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*"A Vital Christian Presence in Social Work"*

## **ECLECTIC DISASTER SOCIAL WORK PRACTICE: SPIRITUAL SUPPORTS FOR EVACUEES**

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The extreme human pain and suffering brought on by Hurricane Katrina overwhelmed many people in the bay areas of Louisiana, Alabama, and Mississippi. The deaths of at least 1500 people, eviction of some 1.3 million people from their homes, flooding of eighty percent of New Orleans because of overwhelmed levees, and destruction of entire communities in Mississippi and Alabama are some of the indicators of the human and physical damage. Katrina created a storm surge of a different kind: a flood tide of internal evacuees not seen since the days of the Depression (Knauer, 2005).

In the weeks after Hurricane Katrina struck the Gulf Coast, the American Red Cross (ARC) provided shelter, food, **counseling**, and financial assistance to hundreds of thousands of Americans displaced from their homes by the disaster. The following is an account of one mental health social worker, ARC-trained for the aftermath of disasters like Katrina, who served some 200 evacuees in a church-based ARC disaster shelter immediately following Katrina's landfall. Five evacuees gave their permission to share their plights and are featured as case examples of eclectic social work practice using four perspectives: ecosystems, crisis intervention, cognitive behavioralism and spiritual assessment/supports.

### **Eclectic Approaches**

The **ecosystems perspective** was useful in aiding evacuees. Drawn from ecological and systems theory, the ecosystems perspective integrates systems composed of people and their physical-social-psychological-spiritual-cultural environments, systems in which each part impinges on every other part. The ecosystems perspective includes four levels of social systems: **microsystems**, where the immediate, face-to-face focus of concern is on individuals and families; **mesosystems**, where links are drawn between evacuees, their

extended families, the temporary, church-based disaster center where they live; **exosystems**, where evacuees are linked to other settings that do not normally include the evacuee but impact their well-being (e.g., ARC, Salvation Army, Federal Emergency Management Agency (FEMA), Federal Income Compensation Act (FICA), and national electronic banking); and **macrosystems**, where lifestyles, socio-economic resources, hazards of natural disasters like Katrina, and social, spiritual, and cultural beliefs and value systems impinge on one another (Bandura, 1977; Bronfenbrenner, 1979; Germain, 1991; Gitterman & Schulman, 1993; Gordon, 1969; Queralt, 1996; Zastrow & Kirst-Ashman, 2004).

**Crisis intervention** services seek to stabilize the crisis situation and connect individuals or groups to needed supportive services (Ell, 1995; Parad, 1990; Lindemann, 1944). The **cognitive-behavioral perspective** favors short-term work (Beck & Emery, 1985). The focus is on the present, and the aim is to modify or replace distorted cognitions or unwanted behaviors in a discrete and goal-oriented fashion. Cognitive-behavioral therapy is not concerned with *why* but attempts to determine *which* thoughts and behaviors are dysfunctional and *how* to change them (Beck & Emery, 1985; Ellis & Grieger, 1997; Fanger, 1995; Gambrell, 1997; Skinner, 1953). For example, in this climate of brief therapy, the social worker utilized Ellis & Grieger's (1997) A-B-C-D-E format, explained in more detail below.

Format Definitions of **spirituality** vary (Canda, 1990, 1997; Ochs, 1997; Bullis, 1996). For the treatment of evacuees described below, **spirituality** is defined as "the general human experience of developing a sense of meaning, purpose, and morality" (Miley, 1992, p.2), transcendence with God/gods (Hodge, 2004, 2003). Themes of spirituality are also drawn from O'Brien's (1992) meaning and purpose of life, traditions, rituals, myths, prayer, meditation, contemplation, suffering, death, and paths to enlightenment or salvation.

