Using Stress, Appraisal, and Coping Theories in Clinical Practice: Assessments of Coping Strategies After Disasters

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This conceptual article describes transactional theory (R. S. Lazarus, 1999; R. S. Lazarus & S. Folkman, 1984), a framework that integrates stress, appraisal, and coping theories as they relate to how individuals react to psychologically stressful situations and/or environments. In clinical practice, this theoretical framework can be effectively utilized in the assessment, intervention, and evaluation of an individual’s psychological stress and coping responses. This paper also discusses the role that theory can play in facilitating clinicians’ assessment of the coping strategies their clients use to decrease distress in the aftermath of a disaster. Illustrative examples are drawn from studies on social workers who experienced the World Trade Center disaster in New York City. Theoretical knowledge about stress, more specifically coping with the impact of psychological stress, will provide information that can help clinical professionals more effectively assist clients in resuming positive functioning and well-being after a disaster. [Brief Treatment and Crisis Intervention 6:337–348 (2006)]

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Increased Stress Is Common Social Problem

Stress has become a common denominator in our fast-paced, complex society. Work stress, family stress, financial stress, chronic stress, and, for some, posttraumatic stress are no longer isolated experiences but common refrains shared by people from varied backgrounds and in differing social circumstances. As a result, clinical practitioners increasingly need more sophisticated models defining disaster-related psychological stress responses and methods that their clients can use to effectively cope with it. Understanding how people assess events and react to these events is one key to helping them move through taxing situations resourcefully.

An important aspect to developing effective treatments for psychological stress reactions following a natural or human-caused disaster is studying why some individuals adapt following these demanding situations and why others do not (Norris, Friedman, & Watson,
Science has yet to provide a definitive answer to this question about coping after extreme situations (Linley & Joseph, 2004). We do know that developmentally, disasters affect people differently at various ages and stages (Weisaeth, 1993). For example, children, adolescents, the disabled, and the elderly are vulnerable populations that require special attention (Hoven, Duarte, & Mandell, 2003; Rubonis & Bickman, 1991). Consequently, mental health professionals continue to develop clinical programs (Marshall & Suh, 2003) and public health services (Felton, 2002; Klitzman & Freudenberg, 2003) to address the unique needs of particularly vulnerable populations. However, even among less vulnerable populations, there are wide variances in how individuals cope over time with disaster, potentially traumatic events, or terrorism-related stressful experiences (Bonanno, 2004; Lating, Sherman, & Peragine, 2006; Linley & Joseph, 2004; Pfefferbaum et al., 2006; Walker & Chestnut, 2003). In order to better serve all demographic groups, more specific knowledge about coping with the psychological impact of stressful events is necessary. This knowledge will help clinical professionals more effectively treat clients and ultimately help them mitigate negative effects on health, functioning patterns, and overall well-being.

Using Stress Theory in Clinical Assessments After a Disaster

The purpose of this theoretical paper is to describe the transactional theoretical framework of stress, appraisal, and coping theories. The concepts that make up this framework can be utilized in the assessment, intervention, and evaluation of the human stress response and the coping processes used following a disaster or other crisis situation. An understanding of the complete human stress response process allows the clinician to appreciate the nature of stress and its physiological and psychological effects and to view it more holistically as an interaction of the mind and the body (Everly & Lating, 2002).

In addition, this paper will examine coping styles and processes, how people cope and what strategies they use to cope with a given stressor or an acute event defined by many as taxing. Coping processes are distinguished from coping styles as current states exhibiting a dynamic interplay of person and environment, whereas coping styles are traits suggesting inherent personality characteristics (Lazarus & Folkman, 1984).

Finally, examples of specific strategies that were used to decrease distress when coping with a disaster of national proportions will be used to illustrate the theoretical concepts presented herein. With an understanding of this framework, the assessment of cognitive and behavioral coping strategies can greatly assist mental health professionals in making clinical assessments regarding the type of coping strategies utilized following a disaster, how effective these coping strategies are in relieving distress, and what interventions may be beneficial in aiding individuals, families, as well as the larger community to restore positive functioning postdisaster.

