positive and negative features (capabilities/liabilities). Fourth, vulnerability is a function of many variables representing different disciplines. Fifth, vulnerability is continuously changing and must be periodically reappraised. Sixth, there are things that can be done during each phase of disaster to reduce vulnerability. The vulnerability perspective offers social work a way to build on its roots, contribute significantly to the disaster field, and reduce the human and material losses from disaster.

## Conclusion

Implementing the vulnerability perspective requires the integration of contributions from many disciplines. Social work's knowledge of vulnerable populations and interdisciplinary orientation give it a natural place in disaster research, education, and practice. This perspective also requires more attention to coordination of public, private and non-profit actors. Social workers trained in development and community work are particularly important to these efforts. Success will come from figuring out the right mix of policies and incentives to leverage lower levels of vulnerability.

## References

- Cuny, F. C. (1983). *Disasters and development*. New York: Oxford University Press.
- Gillespie, D. F., Perry, R.W., & Mileti, D. S. (1974). Collective stress and community transformation. *Human Relations, 27*(8), 767-778.
- Hewitt, K. (Ed.). (1983). *Interpretations of calamity from the viewpoint of human ecology*. Boston: Allen & Unwin.
- McEntire, D. (2004). Tenets of vulnerability: An assessment of a fundamental disaster concept. *Journal of Emergency Management, 2*(2), 23-29.
- McEntire, D. (2005). Why vulnerability matters: Exploring the merit of an inclusive disaster reduction concept. *Disaster Prevention and Management, 14*(2), 206-222.
- O'Keefe, P., Westgate, K., & Wisner, B. (1976). Taking the naturalness out of natural disasters. *Nature, 260*, 566-567.
- Oliver-Smith, A., & Button, G. (2005). Forced migration as an index of vulnerability in Hurricane Katrina. Presentation for the UNU-EHS Expert Working Group II, Measuring the Un-Measurable.
- Villagran De Leon, J. C. (2006). *A conceptual and methodological review*. Studies of the University: Research, Counsel, Education. United Nations University, Institute for Environment and Human Security.
- Wijkman, A., & Timberlake, L. (1984). *Natural disasters: Acts of God or acts of man?* London: Earthscan.
- Zakour, M. (2007). *Vulnerability theory and research for disaster social work education and practice*. Presented at the seminar on Disaster Planning, Management and Relief: New Responsibilities for Social Work Education, January 10-12, 2007, St. Michael, Barbados.

## A Social Justice Framework for Teaching Disaster-Related Knowledge and Skills

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### Abstract

Social work education can no longer skirt infusion of disaster-related content. Proposed is a three-dimensional generalist framework for teaching disaster-related practice that moves from case to cause, crisis intervention to prevention and long term recovery, and from individual psychological to a collective resiliency perspective.

Following the 2004 tsunami in the Indian Ocean, the Hurricanes Katrina, Ivan, Emily, and others in North America, the 2006 earthquake and flood in Indonesia, and other recent natural and man-made disasters, it is evident that more effective and humane disaster services are needed. Regardless of the type of disaster or the location, vulnerable populations routinely experience vast inequities in terms of emergency response, community redevelopment, and basic mitigation efforts (Jackson, 2005; Soliman & Rogge, 2002). The clear link between poverty and heightened vulnerability to natural disasters illustrates the importance of a social justice orientation (Meliti, 1999; Rogge, 2003). The poor are hardest hit because by definition they only have access to the lowest cost assets (e.g., land and housing) making them more vulnerable to the effects of disasters (Quarantelli, 2004). These factors impacting vulnerability are determined by the social/political/economic systems that reflect the power relationships in a given society (Peacock & Ragsdale, 1997). Efforts to reduce poverty are directly related to efforts to reduce disaster vulnerability.

The social work profession has acknowledged the role of the social worker, and the call to action during public emergencies is mandated by NASW's *Code of Ethics* (1999). NASW's disaster policy statement highlights an empowerment, normalization, and a strengths perspective (NASW, 2003). However, the predominant professional role social workers have played in disaster related practice remains focused on individual psychological sequelae (i.e., critical incident debriefing), despite the fact that the efficacy of such mental health service has been questioned (Kenardy, 2003). The profession's core values, particularly its anchor in social justice as a basis for practice, would suggest equal attention should be at the larger systems level (Webster, 2003). Such practice efforts might include: insuring response efforts are sensitive to vulnerable populations, ameliorating the impact of collective trauma on existing service organizations, and socially responsible mitigation planning and redevelopment strategies that favor less vulnerable, more sustainable communities. While the policy notes that social workers might effectively participate in these broader protective and reconstructive functions, it neglects to identify requisite educational standards (knowledge, values, and skills) or organizational responsibilities for insuring this education occurs. The importance of preparing social workers to be able to practice with requisite skills of disaster management and response is evident.

