Congregational and Social Work Responses to Older Survivors of Natural/ Human Disasters

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Abstract

Older adults suffer chaos and loss along with others in any community impacted by a disaster. Whether the disaster is caused by human actions such as a mass shooting or by the forces of nature such as a hurricane or tornado, all disasters challenge the capacity of older persons to survive the encounter and adapt to the new reality they face. Unfortunately, the fragility of this age group makes them significantly more vulnerable than younger persons. Depending on the extent to which they are directly affected, congregations are in a unique position to provide material, emotional, and spiritual resources for long-term recovery as well as offer a context for social work practice aimed at disaster relief. This article focuses on the impact of natural or human disasters on the older population and the responses of congregations and congregationally-affiliated social workers to these devastating and unanticipated events.

Current evidence informs understanding of the physical and psychosocial impact of natural/human disasters on vulnerable older survivors. Factors that contribute to resilience, including spirituality and religious involvement, are addressed. Within each phase of the disaster cycle—pre-event preparation, post-event/acute phase, and post-event/long-term phase—prescriptions for congregational and social work engagement that support resilient outcomes for older survivors are provided. Emphasis is placed on emotional and spiritual support throughout the process. Unique contributions of micro and macro social work practice are highlighted.

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Introduction

When the community is impacted by a hurricane or church shooting, the entire community is affected and all suffer, regardless of age. For example, Moran (2017) reported that the 2017 California wild fires killed forty-two people; the youngest was fourteen and the oldest was one hundred. While the recovery process is a shared journey for younger and older adults, the older population, like other vulnerable groups, suffers disproportionally. A review of death tolls linked to disasters documents that older adults are more likely to die as the result of a significant disaster than are younger persons. Johnson, Ling, and McBee (2015) found that "while older adults comprised only 15% of the population of New Orleans (USA) prior to Hurricane Katrina, 71% of those who died because of the hurricane were elderly" (p. 72). These mortality differentials, while alarming enough, also draw attention to the physical and psychosocial trauma suffered by older survivors.

One of the challenges in understanding age disparity in the impact of natural/human disasters is the lack of evidence about the consequences of these events for older persons. For example, the American Association of Geriatric Psychiatry (AAGP) noted in its introduction to a position statement on Disaster Preparedness for Older Americans that "little is known about…the psychosocial impact of disaster on the elderly" (Sakauye, Steim, Kennedy, Kirwin, Llorente, Schultz & Srinivasan, 2009, p. 917). Researchers' capacity to plan well-designed studies and procure adequate funding is further challenged by the unpredictability of disasters. Consequently, the information that is available is often found in newsletters, informal training documents, and anecdotal experiences. When documentation is available, it focuses on events that attract national attention, such as the Charleston church shooting, Hurricane Matthew, or, more recently, Hurricane Harvey. Although significant, this results in minimal examination of the effects of most disaster events on older persons (Sakauye et al., 2009). In this article, the authors systematically present the most relevant observations and evidence on the impact of natural and human disasters on older persons as well as the current and potential responses of congregations and affiliated social workers to these devastating, life-altering occurrences. Our focus is on the contribution of social work practice to the response of congregations committed to the well-being of vulnerable older survivors.

In this article, congregation refers to a single, locally-based religious organization or to its collaboration with denominational governance structures, religiously-affiliated organizations, and/or public and private disaster relief agencies. Congregational or congregationally-affiliated social work includes practitioners as paid ministers, volunteers, or staff of a community organization that values the contribution of congregations.

We begin by identifying the physical, cognitive, and emotional vulnerabilities for older persons as well as how relocation increases them. We also highlight factors that bolster and diminish resilience. We offer an overview of the ways that congregations respond to these consequences, with a focus on the ministries that address this population in particular. We then propose the unique contribution that social work practioners, working in the congregational context, make during each phase of the disaster recovery cycle as they relate to older survivors, their families, and the community.

