

Katherine A. Kendall Institute for International Social Work Education

**RESOURCES ON DISASTER MANAGEMENT
FOR SOCIAL WORK EDUCATION**

Compiled by

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Resources for Social Work Education

In order to augment the work of social work faculty in disaster management curriculum, teaching and research and practice, this document has been compiled by the Katherine A. Kendall Institute for International Social Work Education. It contains relevant information on disaster management such as a bibliography, journals and a list of disaster-related organizations worldwide.

ARTICLES

Ali, Harris S. (2002). Disaster and the political economy of recycling: Toxic fire in an industrial city. *Social Problems* 49(2), 129-149

The case of a large toxic fire occurring at the Plastimet plastics recycling facility in Hamilton, Ontario is used as an empirical referent to investigate the structural origins involved in the incubation of a technological disaster. Hamilton is known as the "recycling center of Canada," and this paper examines the role of the broader socio-historical forces that led to this development and then relates this to the general issue of how specialized communities with a narrow economic base may become particularly vulnerable to the onset of technological disasters. As such, a political economy of place is developed to help understand how historically based regulatory, industrial, political, economic and social processes may interact in a complex manner to produce devastating results. Specifically, this paper identifies and discusses several particularly important features involved in disaster incubation, including: (i) a lax regulatory and enforcement framework related to land use, as well as, building and property codes at the local level; (ii) a legal loophole in the regulatory policy that governs materials recycling; (iii) the market dynamics of materials recycling; (iv) the transformation of spatial fix; and most notably, (v) the deviant industrial practice of "sham recycling."

Arnold, J. L., Levine, B. N., Manmatha, R., Lee, F., Shenoy, P., Tsai, M. C., Ibrahim, T. K., O'Brien, D. J., & Walsh, D. A. (2004). Information-sharing in out-of-hospital disaster response: the future role of information technology. *Prehospital Disaster Medicine*, 19(3), 201-207.

Numerous examples exist of the benefits of the timely access to information in emergencies and disasters. Information technology (IT) is playing an increasingly important role in information-sharing during emergencies and disasters. The effective use of IT in out-of-hospital (OOH) disaster response is accompanied by numerous challenges at the human, applications, communication, and security levels. Most reports of IT applications to emergencies or disasters to date, concern applications that are hospital-based or occur during non-response phases of events (i.e., mitigation, planning and preparedness, or recovery phases). Few reports address the application of IT to OOH disaster response. Wireless peer networks that involve ad hoc wireless routing networks and peer-to-peer application architectures offer a promising solution to the many challenges of information-sharing in OOH disaster response. These networks offer several services that are likely to improve information-sharing in OOH emergency response, including needs and capacity assessment databases, victim tracking, event logging, information retrieval, and overall incident management system support.

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Armstrong, K., Zatzick, D., Metzler, T., Weiss, D. S., Marmar, C. R., Garma, S., Ronfeldt, H., & Roepke, L. (1998). Debriefing of American Red Cross personnel: Pilot study on participants' evaluations and case examples from the 1994 Los Angeles earthquake relief operation. *Social Work in Health Care*, 27(1), 33-50.

The Multiple Stressor Debriefing (MSD) model was used to debrief 112 American Red Cross workers individually or in groups after their participation in the 1994 Los Angeles earthquake relief effort. Two composite case examples are presented that illustrate individual and group debriefings using the MSD model. A questionnaire which evaluated workers' experience of debriefing was completed by 95 workers. Results indicated that workers evaluated the debriefings in which they participated positively. In addition, as participant to facilitator ratio increased, workers shared less of their feelings and reactions about the disaster relief operation. These findings, as well as more specific issues about debriefing, are discussed.

Avgar, Amos, Kaufman, Roni, Iecovich, Esther & Mirsky, Julia (2004). Social disaster as an opportunity: The case of voluntary service development in the former Soviet Union. *Social Development Issues*, 26(1), 1-13.

With the collapse of the former Soviet Union (FSU), its state-sponsored social, health, and welfare services disintegrated, and the role of voluntary welfare organizations increased. The article discusses a network of voluntary, community-based welfare centers that was developed in the FSU and based on a model of post-disaster community development. Recommendations for implementation in other postdisaster environments are provided.

Banerjee, Mahasweta M., & Gillespie, David F. (1994). Linking disaster preparedness and organizational response effectiveness. *Journal of Community Practice*, 1(3), 129-142.

An analytical model is developed to specify the relationship between organizational disaster preparedness and effective disaster response. Specifying this relationship clarifies the theoretical significance of the concept of preparedness. The model shows how the concept of disaster preparedness applies to a broad range of social services when circumstances overwhelm the usual means of responding to problems. The relationship between organizational preparedness and effectiveness has been widely and ambiguously assumed but never actually tested. The viability of the model is illustrated with data from a Key Resource Chapter of the American Red Cross. The paradoxical nature of organizational effectiveness suggests the need for many empirical studies to further sharpen the analytical connection between preparedness and effectiveness.

Bankoff, G. (2001). Rendering the world safe: Vulnerability as Western discourse. *Disasters*, 25(10), 19-35.

Disasters seem destined to be major issues of academic enquiry in the new century if for no other reason than that they are inseparably linked to questions of environmental conservation, resource depletion and migration patterns in an increasingly globalised world. Unfortunately, inadequate attention has been directed at considering the historical roots of the discursive framework within which hazard is generally presented, and how that might reflect particular cultural values to do with the way in which certain regions or zones of the world are usually imagined. This paper argues that tropicity, development and vulnerability form part of one and the same essentialising and generalizing cultural discourse that denigrates large regions of world as disease-ridden, poverty-stricken and disaster-prone.

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Bell, Janet L. (1995). Traumatic event debriefing: Service delivery designs and the role of social work. *Social Work, 40*(1), 36-43.

Traumatic events are incidents that lie outside the range of usual human experience and are so powerful that they are capable of overwhelming any person's normal coping abilities and causing severe stress reactions. Traumatic event debriefing (TED), conducted 24 to 72 hours after exposure to the traumatic event, uses a form of intensive group crisis intervention. The method is designed to help reduce acute stress symptoms and accelerate the recovery process, thereby diminishing the subsequent development of posttraumatic stress disorder. Social workers have the precise constellation of skills, social-environmental perspectives, and practice methodologies indispensable both to developing TED teams and to leading the debriefings. This article addresses the evolution of debriefing-type psychological interventions for trauma victims, the debriefing process itself, three environment-specific debriefing team designs, and the unique qualifications of social workers to develop and lead the teams.

Bell, Janet L., Sang-Hoon Yoo, Ji-Young Park, & Geon-Hee, Shin (2000). The second injury/social wound: The villagers' experience of the crash of South Korea's Asiana Flight 733. *Tulane Studies in Social Welfare, 21*/22, 311-321.

Ben Shahr, I. (1993). Disaster preparation and the functioning of a hospital social work department during the Gulf War. *Social Work Health Care, 18*(3-4), 147-159.

The nature of the Gulf War and its consequences for the public at the personal and community levels, called for considerable alterations in organization and management at the Chaim Sheba Medical Center, the largest government general hospital in Israel, with constant adaptation to the changing situation. The preparations and exercises preceding the state of emergency, combined with the knowledge and experience gained in similar situations in the past, equipped the staff of the Social Work Department to function adequately and to make appropriate decisions and changes in the face of moral and ethical dilemmas, as well as immediate physical threat. This article presents the rationale for the model of intervention that guided the hospital during the Gulf War in offering services to casualty victims and their families. Also discussed are the process of developing an organizational framework and its content that meets wartime demands, and the implications for social work practice in dealing with a war crisis.

Blaufarb, H. (1972). Crisis intervention in an earthquake. *Social Work, 17*(4), 16-19.

Describes crisis intervention with 300 families during the 5-week period following a violent earthquake in Southern California. The common fears expressed by the children and their parents are noted, as well as maladaptive behaviors in reaction to the crisis. Intervention consisted of reducing anxiety, encouraging the communication of fears, aiding in the understanding of regressive behavior, and occasionally direct intervention. Questions raised by the program for crisis theory and clinical research are briefly discussed.

Bolin, R., and Stanford, L. (1998). The Northridge earthquake: Community-based approaches to unmet recovery needs. *Disasters, 22*(1), 21-38.

The 1994 Northridge, California earthquake has proven to be one of the most costly disasters in United States history. Federal and state assistance programmes received some 681,000 applications from victims for various forms of relief. In spite of the flow of US\$11 billion in federal assistance

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into Los Angeles and Ventura counties, many victims have failed to obtain adequate relief. These unmet needs relate to the vulnerability of particular class and ethnic groups. In response to unmet needs, a number of non-governmental organisations (NGOs) have become involved in the recovery process. This paper, based on evidence collected from hundreds of in-depth interviews with the people involved, examines the activities of several community-based organisations (CBOs) and other NGOs as they have attempted to assist vulnerable people with unmet post-disaster needs. We discuss two small ethnically diverse communities in Ventura County, on the periphery of the Los Angeles metropolitan region. The earthquake and resultant disaster declaration provided an opportunity for local government and NGOs to acquire federal resources not normally available for economic development. At the same time the earthquake created political openings in which longer-term issues of community development could be addressed by various local stakeholders. A key issue in recovery has been the availability of affordable housing for those on low incomes, particularly Latinos, the elderly and farm workers. We discuss the successes and limitations of CBOs and NGOs as mechanisms for dealing with vulnerable populations, unmet needs and recovery issues in the two communities.

Brave Heart, Maria Yellow Horse (2000). Wakiksuyapi: Carrying the historical trauma of the Lakota. *Tulane Studies in Social Welfare*, 21/22, 245-266.

Buckle, P., Mars, G., & Smale, S. (2000). New approaches to assessing vulnerability and resilience. *Australian Journal of Emergency Management* 15(2), 8-14.

Calarco, C. (1999). Preparing for a crisis: Crisis team development. *Journal School Nursing*, 5(1), 46-48. Emergency preparedness in the school setting necessitates the formation and development of a Crisis Team that will be prepared to assume critical roles in the event of a crisis. This paper discusses the school Crisis Team, including member identification and responsibilities, and the relationship of the Crisis Team to the school crisis plan and policies.

Callahan, Jay. (2000). Debriefing the Oklahoma City police. *Tulane Studies in Social Welfare*, 21/22, 285-294.

Campbell, M., Charters, M., Gieri, K., Gross, S., Grounds, C., Johnson, K., Kitson, D., Lanzo, S., Lee, M., Martinez, A., Martinez, M. M., Milich, J., Riofrio, A., Rosenblatt, L., Sandler, J., Scali, M., Spiro, M., & Stefan, A. (2003). Shared trauma: Group reflections on the September 11th disaster. *Psychoanalytic Social Work*, 10(1), 57-78.

This article describes the unique collective reflections of MSW students enrolled in the senior author's "Clinical Practice with Groups" course when the September 11th tragedy occurred. The instructor and many of the students, due to the proximity of the school to the disaster site, were first-hand witnesses to the event. The article addresses the student clinicians' initial reactions to the tragedy, as well as their later realizations that their personal and professional lives would be permanently altered by the experience. The unusual opportunity for growth and the implications for clinical practice are also considered in the context of professional literature on the topic of secondary trauma.

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Cherry, Andrew L., & Cherry, Mary E. (1996). Research as social action in the aftermath of Hurricane Andrew. *Journal of Social Service Research*, 22(1/2), 71-87.

A study conducted 14 months after Hurricane Andrew examined the long term impact of this natural disaster on the homeless in the hardest hit areas of South Florida. The effects of a natural disaster on the homeless has not been studied in the past. In addition, this study is presented to illustrate a model of social action research. The foundations for the principles of this model are rooted in the best scientific and social justice traditions. The principles are introduced and described using research methodologies that were utilized in this disaster study. How the findings contributed to changes in policy, procedure, and practice are highlighted.

Cherry, A. L., & Cherry, M. E. (1997). A middle class response to disaster: FEMA's policies and problems. *Journal of Social Service Research*, 23(1), 71-87.

Specific Federal Emergency Management Authority (FEMA) policies and procedures impacted vulnerable populations both positively and negatively after Hurricane Andrew. Findings from 130 structured interviews with a randomized sample of victims suggest that in many cases FEMA policies were unclear, poorly explained, too rigid, and required a high level of middle-class financial management skills to comply with eligibility requirements. These problems resulted in multi-generational families living together in one dwelling, and applicants from different cultural and ethnic backgrounds obtaining fewer services than they were entitled to receive. The outcome of the legal action (in which this study was used as evidence) that resulted in reparations to 21,000 Hurricane Andrew applicants and changes made in FEMA policies and procedures are discussed.

Childers, Cheryl D. (1999). Elderly female-headed households in the disaster loan process. *International Journal of Mass Emergencies and Disasters*, 17(1), 99-110.

The purpose of this exploratory research was to compare the income and approval rates of elderly single-female households and other types of households applying for disaster aid. Households from two parishes involved in the flooding in and around New Orleans, Louisiana, in May 1995 who applied for federal loans via the U.S. Federal Emergency Management Agency's (FEMA) National Teleregistration Center were compared on demographics and outcomes. Data analysis showed that elderly single-female households were over-represented in the population applying to FEMA; two and one-half times as likely as other elderly households or non-elderly households to have incomes of \$11,000 or lower; and three times less likely than other elderly households to receive a low-interest loan. This study indicates that the current federal low-interest loan program does not adequately address the needs of poor elderly women. Special initiatives are needed that target this population.

Clouse M., & Riddell K. (1999). Corporate response to disasters and other traumas. *International Journal of Emergency Mental Health*, 1(2), 115-125.

Crisis intervention programs are becoming the standard of care in occupational environments such as law enforcement, fire suppression, emergency medicine, and rescue services, which are known to be at high risk for psychological morbidity. An area which is frequently overlooked, however, is the application of crisis intervention programs to businesses and other corporate environments. This paper describes the development and application of crisis intervention principles into a comprehensive psychosocial crisis management for the corporate setting immediately following disasters and other traumatic events. The approach used reinforces emergency responders' capacities of synthesis and integration as a systemically-oriented acute preventive intervention.

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Chung, I. (2003). The Impact of the 9/11 attacks on the elderly in NYC Chinatown: Implications for culturally relevant services. *Journal of Gerontological Social Work*, 40(4), 37-53.

This article discusses the findings of a study on the impact of the 9/11 attacks on the elderly Chinese immigrants in Chinatown, a community in close proximity to the World Trade Center. The findings reveal the stories of a vulnerable population who suffered extensive traumatization from 9/11, and describes their struggles with their issues of loss from a history of poverty, war and immigration. Implications of service recommendations are made in the context of the participants' help-seeking behavior and their cultural beliefs and norms.

Church, T. J., & Richard, L. (1997). Modeling community evacuation vulnerability using GIS. *International Journal Geographic Information Science* 11, 763-84.

We present a method for systematically identifying neighborhoods that may face transportation difficulties during an evacuation. A classification of this nature offers a unique approach to assessing community vulnerability in regions subject to fast-moving hazards of uncertain spatial impact (e.g., urban firestorms and toxic spills on highways). The approach is founded on an integer programming (IP) model called the critical cluster model (CCM). An heuristic algorithm is described which is capable of producing efficient, high-quality solutions to this model in a GIS context. The paper concludes with an application of the method to Santa Barbara, California.

