



Social Work in Crisis Response and Disaster Recovery: A Comparative study of Best Practices and Lessons Learned.

Anomneze , Doris Ijeoma (PhD. Tutee)

**The University of America Curacao
Willemstad, United Kingdom of Netherlands
Ddanoms@yahoo.com +234(0)8033124723**

Abstract

This comparative study explores the pivotal role of social work in crisis response and disaster recovery, focusing on best practices and lessons learned from various global contexts. Social workers are integral to disaster response teams, providing essential services such as emergency support, counseling, and long-term recovery planning. By examining case studies from diverse geographical regions affected by natural disasters, pandemics, and other crises, this study highlights effective strategies employed by social workers to address immediate needs and facilitate sustainable recovery. The study identifies several best practices, including community-based approaches, inter-agency collaboration, and the incorporation of mental health services into disaster response frameworks. Additionally, the research underscores the importance of ongoing training and professional development for social workers to enhance their skills in emergency preparedness and response. Lessons learned from the comparative analysis emphasize the necessity of proactive planning, including the development of comprehensive disaster response plans that integrate social work services. The study also highlights the significance of fostering community resilience through empowerment and capacity-building initiatives. By documenting these insights, the research aims to inform policymakers, social work educators, and practitioners about improving crisis response and disaster recovery efforts. In conclusion, this study advocates for the continued investment in social work as a critical component of disaster management strategies, underscoring its value in promoting holistic recovery and resilience in affected communities. The findings contribute to a broader discourse on improving global disaster preparedness and response systems through the integration of social work best practices

Keywords: Crisis response, Disaster recovery, Social work, Best practices, Lessons learned, Community resilience, Emergency preparedness

1.0 Introduction

Disasters have happened many times in human history and are likely to continue to occur in different forms, times, and locations around the globe. There are two major categories of disasters: natural and technological, or human-made (1). Environmental changes cause crises such as hurricanes, tornadoes, volcanic eruptions, landslides, tsunamis, floods, land tremors, droughts, and earthquakes, while human acts of war, terrorism, mass killings, airline accidents, public transit explosions, and excavations of the earth surface typically lead to technological disasters (2).

Social workers' disaster relief goals primarily focus on supporting disaster victims and helping them cope and recover in the aftermath. This generally centers on getting the victims access to the services they'll need. Emergency management plays an important role in this goal. (3).

Hurricanes, earthquakes, tsunamis, typhoons, cyclones, and other forms of natural and human-made disasters seem to be increasing in frequency. This can lead people to experience anger, loss, fear, grief, and a host of other

emotions. One such event is the earthquake that devastated Bam City, Iran, on December 26, 2003, shattering thousands of lives. To June 15th, 2024, About 173,544 quakes of magnitude of 7.5, 3 above 7, 47 ranging between 6 & 7, 741 between 5 – 6, 6,274 between 4 – 5, 19,303 between magnitudes of 3 & 4, 43,395 ranges from 2 – 3, 103,781 fell below 2 on the scale and it spans through virtually all the continents

Other recent examples of natural disasters include the following: Earthquakes occurred on May 27 and 24 in Papua New Guinea, with a magnitude of 6.6; the most recent one occurred at 02:51. 26/05/24 Neiafu, Tonga (5.2), 27/05/24 Yuzhno-Sakhalinsk, Russia (5.2), 25/05/24 Vanuatu (6.3), 24/05/24 Kavieng, Papua New Guinea (5.1), 24/05/24 Tewksbury, N.J., USA (2.9), 23/05/24 Ambondro, Madagascar (5.6), 23/05/24 Hadoboh, Yemen (5.5), 23/05/24 Papua, New Guinea (5.3), 22/05/24 Gorontalo Regency, Gorontalo Indonesia (5.4), 22/05/24 Andres de Tumaco, Narino Clumbia (5.2) .(4), (4a)

Flood: 11/03/24 in West Sumatra, Indonesia (300 mm), 15/04/24, and 13/05/24 in Northern Afghanistan. 22/03/24 Uruguay, 13/03/24, Buenos Aires, Argentina (130mm), 22/02/23, Northern England, 13/02/23, New Zealand, 06/06/23, Auckland, New Zealand, 06/02/23 Pa, kistan, 21/01/23, Las Vegas; 16/01/23, Western Australia (5)

Typhoons and tornadoes: 28/05/24 (Texas and several states, USA), 27/05/24 (Kentucky, USA), 26/05/24, etc. In 2023 alone, there were 1,350 confirmed tornadoes in the USA, with Illinois leading. Hurricanes: Because of the year-long typhoon season, China is a hurricane-prone place followed by the United States and Cuba. The United States of America has been leading and followed in order by: Germany, Australia, South-Africa, Eastern China, Japan, Bangladesh, Argentina ... (6)

The people affected by these disasters need support in rebuilding their lives. Professionals, including social workers, participated in the ensuing rescue efforts. This article explores their interventions and identifies the skills social workers need to assist those who survive catastrophic conditions. Social workers from all over the world joined the rescue effort in the immediate aftermath of the Bam earthquake.

The earthquake hit at 5.26 a.m., and social workers from nearby Kerman City began arriving in the stricken areas around 11 a.m. (7). They helped those who survived the calamity by saving family members from collapsed buildings, digging out corpses from under debris, conducting funerals for the dead, searching for shelter and transportation despite the wreckage, and collecting and distributing food and supplies to victims. Social workers sought to console the injured and families of the dead, restore transportation links, collect information on the disaster, seek out vulnerable people, link survivors with resources, and empower other volunteers during the emergency (8).

A pandemic is a unique form of disaster, categorized as a public health emergency (9) first documented social workers' intervention in a public health emergency during the great worldwide influenza pandemic that caused millions of deaths in 1918. Historical records indicate that, on average, three influenza pandemics take place every century, roughly every 30 years (10). Since the 1980s, human society has been battling with the global AIDS pandemic.

In the 21st century, we have experienced several pandemics, among them SARS in 2003, H5N1 (the bird flu) in 2006, and H1N1 (the swine flu) in 2009. Reports and literature abound on social work's involvement in disaster management in several nations and at different times. Rapid technological development, leading to fundamental changes in human communication and interaction, presents an opportunity to redefine and revisit the role of social work in disaster management.

When disaster strikes, social workers are often at the forefront; they're on the ground providing support, coordinating resources, and guiding people through difficult times. The loss that people experience in disasters is unimaginable. The grief over the loss of loved ones, homes, and communities is palpable as victims scramble to pick up the pieces of their lives.

2.0 Literature Review

A disaster is defined as a “combination of hazards, conditions of vulnerability, and insufficient capacity or measures to reduce the potential negative consequences of risk.” (11). Disasters induce the loss of lives, materials, economics, and a habitable environment. The disruption or complete cessation of a community's or society's normal functioning is beyond the ability of the affected community members and their own resources to restore it. Rowlands (12), (13).

