Psychosocial Response and Recovery
Evaluation of the RMWB Wildfire 2016
*Final Report*

August 31, 2017
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Project Sponsors
Alberta Health, Addiction and Mental Health Branch

Acknowledgements
It is with thanks we acknowledge the many individuals and organizations who have contributed their wisdom, experience and perspectives to this project. In addition to the primary contributors listed above we would like to thank each of the participants in the engagement sessions.

Suggested Citation

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Executive Summary

In response to the May 2016 wildfire in the Regional Municipality of Wood Buffalo (RMWB), local and provincial resources were mobilized to support the immediate needs of residents of the Region. Disaster-related Psychosocial Supports (PSS) were identified early on by stakeholders as a priority for response and recovery efforts. The creation and approval of the provincial Addictions and Mental Health Emergency Coordinating Centre (AMH-ECC) was an unprecedented step forward in signifying the importance of prioritizing PSS. Alongside the AMH-ECC, countless others worked to ensure the needs of residents were met. These efforts will continue in what is acknowledged as a long-term, complex and multi-faceted process for the communities recovering from disasters.

PolicyWise for Children & Families (PolicyWise) was contracted by Alberta Health, Addiction and Mental Health Branch to conduct an evaluation of the PSS offered during the response and recovery of the RMWB wildfire. This report is based on lessons from previous disasters locally, nationally, and internationally, as well as the experience and knowledge of those involved in psychosocial response and recovery, to assess efforts in the RMWB psychosocial response and recovery. The project team used this information to identify guiding principles to inform a disaster-related PSS framework, as well as outline the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

For this evaluation, PSS will be defined as the process of “facilitating resilience within individuals, families and communities with resilience being understood as the ability of individuals, communities, organizations or countries exposed to disasters to anticipate, reduce the impact of, cope with and recover from the effects of adversity without compromising their long-term prospects” (International Federation of Red Cross and Red Crescent Societies, 2009, p. 5).

The overall objective of PSS is to prevent pathology and promote psychosocial health and well-being among individuals who have experienced a disaster. There are a number of phases to this recovery process; not all individuals will move through the phases in the same way or at the same pace. Due to the variations between and among people who have experienced a disaster, there needs to be a knowledgeable and skilled team of individuals who can provide support to individuals, groups or the community at large at the level they are at rather than where they are expected to be. This should be done with the goal that as principles are put into practice, impacted communities and individuals will have the tools necessary to potentially reach a level of post traumatic growth (PTG).

A large body of literature exists related to disaster-related PSS. Leading evidence-informed principles by Hobfoll and colleagues (2007) and the Inter-Agency Standing Committee (IASC, 2007) served as a starting framework to organize the data from interviews and engagement sessions. Adding to that, emerging evidence from the literature was included. Six categories and one standalone principle emerged from the literature and served as a framework for organization and analysis of the PSS activities of during the response and recovery of the RMWB Wildfire. These included:
Table 1: PSS Principle Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description of Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Rights and Dignity</td>
<td>Ensure the protection of human rights and dignity, social justice and cultural safety.</td>
</tr>
<tr>
<td>Safety and Calming</td>
<td>Promote feelings of safety and calming which work together to result in a sense of security.</td>
</tr>
<tr>
<td>Community Capacity Building</td>
<td>Strengthen collective efficacy by building on community assets and ensuring authentic participation of citizens in response and recovery efforts.</td>
</tr>
<tr>
<td>Integrated and Multi-Layered Supports</td>
<td>Provide multiple levels of PSS according to need; coordinate efforts and support among first responders and workers.</td>
</tr>
<tr>
<td>Individual and Collective Healing</td>
<td>Help people to make sense of what has happened, grieve, find hope, and move forward.</td>
</tr>
<tr>
<td>Social Fabric</td>
<td>Build connections, strengthen the social fabric, and foster a sense of place.</td>
</tr>
<tr>
<td>Communication</td>
<td>All categories and principles must consider communication in order to successfully support individuals and community in PSS.</td>
</tr>
</tbody>
</table>

In the engagement sessions with RMWB and provincial stakeholders there was an emphasis that first and foremost, psychosocial recovery matters. It matters because it is about people wanting and needing to move forward with their lives and the well-being of their community is directly tied to their ability to do so. In order for this to occur:

✔ PSS response must start early and be sustainable
✔ PSS should be a local and provincial priority and identify common goals for response and recovery.
✔ Local not-for-profits organizations and agencies that are familiar with the local context and are knowledgeable about the community should be responsible for the initiatives.
✔ Connections and networks need to be fostered in times of non-disaster to help build a strong and resilient community which will in turn make successful recovery from events such as disasters more likely.

All information and findings were brought together to inform the proposed domains for the development of a provincial Disaster Psychosocial Framework to facilitate a community-based response regardless of the location or nature of the disaster in Alberta. Each domain of the framework is discussed and followed by practical summary points to assist individuals and agencies in quickly ascertaining their next steps should a disaster occur within their community. In addition, the recommendations focus on pre-disaster as well as post-disaster phases.
Table 2: PSS Domains and Selected Recommendations

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Selected Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Purpose &amp; Principles</td>
<td>Agreement amongst key stakeholder groups about the aims, values/principles and parameters for the design and delivery of PSS. This agreement forms the basis for aligned efforts and therefore is foundational to all other capacities.</td>
<td>✓ PSS response must start early and be sustainable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Local not-for-profits organizations and agencies that are familiar with the local context and are knowledgeable about the community should be responsible for the initiatives</td>
</tr>
<tr>
<td>Leadership &amp; Commitment</td>
<td>Refers to formal and informal leaders and the various actions performed in order to achieve and sustain high quality, effective, and consistent PSS.</td>
<td>✓ Review policies and procedures to ensure alignment with common purpose and principles of PSS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Ensure representation and engagement of local and government representatives and agencies, particularly among POC, PESS, and various ECC, RCC, ESS, and EOC</td>
</tr>
<tr>
<td>Mutually Respectful, Trusting Relationships &amp; Partnerships</td>
<td>The existence of mutually respectful and trusting relationships, effective networking, partnerships and other forms of collaborative action that advance PSS.</td>
<td>✓ Develop networks and maintain relationships with local and not-for-profit agencies and government ministries pre-disaster</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Locate and work with a “local connector”</td>
</tr>
<tr>
<td>People: A Knowledgeable, Skilled &amp; Stable Workforce</td>
<td>The existence of front line staff, support staff and supervisors who possess and apply extensive knowledge and skills related to PSS. A stable workforce is important for maintaining continuity.</td>
<td>✓ Build expertise in the province through identifying and creating a list of experts</td>
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<tr>
<td></td>
<td></td>
<td>✓ Consider opportunities for self-care such as the use of pet therapy, time off, and employee assistance programs for all involved in providing services</td>
</tr>
<tr>
<td>Ongoing Learning &amp; Adaptation</td>
<td>A system that embraces the processes and principles of ongoing learning and adaptation and which also include traditional approaches to monitoring performance assessment, evaluation and reporting.</td>
<td>✓ Provide frequent debriefings to update and regroup those involved in the disaster response</td>
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<tr>
<td></td>
<td></td>
<td>✓ Incorporate developmental evaluation into efforts to facilitate real-time learning and adaptation</td>
</tr>
<tr>
<td>Domain</td>
<td>Description</td>
<td>Selected Recommendations</td>
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</tr>
<tr>
<td>Infrastructure: Enabling Processes, Structures and Resources</td>
<td>Support processes, systems and resources that are needed for organizations to function effectively and to provide high quality PSS.</td>
<td>✓ Develop a governance chart which distinguishes lines of communication among representatives, agencies and committees&lt;br&gt;✓ Determine a specific assessment process for re-entry that clarifies who should return and during what time period</td>
</tr>
</tbody>
</table>

This report is based on lessons from previous disasters locally, nationally, and internationally, as well as the experience and knowledge of those involved in psychosocial response and recovery, to assess efforts in the RMWB psychosocial response and recovery. The project team used this information to identify guiding principles to inform a disaster-related PSS framework, as well as outline the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

Moving forward, the lessons learned from the RMWB wildfire and PSS evaluation will contribute to future disaster management efforts by providing a clear framework for response and recovery. The evaluation revealed many activities and processes that facilitated PSS among RMWB residents. These corresponded with established and emerging principles in the literature and contributed to the categorization of seven principle groupings which synthesizes the wealth of information into concise points of reference. By establishing a framework of understanding between provincial and local stakeholders, communities will be well positioned to respond to future disasters in a way that promotes PSS, PTG and ongoing learning.
Introduction

In response to the May 2016 wildfire in the Regional Municipality of Wood Buffalo (RMWB), local and provincial stakeholders were mobilized to support the immediate needs of residents of the Region. Recovery efforts will continue in what is acknowledged as a long-term, complex and multi-faceted process for the communities recovering from disasters.