Physical, Cognitive, and Emotional Challenges

According to the AAGP position statement (Sakauye et al., 2009), physical, cognitive, and emotional challenges uniquely affect the resilience of older persons traumatized by natural/human disasters.

Physical and Cognitive Challenges

First, and possibly foremost, physical and cognitive health challenges are more common among older adults (Johnson et al., 2015). Health providers commonly note that multiplicity and chronicity are the two distinctives of geriatric medicine (Guralnik, 2004). Pervasive health challenges, such as vision and hearing impairment, set preconditions for vulnerability. Dementia and pre-dementia, and especially Alzheimer Type Dementia, obviously impact older adults and their caregivers more than younger populations (Marcantonio, 2004).

Older adults are more likely to have co-occurring, multiple health challenges and these are complicated by having more than one chronic condition. Depending on what these conditions are, they can combine to exacerbate the traumatizing effect. For example, when the fertilizer plant exploded in the Texas community of West in 2013, older persons experienced more disabling chronic hearing loss. When this hearing challenge was combined with high blood pressure from stress, physical health and emotional health were immediately marginalized (Ellor & Dolan, 2016). For any person, blood pressure can increase due to stress (Dorn, Yzermans, Guijt, & van der Zee, 2006), but when the person also cannot hear well enough to understand what is happening, it makes the event even more stressful.

Emotional Challenges

The AAGP position statement (Sakauye et al., 2009) notes concern for older persons with past histories of psychiatric diagnoses as well as

older persons who are challenged as they cope with a current disaster. The observation by Ellor and Dolan (2016) that there are three groups of responses to disasters among adults can be applied to understanding how older adults react emotionally to disasters. Their typology is based on the intersect between the traumatic event and the presence or absence of current and past predisposing factors. The first group of older persons experience relative emotional wellness prior to the disaster event and accommodates the losses with emotional reactions within boundaries appropriate for the magnitude of the event. Emotional equilibrium is reestablished in a way that promotes productive adaptation. A second group struggles with physical and emotional vulnerabilities prior to the event. Older persons in this group experience the physical and cognitive challenges described earlier and/or the loss of a spouse, adaptation to retirement, or other psychosocial difficulty. When the stress of the event is added to these prior concerns, a multiplier effect may produce longer term maladaptive emotional reactivity. Holleran (2015), in her discussion of trauma and older adults, points to the second group that combines both physical and emotional concerns as most representative of the responses of older adults. Finally, a third group is older persons with previously established psychiatric illness. Liang (2016) found that "psychological problems, such as depression and anxiety, are prevalent at high levels among earthquake survivors" (p. 1869). Depression at times of a disaster can reflect the multiple losses and significant anxiety that characterize the responses of older persons in the second group, pre-existing anxiety and depression diagnoses, or both. Each of these three groups requires different responses from clergy, social workers, and other mental health professionals (Ellor & Dolan, 2016) wanting to bolster the resilience of older persons and particularly those suffering from stress-related to relocation.

Relocation Effects

Physical relocation intersects with health challenges to further complicate the traumatizing effects. The AAGP report notes that older persons seeking to replace a home after a disaster encounter a barrier to financing even a fifteen-year mortgage due to assumptions about their mortality. Medications are an essential element in health care for older persons living with chronic illness, and seniors who are rapidly evacuated from coastal areas are uprooted from a variety of resources—social, medical, and especially pharmaceutical (Patterson, 2005). After the fertilizer plant explosion demolished a local nursing home, one of the survivors was moved to another nursing home in the next town during the night (Ellor & Dolan, 2016). Unfortunately, she was evacuated so quickly that her hearing aid and glasses were not sent with her, nor was her medical

record. The new nursing home staff observed her as unwilling to talk and barely responsive to the new staff. They also observed her blood pressure going up. One observant nurse practitioner asked, "Where are your glasses and hearing aid?" The patient did not know where these items were. When replacement hearing aids and glasses were obtained a day later, her blood pressure settled down and she became communicative with staff and other residents (Ellor & Dolan, 2016).

