After the Crisis Initiative: Healing from Trauma after Disasters

Mobilizing Local Communities to Heal after Disasters: A Proposal

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Disasters can destroy communities and cause severe and sometimes lasting trauma. Usually we think about community-level impacts in terms of physical and structural damage – destroyed housing, breakdown in communication networks, power grid failures, lack of clean water and sanitation issues. In contrast, we think about trauma as it affects the individual – the terror of the initial crisis, the chronic anxiety and stress experienced by those who have lost their homes and their livelihood, the development of conditions such as post-traumatic stress disorder, the addition of yet another experience of terror and loss in the lives of people who may have already survived violence in many different forms.

Communities as a whole can experience trauma. The social fabric that holds a community together can be as devastated as the physical structures. The collective experience of trauma and loss can become embedded in the identity of a group or a community as surely as personal trauma can affect an individual's psyche. When trauma becomes a part of the identity of a social or ethnic group (such as holocaust survivors and ethnic groups that have historically experienced war or genocide), it is sometimes referred to as "historical trauma". When entire communities are devastated by a disaster, the traumatic consequences on the collective social structure and identity of the community can be as pervasive, and potentially as long-lasting, as historical trauma. Communities, like individuals, can heal after a severe trauma if they are given support to do so. This proposal lays out the rationale and structure of one model designed to facilitate community healing after a disaster.

Clear evidence of community trauma can be found in the form of social indicators that reflect significant change six months to more than one year after a major disaster. Increased rates of domestic violence, depression, anxiety and panic disorders, suicide, and stress-related health problems are common, as are higher rates of drug and alcohol abuse, even among those with no histories of using (McCulley, 2006; Norris, 2005). In addition, it is a common occurrence to find increased drug trafficking and gang violence, creating additional stress on law enforcement and social services (Drew, 2006). Anecdotal evidence suggests that communities traumatized by a major disaster can act much like individuals with post-traumatic stress disorder, becoming hypervigilant and reactive in circumstances that recall the original trauma. For example, New Orleans recently passed the one year anniversary of Hurricane Katrina, and on that very day a large storm was predicted to hit the Gulf Coast. As one person commented, "Everyone is on the very edge. Here we are one year later and still in chaos and there's a new major storm bearing down. I know rationally that hundreds of hurricanes come and go and they aren't all Katrina but still my anxiety level is way up" (After the Crisis, 2006).

Interventions to assist communities heal must reflect the ways in which people think and live, since they depend completely on voluntary participation (Hartsough, 1982). Studies show that as many as 90% of individuals are reluctant to seek out or participate in anything that is labeled with the term "mental health" (Lindy, Grace, & Green, 1981). In part, this is due to the stigma that is still attached to psychological disorders, but it also reflects a simple hierarchy of needs. People will virtually always defer their need for psychological support, and will sometimes delay taking care of even major health care problems, until they know that their children are safe, that they have shelter, and that they have adequate food and clean water. Community meetings are one form of intervention that can serve multiple purposes. These meetings can provide a forum

for people to work together on the practical survival issues while simultaneously addressing the collective traumatic experience.

During times of disaster, programs run by mental health consumers experienced with peer support have served as a vital complement to professional services. Following the bombing of the Alfred P. Murrah Federal Building in Oklahoma City and the destruction of the twin towers in NYC on 9/11, mental health consumers provided valuable peer support services to traumatized individuals (Fisher, Rote, Miller, Romprey, & Filson, 2006). Peers were also mobilized to assist in relief efforts in Louisiana following hurricanes Katrina and Rita. Peer-run programs are inherently consistent with established principles of disaster response since they emphasize outreach, occur in natural community settings, emphasize people's strengths, avoid mental health labels, and are likely to be culturally sensitive because they are delivered by people who are themselves community members. When using peer programs, attention should be paid to educating community members about the value of inclusion, the rights and capacities of people with disabilities, and ensuring the use of "people-first" language.