Stress and Coping After 9/11

On September 11, 2001, the terrorist attacks on America forever imprinted the memory of death and destruction on people, young and old, rich and poor, from urban New York City (NYC) to rural Pennsylvania, and broadly across the United States. For some mental health professionals, the events may have created pressing and sometimes disturbing clinical questions. What long-term effect will exposure to this disaster have on people? Who will be most affected? How do we as mental health professionals, best serve the affected populations
following the next disaster event or crisis situation? Can there be a positive gain after such adversity?

Viewing disasters from a public health or population-based perspective might help answer the questions about what groups or segments of the population might be affected, but commonly, clinicians want answers to assist them in providing clinical therapeutics to disaster-affected individuals presenting for care. According to Lewis and Roberts (2001), crisis assessment by behavioral health practitioners should focus on the individual-level crisis factors: the stimulus of the crisis, the individuals’ perception of the stressor, their coping efficacy, as well as an assessment of the individuals’ appraisal of psychosocial variables, general resource availability, and cultural norms (Lewis & Roberts, 2001). Using this as an assessment framework provides clinicians with the needed information with which to apply appropriate crisis interventions or provide brief supportive therapeutic encounters to potential at-risk groups or individuals who are already presenting with acute distress symptoms specifically in the aftermath of a disaster. Yet, clinical professionals may also benefit if they were to take into consideration the larger public health impact of disasters as well as attending to the clinical presentation of the individual experiencing a disaster in his or her local environment.

Research provides other information that guides clinical practice by describing the evidence for a range of individual-level effects resulting from disaster experiences. Studies from the World Trade Center (WTC) disaster in NYC indicated that initial coping reactions predicted the onset of psychological distress (Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002) and, in some, depression and posttraumatic stress disorder (Galea et al., 2002). A national event of terrorism and disaster not only affects the obvious survivors who experienced personal injury, resource loss, or death of a loved one but also has an impact on others in the community in their perception or psychological evaluation of the event’s crisis magnitude (Rubonis & Bickman, 1991).

In another study, cognitive resources, such as the ability to use emotions flexibly after September 11, 2001, has been linked to decreased distress (Bonanno, Papa, Lalande, Westphal, & Coifman, 2004). Increased distress, however, is not indicative of psychopathology; therefore, caution is warranted when attributing mental distress exclusively to the effects of a disaster (Wilson & Rosenthal, 2004). In sum, a thorough clinical assessment guided by theory and clinical research is of great importance.

It is also critical for mental health providers to acknowledge that there are competing demands, personal and professional, that are related to their ability to provide clinical services during a disaster in their own local community. A form of disaster-related role strain was noted in studies on social workers after September 11, 2001. In one study focusing on the experiences of 286 social work graduate students surveyed at 1 and 6 months after 9/11, MSW interns expressed concern about their professional ability to attend to clients in the immediate aftermath while managing their own emotional distress about the disaster, their academic responsibilities, ongoing threats to their personal safety, and impaired communication with family and friends (Matthieu, Conroy, Lewis, Ivanoff, & Robertson-Blackmore, 2006). After 6 months, the students in this study reported continuing professional needs for training and education in disaster-related clinical service delivery, particularly with youth, bereavement, and with the community, as well as personal needs for support and connectivity with others via counseling, volunteer work, academic planning, and fieldwork supervision.

In another study, 206 agency-based social work field instructors in the New York area surveyed at 1 month postdisaster reported that...
their agency demands and responsibilities for students, staff, and clients took priority over their own personal coping, which delayed their ability for self-care and connection with their social support network (Matthieu, Ivanoff, Conroy, & Lewis, 2006). Additionally, these field instructors and students reported in a final study that flexibility and support from the academic institution, time devoted to on-campus disaster-related discussions, and active dissemination of community resources and evidence-based information were helpful in reducing disaster-related distress (Matthieu, Lewis, Ivanoff, & Conroy, 2006). The insight gained from these novice and experienced social workers regarding their own coping provides another vantage point to examine the question of how best to equip mental health professionals with the requisite theoretical knowledge, professional skill, and personal abilities to effectively serve disaster-affected individuals and communities.