According to social work scholar (14) of Tulane University, *disaster* as a concept can be defined “primarily through social disruption and collective stress.” (14) further elaborates on this definition, describing disasters as a situation of collective stress where societal processes fail to meet the needs of many individuals.

When the immediate, unrecognizable removal of social structures and economic supports, which form the basis of people's lives, occurs, community members and individuals require distinct types of assistance. Therefore, a disaster is an unexpected and terrifying event. It could also result in enormous losses, affecting many people at the same time.

2.1 Types of Disaster

In disaster management, understanding the different types of disasters is essential. They fall broadly into three categories: natural, human-caused, and pandemics (10)

i. Natural disasters are environmental events like hurricanes, earthquakes, landslides, floods, or wildfires. They occur naturally and can inflict significant damage and loss of life. A social worker's response to a natural disaster might involve immediate crisis counseling, assisting displaced individuals with shelter, or coordinating the distribution of essential resources.

ii. Human-made disasters stem from human actions, negligence, or errors. Industrial accidents, nuclear explosions, and acts of terrorism including uncontrolled mob action are examples. In these situations, social workers might focus on trauma counseling, advocate for affected individuals, or aid communities in rebuilding.

iii. Pandemics are large-scale disease outbreaks that can significantly impact global health and economies. The recent COVID-19 pandemic is a prime example. During a pandemic, social workers might disseminate accurate health information, combat disease-associated stigma, or support affected individuals and families.

Each type of disaster presents unique challenges and necessitates different approaches to disaster management. Yet, in all scenarios, social workers play a pivotal role in supporting affected individuals and communities.

2.2 The Difference between Emergency Response and Disaster Management Social Workers

While disaster management social workers are trained and equipped to provide life-saving resources to victims, they should not be confused with emergency responders. While disaster management as a field is inclusive of so many important roles to help individuals, communities, and the environment, both social workers and emergency responders may share some similar tasks but overall perform different responsibilities.

For one, emergency responders in natural disaster situations are specifically trained to engage in sometimes high-risk situations to rescue victims to safety. Across terrains that could include flooded, deep waters or forests that are on fire, emergency responders must at times put their own lives at risk to save people. (9c)

Emergency responders, which can include volunteer local residents, first responders, firefighters, public health professionals, and law enforcement officers, ultimately act to provide search and rescue services and first aid and medical resources.

Through this approach, emergency responders are able to connect victims of natural disasters with the direct aid they need in the immediate aftermath. Separately, emergency response officials are also proactive about disaster relief in specific, pragmatic ways.

According to the United States of America Department of Homeland Security (DHS), emergency responders' development plans for disasters that could affect their communities. Depending on the disaster, the DHS

recommends that emergency responders develop protective frameworks that include: Evacuation, Shelter-in-place, Lockdown and Sheltering

On the other hand, disaster management social workers operate differently to accomplish different objectives. For the most part, these kinds of social work practitioners will not engage in the life-threatening activities that emergency and first responders must perform. Instead, social workers intervene before, during, and after a disaster to ensure that victims receive the needed support to begin rebuilding their lives. (10).

2.3 A Social Worker's Reaction in the Face of Disaster

While a comprehensive disaster response strategy will help inform effective social work decision-making, there's no way to fully prepare for the demands that a catastrophe will present. Even though social workers must prepare a high-level, overarching plan to help as many people as possible, it's necessary to understand that disasters are fluid, largely unpredictable situations. Because of this, social workers must remain flexible as they aim to support disaster victims in real time. By coordinating immediately with medical practitioners, housing shelters, food banks, and community centers, disaster management social workers can connect survivors with the relief they will need. (14)

2.4 Considerations in this Field

Cultural norms are among the key considerations when working in the disaster relief social work field. This especially holds true in global social work, where cultural conventions may make it difficult to utilize the most effective methods of assistance. Cultural norms about helping, who is "worthy" of receiving help first, and which groups are eligible for aid and relief are all obstacles for disaster relief professionals from the U.S. when working globally. While we view all victims as deserving of aid in the United States, some developing countries may view low-status populations as "unworthy" recipients of help.

The effectiveness of psychological debriefing is another consideration that needs more research for future effectiveness. Though the practitioners who conduct debriefings and the victims who receive them say that they find this method helpful, there has been difficulty in demonstrating that it has been effective for populations outside of first responders. Those in disaster relief social work would do well to conduct more research to determine the effectiveness of this method on the general population, but especially children, as they tend to be the most vulnerable victims in crisis situations. (15).

Little research exists on refugee camps and the useful intervention or prevention models within them. Refugees in camps continue to live in vulnerable and unstable conditions compared to the comforts of their own homes and countries. More studies on the effects of living in camps are necessary as the global refugee crisis intensifies, enabling social workers to effectively advocate for this vulnerable population.

2.5 The role of a social worker in disaster relief is significant.

Importantly, social workers in this field must be able to respond to both natural and human-driven disasters. These kinds of disasters can encompass events as disparate as violent conflicts between nations or states, volcanic eruptions, nuclear power plant meltdowns, and blizzards. Other roles as asserted by (14) are:

- Providing crisis counseling, such as mental health first aid, is crucial.
- Coordinating resources and collaborating with organizations
- Advocating for affected individuals and communities

Social workers in disaster management specifically train with the expectation that victims of these events will need unique support, despite the fact that each of these types of events poses unique challenges and consequences. These kinds of practitioners can help meet these expectations by using specific victim support strategies before, during, and after a disaster has occurred.

2.6 How do social workers prepare for disaster management?

Proactively preparing for a disaster of any kind can help save people's lives and restore communities. In this capacity, disaster management social workers dedicate a sizable portion of their bandwidth to developing plans and responses to ensure victims receive the support they need after a disaster.

2.7 Proactive and reactive interventions

To help connect survivors of catastrophes to the resources they need, disaster relief social workers must intervene both proactively and reactively in ways that ultimately prioritize victims' needs.

Communities often experience traumatizing displacement after disasters, depending on the magnitude and scale of the event. Natural disasters such as floods, tornadoes, hurricanes, earthquakes, landslides, droughts, wildfires, and severe thunderstorms turn the victims' worlds upside down. Human-caused catastrophes also share similar characteristics. (8).

And as professionals move in to provide immediate support, victims must grapple with the loss of family members and loved ones, of their homes, of their jobs, and of their communities. Emergency response social workers can provide the best kind of help to victims in the immediate aftermath of a disaster by offering basic necessities such as food, clean water, and shelter.

Because the damage that disasters wreak is multifaceted across emotional, physical, economic, and social levels, disaster relief social workers play a vital role in providing necessary resources to victims. According to the Federal Emergency Management Agency (FEMA), social workers play a vital role in helping with "recovery efforts in the restoration of public health, health care, and social services networks to promote the resilience, health, and well-being of affected individuals and communities." Through these central functions, disaster management social workers engage at practically every stage of a natural disaster.

