Social Work Interventions at a Mississippi University Devastated By Hurricane Katrina

By Raymond Monsour Scurfield, DSW, LCSW, ACSW

The picturesque campus of the University of Southern Mississippi—Gulf Coast (USM-GC) sits directly on the coast, about 100 yards from the Gulf. Along with 11 Mississippi coastal communities, the campus was heavily damaged by Hurricane Katrina. About 30% of the university’s 350 staff and faculty were displaced because of destruction or heavy damage to their residences.

Through the remarkable collective efforts of university staff and faculty—led by Associate Provost Patricia Joachim and Richard Hadden, MD—in only six weeks a temporary campus location was established at a nearby former hospital site. Classes began October 10 on a modified schedule. Nearly two thirds of the students who had enrolled pre-Katrina have attended classes in spite of severe personal losses and challenges. Forty-three percent of MSW students were homeless, 36% lost their jobs, and every field placement agency was severely impacted or closed down.

The extent of the destruction to the surrounding communities was extraordinary, including 235 deaths and 68 missing (Pender, 2005); and losses of 52% of 200,000 homes in the six southern Mississippi counties, 75% of the small businesses, 60% of the forests, and most of the shipping and fishing industry. Volunteers from New York City described the devastation as “just like Ground Zero at the World Trade Center Towers”. But there was a major difference—the area that was totally or almost totally devastated from Katrina stretched more than 120 miles along the coast and extended inland several blocks with considerable damage extending many miles further inland. Many Katrina survivors did not suffer the death of a significant other, yet were experiencing a profound sense of loss, grief, and malaise over the destruction of home and possessions and loss of places of employment, churches, schools, neighborhoods, and entire communities.

Coordination of Emergency Housing Assistance

Fortunately, my home was still habitable after Katrina, although my university office was completely destroyed. I took a lead role, along with Sheila White (public relations), Pat Smith (history professor), and Linda Skupien (Ocean Springs campus), to coordinate emergency housing arrangements for displaced university employees. Our efforts involved considerable activity in compiling and maintaining updated information on who was in need of housing, exploring how the university might make land available for Federal Emergency Management Agency (FEMA) trailers, getting our employees designated as “essential personnel,” and interfacing with FEMA officials at numerous locations. The difficulties were monumental in obtaining accurate and updated information. The FEMA acronym became widely known as Forget Ever Managing Anything and Fix Everything My A** (Lee, 2005). The impossible task of contacting the FEMA or the Red Cross was illustrated by someone who announced he finally found a telephone number that someone answered: 1-800-I-AM-BUSY. If we didn’t laugh at the extraordinary and unrelenting series of obstacles, we all would have been depressed or enraged.

Campus Counseling

The USM-GC campus is the smaller of the two campuses of the University of Southern Mississippi; the Hattiesburg campus is 75 miles to the north. One glaring, long-standing need of the USM-GC campus has been a university student health center or counseling services. After Katrina, the necessity of a counseling presence at our campus was an ethical and professional mandate for our students—as well as for our faculty and staff who typically are not served by university-based student counseling
services.

With my expertise in posttraumatic stress disorder and postdisaster services, and being a resident faculty and fellow Katrina survivor, I was in a unique position to volunteer to offer postdisaster counseling that would be accessible for our students and employees. From September 22 through November 29, 2005, I provided office-based counseling for nine faculty, 11 staff and eight students, consulted with six faculty and family members concerning students, and made one in-class intervention.

**Dual Role of Faculty and Counselor**

I was available on campus daily and by cell phone at any time. Also, through my coordination of housing assistance to university employees, I was active daily, interacting with many employees about housing needs. As I had learned in coordinating post-Hurricane Iniki relief services on the island of Kauai (Scurfield et al., 1992), “the provision of goods and mediation with disaster agencies was the door through which mental health assessments and interventions could pass” (p. 47). In the course of housing discussions, people would share their “hurricane stories.” In fact, it was standard conversation anywhere on the coast when one person would greet someone they had not seen since the hurricane (or strangers with each other while standing in lines at the bank, grocery, and hardware stores, etc): “How are you doing?” “How did you make out in the hurricane?” “Do you still have your house?”

Over the ensuing weeks, I was involved in innumerable informal “hallway conversations” with faculty, staff, and students covering a wide range of topics. Inevitably, folks casually mentioned a personal difficulty or one of a family member, friend, or neighbor. Such interactions became, in effect, “informal counseling sessions” and were taking place throughout the building and outside the front entrance. Frequently, when someone would drop by my office to ostensibly inquire about housing assistance or to check on an FEMA trailer application process, there would be a brief discussion of a personal difficulty.