Reweaving the Social Fabric of the Neighborhood

One of the most important aspects of community life – the social network through which people are connected - may be largely invisible, but its loss after a disaster can be devastating. Reweaving the social fabric of a community may be as important as rebuilding housing.

New Orleans has a long tradition as a city where extended families live together - in the same house, next door, or down the street. The same families live in the same neighborhoods for generations. Andree Mattix states: "We are born here, we live here, we all stay here. We just don't move. People wear t-shirts saying 'I'm from the 7th Ward' because that's how they see themselves." With entire extended families living within a couple of blocks, and with neighbors that have been around for three generations, a lot of social support happened without thinking. A single mother didn't have to worry about whom to leave her child with to run an errand and children didn't have to worry about who they would play with after school.

Hurricanes Katrina and Rita changed all that. People were scattered, families were separated, and neighborhoods were destroyed. Separation was often chaotic and profound – parents and children ended up on different buses going to different states; it sometimes took weeks to reunite premature infants airlifted out of hospitals with their parents. When people came back, it was often to trailer parks where they didn't know a single person. Mattix notes, "The children want to come back, but everything has changed. Their old friends are gone, so they start hanging around with whoever is there. They are very susceptible to bad influences, fighting and retaliation starts, and pretty soon we have gangs and a rising homicide rate."

As Mattix stated, "People are looking for that lost sense of connection that they had in their old community. That more than anything hurts my heart."

Creating Stories of Strength and Hope

Rebuilding a community's identity depends on identifying the strengths and resilience of the community, *consciously* turning survival stories into a narrative of hope and a positive vision for the future. This task is sometimes difficult, especially in the face of media attention to pressing problems.

While acknowledging that racial tensions have grown in her city post-Katrina, Andree Mattix comments, "People make it seem like there's a race war going on here. I wish they would talk about the march yesterday from the Convention Center to the Superdome. There were thousands of people of all races, all ages, all walks of life, coming together to celebrate the first responders and to mourn the people who were lost. Then there was an interfaith service at the St Louis Cathedral – Catholics, Muslims, Episcopalians, Rabbis, even an Agnostic, you name it – it was just incredible. New Orleans has always been a city that valued our diversity and prided itself on its cultural gumbo. Yesterday thousands of people proclaimed that we are rebuilding our city in the image of tolerance."

Children play the most important role in this process, since they will carry the new stories into the future. Mattix states, "These kids have grown so strong. On their way to school, they just walk by the crumbled buildings and don't even see them. When I asked my son what he had learned from Katrina, he said, 'I learned I could live without a lot of stuff and as long as we were all there it could be home.' "

Why Involve the Whole Community in Planning for Disasters? There are a number of reasons why it is important to involve the local community in planning for disasters. First, every community is different, and local residents know best how to organize an effective response system for *their* community. In times of crisis local citizens will be more effective than outsiders because people know them and trust them and because they have inside information that no one from outside the community can have. Disaster response is also greatly facilitated if *people know each other on a personal basis* before the disaster occurs. After Hurricanes Katrina and Rita, one of the most frequent comments made by individuals affected was that disaster response worked best when people knew each other ahead of time (After the Crisis, 2006). By bringing individuals together who represent the varied interest of the community, we can ensure that no aspect of recovery is left out. Finally, communities can heal from trauma. Although our society focuses largely on individual treatment and healing models, entire communities can be helped to heal by bringing members together for discussion, emotional processing, and collective action. Community healing may also be the first stepping stone towards individual healing. Often this kind of healing occurs in prayer meetings or in spontaneous community meetings that occur after crises. With some planning, community healing can be intentional rather than being left to chance.