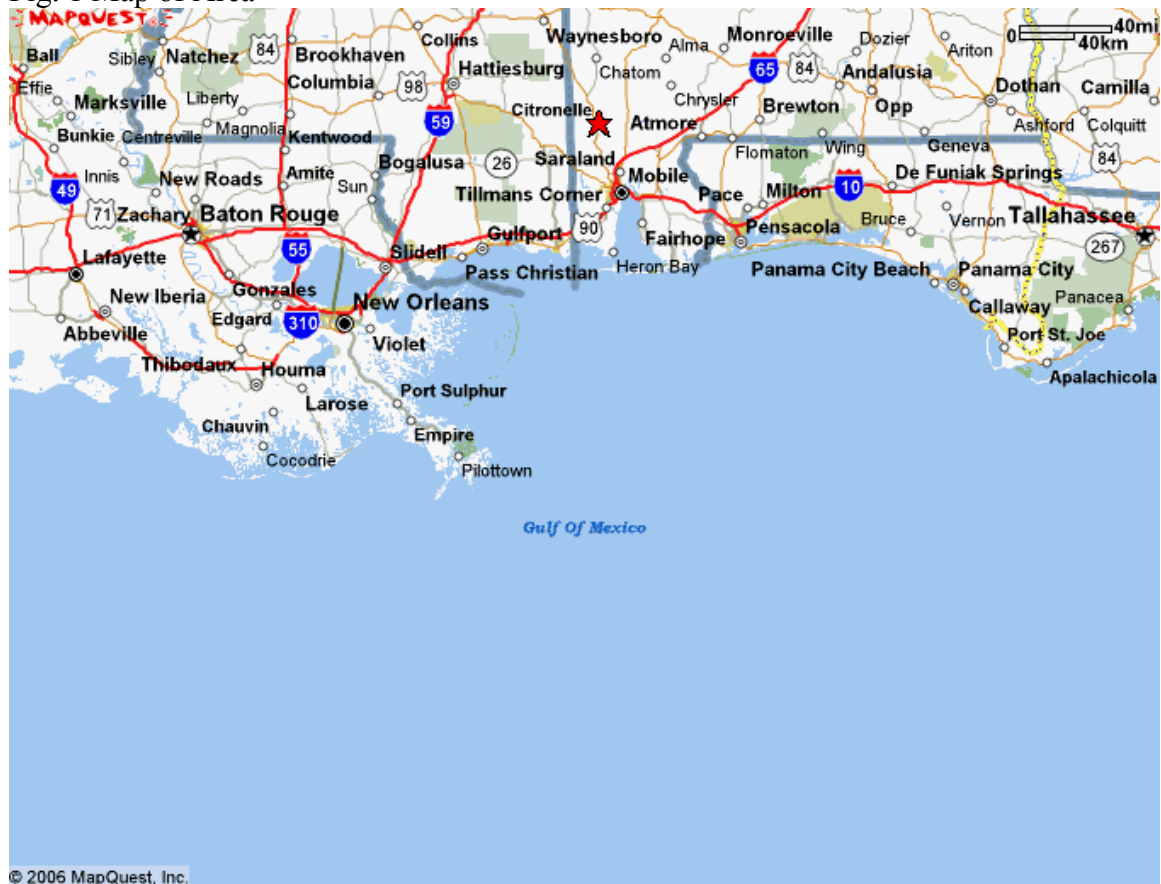
With a revolving caseload of 200 evacuees, all social work practice in the context of the Katrina disaster is time-constrained. Nevertheless, practitioners who fail to assess and integrate a client's spiritual makeup provide less than adequate social services. According to Hodge (2003) four basic reasons for conducting spiritual assessments are to:

- Develop some understanding of our clients' basic worldviews – their understanding of themselves and the world around them,
- Respect their self-determination and to include their values and spiritual beliefs into psychosocial therapy,
- Utilize their strength to aid in overcoming problems, and
- Incorporate spiritual values into social work practice (5-8).