Relocation also has a significant impact on older persons living with cognitive impairment and is another one of the significant disaster impact areas for older adults reported by the AAGP (Sakauye et al., 2009). If individuals are in early stages of the dementia, they could be quite functional at home. However, after a disaster and a move to a new environment, they may no longer function in the same way they did prior to the disaster. When this happens, family members often must step in and find alternate permanent housing for people who might have remained independent much longer but for the disaster.

Disasters disrupt both the older person living with dementia as well as their caregivers (Hawkins & Manne, 2004), making an unanticipated and sudden transition to a new living environment very stressful. Hikichi, Aida, Kondo, Tsuboya, Matsuyama, Subramanian and Kawachi (2016), in their study of the Great East Japan Earthquake and Tsunami, examined risk factors for dementia before and after the disaster. They observed the reciprocal stressful effects of relocation on both the person living with dementia and the caregiver, with the personal stress on the caregiver adding to the stress of the person living with dementia. This finding is significant for this discussion because of the critical role that support systems play in one's recovery. The AAGP Position Statement notes that the "absence of family or other supports to assist an older adult during an emergency is perhaps the single most critical risk factor for adverse outcomes" (Sakauye et al., 2009, p. 919). Social support is understood as emotionally critical for older adults in numerous contexts, but particularly after a traumatic event.

Resilience

The concept of resilience is important for understanding the emotional impact of a disaster. Walsh (2015) defines it as "the ability to withstand and rebound from adversity" (p. 427). Research has suggested that the effects of future trauma may be moderated by productive adaptation to initial trauma (Weisaeth, 1998). Older persons have faced a lifetime of potential traumas. The current older cohort faced World War II and the Korean War, which were often major loss events, early in their lives. However, even if the older person did not lose anyone that they knew, they experienced numerous tragedies, including 9/11 and other natural

and human-caused disasters, along with the rest of the nation. Depending on their age, they also may have suffered the loss of parents, spouse, or even children and grandchildren. Unfortunately, life is filled with the potential for many traumatic times. Resilience suggests that a combination of previous experiences of trauma as well as a healthy attitude toward their own aging process can offer the older adult the potential to get through new traumatic events. Mancini and Bonanno (2008) posit that the concept of resilience does not suggest that the older person is not impacted at all by the untoward event. Instead, they highlight the capacity of the older person to successfully navigate the event and remain functional and forward-thinking as they move beyond the tragedy (p. 585).

The literature on emotional impacts and resilience of older survivors offers a mixed picture (e.g., Knight, Gatz, Heiller & Bengston, 2000; North, 2007 Yan, 2010; Yeung & Fung, 2007). Yan (2010) asserted that "despite frequent physical frailty and lack of resources, older adults are often more mentally resilient in coping with disaster than younger people" (p. 1). In contrast, Goenjian, Najarian, Pynoos, Steinberg, Manoukian, Tavosian and Fairbanks (1994) offer a rare comparison study between younger and older adults in terms of Post-Traumatic Stress Disorder (PTSD) and found that both groups were significantly and equally impacted.

One older, evidence-based article on this topic examined the Northridge Earthquake in 1994 (Knight et al., 2000). This study examined two explanations for resilience and older adults, the maturation hypothesis and the inoculation hypothesis. The maturation hypothesis argues that "psychological maturation, including more mature coping styles, protect older adults against stressors" (p. 627). The inoculation hypothesis suggests that "prior experience with disaster provides an inoculation against strong emotional reaction to repeat experiences with disasters" (p. 628). These models were developed to explain the incidence of depression among older adult survivors. Knight et al. (2000) found very little support for the maturation hypothesis, and modest support was found for the inoculation hypothesis. Whatever the mechanism for increased coping, prior experience with stressful events seems to strengthen resilience in later life.