Proposed Model: The "Community Disaster Support Network" (Salzer, 2003)
A *community disaster support network* focuses on the ways in which disasters affect entire communities. Disasters can have devastating consequences for the individuals who live there, but they can also affect the very structures that hold the community together. In addition to severe social and economic consequences, disasters often lead to a collective sense of loss, grief, and depression which may significantly alter the community's sense of identity. By addressing these issues, a *community disaster support network* complements the array of trauma services designed to assist individuals in coping with the aftermath of a disaster. The primary

intervention of a community disaster support network, in addition to establishing the network itself, is a series of systematically planned community meetings to mobilize the community and to begin community-wide trauma healing.

A *community disaster support network* assumes that (Van den Eynde & Veno, 1999):
- Communities are experts about their own functioning and are competent to design their own healing and recovery processes.
- Every community is unique and all communities have strengths and resources that can assist in recovery.
- Mutual support and community action are complementary processes that simultaneously heal individuals and communities.
- Communities spontaneously come together for healing and the natural impulse to convene and provide mutual support in times of crisis can be augmented by advanced planning.
- Keeping control in the hands of community members is the best strategy for healing and recovery.
- Bringing people together to plan for a disaster before it occurs will facilitate the development of relationships that will help in both disaster response and community healing.

Defining the Community. Although communities have traditionally been defined geographically, today a community may involve any group of people who feel connected by geography, common interests, language, ethnic, religious or cultural background, or any of a number of other factors. The critical feature of a community is that the individuals included believe that they share something in common that distinguishes them from others. Community members *naturally* turn to other members within their community for technical advice, emotional support, and practical assistance in times of crisis (Whitmeyer, 1993). The model presented in this paper can be used with any self-defined community.

Identifying and Selecting Community Leaders to Form a Core Group. Once the community is defined, the next step in the development of a *community disaster support network* is to identify and convene leaders from the community to form a core group. This group will be responsible for conducting a community resource assessment, identifying other community members who are willing to play leadership roles, and overseeing the development and implementation of the network.

Core group members should be recruited from a variety of places, including community organizations and advocacy groups, faith (and interfaith) communities, the helping professions, volunteer organizations, educational institutions, women and children's organizations, youth groups, and self-help groups. In addition to including recognized community leaders, it is also important to ensure that marginalized groups are included from the beginning. Take time to think about which groups are most likely to be forgotten during a disaster and include representatives from those groups. This might include people who are homeless, the elderly, people diagnosed with mental illness, people in recovery from substance abuse, justice-involved individuals, and others. Having these groups represented in the core group will make it much more likely that no one will be forgotten during times of disaster.

People who have been involved in self-help and mutual support groups have particularly valuable experience and should be enlisted to play a leadership role in the core group. In the aftermath of Katrina, Rita, and other natural disasters, volunteers from the mental health consumer and survivor self-help community were particularly effective because of their own experience with mutual support networks and their focus on strengths and assets rather than on pathology (Fisher, Rote, Miller, Romprey, & Filson, 2006).

It is particularly important to ensure a gender balance on the core group. Women will naturally have different concerns than men and are more likely to assure that children's needs are addressed. Women are often overlooked in disaster response efforts because of family responsibilities, so it is critical that they participate in developing the plan (Enarson, 2004). In addition, women often face different economic realities and fears that may affect how they respond after a disaster. For example, one study found that 90% of all women feel financially insecure, and almost half are troubled by a "tremendous fear of becoming a bag lady" (Harper, 2006). Even more importantly, women respond to stress differently than men and in ways that make them particularly valuable members of disaster response networks.

Developing a Community Resource Map. The next step in developing a *community disaster support network* involves acknowledging the community's history, describing its current structure, and creating a community resource map. Each community has a unique history that informs its current functioning. Although some aspects of history are openly recognized and celebrated, other aspects are implicit and are rarely discussed. Hidden aspects of a community's history may profoundly affect the way it responds to disaster. Events that occurred decades or even centuries earlier, such as slavery, an agricultural or factory-based economy, an earlier disaster, or a particular migration pattern, often remain a major (even if unspoken) part of a community's identity. The best way to begin to develop a community resource map is to identify the history and cultural heritage of the community.