Hence, it is therefore proposed that clinicians need to be able to identify the concrete thoughts and behaviors that some disaster-affected individuals use to decrease distress in the immediate aftermath of a disaster, crisis event, or stressful situation using a theoretical framework as a guide. This clinical assessment of an individuals’ coping reaction may facilitate enhanced clinical decision making on how best to intervene as well as provide one possible clinical indication of who will engage in maladaptive or adaptive coping (Folkman & Moskowitz, 2000). In sum, resilience after adversity may be more common than once thought (Bonanno, 2004).

**Stress in Theory**

The concept of stress has evolved over the centuries from an initial physiological definition (Selye, 1956) as the most commonly accepted description. Selye (1956), the forefather of stress research, presents a widely accepted, fundamental stress theory that states that stressful life events are linked to the onset of distress or disorders.

The stress response begins with a stressor, which is defined as any real or imagined event, condition, situation, or stimulus that instigates the onset of the human stress response process within an individual (Everly & Lating, 2002). Further, Everly and Lating (2002) report that there are two types of stressors: psychosocial and biogenic. A psychosocial stressor occurs when the individual reacts to an event, condition, or stimulus based on the attributed perception of that stressor as a threat (Everly & Lating, 2002). The psychosocial stressor is cognitively interpreted along a continuum ranging from no harm to adversely affecting the individual’s well-being (Lazarus & Folkman, 1984). Everly and Lating (2002) also report that stressors can be biogenic, where thoughts, cognitions, or an appraisal of a situation or event is not needed in order to produce the same physiological stress reaction. They report that this can occur in instances where stress occurs in the body when it reacts to substances such as caffeine or environmental conditions such as extreme temperatures.

Physiological response to stress is fundamental in stress theory (Selye, 1956), yet our inability to determine which events are psychologically stressful, to whom, and in what ways is problematic (Lazarus, 1999). A stressful event becomes a psychological stressor when the individual reacts to the stressful event or condition based on cognitions that the event will adversely affect his or her personal well-being. This perception of the event as psychologically stressful is the vital component necessary to define the event as a psychosocial stressor in the human stress response (Everly & Lating, 2002).

Over time, the strain of responding to stressful situations, whether mentally or physically,
can be cumulatively detrimental. The result of this stress process in the mind and body may be the occurrence of eventual disease states (Everly & Lating, 2002). Thus, a clinical understanding of the concept of stress and the effects of excessive psychophysiological arousal enables mental health practitioners to assess clients’ presenting problems from the vantage point of mind–body interactions. It also assists in targeting the most effective place within the stress response process to intervene: (a) in the environment with the stressful event, (b) with the individuals in their thoughts about this event, (c) their physical responses within their body, or (d) to their cognitive or behavioral coping strategies used to mitigate the stressful event.

**Cognitive Perspectives on Stress and the Transactional Framework**

Stress has traditionally been viewed as a response, a stimulus, and, most recently, as a transaction. Stress, specifically mental stress, is defined as a transaction (Lazarus, 1999; Lazarus & Folkman, 1984) when the cognitive focus is on the relationship between the person and the environment, such as thinking about events in one’s life and deciding if one has the personal resources to handle those events. This transactional, or interactional, orientation focuses on thoughts and awareness that impact the overall individual stress response an individual can have in his or her mind and body. As such, the transactional framework focuses on cognitions and perceptions, or appraisals, that mediate the response to stressful events (Lazarus, 1999).