Because of concern of possible “dual relationships” with fellow faculty or with students I was teaching, alternative counseling was offered through the nearby Gulf Coast Mental Health Center and at the Hattiesburg campus. Also, because USM-GC is a small campus, and the temporary location was so cramped and devoid of anonymity, there was concern about adequate privacy and whether people would be willing to see me on site for counseling. Therefore, I advertised my counseling within the rubric of my housing assistance services and as the senior social work faculty at this campus. Signs were posted throughout the building:

Housing Assistance,
School of Social Work &
Mental Health Counseling
Walk-in or call Dr. Ray Scurfield
at 228-234-2062

This way, people in my office may be there for any one of several reasons—not necessarily for personal counseling.

**Postdisaster Information**

Several of my colleagues sent helpful literature on postdisaster reactions and coping, along with additional information from the Internet. These included the National Center for PTSD (www.ncptsd.va.gov), the *Psychological First Aid: Field Operations Guide* (National Child Traumatic Stress Network at www.nctsn.org) and “Tips for Helping Students Recovering From Traumatic Events” (www.ed.gov). Bruce Young at the National Center for Post Traumatic Stress Disorder, Menlo Park, CA, was particularly helpful. Of all the postdisaster literature available, I
found one chart, “Common Stages of Disaster Recovery” (Faberow & Gordon, 1981), after I modified and amplified it (Scurfield, 2005), to be most helpful. The common stages are heroic, tunnel vision (my addition), honeymoon, disillusionment, and reconstruction. I also found Kubler-Ross’ (1969) five stages of grief to be a helpful additional educational component for those who had suffered physical losses. Finally, 10 days before Katrina struck, I had impulsively added a new text to my MSW field seminar, Kushner’s When Bad Things Happen to Good People (1981). It has turned out to be a marvelous source of discussion to stimulate thinking about “why” Katrina and its aftermath happened.

Clinical Intervention Strategies
There were several intervention strategies I have found to be consistently helpful:
• Strengths: “I am amazed that you’ve been able to handle these challenges as well as you have—single mother, two special needs kids, the hurricane, losing your apartment, the difficulties in getting a FEMA trailer, continuing to take classes. How are you able to do as well as you are?”
• Normalizing: “You’re not alone; what you’re describing has been a pretty common reaction in others I have talked with.”
• Validation: “Why do I feel like crying so much?” Ray: “Because you’ve had a lot going in your life that is stuff to cry about, yes?”
• Tunnel vision: “This is one way that you have been using to keep your head above water and get through the day-to-day issues and needs—tunnel vision, getting the task done, day to day. Are you using tunnel vision well?”
• Clarifying pre- vs. post-Katrina issues: “You’ve mentioned several issues today—losing your home and all your possessions, conflicts with your mother in your temporary living situation, difficulties concentrating in school, and your social anxiety that has intensified these past several weeks. It is important to distinguish which, if any, of these issues existed before Katrina and might be aggravated by your Katrina experiences vs. which issues really are directly connected to what happened during and following Katrina.”
• Solution-focused: “Yes, you are having some real difficulties right now. But you didn’t always have these difficulties, did you? Let’s look back at some things that you did before Katrina that were ways you successfully used to deal with serious issues. You don’t have to come up with all new ideas.”
• Taking Time for Self-care: “I feel guilty that I want to take a little time each evening just for me—to have an hour or two just to be by myself and not have to deal with the kids. I’m just exhausted.” Ray: “Are you not worthy — important enough—to deserve to have some time for yourself?”
• Establishing routines: “What are you doing on a regular basis now that is good for you? What are you not doing that you used to do that you know are activities that you need to get back into doing soon? How are you holding yourself back from again doing...?”

Finally, a faculty member called regarding the unexpected death (probable suicide) of one of her students. She read about it in the obituaries two days after he had been in her class. She was going to announce his death in the next class meeting and have students share reactions. We agreed I would come in after the class break to be introduced as a counseling resource. I emphasized with the class:

• A sudden and tragic loss such as the death of M____ (it was very important to say his name and personalize what had happened) is a very difficult thing to understand or deal with in the best of times—and, of course, these are anything but the best of times in southern Mississippi.
• Such a tragedy can trigger memories and feelings about recent or more distant past losses in your own lives. You may find such personal losses becoming more conscious and difficult for you at this time. It is important to recognize this and give proper attention to both M____’s death and to your own personal losses or issues that may be arising.
• It is common for people to “compare” traumas, such as M____’s death, with your own problems and to then minimize or discredit your own issues as not being so important. But that’s not true, and it is unfair to you and to M____ to make such a comparison. Both are important.
• Especially now, here in southern Mississippi, many folks are now entering what has been described as the “disillusionment” phase of postdisaster response. Here is a handout about these phases for you
to take with you (Scurfield, 2005); the handout also has my telephone number and e-mail address on it. In this phase, you may now be feeling disappointment, anger, resentment, and bitterness. Be aware of what post-Katrina stage you are in, and how this may overlay and interact with your response to M____’s death.

I am amazed at the strength, courage, dedication, and faith that has continued to be demonstrated by our university employees and students and the incredible array of volunteers who have come from throughout the United States to give so generously of their time, energy, and materials to the recovery efforts has been truly inspiring. It truly does take a village.

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