Religious beliefs and spirituality may be an important variable in explaining the resilience of older survivors. Pargament (1997) noted that religion can be employed as both a positive or a negative coping mechanism. Some persons of faith turn to God for help, often reframing a human trauma as a reflection of God's will, thereby bringing God into the event. This belief affirms that the older person is no longer alone and can rely on a powerful partner in moving forward despite the tragedy that has impacted them. On the other hand, there are those who blame God for the event, feel abandoned by God, and generally feel separated from their understanding of and relationship with God. These negative feelings can

build up with other factors to impact the older person negatively.

Religious congregations may be a source of coping as well. Krause (2008) concluded that having a healthy support group, such as a church or senior center, will also facilitate the individual's ability to cope with adversity. Since older survivors are likely to attend a church, synagogue, or temple, the fellowship and instrumental aid provided during a disaster is often a major support system to get through a tragedy (Krause, 2008).

Congregations and Disaster Recovery with Older Survivors

Congregations deeply embedded geographically, relationally, and missionally within neighborhoods are present in every disaster. Whether working as a community-based member of a disaster relief team or in a congregationally-affiliated role, social workers must be prepared to understand and activate the recovery resources of congregations. When natural/human disasters strike, congregational members and their sanctuaries suffer equally, and sometimes disproportionally, the aftermath of storms, like Superstorm Sandy, or human-caused disasters, such as the mass church shooting in Sutherland Springs, Texas. To the extent they can overcome their own losses, congregations have historically been central to the provision of recovery and resilience-promoting resources primarily through informal community services and volunteer-driven initiatives (Tobin, Ellor & Anderson-Ray, 1986). They also have access to larger denominational assets needed to restore losses caused by disasters.

Congregations have traditionally provided a core of informal psychosocial services that benefit vulnerable older persons seeking to cope day by day and constitute a platform for resources specifically aimed at dealing with their recovery needs in the aftermath of a disaster. Most significantly, congregations anchor, encourage, and inform spiritual beliefs and practices, offering meaning and hope in the context of incomprehensible devastation. Clergy and congregations are key providers of spiritual support, both one-on-one and through worship and community grief rituals. Clergy, as well as congregational social workers and other community mental health providers, provide mental health counseling services during this same time. Although recent data suggests that clergy are no longer in the lead as emotional support responders, the pastoral care they provide continues to be a substantive and trusted source of mental health guidance for older persons in recovery (Vermaas, Green, Haley & Haddock, 2017).

Congregations also directly provide services for vulnerable older adults such as food, transportation, assistance with the activities of daily living, and hosting community and social services (i.e., offering space in their buildings). During the disaster recovery phase, congregations often

provide space in their buildings for meetings as well as office space for recovery staff. Congregations, working alone or sometimes with other churches, may even permanently create human service organizations to fill a gap in available eldercare services or temporarily in response to the recovery needs of the community. Occasionally, these organizations become independent of the congregation even though they continue to reside there (Tobin et al., 1986). Congregations can also be critical in the recruitment, development, deployment, and retention of volunteers to provide the vital human resources for supporting the recovery and resilience of older survivors.

The challenge for congregations is that, while they are formal organizations that can address the needs of survivors of a disaster, they face the challenge of all informal service providers: they can deliver only the services that their volunteers and resources can provide (Davey, Famin, Zarit, Shea, Sundstrom, Berg & Savla, 2005). If they run out of either financial or human resources, they need to limit their activities. Unfortunately, this becomes a difficult challenge when communities face significant needs such as those found after wide-encompassing events, like the Thomas, Creek, Rye, Skirball, Lilac, and Liberty fires in southern California. Whatever the cause, each event sets in motion a disaster cycle that offers opportunities for congregations and congregationally-affiliated social workers to step into the aftermath, overcome their organizational and financial limitations, and make a meaningful and sustainable contribution to recovery.

The Disaster Cycle, Congregations, and the Role of Congregationally-Affiliated Social Work

The phases of disaster recovery or the disaster cycle—pre-event planning phase, post-event-acute phase, and post-event, long-term recovery phase—offer an organizing frame for communicating the wide variety of recovery roles and responses available to congregations and the social workers working alongside of them to help older survivors (Franklin, 2017). Throughout the process, local congregations as well as their denominations play critical roles, particularly in post-event recovery after natural disasters.