PolicyWise for Children & Families (PolicyWise) was contracted by Alberta Health, Addiction and Mental Health Branch to conduct an evaluation of the psychosocial supports (PSS) offered during the response and recovery of the RMWB wildfire. PolicyWise’ evaluation approach is guided by a long-term commitment to child, family and community well-being in Alberta, principles of collaborative evaluation, and community-based participatory research and evaluation methods. This evaluation was designed to ensure that the approach comprehensively captured the overarching response and recovery to the RMWB wildfire, but more specifically, that it captured the unique community components of the response.

For this evaluation, PSS will be defined as the process of “facilitating resilience within individuals, families and communities with resilience being understood as the ability of individuals, communities, organizations or countries exposed to disasters to anticipate, reduce the impact of, cope with and recover from the effects of adversity without compromising their long-term prospects” (International Federation of Red Cross and Red Crescent Societies, 2009, p. 5).

The purpose of this report is to:

- Document the activation and operationalization of psychosocial response for the 2016 RMWB Wildfire during the Response and Recovery Phase;
- Conduct an evaluation of the Response Phase following the RMWB Wildfire as well as the initial actions of the Recovery Phase through a lens of community best practice to determine if activities met the psychosocial needs of the affected population and stakeholders involved;
- Identify successful activities as well as areas of unmet psychosocial need in the Response and Recovery Phases as articulated by stakeholders;
- Identify potential program or political targets that would lead to positive psychosocial outcomes following a successful disaster response and recovery in the future; and
- Identify the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

This report is based on lessons from previous disasters locally, nationally, and internationally, as well as the experience and knowledge of those involved in psychosocial response and recovery, to assess efforts in the
RMWB psychosocial response and recovery. The project team used this information to identify guiding principles to inform a disaster-related PSS framework, as well as outline the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

**Methods**

Collaborative evaluation engaged a diverse range of stakeholders in respectful, meaningful and participatory ways throughout the project. Using this approach the project team sought to document and capture the knowledge gained by people who were mobilized to support the response and recovery of the RMWB wildfire with a focus on PSS. First responders, social and community services’ staff, educators, and health services providers were not only representing their organizations’ efforts, but were also representing the community as many of the people who were engaged were RMWB residents directly impacted by the wildfire. National and international leaders in the area of disaster-related psychosocial response and recovery were also contacted to participate to provide breadth of expertise in addition to the depth of RMWB respondents’ experience. In order to capture this knowledge and expertise, group engagement sessions and individual interviews were conducted.

Brief descriptions of the methods used for each of the data collection components (engagement sessions, individual interviews, secondary data analysis, document review, and literature review) of this review are provided in the following subsections.

Data analysis included two main methods. The data that was generated from the interviews and engagement sessions were reviewed and summarized into relevant categories. Once findings from all components were summarized and reviewed individually by team members, findings were developed into themes by the full project team in the form of a modified Delphi process. This process allows consensus to be reached amongst team members without requiring face-to-face meetings. Findings and themes were compiled and email was used to facilitate the nomination, discussion and consensus exercise.

Throughout the process, team members applied a Gender-Based Analysis Plus (GBA+) lens to strive towards understanding the PSS response and impact from a broad range of perspectives. The combination of these data analysis methods ensured that a comprehensive picture of psychosocial response and recovery in the RMWB was revealed.

**Engagement Sessions and Individual Interviews**

An initial list of participants was generated from the membership lists of the Addiction and Mental Health Emergency Coordinating Centre (AMH-ECC) and the Addiction and Mental Health Recovery Coordinating Centre (AMH-RCC). From there, purposive sampling was used to generate a list of potential stakeholders

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1 Throughout this report, the terms “participants” and “stakeholders” will be used interchangeably to refer to all people who contributed to the engagement sessions or interviews. The term “RMWB or local participants” will specifically be used to highlight contributions from people who lived in the region and were involved in the PSS response and recovery efforts. The
who were invited to participate in the engagement sessions. Snowball sampling was also used; identified
individuals were asked to provide names and contacts of those who were also seen as important in the
psychosocial response and recovery in the RMWB.

A facilitation guide (see Appendix A) was developed for the community engagement sessions and individual
interviews. The goal of this data collection was to create a timeline specific to the psychosocial recovery and
response, and to help understand the contextual/local definition of successful psychosocial recovery and
response. This comprehensive guide included questions that focused on the activities and perspectives of
success applied by key stakeholders while implementing the psychosocial response to the RMWB wildfire.
The guide was reviewed and revised based upon feedback provided by the project team.

Two community engagement sessions were held each in Edmonton (April 11, 2017) and in Fort McMurray
(May 23-24, 2017). The two sessions in Edmonton included individuals who represented provincial ministries
and agencies that were directly involved in the RMWB response. In total, 12 individuals participated in the
Edmonton sessions. The two sessions in Fort McMurray included a total of 24 participants who represented a
range of municipal government, social services, and industry partners across the RMWB and province.

Individual interviews were conducted with local RMWB and provincial stakeholders who were unable to
attend the engagement sessions but who also had valuable insights to be captured for this evaluation. These
individuals represented ministries and agencies who participated in the response. In total, there were 15
interviews conducted. Dialogue with evaluators of the psychosocial response and recovery efforts in the
RMWB further informed the findings presented herein.

**Document Review**

Documents related to the psychosocial response and recovery were shared by a number of the participants
to assist the research team in more fully understanding the response and recovery processes. Alberta Health
and Alberta Health Services provided data on mental health services (i.e., any mental health, anxiety,
depression) accessed through physician and emergency room visits around the time of the fire in addition to
the psychosocial services provided by other organizations. This information was aggregated and presented in
graphical form alongside service provision results from other service providers in RMWB to contextualize the
range and intensity of psychosocial and mental health services provided in response to the fire.

Concepts and examples which were introduced during interviews or engagement sessions but not fully
explored were further expanded using publicly available information. As an example, the term “Pink Lanyard”
people was referred to frequently in the interviews but a precise definition and understanding of who these
people were and what role they played could not be clearly synthesized from the existing data. AHS
documents were accessed to provide a rich description of the important work that these people did and
provide context for readers who are not familiar with health services.

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term “provincial stakeholders” will refer to government-level representatives who may not have been in the RMWB at the time
of the initial evacuation, but were involved in supporting the RMWB’s PSS response and recovery efforts.
The information sourced through public domains was upheld to stringent criteria. Google searches were conducted and only materials from organizational websites, government websites, and reputable Canadian news websites were used. When secondary sources were found, the content was traced back to its original source to verify that the information was not taken out of context.

**Literature Review**

For the purposes of the current project, a limited literature search was conducted to build upon and update findings from an environmental scan and literature review completed as part of an evaluation of the Skills for Psychological Recovery (SPR) training program that was implemented during the 2013 floods in southern Alberta (see GermAnn et al., 2016). This targeted review focused specifically on building psychosocial capacity, resilience and well-being amongst individuals, families and communities.

Searches were conducted in Google Scholar, PsycINFO and PubMed using various combinations of terms such as “disaster”, “psychosocial”, “community capacity building”, “psychosocial capacity building” and “resilience”. Sources published from 2012 to present were considered eligible for this review. Reference lists of pertinent articles were also reviewed to identify additional articles of interest. An additional inquiry regarding the relationship between post-traumatic growth and meaning making in disaster was also conducted.

In total, abstracts or introductions to 169 articles or reports from the gray and academic literature were reviewed with 55 articles and reports reviewed in full.

**The RMWB Wildfire**

Every disaster has its own unique signature. This is shaped by community capacity and relationships, the scope and type of disaster, and location. A contextual understanding about the RMWB area and wildfire is important to frame the findings presented in this report.

