

SPECIAL ENEWS

From: Center for Mental Health in Schools at UCLA

Re: PERIODIC UPDATE (10/20/05) — Disaster Aftermath

We encourage you to keep sending us information to share with others.

***A FEW PRESS REPORTS**

>>Federal Aid May Bail out School Systems in Louisiana

(by W. Sentell Capitol News Bureau)

“The state has a good chance of landing a major federal aid package to help public school districts housing 40,000 displaced students, state Superintendent of Education Cecil Picard said Wednesday. Picard told a legislative committee that, under one plan pushed by the Bush administration, the state would receive up to \$7,500 for each student who was forced to switch schools because of Hurricane Katrina. That figure is close to the average amount that state and local school districts spend on each student now. It is about twice as much as other plans discussed in Congress. ...

Finding ways to bail out school districts that are educating 40,000 displaced students in Louisiana, and about 62,000 in other states, is one of the key issues top state educators are wrestling with in the wake of Hurricane Katrina and Hurricane Rita. ... East Baton Rouge Parish has the most displaced students of any Louisiana district -- about 6,000. Total enrollment in the district is about 52,500. EBR and other school leaders say they need financial help for the costs of educating an unexpected surge of students, including new teachers, textbooks, building space, school materials and other expenses.

Even before Hurricane Katrina struck Aug. 29, Picard told lawmakers, 28 of Louisiana's 68 public school districts faced the prospect of bankruptcy by June because of years of financial problems. He said extra spending to house displaced students has worsened the problem and made the need for federal aid even more urgent. "These 28 systems, they can't hang on much longer," Picard said. ... The list of school districts that face zero fund balances by June includes East Baton Rouge, Iberville, Livingston, Pointe Coupee, St. Helena and the city of Baker. ...”
http://2theadvocate.com/stories/101305/new_bailout001.shtml

>>Thousands of displaced students not attending school in Louisiana

(by W. Sentell, Capitol News Bureau)

“At least 20,000 public school students uprooted by Hurricane Katrina are not attending any school, state Superintendent of Education Cecil Picard said Thursday. Picard made the comment during a roundtable discussion with U.S. Secretary of Education Margaret Spellings, East Baton Rouge Parish School Superintendent Charlotte Placide and a handful of teachers. Spellings visited students at Cedarcrest-Southmoor Elementary School in Baton Rouge, which on Thursday had 51 students who were forced out of their home schools because of the hurricane. ... Picard later said his estimate may be conservative. "It could be 30,000 to 35,000," he said.

Picard said he will have a better idea next week on the breakdown of the 186,000 displaced public school students in a state with about 700,000 statewide. There are also concerns that thousands of Louisiana students listed as attending schools in Texas and other states have not shown up for classes.

Placide said that, while 6,000 displaced students have been assigned to classes in her district, daily attendance ranges from 4,700 to about 5,000. "There are over 1,000 not coming," Placide said. "Have they left? Are they in the community? We don't know." ...

Other issues include how displaced students are faring, and how East Baton Rouge Parish and others will pay for additional teachers, buildings, textbooks, materials and other costs to educate them. ...”

>>Charter School Proposal Halted

NEW ORLEANS TIMES-PICAYUNE

“An Orleans Parish Civil Court judge has ordered the School Board to stop its plans to charter

public schools on the West Bank or anywhere else in the city, granting a motion by a community group that alleges the decision was made without adequate public input. The order does not prevent the state Board of Elementary and Secondary Education from approving the charters. It does freeze any further action, however. In her ruling, Judge Nadine Ramsey said the board's decision shows 'a flagrant disregard of the constitutional right of public participation in government.' The judge added: 'It is in this time of crisis, when the citizens of Orleans Parish are concerned about the very future of their communities, that the role of public input is crucial. The people of New Orleans are entitled to participate in the process that will potentially change the landscape of their public educational system.'"

>>Tucked in Katrina Relief, a Boon for Online Colleges
(*NEW YORK TIMES* Commentary)

"United States Senate Bill 1715 would provide more time for students displaced by the hurricanes to repay federal loans, flexibility for teachers to be hired outside the home states where they are licensed, and financial assistance for schools that enroll homeless and disabled children. Inconspicuously tucked on page 26, however, lies a potential bonanza for the profit-making online colleges. The provision bars federal student loans and grants from colleges that enroll more than half their students in online divisions or offer more than half their courses through distance education. Without the 50% rule, the proprietary colleges could receive \$20,000 or more a year for each student who gets such common federal aid as Pell grants and Perkins, Stafford and PLUS loans."