Pre-Event Planning Phase

Congregations. Based on Federal Emergency Management Agency (FEMA) standards, a person designated as the Community Emergency Manager takes the lead on pre-event planning. This process involves evaluating the most likely threats and then determining how to respond.

Preplanning is not an activity that most communities consider, but resources are available from FEMA to help. For example, communities in Kansas will not need to plan for a hurricane, but they will need to be ready for a tornado. Also, communities with chemical plants, railroads, or pipelines need to be prepared for chemical spills.

Congregations can advocate for the development of a plan for natural/human disasters and also help implement the plan. Unfortunately, few do. Many congregations believe that if they periodically take up a collection for their denominational group, they have done their part. However, if the disaster happens in the local community, then churches are suddenly thrust into leadership. Congregations need to have a plan for an active-shooter incident as this can happen even in rural areas. Congregations that are in areas where hurricanes occur need to be prepared to cover their windows or install sprinkler systems in case of fire, and then they need to prepare to assist formal public agencies should such events take place. In urban and rural areas alike, congregations can plan for cold weather emergencies in which older adults may lose electricity and heat and require service from Meals on Wheels and access to medical care and medication. Congregations are also critical as local agencies to help Area Agencies on Aging and other senior groups assist the frail members of their community to evacuate or find shelters as needed. Local congregations and their denominational support agencies are key potential supporters of local, state, and federal emergency management.

Opportunities for social work practice. In congregations, members with social work training can play critical roles in many of the congregational activities noted above. Indeed, these social workers may initiate, design, and provide leadership for these activities. Diversity of people and professional skills is a significant source of congregational strength and contribution, but it may not be activated without such leadership. Beyond these general contributions, however, there are ways for social workers to specifically address the needs of older adults.

Congregationally-affiliated social workers are critical in the pre-event planning phase, particularly in preparation for emotional and spiritual trauma to older survivors. Before any disaster occurs, social workers can be organizing emotional and spiritual support teams uniquely equipped to address the recovery needs of older adults. These can be done through local emergency management, the Red Cross, and denominational resources. Whether the event is a significant auto accident or a major hurricane, training persons who can offer emotional and spiritual support for older trauma survivors is an important supplement to the primary emergency responders in the community.

Congregationally-affiliated social workers involved in eldercare after a disaster need to be aware of the roles that most major denominations

play in crisis management and long-term recovery of older persons and their communities, particularly when it is declared a disaster by FEMA. To coordinate their responses, state and/or local Volunteer Organizations Active in Disasters (VOAD) groups combine to coordinate the various denominations. However, most denominational groups specialize in a few areas of the disaster rather than trying to address all the needs presented. For example, one of the best-known groups is the Southern Baptist Men, which generally has a group with chain saws and other equipment to help clean up after the disaster. Other groups include the United Methodist Committee on Relief (UMCOR), which often offers case management during long-term recovery, along with St. Vincent DePaul, which also offers case management. The Presbyterian Disaster Assistance (PDA) provides emotional and spiritual care resources along with other groups. While the methods each group uses may be different, each group is committed to serve communities at times of disaster.

In the case of a hurricane or tornado, social workers can assist congregations as they offer preparatory guidance to vulnerable older persons and their caregivers. In areas prone to such events, FEMA offers advice regarding preparation of resources for either sheltering in place or evacuating the area. Such a resource may be a list of an individual's important medications and/or medical appliances kept in a location that can be accessed quickly in case of an emergency. Some religious communities have developed plastic envelopes that can be attached to a refrigerator or other accessible location for containing both diagnoses and prescription information for the seniors who live there. This preparation can be helpful to Emergency Medical Technicians (EMTs) as well as other disaster first responders should they be needed. This ministry of preparation should be part of every congregation's outreach to vulnerable older persons among its membership and within the community at large.