Because disaster victims experience extreme levels of disruption in their lives, social workers in disaster management must be in advanced communication with organizations that provide support in housing, food relief, career services, and grief and mental health counseling. These expecting the worst and developing plans to connect victims with the agencies that can best meet their needs, these social work practitioners are able to offer life-saving solutions and outcomes.

When planning for a disaster, one of the most effective strategies for emergency response social workers is to circulate information to potentially affected, vulnerable communities. When people are better informed about what to expect, especially during an event as life-altering as a disaster, social workers can more successfully intervene to provide the necessary resources and guidance.

Specifically, social workers can help draft equitable and safe evacuation, sheltering, and lockdown plans to best aid vulnerable communities and individuals. Distributing these plans to the people directly affected by unpredictable disasters will significantly increase their chances of survival.

2.8 Facilitating Community Participation

Many nations hold the belief that the government should oversee disaster management, and professionals who are not part of the affected population typically carry out relief efforts (16) Allen, 2006).

For instance, a 2011 survey study involving 67 Chinese social workers and other personnel, most of whom had been involved in disaster management following the 2008 Wenchuan Earthquake, perceived the government as primarily responsible for many disaster management-related tasks, including coordinating the community's recovery and restoration efforts, interacting with the media, and providing supplies to victims and survivors (17).

However, prior research suggests that outside-in or top-down techniques have not proven successful in catastrophe management (11a). The Bangladeshi government has embraced a community-based disaster

management (CBDM) strategy that emphasizes community involvement throughout the whole disaster management process (11) & (18).

Because "experts" were frequently uninformed about local resources and capabilities, as well as survivors' perceptions, needs, and community dynamics, the relief services provided by foreign specialists were ineffective (10, 18)

Australia and Bangladesh, two nations that experience natural disasters often, have developed national "bottom-up" disaster management methods that actively engage community involvement from preventative to recovery phases (18).

According to Emergency Management Australia (Ife, 2002), effective disaster management outcomes should support the livelihood and empowerment of community members, as demonstrated by their ability to access resources and facilities, feel safe and secure in their community, engage in community life, and experience a sense of cohesion, identity, and economic recovery.

Researchers and practitioners (10), (1) Hossain, 2013; Mathbor, 2007) suggest inclusive strategies that social workers may use to increase community involvement: In order to identify needs and resources, plan, train, and evaluate programs, these include:

- 1) work with grassroots organizations and the most vulnerable members of the community;
- 2) recruit volunteers from the affected community to carry out emergency response and recovery plans;
- 3) raise community awareness about their roles and responsibilities in disaster management;
- 4) educate government officials about the importance of recognizing "the social dignity of people and treating them with respect in the policy-making process" (10) Hossain, 2013); and
- 5) empower the community by bolstering social capital (bonding, bridging, and linking) and mobilizing resources.

2.9 Typical Social Welfare Organizations

Organizations for Social Workers in Disaster Relief.

How can social workers contribute to working in disaster management? Volunteering or working for organizations are among a few ways. The following are organizations that seek out social workers to assist with disaster relief efforts:

- Federal Emergency Management Agency (FEMA): Charged with emergency preparedness and disaster response at the national level
- Red Cross: Provides emergency assistance, disaster relief, and disaster preparedness education
- Community Emergency Response Teams (CERT): Educates people about disaster preparedness and trains them in basic disaster response skills
- International Fund for Animal Welfare (IFAW): Rescues and protects animals worldwide

2.10 Elements of Disaster Management

Disaster management has evolved to encompass five key aspects as explained by Pyles (18) 2007):

1. **Prevention** - Activities and programs aimed at outright avoidance of the adverse impact of hazards and minimizing related environmental, technological, and biological disasters. Prevention could mean

developing community education programs about disaster risks and mitigation strategies for social workers.

2. **Mitigation** - Activities and programs that eliminate or reduce the probability of a disaster. Social workers might collaborate with local authorities to ensure vulnerable populations can access resources that decrease risk, such as secure housing in flood-prone areas.
3. **Preparedness** - Activities and programs that develop operational and procedural capabilities in case a disaster strikes. Preparedness might involve organizing disaster response drills in the community or creating a resource-distribution plan for a social worker.
4. **Response** - Activities and programs designed to address the immediate and short-term effects of an emergency or disaster. In response mode, a social worker might be on the ground to provide emotional support, help with resource coordination, or assist displaced individuals.
5. **Recovery** - Activities and programs that continue beyond the emergency period to restore critical community functions and begin stabilization management. For a social worker, recovery might involve long-term counseling for disaster victims or advocacy work to ensure the community receives the necessary support for rebuilding.

2.11 The Role of Social Work in a Pandemic

Until the SARS epidemic widely spread in China, Taiwan, Singapore, and Canada in 2003, social workers started to pay attention again to their roles in public health disasters. Using crisis theory, (19) examined social work intervention in the SARS outbreak in Singapore, including dealing with feelings, assessing danger and threats within a short time, mobilizing resources, and establishing communication channels.

Rosoff (9a) in the US and (20) in Australia both called for relocating social work action in health emergency response, as well as strategic, systematic plans in the case of pandemics. In Canada, a social work certification body, (21), published *Pandemic Planning: What are my obligations to provide a general guide for social workers?*

(22) summarizes the particular considerations for social workers, in addition to traditional or normal emergency social services, due to the unique characteristics of a pandemic:

More than ever, we need one-stop reception centers to reduce physical connections among community members;

Telephones and other communication modalities have become essential for service delivery.

Social workers can coordinate emergency shelters with other governmental and non-governmental agencies, utilizing both traditional locations like schools and hotels, as well as non-traditional ones.

Social workers may provide or organize home deliveries of groceries, meals, and medications;

Though no special clothing is required in a pandemic, there is a possibility that essential supplies and self-protection requirements must be delivered to community members who are isolated or unable to go out.

Social workers need to consider different modes to deliver common disaster response services: caring for vulnerable groups such as children and older adults, counseling for mental health issues, providing psychological first aid, bereavement, and alternative financial support, etc.

I will examine the development and common models of social work leadership, reflecting on the above-mentioned characteristics of social work intervention in disaster management, which include integrated psychosocial intervention, an emphasis on community participation and a focus on strengths and assets, as well as social work's role in a pandemic.

2.12 How Disaster Relief Social Work Works

Economically and socially vulnerable populations are at greater risk both during and after a catastrophic event.

The Minnesota Department of Health has come to a similar conclusion, stating that economically disadvantaged communities face significant challenges in receiving medical attention, shelter, and access to food services after a disaster. This logic unfortunately makes sense, where already disenfranchised and marginalized communities and individuals will struggle much more severely – and immediately – than others who have greater means. (10).

In the same vein, FEMA, stated that “disadvantaged households, such as low-wealth families, children and older adults, people with disabilities, and racial and ethnic minorities, suffer disproportionately during major disasters, be they hurricanes, floods, or industrial accidents.” Because of these overarching, pre-existing problems, social workers must apply innovative problem-solving techniques to best support the people who need it.

