

Aftermath Recovery: Beyond an Afterthought

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In the field of contingency planning, there are often phases for continuity of operations, IT disaster recovery and sometimes mitigation plans, but what about planning for the aftermath?

In the field of contingency planning most programs and planning processes focus on the response phase, the continuity of operations phase and IT disaster recovery. Better programs include mitigation plans. Very few programs include a well-thought-out Aftermath Recovery Plan. This type of plan deals with the impact of the crisis on the people involved and the various stakeholders who might have been affected – both within an organization and in related organizations. This paper will focus on the “Why”, “What” and “How” of Aftermath Recovery Planning.

TIMELINE OF DISASTERS

For most people, the connotation of “crisis” is a moment in time “with the distinct possibility of a highly undesirable outcome” (Merriam-Webster online dictionary). For risk and contingency planners this time span expands to include a ‘threat’ or ‘warning’ phase prior to an event, and activities during and after the point of ‘impact’. Typical contingency planning addresses issues around risk mitigation, emergency response (activities during and immediately following the initial impact phase), Continuity Of Operations (known as COOP or COG in the public sector or Business Continuity Planning in the private sector) and several specific plans (e.g. Crisis Communications plans, Information Technology Disaster Recovery plans, and others).

In a publication aimed at training mental health and other human service providers, Myers and Zunin (2000) provided the framework for understanding the effects and dynamics of disasters over lifecycle of an event. Their model begins with a “threat” or “warning” phase (which at times is to be *assumed* such as when living in an earthquake zone – since no advance warning might be available but the risk is ever-present), the “impact” phase, the “heroic” phase (culminating in the “Honeymoon” of community cohesion), the “disillusionment” phase, the “coming to terms” phase, and finally the “reconstruction” phase. Using this model, it is clear that most contingency plans focus on the “impact” phase and end during the “heroic” phase at best. This is problematic since the “disillusionment” and “coming to terms” phases tend to last much longer. “Disillusionment” describes the psychosocial reactions once the reality of the event sinks in and often when the initial rescue and support forces leave. People are faced with the realization that it is up to them alone to cope and restore their lives. Depending on the severity of the event the “disillusionment” phase might last from several hours to weeks, months and even years (for example: following Hurricane Katrina). During the “coming to terms” phase, individuals, organizations and communities begin to take increasing control of the situation and play a greater role in driving the recovery.

People's reactions during these phases differ markedly. A common misconception is that people tend to panic during a large-scale emergency, but as past events have demonstrated, this is typically NOT the case. In fact, it is only when people perceive they have no means of extracting themselves from a dangerous situation, that they show signs of panic. Thus evacuations are usually orderly and effective. Reactions during the "heroic" phase are typically marked by an "adrenaline rush" and a sense of belonging and power. Realizing that they have survived the point of impact, people rally together and deal with the initial aftermath of the situation. Things change dramatically during the "disillusionment" phase. It is during this phase that most recovery teams leave and it is up to the local residents or company employees to continue with the recovery and reconstruction by themselves. The prevailing sentiment is disillusionment and often despair. The realization of the magnitude of the situation sinks in and the feeling that the rest of the world is moving on with their lives while the community remains dealing with all the resulting issues and complications.

Psychological Principles of Aftermath Management

The period following a crisis is marked by upheaval, rapid change and uncertainty, and depending on the type of crisis: questioning of deeply held beliefs and general assumptions about the world. In order to ameliorate the effect of these destructive experiences, three general psychological principles have been successfully used to guide and develop plans: 'Safety', 'Predictability', and 'Control'.

Safety: Re-establishing a sense of safety is the first and most important guiding principle. It is important to keep in mind that *safety* is both an objective situation and subjective experience. Objectively, people need to be out of harm's way, adequately fed and sheltered and their safety needs continually monitored. Subjectively, people need to **perceive** or **believe** they are safe. This involves removing reminders of the event as quickly as possible (or blocking the view if necessary), maintaining a visible presence of security personnel for protection (personal and property) and crowd control (if applicable), ensuring access and visibility of health services and finally a visible abundance of basic supplies (if possible).

Predictability: Human beings are used to having order in their lives. The upheaval and disruption common to all crises challenge this order leading to an experience of life being unpredictable. Assisting people (and especially children) re-engage in predictable patterns can shorten the personal recovery and reduce adverse long-term effects of the event. Instilling a general sense of predictability is done primarily through creating structure in people's lives. Although a common tendency is to relax rules around timetables (e.g. the workday, bedtime for children) it is important to return to those routines as soon as possible with only a moderate amount of flexibility. Re-establishing routines (or developing ones if none existed) helps regulate the various biological and psychological rhythms people have. Parents, Human Resource Directors and others responsible for people should avoid surprises and sudden changes. While it is important to maintain structure, people should be reminded to set aside some downtime and not be immersed in work without respite.

Control: The defining characteristic of a crisis situation is the perceived and/or actual lack of control over the situation (otherwise, presumably it would not occur to begin with). Keeping that in the forefront of planning can help restore a community's sense of efficacy and mobilize healthy initiative. People feel in control when they perceive they can influence the outcome of a situation. Soliciting, and in fact, encouraging, feedback through structured mechanisms is a useful tool for community and organizational aftermath planners. Finding ways to encourage a sense of "ownership" and competence through assigning responsibilities (as opposed to "stay out of the way") helps move people from a passive position (i.e. "helpless in the face of the crisis") to an active one (i.e. "coping with the situation"). Some people have the tendency to assume control ("I can do it better myself") thus relegating others to the status of "observers". Although they might be accurate in their assessment of their own competence, it is of greater benefit to include others and delegate responsibilities even if the tasks take longer to complete.

