
Post-Katrina Storm Disorder and Recovery in Mississippi More Than 2 Years Later

Raymond Scurfield

Traumatology
volume14 Number 2
June 2008, 88-106
© 2008 Sage Publications
10.1177/1534765608319086
hosted at
<http://online.sagepub.com>

This commentary describes a Katrina survivor and provider's dual perspective 2 years post—Hurricane Katrina. Highlights of the impact on individual, family, community and regional levels and on social, economic, and mental health levels are identified. This includes discussion of “post-Katrina storm disorder,” the plight of the poor and near-poor and immigrants, a cognitive reframing intervention for disaster relief agency workers, helpful clinical strategies, impact on religious and spiritual beliefs, and a modified “six stages of disaster recovery.”

Finally, positive developments are elaborated concerning changes in personal priorities, life in a FEMA trailer, metamorphosis of the University of Southern Mississippi Gulf Coast campus, the role of volunteers, and resident self-help and personal life commitments,

Keywords: PTSD, Hurricane Katrina; disaster mental health; post-disaster recovery

Hurricane Katrina slammed into the Gulf Coast on August 29, 2005.¹ My family and I stayed through the storm and its aftermath. My personal losses were substantial: the destruction of my University of Southern Mississippi Gulf Coast office and our social work department building that are situated right on the gulf, including the loss of 95% of 30 years of professional records. In addition, there was serious damage to our home in the Gulf Coast community of Long Beach. However, this paled in comparison to the extraordinary extent of the physical devastation across the Gulf Coast that was unprecedented in U.S. history. I will first briefly highlight the impact and recovery on the Mississippi Gulf Coast at three points in time: in the immediate aftermath of Katrina, 1 year later, and 2 years later. I have tried to present a balanced picture of both progress and the lack of it on the Mississippi Gulf Coast. However, I readily admit that this is quite difficult to do, and any summation of positives and negatives is inevitably open to criticism of not being objective.

August 29—September 2005. In Mississippi alone, the destruction was extraordinary (Scurfield, 2006a, 2006h; Editor's Notebook, 2005a):

From University of Southern Mississippi—Gulf Coast, Long Beach, Mississippi (RS).

Revised October 30, 2007

- Extensive destruction across some 12 Mississippi Gulf Coast communities, from Pearlinton and Waveland in Hancock County to Gautier and Pascagoula in Jackson County.
- More than 235 confirmed deaths (Pender, 2005).
- 68,700 homes and businesses were destroyed, 65,000 sustained major damage, and 60% of the forests in the coastal communities were destroyed along with much of the shipping and fishing industry (Editor's Notebook, 2006b). The number of homes destroyed in Mississippi is *more than 30 times* the number destroyed in the tragic wildfires in Southern California in October, 2007.
- There was a 34-foot high storm surge from Katrina in western Mississippi that was propelled inland *as far as 10 miles* from the coast through myriad rivers and bayous, severely damaging or destroying homes and communities that had never previously been flooded by storm surges. And damaging hurricane-level winds and tornadoes swept up through the central and north central areas of the state (Walsh, 2006).
- An estimated 350 buildings listed in the National Register of Historic Places were washed or blown away, along with most of the evidence of 300 years of Gulf Coast history. This makes Katrina *the worst historic preservation disaster* in our nation's history (Huffman, 2006).
- The Iwo major east-west bridges on the Mississippi Gulf Coast that connect the three coastal counties together were totally destroyed.

One year post-Katrina: October 2006. Changes on the Mississippi Gulf Coast were very mixed but felt more negative than positive:

- As of March 13, 2006, almost 100,000 Mississippians were living in FEMA (Federal Emergency Management Agency) trailers, and hundreds of other displaced residents were not eligible for FEMA trailers (Copeland, 2006). By October 2006, there were 101,000 Mississippians living in FEMA trailers, the unemployment rate in the three Mississippi coastal counties hovered around 12%—considerably above pre-Katrina levels—and reconstruction was at a snail’s pace for most homeowners. (As a personal example, our home had a new roof and new fencing, but it took over a year to find a contractor willing to repair the internal damages to our home. It was almost impossible to find a reputable and reliable contractor to do the work, and labor and material costs had skyrocketed since Katrina—estimated at more than 30% or higher.)
- Affordable housing was at a premium, and the too-few rentals had dramatically higher rental rates.
- In a 60-mile east-west swath of Highway 90 bordering on the gulf, many of the large debris piles had been removed. However, only one restaurant had reopened and not one gas station, only a handful of residents were back in their homes within the first block next to the gulf, and essentially almost all of the marked amount of debris that Katrina sucked back into the gulf was still there, making it dangerous to even wade in the water.
- A considerable number of residents were firmly in the post-disaster “disillusionment” phase, in which the enormity of the challenges yet to be accomplished had hit them. Many people, quite frankly were simply exhausted from what they had been through and were facing to get their lives, homes, and routines back.
- Although a number of residents had been able to return to a normal living, several more years remained before a semblance of normal living and meaningful levels of rebuilding would take place for many Gulf Coast residents; and for too many, it would take even longer. Even so, too much history has been lost that was irretrievable, and it was way too soon to know if the ultimate outcome would be a Gulf Coast that is as good or better than what existed pre-Katrina—especially for the lower and working-class sectors.
- Finally, although the economy was benefiting from considerable construction activity underway, especially luxury high-rise condominiums and casinos, a very inadequate

transportation system and conflicts as to the vision for the future of the devastated communities presented enormous challenges—and opportunities.

October 2007: 24 months post-Katrina. There is much to fuel optimism about the ultimate recovery of the Mississippi Gulf Coast. As an illustration, taking a drive along Highway 90 from Biloxi to Bay St. Louis, the signs of recovery are very welcome:

- The new Bay St. Louis Bridge had opened two lanes in the spring of 2007 to much celebration, and the new Biloxi Bay Bridge opened two lanes in November, 2007. By the Spring of 2008 all lanes on both bridges were open.
- Almost no hurricane debris piles remain.
- Not so many derelict buildings remain.
- Several luxury high-rise condominiums have been built and a number more are being built or planned.
- Most all of the casino/hotel complexes have been rebuilt and are making more money than pre-Katrina.
- Several new casino complexes are approved or are in various stages of planning.
- There is a sprinkling of homes rebuilt and others visible in various stages of rebuilding.
- If you want fast food, you are in luck—as long as you like waffles: The ubiquitous Waffle House chain is back in operation in several locations.
- New lighting and landscaping has sprung up along much of the I Highway 90 median, to include oak tree saplings and—somewhat jarringly to those familiar with what used to be block after block of mature oak trees—a new species of palm tree that had never before greeted motorists along Highway 90.

Across the Gulf Coast, there are very encouraging signs of many repaired and new homes, as well as new developments underway or planned. A number of the destroyed schools have been reopened in repaired or temporary facilities, at least two of the community libraries have been reopened, most businesses that have reopened are doing well, and a number of residents and small businesses have relocated further inland, spreading yet further economic growth. In addition, unemployment rates are now more than 2 points lower than before Katrina, population estimates in the six southern counties are only 2.5% lower than pre-Katrina, more than 30,000 building permits have been issued, annual retail sales in the three coastal counties have increased 61% since 2004, there is \$343 billion in planned military projects, and 45% of all new jobs created in the State of Mississippi have been in Harrison County, the most populous of the three coastal counties (Gulf Coast Business Council, 2007)

On the other hand, a closer look at what is *not* happening just along Highway 90 next to the gulf illustrates how much remains for full recovery and physical rebuilding of the Mississippi Gulf Coast.

- *Steps to nowhere, slabs, and properties devoid of any structures far outnumber those with intact buildings.*
- New or rebuilt modestly sized homes are rare.
- Almost no commercial activity exists outside of the casino complexes—other than Waffle House restaurants, there is not one working gasoline pump, only a handful of non-casino restaurants, and only one outlet catering to tourists (the others have been demolished or remain storm-shattered shells). “A lot of businesses haven’t reopened and aren’t going to reopen” (Sayre, 2007).
- If you take just a short turn north into East Biloxi, or into several neighborhoods of Gulfport, or onto Henderson Point, or especially if you drive just a few short blocks into what used to be the downtowns of Long Beach and Pass Christian, the signs of progress are remarkably few and far between. Almost none of the devastated communities have yet to even adopt a master plan for rebuilding as competing visions for the future have made consensus difficult to achieve among community leaders, citizens, and developers.

Across the Mississippi Gulf Coast, there is a daunting time lag required for rebuilding destroyed homes and buildings. It took more than a decade for the 28,000 homes in Florida wrecked in 1992 by hurricane Andrew to be rebuilt; Mississippi alone has more than four times that number of homes to rebuild (Rubinkam, 2005). The long timeline is due to a number of factors:

- Still remaining uncertainty regarding revised federal flood requirements for rebuilding
- Numerous unresolved insurance settlement claims and lawsuits
- Obtaining affordable property insurance remains a major barrier to both homeowners and businesses; for example, rates for wind insurance have skyrocketed dramatically—about 90% for homeowners and 200% for businesses (Sayre, 2007)
- Continuing lack of electricity, water, and sewage infrastructure in many of the devastated areas, and
- lack of construction industry capacity to meet the overwhelming demand.