Additionally, the upfront knowledge of these circumstances, disaster management social workers can collaborate with governmental and humanitarian organizations (such as Red Cross, Rotary International, Lions Club etc) to deliver ongoing aid. In the aftermath of a catastrophic even, social work practitioners move into a more recovery-focused phase. During this time, social workers engage in the following activities.

Case Management

In the aftermath of a disaster, social workers specialized in the field will typically see a stark increase in the number of individual cases they must address. Here, social workers will have to practice advanced organizational skills as they respond to individual needs

Establish Support Networks

At the same time that individual lives turned upside down after a disaster, communities as a whole also face tremendous challenges. And when people don't feel connected or to other community members from a tragedy like a catastrophic event can seem nearly impossible. Social workers can help restore communities when they connect people to the support networks they may be familiar with. The recovery process will prove much more sustainable and much more effective when social workers are able to restore community-based connection.

Victim Advocacy

After a disaster, affected communities and places can receive greater attention from media sources. But after the dust settles and news cycles move on, communities are still left reeling and often disconnected. In this regard, Social workers can continue to advocate outwardly for ongoing, continued support for survivors. Both on an individual and community level, social workers engage with policy makers, agencies and organizations to advocate for greater levels of aid for those who need it.

Direct Outreach

Social workers in the wake of a disaster must find ways to connect survivors with the help they need. In this respect, practitioners must work diligently to make sure that victims of a disaster have and gain access to life-saving support.

This kind of strategy can be conducted on the ground, directly with community leaders, with individuals, or across digital means. Additionally, many victims after a disaster may not understand that they need or are eligible for relief support. Social workers can help bridge that gap by informing victims of the resources they may need.

Mental Health Counseling

The trauma associated with surviving a disaster can seem insurmountable for victims. Outside of making food, shelter and other relief services available to survivors, disaster management social workers also step into other necessary counseling services. As trained mental health practitioners, social workers are uniquely equipped to offer emotional, psychological, and even clinical support. Because different traumas and triggers are associated with different kinds of disasters, social workers can apply specific tactics to ensure survivors receive the care they individually need.

Also (23) , summarized social work functions in disaster management as follows:

1. Supporting individuals and families. In Bam this included: providing emotional support, grief counseling and post-disaster support (PTSD) for vulnerable groups like people with disabilities, children and elderly people; motivating victims to join activities; providing emotional support for families in shelters; helping families to arrange for funerals and build tents; visiting homes; and interviewing families of the victims.

2. Linking individual needs with resources and helping people to access resources. This included facilitating contact between local government and voluntary groups; linking social services with the needs of the people; identifying vulnerable people; linking family needs with resources and finding these; collecting donations; collecting, delivering and distributing food and materials; and registering the needs of victims for central government officers.

3. Preventing severe physical and mental problems. These included therapeutic interventions for survivors, including various types of counseling, e.g. grief counseling and post-relief counseling, linking patients to therapists and therapeutic centers.

4. Preventing individuals, families, groups, organizations and communities from breaking down. This included providing accommodation, information and support to individuals and families who were homeless; reducing survivors' lack of interest in life, and feelings of powerlessness and despair; coordinating and organizing responses to groups, agencies and communities effectively.

5. Intervening to change micro and macro systems to improve client well-being. This included advocating for change in governmental programs; developing volunteer services; conducting needs assessments; improving service programs; providing distribution centers for the victims; changing welfare policies and recovery programs to improve a community's ability to meet people's needs; developing the capacity of systems to improve the inferior structural status of earthquake victims. Many countries lie in an earthquake zone. Excluding the Bam earthquake, the nine biggest quakes in Iran during the last century measured 5.2–7.3 on the Richter scale and caused anything between 450 and 40,000 fatalities (24).

3.0 Disaster Management:

Disaster management consists of five basic stages: prevention, preparedness, emergency response, recovery, and mitigation (10), (9b). While prevention and preparedness are interventions in the pre-disaster phase, emergency response, recovery, and mitigation usually take place in the aftermath. Disaster management (DM) deals with both the mitigation and consequences of disasters.

The former refers to pre-disaster preparations whereas the latter is related to post-disaster response. Aspects of planning to deal with a hazard and to avoid associated risks (25) are parts of pre-disaster mitigation. Post-disaster response is required to assure prompt and appropriate assistance to the victims of disaster, and to achieve rapid and effective recovery from a disaster.

Post-Disaster Management operations are complex and are information-intensive as it involves different stakeholders. An effective response to a disaster requires not only a large variety of information for the decision makers but also its rapid flow and better coordination of activities improved coordination between relief agencies and workers can help in optimizing the resources to carry out relief activities efficiently.

3.1 International Best Practices

A crisis management plan is a crucial document that outlines how your business will respond in the event of a crisis. It delineates the individuals responsible for taking action and specifies their roles. The primary objective of such a plan is to mitigate damage and swiftly restore normal business operations. This plan serves as a dynamic guide that your team can refer to and update regularly.

In the case of COVID-19, social workers provided emergency response during the initial impact of the pandemic in local communities, while their services are carried on into the stages of disaster recovery and mitigation. Past practice and research have identified three major characteristics of social work practice in disaster management: integrated psychosocial intervention, emphasis on community participation, and application of strengths-focused and asset-driven approaches.

These modalities were adopted in the aftermath of post 9/11, Hurricane Katrina

These characteristics are elaborated in detail below:

The skills needed to accomplish these goals can sometimes extend beyond traditional clinical training. A key intervention in disaster relief social work is psychological debriefing, which emphasizes coping mechanisms,

social support through the community and social connection through networking. Other necessary skills in disaster relief social work in the views of (17) include:

- Case management: Ensuring a meaningful mix of services by finding the right programs, services and resources for clients
- Case finding: A critical service after a disaster as many victims aren't aware of all of the disaster relief services that may be available to them; alternatively, they may fear the judgement of their peers for receiving social services
- Outreach: Making programs and services more geographically and socially accessible by creating satellite locations for relevant programs
- Advocacy: Using professional contacts within organizations to advocate for clients to receive services they're qualified for
- Brokering: Exchanging clients among social work programs to meet their need for multiple services, this also helps to ensure movement of clients through various programs within the service systems

The work of (17b) premised on: Political Commitment and Legal/ Institutional Development, Role for the civil society, Public-Private Partnership, and the availability of a Risk Reduction Strategy. They emphasized on: *Policy and planning • Risk reduction as a policy priority • Risk reduction incorporated into post disaster reconstruction • Integration of risk reduction in development planning and sectoral policies (poverty eradication, social protection, sustainable development, climate change adaptation, desertification, energy, natural resource management, etc) • Disaster reduction in poverty reduction strategy papers • Participation in regional and international activities, programmes, networks and structures (including major conventions) Legal and regulatory framework • Laws, acts and regulations • Codes, standards • Compliance and enforcement • Accountability • Requirement of compliance by law • Existence and update of codes and standards • Existence of systems to ensure compliance and enforcement Resources • Resource mobilization and allocation: financial (innovative and alternative funding, taxes, incentives), human, technical, material • Evidence of budget allocation • Staffing allocation • Public-private partnerships & Organizational structures • Interministerial, multidisciplinary & multisectoral approaches • Implementing and coordinating mechanisms • Decentralization, civil society and community participation, local institutions • Existence of an administrative structure responsible for disaster reduction • Sectoral Programs • Consultation with and role for civil society, NGOs, private sector and communities • Existence of 'watchdog' groups

While (3) Identified the roles as below:

Consoling

Consoling others is an ancient and helpful approach to bereavement. This skill is especially useful for clients who believe in religious duties and the afterlife. A social worker may request that religious leaders assist them in this task. Religious communication can be among the best tools for dealing with grief reactions and helping clients feel reassured, empowered, and reactivated (24).

