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Clinical Research After Catastrophic Disasters: Lessons Learned From Hurricane Katrina

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Abstract

When catastrophic disasters such as Hurricane Katrina strike, psychologists and other mental health professionals often wonder how to use resources and fill needed roles. We argue that conducting clinical research in response to disasters is 1 important way that these professionals can contribute. However, we recognize that designing and implementing a clinical research study can be a daunting task, particularly in the context of the personal and system-wide chaos that follows most disasters. Thus, we offer a detailed description of our own experiences with conducting clinical research as part of our response to Hurricane Katrina. We describe our study design, recruitment and data collection efforts, and summarize and synthesize the lessons we have learned from this endeavor. Our hope is that others who may wish to conduct disaster-related research will learn from our mistakes and successes.

Keywords

clinical research; disasters; Hurricane Katrina; roles

How does one conduct clinical research following catastrophic disasters such as Hurricane Katrina? When disasters strike, be they hurricanes, tsunamis, or terrorist attacks, psychologists and other mental health professionals (e.g., social workers, psychiatric nurses) have many roles. The most visible of these roles typically includes the provision of psychological support and interventions to individuals directly affected by the disaster, including the victims, their family members and friends, and emergency personnel (Gard & Ruzek, 2006). This is especially needed during the acute phases of the crisis (e.g., Voelker, 2006). The full ramifications for individuals, mental health service systems, and communities often are not fully understood until after the initial crises pass, however. At this time, disaster-related roles for psychologists and other mental health professionals also may include program evaluation, policy setting, and clinical research (Ahmed & Boisvert, 2005; DeLeon, Hagglund, Ragusea, & Sammons, 2003).

For many psychologists and other mental health professionals, our interest in responding to disasters with our skills and services often is juxtaposed with a lack of knowledge about the most effective ways to use resources and to fill needed roles in the aftermath of such disasters. In this article, we argue that clinical research is an underutilized combination of skills that

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Editor's Note. This article was submitted in response to an open call for submissions about psychologists responding to Hurricane Katrina. The collection of 16 articles presents psychologists' professional and personal responses to the extraordinary impact of this disaster. These psychologists describe a variety of roles, actions, involvement, psychological preparation, and reactions involved in the disaster and the months following. These lessons from Katrina can help the psychology profession better prepare to serve the public and its colleagues.—MCR

psychologists and other mental health professionals can offer in response to disasters. Knowledge gained from this research can make significant contributions to how communities will respond to future disasters. However, planning for and executing clinical research following a disaster can be a daunting task. Thus, the focus of this article is on what we have learned from conducting our own clinical research as part of our response to Hurricane Katrina. We hope that our experiences, both our mistakes and successes, will be helpful to psychologists and other mental health professionals who may wish to conduct clinical research following future disasters. We begin with an overview of our research project, including specifics regarding our research goals, subject recruitment, and data collection. This is followed by a discussion of the lessons we have learned and a synthesis that we hope will be helpful to others who may wish to pursue disaster-related research.

Overview of Research Project

Over the days and weeks following Hurricane Katrina, thousands of evacuees from the New Orleans area were relocated around the country. Although not particularly close in proximity to the U.S. Gulf Coast, Columbia, South Carolina, received more than 2,000 of these evacuees. These individuals were some of the last to leave New Orleans; most spent days in shelters before evacuation, left their home city involuntarily, and had no prior connection to South Carolina. In Columbia, city and University of South Carolina leaders issued broad calls for persons who might assist in addressing the needs of evacuees arriving in the city. As clinical and community psychologists working at the university, we recognized that we had been presented with a unique opportunity to learn directly from these survivors about their experiences during the hurricane. Broadly, our research interests include understanding how intra- and interpersonal factors (e.g., genetics, personality, social support) interact with environmental and community factors to influence outcomes (e.g., psychopathology, adjustment to a new community). Hurricane Katrina resulted in a unique “experiment in nature” opportunity to study these factors and to begin to understand their independent and combined effects (Rutter, Pickles, Murray, & Eaves, 2001).