Yes, the rebuilding of lost homes and personal property remains a staggering task.

Another troubling reality that is evident subjectively in talking with many Gulf Coast residents is the remarkable increase post-Katrina in seemingly almost daily occurrences reported in the newspapers and in the local news of such incidents as homicides, robberies, assaults, home invasions, other violent acts, meth lab and other drug busts, and fatal vehicular crashes. Somehow; the relatively quiet, sleepy, peaceful milieu that once characterized the Mississippi Gulf Coast is no more—and never will be again.

Furthermore, the reports from several recent studies and observations reveal that affordable housing, be it homes or rentals, is in distressingly short supply.

- “The recovery of units for low to moderate-income renters or homeowners lags significantly behind higher-priced residents. . . . Lower-income households, people who had mortgage loans but didn’t get the full amount they hoped for from grants or insurance programs—those people are in a real squeeze. . . . They clearly have been slower to make the decision to rebuild” (Frulla, 2007). Even the overall optimistic report by the Gulf Coast Business Council (2007) states that “unaffordable and unavailable insurance for residents and business owners continues to inhibit economic growth and housing starts for the workforce.”
- Several south Mississippi communities and their city governments have rejected applications from developers to build affordable housing, claiming that such do not fit with the character of the surrounding communities and will have a negative impact on residential values. Not in my backyard” syndrome seems to be in full force in a number of communities in south Mississippi.
- Several city councils have even made it difficult or impossible for Katrina cottages (small modular homes that, in contrast with FEMA trailers, are much more stable and wind-resistant, are apparently formaldehyde free, and meet building code requirements) to be used in place of FEMA trailers.
- Opponents voice concerns that property values will be hurt and that some property owners might choose to keep the Katrina Cottages, which are not viewed as acceptable long-term housing units (Welsh, 2007). Yet, even opponents admit that Katrina Cottages are extremely better living environments than FEMA trailers.
- The reports concerning mental health impact post-Katrina are sobering:

- According to a study of 92 different Katrina FEMA parks published in the *Annals of Emergency Medicine*, suicide attempts in Louisiana's and Mississippi's parks are 79 times higher than the national average. Major depression is 7 times the national rate (Spiegel, 2007). However, it is very important to note that it is extremely ill-advised to lump together statistics for Louisiana and Mississippi as a number of reports have done. The realities in each state can be so dramatically different that statistics that are an average Mississippi and Louisiana end up being statistics that describe almost no one. In addition, there is severe criticism that such statistics are spurious and highly suspect because extremely small samples have been utilized to make such projections (Barrilleaux, 2007).
- A government survey released on August 16, 2007, reported that mental illness is double the pre-storm levels (about 14% have symptoms of severe mental illness, and an additional 20% have mild to moderate mental illness); the number of those suffering from posttraumatic stress disorder (PTSD), which typically goes away for most disaster survivors, has increased from 16% in 2006 to 21%; and there is a surge in adults who say they are thinking of suicide (Elias, 2007a). (However, it is important to note that anecdotal observations by the author and from mental health providers along the Mississippi Gulf Coast do not agree with the figures in studies that report high levels of PTSD. Rather, many local providers who I am in touch with report lots of posttraumatic stress but relatively few cases of full-blown posttraumatic stress *disorder* directly related to Katrina [Barrilleaux, 2007])
- A Mississippi Gulf Coast survey by the National Center for Disaster Preparedness at Columbia University found that half of parents said their children had developed emotional or behavior problems after the storm, about two thirds were depressed, and nearly as many felt afraid. "What's unique about Katrina is how much children have lost. . . . So many have lost virtually everything; their homes, their neighborhoods, close extended families that are often scattered, their friends and churches" (Elias, 2007b).
- The Gulf Coast Business Council (2007) describes mental health needs as continuing to be the top health issue facing coast residents. For example, Memorial Hospital in Gulfport is seeing twice the mental health issues compared with pre-Katrina; the Gulf Coast Mental Health Center reports a 25% increase in Hancock County, as

well as a 54% increase in those seeking substance use services since Katrina (Barrilleaux, 2007).

The bottom line mental health—wise is that practically everyone who works in or has studied post-Katrina mental health agrees that there is a crisis concerning Katrina survivors' mental health, although there is considerable "disagreement on the scope, severity and duration of the crisis" (Norman, 2007).

PKSD: Post-Katrina Storm Disorder

A number of local clinicians are using such descriptive phrases as "post-Katrina storm disorder" (PKSD), "post-storm disorder," or "post-Katrina stress disorder" to describe sub-threshold stress-related cases that do not meet full PTSD diagnostic criteria (Barrilleaux, 2007). There are several dynamics captured by the term PKSD.

Loss: While not necessarily meeting PTSD or major depression diagnostic criteria, hundreds of thousands of Katrina survivors in Mississippi continue to experience a profound sense of loss, grief, and malaise over the irreplaceably lost "sense of place" of the Mississippi Gulf Coast. The destruction of places of employment, small and large businesses, churches, schools, neighborhoods, recreational facilities, historic sites, and even entire communities equates to the loss of so much about life that was familiar and cherished along the entire Mississippi Gulf Coast (Scurfield, 2006a, 2006b). There is an underlying poignant sadness among many about what was South Mississippi literally being gone forever. For example, East Biloxi never again will be a vibrant eclectic neighborhood of older and new immigrants, a rich ethnic and racial tapestry of poor, near-poor, and modest neighborhoods and family-run small businesses.

Left Behind & Exhausted: There is a substantial minority of the population that is not benefiting from the post-Katrina recovery. In my experience, this subgroup is more likely to have become cynical, moody, despondent, chronically exhausted and perhaps angry, seemingly immersed in the disillusionment phase of post-disaster response (see Scurfield, 2006c)—as they are reminded daily of the gap that grows ever wider between those seemingly stuck, in contrast with the majority who are moving ahead and appear to have put Katrina behind them.

Post-Storm-Related Anxiety: For example, I have observed a number of Katrina survivors (non-clinical cases) who have exaggerated anxiety or panic reactions during severe thunderstorm warnings—let alone when another tropical storm is forming out in the Atlantic and there is a chance that it will be coming our way. For example, I was presenting at the Veterans for Peace Annual Conference in St. Louis in early August 2007 when I received an urgent telephone call from a colleague at the Southern Mississippi Gulf Coast campus. She was calling because three employees (who had lost almost every-thing in Katrina) were having serious anxiety reactions as a tropical storm out in the Atlantic was being projected in

some weather computer models “to possibly hit the Mississippi Gulf Coast within several days.”

And I am certain that whenever the next hurricane *does* make landfall, severe anxiety and other Katrina-related issues will resurface and profoundly affect many Gulf coast residents (Scurfield, 2007b). I predict that this will occur among both those who decide to stay and those who choose to evacuate. There is hope that the next round of evacuations from the Gulf Coast will be better organized than that which occurred during Katrina. Even so, the characteristic stresses associated with evacuation in the face of an approaching hurricane (massive traffic jams, fear of running out of gas, and other uncertainties such as having adequate cash, food supplies, reliable transportation, room for family and pets, and knowing where to stay, etc.) will almost certainly be exacerbated when the next hurricane is approaching. Ironically, this is partly because many more south Mississippi residents who previously did not evacuate prior to Katrina have vowed that they now will.

The Doubly Disadvantaged: Low- and Moderate-Income Citizens Who Become Disaster Survivors

People who were already disadvantaged prior to Katrina, such as the poor and the near-poor, the sick, and the elderly, find themselves disadvantaged even more in the wake of natural disasters. After my family had decided that we were not going to evacuate, we went to our church, St. Thomas, early in the morning of August 28 to pray in the adoration chapel. While there, we saw one other person, someone we knew whose wife was physically disabled. We asked him, “Are you going to evacuate or stay?” His reply still tugs at my heart: “We’re staying. ‘We have nowhere to go and no money to get there with’” (Scurfield, 2006b).

The already disadvantaged are

- Least able *before* the disaster to prepare adequately if they are staying to safeguard their property and possessions
- Least able *before* the disaster to evacuate due to lack of necessary resources: money, reliable transportation, a safe and affordable place to go
- Least able to safeguard their family pets or to take their pets with them or find out what happened to them (and no, I am not equating humans and pets; however, many people are *very* attached to their pets as their trusted and loved companions; this is yet one more separation and loss of something very important to so many. And yes, we were able to take our two Golden Retrievers and bob-tailed kittens with us—at the insistence of our daughter, I must admit.)

- Least able *to return* to their communities if they have to have adequate, if any insurance coverage of their property and possessions
- Least able *after* the disaster to get needed resources to survive on: shelter, basic necessities, cash, transportation, medical assistance
- Least able *after* to find out in a timely manner what has happened to their loved ones
- Least able *after* to actually access needed resources post-disaster.

