increasing confidence in positive beliefs in a relatively short period of time. Studies suggest that EMDR is an effective intensive and brief therapy that can dramatically reduce PTSD symptoms for many people in as few as two sessions (Hogberg et al., 2007; Kemp, Drummond, & McDermott, 2010).

Pharmacological Treatment

Most people who live through a trauma or disaster experience stress and anxiety. As noted previously, more than half the population will likely be exposed to trauma, and about 8 percent will experience stress that is severe enough to be diagnosed as clinical PTSD. Pharmacological intervention can be an option for treatment in cases of severe stress, particularly when the person is extremely agitated, dangerous, or psychotic (National Center for PTSD, 2014). A persistent state of anxiety, panic, irritability, and hypervigilance that may follow surviving a disaster means there is higher risk for PTSD. This higher risk might suggest that in addition to psychotherapy, relaxation, and breathing, survivors would benefit from antianxiety medications. The co-occurrence of depression is also a possibility for trauma and disaster survivors, and is another aspect to assess that may lead practitioners to consider medication as a possible intervention.

The American Red Cross's Disaster Mental Health (DMH) program currently has tens of thousands of mental health volunteers who can respond to an emergency situation anywhere in the country. The volunteers are all licensed mental health practitioners: 40 percent are social workers, 22 percent are psychologists, and only 1 percent are psychiatrists. Although the psychiatrists and some psychologists are the only ones who can prescribe medication, social workers can play a critical role in identifying victims who may need pharmacological intervention (Cronin et al., 2008).

Macro-Level Interventions

Disasters such as Hurricane Katrina or the attacks of 9/11 clearly cause community-wide trauma. However, ongoing community conditions, such as gang violence or large numbers of deaths from AIDS, can also produce trauma and cause residents of an area to lose their sense of safety and feel tremendous fear and grief. The ramifications of community-wide trauma can affect a community for years or even generations. As the trauma specialist Dr. Richard Ornstein notes, "The South Asia tsunami recovery will not be measured in days, weeks, months, years or even decades, but will take generations. The impact will remain within the affected nations' legacies for possibly centuries" (Hajer & Walsh, 2005, p. 8).

Social workers can provide support and counseling for groups and entire communities after traumatic events. This is a common practice after school shootings and other events that produce large-scale trauma. We often see communities pulling together to provide assistance after disasters. Social workers can use community-building techniques to help strengthen communities so that they can work effectively together to help one another recover from trauma. Neighborhoods can be organized and encouraged to think about what

their needs may be after a disaster and how they can best prepare and work together to meet those needs. Community workers can assist neighborhood residents to think about issues such as how the culture of residents affects their experience with trauma, how the diverse people living in the area can best work together, and how to recruit and maintain volunteers so that the area is ready if a disaster should strike. Social workers can use lobbying and public education skills to encourage governments to develop and fund plans to address community-wide trauma. These plans should include having adequate mental health practitioners and community organizers available to address needs that arise from various types of crises and disasters.

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CASE EXAMPLE

> Tulsa, Oklahoma, includes plans to address community-wide trauma in their disaster response program. When large numbers of families in the area experienced extreme stress during the Gulf War in 1991, the city formed the Tulsa Human Response Coalition (THRC) to coordinate the city's response to community-wide trauma. The coalition now has a rapid response team that is ready to respond as needed to local crises and disasters. The team is made up of mental health professionals who have additional critical incident stress training (Hajer & Walsh, 2005).

CASE EXAMPLE

> Begun in 2010 in Syracuse, New York, the Trauma Response Team (TRT), a group of mostly volunteer residents living in neighborhoods with the highest murder rates, partnered with local police, emergency response teams, health care organizations, and faculty of Syracuse University to address the consequences of this violence (Jennings-Bey et al., 2015).

Social workers can also organize community residents to lobby for needed policies and funding to prevent or decrease community-wide trauma. For example, residents of an area with a high violent crime rate may be experiencing a great deal of stress and fear related to the trauma, caused by ongoing violence. Social workers can assist local residents to become a unified voice to call for funding for youth programs and additional resources to support community patrols or block-watch programs to reduce the violence.

Using the strengths perspective with communities can be helpful in responding to crises, trauma, and disasters. The process begins by identifying the strengths and assets that are already in the community. Restoring people's sense of ownership and belonging to the community can be achieved through quickly rebuilding schools, businesses, religious institutions, and social service organizations; ensuring police and fire protection; and facilitating social networks (Ehrenreich, 2001). Trying to find meaning when faced with tragedy