Similarly, each community has its own unique socio-demographic structure and its own constellation of strengths and resources that need to be acknowledged and mapped. It may seem obvious who the community includes as members and what the community's particular strengths are but it is highly likely that if this exercise is done as a group, as opposed to a single person creating this map, a richer, more complex, and more accurate map will be developed. The resource map is critical because community resources represent both the strengths that can be called on in times of disaster *and* the structures whose loss in a disaster will be most devastating.

Connecting with the Larger Context. All communities have existing structures for communication and coordination. In some cases it may be possible to use an existing community network for the core group. In addition, many communities are already participating in some form of disaster preparation or planning, whether sponsored by FEMA, by state or local government, or by other disaster response organizations. Although the approach proposed here may differ in significant ways from other efforts, it is important to connect with any ongoing planning processes.

Forming the Network. Forming the network and planning the network intervention is the most crucial step. Although the specific steps may vary between communities, the following model outlines one process that was developed and tested in Philadelphia, Pennsylvania (Salzer, 2003).

- **Identify places in the community where meetings can be held at no cost**. Several alternatives should be developed in case a disaster renders some options unavailable. This information should be available to the community via multiple avenues.
- **Recruit facilitators**. Facilitators are local community members who have, or could develop, the skills necessary to organize and run a community meeting. No special clinical training is necessary. Facilitators, like core group members, should mirror the composition of the community and should include all major subgroups, especially those who are at risk of being overlooked. Leadership can be developed among older adolescents to ensure that younger people have the opportunity to participate. Facilitators should make a commitment to attend training, to maintain contact with the core group, and to take the initiative to organize a community meeting if a disaster occurs.
- **Agree on the overall meeting structure and process**. Community meetings will vary significantly between communities. They may evolve on the spot according to who is facilitating, who is present, and what the circumstances are. Some may include prayer or other activities familiar to community members. Meetings will generally include an opportunity for community members to share their thoughts, feelings and experiences, to engage in dialogue and mutual support, and to organize direct action in response to the disaster. Provisions should be made for children and adolescents to attend and/or for childcare to ensure that all individuals are able to participate.
- **Train facilitators**. Facilitators must be clear about their role. They should be brought together at least once per year to ensure that everyone is clear regarding the expectations.
- **Develop communication protocols**. A procedure for notifying people about community meetings should be developed, with back up strategies in place in case routine communications are disrupted.
- **Develop protocol for activating network**. Criteria for determining what constitutes a disaster and when the network should be activated should also be developed.

Adapting the Model for Rural Areas and Cultural Groups. The model proposed here will need to be adapted for each group that uses it. The structure of the model itself is less important than the action of involving the community and each group in developing its own unique plan.

Rural areas face particular problems when hit by disasters as there are typically fewer mental health professionals and fewer resources available. Additionally, people are spread out over a geographic location and may have to drive long distances to attend a meeting. If roads or telecommunications are disrupted, isolation can be profound and devastating. If community resources are destroyed (e.g., fire trucks or emergency equipment), replacement resources may be difficult to locate. For this reason, it may be as important to create relationships *between* communities as *within* communities in rural areas.

In addition, many of the factors cited earlier are even more salient in rural communities. People tend to know a lot about each other and "mental health" interventions are even less likely to be accepted. Since there may be little routine interaction with "outsiders", people may be even more suspicious of assistance and programs staffed by strangers. Moreover, economic recovery

may be more difficult because there are fewer options, particularly in regions where the local economy is already weak (e.g., in agricultural communities that have already experienced a loss of farms). On the other hand, rural communities are already tight-knit, have recognized community leaders, and are often less dependent on professional service providers than urban areas. Community disaster support networks in rural communities need to be flexible with support provided as part of the daily life of residents.