And so, there is at least a double disadvantage for many sectors of our society in the aftermath of disasters, making a successful post-disaster readjustment from a very difficult series of traumatic events even more complicated and difficult. And then, politics and policies may not benefit the doubly disadvantaged. For example, the Governor of Mississippi, Haley Barbour, whose post-Katrina leadership has facilitated a remarkable infusion of resources into our state, released details of his office’s plan for spending \$3 billion in federal Community Development Block Grant funds. Noticeable were those who were excluded from being eligible to receive grants of up to \$150,000 for Katrina-caused damages and loss. Critics noted that left out were those who had the least and needed help the most, many of whom were elderly or disabled (Stallworth et al., 2006). These included the following:

- Renters. About one half of those who lost homes and apartments that they were renting were excluded.
- Uninsured homeowners outside of the flood plain. Many of our poor, elderly, and disabled neighbors were those who could not afford insurance if they were to be able to feed their families and pay medical bills.
- A waiver was requested of the federal regulation that 50% of the funds go to low- and moderate income folks—and we know that at least 50% of Katrina’s victims fall into this category (Stallworth et al., 2006).

In addition, Mississippi has the highest food tax in the nation—a very regressive tax that is disproportionately hurtful to the less well-to-do. Food, after all, is not a discretionary expenditure. A number of Mississippi politicians continue to be against reducing the food tax, citing concerns that it has been impossible (2 years post-Katrina!) to yet calculate what the loss of revenue would be to local communities. Furthermore, as mentioned earlier, the availability of affordable housing—always at a premium—has become almost nonexistent in the wake of Katrina’s destruction (Copeland, 2006). This has made it particularly difficult for those on fixed incomes and other lower income and working-class residents.

In the best of times, healthy and sufficient food and timely medical care are difficult for many disadvantaged people to afford—and even more so in communities devastated by natural disaster. And the competing priorities of a free market economy versus availability of low- or no-cost services can clash. For example, the continued operation of a food tent in Pass Christian was opposed by businessmen who argued this made it difficult for small businesses to reopen and have sufficient customers. This was in spite of the fact that every restaurant on the coast that was open or reopened typically has been overflowing with customers and in need of additional workers.

Similarly, a free medical clinic had been operating in the Bay St. Louis/Waveland area; this area and neighboring Pearlington are arguably the two most devastated communities on the entire Gulf Coast. Several local physicians had been pressing for this free medical clinic to be closed down “because it is making it economically unfeasible for us to be able to reopen our medical practices.” It is doubtful that the citizens who were using the free medical services could even afford to go see one of these physicians in their private practices.

Yes, the poor, the near-poor, and other disadvantaged people know full well the reality of what Kris Kristofferson wrote and sang in “Me and Bobby McGee”: “Freedom’s just another word for nothin’ left to lose, and nothin’ ain’t worth nothin’, but it’s free.”

The Triply Disadvantaged: Vietnamese and Hispanic Immigrants

Language and cultural barriers combined with financial difficulties to make the plight of the mostly Vietnamese and Hispanic immigrants who survived Hurricane Katrina particularly vulnerable. Katrina was not an equal opportunity hurricane to the immigrant population. The Vietnamese community was hard hit because their homes were in some of the most vulnerable and most devastated areas of the Mississippi Gulf Coast. Many Vietnamese were in the fishing industry and/or had small family-owned businesses—both were decimated by Katrina (Van Zandt, 2007). Also, it is not unusual for Vietnamese immigrants to be distrustful of banks. There is a tendency to keep their money in cash, as do many Hispanic immigrant laborers. Katrina’s wake literally washed away much of their money.

Immigrant laborers, mostly of Hispanic descent, also were hit particularly hard by Katrina. This was due in part to almost no developing weather forecasts or evacuation notifications communicated in Spanish. Also, it was reported that some shelters did not allow undocumented immigrants in for sanctuary from the storm, many immigrant laborers did not have access to the funds needed

to purchase food and other necessities post-Katrina, laborers lost their work when contractors were displaced or left and there was no unemployment compensation to collect, and many immigrants had already been living in substandard housing prior to Katrina.

The mostly Hispanic immigrant population in south Mississippi was vital to the reconstruction following Katrina. It seemed as if almost all of the construction crews had substantial numbers of Hispanic workers—workers who labored remarkably long and hard hours at least 6 days weekly in the hot Mississippi sun repairing tens of thousands of roofs. These hard-working, honest, and friendly immigrants, most of whom spoke little or no English, were living in extremely crowded living quarters, worked from dawn to after sunset, and were seemingly everywhere helping our region rebuild. Unfortunately they were oftentimes victimized by contractors who would not pay them the wages promised, their access to legal assistance and health care was minimal, and the language barrier was significant, especially in Mississippi. The immigrant situation was so bleak that an advocacy organization, the Mississippi Immigrants Rights Alliance, was formed specifically to try to assist them (Cintra, 2007). Katrina story on the Mississippi Gulf Coast is at least as tragic as any other sector of the population—and almost certainly more so in many cases.

Cognitive Reframing to Cope With Disaster Relief Service Chaos in the Immediate Aftermath of Trauma

I was asked to provide a statewide training to outreach workers with Project Recovery (PR) in the State of Mississippi in the spring of 2006. In preparing for the training, I did an informal survey of several PR outreach workers (including my daughter, Helani, who worked with PR teams in Pass Christian and Ocean Springs), and I also surveyed a couple of regional supervisors whom I knew. I was very impressed with the dedication and commitment of PR outreach workers, most of whom were residents of the communities they were serving, to the mission of doing outreach, door-to-door, to help Katrina survivors. I wanted to find out what training topics might benefit the PR frontline staff most.

Time and again, I heard a familiar refrain: considerable dismay frustration, and anger at the continuing widespread extent of organizational disarray; varying inconsistent if not ineffectual first-line supervision; varying interpretations of work guidelines and mission; varying projections as to when positions would be terminated; and indeed, when each of the PR teams would be terminated because any FEMA funded disaster relief operation was inherently time-limited. And this was in addition to the difficulties in

actually trying to help overwhelmed clients get the services that were so desperately needed.

Indeed, overwhelmed agencies and at least occasional chaos within both PR and federal (i.e., FEMA) and nonprofit disaster relief agencies, amidst a seemingly ever-changing landscape of unmet needs that did not match well with what services were being offered, as 'veil as incredible difficulties in how to access them, seemed to be the norm rather than the exception. Conversely, there was strong teamwork and bonding that had developed among some of the outreach workers themselves, with a very high commitment to the mission of outreach and crisis services, door-to-door, in the devastated neighborhoods and communities.

I came to the conclusion that perhaps the best training possible required discussion of the following information, facilitating ventilation of built-up stresses and refocusing:

Do you agree that your PR outreach workers are, indeed, immersed in the above described post-disaster organizational and service realities, *and* that there is almost no realistic expectation that changes for the better will be forthcoming in the foreseeable future? If so, and if you still want to remain as PR outreach workers because of your commitment to the mission and recovery needs of so many south Mississippi residents, you must figure out how to not continue to focus on how depressing and anger-provoking the realities are to be immersed in such a dysfunctional and chaotic working milieu. There is an alternative strategy: you could choose to focus on how to maximize self-preservation and role satisfaction in spite of the work milieu and chaos.⁴

What are you as PR disaster relief workers to do to maximize optimal service delivery and self-preservation? It is essential to be focused on two basic objectives concerning clients that must be kept front and center and that I believe are the ultimate pay-off for you as PR outreach workers: (1) getting clients what they need and are entitled to and in a timely manner; and (2) empowering clients to learn how to better advocate for themselves.

As PR disaster outreach workers, you are in a unique position to facilitate both of these objectives. This requires keeping such objectives crystal clear and focused in the midst of turmoil, heavy pressures and demands, and disorganization. Being very willing to be an effective advocate for the client, using your knowledge of and information about the systems, using your people contacts, and perfecting the art of political behaviors and strategies—for the betterment of the client—are essential.³

To me, the most important advice that I gave to PR outreach workers, many of whom were very justifiably angry and disillusioned at the state of affairs in their own relief organizations as well as in other organizations, was quite straightforward and perhaps even counterintuitive initially to some. It required a cognitive reframe:

Yes, you have every right to be upset and angry at the organizational chaos you have described, and that it has not improved despite repeated attempts on your part. How upset and angry are you? And what have you been doing with your anger and frustration? What is the result of what you have been doing on bringing about needed changes (not effective), and what is the result of what you have been doing on you (more frustration, anger, etc.)? There is an alternative: You can *choose to savor* any chaos, lack of clarity, and looseness of operations in the more immediate aftermath of providing disaster relief services.

Yes, you have been describing an ideal milieu in which you can maximize your skills, your initiative, your multiplicity of roles, your adaptability and creativity. Focus on what you have some control over—and recognize when you are focusing on that which you do not have control over. For example, yes, the **loose** operating rules for outreach staff provide an environment in which some workers abuse the looseness to take care of personal business and be nonproductive. Rather than focusing on how terrible their behaviors are and how bad **it** is that your supervisors remain unwilling and/or unable to do anything about such abuse, focus on how this very same looseness of rules can be used by you *to the advantage* of creatively providing desperately needed services to your clients. This includes your assessment of whether you can make a difference by being willing to act first and ask for forgiveness later, while recognizing the potential risks in doing so.