In an attempt to address this important professional training need, a three-dimensional education framework to guide the teaching of disaster-related practice is proposed. These three dimensions are: a) *social justice and praxis*, b) *expanded definitions of disasters and disaster response skills*, and c) *resilience promotion and risk prevention skills*.

### **Social justice and praxis**

The first dimension builds upon principles of social justice, strengths based perspectives, and resilience in both individual survivors and their communities. Praxis is central to helping students develop the ability to shift from case to cause (Freire, 1970). A critical understanding of disasters and disaster types, vulnerable populations, common survivor characteristics, and customary disaster services informs students' abilities to perceive inherent social, political, and economic contradictions and to take action against the oppressive elements. This would include developing critical consciousness about the political, socio-economic, and ideological forces that may have shaped the present local conditions and its vulnerability to the disaster's impact (Fothergill, Maestas, & Darlington, 1999; Peacock & Ragsdale, 1997).

Using Freire's ideas about education in teaching students about disaster-related practice, students would begin with the awareness that knowledge is not about mastering a set of "facts" as given, but joining people's personal experiences and stories with others in order to create a collective local knowledge base. The development of this collective knowledge (critical consciousness) provides the foundation for subsequent collective action, or mutual aid (Barton, 2004). An example of social justice informed disaster practice, or praxis, would be insuring survivors are informed of their rights to have their voices primary in determining what happens to them and their communities (Allen, 1993). Perhaps the worker would help guard against the deficit & pathology descriptions of survivors over local narratives of strengths & capacities (Kaniasty & Norris, 1995). Workers might help survivor groups negotiate with power sources through coaching survivor group members about specialized or official vocabulary (Puig & Glenn, 2003). Workers might devise strategies for helping survivors communicate most effectively so that those in power are more likely to respond to their concerns and appeals.

Most fundamental in social justice anchored disaster practice, or praxis, is the requirement to work to: a) eliminate all policies that diminish people's sense of control over their lives; b) expand programs (and policies) that enable people to exercise the greatest levels of personal freedom; and c) correct those (policies) that drain finite resources from those sources addressing basic needs of the most vulnerable.

### **Expanded definitions of disasters and emergency response skills**

The second dimension helps students develop requisite knowledge and skills from an expanded conceptualization of disasters. While there are many ways of defining disasters, definitions that emphasize collective stress seem more in keeping with traditional social work values than do those narrowly focused on individual impact. Disasters can be "natural," technological, or human-caused. Dodds and Nuehring (1996) delineate disasters according to the degree of impact: origin, duration, intensity, potential for recurrence, extent of property damage, numbers of persons impacted, injuries/deaths, cultural and symbolic meanings, and on demands placed on the system.

In addition, attention is given to specific knowledge relevant to three additional types or definitions of disasters:

- a) *compound disasters* occur when one hazard triggers a disaster that triggers another disaster, such as the breach of the levees in New Orleans (Webster, 2005);
- b) *migration disasters* occur when disasters displace victims or force them to evacuate necessitating extreme humanitarian aid (Oliver-Smith, 2005); and
- c) “*second disasters*” occur when disorganized, inefficient, and insufficient relief efforts more adversely affect marginalized and lower socioeconomic groups than the disaster itself (Quarantelli, 2004/2005).

### **Resilience promotion and risk prevention skills**

The third dimension expands the view of the social worker’s traditional role in disaster-related practice along a prevention continuum that moves from primary prevention (i.e., planning, preparation, mitigation), to crisis/disaster management and intervention, and finally to reconstruction, recovery, and maintenance. Practice skills presented to students are organized by three categories of intervention strategies: a) *universal* - strategies addressing entire populations and regions, b) *selective* -- strategies targeting specific subsets of the population, such as those deemed at-risk or especially vulnerable, and c) *indicated* - specific practice skills that are in response to those individuals and families directly impacted by disaster, especially those skills that promote personal and interpersonal resilience (National Institute on Drug Abuse, 1997). Mitigation, “the process whereby hazards affecting the community are identified, vulnerability to the hazards are assessed, and consensus reached on how to minimize or eliminate the effects of these hazards” (FEMA, 2000) is the cornerstone of risk assessment and disaster prevention planning. During this module, skills of assessing social vulnerabilities and capacities of communities are highlighted, especially focusing on ways to bolster sustainable livelihoods (Cannon, Twigg, & Rowell, 2003; Sundet & Mermelstein, 2000). Assessments of capacity in preventing or coping with threats of disaster include the recognition that communities with the greatest likelihood of surviving and recovering are those where members are “close-knit,” supportive, likely to share the physical resources they have in times of need, and have “populist” or grassroots-based leadership (Foster-Fishman, Berkowitz, Loundsbury, Jacobson, & Allen, 2001; Harrell & Zakour, 2000). When people feel victimized by events outside their control and become overly dependent on external sources for support, they have fewer recovery attitudinal capacities (Bolin, 1986). For more than 50 years, disaster literature and research has documented the resilience of survivors (Padgett, 2002). More recent research includes a community resilience and strengths orientation by examining the survival of service networks (Gillespie & Murty, 1994; Zakour & Harrill, 2004); the unforeseen benefits of adverse events (McMillen, 1999); the dynamics of assessing and buffering inherent community capacities (Foster-Fishman, Berkowitz, Loundsbury, Jacobson, & Allen, 2001), and the nature of collective resiliency (Regehr & Hill, 2000).