## Setting

When the national weather service warned that Katrina would be a level 5 hurricane with disastrous loss of life and property in the bay area of the Gulf of Mexico, ARC mobilized hundreds of volunteers to a Montgomery, AL staging area to be ready to immediately move into the affected areas. As one of some 100 disaster mental health social workers, we were given basic orientation to the extent of human and property damage. Equipped with trucks loaded with emergency supplies –sleeping cots, tents, boxed heat-a-meals, water, ice, medical supplies– a team of some forty volunteers was assigned to Mobile, AL. This was just west of where the counter clockwise blast of Katrina-generated wind and water destroyed 85 miles of Gulf Coast communities in Mississippi and Alabama prior to immobilizing the New Orleans, Louisiana area. Because water was standing in the ARC Mobile headquarters, volunteers slept on the second level. The author was then placed in a church-based Emergency Disaster Shelter located in Citronelle, forty miles north of Mobile, where damage had not disabled basic utilities. Housed in a church with a gymnasium where 200 cots were installed for sleeping and a large multi-purpose room with kitchen and dining areas, the volunteer team included two shelter managers, a food service manager, a nurse, and a disaster mental health social worker.

Fig. 1 Map of Area



Normally, the primary role of social work in disaster emergency shelters is to be a consultant to other volunteers who provide counseling and facilitation services. Since the Citronelle shelter had two experienced managers and a skilled pastor who served not only as clergy but community resource person, the social worker served as primary psychotherapist and facilitator of social services to evacuees.

### **Applied Case Examples**

The following are non-randomized examples of evacuees who gave permission to be used as teaching cases. They represent diversity in age, ethnicity, socio-economic status, and spiritual development.

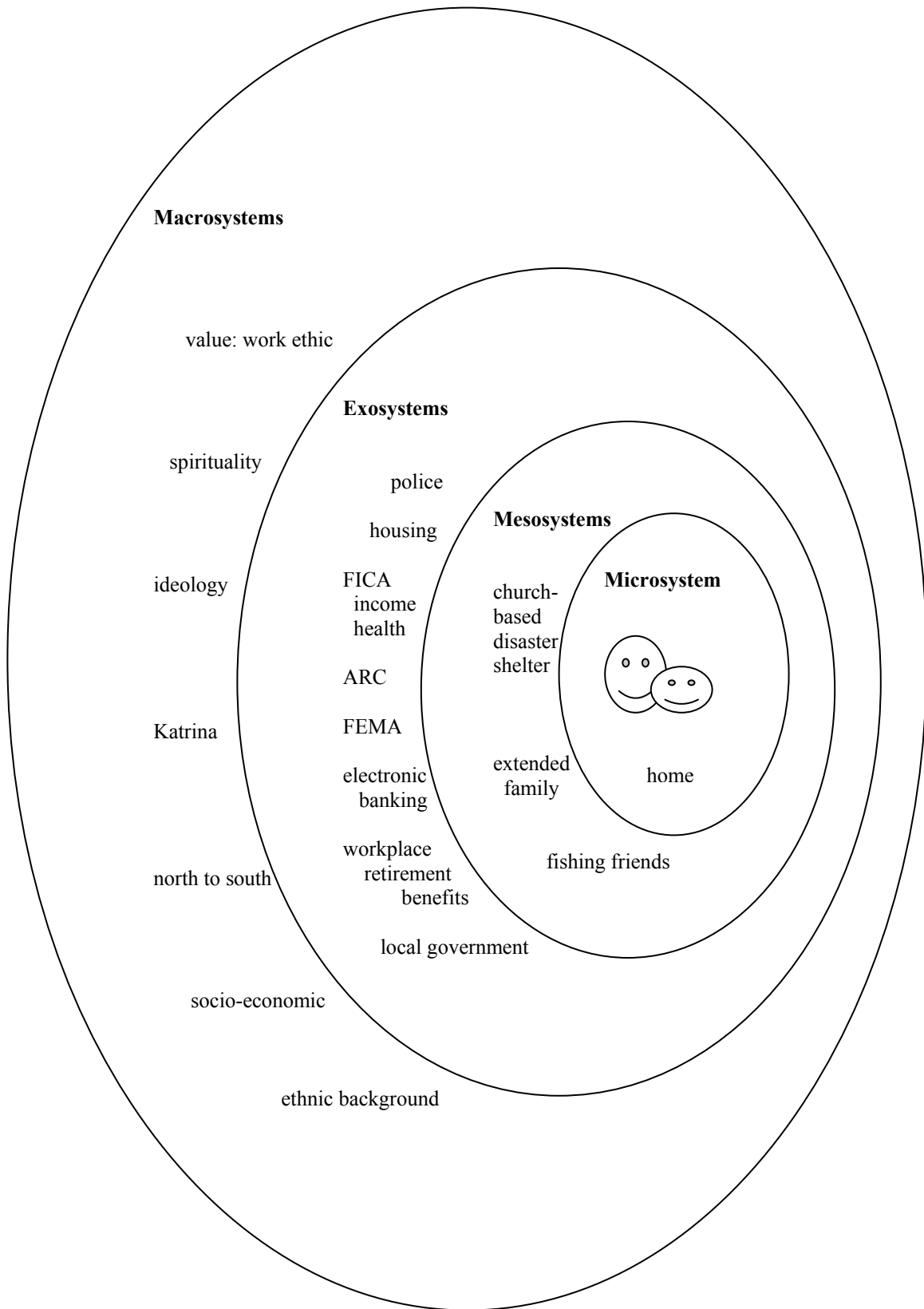
**Mr. and Mrs. W** Eighty-seven year old Mr. W and eighty-three year old Mrs. W were trying to escape Katrina by driving their truck and car east on I-10 from the Mississippi basin northeast of New Orleans. At the Mobile tunnel the police stopped them with instructions to turn back because the tunnel was flooded. As they traveled back west, they were again stopped and police escorted them to a shelter on I-10, where they parked their vehicles and Mr. W placed his billfold with credentials –cash, social security card, Medicare card– in the glove compartment for safety. Soon a tidal wave hit the shelter, water engulfed Mr. & Mrs. W to their shoulders and swept their vehicles out to sea. When they arrived at the Citronelle Shelter, the elderly couple was overcome with panic. Crisis intervention services were applied through (a) acknowledging their trauma, (b) providing clothing, water, warm food, (c) shelter with a warm cot to sleep on, and (d) an offer of psychotherapy.