Comerio, Mary C. (1997). Housing issues after disasters. *Journal of Contingencies and Crisis Management*, 5(3), 166-178.

Since 1989, earthquakes and hurricanes in the United States have caused housing losses on the same scale as those typically experienced in disasters in under-developed countries. While casualties in the American disasters have been low, the costs of reconstruction have been staggering. This paper documents the housing losses and recovery problems in the Northridge earthquake and compares that experience to other American urban disasters (the Loma Prieta earthquake, Hurricanes Hugo and Andrew), as well as with those in Mexico City and Kobe, Japan. The paper will demonstrate that the common denominator in urban disasters is housing and that recovery issues are quite different in cities than in rural areas, precisely because the losses are concentrated in densely populated areas and the housing loss not only represents a significant financial investment, but also a unique component of the urban infrastructure.

Cosgrove, John G. (2000). Social Workers in disaster mental health services: The American Red Cross. *Tulane Studies in Social Welfare*, 21/22, 117-128.

Coulter, M. L., & Noss, C. I. (1988). Preventive social work in perceived environmental disasters. *Health Social Work*, 13(4), 296-300.

A modified social support network intervention model is presented that can prevent extreme or inappropriate public response to exposure to perceived environmental toxins and other perceived technological disasters. Social workers in public health and environmental health settings may find this model useful as a basis for pre exposure community intervention.

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Cutter, L. S. (2003). The vulnerability of science and the science of vulnerability. *Annals of the Association of American Geographers*, 93(1), 1-12.

The events of September 11th shocked the nation and painfully illustrated our vulnerability to international terrorist attacks. Despite some of the most sophisticated models, monitoring systems, and science in the world, officials were unable to anticipate and predict these cascading events. The collective scientific ability to geographically represent environmental threats, map exposures, and map consequences is relatively straightforward when the threats are recognized. But what happens when we cannot recognize threats or some of their unintended consequences? This article examines the twin issues of the inadequacies in our current modes of understanding (the vulnerability of science) and the need for more integrative approaches in understanding and responding to environmental hazards (vulnerability science).

Cutter, S., Boruff, B.J., & Shirley, W.L. (2003). Social vulnerability to environmental hazards. *Social Science Quarterly*. 84(2), 243-261.

County-level socioeconomic and demographic data were used to construct an index of social vulnerability to environmental hazards, called the Social Vulnerability Index (SoVI) for the United States based on 1990 data.

Methods: Using a factor analytic approach, 42 variables were reduced to 11 independent factors that accounted for about 76 percent of the variance. These factors were placed in an additive model to compute a summary score—the Social Vulnerability Index.

Results: There are some distinct spatial patterns in the SoVI, with the most vulnerable counties clustered in metropolitan counties in the east, south Texas, and the Mississippi Delta region.

Conclusion: Those factors that contribute to the overall score often are different for each county, underscoring the interactive nature of social vulnerability—some components increase vulnerability; others moderate the effects.

Dalberg, D. (2002). Organizational involvement in disasters: A case study of the Salvation Army. *Social Work and Christianity*, 29(2), 103-121

This article summarizes the history of the Salvation Army's involvement in disasters. The role it played in the World Trade Center Disaster and other disasters is described. Organizational principles that guide the involvement and lessons learned during the 102 years of involvement in disasters are provided.

Dodds, Sally, & Nuehring, Elane. (1996). A primer for social work research on disaster. *Journal of Social Service Research*, 22, 27-56.

This paper offers to schools of social work a conceptual framework and specific tactics intended to position them for much needed research roles in response to natural or technological disasters. Based on experience gained in the aftermath of Hurricane Andrew in Miami, Florida in, 1992, potential research themes, needs and opportunities are identified, along with policy, organizational, and resource barriers to investigation encountered in the post-disaster context. The necessity of advance preparation for disaster research is emphasized, along with strategies for readiness. Design and methodology are discussed, and specific approaches are recommended regarding framing questions, becoming immersed in the multidisciplinary disaster services research community before the fact, research design, instrumentation, and data collection process and administration. Based on Breznitz and Goldberger (1982), Derogatis (1982), Elliott (1982), Lazarus (1984), and Sarafino (1990), a stress-mediation theory is suggested for its capability to guide disaster-focused social work research

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at micro, mezzo, and macro levels. Pivotal research questions are posed, suggesting a disaster research agenda for social workers. Areas of inquiry best understood as exploratory and best approached with qualitative techniques are discussed, along with specific suggestions for the design and implementation of qualitative disaster research. Areas of inquiry best seen as descriptive of populations and explanatory of bio-psychosocial phenomena are identified, along with recommended survey and quasi-experimental designs and recommended preparatory work to enable expedient sampling, instrumentation, and data collection. Investigation of the effectiveness of social work interventions in the post-disaster milieu is encouraged, along with feasible and methodologically sound quasi-experimental designs. Measurement of critical variables and instrumentation are discussed, along with ethical issues unique to the disaster context, the necessity of effective inter-organizational and interdisciplinary collaborations, and accessing the "national and international disaster research community" for input on funding, design, and methodological conundrums that impact this fast-moving, emotionally-laden, frequently chaotic research environment.

Drabek, Thomas. E. (1970). Methodology of studying disaster. *American Behavioral Scientist*, 13(3), 331-343.

Drabek, Thomas E., & McEntire, David A. (2002). Emergent phenomena and multi-organizational coordination in disasters: Lessons from the research literature. *International Journal of Mass Emergencies and Disasters* 20(2), 197-224.

Research on emergent behavior and response coordination has been a significant feature of the disaster studies literature. Through a detailed review of past and recent sociological research, the following paper summarizes what is known about multi-organizational coordination. After defining what we mean by emergence and coordination, a brief discussion follows about the process by which literature was selected for this review. The article then highlights the importance of coordination for response operations, explains why it is often problematic, and provides recommendations to improve multi-organizational collaboration in disasters. The article concludes with implications for the theory and practice of emergency management. (AA)

Dufka, C. L. (1988). The Mexico City earthquake disaster. *Social Casework*, 69(3), 162-70.

A study describes work with victims of the September 1985 earthquake disaster in Mexico City. Interviews with victims and families revealed that crisis response patterns differed with respect to age and that past losses and preexisting psychosocial problems affected responses to the crisis. Treatment tasks in interventions with the majority of the victims were (1) helping the client express his or her feelings, (2) communicating a sense of hope, and (3) educating the client on aspects of human response to crisis.

Eakin, Hallie, & Luers Lynd, Amy (2006). Assessing the vulnerability of social-environmental systems. *Annual Review of Environment and Resources*, 31, 365-394.

In this review, we highlight new insights into the conceptualization of the vulnerability of social-environmental systems and identify critical points of convergence of what otherwise might be characterized as disparate fields of research. We argue that a diversity of approaches to studying vulnerability is necessary in order to address the full complexity of the concept and that the approaches are in large part complementary. An emerging consensus on the issues of critical importance to vulnerability reduction—including concerns of equity and social justice—and growing

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synergy among conceptual frameworks promise even greater relevancy and utility for decision makers in the near future. We synthesize the current literature with an outline of core assessment components and key questions to guide the trajectory of future research.

Enarson, Elaine (1999). Women and housing issues in two U.S. disasters: Case studies from Hurricane Andrew and the Red River Valley Flood. *International Journal of Mass Emergencies and Disasters*, 17(1), 39-63.

This paper examines housing as part of a larger project to illuminate "shadow risks and hidden damages" and to specify root causes reproducing women's disaster vulnerability in developed nations, among them the gendered division of labor, economic dependency, male violence, and housing insecurity. I begin with a theoretical grounding of disaster housing in gender relations and global development patterns and then focus on United States, drawing on Census data and qualitative field studies to address two key questions. First, what structural trends and patterns suggest women's housing insecurity in this context? Second, what emergency management issues emerge from empirical investigations of women's disaster housing experiences? I draw examples from two U.S. case studies to illustrate how housing in the disaster context is a highly gendered issue. The final section outlines women's housing needs and strategic interests and offers guidelines to practitioners.

Farquhar, S., & Dobson, N. (2004). Community and university participation in disaster-relief recovery: An example from Eastern North Carolina. *Journal of Community Practice*, 12(3-4), 203-217.

Marginalized groups that are traditionally excluded from policy & decision-making are often also disproportionately affected by the hardships of natural disasters. By including community residents in research & planning, public health practitioners & researchers can create programs that have immediate relevance & policy implications. This article describes a case study of the formation of a community-university partnership and a community-based participatory research project conducted in the aftermath of Hurricane Floyd. The description of methods used & the implications for practice will highlight the importance of including those most affected by a natural disaster. Members of several groups worked collaboratively to define the social & public health concerns of a rural North Carolina community & to create changes in disaster-recovery policy and practice.

Faupel, C. E. (1996). Inter-agency collaboration and hazards education in American communities. *Journal of Social Service Research*, 22(1/2), 131-49.

There is a growing literature on hazards education and its effectiveness in prompting appropriate mitigation, preparedness and response activities on the part of individuals and families. There has been virtually nothing written, however, on what factors tend to account for such hazards education activities in the first place. Factors that may account for varying levels of hazards education activities, such as prior disaster experience, hazards risk, and coordination between emergency management and planning offices, are examined in three separate multiple regression analyses. Generally, the study found that (1) the frequency of engaging in oral and written hazards education activities is significantly affected only by the level of preparedness activities on the part of emergency managers that involve some sort of exchange with other city agencies; (2) the frequency of conducting hazards education workshops is affected by the level of inter-agency preparedness efforts (above), the breadth of hazards risks confronted by a community, and by the frequency of interaction between emergency managers and city planners; and (3) the breadth of hazards education

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audiences is also significantly affected by the level of interagency preparedness efforts, the breadth of hazards risks, and the frequency of interaction between emergency managers and city planners. Policy implications, particularly as they relate to social service delivery organizations, are also discussed.

Fernandez, L., Byard D., Chien, Chih L, & Barbera J. (2002). Frail elderly as disaster victims: Emergency management strategies. *Prehospital and Disaster Medicine, 17*(2), 67-74.

Purposes: To identify the vulnerabilities of elderly to disasters, and to develop strategies to address these vulnerabilities. METHODS: A relevant literature search of journal articles, government training materials, news reports, and materials from senior organizations was conducted. RESULTS: The vulnerability of the elderly to disasters is related to their impaired physical mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations that prevent adequate preparation for disasters, and hinder their adaptability during disasters. Frail elderly, those with serious physical, cognitive, economic, and psycho-social problems, are at especially high risk. Conclusions: This segment of the population is growing rapidly. Therefore, it is important that emergency management recognize the frail elderly as a special needs population, and develop targeted strategies that meet their needs. Several management strategies are presented and recommendations for further action are proposed.

Fielding, Jane & Burningham, Kate (2005). Environmental inequality and flood hazard. *Local Environment, 10*(4), 379-395.

This paper reports findings from research conducted for the Environment Agency¹ investigating the social distribution of the risk of flooding in England and Wales. Following a broadly outcome based analysis, and using socio-geographic modelling techniques and the 1991 Census, the social class characteristics of the population at risk from flooding were explored and compared with the population considered not at risk as a means to uncover any evidence of social inequality. The Environment Agency indicative flood plain maps (1 in 100 year return for fluvial and 1 in a 200 year return for tidal flooding) were used to identify at risk areas. Two different methods of capturing the at risk population were employed; one based on census enumeration districts and the other using surface population models which redistribute the area population over a grid surface of the area of interest. The two methods provide completely different results. The enumeration district method indicates that those in higher social classes are the most likely to be exposed to flood hazard while the grid method indicates that it is those in the lower social classes who are most at risk. We suggest that the grid method provides a more accurate analysis but highlight the significant effect that the choice of a real unit and spatial analysis can have on conclusions about the extent of any inequality in vulnerability to flooding.

Fordham, Maureen (1999). The intersection of gender and social class in disaster: Balancing resilience and vulnerability. *International Journal of Mass Emergencies and Disasters, 17*(1), 15-37. Those who experience disaster are widely regarded as an undifferentiated group, labeled "victims." In the immediate crisis period, it is difficult for professionals to differentiate, except crudely, between varying levels of need and still carry out urgent duties and responsibilities. However, it soon becomes apparent that some are hit harder than others and that disasters are not the great levelers they are sometimes considered to be. Close examination reveals complex variations within, and not just between, social groups broadly understood as middle- and working-class. This paper examines the intersection of gender and social class in two major flood events and argues for a more nuanced

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appreciation of these factors, at both the conceptual and the practical level, to be incorporated throughout the disaster process.

Fothergill, Alice (1999). An exploratory study of woman battering in the Grand Forks flood disaster: Implications for community responses and policies. *International Journal of Mass Emergencies and Disasters*, 17(1), 79-98.

This paper presents an exploratory study of woman battering in the Grand Forks, North Dakota, flood of April 1997. Based on my qualitative research of women's experiences in this flood, I present two case studies of battered women to enhance understanding of what intimate partner violence means to women in the face of a natural disaster. The case studies illustrate how battered women make sense of their situations and how factors such as class and disability play a role in how women experience domestic violence. The case studies also show why services for battered women, such as emergency shelters and crisis counseling, are crucial during a disaster period. Even though we do not know if domestic violence rates increase in a disaster, we do have evidence that the demand for domestic violence services increases during disaster times. In light of this, I argue that there is a need to prepare for that situation.

Fothergill, A. (1996). Gender, risk and disaster. *International Journal of Mass Emergencies and Disasters*, 14(1), 33-56.

Fothergill, A., Maestas, E. G., & Darlington J. D. (1999). Race, ethnicity and disasters in the United States: A review of the literature. *Disasters*, 23(2), 156-73.

In this paper we synthesis past disaster research that addresses issues of race and ethnicity in the United States. Using an eight-stage typology to organize the findings, this literature review presents the results from a wide range of studies. The synthesis shows how various racial and ethnic groups perceive natural hazard risks and respond to warnings, how groups may be differentially affected, both physically and psychologically, and how disaster effects vary by race and ethnicity during the periods of emergency response, recovery and reconstruction. We show that studies have important findings, many illustrating that racial and ethnic communities in the US are more vulnerable to natural disasters, due to factors such as language, housing patterns, building construction, community isolation and cultural insensitivities. By presenting these studies together, we are able to witness patterns of racial and ethnic inequalities that may be more difficult to see or interpret in individual studies that take place in one specific time and place. We conclude the review with policy and research recommendations.

Fothergill, Alice & Peek, A. Lori (2004). Poverty and disasters in the United States: A review of recent sociological findings. *Natural Hazards*, 31(1), 89-110

This article synthesizes the literature on poverty and disasters in the United States and presents the results from a wide range of studies conducted over the past twenty years. The findings are organized into eight categories based on the stages of a disaster event. The review illustrates how people of different socioeconomic statuses perceive, prepare for, and respond to natural hazard risks, how low-income populations may be differentially impacted, both physically and psychologically, and how disaster effects vary by social class during the periods of emergency response, recovery, and reconstruction. The literature illustrates that the poor in the United States are more vulnerable to natural disasters due to such factors as place and type of residence, building

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construction, and social exclusion. The results have important implications for social equity and recommendations for future research and policy implementation are offered.

