

**Summary of Community Preparedness: A Psychological Portrait of the Citizen Responder**  
**by Jaclyn Beckmann Devine, Psy.D.**

Disasters are inevitable. Between 1980 and 2000, approximately 75 percent of the world's population lived in areas affected by an earthquake, flood, tropical cyclone, or drought (United Nations Development Programme [UNDP], 2004). In 1999 alone, the President of the United States declared 52 major disasters in 35 states (Beauchesue, 2001). With an average of more than one disaster each day, over 200 million people are affected by disasters each year (Regehr & Bober, 2005).

Spontaneous citizen response in disasters is also inevitable. In 1985, Mexico City suffered a major, globally recognized, and well remembered earthquake that killed more than 10,000 people; 100 of those killed were untrained citizens who spontaneously assisted in search and rescue (LA-CERT, 2004; Tierney et al., 2001). The spontaneous volunteerism that spawned in the aftermath of this earthquake, and the deaths that resulted from the lack of knowledge these volunteers had on how properly to respond, proved that planning for and training citizens to respond in a disaster should become part of emergency preparedness (LA-CERT, 2004). After assisting in the rescue and recovery efforts in Mexico City, the Los Angeles Fire Department was inspired to become the first United States sector to organize community disaster response by creating CERT in the US.

**Methods**

*Community Preparedness: A Psychological Portrait of the Citizen Responder*, by Jaclyn Beckmann Devine, Psy.D. was a quantitative study intended to assess a population of CERTs (46 females; 45 males) for trauma symptomology, survivor guilt, omnipotent responsibility guilt, and personality styles. The study tested 10 hypotheses based on the rationale that people who participate in CERT suffer from survivor guilt and as a way to resolve that guilt, they altruistically volunteer to help society. A sample of Nassau County, New York, CERTs ( $N = 91$ ) volunteered and was administered a demographic questionnaire, the Millon Index of Personality Styles - Revised (MIPS-R; Millon, 2004), the Trauma Symptoms Inventory (TSI; Briere & PAR, 1995), and the Interpersonal Guilt Questionnaire (IGQ-67; O'Conner et al., 1997).

This study was in collaboration with the Nassau County Office of Emergency Management in Long Island, New York. It was an endeavor that has been encouraged and collaborated on by Robert C. Beckmann, Jr., CERT Program Director and relative of the researcher. This study was approved by the Argosy University Internal Review Board and Commissioner Richard Rotanz, of the Nassau Country Office of Emergency Management, and the County of Nassau.

**Results**

In this sample there were 46 females (50.5%) and 45 males (49.5%). Over half of the sample population was Christian, representing 51.6% of the population. 37.4% of the sample population identified themselves as Jewish, while 2.2% identified as Muslim and 1.1% percent identified as Hindu. Another 1.1% percent identified as "other," and 2.2% did not respond.

Most (64.86%) of the respondents identified themselves as working in an office or as “professionals.” 14.3% of the sample population was retired, while 7.7% identified as teachers. 9.9% of the sample population of CERTs identified as social workers or medical/health workers. 25.3% of respondents have income below \$60,000, while 18.7% of respondents having an income of 60,000-80,000, and 29.7% of the respondents have high income above 100,000.

The sample population exhibited clinically significant symptoms of trauma according to the TSI at  $p < 0.0005$ . Such symptoms may have included: intrusive experiences, defensive avoidance, dissociation, and impaired self-reference. Similarly, findings indicated clinical significance accumulation of impairment in internal self-regulation, an inadequate sense of self, and/or inadequate self capabilities, with a significance  $p < 0.0005$ .

Study findings also indicated that according to the IGQ-67, the sample population rated significantly higher than the previously researched populations with survivor guilt and omnipotent responsibility guilt ( $p$  values  $< .0005$ ), indicating that they felt more survivor guilt and/or omnipotent responsibility guilt than previously tested populations. On the other hand, the findings of this study did not find that gender and age had a significant effect on survivor guilt and omnipotent responsibility guilt, which contradicts the previous research from O’Conner et al. (2002) that gender plays an important role in the measure of survivor guilt and omnipotent responsibility guilt.

The sample population exhibited the Actively Modifying, Other-Nurturing, Externally Focused, Gregarious/Outgoing, Dutiful/Conforming, and Cooperative/Agreeing personality styles as assessed by the MIPS-R. As expected, this sample of CERTs exhibited the Actively Modifying personality style. They tend to be people who take socially active roles, taking charge of their lives and instead of waiting for things to occur. Likewise, because CERTs are volunteering to assist others in large-scale emergencies and disasters, it was expected that they would exhibit the Other-Nurturing personality style, indicating that they are motivated to meet the needs of others before their own. This hypothesis is true for this population.

Not expected, was the most pronounced personality trait group for the sample population, which was the Pleasure-Enhancing personality style. This indicated more prevalence in the Pleasure-Enhancing personality style than the other styles for this sample population. The Pleasure-Enhancing style includes people who tend to be optimistic about the future, find enjoyment easily, and tend to be level-headed (Millon, 2004). These are positive personality traits for CERTs to possess.