After they had recounted their traumatic experiences, the social worker applied the ecosystems perspective to aid them in focusing on the essential tasks needed to rebuild their lives. Mr. & Mrs. W requested aid in accomplishing the following:

- Health services – The couple had lost prescription drugs and needed medical evaluations to renew prescriptions. Mrs. W needed medications and blood-testing equipment to control diabetes mellitus. Mr. W had had recent quadruple heart bypass surgery and needed medications for his cardiac problems. The couple also needed treatment for infected bites of fire ants. The exosystem public health department nurse and physician evaluated their health needs, ordered drugs, and requested reimbursement from Medicare and proprietary health insurance. During the storm surge at the first shelter, Mrs. W had held her purse over her head to save important health insurance and bank cards and check book. She remembered Mr. W's number for his proprietary health insurance and thus helped the pharmacist to access their public and proprietary health benefits.

- Mesosystem extended family – Mrs. W's brother was a physician who had been mobilized by the Louisiana National Guard to provide medical services for New Orleans evacuees. However, he could not be contacted because, except for limited cellular phone services, traditional telephone communication was inoperable or overwhelmed with traffic. ARC and military locator services were utilized to locate this brother, inform him that they were safe and give him their temporary shelter location.
- Housing – With the return of their basic bio-psycho-social equilibrium, Mr. & Mrs. W requested to return to their beachfront home to assess damage. ARC mesosystem transported them to their home community to find that they could salvage only a garage bag of personal items remaining from the complete destruction of their house and boat. FEMA and ARC assisted in finding an upscale assisted living apartment in which to reside.
- Economic – Although Katrina had destroyed the local bank, mesosystem electronic banking was restored. A FICA representative was recruited to personally deliver electronically accessed social security checks to all evacuees in this shelter.
- Transportation – The vehicles were lost to sea.
- Spiritual – This couple were not active participants in a church but requested prayer for their welfare.