Fox, R. (2003). Traumaphobia: confronting personal and professional anxiety. *Psychoanalytic Social Work, 10*(1), 43-55

This article reflects the author's personal and professional dislocation resulting from the World Trade Center disaster. Through the act of writing and an active reading of the professional literature, he attempts to re-establish equilibrium to restore confidence, and to rekindle a sense of purpose and meaning in the helping process, both for himself and for the reader. Examined is the literature related to memory and its connection to the phenomena of trauma, "psychache," compassion fatigue, vicarious traumatization, counter-transference, and burnout. It concludes with guidelines for "being present" and for self-care.

Gibson, M., & Iwaniec, D. (2003). An empirical study into the psychosocial reactions of staff working as helpers to those affected in the aftermath of two traumatic incidents. *The British Journal of Social Work, 33*(7), 851-870.

This paper addresses the outcome of the first empirical study on the psychosocial impact on four groups of professional staff involved as helpers in the aftermath of two major incidents. The two incidents selected were the Kegworth Air disaster that occurred in the East Midlands area of England in 1989 and a terrorist bombing on the Shankill Road, Belfast, Northern Ireland in 1993. The four groups of staff chosen for the research, both in England and Northern Ireland, were social workers, ambulance personnel, accident and emergency nurses, and clergy. The policy and practice implication of the study were used to develop a training program for those who have to cope with trauma in their workplace. The need for such training was based on the hypothesis that pre-training will help to ameliorate any negative reactions that may be experienced by the helpers. The results from both incidents were compared to highlight the impact of the work on helpers working with victims from a single incident trauma and in a situation where there was multiple incident traumatization.

Gillespie, David F., & Murty, Susan A. (1994). Cracks in a post disaster service delivery network. *American Journal of Community Psychology, 22*(5), 639-660.

When organizations fail to work together effectively to reach shared community goals, the failure is often described as due to cracks in the service delivery system. Individuals are described as "falling through the cracks" when they are not able to receive the services they need from the network of service organizations in a community. There is general agreement that an effective service delivery system will provide a complete set of comprehensive services in which such cracks do not appear. However, it is a challenge to plan comprehensive services and to identify and eliminate cracks in a service network.

Goosen, J., Mock, C., & Quansah, R. (2005). Preparing and responding to mass casualties in the developing world. *International Journal of Injury Control and Safety Promotion, 12*(2):115-7.

Disasters, albeit on a small scale, are an everyday event in Africa. They contribute to depriving millions of Africans of access to basic services, often considered rights in more affluent societies. The massive amounts of aid donated during disasters, could be limited by strengthening systems of disaster preparedness beforehand. Current, disease-specific programs can not achieve this goal. The Essential Trauma Care Program of the WHO, and the International Association of Trauma Surgery

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and Intensive Care provides a template on which to build affordable systems of disaster preparedness.

Granot, H. (1995). Proposed scaling of the communal consequences. *Disaster Prevention and Management*, 4(3), 5-13.

Rapid assessment of a community's capacity to continue coping in the aftermath of disaster could be of great value. Gradations of community consequences can provide emergency planners with criteria to guide them to realistic needs assessment and are invaluable to researchers in classifying incidents by intensity. Conventional wisdom might lead us to view impact on community functioning in disasters as a continuum, ranging from minimal to total collapse. Such a perception lacks clear-cut gradation, making administrative judgments difficult and contributing to the squandering of relief resources because of our inaccurate assessment of the community's incapacity. The precise points where communities cross damage thresholds resulting in the collapse of infrastructure appear at first, to vary inexplicably. Careful consideration suggests three sets of factors which interface to affect these thresholds. Taken together, these will raise or lower community capacity to cope with adversity. The appropriate level of emergency relief could best be determined if we can strengthen our ability to assess rapidly the community's remaining capacity to provide for its own population. Proposes that this could be accomplished by the scaling of three sets of factors: community background, event factors and impact factors. Although the need for scaling cannot be denied, the specifics of this suggestion will need to be tested to determine their applicability.

Hammond, L., & Maxwell, D. (2002). The Ethiopian crisis of 1999-2000: Lessons learned, questions unanswered. *Disasters*, 26(3), 262-79.

During 1999-2000, Ethiopia was brought to the edge of a major disaster, with some 10 million people estimated to be in need of food assistance at the height of the crisis. A repeat of the catastrophic famine of 1984-5 was avoided, but the numbers of people affected, the loss of life and the destruction of livelihoods made this one of the most serious crises in the Horn of Africa in the past 15 years. The humanitarian community has been slow to recognise the lessons of 1999-2000, and there have been surprisingly few attempts to conduct a serious, post-event evaluation of the overall crisis and response. The label 'famine averted' seems to summarise the crisis to the satisfaction of most parties involved. This paper reviews the crisis, the events that led up to it and the response effort. It examines the factors that contributed to making this crisis so serious, in order to draw conclusions and note issues that are relevant to current thinking about disaster preparedness and response - in Ethiopia and elsewhere. Some of the lessons learned from the 1999-2000 crisis are not new. However, the very fact that mistakes have been repeated should be a lesson to the humanitarian community.

Harrell, Evelyn B., & Zakour Michael J. (2000). Including informal organizations in disaster planning: Development of a range of type measure. *Tulane Studies in Social Welfare*, 21/22, 61-83.

Hawryluck, Laura, Lapinsky, E. Stephen & Stewart, Thomas E. (2005). Clinical review: SARS – lessons in disaster management. *Critical Care*, 9(4), 384-389.

Disaster management plans have traditionally been required to manage major traumatic events that create a large number of victims. Infectious diseases, whether they be natural (e.g. SARS [severe acute respiratory syndrome] and influenza) or the result of bioterrorism, have the potential to create

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a large influx of critically ill into our already strained hospital systems. With proper planning, hospitals, health care workers and our health care systems can be better prepared to deal with such an eventuality. This review explores the Toronto critical care experience of coping in the SARS outbreak disaster. Our health care system and, in particular, our critical care system were unprepared for this event, and as a result the impact that SARS had was worse than it could have been. Nonetheless, we were able to organize a response rapidly during the outbreak. By describing our successes and failures, we hope to help others to learn and avoid the problems we encountered as they develop their own disaster management plans in anticipation of similar future situations.

Hilhorst, D. (2003). Responding to disasters: Diversity of bureaucrats, technocrats and local people. *International Journal of Mass Emergencies and Disasters*, 21(1), 37-55.

The relations between disaster experts, governments, and local people have often been considered problematic in disaster situations. The idea that disasters caused by natural hazards are the ultimate terrain of experts and managers have been discredited by approaches focusing on the capacities and coping practices of local people, while the role of governments in the interplay between experts and local people is often left unclear. This paper reviews some recent insights into the complexity of these relations by introducing the notion of social domains of disaster responses. Social domains are areas of social life where ideas and practices concerning risk and disaster are exchanged, shared, and more or less organized because of a certain proximity, physically or discursively, in the ways references are made to disaster and risk. The study of social domains allows one to focus on the everyday practices and movements of actors negotiating the conditions and effects of vulnerability and disaster. The paper first discusses how experts and local people are represented in different subsequent paradigms of disaster studies; elaborates on the importance of social domains for studying disaster response; after which the three domains of disaster science, governance and local people will be discussed.

Hoard, M., Homer, J., Manley, W., Furbee, P., Haque, A., & Helmkamp, J. (2005). Systems modeling in support of evidence-based disaster planning for rural areas. *International Journal of Hygiene and Environmental Health*, 208(1-2), 117-125.

The objective of this communication is to introduce a conceptual framework for a study that applies a rigorous systems approach to rural disaster preparedness and planning. System Dynamics is a well-established computer-based simulation modeling methodology for analyzing complex social systems that are difficult to change and predict. This approach has been applied for decades to a wide variety of issues of healthcare and other types of service capacity and delivery, and more recently, to some issues of disaster planning and mitigation. The study will use the System Dynamics approach to create computer simulation models as "what-if" tools for disaster preparedness planners. We have recently applied the approach to the issue of hospital surge capacity, and have reached some preliminary conclusions - for example, on the question of where in the hospital to place supplementary nursing staff during a severe infectious disease outbreak--some of which we had not expected. Other hospital disaster preparedness issues well suited to System Dynamics analysis include sustaining employee competence and reducing turnover, coordination of medical care and public health resources, and hospital coordination with the wider community to address mass casualties. The approach may also be applied to preparedness issues for agencies other than hospitals, and could help to improve the interactions among all agencies represented in a community's local emergency planning committee. The simulation models will support an evidence-based approach to rural disaster planning, helping to tie empirical data to decision-making. Disaster

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planners will be able to simulate a wide variety of scenarios, learn responses to each and develop principles or best practices that apply to a broad spectrum of disaster scenarios. These skills and insights would improve public health practice and be of particular use in the promotion of injury and disease prevention programs and practices.

Itzhaky, H., & York, A. S. (2005). The role of the social worker in the face of terrorism: Israeli community-based experience. *Social Work, 50*(2), 141-149.

Terrorism and its aftermath have become part of the Western way of life, and social workers have a central role to play in helping affected families and their communities. Drawing on community-based experience in Israeli communities, the authors examine the planning of multidisciplinary teams and how their planning was put into effect in their communities in several terrorist attacks. The authors use reports of social workers, community volunteers, and clients to map the phases of the activity, the roles and goals of the social workers with different focal systems during the phase stages, and the tasks that the social workers carried out.

Jago, E. (1991). Flood disaster experience: A six-month perspective. *Australian Social Work, 44*(4), 43-52.

Currently there appears to be a spate of world, national, and local disasters. Always there is concern, not only about how to manage the immediate emergency, but how to facilitate the long-term recovery period. This paper presents a six-months perspective of a particular disaster and recovery period, based on the experiences of a recovery worker. The study emphasizes the importance of routine training for workers in organizations who may be called upon in a disaster. The study notes that because of the unique situation in every disaster, decision making on recovery structures and processes needs to remain invested in the local community, with assistance from external resources. Other suggestions are made for consideration in the continuing building of recovery theory. Finally, it underlines the importance of the social work role in most aspects of disaster recovery work, and the need to prepare not only undergraduates, but professional workers, for this role.

Johnson, S. D., North, C. S., & Smith, E. M. (2002). Psychiatric disorders among victims of a courthouse shooting spree: A three-year follow-up study. *Community Mental Health Journal, 38*(3), 181-97.

This study examined the longitudinal course of psychiatric sequelae of a mass shooting incident at a courthouse. A sample of 80 individuals was examined 6-8 weeks after the incident and 77 of these were reassessed one and three years later using the Diagnostic Interview Schedule/Disaster Supplement. Only 5% of the study sample met criteria for PTSD after this incident. Universal distress, however, was evident as 96% of the respondents reported PTSD symptoms and 75% described the incident as "very upsetting." The need for intervention among symptomatic individuals not meeting diagnostic criteria should not be discounted as sub diagnostic distress may warrant specific intervention.

Johnson, Knowlton W., Olson-Allen, Susan & Collins, David. (2002). An evaluation strategy for improving disaster victim services: Blueprint for change. *International Journal of Mass Emergencies and Disasters 20*(1), 69-100.

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King, D. (2001). Uses and limitations of socioeconomic indicators of community vulnerability to natural hazards: Data and disasters in Northern Australia. *Natural Hazards*, 24(2), 147-156.

Advances in computer technology have made very large databases easily accessible to users and managers. The census and land databases are of enormous use to hazard managers and planners. An extensive literature has identified groups of social, economic and demographic indicators that may be combined with physical and land data to predict and categorise levels of community vulnerability. Impact scenario mapping can be very precise and impressive in its detail, but a range of constraints, such as ageing of the data, the arbitrary nature of boundaries, problems of weighting indicators, and categorisation of vulnerability, impose limitations on the use of socioeconomic indicators to predict community vulnerability.

Kirk, A., & Dollar, S. C. (2001). Prevalence of traumatic events and PTSD symptomatology among a selected sample of undergraduate students. *Journal of Social Work in Disability and Rehabilitation*, 1(1), 53-65.

University faculty and mental health counselors often work with students in distress which may be related to their experiences with traumatic accidents, interpersonal violence, or natural disaster. Traumatic events can have long-lasting effects, which include somatic complaints, substance abuse, "flashbacks," and a reduction in memory and recall. The purpose of this study is to identify the number, types and severity of traumatic events that occur among a student sample from three academic departments (Sociology and Criminal Justice, Social Work, and Human Development) at a rural southern university. The sample of 234 undergraduate students confirmed previous research regarding the high number of self-reported traumas among college students. The study found that college-aged women are much more likely than men to report trauma and to seek counseling and treatment for its effects. Significant differences were noted in distributional patterns for men and women when reporting exposure to stressful events. The study's findings serve as an important indicator of the need for prevention, early recognition, and treatment for trauma victims. Suggestions are also provided to assist administrators in implementing the appropriate workplace and academic accommodations for PTSD victims under the Americans with disabilities Act (ADA) and the Rehabilitation Act of 1973.

Kirschenbaum, Alan (2005). Preparing for the inevitable: Environmental risk perceptions and disaster preparedness, *International Journal of Mass Emergencies and Disasters*, 23(2), 97-127.

Do risk perceptions of environmental hazards lead to preparing for them? Employing data from a national urban household sample (N = 814) in Israel, the link between risk perceptions and preparedness were examined for natural, industrial, technological, accidental, and non-conventional war disasters. A factor analysis generated six risk components conditional on the social familiarity with the potential victim as well as disaster-specific events and four preparedness components reflecting provisions, skills, planning, and protection. The "risk-preparedness" association based on this matrix of components was inconsistent, having few statistically significant correlations, some even negative. Regression coefficients used to predict preparedness actions due to risk perceptions were also only partially successful. Apparently the impact of risk perceptions on preparedness is limited to specific environmental disasters and strongest for those preparedness behaviors that are more immediate, concrete, and easy to achieve. These findings have direct application for disaster managers involved in risk communication and public education of disasters.

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Kreimer, Alcira & Arnold, Margaret (2000). World Bank's role in reducing impacts of disaster. *Natural Hazards Review*, 1(1), 37-42

The mission of the World Bank is to fight poverty. An important part of this mission is to assist developing countries to prepare for and recover from natural disasters. The World Bank has a long tradition of supporting the disaster management efforts of its client countries. Between 1980 and 1998, the Bank approved approximately 200 operations related to natural disasters, amounting to more than \$14 billion in loans. These figures include both post disaster reconstruction operations as well as projects with components to mitigate losses before disaster strikes. In recent years, the Bank has placed more emphasis on integrating disaster prevention and mitigation measures into its development activities. After a discussion of the costs of disasters and how they relate to the Bank's mission, this article discusses the Bank's experience in providing disaster-related assistance, provides information on current Bank initiatives aimed at making disaster reduction a central component of development, and discusses the future direction of the Bank's disaster risk-management agenda.