An emotional response involves a realistic understanding of the disaster. Unrealistic perception of disaster Accept reality, use abilities, attempt to solve problems, and seek help. Denying reality, not utilizing abilities, and not requesting help when necessary are common mistakes. Issues remain unresolved; mental disruptions lead to situational adaptation; and the problems diminish. Repose, equilibrium Unsettled, depressed, and possibly suicidal earthquake Emotional stupor (cognitive distraction).

Emotional apathy Psychophysical equilibrium Sudden psychophysical disequilibrium Situational support Missing situational support Figure 1 Survivors' reactions to earthquakes Social workers often referred people

who followed religious observances to a mullah, an Islamic clergyman, to perform ceremonies for victims and deal with survivors' grief reactions. Iran's Hawzah, a center for mullah education, had brought many mullahs to Bam. Social workers also arranged for an individual to meet with an ayatollah or mosque leader to discuss their loss from a spiritual perspective and receive guidance and support. (26)

Assurance

Assuring others can be used by social workers to help a client express their feelings, overcome despair, face the future, and start anew. This skill increases assurance, develops abilities, decreases anxiety, and encourages acceptable behavior. In Bam, social workers identified common reactions to grief and loss (e.g., shock, anger, guilt, shame, lack of focus, behavioral changes, mood swings, regression, and preoccupation) in clients. They then asked individuals to add any symptoms they personally experienced or observed in family members, friends, or others.

This list helps social workers use their skills to reassure others effectively. 1. Approving a client's statements. 2. Making predictions and sharing them with the client. These two points come together as follows: A social worker tells a client, 'It is arduous for you to adjust to grief and mourn the loss of your family dead members, but you can sustain grief and loss well' (27).

Objective Exemplification

In order to objectively model success, a social worker cites individuals who have faced issues similar to a current client's and successfully resolved them.

Concentrating In this skill, the social worker asks a client to concentrate on his or her strengths and voice them or write them down on paper. Individuals often focus on their weaknesses during crises and may even exaggerate them. Self-blame and depression usually accompany this attitude.

Framing their situation in terms of their strengths and abilities, compiled in a list with objective examples, can facilitate a client's ability to concentrate and engage in self-analysis. This can also help a client concentrate on incidents that have had pleasurable outcomes for him or her.

The exercise of this skill assisted clients to resume forgone activities and exert self-control to the point of being able to deal with the crisis and achieve a new equilibrium.

To this effect, social workers and Bam survivors brainstormed methods of turning a traumatic event into a positive one: for example, volunteering to help others who were grieving; working for a charity; and starting a project for change. (26)

Solutions Development

People who have experienced disasters often share a limited understanding of the impact of events such as earthquakes, a phenomenon often exacerbated by the psychological strain of the disaster.

This makes individuals consider limited solutions to overcoming their current predicament and feel blocked from changing their situation. As a result, individuals may experience internal stress and disability, leading them to consider suicide as a means of escaping their problems.

The social worker tries to focus the client's attention on a variety of rational solutions or offers possible alternatives to consider. At first, the social worker supports the client verbally and emotionally to reduce anxiety. Then, the social worker helps him or her understand the reality of the disaster.

For example, during the Bam earthquake, social workers asked a client to identify several supportive and caring gestures from family and friends designed to help them cope with their loss. They also responded to the client's questions in a rational and culturally appropriate manner, as I indicate below.

- **Client:** Why did I not die? How can I pay homage to my deceased family members? If I kill myself, will I visit them?
- **Social workers:** Where are they now? Client: Paradise. Social worker: Where will anyone who kills himself or herself go?
- **Client:** Social worker: If you kill yourself, can you visit them? Client: No. Social worker: So, suicide isn't a suitable solution, is it? The social worker thus guides the client in a helpful manner that enables him or her to adjust to the situation and solve his or her problems. (25)

3.2 Disaster Management Social Work Job Description

Specifically, the role of social workers in disaster management encompasses the following:

- Rehabilitating survivors with the support they require
- Creating comprehensive disaster response strategies
- Communicating disaster response plan information to vulnerable populations and communities
- Performing outreach campaigns during and after catastrophic events
- Coordinating with appropriate organizations, agencies, and governmental bodies to reduce emotional, psychological, physical, and medical suffering on survivors
- Advocating for victim relief throughout the course of a disaster
- Intervening with public health best practices to ensure victims receive the support they need
- Connecting survivors with the necessary relief and recovery resources

Social work and disaster management intersect to provide aid to everyone affected by a disaster, no matter the size or scale of the event. Even though media attention quickly turns to a focus on cleanup and the influx of food and supplies, social workers often act as unsung heroes as they assist victims in coping with the trauma they have just endured.

Disaster management social worker roles are growing in demand as unexpected, climate change-linked disasters are becoming more frequent across the world. Separately, crisis and trauma social workers, who share many of the same responsibilities as disaster management social workers, are becoming increasingly needed in vulnerable, at-risk communities

3.3 Referral

Referral is the skill that social workers use to propel clients to other sources of assistance and resources and make use of them (28). The referral skill gives a client access to a new starting point, especially when the expert social workers cannot offer help.

The social worker's failure to provide direct assistance may be due to resource shortages, agency purposes and goals, or a practitioner's lack of skills in a particular area, such as dealing with uninterested clients or complicated problems.

The referral becomes a means of continuing to offer assistance to clients. To generate a valuable referral, a social worker should consider the following factors:

1. Be aware of services that might help solve a client's problems.
2. Prepare a client for the referral.
3. Consult with the individuals or institutions from whom the client is receiving a referral.
4. Allow the client to make decisions about using the suggested services.

The social workers in Bam usually worked in a team with psychologists, psychiatrists, counselors, and other professionals. When the earthquake struck, it was easier to refer clients to existing and well-known networks.

Social workers, who frequently accompanied clients to social services centers or professional sessions with psychologists, psychiatrists, and counselors, addressed these referrals to known individuals.