This transactional approach also emphasizes the importance of the individuals’ analysis or subjective appraisal of the stressful events that occur within their environment. Taken together, the importance of their interpretation of the psychosocial stressor’s magnitude, the emotions that are generated, and the resulting stress response is called the cognitive primacy perspective (Everly & Lating, 2002; Lazarus, 1999). Everly and Lating (2002) further describe the cognitive primacy perspective as when “the individual’s interpretation of the environment is the primary determinant in the elicitation of the stress response in reaction to a psychosocial stressor” (p. 164). Many stress researchers and theorists subscribe to the cognitive primacy perspective due to its rich empirical base (Lazarus, 1999).

**Appraisal Theory**

In addition to stress theory, one of the cornerstones of the transactional framework is appraisal theory. Within this theory, Lazarus and Folkman (1984) state that a specific event or stressor influences individual cognitions of an event, termed appraisal. Appraisal theory examines the process by which emotions are elicited as a result of an individual’s subjective interpretation or evaluation of important events or situations; hence, it is the evaluation of events to determine one’s safety in relation to his or her place in the environment (Lazarus, 1999). Therefore, an event, irrespective of its importance, may or may not be perceived as stressful or harmful by an individual (Regehr & Bober, 2005).

Appraisal theory posits that there are two types of appraisal, primary appraisal and secondary appraisal (Lazarus & Folkman, 1984). Primary appraisal is the individual’s evaluation of an event or situation as a potential hazard to his or her well-being. Primary appraisal is also defined as when an individual concentrates on the magnitude of an event or situation possibly for harm (Lewis, 2001). As one example, following the WTC disaster in NYC, the study of 286 MSW students, who were just beginning their agency-based field placement when the attack occurred, reported that the students immediately became aware of the urgent need to attend...
to personal safety, that of self and others, with particular attention placed on the clients their field placement served (Matthieu et al., 2006).

Secondary appraisal is the individual’s evaluation of his or her ability to handle the event or situation. This estimation of the range of coping skills in the individuals’ repertoire occurs in relation to, not necessarily after, a primary appraisal of a situation (Lazarus, 1999). Thus, the evaluation is dependent on the subjective interpretation of whether or not the event poses a threat to the individual (i.e., primary appraisal) and whether or not the individuals perceive they have the resources (inner and outer) to cope with it (i.e., secondary appraisal) (Regehr & Bober, 2005). In addition to assessing safety following the news of the WTC disaster, the social work interns in the aforementioned study also began to worry that they were not prepared or skilled enough to handle the demands of their newfound client population while they too were struggling to identify their own coping resources (Matthieu et al., 2006).

According to Lazarus and Folkman (1984), there are also three types of primary appraisal: (a) irrelevant, where the individual has no vested interest in the transaction or results; (b) benign positive, in which the individual assumes that the situation is positive with no potential negative results to his or her well-being; and (c) stressful, where the individual only perceives negative results or that the circumstances are detrimental to his or her well-being. In order to determine the magnitude of an event or situation using secondary appraisal (Lazarus & Folkman, 1984), an individual focuses on one of three perceptions: harm or loss, threat, or challenge (Lewis, 2001). Harm or loss is the belief that one has endured a physical or emotional loss with the temporal nature of the loss in the past. Threat is an anticipation of future harm or loss. Lastly, challenge is marked by positive events that have a risk of future negative outcomes that are laced with mastery (of event) and risk (from the challenge) (Lazarus & Folkman, 1984). Challenge also can be defined as the potential for positive personal growth by applying coping skills to mitigate the stressful event or encounter (Lazarus & Folkman, 1984).

Because secondary appraisal is purely a cognitive process, coping efforts have not been instituted at this point. Depending on the nature of the primary appraisal, the secondary appraisal can be influenced by contextual-level factors such as demands, constraints, and opportunities (Lazarus, 1999). The resulting appraisal then generates an emotion, or meaning, attributed to the particular event or situation. The individual is now able to move from thinking to action (Lazarus, 1999).