Within organizations or communities an important distinction is often made between being "in control" and being "controlling": Being "in control" connotes having control over oneself and the situation one is faced with. Being "controlling" connotes trying to control others. The former is clearly encouraged and the latter not.

Practical Aftermath Recovery issues faced by organizations and communities

Assigning Responsibility: The first task faced by planners is deciding who is responsible for the aftermath planning and plan execution. In organizations, the default choice is usually the Human Resources (HR) department. In communities that task is often delegated to local NGO's or ad-hoc organizations. It is important to verify that whoever is tasked with planning and execution is both experienced in contingency planning and capable of delivering the services as planned. The HR department is often busy with caretaking of personnel issues related to individual issues and do not have the capacity to oversee larger plans. Depending on the organization, the marketing department can be of great assistance in this area of planning.

Coordination with external agencies/vendors: Organizations should determine who is responsible for coordination and communication with the various agencies of local and federal government, NGO's and vendors. Communicating that information throughout the organization/community reduces confusion and stress levels. For example, assigning someone to be the liaison with the local medical center can reduce the time lag around notification to families and create a centralized repository of information (as recommended by the Virginia Tech Commission).

Mental Health Interventions: Certain situations call for mental health interventions. These interventions can be focused on individuals, families, organizational teams, or even the entire community. Choosing the right provider for these services is critical. The Critical Incident Stress Debriefing or Management (CISD or CISM) models have come under significant criticism by trauma experts. The current recommended model of intervention is called "Psychological First Aid" and focuses on strengths and skill building. In choosing a vendor for these services organizations need to consider the vendors vulnerability (if they are in a similar geographic area to a weather related or natural disaster), capacity and experience delivering these types of

post-disaster interventions. It is important to remember that while up to 30% might experience long term psychological effects of a crisis situation, 70% or more will be just fine after a relatively short time period.

Volunteer Management: Following large-scale (or even localized) disasters and crisis situations many people volunteer to help. Some of these are lay-people and some are volunteering professional services (health, mental health, electricians, plumbers, etc.). While these gestures are often welcome they can create complex logistical situation for organizations and communities. A designated “Volunteer Manager” can screen volunteers based on credentials, experience and organizational need.

Family Assistance / Coordination: Since people consider their family’s needs before their organizations’ needs, it is in the best interest of the organization to provide assistance and coordination for families of employees. Designating a Family Coordinator can simplify the process of obtaining support and services for families as well as minimizing disruption of work for employees.

Death Notification: Delivering death notification is probably most EMS personnel’s worst nightmare. In fact, burnout risk related to death notifications is significant in many different professions. Careful consideration should be given to designating individuals to the task of notification. In organizations this task typically falls to a senior executive. Training on death notification reduces Secondary Traumatic Stress, burnout and subsequent turnover. Additionally, when done appropriately and sensitively it can create a positive bond between surviving family members and the organization. When a death notification is carried out in a way that is not helpful or supportive, an element of antagonism and resentment can enter into the relationship between survivors and organization which can lead to further complications.

Town Hall Meetings: These are a useful tool is assisting people regain a sense of control through offering feedback as well receive information. Coordinating and delivering a town hall meeting is not the same as doing a presentation due to the interactive nature of this type of meeting.

Useful tips for Town Hall meetings include:

- Be Prepared
- Give facts
- Be honest
- Set time limits -- then be and stay on time
- Let people talk -- encourage participation
- Listen first and offer solutions second
- Encourage the audience to suggest solutions
- Don’t be defensive or angry
- Remember people are usually angry and/or scared

Morale: Low morale is common in the aftermath of major crises and disasters, especially if relocation is necessary. Establishing a “morale team” that plans and executes social activities (e.g. BBQs, picnics, employee and family sporting events, raffles) and focuses specifically on morale can alleviate some of the

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low mood. Marketing teams are often best suited for this role since some of these activities normally are in their purview.

Transportation: This is a commonly overlooked issue which is particularly relevant during temporary relocation or wide spread infrastructure damage (e.g. Hurricane Katrina). In relocation to alternate work sites (e.g. disaster recovery sites) organizations should pay close attention to the makeup of their workforce: moving from an urban environment to a more suburban or rural setting can create logistical problems (among other problems) for employees. Since people who live in urban setting are less likely to have cars (relying instead on public transit) they may be faced with an access problem. Solving this problem can be accomplished through creating and coordinating carpools and central information databases with relevant information included (location, available means of transportation, special needs, etc.).

In addition to the abovementioned organizational issues, there are a variety of “people issues” which fall into three main categories: Humanitarian, Family and Dependent Care and finally Relocation Adaptation. Organizations and communities should consider centralized management of these issues to reduce employee stress and time away from work for logistical arrangements.

Basic humanitarian aftermath planning includes attention to housing or shelter issues, food/water/clothing and finally, centralized coordination with relief organizations. Family and dependent care issues often involve: Education and child care; Pets (care, and housing issues); Elderly (social support, medical care and help with general life orientation); Disabled (mobility/transportation issues, various services and specialized medical care); Chronically ill (medication availability and management, social support); and, single parents (child care, social support). Relocation adaptation issues often depend on circumstances – i.e. where people were relocated to and how similar the environment is to the community of origin. Typical issues include: Social/Cultural factors (including diversity and tolerance issues); nutritional issues (different communities often have different types of food available); health care issues (different standards of care, lack of access to regular treaters); climate differences; and last but not least re-integration issues (return “home”, long term adaptation to loss/change).

While this is by no means an exhaustive list of issues faced by organizations, communities and individuals in the aftermath of a crisis or disaster it provides an initial reference point for planning. Engaging in a deliberate process of Aftermath Assessment and Planning reduces the adverse effects of crisis and disaster situations on the workforce and management.

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