During this learning module, students learn about conducting vulnerabilities and capacities assessments (VCAs). Factors that may go into such assessments include:

For students engaged in learning about disaster-related practice, activities and assignments might involve developing professional competency or fluency in:

- Identifying present hazards and disaster risks at the university or local community level.
- Locating, assessing, and interpreting existing disaster policies and procedures at the university level or in the context of their field placement agencies.

- Assessing the degree to which national, state, community, and neighborhood emergency disaster planning systems are effectively linked or coordinated (Gillespie et al., 1993).
- Assessing whether existing warning systems are specific/sensitive to local cultures.
- Assessing which necessary resources could be considered vulnerable or “emergent.”  
Providing comprehensive disaster education and/or training.

## References

- Allen, R. (1993). Organizing mental health services following a disaster: A community systems perspective. In R. Allen (Ed.), *Handbook of post-disaster interventions*. [Special issue]. *Journal of Social Behavior and Personality*, 8(5), 179-188.
- Barton, A. H. (2004). Disaster and collective stress. *Contemporary Disaster Review*, 2(1), 19-42.
- Bolin, R. (1986). Impact and recovery: A comparison of black and white disaster victims. *Mass Emergencies and Disasters*, 4, 35-50.
- Cannon, T., Twigg, J., & Rowell, J. (2003). Social vulnerability, sustainable livelihoods, and disasters. *Report to DFID (Conflict and Humanitarian Assistance Department (CHAD), and Sustainable Livelihoods Support Office (SLSO)*. Retrieved December 22, 2006, from <http://www.dfid.gov.uk/pubs/default.asp>
- Dodds, S., & Nuehring, E. (1996). A primer for social work research on disaster. *Journal of Social Service Research*, 22, 27-56.
- Federal Emergency and Management Agency. (2005, October 25). Hurricanes Katrina and Rita Statistical Update for Louisiana. (Release Number: 1603-114) [Data file]. Retrieved October 26, 2005, from <http://www.fema.gov>
- Federal Emergency and Management Agency. (2000). *Disaster Mitigation Act of 2000*. PL 106-306. Retrieved December 10, 2006, from <http://www.fema.gov/library/viewRecord.do?id:1935>
- Foster-Fishman, P. G., Berkowitz, S. L., Loundsbury, D. W., Jacobson, S, & Allen, N. A. (2001). building collaborative capacity in community coalitions: A review and integrative framework *American Journal of Community Psychology* 29(2), 241-261.
- Fothergill, A., Maestas, E., & Darlington, J. (1999). Race, ethnicity and disaster in the United States: A review of the literature. *Disasters*, 23(2), 156-164.
- Freire, P. (1998/1970). *Pedagogy of the Oppressed*, translated by Myra Bergman Ramos. New York: Continuum.
- Gillespie, D. F., Colignon, R. A., Banerjee, M. A., Murty, S. A., & Rogge, M. (1993). *Partnerships for community preparedness*. Boulder, CO: University of Colorado, Institute of Behavioral Science.
- Gillespie, D. F., & Murty, S. A. (1994). Cracks in a postdisaster service delivery network. *American Journal of Community Psychology*, 22(5), 639-660.
- Harrell, E. B., & Zakour, M. J. (2000). Including informal organizations in disaster planning: Development of a range-of-type measure. *Tulane Studies in Social Welfare* 21/22, 61-83.
- Jackson, S. (2005). Un/natural disasters, here and there. *Social Science Research Counsel*. Retrieved December 29, from <http://understandingkatrina.ssrc.org/Jackson/pf/>
- Kaniasty, K., & Norris, F. (1995). In search of altruistic community: Patterns of social support mobilization following Hurricane Hugo. *American Journal of Community Psychology*, 23, 447-477.
- Kenardy, J. A. (2003). The current status of psychological debriefing. *British Medical Journal*, 321, 1032-1033.
- McMillen, J. (1999). Better for it: How people benefit from adversity. *Social Work*, 44, 455-468.