The key is: learn how not only to *survive* but to *thrive* in the post-disaster milieu that envelops you. *Savor the adrenaline ride; savor this opportunity to be creative, flexible, assertive and self-reliant.* Savor **it**, fully and completely. Because, this too, shall pass. And in place of the looseness of rules, inconsistent guidelines and indeed, organizational chaos, rigid adherence to policies and procedures surely will then reign supreme (which, indeed, **it** mostly has 2 years post—Katrina).

Please remember Scurfield's reframe of your expectations about bureaucracy (honed for almost 30 years of experience in the military and the VA). Use this as a mantra when the

organizational chaos starts getting to you: Big bureaucracies oftentimes do not function that well in normal times. Why in the world would you expect them to function well during times of crises? (Scurfield, 2006b)

Helpful Clinical Intervention Strategies

The following intervention strategies were found to be very useful with Katrina survivors in the initial aftermath and first year or more post-Katrina. These strategies take into account the agency and service delivery realities of many disaster relief agencies and situations described above. Because I have described these 18 interventions in more detail elsewhere (Scurfield, 2006b, 2007b). I will just identify each strategy here and only elaborate briefly where the relevance may be different 2 years post-Karma.

Perhaps most important, I have found that almost all of the following intervention strategies are as relevant 2 years later as they were in the initial weeks and months post-Katrina. The difference is mainly in the context: Over the first months and year post-Katrina, there was a continuing atmosphere of crisis. While there are reoccurrences of crises now much more common is a sense of dismay, frustration, and exhaustion that has set in for a number of people who are now struggling with the fact that while most others seemed to have moved ahead, they have not—and they are having difficulty seeing a better future down the road.

- **Survival needs:** It always is imperative to ensure that the person's basic survival needs are being addressed.⁶
- **Written information and education:** Distracted and preoccupied, trauma survivors must be provided with written information to be able to read as the provider is talking with them and/or to take with them for reference later- I have developed several handouts, including one on common myths and realities concerning trauma and its impact. For example, there is the myth that "time heals all wounds." Oh, that that were true. (If so, old folks like me would be paragons of mental health!)
- **Advocacy and follow-up:** This intervention continues to be necessary under more "normal" circumstances—let alone during a catastrophe. Very few agencies provide (a) truly simple, fair, and effective channels for appealing or tracking what has been requested or promised, or (b) conscientious, systematic, and proactive case management, outreach, and follow-up services.

- **Clarifying possible issues related to minority populations.** I have to assume that anyone who is an easily identifiable member of a racial minority has experienced several if not many instances of overt and/or covert racial discrimination and that it may well be a part of their post-Katrina history as well.⁸
- **Creativity:** Crises and trauma demand thinking outside of the box; normal solutions may not be available or relevant—using ingenuity, cunning, and yes, manipulation, political savvy, and even deviousness may be warranted, for the betterment of the client, of course.
- **Clarifying reasonable therapeutic goals:** Survivors must realize realistic and attainable therapeutic or healing goals in regard to their trauma experiences; that is, it is not realistic to hope or expect to totally forget painful things that have happened.
- **Nonjudgmental accepting and confirming the survivor and his or her story and capability for recovery.** The basic Rogerian counseling principles affirm the trauma survivors dignity and inherent strengths and are foundational to any providers human connection with those being served. (Rogers, 1951, 1961, 1980).
- **Strengths, normalizing, validating, and solution focused:** These four intervention strategies emphasize the positives rather than a deficit or problem focus. "What is it about you that you are able to survive what you have survived?" "Your reactions are not unusual and indeed are expectable considering" "From what you have told me, you have lots of good reasons to feel the way that you are feeling." "What have you done in the past to deal more successfully with serious issues?" (de Shazer, 1985, 1991).
- **Not "comparing" traumas:** Comparing traumas continues to be a no-win proposition that denies or minimizes the validity and importance of one's traumatic experience to *oneself* and promotes denial and self-blame. "It was real and you were affected." This truth telling must be faced if healing is to occur.
- **Tunnel vision:** For those still feeling overwhelmed or exhausted, this is a strategy to get through the day-to-day issues and needs, focusing on the next task to get done, day by day, and pushing aside other issues for now.
- **Sharing practical symptom-relief strategies:** for example sleep and anger management.
- **Clarifying other pre- versus post-Katrina issues:** Clients must be very clear about which, if any of the issues they are facing existed *before*

- Katrina and might be aggravated by Katrina experiences, versus which issues are connected to what happened during and following Katrina or in addition to pre-Katrina issues.
- **Re-establishing routines:** Routines are essential to bring some order and sense of control to disrupted lives, whether from more immediate post-trauma dysfunction or from not getting back on track while immersed in more prolonged reactions (See also Scurfield, 2002),
- **Survivors taking time for self-care:** The message is simple yet profound—survivors are worthy important enough, to deserve to have some time for themselves in order to be able to help loved ones. Yes, when the oxygen masks come down on airplanes, adults need to put their masks on first (Scurfield, 2006c)
- **Humor:** Humor continues to be essential as both a helpful intervention and coping skill to use for personal self-care *and* with other survivors. For example, the destruction of the two major east-west bridges on the Mississippi Gulf Coast has been an enormous obstacle post-Katrina. And yet, in a letter to the local newspaper, one local coast resident reported that he had just been to the dentist and was told that he “had a Katrina mouth.” He asked what a Katrina mouth was, and the dentist replied: “You need two bridges.”

And of course there were the many criticisms of FEMA’s role and performance during and following Katrina that found a partial outlet through humor. *What does FEMA stand for? Federal Employees Missing in Action.* My personal favorite was emblazoned on many T-shirts (I will clean up the language and only use the initial *F* for a word that was spelled out):

FEMA evacuation plan: Run ,mother-f_____, run.

“Why, God?”

I am not prescient (I wish I were), but about 10 days before Hurricane Katrina, I impulsively decided to add a required text to **my** social work field seminar course (Scurfield, 2007b). It was Rabbi Harold Kushner’s (1981) book *When Bad Things Happen to Good People*. Little did I know how relevant this reading would be to our Mississippi Gulf Coast social work students and myself personally in our post-Katrina world and as a guidebook for challenging clients and our own conceptions about what happened to us and why. “Why did Katrina hit the Mississippi Gulf Coast and New Orleans?” Why was my home destroyed?” Or even, “Why was my home not destroyed and others’ were?”

A state senator from Alabama who is a minister proclaimed that Katrina was the wrath of God on the sinful Mississippi Coast, because “New Orleans and the Mississippi Gulf Coast have always been known for gambling, sin, and wickedness. It is the kind of behavior that ultimately brings the judgment of God.

. . . So why were we surprised when finally the hand of judgment fell?” (Erwin, 2005). This was one judgmental answer to the “why” question that resonated with some. Many others rejected this answer but continued to be preoccupied with “why”: “Why was my home destroyed but not my neighbors?” “Why did my neighbor die, but not me?” “Maybe I deserve to be suffering so much from Katrina.”

Kushner offers a refreshing and easy read to challenge such thinking and how to move from “why?” to “what do I do, now that this terrible thing has happened?” As survivors struggle to understand why natural disasters occur and why such disasters are not equal in terms of the negative impact on those caught in their wake, inevitably many survivors are caught up in how a God or higher power did or did not play a role.⁹ The questions addressed by Kushner’s book are applicable for many survivors of trauma, not necessarily just those of Judeo-Christian faith, because most trauma survivors do not accept that trauma is a random occurrence—and acts of nature are particularly susceptible to religious or faith-based questioning.

My fellow Vietnam vet and former counseling colleague, Nelson Korbs, has a refreshing take on why did this happen and why to me? He poses a simple three-word statement/question to get at the heart of the issue of perhaps feeling that I am so special that I should be spared such a traumatic experience. Nelson asks, “Why *not* me?”

Preliminary analysis of findings from a series of six spirituality studies post-Katrina included important associations between religious and spiritual beliefs and practices and several outcomes. For example, feeling punished by God after Katrina was related to PTSD and depression symptoms. Conversely, for a majority of Katrina survivors surveyed, their religious beliefs and spiritual practices after Katrina were strengthened; spiritual beliefs appeared to buffer the negative impacts of Katrina; and general religiosity was associated with posttraumatic growth. An overall finding was that whatever one’s religious beliefs were before Katrina were reinforced following Katrina; that is, those who were nonbelievers before had their non-belief reinforced afterwards, and those with religious beliefs before reported such beliefs strengthened post-Katrina (Aten, 2007).

The possible negative impact of expressing some religious beliefs around those who did not fare so well following a disaster is something that I first learned in 1992 when I was co-coordinating VA disaster relief teams being deployed to the island of Kauai that had been devastated by Hurricane Iniki (Scurfield et al., 1993). I was facilitating

one of many critical incident stress debriefings on Kauai with a group of residents. About 10 different families were included in this particular debriefing session; all except one had suffered through having their homes either destroyed or severely damaged. The one whose home had not been damaged said, "Our family is very blessed that our home was not destroyed."