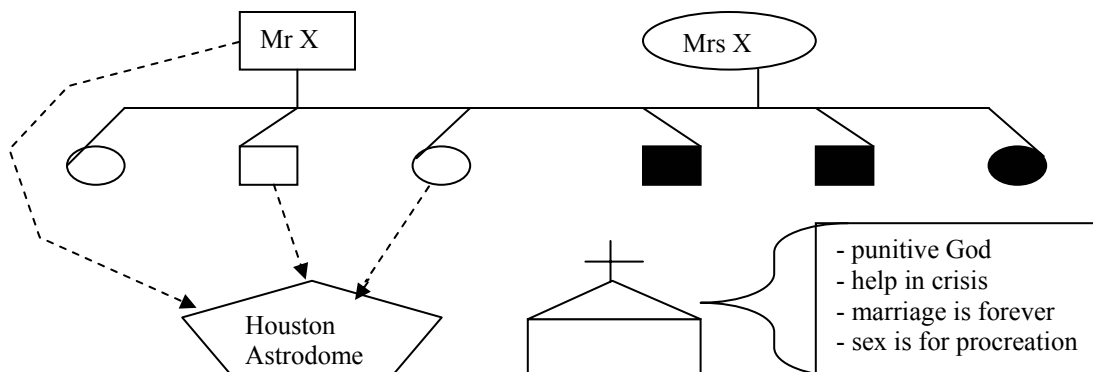
Fig. 2 Ecosystems: Mr & Mrs W



**Mrs. X** presented with uncontrollable screaming and clothing so torn her breasts were exposed. It was soon learned that three of her six children had died by drowning in the New Orleans Superdome shelter. Her estranged spouse and the father of her children had called from the Houston airport to report the deaths and let her know that he and two of their other children were being placed in the Houston Astrodome shelter. An adult daughter was living in Atlanta. He pleaded with Mrs. X to come and assist with the two children.

The ARC team acknowledged Mrs. X's pain, gave her a towel to cover her exposed breasts, and the social worker ushered her to a quiet office where she continued to scream for several minutes. As Mrs. X reviewed the crisis and the social worker attempted to give her permission to express her grief, she asked the social worker to pray for her. As his prayer specifically asked God to aid Mrs. X in the pain of her loss, Mrs. X began to pray for relief of pain, acceptance of her children into heaven, and forgiveness for her not being with them to help to prevent their deaths. After the prayer, the social worker further engaged Mrs. X in Ellis & Emery's (1985) A-B-C-D-E format of rational emotive therapy. [A] – the *Activating event* was the death of her children; [B] – her *Beliefs or thoughts* revealed that Mrs. X believed God was punishing her for substance abuse, unprotected extramarital sex, and separation from her husband and children; [C] – the *emotional Consequences* included fear, guilt, and depression; [D] – *Disputation* drew from Mrs. X's prayer suggesting that God was punishing her for her neglect of her children and her at-risk behaviors. She acknowledged these beliefs and the social worker countered them, expressing belief that God did not cause these deaths but allowed the levees in New Orleans to break, flood the Superdome, and drown the children. The aim was that Mrs. X draw strength from the challenge of joining her estranged husband and father of the living children and thus strengthen them in their grief. This helped Mrs. X to move away from panic and to focus on traveling to Houston and the challenges of aiding her children. [E] – *Evaluation* of the outcome included Mrs. X's abilities to focus on her children, referral to a Houston hospice, and an ARC-arranged bus ticket to Houston. Within three hours from presentation, she had changed into donated clothing, been provided box heat-a-meals for travel, and was enroute to Houston.