Thus, in addition to our personal responses (e.g., preparing meals, supporting a local relocation center), we identified a small grant research-funding mechanism through the National Science Foundation and submitted an application in late September 2005. The goals of our research proposal, which was funded for 1 year starting in late October 2005, were (a) to investigate the initial emotional experiences, both positive and negative, of adult Hurricane Katrina survivors; (b) to chart the natural course of individuals’ emotional experiences over time as the hurricane grew more distant; (c) to study psychosocial and biobehavioral factors, including genetic influences, that may confer a vulnerability or resilience to negative emotions following the hurricane; (d) to understand how individuals who were evacuated involuntarily from their home community cope with the stressors and emotions that occur in a new community context; and (e) to investigate the types of social support that may ameliorate stress when persons have been relocated to sites without any existing support networks.

In brief, our proposed research design, which was approved by the University of South Carolina Institutional Review Board, involved collecting baseline data from 200 adult Hurricane Katrina survivors residing in the Columbia area and 100 community controls matched as closely as possible on gender, race, and socioeconomic status. We selected our sample size of 300 based in part on feasibility concerns (e.g., funding, staff resources) but also to be consistent with other studies examining gene–environment interactions (e.g., Brendgen, Vitaro, Boivin, Dionne, & Pérouse, 2006). The baseline data collection, which we expected would last approximately 1 hr, would include informed consent, a series of written self-report questionnaires, and a semistructured interview that would allow participants (hurricane survivors only) an opportunity to “tell their story.” We also planned to collect a saliva sample from each

participant for molecular genetics analysis because one of the primary goals of our study was to examine gene–environment interactions. In addition to this baseline assessment, we planned to have participants call into an automated telephone survey system once weekly for the 12 weeks following baseline. During each 5-min phone call, participants would use the number pad on their phone to respond to a series of recorded questions regarding their emotional and other experiences during the past week. Finally, we planned to have participants complete a more in-depth follow-up assessment 6 months after their baseline assessment.

We have had to alter our research design multiple times over the past year. Although some minor design changes (e.g., recruitment locations) are to be expected in most clinical research studies, we believe our changes likely also reflect the system-wide chaos following most catastrophic disasters. We reflect on this further in the Lessons Learned section of this article. However, first we describe our actual experiences with subject recruitment and data collection with the hope that others may learn from our mistakes and successes.

Subject Recruitment

Because proximity in time to Hurricane Katrina was important for several of our research goals, we began in October 2005 with recruitment of the 200 hurricane survivors. Initially, most of the survivors living in Columbia were housed in area hotels, which simplified our early recruitment efforts. However, this situation did necessitate our becoming familiar with the network of providers and gatekeepers who worked directly with the survivors and knew their whereabouts. To some degree, we were able to rely on our preexisting relationships with community service organizations, such as the United Way and Jewish Family Services. In addition, because the University of South Carolina provided the space and technical support for the survivors' welcome and resource center, we also were able to use our university connections in locating survivors to invite to participate. From the community organization that oversaw housing assignments for survivors, we obtained a comprehensive list of hotels hosting survivors and the approximate numbers of survivors at each hotel. In addition, we obtained information regarding the sponsors assigned to each hotel. These were typically representatives from churches, businesses, or other community organizations (e.g., the Red Cross) who met regularly with survivors, coordinated meals and transportation, and provided other assistance as needed (e.g., helping residents read their mail or apply for government assistance).

We contacted these sponsors, either directly by phone or through attending sponsor meetings (e.g., facilitated by the United Way), and arranged times to visit the hotels to distribute our recruitment materials. At the hotels, we typically made a brief presentation to survivors (often during mealtimes or sponsor-organized events) and then spent several hours in the hotel lobby providing information about our study, answering questions, listening to survivors' stories, and scheduling interview times. This method of recruitment resulted in approximately 60 participants, but, unfortunately, it was short-lived.

