ANWARING THE CALLS FOR HELP:
NASW CHAPTERS LEAD THE WAY

It was early morning on Monday, August 29, 2005, when Hurricane Katrina made landfall in Louisiana (NOAA, 2005, October 5). Katrina had brushed Florida as a category 1 storm, then continued into the Gulf of Mexico, quickly becoming a category 5 storm with winds greater than 155 mph. By the time it came ashore as a category 4 storm, its winds were clocked at 140 mph (NOAA). In the end, the destruction from winds, flooding, collapsed levees, and failed government systems resulted in more than $80 billion in damage and more than a thousand people dead in Louisiana, Alabama, and Mississippi.

Those who survived this catastrophe faced slow and chaotic responses to their calls for help. Children were separated from their families, frail persons were without adequate supplies of medicine or medical attention, and many people lacked the basics of shelter, food, and water. In the days and weeks following, thousands of people were evacuated to shelters around the country, including hundreds to Texas. CNN News (2005) described Hurricane Katrina as “the most destructive hurricane to ever strike the United States” and its aftermath as “the country’s most severe humanitarian crisis ever.”

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

HELPING THE HELPERS

The Social Work Disaster Assistance Fund was created by the NASW Foundation in response to Hurricane Katrina. Contributions to the fund are distributed to social workers. It is believed that more than 1,000 social workers and their families have been affected by the disasters in the Gulf Coast region.

To find out more about the Social Work Disaster Assistance Fund or to contribute, go to—www.socialworkers.org/swdrf/letter.asp
From the Chair

Welcome to this edition of the Mental Health SectionConnection newsletter. While I have served on the committee for several years, this is my first newsletter since being appointed chair.

This edition focuses on the challenges social workers faced after the devastation caused by three major hurricanes—Katrina, Rita, and Wilma. The social work profession will continue to be challenged by these types of episodic incidents during the 21st century and beyond. How we respond to these challenges will help define us as a profession and a resource during natural disasters. The impact of Katrina, Rita, and Wilma on the Gulf Coast region will last a long time. This issue includes articles on and by social workers who have helped to initiate the healing process and continue to assist in a myriad of ways. In this edition, you will hear from the following authors:

• Vicki Hansen and Carmen Weisner, NASW executive directors for Texas and Louisiana, respectively—two leaders who explore the experiences and lessons learned by their state chapters.

• Donald Vowels, a first responder who shares his experience and feelings of gratitude for being able to assist Mississippi residents after Hurricane Katrina.

• Mark Smith, who discusses his experiences as a first responder in national disasters. He emphasizes the need for self-care by those on the front lines.

• Lana Ka‘opua and Laura Kaplan, who review *When Their World Falls Apart: Helping Families and Children Manage the Effects of Disasters*, a book that provides a relevant, meaningful, and exciting discussion of our work with families and children in managing the aftereffects of disasters.

We hope the information in this newsletter will serve as an important reference and resource to social workers providing services during a time of national emergency.

Enjoy!
Gwen
On the Front Lines in Louisiana
Carmen D. Weisner, LCSW, ACSW

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

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

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

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

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

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

What are the lessons we learned from this experience?

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

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

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

See Answering the Calls, Page 4
Help for the Helping Professional

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

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

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

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

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

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

In the Aftermath: The View from Texas
Vicki Hansen, LMSW-AP, ACSW

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

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

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

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

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

- If your initial offer to help does not elicit an immediate response, don’t worry. Your knowledge and skills will be needed for years to come.
• The outpouring of services from the faith community has been enormous. If you are frustrated by bureaucratic barriers to serving, contact local churches, temples, mosques, or other organizations in your area. If these groups are serving as shelters, they will probably welcome your assistance.

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

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

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

Many concerns arose during those initial weeks. For instance, it was sometimes difficult for volunteers to know who was in charge. In some situations, not all social work volunteers understood the difference between disaster response and therapy services. Concerns persist about the lack of a long-term coordinated plan for helping displaced survivors. Unfortunately, we have no real way of following up to identify emerging mental health issues.

Recovery efforts continue in the Gulf Coast. Many of the region’s residents have decided not to return, while others are waiting to go back and rebuild. Much remains to be done. For the NASW Texas Chapter, having standard operating guidelines greatly enhanced our ability to organize our response efforts and provide the most effective assistance possible during this time of disaster. It is recommended that all NASW chapters develop their own state-specific standard operating guidelines.

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

Carmen D. Weisner, ACSW, LCSW, is the executive director of the NASW Louisiana Chapter in Baton Rouge. She can be reached at exec@naswla.org

Vicki Hansen, ACSW, LMSW-AP, is the executive director of the NASW Texas Chapter in Austin. She can be reached at naswtx@naswtx.org

References

I am a licensed clinical social worker and a former Roman Catholic priest. I responded to a call by the National Association of Social Workers and the American Red Cross for social workers to volunteer in the Gulf Coast region in the aftermath of Hurricane Katrina. From September 8 to 22, 2005, I was in Gulfport, Biloxi, and Pass Christian, Mississippi, assisting survivors of the catastrophe.