Kreuger, L., & Stretch, J. (2003). Identifying and helping long term child and adolescent disaster victims: Model and method. *Journal of Social Service Research*, 30(2), 93–108.

This paper reports on secondary analysis of data collected as part of an effort by social work providers and a major parochial school system to assess longer term impact and possible Post Traumatic Stress Disorder (PTSD) among children and adolescents in 17 schools heavily affected by flooding. The assessment protocol, implemented by classroom teachers, measured self-reported amount of damage from a major flood along with two standardized measures of PTSD. Discussed are findings regarding factors that predict PTSD including amount of harm and ability of family to recover, whether loss of residence was related to recovery and PTSD and other variables from this field screening of 3876 children and adolescents in the Midwest who lived in areas impacted by an extensive flooding.

Krishnaraj, Maithreyi (1997). Gender issues in disaster management: The Latur Earthquake. *Gender, Technology and Development*, 1(3), 395-411.

This study maintains that the impact of disasters depends on the nature and intensity of the event, but in all cases the impact varies according to the degree of vulnerability of the social groups that constitute the affected population. Women, being more socially and economically vulnerable than men in most societies, are more severely affected than men. This article highlights the gendered impact of the earthquake and the bias against women in the management of the earthquake in Latur, India.

Lamberg, Lynne (2005). As tsunami recovery proceeds, experts ponder lessons for future disasters. *JAMA: Journal of the American Medical Association*, 294(8), 889-890.

Focuses on the recovery of victims of the tsunami disaster in Asia and the lessons that can be learned about how to respond to future disasters. Assertion that more assistance is needed to help victims needing psychological counseling; Types of assistance that is required after such disasters; Limitations in the number of mental health resources available in affected areas of Asia; Importance of community outreach; Way that better warning systems for tsunamis can save lives.

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Levine, J. E. (1996). Oklahoma City: The storying of a disaster. *Smith College Studies in Social Work*, 67(1), 21-38.

The bombing in Oklahoma City on April 19, 1995 was a massive assault on the meaning-making of survivors and community members. Utilizing a social constructionist perspective, this article explores the evolution of the community's social narrative as it shifted in the immediate wake of the blast to a new framework for understanding the event three months later. It is speculated that the community's storying of the bombing was initially centered on issues of action and recovery in order to restore civil order. Only after the departure of the Red Cross, which contributed to the formation of this communal narrative, did traditional crisis notions concerning phases of grief begin to appear in the local Oklahoma City newspaper. In addition, individual stories that did not conform to the larger understanding of events were conferred less authority than those in accordance with the dominant narrative.

Lindell, M. K. & Prater, C. S. (2003). Assessing community impacts of natural disasters. *Natural Hazards Review*, 4(4), 176-185.

Research on the community impacts of natural disasters has yielded a wide variety of findings, but no coherent model of the process by which hazard agent characteristics produce physical and social impacts. This article summarizes the principal features of this process and describes the ways in which hazard mitigation and emergency preparedness practices can limit the physical impacts and the ways in which community recovery resources and extra-community assistance can reduce social impacts.

Little, P. D., Smith, K., Cellarius, B. A., Coppock, D. L., & Barret, C. B. (2001). Avoiding disaster: Diversification and risk management among East African herders. *Development and Change*, 32(3), 401-433.

This article addresses processes of livelihood diversification among pastoralists in the rangelands of northern Kenya and southern Ethiopia. The objectives of the article are threefold: (1) to suggest a theoretical framework for addressing income diversification among pastoralists with reference to current literature and databases; (2) to present a case study on pastoral income diversification based on preliminary field research in northern Kenya and southern Ethiopia; and (3) to summarize current understandings of pastoral diversification while pointing to additional empirical research needs. By showing how comparative analyses in the region have been constrained by theoretical and data deficiencies, the article explores ways in which income diversification differs by what are termed conditional, opportunity, and local response variables. Climate, distance to market towns, gender, wealth, and education are attributes covered by these variables and discussed in the article. The conceptualization and case study provide useful bases for conducting comparative research on pastoral diversification in East Africa specifically and in sub Saharan Africa generally.

Liu, Li-Wen, Gillespie, D. F., & Murty, S. A. (2000). Service coordination as intergovernmental strategies in service delivery. *Tulane Studies in Social Welfare*, 21/22, 85-103.

Luna, E. M. (2001). Disaster mitigation and preparedness: The case of NGOs in the Philippines. *Disasters*, 25(3), 216-26.

The Philippines is very vulnerable to natural disasters because of its natural setting, as well as its socio-economic, political and environmental context--especially its widespread poverty. The Philippines has a well-established institutional and legal framework for disaster management,

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including built-in mechanisms for participation of the people and NGOs in decision-making and programme implementation. The nature and extent of collaboration with government in disaster preparedness and mitigation issues varies greatly according to their roots, either in past confrontation and political struggles or traditional charity activities. The growing NGO involvement in disaster management has been influenced by this history. Some agencies work well with local government and there is an increasing trend for collaborative work in disaster mitigation and preparedness. Some NGOs, however, retain critical positions. These organisations tend to engage more in advocacy and legal support for communities facing increased risk because of development projects and environmental destruction. Entry points into disaster mitigation and preparedness vary as well. Development-oriented agencies are drawn into these issues when the community members with whom they work face disaster. Relief organisations, too, realise the need for community mobilisation, and are thus drawn towards development roles.

Mann, N. C., MacKenzie, E, & Anderson, C. (2004). Public health preparedness for mass-casualty events: a 2002 state-by-state assessment. *Prehospital Disaster Medicine, 19*(3), 245-55.

The ongoing threat of a terrorist attack places public agencies under increasing pressure to ensure readiness in the event of a disaster. Yet, little published information exists regarding the current state of readiness, which would allow local and regional organizations to develop disaster preparedness plans that would function seamlessly across service areas. The objective of this study is to characterize state-level disaster readiness soon after September 2001 and correlate readiness with existing programs providing an organized response to medical emergencies. METHODS: During the first quarter of 2002, a cross-sectional survey assessing five components of disaster readiness was administered in all 50 states. The five components of disaster readiness included: (1) statewide disaster planning; (2) coordination; (3) training; (4) resource capacity; and (5) preparedness for biological/chemical terrorism. RESULTS: Most states reported the presence of a statewide disaster plan (94%), but few are tested by activation (48%), and still fewer contain a bioterrorism component (38%). All states have designated disaster operations centers (100%), but few states have an operating communications system linking health and medical resources (36%). Approximately half of states offer disaster training to medical professionals; about 10% of states require the training. Between 22-48% of states have various contingency plans to treat victims when service capacity is exceeded. Biochemical protective equipment for health professionals is lacking in all but one state, and only 10% of states indicate that all hospitals have decontamination capabilities. States with a functioning statewide trauma system were significantly more likely to possess key attributes of a functioning disaster readiness plan. CONCLUSION: These findings suggest that disaster plans are prevalent among states. However, key programs and policies were noticeably absent. Communication systems remain fragmented and adequate training programs and protective equipment for health personnel are markedly lacking. Statewide trauma systems may provide a framework upon which to build future medical disaster readiness capacity.

Manyena, Siambabala Bernard (2006). The concept of resilience revisited. *Disasters, 30*(4), 434–450. The intimate connections between disaster recovery by and the resilience of affected communities have become common features of disaster risk reduction programmes since the adoption of The Hyogo Framework for Action 2005–2015. Increasing attention is now paid to the capacity of disaster-affected communities to 'bounce back' or to recover with little or no external assistance following a disaster. This highlights the need for a change in the disaster risk reduction work culture, with stronger emphasis being put on resilience rather than just need or vulnerability. However,

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varied conceptualisations of resilience pose new philosophical challenges. Yet achieving a consensus on the concept remains a test for disaster research and scholarship. This paper reviews the concept in terms of definitional issues, the role of vulnerability in resilience discourse and its meaning, and the differences between vulnerability and resilience. It concludes with some of the more immediately apparent implications of resilience thinking for the way we view and prepare for disasters.

Berberian, Marygrace (2003). Communal rebuilding after destruction: The World Trade Center Children's Mural Project. *Psychoanalytic Social Work*, 10(1), 27-41.

Following the attacks of September 11, 2001, the needs of the New York City community are highlighted and understood through Hobfoll's Conservation of Resources theory. The stress theory provides a framework for the social responses observed. Children, critical members of this wounded community and the most vulnerable to traumatization, are discussed. The conceptual development and implementation of the World Trade Center Children's Mural Project, an international arts initiative, is described. The author's personal experience as a survivor is also shared.

Masuda, Jeffrey R., & Garvin, Theresa (2006). Place, culture, and the social amplification of risk. *Risk Analysis* 26(2), 437-454.

This article investigates the role of culture in the social production of risks and risk communication surrounding industrial development in a region located at a rural-urban interface. A case study examined a public consultation that was undertaken to inform local residents about an eco-industrial development proposal being planned near Edmonton, Alberta, Canada. The research employed the social amplification of risk framework (SARF) to examine the relationships among culture, place, and socially constructed risk. A total of 44 in-depth, semi-structured interviews were carried out with 33 landowners (farmers, acreage owners), public officials (municipal politicians, administrators), journalists, and industry representatives. Analysis revealed that risk communication occurred in relation to situated experiences of place that were based on conflicting cultural worldviews. The research shows that place is a useful component of the SARF, providing a spatial explanation for why some people amplify, and others attenuate risks in locally contentious environmental debates.

Matthieu, M., Lewis, J. S., Ivanoff, A., & Conroy, K. (2007). School of Social Work disaster response following the World Trade Center disaster: MSW student and field instructor perspectives. *Brief Treatment and Crisis Intervention*,

As part of a larger needs assessment of social workers, this study focuses the September 11, 2001 (9/11), experiences of 286 first-year MSW students and 206 agency-based field instructors in New York City, in response to 9/11. Their perception of the school of social work's disaster response was collected at 1 month from narrative responses to questionnaire items. Results showed that students felt conflicted about the university's response; in class, group discussion was beneficial, others wanted normal school routines. Some field instructors surveyed felt supported by the academic institution, yet others felt underutilized. The school of social work, embedded within the larger community, acts as a central hub of information, training, and resources in times of a national catastrophe.

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McCaughrin, W. C., & Mattammal, M. (2003). Perfect storm: Organizational management of patient care under natural disaster conditions. *Journal of Healthcare Management, 48*(5):295-308.

Managing uncertainty is an essential attribute of organizational leadership and effectiveness. Uncertainty threatens optimal decision making by managers and, by extension, reduces the quality of patient care. Variation in the work flows of everyday patient caregiving reflects management's steps to control uncertainty, which include strategies for contending with potential disaster scenarios. Little exists in the literature that reveals how management's strategic response to controlling uncertainty in a real disaster event differs from strategies practiced in disaster simulations, with the goal of protecting patient care. Using organization theory, this article presents the application of uncertainty management to the catastrophic flooding of a major teaching hospital. A detailed description of management's strategies for patient rescue and evacuation is provided. Unique aspects of managing uncertainty stemming from a natural disaster are highlighted. Recommendations on organization responses to disasters that optimize patient care, safety, and continuity are offered to managers.

McEntire, David A. (2005). Why vulnerability matters: Exploring the merit of an inclusive disaster reduction concept. *Disaster Prevention and Management, 14*(2), 206-222.

The following conceptual exposition is presented in light of the growing number of scholars who indicate need for a comprehensive and coherent approach to disaster reduction, while practitioners seem to be continually faced with dynamic and seemingly contradictory goals and strategies.

McEntire, D. A., Fuller, C., Johnston, C. W. & Weber, R. (2002). A comparison of disaster paradigms: The search for a holistic policy guide. *Public Administration Review, 62*(3), 267-281.

The following article discusses the current emphasis and attention being given to the future of emergency management, as well as theoretical constructs designed to guide research and help practitioners reduce disaster. It illustrates that while the disaster-resistant community, disaster-resilient community, and sustainable development/sustainable hazards mitigation concepts provide many unique advantages for disaster scholarship and management, they fail to sufficiently address the triggering agents, functional areas, actors, variables, and disciplines pertaining to calamitous events. In making this argument, the article asserts that any future paradigm and policy guide must be built on—yet go further than—comprehensive emergency management. The article also reviews and alters the concept of invulnerable development. Finally, the article presents “comprehensive vulnerability management” as a paradigm and suggests that it is better suited to guide scholarly and practitioner efforts to understand and reduce disasters than the aforementioned perspectives.

McIntosh, T. (2006). The unified approach of management and critical incident stress management: Helping flight attendants and pilots in the aftermath of September 11. *International Journal of Emergency Mental Health, 8*(2), 137-138.

Experience suggests that effective and appropriate responses of an organization's management after a traumatic incident can help mitigate the reactions of primary, secondary, and tertiary victims. This commentary addresses the managerial response of Southwest Airlines to the trauma induced by September 11. It highlights the effectiveness of the unity between the company, the unions, and the Critical Incident Response Team, as well as the types of interventions that were highly regarded by flight attendants and pilots who received such services. This commentary also defines the phenomenon known as fear of flight.

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McMillen, J. C., Smith, E. M., & Fisher, R. H. (1997). Perceived benefit and mental health after three types of disaster. *Journal of Consulting and Clinical Psychology, 65*(5), 733-739.

The study of growth and perceived benefit after traumatic events has been hailed as one of the most promising directions for stress research. This research, however, has been limited by several methodological limitations. These limitations are addressed in this prospective study, which examines perceived benefit and mental health adjustment after 3 different types of disaster. Survivors of a tornado in Madison, Florida, had the highest rates of perceived benefit, followed by survivors of a mass killing in Killeen, Texas, and survivors of a plane crash in Indianapolis, Indiana. Perceived benefit 4-6 weeks post disaster predicted posttraumatic stress disorder 3 years later. Perceived benefit moderated the effect of severity of disaster exposure on mental health diagnosis change over time. Without perceived benefit, as exposure severity increased, the amount of recovery decreased. If benefit was perceived, as exposure severity increased, the amount of recovery increased. Implications for clinical interventions and future research are discussed.

McMillen J. C., North, C. S., & Smith, E. M. (2000). What parts of PTSD are normal: Intrusion, avoidance, or arousal? *Journal of Traumatic Stress, 13*(1), 57-75.

The incidence and comorbidity of posttraumatic stress disorder (PTSD) are addressed in a study of 130 Northridge, California, earthquake survivors interviewed 3 months post-disaster. Only 13% of the sample met full PTSD criteria, but 48% met both the re-experiencing and the arousal symptom criteria, without meeting the avoidance and numbing symptom criterion. Psychiatric comorbidity was associated mostly with avoidance and numbing symptoms. For moderately severe traumatic events, re-experiencing and arousal symptoms may be the most "normal," and survivors with a history of psychiatric problems may be those most likely to develop full PTSD. A system that considers people who meet all three symptom criteria to have a psychiatric disorder yet recognizes the distress of other symptomatic survivors may best serve traumatized populations.

Michael, Suzanne (1985). Rapid response mutual aid groups: a new response to social crises and natural disasters. *Social Work, 30*(3), 245-252.

