

Lessons from the frontlines of trauma: social workers' roles in emergency response

By April Naturale

It is quite evident that planet Earth is experiencing an increase in the frequency and intensity of natural disasters such as hurricanes, earthquakes, tornados, fires and floods. Additionally, fundamentalist ideologies, expanding social and economic problems and the easy availability of weapons merge to support acts of mass violence and terrorism throughout developing and stable societies. What is less evident is how varied population groups and cultures cope with and recover from these traumatic events, although we (disaster and emergency response professionals) are building an evidence base to better inform us in addressing this concern.

Social Workers as Emergency Responders: A Natural Fit

Social workers play critical roles in preparing for, planning around and responding to disasters and emergencies, as well as contributing to research in this segment of the social work discipline. In the United States, social workers typically make up about half of the responder community, providing crisis intervention, Psychological First Aid, Skills for Psychological Recovery and more formal traumatic stress treatments, such as Cognitive Behavioral Therapy for Post Disaster Distress, Exposure Therapy, Eye Movement Desensitization and Reprocessing and others.

Social work and emergency response is a natural fit, as the social work discipline historically has used an ecological perspective that takes into account how each aspect of a person's life influences his or her trauma responses (which is a key component of trauma-informed therapy). This perspective also puts forth a strengths-based, client-centered and culturally informed approach that encourages building upon the experiences and coping skills that have allowed humans to flourish throughout time, despite many individual and community-wide traumatic events.

Social workers also are called upon to conduct needs-assessment processes, gathering input from disaster-affected community leaders, survivors, family members, service providers and other responders to inform the response program operations plan. Working with local government and representatives from the affected community, social workers support resilience-building and community capacity-building.

This is managed by training people in the affected locale—from mental health and crisis intervention providers to students, interns, school staff, parents and other caregivers—to provide psycho-education (which tells survivors what to expect in terms of emotional distress responses), to launch support ser-

vices and to integrate practices that can enhance treatment and the natural resilience of the human spirit. These practices include mindfulness, artistic expression, narrative, body movement and social integration.

We have learned many lessons, especially from the large scale and scope of disasters that have occurred in the past 20 years, including the 9/11 and San Bernardino terrorist attacks, the Boston Marathon bombing, hurricanes Katrina, Rita, Ike, Sandy, Maria and Harvey and international events such as the July 7 London bombing, the Indonesian tsunami and more.

Lessons Learned About Older Adults, Trauma and Resilience

One lesson is extremely important to note—prior to 9/11, older adults were considered to be a high-risk population; everyone in the older adult age category was seen as potentially in need of behavioral health services due to their age. When working with representative groups of older adults in several affected communities, we learned that even within this population we need to break down the identification of individual needs to more accurately determine who might be at higher risk versus who could be more resilient, and even participate in response activities.

For example, many older adults described having experienced one or more traumatic events in their lives, thus learning good coping skills, which they had since retained. This skills development helped them to move through the negative aspects of trauma and bounce back (exhibiting resilience) more rapidly than other cohorts with limited experience in positive coping. Modeling good coping for others is invaluable in a post-disaster setting; it shows people that recovery and hope, so vital to the human spirit, are possible.

Another advantage many older adults possess is that they may have more time to volunteer for or donate to a response effort, especially if they are retired from full-time employment. Often, these elders bring valuable skills from their lifelong activities: perhaps they have business expertise and excellent organizational and project management skills; or they have finance expertise; or they have experience in working with children, providing care and supervision, and teaching children how to experience joy, even in the midst of a disaster.

Older adults with medical concerns, those who require oxygen, lifesaving medications and food supplies (and especially those who live alone, but depend upon others to assist them with activities of daily living), are a sub-specialty population needing behavioral health identification and outreach.

After Hurricane Sandy, we learned that people in the older adult and general adult populations who have functional and access needs may be at higher risk for traumatic stress responses if they are not mobile enough to evacuate during life-threatening weather events. During Hurricane Sandy, a lack of electricity trapped many people in their homes and high-rise apartments for days, as they were physically unable to get out on their own.

Thus, the lesson is to look, even within certain age groups and larger cultures, at what strengths and weaknesses may contribute to individuals' needs, as well as to the community's overall recovery and resilience. Traumatic stress cannot be assumed in *all* of the affected population. Social workers must consider individual strengths and even post-traumatic growth in those who show an ability to cope well and to support others in the recovery process. ■

April Naturale, Ph.D., is a Disaster Recovery and Community Resilience senior manager at ICF, a management consulting company, and works as an operations director and a clinician specializing in response to traumatic events out of Orleans, Mass. After 9/11, Naturale directed Project Liberty, the New York State Office of Mental Health's Federal Emergency Management Agency-funded mental health response to the World Trade Center disaster.