Post-event/Acute Phase

Congregations. Ideally, religious communities join with other nongovernmental and governmental organizations to respond after the disaster has just happened. Immediately after the event, congregations can offer their buildings or parking lots to support community emergency response agencies. At this point, congregations can also become monitors of their community to identify persons or portions of the community who may be in pain, in need of emergency assistance, or missing. As members of the community, congregants will know when there are persons in special need and they can provide that information to Long Term Response groups. This can be very helpful in providing support that may be missed.

Congregations can also be critical sources of communication for members of the community who have returned as well as those who are still staying with family or friends (Franklin, 2017). Congregations generally have directories of members both in print and online. These lists of persons can be helpful to disaster managers immediately after the event to find impaired older persons and even long after the event to locate a senior to understand the disposition of their property. Church newsletters, listserves, and websites can further help push out accurate information regarding important community events and concerns.

Sometimes congregations can offer their buildings for other groups to set up locations for filling out forms and other response activities or to provide temporary lodging and meals for older survivors or for out-of-town recovery volunteers. These volunteer villages are critical to reduce the costs of disaster reconstruction. As congregations enact their hospitality gifts (Tobin et al., 1986), active engagement from their own parishioners is essential to offer adequate inventories of meals, blankets, and other comfort materials for both the older survivors and the volunteers who serve them.

Congregations concerned about vulnerable older persons in long-term need must be aware of the post-event, acute-state issue of evacuating or not evacuating. There has been a lot of discussion over the question of whether to shelter in place or to evacuate when a major storm is headed toward the local area. In some ways, the choice seems simple: hunker down at home where you can protect your belongings or run away to be sure that what you can take with you is safe. For vulnerable older adults, particularly those in nursing homes, this is not quite as simple as one might think. Older adults suffer the impact of the stress of a disaster more than younger persons, particularly when morbidity is examined (Holleran, 2015).

Gerontologists have known for many years that unwanted transition increases morbidity among seniors, particularly those with some form of dementia. Persons who are frail and need a consistent environment often find the stress of transition to be significant, thus creating an impact of the event particularly on the cardiovascular system (Dosa, Grossman, Wetle, & Mor, 2007). In a retrospective examination of the Ohio Trauma Registry, Caterino, Valasek and Werman (2010) reported that "patients 70-74 years of age have significantly greater mortality than all younger age groups" in the aftermath of trauma (p. 157). In a similar study, Holleran (2015) separated persons 60 to 70 years old from those 70 plus and noted that the older group was "more likely to die while in the hospital from traumatic injury" (p. 299). This is particularly significant for vulnerable elders in long-term care facilities.

A mistake that is commonly made by administrators and social workers in long-term care is to assume that evacuations can take place by

rolling the individual down the hall and out the door with a wheel chair or other conveyance. When the fertilizer plant exploded in West, Texas, the roof completely collapsed on the local nursing home. One of the authors observed that most of the residents had to be handed out windows or even through walls.

Dosa et al. (2007) used epidemiological methods to track morbidity of older adults in long-term care facilities during Hurricane Katrina. The average nursing home administrator must weigh the morbidity of a mass move against the hazards of sheltering in place. Dosa et al. (2007) suggested that unless the facility is directly in the path of the disaster, fewer people will die by staying than by moving to a safe location. Many nursing homes in coastal areas have other facilities within their ownership group where they can move residents, but the risk of movement even to a facility down the street is significant.

Opportunities for social work practice. Moving persons in the community can also be significant. However, when the individual can move with their family, the morbidity rate seems to be less impacted. With the encouragement of congregationally-affiliated social workers, long-term care staff should also account for the items needed by the older and vulnerable survivor, such as medications and health care appliances (Sakauye et al., 2009). While medications can be replaced, they need to be prescribed by a physician. If the senior does not know which medications he or she is on or has dementia, this becomes more complex for the prescribing doctor. When the congregation's ministry of preparation is effectively disseminated in a community, the medication and appliance list will be readily accessible.