Describes a newly developed model of intervention that responds rapidly to natural disasters or political and social crises. The model focuses on community response to the event to identify a community of sufferers. Highlights the efficacy of service delivery wherein the relationships among social workers are egalitarian and cooperative

Miller, Joshua. (2003). Critical incident debriefing and social work: Expanding the frame. *Journal of Social Service Research, 30*(2), 7-25.

A debriefing is a structured group process that responds to the cognitive, emotional, physical and social reactions resulting from disasters and other traumatic events. This article describes debriefings and reviews research critically examining their effectiveness. The author proposes ways that social workers can contribute to theoretical frameworks, expand debriefing models, contribute to skill development and advance debriefing research and scholarship.

Mitchell, J. T. (1999). Essential factors for effective psychological response to disasters and other crises. *International Journal Emergency Mental Health, 1*(1), 51-8.

Few human experiences contain the intensely concentrated horror, terror, and awesome power associated with a disaster. Nature's destructive forces and events in which humans rage out of control against one another can serve as trigger mechanisms for overwhelming psychological

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reactions in the survivors, community members, and rescuers. Appropriate crisis intervention strategies and tactics are often thrown off balance, delayed, and made more complex by the sheer magnitude of the catastrophe. Few guidelines for effective community crisis or disaster response team activities in a disaster have been written to date. This article will help to fill-in the information gaps and enhance a psychological team's ability to provide better crisis intervention services during disasters.

Mitchell, J. T. (1983). When disaster strikes: The critical incident stress debriefing process. *Journal of Emergency Medical Services*, 8(1), 36-39.

Los Angeles County Fire Department has one of the oldest Critical Incident Stress Management (CISM) programs in the country. One core component for the LACoFD has been the Critical Incident Stress Debriefing (CISD). Two important questions for the emergency managers are: 1) Do individuals find a significant difference in symptom reduction for events that were debriefed? 2) Does helpfulness of a debriefing for a specific individual correlate with recommending the process for others? A Department-wide evaluative survey was conducted in 1996 to determine the satisfaction and effectiveness of the debriefing program. Individuals reported a significant difference in the speed of symptom reduction for incidents that were debriefed versus incidents that were not debriefed. The majority of individuals would recommend the debriefing process to others regardless of whether they personally found the process helpful or not. Based on this, the recommendations are to continue the debriefing process for specific events and to make the process mandatory; furthermore, it is recommended that the term "mandatory" be changed to "automatic." By using the term "automatic," debriefings become standard operating procedures. By doing so, a method to protect the psychological welfare of emergency personnel becomes as automatic as putting on safety protection equipment

Moore, H. E. (1956). Toward a theory of disaster. *American Sociological Review* 21(6), 733-737.

Morrow, Betty Hearn & Phillips, Brenda D. (1999). What's gender 'Got to Do With It'? *International Journal of Mass Emergencies and Disasters*, 17(1), 5-11.

Disaster researchers are accumulating clear evidence that, as a group, women are likely to respond, experience, and be affected by disasters in ways that are qualitatively different. At the same time it is important to recognize and document women's diversity. Clearly, not all women experience disasters uniformly. It is our privilege to work with a growing cadre of disaster researchers and responders who are dedicated to documenting the experiences of women-their proactions and contributions, as well as reactions and needs. To this end we are pleased to serve as editors for this special collection on women and disaster as viewed from a variety of disciplines, professions, and perspectives, both theoretical and practical. As the International Decade for Natural Disaster Reduction concludes, we offer the articles that follow as a new step into the next century. All of us associated with this special issue on women and disasters hope the collection will interest you and will have relevance to your work. May you find the arguments compelling and the commitment to a better understanding of the disaster-related vulnerabilities and capacities of women contagious. (Edited from the introduction)

Murty, Susan A. (2000). When prophecy fails: Public hysteria and apathy in a disaster preparedness network. *Tulane Studies in Social Welfare*, 21/22, 11-24.

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Nabarro, D. (2005). Putting it together: Stronger public health capacity within disaster management systems. *Prehospital Disaster Medicine, 20*(6), 483-485.

This is a summary of the agreement reached during the Conference, Health Aspects of the Tsunami Disaster in Asia, convened by the World Health Organization (WHO) in Phuket, Thailand, 04-06 May 2005. There are 12 elements to this agreement: (1) risk management and vulnerability capacities; (2) needs assessments and programmed management; (3) best public health practices; (4) benchmarks, standards, and codes of practice; (5) management and coordination; (6) supply systems, communication, and logistics; (7) volunteers; (8) demonstrated leadership; (9) military and commercial private sectors; (10) media; (11) accountability and ethics; and (12) preparedness

Newhill, C. E. (2000). Identifying human remains following an air disaster: the role of social work. *Social Work in Health Care, 31*(4), 85-105.

An area of disaster response with high risk of inducing trauma in response workers is recovering and identifying human remains. Following a review of the literature addressing the significant stressors associated with handling dead bodies, we present a case study which describes professional social work intervention and support to disaster response workers and volunteers assigned to the morgue following a major air disaster. A primary task was helping workers cope with the unique stresses associated with recovering dead bodies. Opportunities for social workers to use their professional skills for disaster response work is discussed along with recommendations for social work education.

North, C. S., Tivis L., McMillen, J. C., Pfefferbaum, B., Cox, J., Spitznagel, E. L., Bunch, K., Schorr, J., & Smith, E. M. (2002). Coping, functioning, and adjustment of rescue workers after the Oklahoma City Bombing. *Journal of Traumatic Stress, 15*(3), 171-175.

Studies have not previously considered postdisaster adjustment in the context of psychiatric disorders. After the Oklahoma City bombing, a volunteer sample of 181 firefighters who served as rescue and recovery workers was assessed with a structured diagnostic interview. The firefighters had relatively low rates of posttraumatic stress disorder (PTSD) and described little functional impairment, positive social adjustment, and high job satisfaction. PTSD was associated with reduced job satisfaction and functional impairment, providing diagnostic validity. Turning to social supports, seeking mental health treatment, and taking medication were not widely prevalent coping responses. Postdisaster alcohol use disorders and drinking to cope were significantly associated with indicators of poorer functioning. Surveillance for problem drinking after disaster exposure may identify useful directions for intervention.

North, S. C., Weaver, J. D., Dingman, L. R., Morgan, J. & Hong, B. A. (2000). The American Red Cross Disaster Mental Health Services: Development of a cooperative, single function, multidisciplinary service model. *The Journal of Behavioral Health Services and Research, 27*(3), 314-320.

Not until 1989 did the Red Cross officially recognize a need for a systematic and organized plan for the mental health needs of disaster survivors. Over the next decade, the Red Cross Disaster Mental Health Services program has developed and evolved to assist both disaster victims and the Red Cross workers who serve them to cope with the overwhelming stresses encountered by both groups in the aftermath of disasters. The Red Cross now coordinates a large and diverse group of mental health professionals from fields of psychology, psychiatry, nursing, social work, marriage and family therapy, and counseling who work together cooperatively. Cross-disciplinary conflicts are minimized by the Red Cross' generic approach to the various mental health professional specialties as

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functionally interchangeable in performing Red Cross duties. This article reviews the development of this process and describes one local Red Cross chapter's early experience as part of this effort.

Novick, Judith (2003). The role of the social workers in the aftermath of the World Trade Center attack. *Home Health Care Management & Practice*, 15(2), 152-156.

This article discusses the expanding role of the social worker after the terrorism attacks of September 11, 2001. It examines the element of ethnic and cultural backgrounds in the aftereffects of a terrorist attack and how education and training of professionals can enhance the resources available at the disaster sites. This article is designed to provide guidance to other home care and hospice organizations in their preparation and planning for emergency care and services. It includes resources and applications for organizations to consider, adapt, and expand on.

Nursten, J. (1992). Process following disaster work. *Journal of Social Work Practice*, 6(2), 151-58.

This paper is a narrative account of the shifts and changes that take place in planning research. The intention was to follow-up a group who had been seen by social workers from the Hungerford Family Help Unit in 1987 after shootings that killed, bereaved, and injured several adults and children. The problems of mounting such a study are discussed and the focus changes from those who were helped, to the helpers. Methods are put forward to identify forms of support needed to cope with the stress of disaster work. Finally, the need for support is emphasized, being of value to practitioners and a means of enabling them to continue in practice.

Ollenburger, Jane C. & Tobin, Graham (1999). Women, aging and post-disaster stress: Risk factors for psychological morbidity. *International Journal of Mass Emergencies and Disasters*, 17(1), 65-78.

The goal of this research was to model the relationship between stress and natural disasters, with a view to explaining levels of stress among women. Following flooding in Iowa in 1993 two in-depth questionnaire surveys were administered, one to residents in high flood exposure areas and another to the general population as a control. Results indicated that gender plays a significant role in interpreting stress responses to natural hazards, with women consistently exhibiting greater stress than men. However, it was evident that a complex web of factors influenced stress levels including marital status, structure of the family unit, age, socio-economic status, health, levels of social involvement, and degree of hazard experience. These findings suggest that more research should focus on determining structural constraints that exacerbate stress levels for women.

Orner R. J., Avery, A., & Boddy, C. (1997). Status and development of critical incident stress management services in the United Kingdom National Health Service and other emergency services combined: 1993-1996. *Occupational Medicine (London)*, 47(4), 203-209.

Surveys conducted amongst members of the Association of NHS Occupational Physicians indicate few changes in the status and development of Critical Incident Stress Management Services (CISMS) in the United Kingdom National Health Service between 1993 and 1996. Limited CISMS are confirmed by the majority of respondents in the two surveys with developments having typically occurred within long-established staff care services such as counseling. In 1996 NHS provision is typically based on the independent use of own resources. A 1996 comparison of NHS with pooled returns from Ambulance Services, Fire Brigades and Social Services Departments indicates few variations in status, provision and levels of expertise in the delivery of CISMS. Other emergency services co-operate to a greater extent with each other than does the health care sector. Occupational Health Department responders confirm availability of expertise resources to provide

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CISMS, but low priority status frustrates delivery of CISMS. Survey results indicate the NHS is at risk of not fulfilling its duty to care for staff after major incidents. The establishment of regional centers of CISMS excellence with local and national responsibilities is advocated.

Padgett, D. K. (2002). Social work research on disasters in the aftermath of the September 11 tragedy: reflections from New York City. *Social Work Research, 26*(3), 185-192.

This report, coming from close to Ground Zero, cannot fully represent the diverse thoughts and experiences of social work researchers in New York City (much less those residing in other parts of the country or the world). The report may stimulate further discussion about what types of interventions and support are best suited to the needs that inevitably arise after a disaster and how research is vital to our understanding of these needs and their amelioration. Although many of the topics discussed here pre-date September 11, the scope of its tragic impact has compelled many in the helping professions to rethink their research agendas with greater urgency. Social work--a profession that was vitally involved in responding to the devastating crisis of September 11--is no exception.

Parker, C. L., Barnett, D. J., Fews, A. L., Blodgett, D., & Links, J. M. (2005). The road map to preparedness: A competency-based approach to all-hazards emergency readiness training for the public health workforce. *Public Health Reports, 120*(5), 504-514.

Facing limited time and budgetary resources, state and local health departments need a practical, competency-based training approach to meet the all-hazards readiness requirements of their employees. The Road Map to Preparedness is a training tool designed to assist health departments in providing comprehensive, agency-tailored readiness instruction to their employees. This tool uses an incentive-based, game-like, experiential learning approach to meet the Centers for Disease Control and Prevention's nine core competencies for all public health workers while facilitating public health employees' understanding and acceptance of their emergency response roles. A corresponding evaluation tool, the Road Map to Preparedness Evaluation, yields metrically-driven assessments of public health employee readiness competencies. Since its pilot in 2003, the Road Map to Preparedness has met with enthusiastic response from participating health departments in the mid-Atlantic region. In addition to its public health impact, the Road Map offers future promise as a tool to assist organizational emergency response training in private sector and non-public health first-responder agency settings.

Parasuraman, S., & Acharya, N. (2000). Analysing forms of vulnerability in a disaster. *Indian Journal of Social Work, 61*(4), 581-597.

This paper attempts to highlight the plurality of vulnerability in an affected community. It aims to suggest that the needs of each affected group differ and should accordingly be addressed. The paper is divided into three sections. The first section briefly reflects on the intertwining of disasters with vulnerability and entitlement systems. The second section draws upon a case study of the earthquake in the Osmanabad and Latur districts of Maharashtra to understand the social processes underway in the aftermath and their impact on different vulnerable groups' entitlement systems; and illustrates from available data, differential vulnerability faced by different groups. The last section generates indicators of vulnerability in a disaster situation.

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Patterson, George T. (2003). Police-social work collaboration in response to the World Trade Center attack. *International Journal of Mass Emergencies and Disasters*, 21(3), 87-102.

This paper utilizes the lessons learned from police-social work collaboration in response to the World Trade Center attacks to build capacity for the future of police-social work collaboration in response to mass emergencies and disasters. A collaborative disaster response provided during the early hours and days following the attacks, before the American Red Cross and other agencies were involved, are described. Social workers and other mental health professionals collaborating with law enforcement personnel to provide a disaster response can assist law enforcement agencies with their community service and community policing functions. The benefits and barriers to police-social work collaboration and social work practice roles are discussed as they relate to disaster preparedness, response, recovery, and collaborating effectively with law enforcement personnel.

Paton D.; Jackson D. (2002). Developing disaster management capability: An assessment centre approach. *Disaster Prevention and Management: An International Journal*, 11(2), 115-122.

Fundamental to disaster readiness planning is developing training strategies to compensate for the limited opportunities available for acquiring actual disaster response experience. With regard to communication, decision making and integrated emergency management response, the need to develop mental models capable of reconciling knowledge of multiple goals with the collective expertise of those responding represents a significant challenge for training. This paper explores the utility of the assessment centre as a developmental resource capable of achieving this goal. In addition to providing multiple, expertly evaluated simulations to facilitate the development and practice of specific skills, the ability of assessment centre methodology to promote tacit knowledge and self-efficacy renders it an appropriate vehicle for developing the mental models that underpin the core disaster management competencies of situational awareness and naturalistic and team decision making.

Paton, D., & Johnston, D. (2001). Disasters and communities: vulnerability, resilience and preparedness. *Disaster Prevention and Management: An International Journal*, 10(4), 270-277.

With regard to their utility in predicting the adoption of household hazard preparations, traditional approaches to public education directed at increasing awareness and/or risk perception have proven ineffective. Discusses reasons why this may have occurred from public education, vulnerability analysis, and community resilience perspectives and outlines strategies for enhancing preparedness. Describes a model of resilience to hazard effects that has been tested in different communities and for different hazards (toxic waste, environmental degradation and volcanic hazards). Drawing upon the health education literature, introduces a model for promoting the adoption on preparatory behaviour. Discusses links between these models, and the need for their implementation within a community development framework.

Paul, J., & Blum, D. (2005). Workplace disaster preparedness and response: the employee assistance program continuum of services. *International Journal Emergency Mental Health*, 7(3), 169-78.