***IN THE U.S. CONGRESS** – In a September speech to Congress entitled "Back to School and the No Child Left Behind Act," Senator Feingold (D-WI) said, "Hurricane Katrina and its aftermath also remind us of the importance of the availability of school counselors, psychologists, and social workers. These personnel work with teachers, administrators, and parents to ensure that students have the resources and tools they need to meet the challenges of the classroom and of everyday life This natural disaster underscores the need to provide adequate resources to ensure that schools have the ability to recruit and retain school counselors, psychologists, and social workers in numbers that are appropriate to meet the needs of their students"

***NEW RESOURCES**

*** "Creating & Maintaining Healthy Psychosocial Environments in the Aftermath of Disasters" developed by the Louisiana Dept. of Education (Fall, 2005) – <http://www.louisianaschools.net/lde/uploads/8043.pdf> – This specially developed resource can also be accessed at www.louisianaschools.net (look for the Hurricane Info and under it, click on Healing Environment).

***The Guidance Channel Zine has posted an issue dedicated to school response to the disasters. Includes "Top Ten Websites For Restoring Hope In Katrina's Wake," "Tips for School Counselors in the Aftermath," About Funding for Elementary and Secondary Students in Impacted Areas, and more. – <http://www.guidancechannel.com/>

***Request for Resources: "I would like to request any research on what challenges are in store for our teachers/counselors/schools as we deal with the aftermath of this catastrophic event."

At the end of this email, we have included some resources and provided some excerpts and abstracts in response to this request. Anyone who has others to add, please let us know.

***UPDATES FROM VARIOUS LOCALES**

>>>U.S. Department of Education estimates that 350,000 students have been unable to attend school (public and private) because of the disasters.

>>Louisiana's Department of Education estimates it has 186,565 displaced public school students. The Parish with the most displaced students is East Baton Rouge (6,040). As to where these student evacuees are, so far they have determined the following:

>Not attending school: 25,000-30,000

>In State: 40,222

>Out of State: 62,017 (with 46,503 in Texas)

Obviously, there are many unaccounted for.

***SOME COMMENTS FROM THOSE ON THE GROUND**

>>>From Louisiana:

>>"The pivotal question for kids right now seems to be whether they evacuated prior to Katrina hitting versus having to wait to be evacuated after the storm hit and the horrors we all saw from that failure to move quickly. We are experiencing elementary students who were evacuated after the storm presenting with very pronounced trauma and in need of intense help. The middle and high school students who made it out before the storm seem to be OK for now – but we know that will change over time. Students who lived for several weeks in a shelter and bonded with other adolescents are having more trouble with that 'loss' than losing everything. High school students are forming the 225 (Baton Rouge area code) and the 504 (New Orleans area code) "gangs". The clash between these very disparate groups seems quite severe at the high school level. ...

The coordinating team is using a screening instrument that places students in one of three categories. We have over 6,000 children in EBR System – I believe we are the biggest concentration of evacuees anywhere. We believe that number will continue to climb as we hear rumors that many students and their parents are reluctant to be parted at this time. The trailer cities are going into place and we hope to provide services both in school and in these 'villages'. ... I am still most concerned about the 'front-line' staff and providing them ways to discuss and process what they are hearing and experiencing. That includes all of my ninety staff members, the teachers, and school building level staff. ..."