In the post-event, acute state, congregationally-affiliated social workers can play an important role in both the areas of emotional support and logistical planning for vulnerable congregants and noncongregants. When older adults need to be moved, insuring communication with family members as well as other caregivers is critical. Obtaining appropriate transportation is equally important. Not every recovering older person needs an ambulance, but buses with bathrooms, for example, as well as vehicles with enough room for some freedom of movement can also be helpful. These older adults, particularly those with some dementia, will need to be prepared emotionally for the move. Explaining where they are going and, if needed, who will take care of them will help in this transition. While there may not be a way of reducing the stress of an evacuation for elders, their having knowledge of what is happening and having supportive persons with them can be critical. Finally, the congregationally-affiliated social worker concerned about older congregants or even noncongregants in a nursing care facility should consult with the in-house nursing facility social worker or administrator, advocating for the emotional needs of the residents to ensure that they are considered equally with the logistical concerns.

Post-event/Long-Term Recovery Phase

Congregations. In many states, facets of the post-event/acute phase, such as emergency response, search and rescue, and disaster management, are the responsibility of local government (including support from county, state, and national assets). However, post-event, long term recovery is largely turned over to nongovernmental, often religious groups (McGeehan & Baker, 2017). After any event, the world presents a strange and "new normal" for older survivors. Even where all the buildings have been restored and the community is functional once more, nothing is quite the same again. Religious congregations and their affiliated social workers continue to play important roles during this last and longest phase in the disaster recovery cycle. Their primary role is as emotional/spiritual encouragers. While some pastors and social workers will provide formal counseling, the unique asset of the congregation is its capacity to sense the emotional and spiritual needs of the community and respond to them. At some point after the event, some will begin to ask questions as to why this had to happen, why here and why now. This most human of queries is best understood in the context of the beliefs of the congregation. However, one common answer is, "We don't know why, but we do believe that God is walking with us." This may or may not be comforting to every individual, but it can be helpful to many at times of recovery.

Congregations, pastors, and social workers who are conscious of the flow of the long-term recovery need to be able to take stock of older survivors in the congregation to identify who is emotionally hurting and find assistance for them. This monitoring function includes emergency management staff, such as fire and police department personnel, city officials, and any others involved in response. Particularly when lives have been lost, first responders often feel the emotional impact almost as much as family members, and they also need support. Congregations, as monitors of the community, need to remember that few disasters lend themselves to full physical recovery in less than two or three years, and in many incidents the emotional recovery will take longer.

Regardless of the age of the survivor, denial is often a factor in trauma response (Horowitz, 2008). Many first responders and independent, older survivors are sure that they are tougher than any given situation they might encounter and that they can get through it. This may or may not be functional for congregational and community members. Immediately after a disaster, members of the community will all be highly engaged in the restoration process—busy cleaning up, busy getting rid of the refuse, busy helping each other out. Then there is the phase where homes and other buildings need to be rebuilt. While the individual homeowner is unlikely to be the carpenter, the stress of working with insurance companies or not

knowing where the money will come from is significant. This stressor is particularly true for older adults. After the fertilizer plant destroyed his home in West, Texas, one older owner noted that many years ago he had built his home with the help of his son, who had died in Vietnam. The man was now over eighty. The building itself held memories for him right down to the last nail, in addition to the contents that were important to his family. In this incident, most of the valuables in the home could be salvaged, but the house itself also had irreplaceable significance. Older adults are often left out of the housing repair or replacement phase because it may be easier for families to move the older adult closer to them and to simply sell the land if the home is destroyed.

If a community has a significant portion of their members who are older and impacted by a hurricane or other major incident, the average age of the community may drop after the event and the tax revenue as well as wealth of knowledge and experience reflected in the older population may move away. In a coastal area, older persons may be owners of summer homes, or as they are called in Texas, Winter Texans. Seniors or families who come to the coast for warmer weather in the winter, have homes somewhere else to go to and thus may not make any effort to rebuild. The loss of the snow birds or Winter Texans for seniors who live in the communities reflects the absence of friendships and sometimes family members. When this happens, this loss greatly impacts the older persons who remain as well as the economic base of the community in terms of stores, restaurants, and other public facilities that may rely on the tourist trade. These second homes generally are unable to receive FEMA or other funding for recovery which will also affect the decision of whether to rebuild.