Beginning as early as November 2005, there were several dates set by which survivors were expected to vacate their Columbia hotels and move into more permanent residences. Ultimately, most survivors left their hotels by February 2006; however, the confusion caused by the changing move deadline resulted in personal and system-wide chaos that made it difficult to recruit and retain study participants. For instance, often we would successfully recruit participants at their hotels, but when we went back (usually just a few days later) to conduct the assessments, participants would have moved out of the hotel and their whereabouts were unknown. In general, survivors did receive community assistance with the process of moving into their permanent residences; however, to our knowledge, a central database of survivors' new addresses was not kept. This also posed an unanticipated problem for subject recruitment.

Our primary solution to these emerging recruitment difficulties was to hire one of the Hurricane Katrina survivors to assist us with recruitment efforts. “Jackie” educated us about survivors’ experiences in Columbia and offered suggestions for how we might improve our recruitment efforts. For example, he suggested that our monetary compensation for study participation was too low given participants’ financial needs. Thus, we increased our compensation. Jackie spent time at some of the apartment complexes that housed survivors, but he primarily recruited participants through networking with other survivors living in and outside of Columbia. This method of subject recruitment, along with several other strategies (e.g., sending research assistants to apartment complexes, handing out flyers, word of mouth), resulted in approximately 60 additional participants.

In April 2006, it became clear that we would not be able to meet our goal of 200 Hurricane Katrina survivors by recruiting in the Columbia area alone. Thus, during the second week of May 2006, we sent a team of five researchers (i.e., one professor and four trained graduate and undergraduate students) to the New Orleans area for a week of participant recruitment and data collection. Before traveling to New Orleans, we made contacts with several local businesses and community resources that provided some assistance with recruitment and space for data collection. However, we found that we were most successful in recruiting participants at community locations, such as churches, laundromats, and fire stations. Over the course of 1 week, these recruitment strategies resulted in 99 additional participants, which allowed us to exceed our goal of 200 Hurricane Katrina survivors.

Recruitment of our 100 community controls stretched from April through September 2006 and generally went as planned. Methods of recruitment for control participants primarily included the placement of flyers in prominent community locations (e.g., discount stores, libraries), advertisements in local community newspapers, and recruitment in laundromats.

Data Collection

Baseline survivor assessments took place at the participant’s hotel or other place of residence or in community locations, such as laundromats or fire stations, and were conducted by trained graduate and undergraduate research assistants. As planned, these interviews lasted approximately 1 hr and consisted of a packet of self-report questionnaires, a semistructured interview, and collection of a saliva sample for genetics analysis. Informed consent was obtained from each participant prior to data collection. To avoid literacy concerns, the interviewer read aloud the questionnaire items to participants and recorded their answers, either directly on the written questionnaires or using a laptop computer programmed for data collection. Constructs assessed by the questionnaires included participants’ emotional experiences, psychosocial vulnerability and resiliency factors (e.g., stressful events, social support), and community influences (e.g., relationship with Columbia-area sponsor). The semistructured interview, which was audiorecorded for later coding, asked participants to tell their story about their experiences before, during, and after Hurricane Katrina. Participants were also asked to share their hopes for the future. Control participants were interviewed in community locations or in our research laboratory on the University of South Carolina campus. They completed the same packet of written questionnaires as survivors and also provided a saliva sample but were not given the semistructured interview. All participants were paid \$25 for completing the baseline assessment.

As previously described, we initially planned to use an automated telephone survey system to collect follow-up assessment data. In fact, we did get this system installed, and we trained some of our earliest recruited hurricane survivors on its use. However, we quickly realized that most survivors did not have regular access to a telephone. Furthermore, those who did have telephone access often had difficulty remembering to call in, which was entirely understandable given the circumstances. In addition, some survivors could not understand how to use the telephone

system, perhaps because of literacy issues. In response to these difficulties and Jackie's advice, we made some substantial changes to our follow-up assessment plan. In place of the automated phone calls, we decided to have our research assistants call survivors at intervals of 2, 4, 6, and 8 months (2, 4, and 6 months for control participants) after their baseline assessment. During each follow-up phone assessment, which lasted no longer than 15 min, participants were given an abbreviated version of the baseline questionnaire packet, which primarily assessed emotional experiences and stressful events occurring since the last assessment. Participants were reimbursed \$15 to \$25 (depending on the assessment wave) for completing each follow-up phone assessment.