Response programs for workplace critical and traumatic events are becoming an acknowledged and sought after standard of care. The current trauma literature recognizes what goes on in the workplace between the Employee Assistance Program (EAP) and management. The authors have taken this intra-organizational relationship, assimilated the information, and developed a model that recognizes and supports management throughout the continuum of response to workplace traumatic events. The model recognizes the EAP as an important workplace resource and tool in

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management's ability to strike the balance of managing the workforce while assisting in recovery following workplace trauma. The introduced concept defines the continuum and highlights the before, during, and after phases, showing how EAP supports management in most effectively doing their job.

Pelling, M., Özerdem A. & Barakat, S. (2002). The macro-economic impact of disasters, *Progress in Development Studies* 2(4).

Despite 30 years of study, international development policy appears to be little closer to generating protection to vulnerable people from the preventable losses of disaster. Part of the reason for a lack of progress has been the sidelining of disaster in development studies. Disaster events have been seen as exceptional and allowed to fall outside the mainstream of development theory. In this paper we set out and use a framework that allows a more holistic accounting for the macro-economic impacts of disaster, and is a step towards a deeper integration of disasters and development.

Perry, R. W., & Lindell, M. K. (2003). Understanding citizen response to disasters with implications for terrorism. *Journal of Contingencies and Crisis Management* 11(2), 49-60

Perry, R. W., & Lindell, M. K. (2003). Preparedness for emergency response: Guidelines for the emergency planning process. *Disasters*, 27(4), 336-350

Especially since the terrorist attacks of 11 September 2001, governments worldwide have invested considerable resources in the writing of terrorism emergency response plans. Particularly in the United States, the federal government has created new homeland security organizations and urged state and local governments to draw up plans. This emphasis on the written plan tends to draw attention away from the process of planning itself and the original objective of achieving community emergency preparedness. This paper reviews the concepts of community preparedness and emergency planning, and their relationships with training, exercises and the written plan. A series of 10 planning process guidelines are presented that draw upon the preparedness literature for natural and technological disasters, and can be applied to any environmental threat.

Phillips, Brenda D. (1993). Cultural diversity in disasters: Sheltering, housing, and long term recovery. *International Journal of Mass Emergencies and Disasters*, 11(1), 99-110.

Phillips, Brenda D, Garza, Lisa & Neal, David M. (1994). Intergroup relations in disasters: Service delivery barriers after Hurricane Andrew. *The Journal of Intergroup Relations*, 21(3), 18-27.

Polatin, P. B., Young, M., Mayer, M., & Gatchel, R. (2005). Bioterrorism, stress, and pain: The importance of an anticipatory community preparedness intervention. *Journal of Psychosomatic Research* 58(4), 311-316.

This article reviews the accumulating scientific evidence demonstrating the negative impact caused by a cataclysmic event, such as bioterrorism, on the mental health of a community. Moreover, the potential mental health problems created by the continuing threat of possible future events are discussed. This close link among disaster events, stress, pain, and psychopathology is presented from a biopsychosocial perspective. Although there are now efforts being systematically developed to prepare for possible future biological or chemical terrorism events, there is currently also a critical need for early mental health intervention in response to future attacks to decrease psychiatric sequelae, especially workforce illness and morbidity. In this article, examples of such emergency

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bioterrorism preparedness, incorporating a major focus on mental health issues, are reviewed. Although these are now recognized needs, there is still not a concerted effort to prepare the population for the mental health sequelae that would be produced by such events.

Poulin, J., & Soliman, H. H. (1999). Disaster outreach service provision: The development of an index. *Journal of Social Service Research, 25*(4), 77-92.

This article reports preliminary findings on the development of an index that measures outreach workers' perceptions of the provision of services to survivors of natural disasters. Data were collected from a sample of 64 outreach counselors who worked for Project Recovery during the Great Flood of 1993 along the Mississippi River in Illinois. Factor analyses were used to identify a 15-item index. The 15 items represent five factors that explained 82.2% of the variance among the items. The resulting Disaster Outreach Service Provision (DSP) Index has acceptable reliability estimates ($\text{Alpha} = .83$) and appears normally distributed. The index is an important step in filling the need for measurement instruments designed specifically for use in natural disasters. Such instruments can be used to evaluate the provision of disaster relief services and to conduct disaster related research.

Pryce, Jo Knox, & Pryce, David H. (2000). Healing psychological wounds of war veterans: Vet centers and the social contract. *Tulane Studies in Social Welfare, 21/22*: 267-283.

The provision of mental health services to veterans is implied in a social contract between the American people and their warriors, a contract that has evolved over time from the colonial period to the present. The paper traces the development of knowledge regarding the long-term negative effect of war-related psychological trauma since the War Between the States. The contribution of the Vietnam veteran community to an understanding of what has come to be known as posttraumatic stress disorder (PTSD), and its effect on national mental health policy toward veterans is examined. The Vet Center system is described as an efficient and effective instrument of mental health delivery services for veterans, an institutional expression of the social contract that should continue to be available for current and future generations of American war veterans.

Puig, Maria Elena & Glynn, Jennifer B. (2004). Disaster responders: A cross-cultural approach to recovery and relief work. *Journal of Social Service Research, 30*(2), 55-66.

This paper is based on the experiences of six MSW students who provided international disaster/relief work on the island of Guanaja, Honduras. It discusses the preparatory steps, knowledge, skills and competencies needed by social workers interested in engaging in cross-cultural disaster/relief practice.

Rehner, T. A., Kolbo, J. R., Trump, R., Smith, C., & Reid, D. (2000). Depression among victims of south Mississippi's methyl parathion disaster. *Health & Social Work, 25*(1), 33-40.

Human-induced disasters have long been considered responsible for a wide array of physiological, psychological, and economic distress. This study examined depressive symptoms among victims of south Mississippi's methyl parathion disaster. Results indicated that irrespective of the level of methyl parathion contamination in respondents' dwellings, more than half the victims interviewed reported depressive symptoms at levels suggesting probable clinical depression. Those at greater risk of depressive symptoms were people who had been exposed to the neurotoxin for the longest period of time, among whom there was an overrepresentation of women and African Americans.

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Despite high statistical levels of depression, few victims used mental health services. Implications for social work's response to human -induced disasters are provided

Resosudarmo, Budy P. & Athukorala, Prema-chandra (2005). The Indian Ocean Tsunami:

Economic impact, disaster management, and lessons. *Asian Economic Papers* 4(1),

This paper documents and analyzes the immediate economic impact of the Indian Ocean tsunami generated by the Sumatra-Andaman earthquake of 26 December 2004, with a focus on Indonesia (Aceh province) and Sri Lanka, and assesses the disaster management process. The preliminary findings point to the importance of educating the public about simple precautions in the event of a disaster and enforcing coastal environmental regulations. The findings also argue for designing policies and programs, as an integral part of national development strategies, for mitigating the impact of natural disasters on the poor and highlights the need for combining international aid commitments with solutions to the limited aid-absorptive capacity in disaster-affected countries.

Robards, Karen J., Gillespie, David F. & Murty, Susan A. (2000). Clarifying coordination for disaster planning. *Tulane Studies in Social Welfare*, 21/22: 41-60.

Robbins, Susan P. (2002). The rush to counsel: Lessons of caution in the aftermath of disaster. *Families in Society*, 83(2), 113-116.

Mental health professionals were quick to respond [after the 9/11 disaster], offering counseling, psychological debriefing, and an array of mental health services to people who were believed to need professional help to alleviate the psychological symptoms of trauma and potential posttraumatic stress disorder. The preponderance of randomized and controlled studies now shows that psychological debriefing is not only largely ineffective but may also have long-term adverse effects on victims of trauma. Although additional research is needed. Given the fact that the preponderance of studies in this area have shown that debriefing can lead to adverse outcomes, widespread and indiscriminate use of this method for trauma victims is both risky and potentially dangerous.

Rogge, M. E. (1996). Social vulnerability to toxic risk. *Journal of Social Service Research*, 22(1/2), 109-129.

A model of social vulnerability to toxic risk from fugitive chemical releases is tested in 8 southeastern U.S. states. Using structural equation modeling techniques, population density emerged as the critical factor driving exposure to toxic risk. Results indicate that: social vulnerability varies across types and sources of toxic risk; social factors, such as race, that increase risk in some circumstances may buffer risk in others; and that toxic risk has both social justice and social welfare components. Practice and research implications include the importance of community planning and economic models that enhance environmental quality and health along with economic security.

Rogge, Mary E. (2003). The future is now: Social work, disaster management, and traumatic stress in the 21st Century. *Journal of Social Service Research*, 30(2), 1-6.

Rosenthal, Beth Spenciner (2000). Who is at risk: Differential exposure to recurring community violence among adolescents. *Tulane Studies in Social Welfare*, 21/22, 189-207.

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Sacks, S. B., Clements P. T., & Fay-Hillier, T. (2001). Care after chaos: Use of critical incident stress debriefing after traumatic workplace events. *Perspective in Psychiatry Care*, 37(4), 133-136. CISD is a specific model of group debriefing, which can be used to accelerate recovery from traumatic work-place events. The impact of critical incidents may be debilitating—from recurrent intrusive images, persistent fear, displaced anger, guilt, and isolation. CISD can accomplish psychological closure, prevention, and mitigation of traumatic stress, and promote return to normalcy, benefiting the individual, organization, and the community at large. The field of critical incident stress management is open to advanced practice nurses who seek to apply their crisis-intervention expertise within a nontraditional role and workplace setting. With specialized training, the advanced practice nurse may pursue a career as a crisis-response provider, working independently or with an established CISM team. Practice requirements include CISM certification, along with the acquisition of a referral source. The prevention and mitigation of traumatic stress can yield a rewarding career in CISM.

Sanders, S., Bowie, S. L., & 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. This article is an exploratory-descriptive study of older adult public housing residents who were forcibly relocated from their homes when Hurricane Andrew struck Miami-Dade County in 1992. The subjects were all African Americans (N=58) with a mean age of 67 years (S.D. =9.8) who lived in economically depressed, low-income communities. Almost 70% were females. The subjects suffered from an array of physical and mental health maladies that were exacerbated when they were uprooted from key support systems, including families, social services, and health care facilities they depended on. A variety of complaints surfaced about their new living arrangements and almost 70% expressed a desire to return to their previous homes after long-term structural repairs were complete. Implications are discussed regarding the need for pre-emptive "elder-sensitive" strategic planning, the role of Public Housing Authorities in properly caring for older adults before and after a hurricane or other natural disaster, the need for appropriate training of public housing property managers, and the key role of social workers during post-disaster interventions with older adults and their families.

Sanderson, David (2000). Cities, disasters and livelihoods. *Environment and Urbanization*, 12(2), 93-102 This paper describes the impacts of recent disasters in urban areas and their contribution to poverty, and highlights how little attention urban development planning and disaster relief organizations give to disaster mitigation. It also describes CARE International's Household Livelihood Security (HLS) model and how this allows an urban livelihoods approach to integrating measures for reducing poverty with measures for reducing risks from disasters. It pays particular attention to supporting low-income groups and community organizations in building and diversifying their asset bases. A focus on reducing household vulnerability to shocks and stresses (including disasters) also reveals the supporting actions needed from municipal authorities and disaster relief organizations.

Sefansky, Susan (1990). Pediatric critical care social work: Interventions with a special plane crash survivor. *Health and Social Work*, 15(3), 215-220. This article discusses the areas of social work practice that were necessary in the author's work with the family of the survivor of the Northwest Airlines Flight 255 plane crash in August 1987. A crisis does not necessarily cause a pathological reaction, Sometimes, like in the Pediatric Intensive Care

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Unit, the problem situation is so acutely stressful that the existence of a crisis can be considered highly probable. Intervention in a crisis situation has many components. It is one form of the problem solving approach. The goal of crisis intervention is to restore the client to a precise level of functioning. This goal, unlike that of psychotherapy is limited. Tasks have to be accomplished and plans have to be made for the future. A crisis state lasts no longer than 6 weeks before equilibrium is restored, however, actually working through to a resolution may take much longer. Disaster situations are ordinary events (in this case, a plane trip) rendered extraordinary (by the crash), involving a mass of people. The impact of disaster situations is unclear because it involves collective as well as individual hardship and loss.

Seroka, C. M., Knapp, C., & Knight, S. (1986). A comprehensive program for post disaster counseling. *Social Casework: The Journal of Contemporary Social Work*, 67(1), 37-44.

The purpose of a disaster relief project was to provide psychological counseling for tornado victims. Services were planned and implemented for victims of all ages, from preschoolers to senior citizens, with special emphasis on school-age children and their families. Counseling services emphasized creative outreach, such as classroom presentations and training for teachers. An analysis of children's reactions to the tornado revealed moderate to high levels of a variety of problems, including nightmares, sleeplessness, and a fear of being alone. The occurrence of such problems was significantly associated with sex, injury or death of family members or friends, and the degree of involvement with the tornado. Recommendations for future disaster relief projects are offered.

Shader, R. I. (1966). Management of reactions to disaster. *Social Work*, 11(2), 99-104.

Growing experience with emotional reactions to natural disasters has led to the delineation of 2 common reaction patterns. 1 cluster of symptoms can be seen soon after a disaster. The 2nd is long term and chronic and may appear and persist long after the stressful experience. These syndromes and a 7-stage, empirically derived breakdown of the natural history of disasters are presented.

Slepski, L. A. (2005). Emergency preparedness: concept development for nursing practice. *Nursing Clinics of North America*, 40(3), 419-430.

Emergency preparedness is a concept frequently referred to within medical and psychological literature and in local, state, and federal documents, yet it is not well defined. There is no published theoretical or operational definition of the term, and no conceptual analysis of the phenomena of emergency preparedness exists within the literature. Because nursing is the single largest health professional resource for response, work toward further refinement of the concept of emergency preparedness has relevance for nursing practice. This article examines and attempts to clarify the concept of emergency preparedness, especially as it applies to nursing.

Sherraden, Margaret S., & Fox, Ellen (1997). The great flood of 1993: Response and recovery in five communities. *Journal of Community Practice* 4(3), 23-45.

In 1993, the Midwest endured a "one-hundred year flood." Although aid was available from public and private sources, some communities were much less successful than others in obtaining assistance and resources. This study contrasts response and recovery from the flood in five communities. The study was initiated by 22 undergraduate students of social work community practice. Data sources include formal interviews with 58 flooded-out residents and 10 community leaders, as well as informal conversations and observations in the five communities. Immediate assistance in the response phase was available in all communities, but recovery varied considerably

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across the five. Findings focus on the importance of consensus on recovery goals, presence of local leaders and local organizations, socioeconomic resources, and political "voice." The article discusses implications for community social work in post-disaster situations, including the importance of basic organization, advocacy skills, and understanding household and community economics.

Rose, A. (2004). Defining and measuring economic resilience to disasters. *Disaster Prevention and Management*, 13(4), 307-314.