During the 2003 earthquake in Bam, many social workers were involved in providing disaster aid, especially during the immediate aftermath of the first two weeks.

3.4 Social Work Leadership

Compared to other disciplines such as psychology, business, and governmental organizations, social work has a much shorter history of leadership development. Indeed, social work practitioners and leaders have learned and borrowed ideas and experiences from the aforementioned disciplines, including models in organizational psychology or organizational sociology by Max Weber, application of communication in organizations and communitarianism by Amitai Etzioni, and understanding of leadership in business from Fortune 500 company articles.

The literature differentiates management from leadership. In social work practice, however, both are critical. Leadership focuses on goal setting, inspiration, and vision, while management addresses implementation of work plans and coordination of everyday tasks. An applied and pragmatic discipline, social work management serves to solve problems and keep the organization functioning (29). Social work leaders are creative, innovative, and inspiring; more importantly, they are more inclusive and altruistic than leaders in business and governmental agencies (30). They ground their leadership in social work values of empowerment and strengths. (31) quoted a social worker as “the power to empower suggests that through our dedication and commitments to social justice and equity in social work practice we can create space for diverse voices and perspectives to be heard and explored in ways that create opportunities to understand ourselves and others, worldviews and perspectives in ways that promote socially just communities and policies that help transform society”. Strength perspective is another foundational principle by which social work leadership is conducted. Instead of focusing on individuals’ and/or organizations’ problems and deficits, strengths-based leadership stresses team members’ and organizations’ abilities, assets, and resources. Popular in social work, as well as in business, military, and education, strengths-based leadership is “a method of maximizing the efficiency, productivity, and success of an organization by focusing on and continuously developing the strengths of organizational resources” (32)

Three leadership types in social work have been documented and studied: laissez-faire leadership, transactional leadership, and transformational leadership (33), (34). Laissez-faire leadership is commonly considered a “hands-off” style due to the absence of actual leadership. The second type, transactional leadership, utilizes both reward and punishment in the process of managing and leading a team, and the leader is a “hands-on” figure who is constantly watching team members’ performance and waiting for mistakes to happen. The relationship between the leader and team members is described as an exchange that is based on financial productivity, psychological gain (praise), or political promises. In transformational leadership, the leader motivates team members to pursue their professional and personal growths aligned with the vision of the team/organization. He/she will not micromanage, but trust each member’s motivation and creativity in goal setting and implementation toward the greater good (35);(34).

Transformational leadership aims to maximize both the teams’ and members’ potential by encouraging members to integrate their own personal goals and interests with the collective good (36); (34). A transformational social work leader focuses on passion, optimism, political acumen, the ability to look into the future, with a penchant for adventure (34). Leadership theorists have identified five essential components in transformational leadership, the four is (35) and the leader’s charisma. The five components of transformational leadership are as follows (36); (37):

- Charisma. The leader has high moral standards and is a role model to followers.
- Idealized influence. The leader has a vision for the organization and the ability to draw people together around it.
- Inspirational motivation. The leader motivates team members to have high expectations and motivate them toward action.

- Intellectual stimulation. The leader challenge and enable team members to be creative and innovative in problem solving.
- Individual consideration. The leader nurtures a supportive environment for self-actualization of team members with goal setting, opportunity, and leadership style best fit for individual members.

As the empirical evidence has shown, not only do social workers adopt transformational leadership naturally due to the common theoretical foundation of empowerment, strengths, participatory action, self-determination, and self-realization (36) ; (38), but this type of leadership also contributes significantly to successful intervention in social work practice, as indicated by effectiveness, extra effort, and high satisfaction with the leader (39); (34)

Transformational social work leaders concentrate on team members' contextual performance as opposed to task-oriented performance evaluation under traditional leadership approaches (34). Contextual performance consists of five categories of indicators: 1) performing with enthusiasm and extra effort to complete one's own task activities; 2) volunteering to carry out task activities that are originally assigned to other team members; 3) helping and cooperating with other team members; 4) following organizational rules and procedures; and 5) supporting and defending organizational visions (40); (9c)

4.0 Discussion

The COVID-19 pandemic began with cases of infection first reported in Wuhan in the Hubei province of China in January of 2020, and has since spread to the rest of the world, including Canada. Besides causing upwards of 3.47 million deaths and infecting over 167 million people (41) in a year and a half, the pandemic has stalled international economies, halted local, national, and global events, and affected the life and work of literally everyone.

Unfortunately, many groups that already experience marginalization are especially vulnerable to virus infection, as well as its harmful social effects. For example, older adults with health conditions and weaker immune systems are affected more easily by the virus; the lockdown and social distancing worsened many older adults' isolation; women and children who experience violence in their homes live daily with abusers due to social isolation measures; there has been an increase in racist and xenophobic acts against people of Chinese origin; and Indigenous people in remote areas are further isolated due to the lockdown.

Though these marginalized groups are traditionally social work targeted populations, the challenge to respond in an emergency and the emergent needs created by the crisis are new, due to the health risks caused by the pandemic, as well as the need to maintain social and physical isolation. The role of social work and social work leadership in disaster management, particularly in a pandemic, needs to be redefined and revisited.

Again, during the air disaster of September 11th, 2001 airline hijacking by 19 militants linked to the Islamic extremist group AL QAEDA against targets in the U.S.A, the deadliest terrorist attack on American Soil. They attacked targets in New York City (The World Trade Centre) and Washington D.C. 2,750 people were killed in New York, 184 at Pentagon, and 40 in Pennsylvania. All the 19 who hijacked 4 Commercial Aircrafts in a well-coordinated attack attackers equally died, 400 Police Officers and Fire fighters were equally consumed by the inferno resulting from the attack totaling 2,993 popularly known as 9/11 (42)

Two distinct fields, crisis intervention (which targets civilian populations) and disaster mental health services (which targets first responders), have emerged in response to natural and man-made disasters. As a consequence of the 9/11 attack and that of Hurricane Katrina among many others, questions have been raised whether the occupational ecology of first responders has significantly changed. Two new concepts, the "high-risk rescuer" and the "rescuer-victim," are identified.

Using three field cases, this paper describes and analyzes the application of three different crisis intervention models for law enforcement first responders during 9/11 and Hurricane Katrina: (a) psychological first aid, (b) critical incident stress management, and (c) the Federal Emergency Management Association/Substance Abuse Crisis Counseling Program. Implications for meeting the mental health needs of first responders post-9/11 and - Hurricane Katrina are discuss (42, (43)

In the face of the new challenge posed by the COVID-19 pandemic, practitioners need to move from reactive to proactive actions to achieve preparedness for public emergency and disasters. Existing general guidelines on social work in a pandemic, such as *Pandemic Planning: What are my obligations* published by the (21), and *The Role of Emergency Social Services in Planning for Pandemic Influenza in Canada* by (22) are limited to providing advice on the work and responsibilities the social work profession most take in a pandemic, without elaborating on social work skills, ethical consideration, use of technology, and training and education for professional preparedness of pandemics.