Lessons Learned

Understand Contextual Factors

A fundamental lesson learned in this project was the importance of understanding the multiple, broader contexts in which hurricane survivors' experiences were embedded. Although we had prepared to learn about the personal situations of each survivor as part of the process of building the rapport and trust necessary to gather our data, we were struck by the wide variety of personal experiences, and we came to understand that each interview would be vastly different, despite the fact that all survivors had endured the same storm. We found that reading news accounts, learning about New Orleans geography and history, and making personal contacts with colleagues in that area were valuable strategies for understanding contexts, identifying potential partners in recruitment, and having resources available for participants in need of services. This information also helped us understand the details of each person's experiences. We quickly came to appreciate the disruption to social networks and service systems that promoted an extended sense of chaos for many Katrina survivors even many months after landfall of the hurricane. Voluntary and involuntary evacuations dislocated many family and friend networks, with few clues as to where to begin to reconnect. Access to basic resources was obscured by an ever-changing labyrinth of policies and contact persons. Even routine tasks such as making address changes to receive benefits became multiday efforts because of the lack of system organization and databases damaged in the storm. In this context, what it meant to schedule an appointment, make follow-up phone calls, or simply meet with one more person became much less routine.

We came to realize that, as a project, we were part of the personal chaos and the chaos of broader systems that had entered survivors' lives. Although we could never have fully anticipated these complexities, the priority we placed on understanding contexts was a valuable tool in preparing us to make changes in our research design as we learned lessons over the course of the project. In addition to informing research design, our understanding of contexts also emphasized to us the importance of addressing our research questions from a multisystemic perspective. As others have noted (Bronfenbrenner, 1979), individuals' life experiences are nested such that many factors from genes to environment can affect outcomes. By design, our research team was assembled to include psychologists knowledgeable about many levels of influence (e.g., genes, personality, communities) so that we might better understand the full experiences of hurricane survivors.

Consider Cultural Influences

Closely related to the need to understand contextual factors is the importance of taking into consideration cultural influences when conducting postdisaster research. This concern was particularly salient following Hurricane Katrina, as the areas hardest hit were primarily African American neighborhoods, unlike many of the neighborhoods where survivors were relocated. Such situations can add additional stressors for adjustment as preferred methods for coping and using social support are not available. These experiences may be exacerbated when a

person is not able to choose where to relocate. Most Katrina survivors who were evacuated involuntarily after the storm and who ended up in cities such as Columbia were from the poorest areas of New Orleans. On the basis of anecdotal observation, we found that persons with fewer resources were less able to connect with past social networks.

We found that cultural and socioeconomic issues came into play explicitly in our data collection experiences; however, we are certain that these factors implicitly influenced other aspects of our study, such as recruitment of participants. We made several design choices to accommodate participants from a wide variety of cultural and socioeconomic groups. First, we took extra care to discuss what it means to participate in research during the informed consent process. Based in part on the perceived government failures in responding to the aftermath of the storm, we needed to differentiate our efforts from Federal Emergency Management Agency and the federal government. News reports and anecdotal information suggested that African American survivors would more likely distrust government representatives than would Caucasian survivors. Simply put, we needed to explain our process as transparently as possible to build trust. Furthermore, because of past abuses by researchers in African American communities (e.g., the Tuskegee syphilis studies), we emphasized the research participants' rights and answered any questions before beginning research. We also took extra care in describing our purpose for collecting saliva samples because we were concerned that some participants might assume that we had ulterior motives (e.g., drug testing, paternity tests).