This innocent and genuinely felt comment provoked very strong negative reactions from others in the room. "What do you mean? Are you saying that I was not blessed because my home was destroyed?" "What, are you inferring that somehow God didn't care for me as much as he did for you and that he caused our home to be destroyed?" "You were blessed and we were cursed and punished by God? That's what I take from your comment."

The point that I want to emphasize is that one certainly can feel and believe that he or she was, indeed, blessed by God or a higher power for having been spared calamity that befalls others. However, it is critical to be aware that ones verbal expressions of such genuinely held beliefs may very negatively affect others and imply that "they were *not* so blessed."

The Stages of Disaster Recovery

In the aftermath of Hurricane Katrina, several of the organizations that provided mental health disaster relief services would distribute or show schematics of a four-stage chart of disaster recovery. The four stages were heroic, honeymoon, disillusionment, and reconstruction (Faberow & Gordon, 1981). Although what was contained in this chart was helpful, I quickly discovered that it was inadequate.

I was particularly concerned about four critical elements that were missing: (a) a "tunnel vision" phase that in my experience is a universal phase of survival that happens very quickly following trauma exposure as a way to protect oneself from being overwhelmed by the potent images, emotions, smells, and horror or fear that are intrinsic companions of trauma immersion (Scurfield, 2006b, 2006c); (b) rather than a "reconstruction" phase, a "reconstruction/recovery" phase to emphasize that material/physical tasks are only one element in this phase; (c) an enhancement! posttraumatic growth phase for some survivors, and (d) a delayed sub-phase that could occur during any phase except the heroic. My modifications are italicized below to more easily identify the changes that have been incorporated into my revised six-stage chart (Figure 1):¹⁰

1. Heroic
2. *Tunnel vision (and delayed responses sub-phase).*
3. Honeymoon (*and delayed responses sub phase*)
4. Disillusionment (*and possible delayed responses sub-phase*)
5. Reconstruction/Recovery (*and delayed responses sub-phase*)
6. *Enhancement/Post-traumatic growth (a phase for some survivors; and delayed responses sub-phase*

[The Six Stages of Disaster Recovery chart is at the end of this reprint; in the original publication the chart appears here in the text, pp's. 98 and 99.]

Transforming Disaster

It is important to emphasize that *all* trauma experiences are not restricted to toxic impact (as reflected in my adding an “enhancement/posttraumatic growth” phase to the stages of disaster recovery). Rather, trauma experiences contain the combination of both very troubling and potentially very positive aspects in terms of the possible impact on one’s post-trauma life. Hence, a central therapeutic strategy especially in the middle and latter stages of stress recovery should be to facilitate the discovery and appreciation by the trauma survivor of such positives (Scurfield, 1985, 1994, 2006b, 2006c; see also Calhoun & Tadesehi, 1998; Tadeschi & Calhoun, 1995).

Also, many times over the past 2 years, we have heard how resilient the people of south Mississippi are, as a reason to help explain why our region seems to be recovering much better than those of some of our neighbors. Adult resilience to trauma and loss is an important concept and has been defined as the ability to maintain a relatively stable equilibrium of healthy levels of psychological and physical functioning in the face of trauma and loss. Furthermore, resilience goes beyond the mere absence of pathology; there also is a demonstrated capacity for generative experiences and positive emotions. (Bonanno, 2004; Bonanno, Papa, & O’Neill, 2001; see also Kobasa, Maddi, & Kahn, 1982; McFarlane & Yahuda, 1996; Fosha, 2002). These concepts have been affirmed post-Katrina and are exemplified by the following discussion.

Changing or reaffirming of life priorities. A frequent set of positive changes that many survivors describe as a result of Katrina is that their priorities have changed (Scurfield, 2006b). And although these changes were most widespread in the first several months post-Katrina, many survivors seem to have been able to internalize these changes longer-term:

- One university colleague said, “Katrina Forced **me** to downsize. ‘Things’ like the large home, fancy furniture and possessions, etc., don’t seem nearly as important now.”
- Another student said, “I don’t want anything that I’ll have to drag to the curb” (after **it** has become water logged with storm surge or destroyed by hurricane-force winds).
- In fact, there were only two possessions, both family related, that most people seemed to still value after Katrina. By far, the most common “as the photographs of loved ones and of happy memories; second was precious mementos, small family heirlooms, and so on, to which were attached fond familial memories.

And so, there is a much greater appreciation of simplifying life down to the basics. It’s the people, the relationships, good neighbors, community and their faith that really

matter. The lyrics in country singer George Strait’s (2005) song “You’ll Be There” sound remarkably like what could have been written by such Katrina survivors:

From the beginning of creation I think **our maker** had a plan

For us to leave these shores and sail beyond the sand

And let the good light guide us through the waves and the wind

To the beaches in the world where we have **never** been. . . .

Sometimes **it seems** that I don’t have a prayer.

Let the weather take me anywhere

Well you don’t take nothing with you here. And **you** can’t take nothing back.

I ain’t ever seen a hearse with a luggage rack.

Life in a FEMA trailer. First of all, let’s set the record straight about FEMA trailers. As I was reminded by one of my students: They are *not* ‘trailers.’ They are much more temporary than that. Almost all are actually campers; they have wheels and are designed to be mobile places of shelter for very short periods of occupation. They were *not* designed to be homes for 12 to 24 months—or to withstand winds of more than 40 to 50 miles per hour. (Naturally this vulnerability is strongly associated with provoking high anxiety while living through subsequent hurricane seasons when there is a new threat of possible storms reaching land.)

The words of a couple living in the coastal town of Pascagoula on the lot where their home once stood illustrate how each of the challenges of what has been perhaps the epitome of post-Katrina life on the Gulf Coast—living in a FEMA trailer—had been transformed to a positive. FEMA trailers are infamous for their flimsy quality of construction, very crowded living space, minimal insulation, smells, temperamental and ill-functioning appliances, and sparse amenities. This couple positively turned each of these challenges of FEMA trailer life into an opportunity.

After our first week of camper life, it became apparent that we are not into roughing it. Amid all the screaming and *crying*, we wondered how in the world we would make it. The first order of business was to be able to sleep comfortably That pathetic excuse for a mattress had to go. A huge “thank you!” to the Red Cross. Our check purchased a pillow-top mattress, it is now the most

comfortable spot in the place. A good night's sleep has made us a little kinder to each other and easier to get along with. By building a deck and patio, we doubled our living space. Most afternoons we can be found sitting outside, waving to neighbors and wondering where all these sightseers come from. We bought a grill with a side burner, after a few meals cooked inside, I realized how much heat that stove put out. I have since learned to cook almost anything on the grill, even spaghetti.

This storm has not changed who we are. It has made us appreciate what matters. In our camper, you often will find the table set, a candle ready to light, and fresh flowers. We have freshly ground coffee in the morning and long talks by the fire pit at night. We are those people on Washington Avenue with the tacky lights and flamingos; you know the ones. We often have dinner outside by candlelight, with a tablecloth blowing in the wind atop the card table, set between the camper and the freshly grown rye grass. Stop in for a visit. We always have a couple of extra chairs, and we enjoy the company.

Paul and Tracie Sones, Pascagoula (as quoted in Sones, 2006)

The continuing enhanced appreciation by many Katrina survivors about what is really important in our lives—family, relationships, and our faith—hopefully will sustain us as we face the enormous rebuilding and recovery from Katrina that will be going on for decades.

Metamorphosis of the University of Southern Mississippi Gulf Coast campus. The temporary reestablishment of our campus at a location an amazingly short 6 weeks after Katrina has presented severe challenges. This is especially so, now that the reality has set in that this will be our home for at least the next 5 years or longer. What might have been better tolerated for a short while becomes much harder to deal with when months turn into years. At our temporary location in what was an abandoned former hospital, on less-than-picturesque grounds, we are squeezed into 50,000 square feet in a rambling one-story configuration. It is an oxymoron to say that campus space is at a premium. And yet, a most amazing thing has unfolded—a remarkable and unprecedented sense of community among and across faculty and staff, colleges and programs, and students (Scurfield, 2006b).

Yes, we continue to be ridiculously crowded and in subpar physical conditions. However, almost all faculty had offices, as small and windowless as they were, by late Spring 2007. Perhaps the most remarkable phenomenon was and has continued to be that faculty from different departments and colleges, and staff from various departments, know—so many more university employees across the campus and on a

remarkably much more personal and caring collegial basis than pre-Katrina. The palpably and heightened shared camaraderie, collegiality and friendship that envelop our university community are both unprecedented and invigorating. And this never would have happened if we were still compartmentalized in our daily homogeneous work units each located in a separate building or on a separate floor on the original Gulf Park campus.¹¹

The gift that keeps on giving. Here on the Gulf Coast of Mississippi, there are other wonderful signs of hope and community in the truest sense of the word. One amazing happening has been the absolutely remarkable voluntary outpouring of money, time, and effort from tens of thousands of people throughout our country. Untold numbers have sent donations from afar and/or have come to the Coast to volunteer. For example, many local churches have each been “adopted” by not one but several churches in other states cash donations and volunteers continue to arrive. And innumerable other persons throughout the United States have opened their communities, homes, and hearts to receive hundreds if not thousands or tens of thousands of persons displaced by Katrina.