What is also missing is research and theoretical reflection of social work leadership in the pandemic. Due to the expansiveness of the public health crisis globally, many, if not all, fields of healthcare, public services, governmental organizations, and non-governmental organizations have been involved in the endeavors of stopping the spread of the virus, treating those who are infected, and developing various strategies to increase population and safety. The battle with the virus is no longer, and has never been from the beginning, one discipline's duty, but many.

Many social work groups' experience of providing intervention and support in the pandemic has just started to demonstrate the important role of social work and the strengths of social work leadership in interdisciplinary collaboration (44); (45); (46). Respecting various disciplinary expertise and strengths, social workers must move beyond what each profession can do and focus on what all professions can do collaboratively.

Social work leaders have the vision of holistic well being of individuals and society as a whole. Social workers are pragmatic, which enables them to mobilize all resources in different professions and create opportunities to generate the best services and facilitate efficient delivery. Social workers should respond to Berg-Weger and (47) call: "While we will continue to provide the same services, we may find that, along with our inter professional colleagues, we can all envision expanded perspectives on our roles.

5.0 Conclusion

Crisis intervention is a cornerstone of social work, underscoring our commitment to helping those in need during their most challenging moments. The application of active listening, assessment, psychological first aid, and resource linkage equips social workers to make a profound impact on individuals and communities facing crises. Many social work groups' experience of providing intervention and support in times of disaster demonstrates the important role of social work and the strengths of social work leadership in interdisciplinary collaboration.

Respecting various disciplinary expertise and strengths, social workers must move beyond what each profession can do and focus on what all professions can do collaboratively. Social workers are pragmatic, which enables them to mobilize all resources in different professions and create opportunities to generate the best services and facilitate efficient delivery.

6.0 Recommendations

1. A system should be in place to alert the people early so as to avoid them being trapped in the pending disaster, and there should be proper and regular training of social workers and even other members of the society on every aspect of disaster management such as relief, planning and recovery should be undertaken. Including training in Crisis and disaster management courses at all levels of social work education;
2. Efforts should be made to consider the risks to the health and safety of both social worker and the patient during in-office counseling and this can be ameliorated through relevant Insurance policies. Again, Health ministries should expand Health and reimburse coverage to enable more senior citizens to receive care from their homes virtually;
3. Adequate funding to take care of special financial problems and obligations and especially staff welfare should be made available by the government and indeed, notable Non-Governmental Organizations;
4. People to be engaged as social workers but be compassionate to help explore options and solve problems in an empowering manner with those affected as well-being thought the relevance of team work.

References

1. Mathbor, G. M. (2007). Enhancement of Community Preparedness for Natural Disasters: The Role of Social Work in Building Social Capital for Sustainable Disaster Relief and Management. *International Social Work*, 50, 357-369. <https://doi.org/10.1177/0020872807076049>
2. Rogge, M. E. (2004). The Future Is Now: Social Work, Disaster Management, and Traumatic Stress in the 21st Century. *Journal of Social Service Research*, 30, 1-6. https://doi.org/10.1300/J079v30n02_01
3. Javadian, R. (2007). Social work responses to earthquake disasters A social work intervention in Bam, Iran 8419169411. [email: Javadian@iaukhsh.ac.ir; srj699@yahoo.com] .*International Social Work* 50(3): 334–346 Sage Publications: Los Angeles, London, New Delhi and Singapore DOI: 10.1177/0020872807076047 <file:///C:/Users/DELL/Documents/javadian-2007-social-work-responses-to-earthquake-disasters- a-social-work-intervention-in-bam-iran.pdf>
4. staff, (2024). List of Earthquakes in 2024
[www.wikipedia.org/wiki](http://www.wikipedia.org/wiki/list_of_earthquakes_in_2024)> list of earthquakes in 2024
www.earthquake.usgs.gov > Significant Earthquakes – 2024
- 4a. Staff (2024). Past Earthquakes Worldwide:2024
www.discovery.com> Earthquakes>Latest Quakes > Archive
5. Staff (2024). Flooding by Country 2024
www.worldpopulationreview.com
6. Staff(2024). Here’s Why US has more Tornadoes than any Other Country
[www.cnn.com>weather](http://www.cnn.com/weather)> U.S
[www.wikipedia.org ?wiki? Tornadoes 2024](http://www.wikipedia.org/wiki/Tornadoes_2024)
7. Ahmadi, H. (2004) ‘The Role of Education in Decreasing the Problems of Earthquake’, *Journal of Culture and Research* 134(10): 55–67.
8. Blake, P. (2015). Pandemic Planning: What Are My Obligations? Considerations for Members of the Ontario College of Social Workers and Social Service Workers. <https://www.ocswww.org/wp-content/uploads/2015/01/Pandemic-Plan-Obligations-Article.pdf>
9. Rosoff, P. M. (2008). The Ethics of Care: Social Workers in an Influenza Pandemic. *Social Work in Health Care*, 47, 49-59. <https://doi.org/10.1080/00981380801970814>
- 9c. Tafvelin, S., Hyvonen, U., & Westerberg, K. (2014). Transformational Leadership in the Social Work Context: The Importance of Leader Continuity and Co-Worker Support. *The British Journal of Social Work*, 44, 886-904. <https://doi.org/10.1093/bjsw/bcs174>
10. Ariyabandu, M. M. (2003). Bringing Together Disaster and Development—Concepts and Practice, Some Experiences from South Asia. In P. Sahni, & M. M. Ariyabandu (Eds.), *Disaster Risk Reduction in South Asia*. New Delhi: Prentice-Hall of India.
11. Hossain, A. (2013). Community Participation in Disaster Management: Role of Social Work to Enhance Participation. *Antrocom Online Journal of Anthropology*, 9, 159-171.
- 12a. Rowlands, A. (2004). Reappraising Social Work’s Contribution to Recovery from Disaster and Trauma: Applying a Strengths Perspective. *Asia Pacific Journal of Social Work & Development*, 14, 67-85. <https://doi.org/10.1080/21650993.2004.9755955>
- 12b. Rowlands, A. (2013). Disaster Recovery Management in Australia and the Contribution of Social Work. *Journal of Social Work in Disability & Rehabilitation*, 12, 19-38. <https://doi.org/10.1080/1536710X.2013.784173>
13. Zakour, M.J. (1996) ‘Disaster Research in Social Work’, *Journal of Social Service Research* 22(1): 7–25. 346 *International Social Work* volume 50(3)
14. Chen, S.C. (2003) ‘The Strategies of Social Assistance Welfare Services in the PostDisaster Aid of the 921 Earthquake’, *Community Development Journal* 90(4): 19–30.