The RMWB is a remote and expansive area that consists of ten communities, five First Nations communities, and a number of Métis locals. The city of Fort McMurray itself is an amalgamation of small towns, which often only have one point of access resulting in commonly experienced challenges for efficiently entering and exiting neighbourhoods during high-volume traffic times. Over 150 nationalities are represented in the region, with many of them drawn to the area for the employment opportunities available (Blake, 2016). A majority of these people call the Region home, with 65.6% residing permanently in one of the communities (RMWB, 2015). Prior to the wildfire, Fort McMurray was better known for its “shadow population”—the 43,000 people who came from across Canada and the world to work – lending to an image of a transient oil town (RMWB, 2015, p.5).

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2 Also known as the Fort McMurray wildfire or the Horse River Wildfire 009
The RMWB wildfire burned 5,890 km² of land (see Figure 1) and resulted in the largest natural disaster and mass evacuations in Canadian history with more than 80,000 residents evacuated from the area and $3.7 billion in insured losses (Statistics Canada, 2016).

![RMWB wildfire map](image)

Figure 1: RMWB wildfire. The red line represents the land impacted by the wildfire as of May 16, 2016 and the white line shows how the fire continued to spread and be extinguished as of May 17. The dots indicate satellite heat detection as of May 18, indicating where the fire was still active in remote areas (Gabbert, 2016).

The evacuations began on May 1st, 2016, when a wildfire ignited in the RMWB southwest of Fort McMurray and prompted a local state of emergency to be declared. The Regional Emergency Operations Centre (REOC) swiftly assembled critical players to initiate evacuation reception centres. By May 3rd, a mandatory evacuation order was issued to the city of Fort McMurray with residents of the greater RMWB advised that they should be prepared for evacuation. A provincial state of emergency was declared on May 4th to mobilize provincial resources as the wildfire continued to spread. Residents took refuge with friends and family across the country during the evacuation (see Figure 2).
As a community, participants reported Fort McMurray was already feeling vulnerable because of the economic situation related to the downturn of the oil economy and that the wildfire compounded this perception. The Conference Board of Canada reported that in the second quarter of 2016, the wildfire would result in approximately a one per cent decline in real gross domestic production growth in Alberta (Antunes & Bernard, 2016). While this was not considered to be a significant number in the long-term, at a local level it was a devastating halt to the livelihoods of many in the oil and gas economy. Tierney and Oliver-Smith (2012) noted that “disasters themselves occur in the context of ongoing social changes at various scales” (p.127). Residents of the RMWB were still experiencing the repercussions of the 2015 recession, often referred to by participants as “the first disaster”, and now had to contend with the wildfire as well. Economists have acknowledged the recession in their reporting of the wildfire’s overall impact, but have made no claim to suggest that the recession exacerbated the effects of the wildfire as the wildfire was a traumatic event in its own right. Most recently, economists from Grant MacEwan University (2017) have suggested that the full cost of the RMWB wildfire was $8.86 billion, which included mental health and environmental losses as indirect costs.

**PSS in the RMWB Wildfire**

Varying definitions of PSS exist in literature (see Appendix B). As with definitions of psychosocial well-being, the common denominator amongst these definitions is the integral interconnection between psychological, social, and cultural dimensions of human experience, whether this is at the individual, family or community level. Some definitions clearly indicate that the emphasis is on support to individuals; others have a broader
Several definitions make reference to promoting well-being while additional definitions include the fostering of resilience within individuals and communities. As mentioned in the introduction, for this evaluation, PSS will be defined as the process of “facilitating resilience within individuals, families and communities with resilience being understood as the ability of individuals, communities, organizations or countries exposed to disasters to anticipate, reduce the impact of, cope with and recover from the effects of adversity without compromising their long-term prospects” (International Federation of Red Cross and Red Crescent Societies, 2009, p. 5).

Plans to address psychosocial recovery were prioritized immediately, both provincially and locally. The creation and approval of the provincial AMH-ECC was an unprecedented step forward in addressing psychosocial needs of the community. Activities coordinated by the AMH-ECC in the first few days included the deployment of psychosocial assistance for first responders on May 3rd. The First Nations Inuit Health Branch (FNIHB) also deployed a support team to assist First Nations peoples in their evacuation and re-entry.

On July 6th, the AMH-ECC transitioned to the AMH-RCC. Provincial stakeholders indicated that their responsibilities in the recovery stage remained largely in the provision of funding, granting of secondments, and some operational-level assistance. The activities of the response and re-entry by provincial stakeholders built the capacity for local stakeholders to make the recovery process their own.

A RMWB community-based social recovery task force was initiated to provide oversight of recovery efforts. It outlined five pillars by which it organized its recovery objectives under: people, economy, environment, rebuild, and mitigate. Goals and objectives which supported community, mental health or well-being as immediate priorities were identified as part of the “people pillar” by the social recovery task force (see Figure 3).

The RMWB and provincial stakeholders reported numerous activities throughout the response, re-entry and recovery phases that were identified to correspond with the following PSS priorities:

Table 3: Stakeholder PSS Priorities

<table>
<thead>
<tr>
<th>Phase</th>
<th>RMWB Stakeholders PSS Priorities</th>
<th>Provincial Stakeholders PSS Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response: First 7 Days</td>
<td>✓ Promote a sense of safety, calm and connection  ✓ Prioritize vulnerable</td>
<td>✓ Promote a sense of safety, calm and community-efficacy ✓ Communication</td>
</tr>
</tbody>
</table>

Figure 3: RMWB Key Activities (NOR-EX Engineering, 2016, p. 33)
At different points throughout the disaster management process there were different priorities. A full summary of the psychosocial response and recovery activities by RMWB and provincial stakeholders is included in Appendix C. Examples of successful activities and areas for improvement are used throughout the report to illustrate the guiding principles in action.

Findings: Guiding Principles of Disaster-related PSS Response and Recovery

Psychosocial well-being and the provision of PSS must be an integral aspect of the overall disaster effort (State of Victoria, 2014; NATO, 2008; Ursano et al., 2007a). Everything done in a disaster has the potential to impact the psychosocial well-being of individuals, families and whole communities. As such, PSS must be integrated into the overall disaster-related response and recovery efforts, planning and preparedness.

How the psychological response to a disaster is managed may be the defining factor in the ability of a community to recover... Interventions require rapid, effective and sustained mobilization of resources... Sustaining the social fabric of the community and facilitating recovery depend on leadership’s knowledge of a community’s resilience and vulnerabilities as well as an understanding of the distress, disorder and health risk behavioural responses to the event. A coordinated systems approach across the medical care system, public health system, and emergency response system is necessary to meet the mental health care needs of a disaster region (Ursano, et al., 2007b, p. 3).
The overall objective of PSS is to prevent pathology and promote psychosocial health and well-being among individuals who have experienced a disaster. There are a number of phases to this recovery process; not all individuals will move through the phases in the same way or at the same pace. Due to the variations between and among people who have experienced a disaster, there needs to be a knowledgeable and skilled team of individuals who can provide support to individuals, groups or the community at large at the level they are at rather than where they are expected to be. This should be done with the goal that as principles are put into practice, impacted communities and individuals will have the tools necessary to potentially reach a level of post traumatic growth (PTG).

A large body of literature exists related to disaster-related PSS. Leading evidence-informed principles by Hobfoll and colleagues (2007) and the Inter-Agency Standing Committee (IASC, 2007) served as a starting framework to organize the data from interviews and engagement sessions. Adding to that, emerging evidence from the literature was included to ultimately inform a framework for PSS planning and preparedness in Alberta. The principles have been organized to facilitate the theoretical development of disaster recovery initiatives.

Six principle categories have been created which encompass several principles under each heading and contribute to the overall objective and desired outcome. An additional standalone principle (Communication) emerged from participant feedback and literature, further highlighting the integrated nature of the categories and how they complement one another when there is coordinated communication. The seven categories discussed in this report include: 1) Human Rights and Dignity, 2) Safety and Calming, 3) Community Capacity Building, 4) Integrated and Multi-Layered Supports, 5) Individual and Collective Healing, 6) Social Fabric, and 7) Communication. The original sources of each principle are outlined in Appendix D.

**Human Rights and Dignity:**
- **Human Rights and Equity** - promote human rights and equitable access to services ensuring that all individuals including those who are vulnerable will be appropriately cared for.
- **Do No Harm** - reduce unintentional harm by engaging in appropriate disaster-response activities.
- **Cultural Safety** - ensure shared respect and learning occurs based on equal partnership, active participation and protection of cultural identity.