The sample population did not exhibit the Pain-Avoiding personality style, indicating that for the most part, the sample population does not tend to focus on and intensify the problems of life. Since CERTs are preparing for future disaster events, it was expected that they are likely to be people who are “waiting for something to go wrong” in the form of a disaster event. This was not found to be true for this population of CERTs.

The researcher found that Pain-Avoiding scale had a significant and positive relationship with the Survivor Guilt scale, indicating that the more the person focused on and intensified the problems of life, the more survivor guilt that person exhibited. However, researcher did not find any significant relationship between the Other-Nurturing scale and the Survivor Guilt scale.

There was a positive correlation between trauma symptoms and survivor guilt for the sample population. This may indicate that the more trauma symptoms the CERT exhibited, the more survivor guilt the CERT felt.

In summary, the sample population indicated personality styles that may encourage them to participate in CERT. The sample population exhibited symptoms of trauma, correlating with significant levels of survivor guilt. Results also indicated that the sample population exhibited omnipotent responsibility guilt. In fact their survivor guilt and omnipotent responsibility guilt levels were significantly higher than populations in previous research.

### **Discussion**

As expected, this study evidenced that people who participate in CERT may exhibit significant survivor guilt and symptoms of trauma, as the sample population showed significant levels of both. Results suggest that further research is needed before conclusions can be made connecting previous trauma and survivor guilt to social action.

Although this population of CERTs have trauma symptoms according to the TSI, this study did not assess for previous trauma experience. The TSI proposes to assess people for symptoms of trauma categorized as intrusive experiences, defensive avoidance, dissociation, and impaired self-reference. These symptoms, although generally associated with resulting from trauma(s), are not exclusive to only traumatic experience and can be also identified as symptoms of other psychological impairments. In extent, because this study did not assess the subject for his or her experience of traumatic events, there is no evidence that the sample population ever suffered a trauma. Therefore, to conclude that the sample population may be motivated out of guilt about having survived a trauma while others had not is presumptuous.

This study established that survivor guilt was present in the sample population by comparing the mean and standard deviation calculated in this study to the means and standard deviations derived from previous studies done by O'Conner et al. (1999). It is not possible, however, to interpret the appearance of survivor guilt as idiosyncratic to this population because the study did not incorporate a control group for comparison. The study did not evaluate whether survivor guilt is elevated exclusively to this population or if there was an increase in survivor guilt in the general population. It is possible that there has been an increase in survivor guilt in the other populations as a result of 9/11, especially in New York City suburbs such as found in Nassau County.

Cautiously one might theorize that survivor guilt may be what motivates CERTs to participate in community emergency response in order to resolve the guilt that results from feeling better off than others, however further research and evaluation of CERTs is needed to substantiate this association. In other words, CERTs may be altruistically participating in CERT as a way to resolve their guilt or master previous trauma experience, but previous trauma and comparison of groups needs to be investigated before such conclusions can be adequately made.

On the other hand, findings that survivor guilt and omnipotent responsibility guilt were significantly higher than populations in previous research are important to note. The study revealed that the sample population of CERTs exhibited significant omnipotent responsibility guilt, showing concern for the happiness and well-being of others. This finding was expected since people who volunteer for CERT are inherently volunteering

to help others in a large-scale emergency situation or disaster. CERT training focuses on preparedness, response, and recovery in disaster situations and large scale emergencies for first themselves and their households, and then others in the community. It is important to remember that the idea of CERT is to assist the *community* and that having an inherent need to or feeling responsible for the health and well-being of others is a positive motivational factor for CERTs to possess.

The Other-Nurturing personality style further established much of this population of CERTs as interested in caring for others, which related well with elevated scores on omnipotent responsibility guilt. People with the Other-Nurturing personality style tend to meet and take care of others needs before their own needs. This can be a problem in emergency response, as a major component is personal care comes before one can care for others. As seen in past disasters (i.e. the Mexico City Earthquake, 1985), it is important for volunteers to make sure they are safe and have their needs cared for first before they try to assist others. The possibility of being motivated by survivor guilt compounds this potential problem because of the risks of being re-traumatized, overwhelmed, and/or emotionally triggered in a new traumatic event.

The outcome that this population of CERTs tended to exhibit the Pleasure-Enhancing personality style indicated that they are people who tend to be optimistic about the future, find enjoyment easily, and tend to be poised and composed in life (Millon, 2004). These are positive traits for people to possess who are employed in an emergency situations or disasters. Optimism, enjoyment, and ability to compose oneself may also help to reduce their risk of exacerbating trauma symptoms that they may have while helping others in disaster situations.

Overall, the study was small and had significant limitations that impede conclusive results. The results that were found are worthy of noting, however, and support future research in the field of Disaster Psychology, specifically as pertaining to citizen response and CERT. Furthermore, despite results being tentative, citizen responders and the CERT program training curriculum should consider the impact of psychological functioning on citizen response and community preparedness. In extent, it is recommended that the training curriculum include a more in depth psychological module with psycho-educational components such as defining trauma, vicarious trauma, offering coping strategies, and debriefing practices.

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