We have witnessed the incredible discovery of how Americans from throughout our country (and from other countries as well) have come together as a national and international community citizens of one planet, to respond in the aftermath of Katrina. I will briefly mention what has happened to and with the Catholic parish that I belong to as just one illustration of the amazing results of many of the volunteer efforts. Katrina destroyed the church of our parish of 1,400 families, St. Thomas the Apostle, as well as the rectory, the newly built Life Center, the elementary school and the nearby Knights of Columbus building. Just to describe the church: The structural supports of the church building were still standing and most of the roof remained; however, the storm surge had literally sucked *everything* out of the interior of the building. The strength of the storm surge is reflected in the fact that, to my knowledge, no remnants of *any* of the many heavy wooden church pews were ever found—anywhere! And this structure that had been built post-Hurricane Camille to withstand hurricanes had to be torn down.

The Long Beach Grace Lutheran Church graciously shared their church as a temporary site for St. Thomas to use for masses. This was just one of innumerable and wonderful instances of interfaith support that has continued throughout the coast. For example, I distinctly remember a van from a Baptist church driving through our seriously damaged neighborhood one hot Mississippi afternoon during the first weeks post-Katrina, leaving bags of frozen chicken at our doors.

Meanwhile, the Knights of Columbus, a Catholic service organization, found and purchased an available vacant building that had been a roller rink; and a contingent of

Navy Seabees and many other volunteers worked feverishly to build out the interior of the roller rink to house 12 classrooms and a chapel to use for mass. And every time that there was a pending stoppage because materials could not be found, somehow, someday the materials would appear. The building was ready for the school to open and church services to be held an amazing 19 days later. It was remarkable; indeed, some might use the word *miraculous* (St. Thomas, 2006).

The human connection. We survivors of Katrina are indeed blessed by the continuing generosity of giving that has continued to come to the Gulf Coast from people seemingly everywhere. And the giving also has been remarkable between fellow and sister Gulf Coast resident survivors of Katrina. The famous Navy Seabee motto, “Can do,” was carried out beautifully by the Seabees post-Katrina. Most of the Seabees themselves and their families were victimized by Katrina. And yet, they seemed to be everywhere throughout the coastal communities, lending skilled hands and equipment and their labor. And many other Mississippians, military and civilian, also displayed that very same can-do attitude and resilience.

There have been innumerable stories about how the resilient people of the Mississippi Gulf Coast have not only survived, they have been enriched—and continue to enrich others. Personally, the night before Katrina was very stressful, exacerbated by our family’s being extremely split as to whether to evacuate or not. And yet, an unexpected outcome was to experience a renewal and even enhanced appreciation of the importance of my relationship with my wife and daughter, with whom I experienced our harrowing yet successful survival of Katrina and its aftermath. And so many friends and relatives (and yes, strangers) eared and reached out across the miles. Ironically, the horrific and extremely stressful hurricane-related experiences that happened and developed in the destructive aftermath of Katrina were both a powerful shared bonding experience and the catalyst that has helped to energize and congeal the most amazing leanings and enhanced relationships that followed in Katrina’s wake—then and 2 years later. Many of us have discovered this to be a potent mitigating factor, even to the toxic devastation of a Katrina (Scurfield, 2006b).

There is a human connecting between our local residents, neighbor to neighbor, that continues and is truly heartwarming, pervading many local families and communities. Beyond individual resilience, “community resilience” truly is evident in south Mississippi. “In addition to the key disaster-management services that local governments provide, a resilient community recognizes that private businesses, individual citizens and volunteer organizations and associations are critical aspects of the fabric of a community and play significant roles in community resilience” (Edwards, 2007). This interactive set of dynamics and factors shines in south Mississippi.

‘Right where I am supposed to be.’ In the wake of Hurricane Katrina, the life plans of many were, of course, severely disrupted. Some who had been ready to retire now will have to work for many more years because of the financial hardships suffered. Others lost their jobs because the employing business had been destroyed. Tens of thousands of people were displaced and temporarily living in FEMA trailers, with extended family members, or in other makeshift living arrangements. Others were displaced tens, hundreds, or thousands of miles away, not sure if they would ever return or where they eventually would settle. Still others decided that they couldn’t continue to live in a hurricane-prone area and felt that it was best to cut their losses, pick up, and move far away to start over somewhere else. And untold numbers continue in a state of unpleasant if not dismaying limbo, struggling still about where they are supposed to be longer-term.

I am someone who has a history of moving every several years to new locations, usually thousands of miles away. 2005 was the 8-year mark of living in Mississippi, my wife’s birthplace, and I had been noticing that my wanderlust was kicking up. However, about 6 months after Katrina, I found myself realizing more and more that my various life experiences and professional abilities that had evolved over the years “had come together” in this post-Katrina environment. My professional knowledge of posttraumatic stress and personal survival of war and several prior disasters, my commitment to work with survivors of trauma, the fact that our university campus did not have a counselor and here I was able to volunteer to be that counselor. In addition, I realized that I had become more and more a part of this Mississippi Gulf Coast community. It just did not seem that all of this could possibly be just a matter of random chance.

Furthermore, my wife, Margaret, and I both realized that we would feel like we were deserting our community and university and the Navy Seabee community (where Margaret is director of the Fleet and Family Service Center) in their hours of greatest need—if we had left in Katrina’s wake. And in the midst of the devastation, struggle, beginning recovery and with years of reconstruction lying before us, I had the most profound realization: *This is our home and this is our community. This is exactly where I am supposed to be—right here, right now*

And of course we were not alone in coming to the conclusion that this is “right where we are supposed to be.” Indeed, in the aftermath of Katrina, each south Mississippi resident has had to come to the realization and conviction of what was best for us and our families (even if it was a very ambivalent decision to stay or to go), and to then carry through on that conviction to the best of our abilities—looking ahead, hopefully not back in self-critical judgment, at decisions that were the best that we could make at the time. And as a result, more than a few have found our lives immeasurably enhanced since August 29, 2005,

Post-Katrina Storm Disorder | Scurfield 103

In closing: Football, Hurricane Katrina, Tropical Storm Erin, Mississippi, and Wisconsin. Most people from other parts of the country do not realize the powerful connection that has developed between the ardent legions of Green Bay Packer football fans in Wisconsin and southern Mississippi through the years of Packer quarterback exploits by Brett Favre, a native son of Kiln, Mississippi, and a graduate of the University of Southern Mississippi in Hattiesburg. A further link has developed in the aftermath of Katrina and Tropical Storm Erin. Following Katrina, over the past 2 years, families from the Diocese of La Crosse, Wisconsin, have given repeatedly and generously to our devastated St. Thomas parish, lime and again they have donated their finances, visited us to provide their volunteer assistance, and prayed for and 'with us,

Then, while we along the Mississippi Gulf Coast, as individuals, families, neighborhoods, communities, and a region are in varying states of rebuilding and recovery, fate stepped in to give us the chance to help others who may be just as much in need. In August 2007, Tropical Storm Erin bypassed the Mississippi Gulf Coast. Unfortunately and ironically, it veered sharply northward and, among other states, it triggered devastating flooding in the Diocese of La Crosse that destroyed or severely damaged many homes. Yes, Wisconsin felt the wrath of a tropical storm.

Our pastor, Father Louie Lohan, while recognizing that many of our families were still suffering post-Katrina, asked us to be as generous as we could to the good people of La Crosse. This was a unique opportunity for us, in turn, to be as generous to some others as they have been to us in our time of great need. Amazingly two communities, one in Mississippi and one in Wisconsin, 1,100 miles and almost 2 years to the day apart, have become even more inextricably linked through mutual humanitarian responses in the aftermath of a hurricane named Katrina and a tropical storm named Erin. Is this not karma coming back to the generous people of La Crosse, generated at least in part by their humanitarian work with us here in Mississippi? And our response, in turn, continues the ever-generating karma cycle. Who could have known that the unlikely pairing of professional football and two natural disasters has, indeed, helped to both bring together and bring out the best in people from La Crosse, 'Wisconsin, and Long Beach, Mississippi?

Notes

1. Some of the content in this writing is derived directly or adapted from **my previous** journal articles in *Social Work Today* (2006h) and *Traumatology* (2006a), published proceedings of an Alabama/Mississippi social work conference (2007b), and presentation at a state social work health conference (2007a).

2. It is impossible to discern if these dramatic differences are because those being seen by local mental health resources are not representative of those surveyed in these studies, or whether study sampling strategies and data analyses do not reflect true prevalence or incidence rates, posttraumatic stress disorder screening instruments utilized reported significant false positives, and so on.

3. The Project Recovery crisis counseling program was organized to assist people in finding ways to cope with Hurricane Katrina—related stress. It was funded through a grant from the U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA) to the Substance Abuse and Mental Health Services Administration and operated by the Mississippi Department of Mental Health. More than 350,000 crisis counseling and outreach visits were made in Mississippi before it closed on April 27, 2007 ([MA, 2007). '[the termination was in spite of considerable community protests about the continuing need.