**Safety and Calming:**
- **Safety** - feel secure despite the threat of the pending or occurring disaster.
- **Calming** - reduced levels of emotionality in relation to the disaster.

**Community Capacity Building:**
- **Participation** - active involvement of local residents and stakeholders in assessing needs and planning, implementing and evaluating PSS efforts, and to assume decisions and control over their lives.
• **Build on Available Resources and Capacities** - identify and build on assets available in the community which enhance sustainability of services.
• **Self- and Community-Efficacy** - have a sense of control over outcomes in one’s life.

**Integrated and Multi-Layered Supports:**
• **Integrated Support System** - integration of support services within a wider context to serve as many people as possible.
• **Multi-layered Supports** - layered supports to address various needs of different individuals and groups in the community.
• **Preparation and Support of Workers, Volunteers and First Responders** - many groups of workers are responsible for addressing the disaster; these individuals have training and care needs that need to be specifically addressed in ways that acknowledge the stress and trauma they have experienced.

**Individual and Collective Healing:**
• **Hope** - a sense of remaining optimistic with an expectation of favorable outcomes despite the situations one may face.
• **Meaning Making** - make sense or meaning of a traumatic event which helps the individual deal with the situation within the context of their worldview.
• **Support Grieving, Mourning and Collective Memorializing** - processes to help those who experience the disaster to cope with the traumas they experienced.

**Social Fabric:**
• **Connectedness** - this principle refers to the significance of social support and sustained attachments to loved ones and social groups in order to combat stress and trauma, promote psychosocial health and well-being, and increase access to information and supports.
• **Rebuild Sense of Place** - a sense of attachment in order to create a sense of security and connectedness.

**Communication:**
• The interchange of information, ideas and knowledge by various mediums. All other principles rely on the use of communication to promote their objective and messaging to develop normal responses among those who have experienced the disaster.

These categories are neither discrete nor linear (as illustrated in Figure 4 on p.18). Separating them is not always possible and, in some cases, can result in an artificial view of what really happens during PSS. For instance, several examples generated from the interviews and engagement sessions can be used to explain more than one principle. This helped to confirm that the individual principles could be combined into categorical groups that collectively contained the principles while allowing them to retain their intended meaning.
Figure 4: Evidence-informed guiding principles for disaster-related PSS, used to organize evaluation findings
Post Traumatic Growth as a Desired Outcome of PSS

PTG is defined by Calhoun and Tedeschi (2006) as:

The experience of positive change that occurs as a result of the struggle with highly challenging life crises. It is manifested in a variety of ways including an increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and a richer existential and spiritual life (p. 16).

PTG refers to changes in people that go beyond an ability to resist and not be damaged by highly stressful circumstances. PTG has a quality of transformation. Some individuals who experience a disaster will undergo PTG as a natural result of their existing skill set and support systems. Many individuals and the community as a whole will require varying levels of intervention and support. Telling one’s story to others, the recounting of the traumatic narrative, solicits validation of one’s experience and provision of social support, both of which can facilitate healing and growth (Neimeyer, 2006). To move from resilience to the point of experiencing PTG, individuals and groups need to engage in activities such as benefit finding, establishing a future orientation, and constructing meaning.

Engagement sessions brought individuals together to represent the community-based response and recovery. While data collection in these sessions did not specifically ask participants to reflect on the ways they had experienced PTG, their responses reflected characteristics of PTG and contributed to the narrative of growth. Consistently participants replied to questions with stories of strengthened relationships, communities, and sense of self- and community-efficacy. Broader examples were plentiful in the media and among other service providers and are shared in this evaluation to illustrate the overarching reach of the PTG principle.

"It's September, and I get a lot of questions about what Fort Mac is like now – if it's changed. Of course it has. But so have I, and so has every person affected by this event. Fort McMurray Strong is a phrase that has gained immense popularity. But the word “strong” resonates in my bones in a way it never did before when I look at my neighbours. Strong isn’t about facing crisis and coming through. Strong is about knowing the fire and choosing to come back anyway. It’s about knowing that recovery will be years and years in the making. Strong is every family, every neighbour, who hugs a bit longer now because of that glimpse of insight when the fire threatened to strip us bare”.

Teresa Waddington, Fort McMurray resident
(Waddington, 2016, para. 11)

"In the time that has passed since we returned to the community on June 1st, I have grown more aware of stress and my personal triggers... I am more mindful about what I need to stay healthy and productive. My boundaries have become more defined, as have my priorities”.

Russell Thomas, United Way of Fort McMurray
(Thomas, 2017, para.6)
Human Rights and Dignity

Preserving human dignity is a significant concern in disaster recovery including PSS. This category includes already established principles from the IASC (2007): Human Rights and Equity and Do No Harm. In the last decade there has been an emergence of the use of Cultural Safety by professionals when they interact with clients. All three of these principles grouped in this section are based in social justice and emphasize the importance of respectfully meeting the needs of others through their full participation and decision-making. These three principles complement one another while strengthening the understanding of the broader category of Human Rights and Dignity that can be used and applied during PSS efforts.

Human Rights and Equity

The IASC (2007) states that the promotion of human rights for all who are impacted during a disaster is crucial in response and recovery efforts. Additionally, they argue that efforts should be made to promote equity in the “availability and accessibility of mental health and psychosocial supports among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs” (ibid, p. 9). In times of disaster the relationship between human rights and psychosocial well-being must be reinforced as “the rights to health, education or freedom from discrimination contributes to the creation of a protective environment and supports social protection” (ibid, p. 50).

The literature supports this principle, noting that vulnerable populations are particularly at risk for violations of rights and should be prioritized to ensure equitable supports (Sphere, 2011). Prior research indicates the greatest loss and psychosocial difficulties often occur in low income communities among disadvantaged groups that have limited access to economic resources and power (Gil-Rivas & Kilmer, 2016). Abeldano and Fernandez (2016) note that it is important to take into account that the social and economic circumstances that cause vulnerability play a key role and affect the mental health of people involved in disasters; thus interventions to reduce social inequalities are important, particularly those that stress prevention and participation.

Stakeholders voiced that there was a movement to expand the idea of who a vulnerable person is to include the elderly, children, medically fragile and economically disadvantaged. RMWB participants stated that they worked to locate vulnerable clients, including tuberculous patients who required specialized care due to their unique strain of the illness. New mothers who delivered babies during and after the evacuation were identified as requiring additional health supports. Further targeted PSS were provided to new immigrants, and Francophone populations to increase accessibility of the resources.

Provincial Emergency Social Services (PESS) set up information booths for temporary foreign workers to help them find out what to do if their place of employment was impacted by the wildfire. Alberta Health Services (AHS) created a travelling Indigenous Health team to provide psychosocial recovery outreach services to meet the needs of the children, youth and families of Anzac, Fort McMurray 468, Conklin, Fort Chipewyan, Fort McKay, Janvier, and Gregoire Lake (AHS, 2016a, p. 4). In order to deliver these equitable services, AHS trained employees and staff to recognize where different populations gather and how to get in contact with
A number of the individuals within these groups were already known to the staff, which enhanced their interaction and helped to ensure that care could be provided appropriately.

One of the most challenging vulnerable groups to locate was the homeless population after they had been evacuated to Edmonton shelters. After the initial check in, it was difficult to ascertain where they were and whether they received appropriate PSS to cope with the experience. This was a notable area for future improvement identified by stakeholders. It was recognized that the homeless population did not have equal opportunities to access social supports and the impacts of this limited access manifested in psychological distress in the form of aggression among some members.

**Do No Harm**

All activities undertaken in response to a disaster should operate with the intent of ‘do no harm’ according to the IASC (2007, p. 11). By assessing each activity through this lens it can minimize the potential to cause unintentional harm. Even the most well thought out plans have the potential to cause unintentional harm due to the highly sensitive nature of PSS and mental health support.