Second, we made logistical changes to the research implementation to make participation accessible to all participants. Specifically, we elected to read aloud questionnaire items because of concerns about the literacy of some participants. We altered our follow-up data collection procedures to have us initiate contact rather than require persons to use an automated-menu phone system that they may not have been familiar or comfortable with. During recruitment, we made sure to spend time in the settings talking to people rather than first focusing on the business that was of concern to us. Finally, we ensured that our research assistants who were responsible for data collection included individuals who were themselves from ethnic minority groups. We strongly believe that being sensitive to the social, cultural, and ethnic differences of research participants is a key ethical responsibility of psychologists and other mental health professionals who conduct disaster-related research.

Plan Ahead and Use Connections

As we began our research project, we implemented several strategies to help us reach out to hurricane survivors. First, we adopted a systems view of communities to search for networks of information and resources that would help identify potential research participants. Our preexisting relationships with community service providers in Columbia were valuable starting points. Meetings of community agencies, and the resultant knowledge about the networks involved in feeding, housing (both temporary and more permanent), and supporting survivors, were used throughout our recruitment efforts in Columbia. In New Orleans, we did not have these well-developed contacts.

Second, we worked to identify "gatekeepers" in Columbia and New Orleans who could (a) screen our project and make a determination of its legitimacy, (b) endorse the project and present it to community members, and (c) help us ensure that our approach to research was appropriate. In Columbia, we encountered gatekeepers at most hotels, including volunteer sponsors, hotel staff, and in a few cases influential peers who had been identified as leaders. This proved to be particularly valuable as reports of fraud and predatory schemes by strangers began to surface. The gatekeepers allowed us to be introduced to potential research participants in a less threatening manner. In New Orleans, we met gatekeepers at churches, schools, social service agencies, firehouses, and businesses. Although we tried to identify these contacts prior to arriving on the Gulf Coast, we found that it was necessary to devote one researcher's time

to further develop these contacts while we were conducting interviews. In some cases, our contacts with gatekeepers did not result in survivors agreeing to participate in our study, but they did help us to better understand the broader contexts of persons who had relocated to Columbia or who were rebuilding lives in New Orleans. Furthermore, we relied on several gatekeepers to make a determination about the potential fragility of possible participants.

Third, as previously described, we hired a survivor to help us recruit new research participants in Columbia. In terms of logistics, Jackie had a better understanding than we did of the networks of resources and information that we might tap into for recruitment and to reconnect with research participants for follow-up interviews. He also had the credibility of his own experience that opened the door for some survivors to consider study participation. In addition, Jackie's background in sales challenged our models of recruitment and helped us to think more strategically about where we might recruit persons and how to frame our initial contacts; he made many of these contacts himself. In terms of practice, Jackie also served as a consultant for understanding the quickly changing realities and stressors among survivors. He reviewed our practices and challenged us on how to be even more sensitive in conducting the study. As a result of his feedback, we changed recruitment strategies, compensation amounts, and our plan for follow-up interviews.

Some Successes Will Be Serendipitous

Because of our openness to learning about the contexts of research participants' lives, we arrived at a few strategies for recruitment and data collection that we had not expected would be as successful as they were. For example, in New Orleans, our time and resources for recruitment were quite limited because we were unable to arrange times for interviews that could be completed in subsequent weeks (as was done in Columbia). Unless we developed another recruitment strategy, we realized that our New Orleans sample would be quite small. Thus, in our efforts to understand daily realities in the lives of survivors, we discovered that laundromats were indispensable to a wide range of survivors who had returned to the Gulf Coast but who no longer had access to this service in their homes. Furthermore, many persons had to wait in the laundromat for up to an hour for their clothes to complete the wash and dry cycle. Although we were initially concerned about having enough privacy, the vast majority of survivors we approached in these locations agreed to complete our baseline assessment. In fact, in many cases, these participants found friends who were also interested in completing the assessments. Of note, before approaching any survivors in these businesses, we first obtained permission from the manager or owner who acted as a gatekeeper.