Three difficulties confront researchers in the resilience arena. At the conceptual level, there is the need to identify resilient actions, including those that may seem to violate established norms, such as rational behavior. At the operational level, it may be difficult to model individual, group, and community behavior in a single framework. At the empirical level, it is especially difficult to gather data on resilience to specify models. The purpose of this paper is to summarize progress on all three planes. First, defines several important dimensions of economic resilience to disasters. Second, shows how computable general equilibrium modeling represents a useful framework for analyzing the behavior of individuals, businesses, and markets. Third, summarizes recent progress in the conceptual and empirical modeling of resilience, including the incorporation of disequilibria and the recalibration of key behavioral parameters on the basis of empirical data. Fourth, uses the results of a case study to illustrate some important issues relating to the subject.

Sandler, J., Scali, M., Spiro, M., Stefan, A. (2003). Shared trauma: Group reflections on the September 11th disaster. *Psychoanalytic Social Work*, 10(1), 57-77.

This article describes the unique collective reflections of M.S.W. students enrolled in the senior author's "Clinical Practice with Groups" course when the September 11th tragedy occurred. The instructor and many of the students, due to the proximity of the school to the disaster site, were first-hand witnesses to the event. The article addresses the student clinicians' initial reactions to the tragedy, as well as their later realizations that their personal and professional lives would be permanently altered by the experience. The unusual opportunity for growth and the implications for clinical practice are also considered in the context of professional literature on the topic of secondary trauma.

Soliman, H. H. (1995). Rural communities' responses to the Great Flood of 1993: A tale of two cities. *Human Services in the Rural Environment*, 19(1), 36-41.

Natural disasters challenge social development of rural communities. This study examines coping strategies of two communities and the factors that impaired or fostered purposeful adjustment to the Great Flood of 1993 in the Mississippi Valley. The researcher used field observation, in-depth interviews, and review of records in collecting data from two flooded communities in Southern Illinois. The existence of conflict within the community may hinder efforts to cope with the impact of a natural disaster. The study found that community action is an essential component of the recovery and change processes.

Soliman, H. H., Rasquinha, S., & Burkett, A., & Shelton, S. (2001). *Journal of Social Service Research*, 27(4), 61-78.

This article reports findings on the development of an index that measures outreach counselors' satisfaction with a disaster training program. Data were collected from a sample of 64 counselors who were recruited and trained to provide mental health services to survivors of the Great Flood of 1993. Factor analyses were used to identify a 15-item index. These items represent three factors

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which explained 80.6% of the variance among the items. The resulting Disaster Training Evaluation Index (DTE-1) has excellent reliability estimates ($\text{Alpha} = .95$). The DTE-1 represents an important step in filling the need for measurement instruments that evaluate disaster training programs.

Soliman, H. H. (2005). An organizational and culturally sensitive approach to managing air-traffic disasters: The gulf air incident. *International Journal of Mass Emergencies and Disasters*, 23(2), 72-95.

The Gulf-Air incident that took place in 2000 in Manama, Bahrain, supported the need for adopting innovative strategies to deal with the consequences of air disaster. Due to the nature of the incident, an ad-hoc team was formulated at the Cairo Airport, and its major objective was to address the critical needs for the upkeep of the regular operations at the airport as well as considering the cultural, religious, and human needs of individuals, families, and communities affected by the disaster. The ad-hoc emergency team was successful in applying immediate and flexible strategies that were effective in achieving the objectives of the emergency management plan. Contrary to the belief in the need to rely solely on the Command and Control Approach in disaster management, this study provides evidence of the effectiveness of emergency management strategies that are based on the Human Relations Approach.

Soliman, H. H. (1996). Community responses to chronic technological disaster: The case of the Pigeon River. *Journal of Social Service Research*, 22(1/2), 89-107.

A case study method was used to examine factors that contribute to community response to chronic technological disaster and to consider the dynamics that evolve within these communities. The Social Process Model (Edelstein, 1988) provided a theoretical framework for the study. Findings provided evidence of multiplicity of impacts regarding the pollution of water resources. Factors influencing community response include history, environmental awareness, economics, and community participation. Considering the longevity of disaster, communities may be forced to try different strategies to minimize its impacts. Community activism represents the most significant strategy in responding to the disaster.

Soliman, H. H., Raymond, A & Lingle, S. (1996). An evaluation of community mental health services following a massive natural disaster. *Human Services in the Rural Environment*, 20(1), 8-13.

After the Great Flood of 1993, crisis outreach services included casefinding, information and referral, community education, screening, counseling, mental health training, consultation, community organization, and advocacy. In two surveys, survivors rated their satisfaction with service appropriateness, clarity, timeliness, impact, and skillfulness of outreach workers, and key informants evaluated methods, content, and impact of community education.

Soliman, Hussein H., & Rogge, Mary E. (2002). Ethical considerations in disaster services: A social work perspective. *Electronic Journal of Social Work*, 1(1), 1-23.

Natural and technological disasters often strike communities with little or no warning. This paper examines ethical considerations that influence disaster response and recovery efforts and that may go unrecognized within the overwhelming, complex situations created by disasters. First, background information is provided on similarities and differences between natural and technological disasters and on the phases of disaster management. Second, a conceptual framework is described that integrates values and ethical principles that govern social work practice into the

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context of disaster management, with a focus on post-disaster response and recovery. Third, post disaster service delivery problems, gaps, and barriers that often emerge are discussed. Fourth, roles that social workers have to play in the planning, preparation, and implementation of ethically grounded, culturally-sensitive, post disaster social service delivery is reviewed. Emphasis is placed on ways to improve the capacity, opportunity, and rapidity with which individuals, families, organizations, and communities can recover from the devastation that accompanies disaster.

Sprang, G. (2001). Vicarious stress: Patterns of disturbance and use of mental health services by those indirectly affected by the Oklahoma City bombing. *Psychological Reports*, 89(2), 331-338. This study explored the intermediate psychological effects of terrorism on adults not directly affected by the Oklahoma City bombing by examining the course of PTSD and sub threshold PTSD symptoms over time and whether treatment affected this course. The respondents were interviewed at 3-months intervals for 18 months following an initial 6-months survey. Analysis suggested avoidance, re-experiencing, and increased arousal symptoms in this population were limited over time, declining with or without treatment between 6 and 9 months. Conversely, victimization symptoms remained high without mental health intervention for the first year after the disaster. The study also examined the nature and occurrence of comorbidity in groups seeking and not seeking treatment. Counselors' satisfaction with disaster training: the development of an index.

Sternberg, E. (2003). Planning for resilience in hospital internal disaster. *Prehospital Disaster Medicine*, 18(4), 291-9.

This article seeks to clarify the terminology and methods of planning to avert hospital internal disaster. It differentiates "crisis" from "disaster" in the in-hospital setting. Preparedness, as contrasted with mitigation, is meant to reduce the likelihood that a crisis will turn into a disaster. Though there are some recurring features of crises, allowing for preparedness through the identification of a few high-likelihood contingencies, crises are subject to numerous, overwhelming uncertainties. These include hazard uncertainty, incident uncertainty, sequential uncertainty, informational uncertainty, consequential uncertainty, cascade uncertainty, organizational uncertainty, and background uncertainty. In view of the uncertainties, the primary aim of planners should not be to try to create plans for ever more contingencies, since contingencies are far too numerous and perhaps approach infinity, but rather to create capabilities (through proper preparedness) for resilience during crisis. Resilience can be cultivated through improvements in information acquisition and dissemination, communication systems, resource management, mobility management, design for resilience, incident command, and staff versatility.

Streeter, C. L. (1991). Disasters and development: Disaster preparedness and mitigation as an essential component of development planning. *Social Development Issues*, 13(3), 100-110.

Sugden, B. W., Katchmar, R. (2005). Bioterrorism and its aftermath: Dealing individually and organizationally with the emotional reactions to an anthrax attack. *International Journal Emergency Mental Health*, 7(3), 203-11.

From September 2001 through April 2004, the United States Postal Service (USPS) dealt, for the first time, with bioterrorism resulting in employee deaths and the closure of a large mail processing plant in Washington, D.C. The Employee Assistance Program (EAP) partnered with the USPS throughout this tumultuous time to meet the multiple and evolving behavioral health needs of the employees and facilitate the employees' emotional preparedness for their return to work at the

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closed facility. This paper discusses the reactions manifested by the employees during this extended period, as well as the EAP activities in the recovery process.

Sundet, Paul, & Mermelstein, Joanne (1996). Predictors of rural community survival after natural disaster: Implications for social work practice. *Journal of Social Service Research*, 22(1/2), 57-70. Examined why some survived the Great Flood of 1993 in the Midwest and others did not and the relationship of those outcomes to classic crisis intervention theory. Qualitative case investigations were conducted from 8 severely impacted river towns in Missouri. Graduate social work students began on-site data gathering approximately 7 wks after the flood's initial strike in the state. Outcomes for each community were classified as danger or opportunity crisis resolutions. Results indicate specific, pre-disaster community characteristics were associated with post-disaster survival or failure. Among demographic variables, only the poverty rate appeared to have a strong association with outcome. Contrary to expectations, a vibrant economy was not a predictor of community survival. Communication skills were invaluable aids in survival. Implications for rural social work practice in terms of application to crisis intervention are presented.

Sundet, Paul A., & Mermelstein, Joanne. (2000). Sustainability of rural communities: Lessons from natural disaster. *Tulane Studies in Social Welfare*, 21/22, 25-40.

Thomas, Norma D., and Soliman, Hussein H. (2002). Preventable tragedies: Heat disaster and the elderly. *Journal of Gerontological Social Work*, 38(4), 53-66.

This study examines the socioeconomic, cultural and atmospheric factors that contribute to deaths in the elderly population due to heat wave disasters. The framework for this study is the Vulnerability Perspective (Blaikie, Cannon, Davis & Wisner, 1994) and the Hazard Coping Theory (Burton, Kates & White, 1978). Even though it is possible to predict heat waves better than many other natural disasters the message does not always reach the elderly and their caregivers who themselves may be of advanced age and isolated. The model of the Philadelphia, Pa. Hot Weather-Health Watch/Warning System is also discussed.

Tosone, C., Bialkin, L., Campbell, M., Charters, M., Gieri, K., Gross, S., Grounds, C., Johnson, K., Kitson, D., Lanzo, S., Lee, M., Martinez, M., Martinez, M.M., Millich, J., Riofrio, A., Rosenblatt, L., Trim, Peter R.J. (2004). An integrative approach to disaster management and planning. *Disaster Prevention and Management: An International Journal*, 13(3), 218-225

Although it is possible to prevent and contain both man made and natural disasters, it has to be said that the increase in the world's population is likely to increase further the frequency of a major disaster occurring. Disaster management and planning needs to be placed in a holistic setting, and new initiatives found in order to ensure that a disaster is viewed as a shared responsibility. One area that needs further attention is the concept of community policing and what community policing incorporates. Often, a disaster is on such a scale that local community leaders need to be consulted during the disaster limitation and containment stage. It is essential, therefore, that experts from overseas countries brought into the disaster arena, are able to communicate fully and openly with community leaders in order to gain the support of the community.

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Vaughan, Diane (2004). Theorizing disaster. *Ethnography*, 5(3), 315-347.

Building explanations from data is an important but usually invisible process behind all published research. Here I reconstruct my theorizing for an historical ethnography of the 1986 Space Shuttle *Challenger* disaster and the NASA (National Aeronautical and Space Administration) decisions that produced that accident. I show how analogical theorizing, a method that compares similar events or activities across different social settings, leads to more refined and generalizable theoretical explanations. Revealing the utility of mistakes in theorizing, I show how my mistakes uncovered mistakes in the documentary record, converting my analysis to a revisionist account that contradicted the conventional explanation accepted at the time. Retracing how I developed the concepts and theory that explained the case demonstrates the connection between historic political and economic forces, organization structure and processes, and cultural understandings and actions at NASA. Finally, these analytic reflections show how analysis, writing, and theorizing are integrated throughout the research process.

Weaver, John D., Dingman, Robert L., Morgan, Jane, Hong, Barry A., North, Carol S. (2000). The American Red Cross disaster mental health services: Development of a cooperative, single function, multidisciplinary service. *Journal of Behavioral Health Services and Research*, 27(3), 314-317.

Not until 1989 did the Red Cross officially recognize a need for a systematic and organized plan for the mental health needs of disaster survivors. Over the next decade, the Red Cross Disaster Mental Health Services program has developed and evolved to assist both disaster victims and the Red Cross workers who serve them to cope with the overwhelming stresses encountered by both groups in the aftermath of disasters. The Red Cross now coordinates a large and diverse group of mental health professionals from fields of psychology, psychiatry, nursing, social work, marriage and family therapy, and counseling who work together cooperatively. Cross-disciplinary conflicts are minimized by the Red Cross' generic approach to the various mental health professional specialties as functionally interchangeable in performing Red Cross duties. This article reviews the development of this process and describes one local Red Cross chapter's early experience as part of this effort.

Weichselgartner, Juergen (2001). Disaster mitigation: the concept of vulnerability revisited. *Disaster Prevention and Management*, 10(2), 85- 95

Literature on natural risks typically examines either biophysical process characteristics or human pre- or post-disaster activities. This paper takes a somewhat different track; first, it argues that also natural disasters are socially constructed and, therefore, second, it resets the framework in which disaster management has to be placed. While most researchers usually focus on risk assessment it is suggested that the concept of vulnerability can provide a vehicle to explore a contextual approach to the reduction of losses due to natural hazards. In a brief overview the conceptualization of vulnerability is presented. Since precise measurement of uncertainties and exact prediction of damages is hardly feasible, a conceptual approach in vulnerability assessment is proposed. Qualities that determine potential damage are identified and characteristics described. It is suggested that, even without assessing risk exactly, vulnerability reduction decreases damages and losses.

Weiner, E. E. (2005). A national curriculum for nurses in emergency preparedness and response. *Nursing Clinics of North America* 40(3), 469-479

Preliminary and continuing education concerning emergency preparedness is needed for nurses. Although some nurses have had natural disaster training, most have not had training to respond to

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bioterrorism events. Several organizations are working to develop standards and curricula for such training. This article highlights these efforts.

Wilson, Jennifer (1999). Women and local emergency management. *International Journal of Mass Emergencies and Disasters*, 17(1), 111-122.

There is no doubt that women are in short supply as emergency managers at the local level. In many parts in our society women still do not hold positions of leadership, authority, or management. Emergency response agencies are no exception. Indeed, contemporary county offices of emergency management evolved from the traditional local offices of civil defense which were predominately occupied and operated by men. Thus there is a long history of emergency management being considered a male domain. Although the number of women involved in the process of local emergency management is increasing, there has been little research on women's and men's different experiences in this environment. This exploratory study examines women in local emergency management by looking at how gendered expectations, roles, and relationships might affect local offices of emergency management

Wisner, B. (1993). Disaster vulnerability: Scale, power and daily life. *GeoJournal* 30(2), 127-40.

Wisner, Ben (2001). Risk and the neoliberal state: Why post-Mitch lessons didn't reduce El Salvador's earthquake losses. *Disasters* 25(3), 251–268.