In general, these fields lack extensive scientific evidence regarding what works and what causes harm due to the ethics around conducting research during a disaster and the time required to receive ethics approval. North and Pfefferbaum (2013) state, based on a systematic review of mental health responses in disaster, that:

> Evidence-based treatments are available for patients with active psychiatric disorders, but psychosocial interventions such as psychological first aid, psychological debriefing, crisis counseling and psychoeducation for individuals with distress have not been sufficiently evaluated to establish their benefit or harm in disaster settings. (p. 507)

A key challenge in conducting research and evaluation in disaster-related PSS is the chaos that accompanies disaster, and the primacy of protecting the safety and welfare of people and communities. This state of affairs requires innovative approaches to studying, understanding and assessing the provision of disaster-related PSS. Many of the comprehensive models of PSS integrate two or more of the following components: 1) an evaluative component, 2) strategies to reflect upon and adapt actions along the way, or 3) periodic debriefing to identify lessons learned and think about how things could be done differently for greater effectiveness “next time”. Learning from others and documenting “what works, for whom, how, and under what circumstances” is critical for minimizing harm (Pawson & Tilley, 2011, p.2).

Stakeholders reported that the response from across the province, country, and world in offering services was an overwhelming show of support to the Region. All groups brought forth well-meaning intentions and volunteers, but stakeholders explained that this could actually detract from planned efforts and potentially lead to harm. One example provided was the provision of non-recognized treatments for trauma and PSS where outcomes were unknown and therefore potentially may have resulted in more harm than good. Overall, participants said that the AMH-ECC did an excellent job at managing the numerous non-profit groups who came forward to help ensure that they were credible.
Numerous evaluations and research projects are currently underway in the RMWB. While this was acknowledged to be a positive step towards contributing to the field of disaster response and recovery, participants expressed feeling vulnerable and overwhelmed at the number of people entering the community to collect data. A coordinated research strategy that reduces the frequency with which community members are repeatedly approached to participate in studies would contribute to the principle of Do No Harm and potentially focus research resources more effectively.

### Cultural Safety

Cultural safety focuses on identifying and recognizing power differentials between providers and clients (Smye & Browne, 2002). It creates a safe environment for human interaction and allows for shared respect and shared learning (Williams, 1999). Cultural safety cannot be met unless the individual is culturally aware, sensitive and demonstrates competence (Wepa, 2003). Much of what is known about cultural safety in response to disasters comes from an international relief perspective which documents the required skills for volunteers and workers to work with culturally diverse populations. Notably, Puig and Glynn (2003) state that “cross-cultural disaster/relief practitioners should have specific knowledge about their own: Racial, ethnic and cultural history, and how it personally and professionally affects and influences how they practice” (p. 63). Responders should also educate themselves on the historical relationship that cultural minorities have had with different government systems and the disparities that may exist in access to services pre-disaster (Cooke, Cokley, Moon & Webb, 2007; Tierney & Oliver-Smith, 2012). In doing so, organizations and first responders can be better prepared to meet the needs of underserved populations (Teasley, 2007).

Furthermore, the foundations of cultural safety are based upon three dimensions that are inter-related with power distribution: 1) equal partnership, which allows for mutual respect and dialogue; 2) active participation, which encourages both groups to be involved on all levels (cognitive, affective and behavioural) in each phase of interaction; and 3) protection of cultural identity and well-being, to reduce any possibility of discrimination or stereotyping and examine the ethical foundations of the relationships (Blanchett Garneau & Pepin, 2012). Cultural safety is action-oriented, recognizes, respects and nurtures the rights of individuals and in this way is linked to a social justice perspective (Almutairi & Rondney, 2013). Cultural safety helps to remove the barriers created by power differences and attends to human rights because the service that is provided is defined by the individuals who receive it (De & Richardson, 2008; Tierney & Oliver-Smith, 2012).

Cultural awareness and sensitivity as components of cultural safety were important issues within the RMWB wildfire response. Provincial stakeholders noted that some reception centres used culturally inappropriate volunteers which resulted in elevated tension for some evacuees. This highlighted the need for cultural sensitivity training for workers entering the reception and welcome centres. Positive examples of cultural safety were also shared by participants. During the evacuation period, individuals of Muslim faith who were living in Edmonton in university residences received assistance from
disaster aid workers to organize their meal times during their Ramadan. Another positive example was that Indigenous individuals within Fort McMurray acknowledged that they felt included and part of the recovery process when they were invited to participate in ongoing committees and efforts to address the impacts of the wildfire. This latter point is also discussed under Community Capacity Building.

**Safety and Calming**

The principles of ‘promoting a sense of safety’ and ‘calming’ are interconnected concepts. Both acknowledge feelings of insecurity and the range of emotions individuals experience after a disaster. Feeling safe can lead to a calming effect, and likewise, being calm can make one feel safe, which illustrates how these principles are interwoven and difficult to separate. This overlap needs to be considered by those responsible for PSS because both safety and calming can be positively impacted by the initiatives that are implemented.

**Promote a Sense of Safety**

In disasters, people are forced to respond to events that “threaten their lives, their loved ones or the things they most deeply value” (Hobfoll et al., 2007, p. 286). As safety is introduced, negative effects such as anxiety and stress will be reduced over time. Those who “can maintain or re-establish a relative sense of safety have considerably lower risk of developing post-traumatic stress disorder in the months following exposure than those who do not” (ibid, p. 286). The disruption to safety includes both physiological and neurobiological responses (ibid). There are a number of ways to address the negative response to a lack of perceived safety including: bringing people to a safe place and making sure that they understand it is safe; having trusted leadership provide accurate information to reduce psychological stress and protect people from rumors and misconceptions; and having appropriate social systems support for individuals (ibid).

There is extensive literature that focuses on how timely and credible information and advice is paramount in order to minimize threat and increase the perception of safety when there is no serious threat. Communication has been associated strongly with calming and safety and the importance of keeping people informed and updated about what is going on and where to access resources such as PSS. Communication infrastructure and systems that are reliable and accessible are essential resources for facilitating coordination of preparedness and relief efforts which can promote a sense of safety (Gil-Rivas & Kilmer, 2016). This requires collaboration across governments and organizations including those at national, provincial, and local levels.

Provincial stakeholders noted that right after the evacuation and before re-entry, there was agreement that an overall goal was to focus on helping to preserve and maintain the well-being of the population. The “basics” were emphasized, that is: safety, shelter and food. PESS brought in Family Community Support Services (FCSS) workers from other jurisdictions to support efforts by AHS in enabling community members to know where to go for support at reception centres. The provincial stakeholders also reflected that up to and during the evacuation, clear and accurate communication among different provincial ministries and
agencies, such as those responsible for first responders, was essential. A meeting held once or twice a day between provincial and RMWB stakeholders allowed for shared updates about the location of the fire, road closures, and eventually plans for re-entry including when the hospital would re-open. This information was then messaged appropriately for public release.

In the engagement sessions and interviews, the RMWB participants shared that their sense of safety felt compromised as they described the evacuation as “organized chaos” with too short of notice provided despite the apparent closeness of the fire to the community. In addition, there were businesses that did not provide their staff with clearance to leave their workplace and prepare themselves and their families for evacuation. According to the participants, schools were put on notice for evacuation much later than was necessary or safe. Families became separated with some having to go north while others south.

Disasters call for local leadership to step forward and be trusted spokespeople at the hour of the community’s need. In the RMWB wildfire, the Fire Chief fulfilled this role and provided clearly articulated information that was accurate based on the briefings he was given about the fire and its advance. Social media was an important tool that was accessed during the lead up to the evacuation and during the evacuation itself. The participants commended the individual who stayed on the RMWB’s Twitter account for hours on end ensuring that accurate information was relayed on an accessible platform.

Promoting the safety of vulnerable populations is a complex task beyond meeting the initial immediate physical safety concerns, which was further discussed above in Human Rights and Equity. Managers of the RMWB non-profits expressed that their clientele were vulnerable and needed additional assistance in evacuating, but in order to meet immediate safety needs, there was no time to address these issues.

Promote Calming

In the initial stages of disaster response it is common for those impacted to experience an increase in emotionality that may manifest in a heightened state of arousal or numbness. These coping mechanisms, while protective at first, become harmful when they interfere with everyday functioning. If left unaddressed it can lead to anxiety disorders, panic attacks, dissociation, somatic problems, agitation, depression and even post-traumatic stress disorder (Hobfoll et al., 2007, p. 289).