We also came to understand that our semistructured interview meant a great deal to many participants. In fact, many survivors reported that they had not yet had the opportunity to tell their story, particularly those we interviewed in New Orleans 8 months after the hurricane. Agency staff members who were gatekeepers reported that this aspect of participation seemed helpful for a number of persons. We observed that this task was cathartic for some persons and helped to integrate experiences for others, which is consistent with the literature on therapeutic narratives (e.g., Stuhlmiller, 2001) and self-help narratives (e.g., Rappaport, 2000). Perhaps not surprisingly, the task was different for survivors who completed the interviews 2 to 3 months after the hurricane as more of these individuals appeared emotionally taxed by recounting the events. Even in most of these cases, however, participants appeared to appreciate the opportunity to tell their stories. Had we collected questionnaire data only, participation would likely have been less fulfilling and would have included less of a chance for participants to derive some personal benefit. For most of the participants, they framed their participation as an opportunity to "give back," "bear witness," or provide some benefit to others who would be challenged by similar circumstances in the future. Most survivors had few of these

opportunities to actively contribute something of themselves in the months immediately following the storm.

Learn From Unanticipated Challenges

The demands of the project and the chaos in survivors' lives inevitably led to the need to address unanticipated challenges. First, although we had intellectually prepared ourselves as researchers for the challenging content of the many traumas associated with the hurricane, the emotional stress in hearing survivors' stories was more taxing than we had anticipated. In Columbia, we held weekly debriefing sessions for research team members, and in some instances we did additional individual debriefing. In New Orleans, the physical presence of the traumas and the compressed interview schedule made this more challenging. We collected a very large amount of data over the course of 1 week. Because of our own emotional reactions, we would have likely needed to close data collection for several days of respite if we had wanted to continue conducting interviews in New Orleans. In addition, the demands of simply entering so many systems and gaining the trust of so many gatekeepers over a short period were themselves taxing.

Second, our initial study design did not take fully into account the research participants' lack of access to resources, their residential instability, or their preference for personal contacts. As previously mentioned, in an interest to accommodate research participants' schedules, we initially designed weekly automated telephone calls to track survivors' adjustment over time. They could call at any time that was convenient for them. However, this arrangement proved to be impractical for most survivors in our Columbia sample who did not have regular access to telephones or who had to move out of hotels and apartments during the course of the study. We found that the personal contact by our research assistants every 2 months worked better for most survivors, even though this made tracking individuals more difficult for us. It may be that the automated telephone technology itself was a barrier along with its relative impersonal nature.

Third, as described previously, our research questions included a component examining the relation of genetic vulnerabilities with other factors such as emotional experiences and environmental stressors. We had anticipated that collecting samples of saliva for genetics testing would be problematic for some potential research participants. Some participants might have worried that we were doing drug testing, conducting paternity investigations, or had some other undisclosed purpose in collecting the DNA samples. We prepared responses to anticipated questions and trained interviewers accordingly. However, we were unprepared for the responses of some gatekeepers for whom this aspect of the study was more threatening than it was for the research participants themselves. Perhaps in their role as advocates, gatekeepers felt more protective. Unexpectedly, in a few cases this situation prevented our developing a research relationship with a gatekeeper or a site.

Synthesis

We found that our clinical and community psychology training helped us to conceptualize our research more broadly and allowed us to be open to adapting the project to be sensitive to the needs of research participants. We hope that others involved in clinical and community practice will join us in using research as a tool to promote human well-being after catastrophic disasters. In closing, we offer a summation and synthesis of what we have learned from conducting this study:

1. Designing and implementing a clinical research study following a catastrophic disaster are challenging. We encourage those considering this endeavor to learn from others' experiences and to use the wealth of information available in the research

literature. In addition to a variety of individual articles (e.g., North & Pfefferbaum, 2002; Silver, 2004), several particularly helpful resources include a special section on innovations in trauma research methods published in the *Journal of Traumatic Stress* (Sonis, Triffleman, King, & King, 2006), a book titled *Helping Children Cope With Disasters and Terrorism* (La Greca, Silverman, Vernberg, & Roberts, 2002), and a book titled *Interventions Following Mass Violence and Disasters: Strategies for Mental Health Practice* (Ritchie, Watson, & Friedman, 2006). It is also helpful to have research questions in mind so that when a disaster does occur, one can move quickly to apply for research funding and to offer assistance where needed.