15. Cooke, M. (1993) 'The Newcastle Lord Mayor's Newcastle Earthquake Appeal: Empowerment via Radical Social Casework', Australian Social Work Journal 46(1): 47-56.
16. United Nations Development Programme (2007). Human Development Report 2007/2008. Links between Natural Disasters, Humanitarian Assistance and Disaster Risk Reduction: A Critical Perspective. UNDP Human Development Report Office. <https://doi.org/10.1057/9780230598508>
17. Ng, G. T. (2012). Disaster Work in China: Tasks and Competences for Social Workers. Social Work Education, 31, 538-556. <https://doi.org/10.1080/02615479.2011.581277>
- 17b. Fernandez, J. Bendimerad, F., Mattingly, S. , Buika, J. (2004), Comparative Analysis Of Disaster Risk Management Practices In Seven Megacities . ISDR
<https://library.alnap.org/system/files/content/resource/files/main/comparative-analysis-drm-in-7-megacities.pdf>
18. Pyles, L. (2007). Community Organizing for Post-Disaster Social Development: Locating Social Work. International Social Work, 50, 321-333. <https://doi.org/10.1177/0020872807076044>
19. Tan, N. T. (2004). Crisis Theory and SARS: Singapore's Management of the Epidemic. Asia Pacific Journal of Social Work and Development, 14, 7-17. <https://doi.org/10.1080/21650993.2004.9755939>
20. Pockett, R. (2006). Learning from Each Other: The Social Work Role as an Integrated Part of the Hospital Disaster Response. Social Work in Health Care, 43, 131-149. https://doi.org/10.1300/J010v43n02_09
21. Ontario College of Social Workers and Social Service Workers (2015). Pandemic Planning: What Are My Obligations.
<https://www.ocswssw.org/wp-content/uploads/2015/01/Pandemic-Plan-Obligations-Article.pdf>
22. Public Health Agency of Canada (2008). The Role of Emergency Social Services in Planning for Pandemic Influenza in Canada. <https://www.homelesshub.ca/sites/default/files/s5ipjxpu.pdf>
23. Yueh, C.C. (2003) 'Social Workers' Involvement in Taiwan's 1999 Earthquake Disaster Aid: Implications for Social Work Education' Online Journal of Social Work & Society 1(1):1-22.
24. American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: Author. <https://doi.org/10.1176/appi.books.9780890425596>
25. Haddow, G.D. and Bullock, J.A (2004) Disaster Management Cycle
[www. Researchgate.net](http://www.researchgate.net) >
26. Goudarzi, M. (2004) 'The Biggest Quakes of Iran and the World', Journal of Culture and Research 134(10): 55-67.
27. Eghlima, M. (2003) Social Case Work. Tehran: Danzheh Publications. Family Well-Being Association, ROC (2003) '921 Earthquake' (1999), in C.C. Yueh (2003) 'Social Workers' Involvement in Taiwan's 1999 Earthquake Disaster Aid: Implications for Social Work Education', Online Journal of Social Work and Society 1(1): 2.
28. Janson, L.C. (2000) 'Social Work Practice: A Generalist Approach', trans. M.H. Bzargani. Tehran: Allameh Tabatabai Publications.
29. Brilliant, E. (2001). Social Work Leadership: A Missing Ingredient. Social Work, 31, 325-331.
<https://doi.org/10.1093/sw/31.5.325>
30. Sullivan, W.P. (2016). Natural Disasters: Health and Mental Health Considerations. Journal of Social Work, 52,S51 - S61
31. Canadian Association of Social Workers (2021). Power to Empower.
<https://www.casw-acts.ca/en/power-to-empower>
32. Burkus, D. (2010). Strengths-Based Leadership Theory.
[https://davidburkus.com/2010/04/strengths-based-leadership/#:~:text=Strengths%20Based%20Leadership%20Theory%20\(also,systems%2C%20tools%2C%20and%20people](https://davidburkus.com/2010/04/strengths-based-leadership/#:~:text=Strengths%20Based%20Leadership%20Theory%20(also,systems%2C%20tools%2C%20and%20people)

33. Bass, B. M. (1990). Leadership: Good, Better, Best. *Organizational Dynamics*, 13, 26-40.
[https://doi.org/10.1016/0090-2616\(85\)90028-2](https://doi.org/10.1016/0090-2616(85)90028-2)
34. Mary, N. (2005). Transformational Leadership in Human Service Organization. *Administration in Social Work*, 29, 105-118. https://doi.org/10.1300/J147v29n02_07
35. Banerjee, M.M. and O.F. Gillespie (1994) 'Linking Disaster Preparedness and Organizational Response Effectiveness', *Journal of Community Practice* 1(3): 129–42.
36. Fisher, E. (2009). Motivation and Leadership in Social Work Management: A Review of Theories and Related Studies. *Administration in Social Work*, 33, 347-367.
<https://doi.org/10.1080/03643100902769160>
37. Rowold, J. (2005). Multifactor Leadership Questionnaire Psychometric properties of the German Translation. Mind Garden, Inc.
<https://www.mindgarden.com/documents/MLQGermanPsychometric.pdf>
38. Packard, T. (2003). The Supervisor as Transformational Leader. In M. J. Austin, & K. M. Hopkins (Eds.), *Supervision as Collaboration in the Human Services: Building a Learning Culture*. Thousand Oaks, CA: Sage.
39. Gellis, Z. (2001). Social Work Perceptions of Transformational and Transactional Leadership in Health Care. *Social Work Research*, 25, 17-25. <https://doi.org/10.1093/swr/25.1.17>
40. Borman, W.C. & Motowidlo, S.J (1997). Task Performance and Contextual Performance: The Meaning
www.psychnet.apa.org/record/1
41. World O Meters, (2021). COVID-Coronavirus Statistics
Worldometers.info/WorldMeter
42. United states navy(Mil).(2023).The 9/11 Terrorist Attack-Naval History and heritage Command
www.history.navy.mil
43. World Vision Staff (2023). Disaster Relief: Frequently asked Questions.
www.worldvision.org
www.wikipedia.com >wiki>Hurricane Katrina,
44. International Federation of Social Workers (2020). The Role of Social Workers across Asean Countries in Re-sponse to COVID-19 Pandemic.
<https://www.ifsw.org/the-role-of-social-workers-across-asean-countries-in-response-to-covid-19-pandemic/>
45. Truell, R. & Crompton, S. (2020). To the top of the Cliff How Social Work Changed with COVID_19.
<https://doi.org/10.1046/9780230563508>
46. Yu, Z. H., Tan, W. J., & Niu, L. Y. (2021). The Experiences of the Good Companions Response Team during the COVID-19 Pan-demic in Wuhan, China: A Multiprofessional Team Led by Social Workers. *Asia Pacific Journal of Social Work and Development*, 31, 132-138.
<https://doi.org/10.1080/02185385.2020.1854843>
47. Berg-Weger, M., & Morley, J. E. (2020). Editorial: Loneliness and Social Isolation in Older Adults during the COVID-19 Pandemic: Implications for Gerontological Social Work. *The Journal of Nutrition, Health & Aging*, 24, 456-458. <https://doi.org/10.1007/s12603-020-1366-8>