Introducing calming techniques early on can help mitigate the development of more severe symptoms. One of the most effective interventions that can be applied to a general population involves the “normalization of stress reactions” (ibid, p. 291). Psychoeducation is recommended to be a part of large-scale public health interventions to reassure disaster survivors that their emotions are a common response and to be expected in the wake of a disaster. Beyond messages of normalization, the promotion of calm can be done many ways but will be dependent on the capacity and resources of each community. Suggested calming interventions that can be applied at the community level include, but are not limited to, problem-solving appraisal, sleep hygiene, relaxation training techniques, and guidelines for media exposure.

The RMWB education superintendents met with each teacher individually and co-developed personal health plans. This provided opportunities for “normalization” and to be reassured that what they had experienced was to be expected as well as to put a plan in place to work through any disaster-related emotions that fail to
subside as recovery progressed. Alberta Education invested in professional development of school staff in the areas of trauma-informed practice, grief and loss, psychoeducation training sessions, normal reactions to disaster, and pathways to service. This is also an example that reflects the upcoming category of Integrated and Multi-layered Supports.

At the provincial level, activities to promote collective calm were conducted to reinforce the prioritization of PSS and align with the RMWB’s “People Pillar”. This included the distribution of a series of psychoeducation pamphlets by AHS to inform residents of post-disaster reactions and ways to manage them as well as delivery of PSS to first responders.

During the re-entry period, approximately 100 AHS mental health workers, identified by a pink lanyard worn around their neck, were initially assembled at the Welcome Centres to provide support to returning residents. These staff were trained to listen and respond to the mental health concerns faced by disaster survivors. Residents were encouraged to turn to these workers as a safe person who could listen to their concerns and provide appropriate support and resources. These workers fondly became known as the “Pink Lanyard” people. While they provided support to all, stakeholders explained that a special bond was formed with children and youth. The teaching staff of the RMWB recognized this and brought back the same “Pink Lanyard” workers on the one year anniversary of the wildfire which fostered a continuity of connectedness.

Another example of calming activities was the use of pet therapy for first responders. This idea happened spontaneously, however, it was so positively received that it became a formalized part of the response. Grilled cheese sandwiches became the unsung hero of the response when volunteers at the Salvation Army decided to make them for first responders, initiating a sense of comfort among those sharing the food.

Community Capacity Building

The following principles were grouped together because their interconnections are collectively important for PSS. In other words, if one aspect is missing there will be a gap in meeting the objectives and goals of recovery. Identifying and building on assets implies full participation of the individuals who have experienced the disaster. Through their participation, they can experience a sense of control over what will happen post-disaster, which could also lead to a community sense of efficacy. Viewing these three individual principles as a collective category strengthens them and highlights for others involved in disaster recovery that the notion of a community-led response and recovery to the aftermaths of the disaster is a vital aspect and needs to be considered when developing and implementing PSS initiatives.

Participation

Active involvement in PSS response and recovery by local populations and stakeholders should be encouraged and supported in response and relief efforts. Essentially, external responders should “avoid doing for local people what they can do for themselves” (IASC, 2007, p. 93). The IASC (2007) reports that numerous community members will be resilient enough to contribute to the overall disaster response. These individuals should be utilized to the full extent to “retain or resume control over decisions that affect their
lives, and to build the sense of local ownership that is important for achieving programme quality, equity and sustainability” (ibid, p. 10).

Authentic community participation in decision-making and planning processes is critical (Gil-Rivas & Kilmer, 2016). Participation is only empowering if it is voluntary, constructive and adequately resourced (Mooney et al., 2011; van Kessel et al., 2014; Hobfoll et al., 2007). This is not simply the downloading of responsibility for revitalization to the community alone, but rather a resourced and supported partnership between communities, government and other community-serving organizations. It is also important that those in supportive organizations acknowledge how their work can facilitate or detract from empowerment that is required for psychosocial recovery (Mooney et al., 2011).

While the majority of studies have focused on adults, recent research has identified that adolescents can play a role in community recovery (Hobfoll et al., 2007). Peek (2016) noted that by helping others, children and youth are able to contribute to their own recovery as well as the recovery around them. Watson (2017) cited a number of studies that indicate that children’s voices need to be heard and given priority in the recovery process because the disaster impacts them and their families in ways that are not recognized or well understood. The investigators of the cited studies stated that disaster programs should make every effort to make sure that children’s views are sought, there is safe space for children to express their views freely, and when appropriate, children should be involved in disaster risk reduction (Freeman et al., 2015; Mudavanhu et al., 2015; Gibbs et al., 2015a). Caution should be exercised that the involvement of youth does not engender harm for youth and children who are dealing with trauma or stress. Research has yet to determine what level of involvement is developmentally appropriate and the long-term effects that participation may have.

What can be summarized from the literature is that the priority needs of the disaster-affected population are best identified through an immediate initial assessment that builds on pre-disaster information, in order to assess changes in context caused by disaster and identify any new factors that create or increase vulnerability (Sphere Project, 2011). Follow-up with subsequent in-depth assessments should be done as time and the situation allow for (Sphere Project, 2011; Miller, 2012). The humanitarian response should meet the assessed needs of the disaster-affected population in relation to context, the risks faced, and the capacity of the affected people and state to cope and recover (Sphere Project, 2011). Systematic assessment, planning, intervention and evaluation can ensure that stakeholders are mindful of the community’s needs and create opportunity for full participation.

Rather than searching for a pre-planned recovery package, the RMWB leaders thought of the recovery as an “empty box” needing to be filled with new ideas and activities. They responded to the community and were guided by the RMWB’s “People Pillar” in planning activities that would facilitate the involvement of a diverse range of community members. For example, an activity that fostered participation included “Here for You” engagement sessions dinners at the Nistawoyou Friendship Centre. As the one year anniversary of the wildfire approached, community members were asked how they wanted to acknowledge the anniversary. Only once feedback was received did organizers begin to plan these activities based on residents’ priorities.

Gaps in communication were identified by multiple stakeholders as a barrier to full participation. RMWB stakeholders expressed concern that the REOC was not inclusive of all sectors, and that rural surrounding communities were not receiving timely updates; therefore, people were not receiving the same information.
Provincial stakeholders noted that the FNIHB was not included in all stages of planning and communication. In these cases, opportunities for partnership and inclusivity of marginalized groups were missed. This example also illustrates the Cultural Safety principle.

**Build on Available Resources and Capacities**

Communities affected by disasters have pre-existing groups and members with assets that should be capitalized on to support psychosocial well-being. The IASC (2007) highlights that “a key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate [mental health and PSS] and frequently have limited sustainability” (ibid, p. 10-11). Local government and people should be supported to build their capacity. The identification of skills and capacities of local government and community members at each intervention stage allows for timely mobilization.

The literature acknowledges a community’s capacity can be indicated by “the ability (skills, resources, and networks) of a group to identify and act on problems” (Lovell, Gray, & Boucher, 2014, p. 261). Additionally, self-reflection by community stakeholders, effective collaboration and flexible problem-solving are viewed as necessary skills for community competence (Goodman et al., 1998; Norris et al., 2008). A community members’ ability to engage is largely influenced by their sense of collective self-efficacy or their belief that they can collectively solve the problems they are facing and improve their lives (Bandura, 1997).

Norris and colleagues (2008) identified that “community competence largely depends on social capital (i.e., participation, influence, sense of connection and caring) and communication, resources that will enhance the community’s capacity to reach joint decisions and take collective action to respond to and cope with disaster” (as cited in Gil-Rivas & Kilmer, 2016, p. 1321). Identifying and supporting existing leaders—who are trusted by community members as experts on their contexts, their families and their needs—can be instrumental in supporting community involvement and social interactions (Gil-Rivas & Kilmer, 2016; Kulig & Pujadas-Botey, 2016).

The RMWB Community Wellness Resilience Team, a collective of not-for-profits in Fort McMurray, was established to map out what local agencies offered, identify gaps and worked to reduce duplication. In doing so the team maximized resources to support innovative responses. This asset-based approach resulted in strong delivery of services to those who needed assistance. The agencies reported being better connected post-wildfire as a result of this initiative and the community benefits of stronger relationships are ongoing.