>>The Louisiana Dept. of Education reports receiving assistance from a variety of sources as they have prepared their "Rebuilding Louisiana Through Education Packet" that will soon be distributed to every school in Louisiana. "Four members of the United States Public Health Service (John Perez reports directly to the Surgeon General) were here with us for the past two weeks and we have been working with the Governor's Office, the Department of Health and Hospitals, the Office of Mental Health, the Office of Addictive Disorders, Office of Public Health and Department of Social Services to roll out a short term plan to get into the classrooms with training. We are contracting 30 teams of 3 members licensed clinical social worker, school counselor or school psychologist and a teacher to deliver trainings to school personnel. We are currently constructing the training for trainers and the units will include a piece on normal reactions to trauma and 'red flags' to know when to refer to mental health professional, and units on 'Creating Safe Environments,' 'Creating Classroom Communities,' 'Healthy Responses to Life Changing Events' and 'Training and Teaching Techniques for Trainers.' The training for the trainers is scheduled on October 25,26 and 27 and then we will be getting into the schools as soon after that as we can get the space and release of some teachers/school personnel and they will take it back to the rest of the school personnel. I am in charge of getting the training of trainers developed and we are working fast and furiously with our USPHS people and other agencies to put out a quality training. ... All of this is part of our short range plans to respond to the needs of our schools (students/staff/families) but we will also be working on long range plans which is when we may need some continued technical assistance/support from y'all (did you get the southern accent there?) ..."

***>>>From Mississippi:**

>>A Principal reports – "We are doing better daily, but it will be a long time before we see normal or should I say a 'new normal.' I do agree that young children are more resilient due to

the fact that they do not understand quite as much. I also know that they do better depending on how the adults around them respond to the many situations created by this disaster. We were prepared when the children returned, even though many of our teachers, assistants and clerical people suffered minimal to totally devastating conditions due to the damage to their homes. My employees are doing great, but are still fragile. I handle them as such, because their state of mind impacts everything they do. Little stressors that have always been present in this environment are now much larger. We are kind and compassionate as we still expect high quality work for our children. This seems to work much better as I am not in the business of pushing people over the edge. It is easy for me to do this, because my nature is one of compassion.

High school students are on their own more, therefore they have independent time not so much supported by adults. Our Kindergarten, first and second graders have adults around them all the time to make interventions quickly or just be a constant support.

Having ones own place is very important. Living with relatives is good if the home is not too crowded. The temporary shelter (travel trailers, etc. are very small). That in itself is a problem and will be due to insufficient space for a family with babies and small children. It can be fun for only so long.

Living in the devastated house which is what has happened in so many instances creates it own stressors. Families are living in homes that are severely damaged, but not leaking. That has to be hard. The bottom line is losing ones private space is a problem. I think initially being with other displaced individuals brought comfort, but there is no place like home.

Approximately 10% of the students in our environment need continuous support. The parents of these students also need support. My counselor has a Katrina support group for counseling. The children love getting together once per week to talk and share with each other. I too try to check on these children regularly.

We live in a wonderful community and neighbors took care of neighbors. If someone went to get ice or water they shared with everyone. The most important thing that our community has learned is that we are responsible for ourselves our families and each other. If we ever go through this again, each family member will be more prepared.

As far as the school goes, I would do things in the same way if faced with another disaster. I brought my employees back two days early to help debrief them and let them tell their stories. We eliminated homework for a month. The children had opportunities to tell their stories also. We were able to feed children and adults free for four weeks. We did away with 9 weeks test and just spent that time teaching the curriculum.

There are many things, but I think that the most important thing is to deal with each individual gently. It is working as no one has had a melt-down. I am going to do this all year in order to have a more successful year. We had extensive damage to our school facilities, but not so severe that we couldn't open. Getting started back 3 weeks after the disaster helped children, employees and families. Being able to pretend normal for 8 hours out of each day has helped us all.

It will take decades to get back to normal. Our country is not capable of taking care of everyone and everything. This reminds me of the situation our founding fathers were in when they came to America. They took care of each other. That should prevail."

>>From a community mental health center -- "We are in somewhat of a unique position at our agency since every county we serve in our Catchment Area was affected by Hurricane Katrina (we serve 9 counties in the Region XII Catchment Area). Each of our counties experienced Hurricane Katrina first hand. Hattiesburg (which is our "hub" in Forrest County) was hit especially hard. (Yet, we are well aware - and very thankful- that our level of devastation pales in comparison to that of the Gulf Coast and New Orleans). In addition, most our counties have experienced an increase in population due to an influx of individuals from New Orleans, the Mississippi Gulf Coast and Alabama who came to our Region for refuge. Therefore, not only are we ourselves attempting to recuperate, but we are also attempting to help displaced individuals and families rebuild their lives. With that said, we have been able to work

with children and families in their homes/community setting since just a few days after Katrina hit. Since we have provided day treatment, school based clinician, and case management services in our school systems for many years, we are fairly integrated into the school systems and have also been available to support the schools as they have reopened.