Fig. 3 Spiritual Ecomap for Mrs. X



**Mrs. Y**, a local resident with four children ages one through 7, came to the shelter requesting food, water, diapers, treatment for mosquito bites, and information about replacing her manufactured home, which was torn in two parts by Katrina. The social worker utilized crisis intervention to stabilize the crisis and connect the Y family to needed support services. The one-year old child was not wearing underwear and was immediately placed in diapers. Hot food was provided and the family ate as counseling continued. Food, water, diapers, and medicines were provided after a nurse was summoned to treat infections from mosquito bites. Mrs. Y stated that she planned to continue to house her family in the half of the manufactured house that was upright. The nurse and social worker strongly advised against returning to the unsafe remnant of housing, but Mrs. Y was fearful furnishings would be stolen. Mrs. Y did not feel comfortable asking her estranged father and mother-in-law for aid in housing her family or watching her damaged house. She was provided mosquito netting to cover the open end of her dwelling and telephone access to FEMA to replace her home.

**Ms. Z** came to the emergency disaster shelter after being retrieved from her life-saving perch on a telephone pole. This 16-year old had lost her father and mother when a twenty-five foot surge of water hit their Gulf Coast home. She had saved her life by clinging to metal steps attached to the pole. Her father, an attorney, had encouraged the family to ‘sit out the storm’ after successfully weathering other storms. They perished as Katrina destroyed the house.

Ms. Z immediately walked away from the emergency disaster shelter to be alone with her thoughts. The local police, who found her in the country being ‘picked up’ by a local male, returned her to the shelter. Ms. Z was quite fearful of being expelled from the shelter. The social worker assured her that she could stay and encouraged her to discuss her loss. She requested prayer. She also expressed shock, denial, anger, and depression (Kubler-Ross, 1969; Westberg, 1971). She was shocked that a Katrina-generated wall of water had killed her parents as it destroyed their residence. She was angry that her parents had used poor judgment and not evacuated and she had been forced to climb the pole to save her life. She appeared to be in denial of their deaths as indicated by her inability to cry. The night monitor in the sleeping quarters did, however, report that Ms. Z screamed in her sleep and she discussed feelings of depression and loneliness. She resisted further discussions of this loneliness and depression. She had difficulties in applying for FEMA housing replacement assistance and FICA survivor benefits. The local bar association agreed to aid her in selecting a fiduciary guardian, seeking mental health services, and finding safe housing.

### **Summary and Extant Evaluation**

Pro bono mental health disaster social work under the auspices of the American Red Cross is designed to be generic: macro- and micro-practices; eclectic psychotherapy and facilitation of a broad array of services; and use of voluntary, proprietary, and public service venues. Rather than serve the traditional role of mental health social work consultant to other ARC volunteers, the social worker in this emergency disaster shelter center elected to use micro- and eclectic-practice to serve a traumatized evacuee



population base of 200 for one week. Although practices included large groups (for example, explanation of available psychotherapeutic services, description of FEMA concepts and processes of restoring housing, FICA entitlements and access), the primary roles were direct counseling (i.e. brief eclectic therapies such as crisis intervention, cognitive behavioral, spiritual assessments and ecosystems) and facilitation (linkages to health, housing, transportation, communication, and finances).

All disaster mental health social work is intensive! The case examples –even Mrs. X and Mrs. Y’s family- consumed more time than the norms of brief disaster mental health social work practice. For evaluation, the fact that the social worker evaluated some 300 evacuees who moved through this shelter is an indicator of quantitative services. Some extant evaluative benefits were (a) the rapid access to services that enabled evacuees like Mr and Mrs W to move into semi-independent living; (b) Mrs X’s ability, after three hours of brief therapy, to grieve the loss of three children, focus on positive spiritual development, and travel to join her two children who needed her nurture; (c) provision of Mrs. Y’s family with food, water, clothing, health services, and housing assistance within two hours; and (d) the ability of social services to aid the bereavement of Ms Z, an adolescent, in the traumatic loss of parentage and to garner resources to plan and implement her life-stage tasks.

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