**Promote a Sense of Self- and Community-Efficacy**

“The importance of having a sense of control over positive outcomes is one of the most well-investigated constructs in psychology” (Hobfoll et al., 2007, p. 293). After exposure to trauma, “people are at risk for losing their sense of competency to handle events they must face” (ibid, p. 293). The goal of efficacy is to
reverse negative views regarding the ability of the self, the family and the social group to overcome adversity. The more that people are truly empowered, the more quickly they will move to survivor status; this may be especially true of children (ibid, p. 293, 295). Individual self-efficacy can also help build collective efficacy (Chandra et al., 2010). At a community level, Hawe (2009, p. 23) found that “community led processes appear to achieve larger effect and develop more sustainable processes than interventions designed externally”. Therefore, participation in decision-making and planning processes is critical (Gil-Rivas & Kilmer, 2016; Rowlands, 2013; Aldrich, 2012; Miller, 2012; Bonanno et al., 2010; Hawe, 2009; International Federation of Red Cross and Red Crescent Societies (IFRC), 2009; NATO, 2008; IASC, 2007). This includes, for example, identifying and supporting existing leaders who are committed to their communities and who are trusted by community members, since they are experts on the local context, families and needs of the community. Such leaders are also instrumental in supporting community involvement and social interactions (Gil-Rivas & Kilmer, 2016; Kulig & Pujadas-Botey, 2016).

It is imperative that professionals taking part in response and recovery work acknowledge and respond to the competence and capacities of community members; they must be prepared to listen, hear from community stakeholders, and respond and adapt to what they have learned so their efforts can be well targeted (Gil-Rivas & Kilmer, 2016; Imperiale & Vanclay, 2016). Simultaneously, it is important to recognize that communities are not homogeneous and that disaster can lead to conflict and divides in communities especially over time. In order to accomplish this, facilitating the coming together of the community requires supports and resources.

One frequently mentioned example that promoted self- and community-efficacy was the access to an online fire assessment tool with high resolution Pictometry maps of the neighbourhoods affected by the wildfire. The Government of Alberta in partnership with the RMWB developed this tool which allowed evacuated individuals to enter their address and see a side-by-side, pre- and post-wildfire aerial view of their home from the privacy of wherever they were staying. This contributed to self-efficacy by providing people with a sense of control through accurate information about what they were coming home to.

Community outreach was implemented by some of the local support agencies. For example, efforts were made to help local businesses deal with their challenges of being understaffed and having staff who were stressed due to the circumstances, to help them prepare for the year anniversary. Professional counselors visited the businesses to address these issues. At Christmas time, materials were distributed to the community to help residents get through the holidays given the number of issues and challenges that were being experienced. These examples are also relevant in the Integrated Support Systems category.

More than once it was shared that having Indigenous representation in the response and recovery was a step forward in creating positive relationships in the community. The Indigenous participants noted that they felt welcome at the table. As well, there was acknowledgement that the multicultural groups in Fort McMurray also contributed to the positive response to recovery

126,468 electronic fund transfers have provided direct financial assistance to help residents meet their individual needs. (Canadian Red Cross, 2016, p.11)
after the fire. Industry became a valuable partner through all the stages, from dealing with the evacuation, to re-entry, and now in recovery.

**Integrated and Multi-layered Supports**

Focusing on the complexity of multi-layered support systems needed post-disaster has been an important component of guidelines forwarded by the IASC (2007). Since these ideas were noted, there has been increased discussion of supports needed, specifically for individuals such as first responders. Joining all of these ideas and principles together highlights the need for an integrated support system that recognizes its multi-layered components. It also reflects current and emerging ideas in the literature and identifies that changes to principles strengthens not only understanding of, but also the response to, disaster recovery. Finally, categorizing these components together helps in the creation of appropriate strategies that can be put in place by local groups or agencies.

**Integrated Support Systems**

The IASC (2007) report argues that integrated support systems are instrumental in being able to reach as many people as possible in a way that is sustainable and carries less stigma (p. 11). When services are offered on a stand-alone basis, there is a risk that the care system can become highly fragmented. Activities should be integrated into wider systems such as “existing community support mechanisms, formal/non-formal school systems, general health services, general mental health service, [and] social services” or any other existing system that can reach different populations in the community (ibid, p. 11).

Staff who work in these existing systems should receive support, training and adequate supervision to deliver PSS. This should complement their current services, promote well-being, and “help them to protect and foster the development of children, youth and adult[s]” (IASC, 2007, p. 148). This concept is discussed further in the Preparation and Support of Workers, Volunteers and First Responders section below.

Stakeholders discussed how all agencies and sectors were willing to reach out to other organizations and work with them to meet the overall goal of returning the RMWB to a safety-alert, family-oriented and self-sufficient community. They focused on community resilience, staff resilience and health.

RMWB and AHS staff were deployed to reception centres. The BC Disaster Psychosocial Support team provided PSS to evacuees at reception centres, worked with local businesses and agencies to provide supports for workers who had lost their homes, and supported those who were providing services and supports as first responders and volunteers. Upon return to the RMWB, AHS counselling staff, known as the “Pink Lanyard” workers, provided registration support at welcome centres. One local agency provided counseling services in a RV that was moved to different locations in the community. Online counseling was also available to assist people who were either not in the community or were uncomfortable with attending a session in an office designated to psychosocial needs. Additional counselors were brought in from two neighboring provinces to assist with the increasing psychosocial needs of the community. Provincial

**Successful recovery is built on effective communication with affected communities and other stakeholders.**
stakeholders noted that AHS offered a supportive infrastructure which was utilized to offer PSS to the wider community. Part of the support strategy was to contact every community agency and determine what supports were available. Psychosocial training was provided by AHS in Edmonton and Calgary to all relocated staff from the RMWB as well as community leaders in the RMWB to build capacity to support others upon their return.

Schools played a significant role in the recovery process. The four school authorities and the RMWB Regional Collaborative Service Delivery partnered together to form a strong support for one another, which was appropriately named “Project Strong”. Provincial Education stakeholders were also part of the Project Strong group. Schools became community hubs and took a four stage approach. First, building school capacity and recovery; second, staff training; third, mental health training and support for staff, parents and children to build a pathway for support; and fourth, communicating with community partners on finding ways to support children and staff. They worked with organizations such as the Red Cross and programs like United Way’s Tools for Schools to provide assistance in schools in order to meet needs that they were unprepared for. The schools ensured kids had the basic necessities such as boots, socks, school supplies and food, which was a significant resource and time commitment.

Several examples of Integrated Support Systems overlap with principles described previously. This demonstrates the overlapping nature of the categories. For example:

- Community outreach was prioritized to assist local businesses with their staff’s well-being needs, particularly around Christmas time when additional information was distributed to the community to help them through this season, as noted in Self- and Community-Efficacy.
- As noted previously in Human Rights and Equity was the collective attention paid to vulnerable populations including the homeless, individuals with tuberculous and new mothers who gave birth during evacuation or immediately after they left the community.

**Multi-layered Supports**

Everyone is affected in different ways during an emergency and the IASC (2007) reports that “a layered system of complementary supports that meets the needs of different groups... is key to organizing mental health and psychosocial support” (p. 11). Each layer, conceptualized in a pyramid, serves a purpose and is of equal importance, therefore the supports and services in each area should be implemented concurrently (see Figure 5 on p.31).
Communication about the needs and the services that were available became paramount in order to achieve a successful psychosocial response. Such services were developed within a context of existing stigma related to mental health and the reluctance of individuals to seek support post-wildfire. The participants talked about using the phrase “psychosocial” rather than “mental health” in preparing and offering supports. They also noted that there are individuals with existing mental health issues that were already undergoing treatment who may have exacerbated symptoms related to the fire experience. This level of complexity required well prepared individuals who were cognizant of the local context and who could develop services as needs arose rather than use prescriptive programs.

Stages of recovery varied due to the extended re-entry period, which is not yet concluded. This has resulted in needing to offer continued supports at each level to intercept people at different stages. Stakeholders noted that even those who had received intervention services did not feel “strong” and “resilient”—the key characteristics to brand RMWB residents—all of the time. This further illustrated the need for layers of support from community level to specialized mental health services for individuals.

Stakeholders who are experts in the field of disaster response and recovery spoke about the pyramid and how it was a valuable tool to inform strategic planning. The RMWB has a notable Indigenous population therefore the pyramid of supports should be adapted to incorporate traditional ways of knowing and sharing. Practice wise, there has been a movement toward informal conversations attached to practical supports. A stakeholder posed the question of how to consider individuals with pre-existing conditions and posited that the pyramid of supports may be where they can be integrated as a sub-group rather than distinctly identified.
as a vulnerable population. Local stakeholders recognized the need to further support Indigenous and seniors’ populations whose communities were strongly affected.