After the acute event has been appraised by the individual, meaning and emotions are generated. Then a behavior called coping ensues. Coping involves the decision of which behaviors to utilize to handle the event (Lazarus & Folkman, 1984). Coping is an interaction between the person’s internal resources and external environmental demands (Lazarus & Folkman, 1984). It is also defined as constantly changing cognitive and behavioral efforts to manage specific demands that are appraised as potentially taxing or exceeding a person’s resources. Coping includes attempts to reduce the perceived discrepancy between situational demands and personal resources (Lazarus, 1993). A study of social work students and their field instructors’ perceptions of their academic institutions’ response to the WTC disaster in New York described their reactions to a variety of additional academic supports, ranging from extra check-in meetings to support groups, instituted by their school to bolster student coping. This study found that personal time specifically devoted to processing the events and their coping reactions, whether alone, with peers, in a group, or with their field instructor, was important to these students (Matthieu et al., 2006).
Lastly, an individual employs coping strategies in one of two ways, by problem-focused coping, which is actively or behaviorally altering the external person–environment relationship, or emotion-focused coping, which is altering the personal or internal meaning or relationships (Lazarus, 1999). Problem-focused coping is also defined as channeling efforts to behaviorally handle distressing situations, gathering information, decision making, conflict resolution, resource acquisition (knowledge, skills, and abilities), and instrumental, situation-specific, or task-oriented actions (Folkman & Moskowitz, 2000). This type of coping allows the individual to focus attention on situation-specific goals and allows for a sense of mastery and control in working toward attaining that specific goal. Alternatively, emotion-focused coping involves positive reappraisal. This process of cognitively reframing typically difficult thoughts in a positive manner impacts deeply held values that become apparent when certain conditions occur and are needed to assist in coping (Lazarus, 1999).

It is important for clinical practitioners to understand theoretical research concerning human stress responses, appraisal, and coping in order to apply knowledge in practice when dealing with a client who has experienced a crisis, stressful event, or even a disaster. A fundamental understanding of these concepts and principles will make it easier for mental health professionals to guide their clients through the cognitive process toward a favorable result. In addition, the theoretical knowledge of this stress process can also be beneficial for clinicians to use as a basis for psychoeducational presentations when working with diverse client groups.

Coping and Positive Outcomes

Why and how is it that some people adapt, grow, or find personal benefit from adversity, stressful life events, or traumatic experiences? The literature on transformational coping after adversity reflects increased attention in answering this question (Aldwin, 1994; Linley & Joseph, 2004). In one review, the authors (Linley & Joseph, 2004) determined that growth after trauma or suffering (Tedeschi & Calhoun, 1995), positive psychology (Seligman, 2000), and other related terms are all focused on the study of adversarial growth, that is, finding positive impacts to dealing with potentially traumatic events or adversity in life.

Cognitive theorists are particularly interested in coping strategies that individuals use in specific situations to determine if one way of coping under a given set of circumstances influences whether someone adapts in a functional or dysfunctional manner (Aldwin, 1994). At present, there is a vast literature, which demonstrates the negative aspect of stress on physical and mental health outcomes (Aldwin, 1994).

However, in many situations, there is no need to elicit coping strategies to deal with a distressing event or situation. Stress can be appraised as “healthy,” especially when the stressor is perceived as a challenge, which can thereby influence individuals to be more flexible and adaptive in their response to stressors (Esch, 2002). The positive nature of coping, the constructive, adaptive, and functional aspects, will now be discussed.

In Selye’s (1956) stress model, he delineates that stress can be helpful, as in the case of an event or situation being used as a motivating force for an individual toward goal attainment or life enrichment (Everly & Lating, 2002). Helpful stress, or eustress, and destructive stress, or distress, are considered by Selye to increase in relation to one another in order to attain greater human performance or well-being (Everly & Lating, 2002). When increasing stress reactivity reaches an optimal level (which is different for each individual), then any additional stressor or stressful life event
can promote the onset of a physiological process that can lead to disorder or disease (Everly & Lating, 2002; Selye, 1956). From these early designations, it is seen that each individual has the potential for events or situations to be beneficial as well as harmful.