Up until this past week or so, we have seen that families have mostly been concerned with finding shelter, food, jobs, etc. and repairing damage that has happened to their homes. Since some of that has been taken care of, more parents/families are getting back on track with making appointments, etc. Many families have moved here from other states/regions, so they are focusing on getting resources here (i.e., getting Medicaid switched from one state to another). As you would expect, the children's ability to cope is a reflection of the parent's ability to cope. As you would also expect, some parents are coping better than others. It also appears that the younger children are presenting fewer issues than the adolescents are. Many of them (young and adolescent) have had to leave pets behind and are attempting to deal with that. Children and adolescents who have moved here from other areas seem to also differ in their ability to cope depending upon the amount of devastation they witnessed and whether or not they were separated from their parents or had loved ones to die. In general, the younger children do seem to be coping more favorably.

Some displaced adolescents have told us that they do not feel as though they are a part of the school system they have moved to. They do not feel as though the teachers understand their needs. They are expressing frustration with the fact that they fully expected to return to their homes, but are unable to do so. Some of them have also begun to focus on blaming political officials for their inability to move home. However, they are also stating that they are beginning to move on with their lives, including settling into a new home here. They are reporting that they are being welcomed into the community and feel supported by the community. They are going to church, clubs, etc. within the community setting.

Thus far, it appears that less than 10% or so of our pre-Katrina child/adolescent client base is in need of further counseling services directly related to Katrina (individual, group, family therapy, psychiatric meds...). If you include the displaced students that have come here from New Orleans, the Mississippi Gulf Coast and Alabama, that number increases to about 55%. Again, this is just an estimate. Since we are a Community Mental Health Center, we have worked hard to link our clients and other individuals/families with other community resources so that most of their needs can be addressed. We have been working with the Red Cross and DRC's to provide counselors at the shelters and relief centers, and will continue to do so as long as it is needed. Thankfully, the need seems to be minimizing somewhat."

>>>From Texas:

>>"We have found that all the children evacuated have adjustment and loss issues to some degree. Children generally do fairly well when their parents or guardians are doing well. However, the children who are doing the best came from areas with similar backgrounds as those children in their new schools. They came with parents or guardians who are able to adjust quickly and provide stability, continuity, and a predictable routine. They are able to recognize and fit into a similar culture in their new setting with similar values, beliefs, routines and socioeconomic status.

The children most adversely affected are those from the families most adversely affected. Those who were exposed to more trauma; those for whom the response in itself was traumatic; those finding it most difficult to adjust to new surroundings due to the lack of familiarity with the culture, values and norms of the new community. When parents and children, look around at other families and children in their new community and cannot relate to their socioeconomic status, their belief systems and values, they really struggle. The more insular their life was back home, the more difficult they find it to feel "at home" in a different setting, seemingly regardless of the services offered. In general, how well the child does depends upon how well the responsible adult in their life does.

Throwing money at these families is not as helpful as having a community that embraces

them, builds relationships with them, and works with them to retain the positives of their culture, while helping them to adjust to the differences within their new community. In this case it truly does take a village.”

>>>“Dallas ISD is working hard to keep services on going for our Katrina families. Currently, we developed a small group packet for the schools that are highly impacted with Katrina students. The triage of services is provided by Counseling Services, Psychological and Social Service, and Youth and Family Centers. This has helped the three departments plan together and collaborate with the school where the small group sessions are co-facilitated for six sessions. In November, we will pull all the facilitators to discuss what worked and what didn't work.”

>>>**From Kentucky:** “I would agree that the younger the student the better the adjustment. The high school students have had the most difficulty for the reasons you mentioned in the recent update. They have lost their identity and their peers. In addition, this is a small town and there is not as much to do as in a city. They have mixed feelings about returning. They mainly miss their friends and extended family. The younger students are very glad to be here and express that they don't want to return. They want to live where there are no hurricane and levees.

All age ranges are talking about the incidents they witnessed in a most healthy therapeutic way at this point and they are the males. The female students do not seem to want to talk about it at school at this point but seem to talk to their mothers. The students (very few) who had relatives to stay with here obviously did not have the trauma at the superdome and convention center to talk about so their concerns are much less in severity. The support our community and schools provided was well thought out and well prepared. We did have two days notice when they arrived to help prepare for their arrival. For such a small town we had many good resources in place already to help.”