It should be noted that not every disaster has a "Bang!" In other words, there may not be one incident to which one can point that creates the event, yet it is clearly a disaster (e.g., the water crisis in Flint, Michigan). Unlike a tornado, where a specific start date can be identified, the water crisis in this case seems to have emerged from a series of bad decisions that had significant impact on the community. In a smaller such case, one of the authors had a personal dialogue with local officials in an upstate New York Community, and they indicated that the water crisis in their community was created by many years of a local chemical plant's discharging chemicals into a local river, contaminating the community's drinking water and creating a pattern of unusual cancers in the area. In such cases where there is no single event, it is harder to know how to manage the disaster cycle process, to decide when long-term recovery can or should start, and, even more difficult, simply to identify how to best serve older persons adversely affected by the incipient disaster. These communities and their older citizens continue to need long-term recovery, and the religious community may be the only social institution with the capacity to

advocate for sustained recovery initiatives, even though the disaster lacks a clear post event/acute phase. Interestingly, one of the authors discovered in conversation with residents of Hoosick, New York that older persons were choosing to remain in their homes as they are nearer to the ends of their lives and don't see moving as a viable option.

Opportunities for social work practice. In addition to the intervention paths identified, congregationally-affiliated social workers have macro-level knowledge and skill sets well-suited for helping older survivors and their community navigate the post-event/long term recovery phase. We illustrate some specific ways they can lead and contribute to this process so that the resources at the local, state, and national level are activated, resulting in improved outcomes for older survivors. While we focus on the role possibilities for congregational social workers, these observations are applicable for any community-based social worker committed to restoration for older survivors. One prominent point of difference-making is leadership on long-term recovery committees. This role draws on planning and community organization skills. Even if the administrator of a long-term recovery committee is a retired first responder or even a realtor, the social worker, as a committee member should look for opportunities to enact macro social work practice skills to keep the committee focused on emotional and social dynamics within the community.

Congregational social workers also need to ensure that every cultural group with older members is included in the recovery. Some minority communities may be slow to surface in recovery or they may feel that they need to do their own recovery, but inclusion in the larger community effort both enhances their resources and favorably impacts the entire community's resilience and solidarity. Social workers, particularly those in congregations and private practice, can offer emotional and spiritual support for members of the community often forgotten in the recovery process, including first responders and family and paid caregivers with vulnerable older survivors. In this last phase, the congregation social workers can lead out in memorial and remembrance initiatives. Anniversary recognitions and the creation of memorials are healing for older survivors as well as congregational and community members. These markers of disaster restoration affirm the resilience and resolve of all affected persons and serve as a source of hope for future generations.

Conclusion

Congregations and older adults are never just the recipients of outside help at times of a disaster. As they are able, they can be part of the solution. Guided by the knowledge and practices of a culturally sensitive social worker, congregations are uniquely equipped to provide support for older

survivors and their families and community at every phase of the disaster cycle. Whatever the source of congregational social work expertise—whether as a paid staff member, volunteer, or staff member of a community partner—congregations with social work assistance may be better able to contribute to the mix of public and private community resources needed to respond to the human suffering caused by disasters. At the same time, they may uniquely provide spiritual support unavailable from nonreligious providers. As a result, congregations and community partners can work together to reconstruct and restore lives and communities.

As we have noted, social workers can employ practice skills to assist congregations during each phase of the disaster cycle. For example, they can use community organizing skills to advocate and guide program planning for older adults and the broader community. They can also use clinical skills, especially with older adults who need assistance as they struggle to make sense of the event, and address emotional needs. While other professions exhibit some of these skills, social workers often implement them with greater cultural sensitivity. Older adults and their communities benefit when social work practice and congregational resources intersect before, during, and after any type of natural/human disaster. ❖

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