2. Responding to the demands of research in the context of catastrophic disasters can greatly benefit from clinical skills. Our own training led us to approach our early contacts as building relationships with persons who were vulnerable or in vulnerable situations. Our clinical training was also helpful in preparing ourselves and our research assistants for the intensity of the stories that we heard and for debriefing these individuals following the interviews. Our own intense personal reactions to hearing of the trauma associated with the hurricane emphasized the importance of maintaining a supportive environment for those who collect postdisaster data.
3. The chaos in social systems and personal lives after catastrophic disasters challenges the roles that researchers normally hold. This project required that we were active in recruiting and meeting potential participants. At times, this required us to step outside the usual boundaries of our professional roles. For example, we were asked to make presentations to schools and churches about coping after disasters. We also served meals and helped clean sites. Although these are not roles that are often associated with conducting research, they were important for us in building trust with gatekeepers and engaging ourselves in the realities of survivors. This also proved to be an important training experience for our students.
4. The chaos of the system also required us to maintain boundaries of professional practice. Although participation in interviews may have been “therapeutic” for some individuals, we were clear that we could not offer therapy as researchers. In Columbia and New Orleans, we learned of available resources that we could pass along to survivors, and we encouraged them to connect to these systems if they were looking for additional help.
5. It was necessary to attend to how research participation could be accessible to survivors. Most in our study had never participated in research before. Taking the time to explain the nature of the study and participant rights and responsibilities improved the interviews in that participants appeared to be answering questions from their perspective rather than giving answers that would please us or derive some additional personal benefit to themselves (e.g., quicker access to housing). In addition, we read aloud our consent form and questionnaire materials to ensure that literacy issues did not prevent survivors from participating.
6. Embedding research efforts in organizational contexts can benefit dissemination of results. As described, we relied on gatekeepers at several different types of organizations to help us recruit research participants. In many cases, these individuals were very interested in our study. Many have asked us to contact them when our findings are prepared, which we will do. In some cases, agencies are interested in making some policy and program decisions on the basis of our findings. By taking into account the broader context of research participants’ experiences, we not only identified places to recruit but also outlets for using the knowledge created in this study.

7. Flexibility in implementation and conceptualization of a project is essential for postdisaster research. The nature of disrupted service systems and social networks requires researchers and practitioners to be flexible in how responses are organized and offered. Incorporating feedback loops through gatekeepers or key informants, such as Jackie, can assist in this planning. Although we are still analyzing data, we suspect that this improved the quality of our data collection and, thus, the findings that we will make available will help those who develop new programs and policies for future disasters.
8. Collaboration is an important metaframework in conceptualizing postdisaster research. Building relationships with gatekeepers and research participants often was facilitated as we came to understand the study purpose as including giving voice to persons affected by Katrina. This changed how we approached our roles and how we trained our students. It also will require us to continue in relationships after data collection to see that the results can benefit as many persons as possible. As a practicality, collaboration among a team of researchers was invaluable to conducting the project. We actually began implementing the project on the basis of this collaboration before we knew that we had obtained a small amount of funding. A collaborative model of conducting research can share the burden of the tasks as well as build on the strengths of team members.

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Biographies

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Bret Kloos received his PhD in clinical and community psychology from the University of Illinois Urbana–Champaign. He is assistant professor of psychology at the University of South Carolina. He specializes in the areas of community psychology and recovery from serious mental illness, with particular interests in promotion of adaptive functioning in community settings and meaning making after major life disruptions.

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Catherine A. Cheely is a doctoral candidate in the clinical and community psychology program at the University of South Carolina under the direction of Benjamin L. Hankin. Her research interests include identifying mechanisms of risk for depression in adolescents, with a primary focus on the effects of parental depression on youth.

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