>>>**From Wisconsin:** We heard from schools around the state accounting for about 13 displaced students. The reports indicate the schools have mobilized effectively to provide supports. Some comments:

“... two girls ... are my counselees. They have good family support and economic resources, and that has helped quite a bit in their transition. Nevertheless, they have needed support in the form of counseling and psych services.” “... 3 students ... living with extended family. I see one ... on a regular basis, but all three seem to be adjusting quite well. I think living with family has really helped and support from school staff has been really helpful.” “...She is connected to two wonderful staff who are supporting her with social skills related to conflict resolution with peers and I know they are trying to sort out if this behavior is due to trauma related to the hurricane. We had another family, that was here for a week and parents went back, needing to see their home and if they could recoup or reestablish their lives back home.” “...He is receiving extra support from the grade level team, and has had at least three individual sessions. He re-located to a family member's home and has spent summers here in the past, which has significantly improved his adjustment. His family is intact here in Madison. He does occasionally talk about violent images in class, which leave some teachers wondering if he is a "time bomb" or is not dealing with emotional aftereffects. We are watching this closely. I think it was very timely to have those materials for interviewing and support of hurricane victims right after the event.” “We gave them extra support (i.e., inclusion with psych/sw in new student group) and consulted with teachers (including checking in on them) for the first several weeks. They have adjusted well and have not needed further support....” “We had 2 brothers ..., but they stayed only a week. They had come ...because their grandparents were here. They adjusted extremely well for the time they were here and did not need any support outside the classroom. ... They moved to Mississippi because their mother ... got a position in Mississippi and it was so much closer to their home in LA.”

“...student is really doing well and not needing any more assistance.” “... Adjusted well very quickly. No known outside services. Best assistance was to help mom get kids registered and set up in school.”

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Response to request for research on what challenges are in store for teachers/counselors/schools as they deal with the disaster aftermath.

(1) Excerpt from “PSYCHOSOCIAL CONSEQUENCES OF DISASTERS”

<http://www.ncptsd.va.gov/publications/rq/rqpdf/V13N2.PDF>) Fran H. Norris Ph.D.National Center for PTSD and Georgia State University

“The literature on the psychosocial consequences of disasters is extensive. It is interdisciplinary and scattered across a variety of journals and books. Disasters are difficult to study well, and much of the research is flawed. Even very good studies cannot be definitive. No matter how sophisticated, one study cannot tell us that disasters have (or do not have) implications for mental health, only that the particular disaster under study had (or did not have) an effect on that particular population in that particular place. This simple fact is often forgotten in practice, and the reader should beware of overgeneralized interpretations of specific results. Review articles and meta-analyses play an especially critical role in this field because they can ask: How large are the effects of disasters on mental health, generally? What types of events have the strongest effects, on average? For whom are they most stressful, usually? Unfortunately, even very good reviews (e.g., Rubonis & Bickman, 1991) have a limited life because the answers to these questions change as the research base evolves. Believing that the need to reexamine these questions was acute, my colleagues and I recently attempted to provide a new synthesis of the empirical research. Our empirical review (Norris et al., in press) incorporated findings from 160 samples and 102 disasters worldwide. The conclusions from that detailed review provided a framework for this brief one. With apologies to all of those whose work was omitted here, I have tried to select articles that reflect the diversity of events, people, and places that have been studied and that illustrate a method, trend, issue, or conclusion that is important in the field, overall.

Methodological heterogeneity complicates interpretation of this body of work but adds to its depth and breadth. Some studies provide detailed diagnostic data collected from profoundly traumatized disaster victims (e.g., North et al., 1999), whereas others provide survey data collected from large samples that are more geographically representative but include sizable proportions of persons who were less severely exposed (e.g., Garrison et al., 1995). School-based studies and needs assessments form another important category (e.g., March et al., 1997). Timeframes also vary considerably, with first assessments occurring as early as immediately postdisaster to as late as 7 years postdisaster. Only 1 in 3 studies are longitudinal in design, pointing to a need for further research that examines how effects and prevalence rates change over time. These methodological variations should be kept in mind when reading this research.