4. These realities included extremely uneven distribution and availability of resources; ever-changing locations where the services are being or should be provided; overwhelming level of demands; inadequate or dysfunctional communication systems; lack of accurate and immediate up-to-date information *today* about what is available and where; rapid rotations of most relief workers in and out of the area and subsequent serious disconnects between providers, oftentimes from the same agency; uneven training, expertise, disposition, and attitudes of the staff; unclear guidelines and/or ones that clearly are not responsive and relevant to needs, many providers themselves being both survivors and providers, with their own issues inevitably being triggered to varying degrees; poor, nonexistent, and/or non-timely follow-up; a seemingly insatiable organizational appetite for requiring paperwork and more paperwork, and for some organizations and supervisors, putting rules, procedures, and regulations ahead of the needs of clients, common sense, and needed flexibility (ironically these two tendencies seemed to increase as the initial chaos of post-Katrina became more manageable); great difficulty for anyone (clients or staff) to find out *where the buck actually stops*. (As an example, in my role with my university in coordinating with FEMA regarding emergency housing for displaced faculty and staff, I found that many of the FEMA staff actually refused to give their telephone numbers and their phone numbers were not displayed on caller ID. I was told that this was official FEMA policy—" And I was a university official sanctioned to work with FEMA. Imagine the difficulties for ordinary citizens to attempt to communicate about any issues if not occasional chaos.); and disorganization and fragmentation of services

5. See Scurfield (1980) for a discussion of the ethics of engaging in political behaviors with one's own employing and other agencies when that is in the best interest of the client.

6. I am indebted to several attendees at my post-Katrina workshop at the annual meeting of the Mississippi State Chapter of the National Association of Social Workers (March 9, 2006) who have been working in shelters throughout Mississippi with persons displaced by Katrina. They reminded me that survival needs need to be addressed first.

7. Several of my handouts are available on my university Web page and are accessible to the public. Go to <http://www.usm.edu/gs/health/Scurfield/index.html>.

8. See Scurfield & Mackey (2001) regarding the impact of exposure to race-related events, a form of trauma that receives little systematic attention from researchers or from many clinicians.

9. Please note that I am not espousing Kushner's writing as *the* book concerning these important issues. It happens to be one book that I am familiar with that is very reader friendly in easy-to-grasp wording, is very concise, and is inexpensive—three attributes in remarkably short supply these days. See also Philip Yancey (1990).

10. Available on my university Web site as a complete two-page handout that includes both the stages and further explanatory comments about post-trauma recovery. Go to <http://www.usm.edu/gs/health/scurfield/indexhtml>.

11. Indeed, this phenomenon has been so powerful that I am advocating that the design for our new campus that will be built in 5 to 7 years take into account building design strategies that will maximize the *intermixing* of various academic and student service departments together—rather than the prototypical campus that has completely separate edifices for various academic departments and colleges, still other separate edifices for university administration and support services, and so on (e.g., the infamous “silo” approach).

References


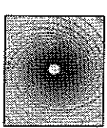
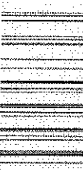

- Aten, J. (2007, October). *Spirituality and mental health post Katrina*. Paper presented at the 1st Annual Conference, Katrina Research Center, Post-Katrina Coping and Recovery Two Years Later. University of Southern Mississippi—Gulf Coast, Gulfport.
- Barrilleaux, S. (2007, October). Post-traumatic stress syndrome; Issues, impact and available assistance—*Issues and Answers Gulf Coast Public Lecture Series 2007-OS*, sponsored by the *Sun Herald* and the University of Southern Mississippi—Gulf Coast, Gulfport.
- Bonanno, C. A. (2004, January). Loss, trauma and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28.
- Bonanno, C. A. Papa, A., & O'Neill, K. (2001). Loss and human resilience. *Applied and Preventive Psychology*, 10, 193-206.
- Calhoun, C. C., & Tadeschi, R. C. (1998). Beyond recovery from trauma: Implications for clinical practice and research, *Journal of Social Issues*, 59, 357-371.
- Cintra, V. (2007, October). Immigration issues in Mississippi; Mississippi Immigrants Rights Alliance. Presentation at the Fall Colloquium. “Disaster, Dislocation and Trauma: The Social Work Response,” University of Southern Mississippi, School of Social Work, Hattiesburg.
- Copeland, L. (2006, March 13). Thousands in Mississippi, are displaced but defiant. *USA Today*, 4A.
- de Shazer, S. (1985). *Keys to solutions in brief therapy*. New York: Norton.
- de Shazer, S. (1991). *Putting difference to work*. New York: Norton.
- Editor's Notebook (2005b, December 7). “The first 100 days after Katrina: What is the enduring image of Katrina? Retrieved from www.sunherald.com, p. C4.
- Editor's Notebook (2005b, December 7), “The first 100 days after Katrina; What is the enduring image of Katrina? Retrieved from www.sunherald.com, p. C4.
- Edwards, Warren (2007, October 10). Resilience in response to disaster is the key to economic success [Forum]. Retrieved from www.sunherald.com, p. C3.
- Elias, M. (2007a, August 16). Katrina victims struggle mentally: Post-traumatic stress still rising, study shows. *USA Today*, p. 1A.
- Elias, M. (2007b, August 16). Trauma shapes Katrina's kids: The youngest find it hard to bounce back 2 years alter their lives were disrupted. (*USA Today*, p. 1D).
- Erwin, H. (2005, September 29). Alabama senator: Katrina was wrath of God on sinful Mississippi Coast. Retrieved from www.sunherald.com, p. A-12.
- Faberow N. L., & Gordon, N. S. (1981). *Manual for child health workers in major disasters*. Reprinted by North Carolina Cooperative Extension Service, 1999. North Carolina State University North Carolina A&T State University. Adapted from materials originally developed by Kansas State University Extension Service.
- FEMA. (2007, April 23). *Project Recovery services end, healing doesn't* (Release Number 1604-542).
- Fosha, D. (2002, April). Trauma reveals the roots of resilience. *Constructivism in the Human Sciences*, 6(1&2), 7-15.
- Frulla, p. (2007, September 28). Recovery squeeze: Low income renters feel it, Katrina housing study says. *Sun Herald*, pp. C10, C7.
- Gulf Coast Business Council. (2007, August 21). *The Mississippi Gulf Coast: Two years after Katrina*.
- Huffman, A. (2006, February 11). Does it matter if the world knows Mississippi's story? Yes. Here's Why.