Differing terms are used in the literature to describe a favorable view of coping. Positive affect, as contrasted by negative affect, is defined as the ability to find the positive side of coping (Folkman & Moskowitz, 2000). Reappraisals or reinterpretations are appraisals with the resolution of an event as successful (Lazarus & Folkman, 1984), and positive effects are noted as a positive outcome after a particularly difficult encounter (Aldwin, 1994).

According to Folkman and Moskowitz (2000), who posit three observations regarding the study of chronic stress, “positive affect can co-occur with distress during a given period, positive affect in the context of stress has important adaptational significance of its own and coping processes that generate and sustain positive affect in the context of chronic stress involve meaning” (p. 648). These compelling points note the relevance of positive affect in the coping process in studies with individuals in chronically stressful situations, yet the present examination focuses on a specific acute stressor, which is conceptually different in many ways and must therefore be defined.

The most defining aspect of the stressor that influences an individual’s coping is the temporal nature of these events or the conditions under study. A particular encounter or event can be described as acute, whereas an ongoing demanding condition can be described as chronic. An acutely stressful event or stressor is therefore distinguished from chronically stressful events or stressors in that an acute event is defined by its time-limited nature. Hence, it is a specific event, at a specific time (Lazarus, 1999). Chronic stress is defined as an ongoing threatening condition, event, or role that impacts an individual and his or her life continuously (Lazarus, 1999; Pearlin, Menaghan, Lieberman, & Mullan, 1981). The empirical literature has focused heavily on coping with chronic stressors (Aldwin, 1994; Folkman & Moskowitz, 2000; Pearlin et al., 1981), yet the study of coping with acute stressors and early interventions following major stressful life events has increasing relevance for current mental health research and practice today (Bonanno, 2004; Litz & Gray, 2002).

Returning to the significance of positive side effects of coping with psychological stress, there is a great need for mental health professionals to assess an individual’s level of coping strategies and the potential for positive growth in times of great turmoil. A review of adversarial growth (Linley & Joseph, 2004) revealed that a number of cognitive appraisal variables, as well as other coping variables (e.g., positive affect, problem focused coping), were consistently associated with adversarial growth. Therefore, professionals that work with traumatized populations or those suffering acute stress reactions from psychosocial stressors such as disasters may want to consider incorporating an awareness of the perceived benefits that can result from extreme distress (Tedeschi & Calhoun, 1995).

In community work and in many other therapeutic situations, individuals are in great need for preventive services (specifically secondary prevention in the immediate aftermath of a crisis), both physical and psychological, in which to (a) encourage the use of self-care strategies, (b) seek a midpoint between stressors and stress reactions, (c) increase health promotion activities, and (d) promote disease prevention as the overall goal (Esch, 2002). In summary, crisis intervention and secondary prevention programs, trauma treatment, and clinical research can all benefit from emphasizing the positive side of stressful events with a careful eye toward the overall design and development of
mental health programs and services for those affected by stressful life events, crises, disasters, or traumatic situations.

**Putting the Theoretical Pieces Together: Transactional Framework for Coping with Acute Stress Responses Following a Disaster**

The WTC disaster in NYC, Washington, DC, and Pennsylvania presented us with a disturbing new way to conceptualize ongoing psychosocial stressors with personal implications—heightened vigilance to possible terrorist attacks, generalized angst, and fear of potential threats to our personal and national safety.

In order to fully understand the implications that stress theory can have on clinical practice, it is important to thoroughly review the theoretical concepts and how they specifically can relate to actual stressful situations. How individuals appraise and cope with a disaster offers a unique opportunity to study this interaction of theory and practice.

This paper has reviewed the theoretical contributions of stress, appraisal, and coping theories and outlined the person–environment transactional framework while providing insight on the following questions: (a) Why do we need to assess individuals after a disaster? (b) Using theory, what do we assess for after a disaster? (c) Is there potential for a positive outcome following a disaster?