A fundamental issue for any review is establishing the boundaries for the phenomenon of interest. I adopted a working definition of a disaster as a sudden event that has the potential to terrify, horrify, or engender substantial losses for many people simultaneously. Even the most cursory reading of this literature will show that investigators quickly make distinctions between natural disasters, which result from weather or geophysical forces, and human-caused disasters, which result from human negligence and error (technological disasters) or actual intent to harm (mass violence). ...

Natural disasters have been studied most frequently. Rates of psychopathology have been minimal after some natural disasters but substantial after others. Although composing only a small fraction of the total body of work, the abstracted studies were selected to provide a good cross-section of quality research. Illustrating an array of agents and locations, the studied

disasters include the 1980 eruption of Mount St. Helens in Washington State (Shore et al., 1986), the 1981 floods in Kentucky (Norris et al., 1994), Hurricane Andrew in south Florida (LaGreca et al., 1996), Hurricane Mitch in central America (Caldera et al., 2001), the Sarno, Italy landslides (Catapano et al., 2001), the Newcastle earthquake (Carr et al., 1997), and the Armenian earthquake (Armenian et al., 2000; Goenjian et al., 1995)....

Even within samples that have experienced the same disaster, individuals vary greatly in their outcomes. Severity of exposure is nearly always predictive of postdisaster symptoms. Very often such effects are described as 'dose-response' functions, meaning simply that as the severity of exposure increases, either mean symptom level or probability of disorder increases in a regular pattern. In the abstracted studies, individual-level stressors that affected mental health included bereavement, injury to self or family member, life threat, horror, property damage, and financial loss. That disasters are experienced collectively is perhaps their defining feature yet little research captures the implications of this for mental health. For a multi-county study of flood victims in Kentucky, Norris et al. (1994) used archival data to create a measure of 'community destruction' that was independent of respondents' self-reported 'personal loss.' Community destruction explained significant variance in postdisaster psychological, physical, and social

functioning even after the effects of predisaster functioning and personal loss were controlled. Personal loss was associated most strongly with increases in negative affect, community destruction with decreases in positive affect. Such changes do not constitute psychopathology but do suggest that disasters harm the entire community's quality of life, which will be manifest in prevalent, though subclinical, expressions of stress.

New evidence emerging from lower Manhattan provides recent support for the value of public health perspectives regarding disaster effects (Galea et al., 2002). Survivors' characteristics, such as their gender and age, predisaster mental health and personality traits, and postdisaster psychosocial resources, also influence their outcomes. Steinglass and Gerrity's (1990) studies were particularly influential in calling attention to women as a highrisk group. In a cross-cultural study of Hurricanes Andrew and Paulina, Norris and colleagues (2001) showed that the magnitude of gender effects varied across cultures (Mexican being greater than Anglo-American, which was greater than African-American) in predictable ways according to the strength of male and female roles in those cultures. Findings for age are complex. On average, samples composed of school-aged children show greater psychological impairment after disasters than do samples of adults. Interest in children has increased tremendously in the past decade of disaster research, a welcome and important change. LaGreca et al.'s (1996) longitudinal study of young children and Warheit et al.'s (1996) prospective study of adolescents exposed to Hurricane Andrew are particularly good examples of research on youth....

Regardless of whether they are assessed retrospectively or prospectively, predisaster symptoms are almost always among the strongest predictors of postdisaster symptoms. McFarlane's (1989) study of firefighters after the Ash Wednesday bushfires is illustrative of research that has explored the role of predisposing factors in depth. Over the past 20 years, a large body of research has accumulated showing that psychosocial resources, such as hardiness, perceived control, and social support, afford critical protection for disaster victims (Norris et al., in press). Benight's work (e.g., Benight et al., 1999) on the importance of coping self-efficacy is a fine example, in part because it fostered theory in this field (which more often is atheoretical in tone) and in part because his findings appear to have significant implications for intervention. An important trend in disaster research over the past decade has been the recognition that the protection afforded by psychosocial resources is limited because resources are themselves vulnerable to the impact of disasters. Like Benight's work, work in this area attempts to import theory into our understanding of disaster-related stress. Two studies were critical in bringing the idea of resource loss to center stage. Freedy and colleagues (1992) tested hypotheses derived from Hobfoll's theory of Conservation of Resources. In his original test, and several subsequent ones, Freedy showed that postdisaster resource loss (assessed globally across a range of resources) is a potent predictor of postdisaster distress. Kaniasty and Norris (1993) introduced a

more specific theory, the 'social support deterioration model.' In their initial test, as well as in subsequent ones that have spanned 6 disasters in 3 countries, declines in perceived social support and social embeddedness explained much of the mental health consequences of natural disasters. Palinkas et al. (1993) showed that the Exxon Valdez oil spill had significant impact on the social environments of the stricken communities.