Although El Salvador suffered light losses from Hurricane Mitch in 1998, it benefited from the increased international aid and encouragement for advance planning, especially mitigation and prevention interventions. Thus, one would have supposed, El Salvador would have been in a very advantageous position, able more easily than its economically crippled neighbours, Honduras and Nicaragua, to implement the 'lessons of Mitch'. A review of the recovery plan tabled by the El Salvador government following the earthquakes of early 2001 shows that despite the rhetoric in favour of 'learning the lessons of Mitch', very little mitigation and prevention had actually been put in place between the hurricane (1998) and the earthquakes (2001). The recovery plan is analysed in terms of the degree to which it deals with root causes of disaster vulnerability, namely, the economic and political marginality of much of the population and environmental degradation. An explanation for the failure to implement mitigation and preventive actions is traced to the adherence by the government of El Salvador to an extreme form of neoliberal, free market ideology, and the deep fissures and mistrust in a country that follow a long and bloody civil war.

Zakour, Michael J. (1996). Geographic and social distance during emergencies: A path model of interorganizational links. *Social Work Research*, 20(1), 19-29.

This article focuses on disaster relief which is widely accepted as a social welfare function. Volunteers from social services organizations are crucial to relief efforts, particularly because they are mobilized shortly after a disaster strikes and often well before large government organizations can respond. However, social and geographic barriers to links among volunteer organizations can reduce the effectiveness of the relief effort. Greater numbers of cooperative links are associated with increased coordination of the network of relief organizations, and this coordination enhances the effectiveness of the disaster response. Coordination also ensures that the people most affected by the disaster receive relief services. Of particular importance to social work, cooperative links can connect otherwise isolated groups to network resources. Volunteer organizations are formed to further the common interests of non-salaried members. Disaster volunteerism and network

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coordination are particularly important to social work because of the profession's concern with crisis situations.

Zakour, M. J. (1996). Disaster research in social work. *Journal of Social Service Research*, 22(1/2), 7-25. Disaster research in social work has deep roots in the profession's history of disaster relief, social work's mission to create resources and make them accessible to people, and the profession's service to vulnerable populations. Social workers have important and unique contributions to make to disaster research through their expertise in ecological approaches, prevention, stress and coping, and promoting change in micro and macro systems. Disaster research in social work borrows primarily from psychology and sociology, and is conducted in clinical, organizational, and community contexts. Further social work research on disaster promises improved theory, measurement, and practice in situations of collective stress.

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., David F. G., Sherraden, M. W., & Calvin L. S. (1991). Volunteer organizations in disasters. *The Journal of Volunteer Administration*, 9(2), 18-28.

Zakour, Michael J., & Harrell, Evelyn B. (2003). Access to disaster services: Social work interventions for vulnerable populations. *Journal of Social Service Research*, 30(2), 27-54.

This study uses geographic and network analysis, and regression techniques, to examine access to services for vulnerable populations in disaster, and offer potential interventions to improve access. The population for this study is 67 organizations providing disaster social services in a U.S. metropolitan area, and an additional 25 organizations which are willing to provide these services but do not have a formal disaster relief function. The findings from this study indicate a lack of relief services for vulnerable populations, including African-Americans, people over 75 years old, and female-headed households with young children. During a disaster, a type of social injustice results from (a) the vulnerability of these populations to disaster, (b) the higher vulnerability to disaster of the areas in which these populations reside, (c) the smaller number of organizations serving these areas, (d) the lower capacities and network interaction of these local organizations, and (e) the formidable geographic barriers slowing redistribution of resources in a disaster. If connectedness of smaller, informal organizations to the disaster network were improved, otherwise isolated organizations could be a source of substantial resources for the metropolitan area. Suggestions are offered for interventions, based on services coordination (Provan & Milward, 1995) and community organization models (Soliman, 1996), for correcting the lack of access to services documented by this study.

Jones, T. Russell, Ribbe, P. David, & Cunningham, Phillippe (1994). Psychosocial correlates of fire disaster among children and adolescents. *Journal of Traumatic Stress*, 7(1), 117-122

This study examined the extent of children's and adolescents' psychosocial maladjustment associated with a natural disaster, namely, wildfire. The course of psychopathology was assessed six weeks after a major wildfire destroyed 420 homes. Victims' functioning relative to a comparison group from the same community, matched for age, gender, socioeconomic status, and fire insurance was examined. The major goal of this study was to assess systematically the short-term mental health consequences of a wildfire disaster among children and adolescents. This goal was achieved through the use of standardized assessment procedures. The results of this study add useful information to the

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literature concerning the impact of disaster among children and adolescents and provide a methodological framework for future efforts in this area.

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- ◆ Disaster Management Response: An International Journal
- ◆ International Journal of Mass Emergencies and Disasters
- ◆ International Journal of Emergency Mental Health
- ◆ Journal of Emergency Medical Services
- ◆ International Journal of Disaster Medicine
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- ◆ Journal of Environmental Planning and Management
- ◆ Journal of Failure Analysis and Prevention
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- ◆ Journal of Natural Disaster Science
- ◆ Journal of Traumatic Stress
- ◆ Local Environment
- ◆ Mitigation and Adaptation Strategies for Global Change
- ◆ Natural Hazard Review
- ◆ Prehospital Disaster Medicine
- ◆ Risk Analysis: An International Journal

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ORGANIZATIONS RELATED TO DISASTER MANAGEMENT

- ◆ African Centre for Disaster Studies: <http://acds.co.za>
- ◆ All India Disaster Mitigation Institute: <http://www.southasiadisasters.net/aboutdmi.htm>
- ◆ American Red Cross: www.redcross.org
- ◆ Asian Disaster Preparedness Center: <http://www.adpc.net>
- ◆ Asian Disaster Reduction Center (ADRC): www.adrc.or.jp
- ◆ Asian Urban Disaster Mitigation Program: <http://www.adpc.net/AUDMP/audmp.html>
- ◆ Benfield UCL Hazard Research Centre: <http://www.benfieldhrc.org>
- ◆ Canadian Centre for Emergency Preparedness: <http://www.ccep.ca>
- ◆ Center for Disaster Management and Humanitarian Assistance (CDMHA):
<http://cdmha.org/index.html>
- ◆ Centre of Excellence in Disaster Management and Humanitarian Assistance:
<http://www.coe-dmha.org>
- ◆ Center for Hazards and Risk Research: <http://www.ldeo.columbia.edu/res/pi/CHRR>
- ◆ Center for International Disaster Information: <http://www.cidi.org/>
- ◆ Centre for Research on the Epidemiology of Disasters (CRED): <http://www.cred.be>
- ◆ Center for State Homeland Security: <http://www.cshs-us.org>
- ◆ Caribbean Disaster Emergency Response Agency: <http://www.cdera.org>
- ◆ Community Emergency Preparedness Information Network: www.cepintdi.org/
- ◆ Coordination Center for the Prevention of Natural Disasters in Central American:
http://www.disaster-info.net/cepredeac/11_engl/11_index.htm
- ◆ Cranfield Disaster Management Centre: <http://www.dcm.cranfield.ac.uk/ddmsa/dmc>
- ◆ CRID Regional Disaster Information Center Latin America and the Caribbean:
http://www.crid.desastres.net/crid/ing/index_ing.html
- ◆ Disaster Management Center (UW-DMC): <http://dmc.engr.wisc.edu/index.lasso>

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- ◆ Disaster Management Institute of South Africa: www.disaster.co.za
- ◆ Disaster Preparedness and Emergency Response Association
<http://www.disasters.org>
- ◆ Disaster Mitigation for Sustainable Livelihoods Programme (DiMP):
<http://www.egs.uct.ac.za/dimp>
- ◆ Disaster Preparedness and Emergency Response Association: <http://www.disasters.org/>
- ◆ Disaster Preparedness and Response: <http://palimpsest.stanford.edu/bytopic/disasters>
(Stanford University USA)
- ◆ Disaster Research Center: <http://www.udel.edu/DRC>
- ◆ Emergency Management Australia: <http://www.ema.gov.au>
- ◆ Emergency Management Institute: <http://training.fema.gov/EMIWeb>
- ◆ EPIX - Emergency Preparedness Information Exchange: <http://epix.hazard.net>
- ◆ Federal Emergency Management Agency (FEMA): www.fema.gov
- ◆ GeoHazards International (GHI): <http://www.geohaz.org>
- ◆ Global Alliance for Disaster Reduction: <http://www.gadr.giees.uncc.edu>
- ◆ GDIN: The Global Disaster Information Network: <http://www.gdin.org>
- ◆ Natural Disaster Reference Database: <http://ndrd.gsfc.nasa.gov>
- ◆ Natural Hazard Center: <http://www.colorado.edu/hazards/dr/>
- ◆ National Disaster Management Center in South Africa: <http://sandmc.pwv.gov.za>
- ◆ National Emergency Management Association: <http://www.nemaweb.org>
- ◆ National Hurricane Center: www.nhc.noaa.gov
- ◆ National Organization for Victim Assistance: www.trynova.org
- ◆ National Voluntary Organizations Active in Disaster: www.nvoad.org
- ◆ Office for the Coordination of Humanitarian Affairs: <http://ochaonline.un.org>
- ◆ Inter-Agency Network for Education in Emergencies: <http://inceserver.org>

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- ◆ International Association of Emergency Managers: www.iaem.com
- ◆ International Emergency Management Society: <http://www.tiems.org/>
- ◆ International Federation of the Red Cross and Red Crescent Societies: <http://www.ifrc.org>
- ◆ International Strategy for Disaster Reduction: www.unisdr.org
- ◆ Pan American Health Organization: www.paho.org/disasters
- ◆ ProVention: <http://www.proventionconsortium.org>
- ◆ Risk Reduction Education for Disasters: <http://www.riskred.org>
- ◆ The Center of Excellence in Disaster Management & Humanitarian Assistance: www.coe-dmha.org
- ◆ The Disaster Management Center: <http://epdweb.engr.wisc.edu/dmc>
- ◆ The United Nations Disaster Management Training Programme (DMTP): <http://www.undmtp.org>
- ◆ Salvation Army International: www1.salvationarmy.org
- ◆ SAMSHA Mental Health Information Center: <http://mentalhealth.samhsa.gov>
- ◆ Search and Rescue Assistance in Disasters: <http://www.saraid.co.uk>
- ◆ Swiss Disaster Relief Unit: <http://www.unige.ch/hazards>
- ◆ National Center for Disaster Preparedness: <http://www.ncdp.mailman.columbia.edu/>
- ◆ United Nations Centre for Human Settlements (Habitat): <http://www.unchsh.org>
- ◆ UNDP Bureau for Crisis Prevention and Recovery: <http://www.undp.org/bcpr>
- ◆ United States Agency for International Development, Office of U.S. Foreign Disaster Assistance: www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance
- ◆ The Disaster Center: <http://www.disastercenter.com>
- ◆ United Nations Centre for Regional Development (UNCRD): <http://www.uncrd.or.jp>

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- ◆ **United Nations Disaster Management Training Programme**
<http://www.undmtp.org/about.htm>
- ◆ **UNAIDS - HIV & AIDS in Emergency Settings:** <http://www.aidsandemergencies.org>
- ◆ **World Association for Disaster and Emergency Medicine**
- ◆ **World Institute for Disaster Risk Management:** <http://www.drmonline.net>
- ◆ **Disaster Mental Health Institute:** <http://www.newpaltz.edu/dmhi/index.html>
- ◆ **U.S. Department of Health and Human Services:** <http://www.hhs.gov/>
- ◆ **Center for Mental Health Services:** <http://mentalhealth.samhsa.gov/cmhs/>
- ◆ **Emergency Services and Disaster Relief Branch**
<http://www.mentalhealth.org/emerserv/index.htm>
- ◆ **The Federal Emergency Management Agency – FEMA:** <http://www.fema.gov>
- ◆ **Disaster Mental Health Institute – University of South Dakota:** <http://www.usd.edu/dmhi>
- ◆ **Em-Dat: The OFDA/CRED International Disaster Database**
<http://www.md.ucl.ac.be/cred/welcome.htm>
- ◆ **Emergency: A Guide to the Emergency Services of the World**
<http://www.catt.rmit.edu.au/emergency/es-index.html>
- ◆ **The World Association for Disaster and Emergency Medicine:**
<http://hypnos.m.ehime-u.ac.jp/GHDNet/WADEM/index.htm>
- ◆ **Disaster Central:** <http://www.promit.com/discent.htm>
- ◆ **The Global Health Disaster Network:** <http://hypnos.m.ehime-u.ac.jp/GHDNet>
- ◆ **Internet Disaster Information Network:** <http://www.disaster.org>
- ◆ **The Virginia Disaster Stress Intervention Site:** <http://cep.jmu.edu/vadisaster/links.htm>
- ◆ **Disaster Mental Health Services: A guidebook for clinicians and administrators National Center for PTSD:** http://www.ncptsd.org/DMHS_Content.html
- ◆ **The Disaster Relief:** <http://www.disasterrelief.org>
- ◆ **Emergency Preparedness for People with Disabilities -**
<http://www.nod.org/index.cfm?fuseaction=Page.ViewPage&PageID=11&>

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- ◆ **Children & Disaster:** <http://www.aap.org/terrorism/index.html>
- ◆ **Disaster Management and Schools:** <http://www.edfacilities.org/rl/disaster.cfm>
- ◆ **Disaster Help:** <https://www.disasterhelp.gov/suite/>

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Resources for Planned Curricular Change

Learn more about the **process of planned change** in academic programs other than social work:

- Civian, J. T., Arnold, G., Gamson, Z.F. Kanter, S., & London, H.B. (1996). Implementing change. In J. G. Gaff and J. R. Racliff (eds). *Handbook of the undergraduate curriculum: A comprehensive guide to purposes, structures, practices, and change*. (pp 647-660). San Francisco: Jossey-Bass.
- Lucas, A., & Associates (2000). *Leading academic change: Essential roles for department chairs*. San Francisco: Jossey-Bass.
- Hanson, M. (2001). Institutional theory and educational change. *Educational Administration Quarterly*, 37(5), 637-661.
- Keaster, R. (2005). Distance education and the academic department: The change process. *Educause Quarterly*, 3, 48-53.
- Kezar, A. (2001). *Understanding and Facilitating Change in Higher Education in the 21st Century*. San Francisco: Jossey-Bass.
- Rogers, E. (2003). *Diffusion of Innovations* (5th ed). New York: The Free Press.

Resources for Competency-Based Education

Competency-based education is not new to social work. In fact, this was the theme of the first BPD conference in 1978. Interviews were conducted with participants from four influential projects in undergraduate education to identify BSW-level competencies. The following four reports from these projects influenced the early development of BSW skills:

- Arkava, M. L., & Brennan, E. C. (Eds.). (1976). *Competency-based education for social work: Evaluation and curriculum issues*. New York: Council on Social Work Education.
- Baer, B. L. & Federico, R. C. (Eds.). (1979). *Educating the baccalaureate social worker: A curriculum development resource*, Vols I and II. Cambridge, MA: Ballinger.
- Glick, L. J. (Ed.) (1971). *Undergraduate social work education for practice: A report on curriculum content and issues*. Syracuse, NY: Syracuse University School of Social Work.
- McPheters, H. L. & Ryan, R. M. (1971). *A core of competence for baccalaureate social welfare and curriculum implications*. Atlanta: Southern Regional Education Board.