In reviewing the different approaches to stress theory, the transactional framework appears to give the most comprehensive guidelines to assist clinical professionals in working with individuals experiencing acute stress following a disaster in the community. As this theory outlines the ways in which individuals assess events or situations as psychologically stressful, it enables clinicians to develop therapeutic approaches and perhaps even design programs that take a client’s thought processes and emotional responses into account. It also factors in the individual’s coping skills and overall coping mechanisms so that mental health practitioners can help augment and effectively work with the individual’s existing, but perhaps little used, coping methods.

In assessing the best approach to treating a client, it is also beneficial to understand the types of stressors and how it is defined within the transactional framework. The understanding of whether a stressor is acute or chronic lends itself to a more thorough recognition of the responses and behaviors the clinician witnesses in the client. Once it is determined that the stressor can be categorized as acute, an understanding of the transactional interplay between person and his or her environment can help lead the practitioner to an appropriate intervention point.

Additionally, understanding the nature of appraisal allows clinical professionals to also consider an individual’s perceptions and his or her preferred coping strategies as part of an overall treatment strategy. An in-depth knowledge of the research findings on the significance of coping with various disasters greatly enhances the chances that a treatment approach will be designed for maximum effectiveness for the individual functioning within the disaster-affected community.

Building and executing appropriate treatment programs to help clients manage acute stress will continue to grow in importance as additional stressors are identified. Stress has become one of the major factors impacting the quality of life today. With the rate of change accelerating in the face of advanced technology, unstable economic and social factors, and volatile global issues, clinical professionals will be called upon to step into more prominent roles. Effectively handling events perceived as stressful may become one of the greatest tools in maintaining highly functioning lives. Consequently,
knowledge on the topic will become increasingly more valuable and indispensable.

**Implications for Clinical Practice, Administration, and Community Outreach: Assessment During Disasters**

“Start where the client is” is a challenge for mental health professionals in times of disaster. Especially when the disaster victim may be calmly spray painting his or her name and contact information on plywood, staring wistfully at the scarred rolling hills where his or her trailer home used to be, or pleading with tear-swollen eyes at the lack of information released on the missing or dead from authorities. The initial contact with community members affected by a disaster requires interviewing, assessment, and problem-solving skills that are grounded in stress, appraisal, and coping theories. This initial contact is of utmost importance as many people will only be seen in passing conversations, moments of respite, or brief clinical interactions.

The ability to tap into the theoretical basis of one’s clinical practice allows for an increased ability to consider various options, quickly formulate solutions, and appropriately respond to client requests for assistance. Using the theoretical framework presented here, clinicians should assess the physiological, psychological, and social stressors as well as strengths and resources that impinge on the individuals and their potential for continued functioning and well-being within the disaster-affected community.

Postdisaster, the coping strategies, skills, and repertoires used to decrease distress assist in clinical assessment and intervention as well as in the design of prevention and crisis intervention services for the community. The use of theory in program planning and organizing by assessing the community-felt needs can also guide decision making on the appropriate level and type of services provided to the communities affected by a disaster. The location of crisis intervention services in traditional clinical settings shelters, visits by disaster mental health workers or community outreach, require an assessment of the local norms, culture, and stigma surrounding mental health services within the diverse populations in the impacted community. Knowledge of the macro- as well as micro-level issues is a necessary foundation to building the repertoire of skills clinical professionals engaging in disaster mental health service delivery need.

Stress from disasters is not a new phenomenon, but with the media’s ability to bring current events into homes on a massive scale and a more complex, fast-changing culture, disasters and the ensuing calamity have become a more common social issue. More pressure will be placed on clinical practitioners to design and implement result-oriented and evidence-based treatment methods. By combining an in-depth understanding of research and theories with practical knowledge about the client, mental health professionals can create and effectively mobilize the environmental and individual resources for healing and treatment after disasters.

With a focus toward positive outcomes from adversity and how to move individuals from negative states of distress to resourceful states of coping, clinicians can establish more salient treatment models for their client population. Stress is an underlying reality to modern life. Learning as a society how to diminish its negative effects will have far-reaching implications for a healthier, stronger, and more productive collective future.

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