Where do we go from here? It is clearly time to move beyond the 'dose-response' paradigm that (rightly so far) has dominated the field. The evidence on this point is extensive and conclusive. Far more work is needed on family and community processes that foster resilience or impede recovery. We know much more about survivors' problems than we do about how to solve them. It is essential that we develop evidence-based methods of treatment and intervention that are appropriate in the context of disasters. Notwithstanding the critical importance of clinical treatments for the minority of disaster victims who develop PTSD and other psychological disorders, we cannot focus solely on individual treatments because disasters affect whole families, whole communities. Moreover, disasters often occur in areas where few mental health professionals are available to provide such care. The most critical need may be to learn more about processes that halt, or even reverse, the erosion of disaster victims' intrapersonal and interpersonal resources that enable them to care for themselves and each other.

(2) SELECTED ABSTRACTS

La Greca, A. M., Silverman, W. K., Vernberg, E. M., & Prinstein, M. J. (1996). Symptoms of posttraumatic stress in children after Hurricane Andrew: A prospective study. *Journal of Consulting and Clinical Psychology*, 64, 712-723. "The authors examined symptoms of posttraumatic stress in 3rd-5th grade children during the school year after Hurricane Andrew. From a conceptual model of the effects of traumatic events, 442 children were evaluated 3, 7, and 10 months postdisaster with respect to (a) their exposure to traumatic events during and after the disaster, (b) their preexisting demographic characteristics, (c) the occurrence of major life stressors, (d) the availability of social support, and (e) the type of coping strategies used to cope with disaster-related distress. Although symptoms of PTSD declined over time, a substantial level of symptomatology was observed up to 10 months after the disaster. All 5 factors in the conceptual model were predictive of children's PTSD symptoms 7 and 10 months postdisaster. Findings are discussed in terms of the potential utility of the model for organizing thinking about factors that predict the emergence and persistence of PTSD symptoms in children...."

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (in press). 60,000 disaster victims speak, Part I: An empirical review of the empirical literature, 1981 — 2001. *Psychiatry*. "Results for 160 samples of disaster victims were coded as to sample type, disaster type, disaster location, outcomes and risk factors observed, and overall severity of impairment. In order of frequency, outcomes included specific psychological problems, nonspecific distress, health problems, chronic problems in living, resource loss, and problems specific to youth. Samples were more likely to be impaired if they were composed of youth rather than adults, were from developing rather than developed countries, or experienced mass violence (e.g., terrorism, shooting sprees) rather than natural or technological disasters. Most samples of rescue and recovery workers showed remarkable resilience. Within adult samples, more severe exposure, female gender, middle age, ethnic minority status, secondary stressors, prior psychiatric problems, and weak or deteriorating psychosocial resources most consistently increased the likelihood of adverse outcomes. Among youth, family factors were primary. Implications of the research for clinical practice and community intervention are discussed in a companion article (Norris, Friedman, & Watson, in press)."

Yule, W., Bolton, D., Udwin, O., Boyle, S., O'Ryan, D., & Nurrish, J. (2000). The long-term psychological effects of a disaster experienced in adolescence: I: The incidence and course of

PTSD. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, 503-511.

“Previous studies have shown that children and adolescents exposed to traumatic experience in a disaster can suffer from high levels of post-traumatic stress. The present paper is the first a series reporting on the long-term follow-up of a group of young adults who as teenagers had survived a shipping disaster – the sinking of the “Jupiter” in Greek waters — between 5 and 8 years previously. The general methodology of the follow-up study as a whole is described, and the incidence and long-term course of PTSD. It is the first study of its kind on a relatively large, representative sample of survivors, using a standardized diagnostic interview, and comparing survivors with a community control group. Survivors of the Jupiter disaster (N = 217), and 87 young people as controls, were interviewed using the Clinician Administered PTSD Scale (CAPS). Of the 217 survivors, 111 (51.7%) had developed PTSD at some time during the follow-up period, compared with an incidence in the control group of 3.4% (N = 87). In the large majority of cases of PTSD in the survivors for whom time of onset was recorded, 90% (N = 110), onset was not delayed, being within 6 months of the disaster. About a third of those survivors who developed PTSD (30% , N = 111) recovered within a year of onset, through another third (34%, N = 111) were still suffering from the disorder at the time of follow-up, between 5 and 8 years after the disaster. Issues relating to the generalisability of these findings are discussed.”