- Retrieved from www.sunherald.com, p. C-2.
- Kobasa, S. C. Maddi, S. R. & Kahn, S. (1982). Hardiness and health: A prospective study *Journal of Personality and Social Psychology* 42, 168-177.
- Kushner, H. (1981). *When bad things happen to good people*. New York: Schocken Books.
- McFarlane, A. C., & Yahuda, R. (1996). Resilience, vulnerability, and the course of posttraumatic reactions. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress* (pp. 155-181). New York: Guilford Press.
- Norman, J. (2007, October 10). Screening day spotlights mental health. Retrieved from www.sunherald.com, p. A7.
- Pender, C. (2005, December 7). 'The first 100 days alter Katrina: Progress seen in small things, but frustrations abound. www.sunherald.com, p. C-1.
- Rogers, C. (1951). *Client-centered therapy*. Boston: Houghton Mifflin.
- Rogers, C. (1961). *on becoming a person*. Boston: Houghton Mifflin
- Rogers, C. (1980). *A way of being*. Boston: Houghton Mifflin
- Rubinkam, M. (2005, September 30). A nightmare for rebuilding. Retrieved from www.sunherald.com, p. C-7.
- Sayre, A. (2007, October 16). Coast casinos rebuild after Katrina. *Arizona Republic*. Retrieved October 26, 2007, from www.azcentral.com/arizonarepublic/
- Scurfield, R. M. (1980, December). An integrated approach to case services and social reform. *Social Casework*, 610-618.
- Scurfield, R. M. (1985). Post-traumatic stress assessment and treatment: Overview and formulations. In C. Figley (Ed.), *Trauma & its wake* (Vol. PP. 219-256). New York: Plenum Press.
- Scurfield, R. M. (1994). 'Treatment of war-related trauma: An integrative experiential, cognitive and spiritual approach. In N. B. Williams & J. F. Sommer (Eds.), *The handbook of post-traumatic therapy* (pp. 181-203). Westport, CN: Greenwood.
- Scurfield, R. M. (2002). The normal abnormal: Coping in the aftermath of the terrorist acts of September 11th. *Psychology Today* 35(1), 50.
- Scurfield, R. M. (2006a). Post-Katrina aftermath and helpful interventions on the Mississippi Gulf Coast. *Traumatology* 12(2), 61.
- Scurfield, R.M. (2006b). Social work interventions at a Mississippi university devastated by Hurricane Katrina. *Social Work Today Online January 2006 E-Newsletter*. Available at [swtmay20](http://www.socialworktoday.com/2008newsletter.htm) <http://www.socialworktoday.com/2008newsletter.htm>
- Scurfield, R. M. (2006c). *A Vietnam trilogy Vol. 111: War trauma. Lessons unlearned from Vietnam to Iraq*. New York: Algora.
- Scurfield, R. M. (2007a). *Katrina: Post-traumatic stress and recovery over two years later*. Paper presented at the annual conference of the Mississippi Society for Social Work Leadership in Health Care, Jackson, Mississippi.
- Scurfield, R. M. (2007b). Post-Katrina survivor and provider: Social work interventions and coping on the Mississippi Gulf Coast. In N. Forster & J. Bethel (Eds.). *Published Proceedings, 37th Annual Alabama/Mississippi Social Work Education Conference* (pp. 87-117). Hattiesburg: University of Southern Mississippi.
- Scurfield, R. M., et al. (1993). Stormy weather, speedy action: VA responds to Hurricane Iniki. *VA Practitioner*. 10(3), 45-46, 49-50, 52.
- Scurfield, R. M., & Mackey, D. (2001). Racism, trauma and positive aspects of exposure to race-related experiences: Assessment and treatment implications. *Journal of Ethnic & Cultural Diversity in Social Work*, 10(2), 23-47.
- Sones, R. (2006, February 17). Storm has made us appreciate what really matters. Retrieved from www.sunherald.com, p. B-3.
- Spiegel, A. (2007, August 8). *Stuck and suicidal in a postKatrina trailer park* [Radio broadcast. National Public Radio.
- Stallworth, B., et al. (2006, March 13). Grant plan leaves out many who need help the most. Retrieved from www.sunherald.com, p. B-2.
- St. Thomas Parish. (2006). *The St. Thomas Story: A story of hope and faith following the devastation of Hurricane Katrina* [Motion picture]. P. O. Box 1529, Long Beach, MS 39560; ph. (228) 863-6876.
- Tadeschi, R. G., & Calhoun, L. C. (1995). *Trauma and transformation: Growth in the aftermath of suffering*. Thousand Oaks, CA: Sage.
- Scurfield, B. NI. (1985). Post-traumatic stress assessment and treatment: Overview and formulations. In C. Figley 106 *Traumatology* /Vol. 14, No.2, June 2008
- Van Zandt, L. (2007, October 25). Oral history with Vietnamese Gulf Coast population post-Katrina. University of Southern Mississippi, Center for Oral History and Culture. Department of History, Hattiesburg, MS. Presentation at the 1st Annual Conference, Katrina Research Center. Post-Katrina Coping and Recovery Two Years Later, University of Southern Mississippi—Gulf Coast, Gulfport.
- Walsh, B. (2006, February 16). \$85 billion question: On the ground, people wonder where has the money gone? Accounting for Katrina. Retrieved from www.sunherald.com, p. C5.
- Welsh, J. R. (2007, October 27). Council fights Katrina cottages. New policy aims to slow demand, Retrieved from www.sunherald.com, pp. A1, A5.

Post-Katrina Storm Disorder / *Scurfield* 106

Yancey, P (1990). *Where is God when it hurts? A comforting healing guide for coping with hard times.* Grand Rapids, MI: Zondervan.

[rev. April 2007]

Phase	Time Frame of Phase	Emotions	Behaviors	Most Important Resources
 Heroic	Occurs at time of impact and period immediately afterward.	Altruism. All emotions are strong and direct at this time.	Heroic actions. Use of energy to save their own and others' lives and property.	Family groups, neighbors and emergency teams
 Tunnel Vision	Overlaps with Heroic. Honeymoon and can extend well into the Disillusionment phase	Mostly detachment or emotional numbing. Strong feelings and intrusive memories tend to be temporarily minimized, denied or pushed aside	Very activity-focused. Continuing attention to taking care of daily tasks and more basic survival needs of self and loved ones	Family, friends, work colleagues, church/prayer, personal self-care (stress release, meditation . . .)
 Honeymoon	From one week to three-six months after the disaster	Strong sense of having shared a catastrophic experience and lived through it; expectations of great assistance from official and government agencies	Victims clear out debris and wreckage buoyed by promises of great help in rebuilding their lives.	Pre-existing community groups and emergent community groups which develop from specific needs caused by disaster.
 Disillusionment	Begins as early as 10 days and more commonly around the 3 rd week post-disaster or later. Phase closely associated with extent of losses and resources received—typically lasts from months up to two years or longer.	Strong sense of disappointment, anger, resentment and bitterness appear if there are delays, failures or unfulfilled hopes or promises of aid.	People concentrate on rebuilding their own lives and solving individual problems. The feeling of "shared community" is lost.	Many outside agencies may now pull out. Indigenous community agencies may weaken. Alternative resources need to be explored. (continued)

Delayed Responses

Any time post-trauma

Emotions/memories intrude

Emotions/memories intrude

Any time post-trauma

(continued)

Reconstruction/ Recovery	Lasts for several years following the disaster	Victims now realize that they need to solve the problems of rebuilding their lives. Visible recovery efforts serve to reaffirm belief in themselves and the community. If recovery efforts are delayed, emotional problems which appear may be serious and intense.	People have assumed the responsibility for their own recovery. New construction programs and plans reaffirm belief in capabilities and ability to recover.	Community groups with a long-term investment in the community and its people become key elements in this phase.
Delayed Responses	Any time post-trauma	Emotions/memories intrude		

North Carolina Cooperative Extension Service, 1999. Adapted from materials originally developed by Kansas State University Extension Service. Distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914. Employment and program opportunities are offered to all people regardless of race, color, national origin, sex, age or disability. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture and local governments cooperating.

Enhancement/Post-traumatic Growth. This is an additional phase for some survivors. They are able to not only return to the level of functioning that existed prior to the trauma, but are able to "transcend" their trauma experience and its aftermath in ways that result in newly discovered or enhanced awareness, growth and functioning. For example, there can be a re-ordering of priorities and discovery or re-affirmation of what is really important in their lives.

- Delayed Responses** **Any time post-trauma** **Emotions/memories intrude**
- **Tunnel Vision, Delayed and Enhancement/Post-traumatic Growth** phases, and adding "recovery" to "reconstruction," are additions inserted by Ray Scurfield. The original chart had four stages (prepared by the North Carolina Cooperative Extension Service). The original four phases are credited to: N.L. Faberow & N.S. Gordon (1981), *Manual for Child Health Workers in Major Disasters*.
 - The time-line for the **Disillusionment Phase** has been modified per input from Bruce Young, National Center for PTSD, Menlo Park, CA
 - The devastation from Hurricane Katrina was so profound and widespread that the **time-lines** identified in this chart for one or more of the phases may be prolonged well beyond these general time-lines; all disasters are not equivalent in devastation or impact.
 - All phases are not necessarily experienced in the order listed, nor do all trauma survivors necessarily experience all of the phases. For example, some people may never have a **Homeymoon Phase**; others may become "stuck" in and not get past the **Disillusionment Phase**.
 - Hurricane Katrina survivors who did not suffer a **death** of a significant other may be experiencing a profound sense of loss and grief over the destruction of home and possessions, loss of place of employment, church, school, neighborhood, community--the loss of so much that was familiar and cherished along the entire MS Gulf Coast.
 - For additional coping strategies to trauma, see Raymond Scurfield, "The Normal Abnormal," *Psychology Today* (2002, January/February), p. 50
 - Because of the actual or sense of loss and associated grief that occurs during and following disasters, a number of post-disaster and grief counselors have applied what is commonly known as the "five stages of grief" [by Elisabeth Kubler-Ross, 1969, in her book, *On Death and Dying*] to be, in effect, five stages of coping with any traumatic event, whether or not death has been involved:
 - 1-**Denial**: "This is not happening to me." "No, not to me" (Or, no, not to someone close to you)
 - 2-**Anger**: "Why is this happening to me?" or "Why to my _____?"
 - 3-**Bargaining**: "Yes me, but . . ." ("If I do this, will you take away the loss . . .")
 - 4-**Depression**: "Yes, me." Feeling sad, angry and/or numb with the courage to admit that it is happening.
 - 5-**Acceptance**: The anger, sadness and mourning have tapered off and the person comes to accept the reality . . .
 - However, it is my experience that the relevance of these stages of **grief** should be limited to traumatic loss issues and are not adequate to use as the model for understanding the common stages of **disaster/recovery**. [In fact, the stages of grief were originally presented by Kubler-Ross as the five stages that terminally ill persons may go through upon **learning that they have a terminal illness** in order to be able to then actually move on to resolve their grief. See: TLC Group, Dallas, TX, Editorial, "Beware the 5 Stages of 'Grief'" @ 1997 by Counseling For Loss and Life Changes.

I welcome any feedback regarding the usefulness of this modified "common stages of disaster recovery" chart.
 Ray Scurfield, DSW, LCSW, Assoc. Professor of Social Work, University of Southern Mississippi--Gulf Coast, Long Beach, MS (228) 234-2062, raymond.scurfield@usm.edu

Figure 1. Six stages of disaster recovery.