

Effective Evidence-Based Post Disaster Recovery Interventions

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Introduction

Disasters are increasing in intensity, frequency, and complexity; as experienced firsthand by numerous communities in British Columbia, Canada in 2021. These communities faced successive disasters of record heat, wildfires, and atmospheric river floods. This hazard season of weather extremes demonstrated the reality of the new normal of natural disasters and has been described as a wake-up call, even for experts (Little, 2021). Disasters are large scale, traumatic events that threaten harm to individuals and communities by disrupting social networks, services, and survivor's mental and physical health (Gibson, Little, Cowlishaw, Toromon, Forbes, O'Donnell, 2021, pg. 1).

Focus on the acute, response phase of a disaster can reduce access to interventions for individuals who have experienced excessive trauma and need mental health support during extended recovery periods (Abramson et al., 2015). Survivors exhibit a wide range of responses that can vary from brief distress to long term mental health illness and other health issues. Lack of access to supportive interventions can in turn can promote negative outcomes for recovery for individuals and communities.

Background

This new normal of natural disasters is impacting more and more communities annually. In the case of B.C., Canada, some of the same communities experienced successive, multiple type disaster events within the same year. Greatly complicating and extending those community's recovery period and risk for negative mental and physical health outcomes. This increasing need for individual and community level recovery from disasters is creating an urgent need for effective, evidence-based interventions to assist the recovery of affected individuals and communities (Commers, Morival, Devries, 2014). In particular, the need is for interventions that can be deployed in the difficult recovery phase in which resources are scarce, by being effective, easy to deploy, low cost and without the need of highly specialized health professionals.

Methods

This research project is a qualitative study of peer reviewed secondary sources such as journal articles from the JIBC library database.

Results/Findings

Three ready-made evidence-based recovery interventions were identified including:

- 1) The Collective Narrative Therapy (CNT) model can be used to create a community storying event for affected communities to collectively acknowledge the disaster, promoting healing and social networking (Breckenridge & James 2012). For example, a "Lytton Strong" community block party, and social networking campaign.
- 2) The Happy Sad Letter Box (HSLB) project can put locked boxes in schools for children to put letters in. School counselors can then identify children and young people and families at risk for developing psychological issues for further assistance (Commers, Morival, Devries, 2014).
- 3) The Skills for Life Adjustment and Resilience (SOLAR) programme teaches healthy living skills over five sessions. It was found to be effective for reducing distress and PTSD in disaster survivors. It can be taught by trained non specialists, and addresses sub-clinical symptoms, reducing stress on professional health services (Gibson et al., 2021).

Discussion

This research project began with a desire to understand the impacts that disasters have on survivors' health and wellness, in order to understand how to help individuals and communities to recover from them. It was interesting to discover that Post Traumatic Stress Disorder (PTSD) was discussed as a disaster impact by most of the research, regardless of disaster type or demographic studied. It was also interesting that common disaster recovery factors were discovered, including positive and negative reinforcing subfactors. Positive recovery factors promoted positive recovery outcomes and included social resources. Negative recovery factors promoted negative recovery outcomes and included previous trauma and degree of exposure to the event. These findings demonstrated that there is significant evidence of both common disaster impacts and common disaster recovery factors.

The research project then set out to discover if there were effective disaster recovery interventions which could address common disaster impacts such as PTSD, thereby promoting positive recovery outcomes for individuals and communities. It was interesting to discover that there were effective evidence-based recovery interventions, which have immediate implications for practise. It was especially significant that these interventions have been proven to reduce PSTD, the most commonly identified disaster impact. As a result, these interventions have the potential to significantly improve the recovery outcomes of individuals and communities affected by disasters.

Recommendations

This project provided evidence-based research on recovery which can be used by emergency managers in the field to inform evidence-based interventions for individuals and communities in post disaster settings. Including, common recovery impacts and recovery factors. In addition to several very promising evidence-based recovery interventions that could be readily deployed.

Emergency managers can use this research on recovery impacts and recovery factors to aid in recovery planning. As well as the research on effective evidence-based interventions, CNT, HSLB and SOLAR to provide immediate assistance to communities and individuals in recovery from disasters. In addition, the research is applicable to communities who are not currently in a disaster. Who wish to plan more effectively for recovery if the unthinkable disaster event occurs in their community. Greatly improving the probability of positive recovery outcomes from a disaster at the individual and community level.

References

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