Benight, C. C., Swift, E., Sanger, J., Smith, A., & Zeppelin, D. (1999). Coping self-efficacy as a mediator of distress following a natural disaster. *Journal of Applied Social Psychology*, 29, 2443-2464. “Social-cognitive theory and conservation-of-resources theory were utilized to understand individual differences in psychological response to natural disaster. Coping self-efficacy, lost resources, social support, and optimism were assessed along with demographic variables in predicting distress following Hurricane Opal. Participants included 67 residents of Okaloosa County, Florida. Multiple regression analyses indicated that coping self-efficacy was the strongest predictor of general distress and trauma-related distress. Loss of resources and gender were also important predictors of general distress. Path analyses demonstrated that lost resources directly influenced general distress, social support, optimism, and coping self-efficacy. These analyses also indicated that coping self-efficacy perceptions mediated the relationships between loss of resources and trauma-related distress, social support and both trauma and general distress, and optimism and both types of distress. Theoretical implications are discussed....”

Freedy, J. R., Shaw, D.l., Jarrell, M. P., & Masters, C. r. (1992). Towards an understanding of the psychological impact of natural disasters: An application of the Conservation Resources stress model. *Journal of Traumatic Stress*, 5, 441-454. “The current study employed the Conservation of Resources (COR) stress model as a template for understanding short-term adjustment following a natural disaster. The following three hypotheses were supported: resource loss was positively related to psychological distress; resource loss was relatively more important in predicting psychological distress than personal characteristics and coping behavior; and, resource loss constitutes a risk factor for the development of clinically significant psychological distress. The theoretical importance of the current findings is discussed, particularly the tendency within disaster literature to confound crisis experiences (e.g., terror) with resource loss experiences (e.g., loss of possessions, loss of social support) when defining degree of disaster exposure. Also, the practical importance of considering resource loss in planning intervention services is highlighted....”

Kaniasty, K., & Norris, F.h. (1993). “A test of the social support deterioration model in the context of natural disaster. *Journal of Personality and Social Psychology*, 64, 395-408. “This prospective longitudinal study examined stress-mediating potentials of 3 types of social support: social embeddedness, perceived support from nonkin, and perceived support from kin. As participants in a statewide panel study, 222 older adults were interviewed once before and twice after a severe flood. It was hypothesized that disaster exposure (stress) would influence

depression directly and indirectly, through deterioration of social support. LISREL analyses indicated that postdisaster declines in social embeddedness and nonkin support mediated the immediate and delayed impact of disaster stress. No evidence was found for the mediational role of kin support. Findings are in accord with conceptualizations of social support as an entity reflecting dynamic transactions among individuals, their social networks, and environmental pressures.”

Norris, F.h., Perilla, J.l., Ibañez, G.e., & Murphy, A.D. (2001). Sex differences in symptoms of posttraumatic stress disorder: Does culture play a role? *Journal of Traumatic Stress*, 14, 7-28. “If gender differences in PTSD follow from culturally-defined roles and rules, they should be greater in societies that foster traditional views of masculinity and femininity than in societies that adhere to these traditions less rigidly. Data were collected 6 months after Hurricanes Paulina (Acapulco; N = 200) and Andrew (Miami; White n = 135; Black n = 135). In regression analyses predicting scores on the Revised Civilian Mississippi Scale, Sex X Cultural group interactions emerged for the total scale and for subscales of Intrusion, Avoidance, and Remorse. Only a sex main effect (women higher) emerged for Arousal. Overall, the results indicated that Mexican culture amplified, whereas African American culture attenuated, differences in the posttraumatic stress of male and female disaster victims....”

(3) AN ANNOTATED BIBLIOGRAPHY ON THE LONG-TERM EFFECTS OF DISASTERS
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