On the day of my arrival, the Red Cross was beginning a never-before-tried approach—Neighborhood Care Teams. The Gulf Coast region had been divided into 25 sectors, with a team assigned to each sector. The team consisted of a mental health worker, medical personnel, and mass distribution folks. The mass distribution workers were responsible for driving through neighborhoods in trucks, distributing goods. The mental health worker and the medically trained professionals were responsible for identifying an area in their sector that appeared to be a hub of activity for the people of that community. The Red Cross wanted to establish a visible, reliable, and helping presence in each community. An American Red Cross box truck, loaded with identified needed goods for that particular community, was driven to the community hub daily and parked for several hours. The goods were dispersed to residents. At the end of each day, it was the team’s responsibility to load the truck at the warehouse in preparation for the following day’s duties. A nurse and/or emergency medical technician was stationed at the site to address medical concerns of the residents.

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

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

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

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

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

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

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

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

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

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

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

Peace,

Don

See Finding Gratitude, Page 8
I continue to maintain contact with some of these folks today, and want to do all I can to help them. Perhaps publication of my experience will help generate awareness and support for the people who continue daily to put one foot in front of the other as they rebuild their lives.

**SELF-CARE IN THE PROVISION OF DISASTER MENTAL HEALTH SERVICES**

Mark Smith, ACSW, LISW

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

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

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

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

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

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

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

Finally, the third challenge in Millon’s model is balance between self and others. Disasters often require social workers to render services under adverse circumstances, for long hours, and with few resources. It is very easy to stretch ourselves too thin.
In high school physics, I learned about the point of elasticity, as illustrated by a door spring. On one side of the point of elasticity, the spring will return to its original unstretched position. If it is pulled beyond the point of elasticity, however, the spring will not return to its original position: It has been stretched too far. The emotional and physical well-being of a social worker sometimes parallels this spring. As difficult as it is, we must restrain ourselves from crossing the emotional and physical point of elasticity.

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

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

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

I resolved those issues with some wisdom from my grandmother. “Never compare yourself to anyone else,” she would say. It helps to recognize that each set of problems—regardless of the degree of severity we place on them—are important to those who are enduring them.

In summary, it is extremely important for social workers to provide disaster social work services. Let me emphasize that it is equally important to maintain self-care.

Mark Smith, ACSW, LISW, is director of special projects at the Substance Abuse Treatment Unit of Central Iowa (SATUCI). He is a mental health professional who is in his third term in the Iowa House of Representatives and is the ranking member on the House Human Resources Committee.

Reference

**FIRST RESPONDER BURNOUT**

**Most common causes:**
- Professional isolation
- Emotional drain of providing continuing empathy
- Ambiguous successes
- Erosion of idealism
- Lack of expected rewards
- Helper’s own position as a survivor

**Signs of burnout:**
- Exhaustion: Often indicated by comments such as “Let everyone else take a break, I’m fine. I can keep going without sleep.”
- Boundary problems: May include such comments as “I just can’t do enough for them—I feel so guilty” or “Isn’t it time these people started pulling together?”
- Loss of internal locus of control: May include behaviors such as frequent crying, unusually quick to anger, and difficulty making decisions.

**How social workers can help helpers:**
- Help the person identify reactions.
- Keep boundaries clear, and enforce them.
- Provide respite to helpers on a regular basis.
- Keep track of how long helpers are on duty.
- Make sure helpers eat and sleep, especially after the initial adrenalin rush.

**Helping techniques:**
- Guided imagery
- Psychological debriefing
- Meditation/prayer
- Therapeutic assessment of trauma reactions
- Support for healthy coping reactions

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

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

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

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

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

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

**THE BOOK:**

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

Additional strengths of this text are as follows:

- An integrative framework for understanding disaster-related effects on children and families that is highly congruent with the social work perspective. Cognitive-behavioral, developmental, family systems, and ecological perspectives and strategies are offered, with emphasis on the effects of diversity, vulnerability, and resilience factors.
- Clear delineation of disaster assistance as crisis intervention rather than psychotherapy or counseling. This is a book about helping families and children manage the effects of disaster. It is about strategies professionals can use to help others get through a disaster, meet the needs of those experiencing one, alleviate suffering, and reinforce the use of active emergency coping skills.
- Reader-friendly descriptions of relevant, current literature on disaster-related family stress, clarified with many examples. Practitioners are introduced to both cognitive and affective road maps to guide intervention. Diverse examples of natural (e.g., earthquakes, floods) and technological (e.g., the Challenger explosion, Chernobyl) events from around the globe broaden the practitioner’s perspective.
- Relevant intervention strategies and tools for use in the assessment of coping, resilience factors, risk, need, and other critical issues. The CD-ROM that comes with the book includes real people telling their disaster stories.
- Specific attention to vulnerable populations, including the elderly, the socio-economically disadvantaged, and those who are physically disabled or living with cognitive impairments.
- Specific activities for fostering the practitioner’s well-being. The need for regular respite for frontline social workers and other responders is not treated as an afterthought, and activities for reflexive practice, self-care, critical incident stress debriefing, and group defusing are described.
- Human rights in disaster from a global perspective. The authors connect human rights to disaster through the consideration of violence such as children in the military; exposure to the violence of war; terrorism; and associated sex crimes against women and girls.

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

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

**Lana Sue Ka’opua, PhD, ACSW, LSW,** is associate professor, University of Hawaii School of Social Work and Cancer Research Center. She can be reached at lskaopua@hawaii.edu

**Laura Kaplan, PhD, LISW, LCSW,** is assistant professor, University of Northern Iowa Department of Social Work. She can be reached at laura.kaplan@uni.edu

Both authors have extensive backgrounds in mental health practice and have collaborated on HIV and mental health curricula.
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