Maintaining the Network in a State of Readiness. One of the challenges to disaster preparedness and planning is maintaining the initiative in the absence of a disaster to mobilize the network. Region 5, one of six behavioral health regions in Nebraska, has developed a volunteer center with over 1,000 registered volunteers ready to assist during an emergency. Newsletters and annual training events have been used to keep people in touch and ready to respond. However, there is some concern that the effort cannot be maintained when funding ends. How best to maintain a community disaster support model in a state of readiness remains to be determined.

Mobilizing the Network. Community disaster support networks are *not* designed to assist in the immediate crisis when people are focused on issues of safety, rather they are intended to convene people to begin stabilizing their community and begin the healing process once the immediate danger is past. How soon to begin community meetings and what form action takes will depend to a large extent on the community and on the nature of the disaster. In a disaster such as Katrina where entire neighborhoods were displaced or destroyed, convening the community may be delayed until people can begin to return. However, even in these extreme situations, having people who have previously agreed to take responsibility for mobilizing the community is likely to lead to a speedier response.

In addition to providing a forum for communities to process their collective reactions to the disaster, community support networks can play at least two critical functions – focusing on resiliency while creating new narratives of hope and recovery and providing a forum for reacting to unpredictable, ongoing changes in the community.

Regardless of how well a community prepares for disaster, no one can predict the specific form the disaster will take or the forces that will begin reshaping the community in the aftermath. After Katrina, the ethnic composition of New Orleans is changing quickly (see box below). While these changes are likely to result in an even more vibrant and exciting city, the rapid pace of acculturation creates tensions in a city attempting to rebuild itself in a very short time (Ruble, 2006). A community disaster support network can play a critical role in responding to these changes by providing an ongoing, flexible forum for the identification of new forces and factors in the environment, new problems, new opportunities, and new solutions. Bringing people together in a community-based forum to acknowledge the changes going on around them and to develop collective action is the first step to community healing and empowerment.

The Changing Face of New Orleans

Prior to Katrina and Rita, New Orleans was known as a city with a large African American population and a well established African American history and culture. In contrast, the Latino population was relatively small. In the past year, a large number of Hispanic workers have arrived. Some estimates are that upwards of 14,000 documented and undocumented workers have arrived to assist with the clean up. Other minority populations have also been significantly affected. For example, many of villages along the Gulf Coast heavily populated with refugees from Vietnam have been wiped out, causing the relocation of thousands of people who speak only Vietnamese.

The new ethnic mix in New Orleans is creating new opportunities and new problems. Translators are a scarce and valued commodity as the courts and social services scramble to serve new populations. Pocket electronic Spanish translation devices have disappeared off store shelves. Already strained health care services are stretched beyond their limits serving people working in hazardous jobs who often have no health care insurance and limited English.

As New Orleans rebuilds its infrastructure, it is also building a new and different cultural mix. While not unique, the pace at which New Orleans is becoming a "melange city" is unusual. The learning curve is steep as new arrivals and long-time residents attempt to accommodate to each other's cultures. While tensions are inevitable, the experience of other cities across the globe suggests that these forces will ultimately lead to creative transformation.

Expected Outcomes and Next Steps

The primary goals of a *community disaster response network* are to strengthen local leadership, assist in the healing of the community, and to begin creating and implementing a positive community vision for the future. In addition, it seems possible that implementing the model could also improve disaster response through the development of networks and relationships. As much remains unknown about how networks like this will function during and after an actual disaster, pilot testing and program evaluations are critical to better understand these factors.

It is imperative that we begin the work of establishing and testing a community disaster response network through partnerships with strong community organizations using a model such as the Philadelphia model developed by Mark Salzer. This pilot project can be successful in areas such as New Orleans where the extreme need for disaster assistance is still very obvious as well as developing a partnership alliance in areas with different types of disaster that are less densely populated -- such as tornado or flood disasters in Nebraska or Oklahoma. The relationships, including peer supports, must be developed now and will made stronger over time before the disaster happens and community readiness will be available on short notice.

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