- Mileti, D. S. (1999). *Disasters by design: a reassessment of natural hazards in the United States*. Washington, DC: John Henry.
- National Association of Social Workers. (2003). *Social work speaks: Sixth edition*. Washington, DC: NASW Press.
- National Association of Social Workers. (1999). *Code of Ethics*. Washington, DC: NASW Press.
- National Institute on Drug Abuse. (1997). *Drug abuse prevention for at-risk groups* (NIH Publication No. 97-4114). Washington, DC: U. S. Department of Health and Human Services.
- Oliver-Smith, A. (2005). Disasters and forced migration in the 21st century. *Social Science Research Counsel*. Retrieved December 29, from <http://understandingkatrina.ssrc.org/Oliver-Smith/pf/>
- Padgett, D. (2002). Social work research on disasters in the aftermath of the September 11 tragedy: Reflections from New York City. *Social Work Research*, 23, 42-53.
- Peacock, W. G., & Ragsdale, A. K. (1997). Social systems, ecological networks and disasters: Toward a socio-political ecology of disasters. In W. G. Peacock, B. H. Morrow, & H. Gladwin. (Eds.), *Hurricane Andrew: Ethnicity, gender, and the sociology of disasters* (pp. 20-35). New York: Routledge.
- Puig, M. E., & Glynn, J. B. (2003). Disaster responders: A cross-cultural approach to recovery and relief work. *Journal of Social Service Research*, 30(2), 55-66.
- Quarantelli, E. L. (2004). Urban vulnerability to disasters in developing societies: The need for new strategies and for better applications of valid planning and managing principles. *Contemporary Disaster Review*, 1(2), 43-197.
- Quarantelli, E. L. (2005). Catastrophes are different from disasters: Some implication for crisis planning and managing drawn from Katrina. *Social Science Research Counsel*. Retrieved December 29, from <http://understandingkatrina.ssrc.org/Quarantelli/pf/>
- Regehr, C. & Hill, J. (2000). Evaluating the efficacy of crisis debriefing groups. *Social Work with Groups*, 23, 69-79.
- Rogge, M. E. (2003). The future is now: Social work, disaster management, and traumatic stress in the 21<sup>st</sup> century. *Journal of Social Service Research*, 30(2), 1-6.
- Soliman, H. H., & Rogge, M. E. (2002). Ethical considerations in disaster services: A social work perspective. *Electronic Journal of Social Work*, 1(1), 1-23.
- Sundet, P. A., & Mermelstein, J. (2000). Sustainability of rural communities: Lessons from natural disaster. *Tulane Studies in Social Welfare*, 21/22, 25-40.
- Webster, S. (2003). Disasters. In R. Lewis and J. Hopps (Eds.), *Encyclopedia of social work: 19<sup>th</sup> edition* (pp. 761-771.) Washington, DC: NASW Press.
- Zakour, M. (1996). Disaster research in social work. *Journal of Social Service Research*, 20, 19-20.
- Zakour, M., & Harrell, E. (2003). Access to disaster services: Social work interventions for vulnerable populations. *Journal of Social Service Research*, 30(2), 27-54.

## **Disaster Response and Community Building Education**

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### **Abstract**

This presentation will focus on the knowledge and skills necessary for social workers to be effective in community building roles during the recovery phase of disaster management. Some of the knowledge and skill areas to be examined are advocacy and negotiation, human capital development, and interdisciplinary teamwork. Curriculum options will be discussed in the context of needed knowledge and skills. Classroom, laboratory, and field learning models will be recommended and explicated. Particular attention will be given to experiential learning opportunities.

## **“Hold Down de Roof:” Responding to Psycho-Social and Post-Trauma Needs in the Aftermath of Hurricane Ivan in Grenada**

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### **Abstract**

This paper discusses a methodology used to address the responses to trauma in a post-Hurricane Ivan Grenada. Called the ARD Community Caravan, this three-pronged methodology targeted persons in communities throughout Grenada focusing on addressing the psychological impact of the trauma, the informational needs of the population, and addressing skill development to enhance the coping abilities of the population in this post-trauma period. The presentation will focus on the conceptual issues of the methodology within this specific context and will provide the audience with video-taped snippets of one element of the methodology in action.