A psychosocial coordinator was seconded by Alberta Education to work with the four school authorities. The goal was to support the resilience and well-being of children, youth, families and school staff using “schools as hubs”. A pyramid of intervention was created to support psychosocial development. Universal supports included the practice of mindfulness, targeted supports incorporated programs such as Triple P Parenting for Trauma, and specialized supports utilized individual counselling. Substitute teachers were hired for the school year following the wildfire and assisted the teachers who needed to take leave. Counselors were added to the staff to assist students and teachers in dealing with the aftermath of the wildfire.

**Trends in Specialized Services**

As illustrated in Figure 5 above, everyone affected by a disaster or emergency will need information and many people will need Psychological First Aid (PFA) in the immediate hours, days, and weeks after the event. Some people will have stress and difficulties that continue in the weeks or months after. This does not mean that they have a significant mental health concern. For most people, action-oriented supports such as Skills for Psychological Recovery (SPR) may be all the help they need to recover.

A few people will need specialized services, such as professional mental health treatment for problems such as anxiety or post-traumatic stress disorder. Usually only a small percentage of people fall into this category after a disaster. The trends in specialized service access in the RMWB reflect this trajectory for recovery.

Morneau Shepell, a counselling service contracted to provide supports to RMWB residents, reported a high volume of access in the first two months post-disaster (see Figure 6). These numbers dropped substantially in month three and further reduced by month six. By month nine this trajectory began to slowly reverse, with access increasing again slightly.

![Figure 6: Clients indicating they accessed as a result of RMWB wildfire by month (Morneau Shepell, 2017)](image-url)
Of the people who accessed mental health services as a result of the wildfire, the presenting issues were predominantly post-trauma, personal stress and anxiety. A majority of these concerns were experienced in the first six months post-disaster and lessened as the months went on. From November 2016 to April 2017, there were increases in anxiety, general relationship concerns, separation/divorce and general workplace stress. See Figure 7 for the percentage of RMWB residents who accessed services for the range of these issues.

Figure 7: Presenting issues for those who indicated they accessed mental health services as a result of the wildfire (Morneau Shepell, 2017)

Physician claims in the RMWB provide a stronger historical background, showing the general mental health impact of the 2015 recession and subsequent increase in access post-wildfire (see Figure 8 on p.34).
A small proportion of individuals who sought services received short-term acute care to manage their mental health concerns. While the overall pattern of treatment for any mental health concern appears to fluctuate consistently, there was a slight increase in treatment for anxiety and depression post-wildfire. This becomes more pronounced when RMWB emergency room visits are extracted from the data as shown in Figure 9.
Preparation and Support of Workers, Volunteers and First Responders

Individuals who respond to disasters serve the needs of others and place themselves at risk for physical and psychological harm. They may also experience a lack of social support and culture shock as a result of being away from home and in the midst of chaotic destruction. Accordingly, it is important to enhance their experience of personal and professional growth while shielding them from avoidable distress and harm (Quevillon et al. 2016, p. 1348).

Self-care is a necessary preventive measure for PSS providers (Watson, 2017). This includes tending to one’s own general well-being, preparing one’s family for disaster work by informing them about the time commitment and responsibilities that the work entails, reflecting on any personal issues that may arise, participating in ongoing education and training in disaster support to support preparedness and recognizing how taking time away to provide PSS may impact their work life (Quevillon et al., 2016; IFRC, 2014, cited in Watson, 2017). In addition, managerial support and organizational commitment to PSS and personal/professional development of staff and volunteers are critical because many providers have a difficult time setting limits and boundaries when the perceived need of affected individuals is so strong (Quevillion et al., 2016). The BC Disaster Worker Care Committee (2007) also recommends a respite centre – a designated facility to provide workers and volunteers with a place to rest from their duties and receive food, information, and emotional, physical and spiritual support.

RMWB stakeholders who worked with AHS or agencies such as Canadian Mental Health Association noted that when they were evacuated and temporarily living in Edmonton they had a chance to undertake training such as PFA, resulting in 112 people being trained in May 2016. When they returned to their community, they continued to have access to other types of mental health training that assisted them in their role in psychosocial and community recovery. In addition to formalized training which prepared them to help others, health care staff participated in an art therapy session which provided a moment for self-care. A significant activity provided for health care professionals who were caring for the public was a mentor system whereby an individual was matched with someone who had gone through a disaster previously. It was believed this would be helpful because the mentor could be asked questions about survivor skills and assist with the mentee’s own psychosocial coping. It was also referred to as team building leadership development for service providers.

To be able to assist anyone who has a role in recovery, the Red Cross made all of their online materials publicly accessible. While attendance at training sessions or access to material does not necessarily result in fully prepared or certified professionals in this area of care, RMWB stakeholders did speak about the multiple benefits of such opportunities. For example, one participant noted that she did not realize how fragile she was until she undertook psychosocial recovery training. Further, a group of teachers who returned to the area only a few days before the beginning of school and did not receive psychoeducation training shared that they found it more difficult to deal with the losses, needs of students and their own recovery process.

In the Cultural Safety section it was noted that participants mentioned that, at times, volunteers did not act appropriately with culturally diverse groups but further details were not disclosed. As such, working from a Cultural Safety stance should be incorporated into ongoing and future training sessions.
Stakeholders from several local organizations noted that their organizations promoted the well-being of their staff as a top priority. Agency representatives shared that their staff members had experienced the loss of their homes and belongings to varying degrees and hence, were dealing with helping to rebuild the community as well as putting their lives back in order. In one such organization, individuals were allowed to leave work if they began to experience anxiety related to their wildfire experience. AHS provided income continuance to all staff members who were displaced by the wildfire, guaranteeing their full income while they waited to return to work in the RMWB or were relocated to another zone (AHS, 2016). A participant from another organization described this as: “needing to make sure we are okay one person at a time”. This was particularly important because within some organizations, individuals who were evacuated were advised that if they did not return to their positions and assist the community in rebuilding that they would be terminated. Organizations are now struggling with locating and hiring suitable candidates to fill empty positions and hence there is an enormous workload carried by fewer staff. Some of the vacancies resulted because individuals did not return to Fort McMurray after the wildfire whereas others returned but have since resigned and relocated for work elsewhere. Some have noted that there was insufficient care for those in caregiver roles and now individuals are suffering compassion fatigue and some are on stress leave. These examples also illustrate the principle and need for Integrated and Multi-Layered Supports.

Individuals who were seconded also experienced stress and a heavy workload with a lack of understanding by their organization regarding the intensity of this work. It wasn’t always clear how long their secondment would last and in some cases individuals were not formally seconded but expected to do the extra work “off the side of their desk”.

Individual and Collective Healing

This grouping of principles focuses on the intangible aspects that promote healing among individuals and communities. They are inter-related and complementary to one another and include well established ideas in addition to emerging concepts found in recent literature. The three principles within this grouping focus on assisting individuals to identify, acknowledge, and move forward from the event they experienced. Most people may not specifically identify these aspects as important parts of their healing but they may be involved in initiatives or activities that demonstrate these characteristics. In other words, people may identify that memorializing pets or things lost in a disaster are important parts of their healing but they may not refer to these as helping them to make meaning of the event they experienced. Community-based initiatives that address these principles can be developed and implemented to assist individuals and the community to heal and move past the disaster event.

Promote Hope

Hope has been defined in many ways but can be succinctly summarized as an individual’s or community’s optimism for the future (Hobfoll et al., 2007, p. 298). While hope is often viewed as an individual characteristic, Hobfoll et al. (2007) highlighted that “the ability of communities to mobilize assets, networks and social capital... underscores how community processes interface with individual hope” (p. 300). The primary advantage to a community-wide approach to instilling hope is that it offers a social safety net for
individuals who may struggle to overcome a “shattered worldview” in the wake of a disaster (ibid, 2007, p. 298).

The local participants clearly articulated their commitment to the community in its recovery efforts. The professional relationships between organizations had always been stable but their coordinated response to the wildfire took it to a “different dimension”. The relationships deepened as agencies recognized they would need to stick together and work together to get through the year. This is also an example of the Self- and Community-Efficacy principle.

There were many stories and examples of how the assistance from outside the community—including from the rest of the province and the nation—was appreciated and helped local participants realize and believe that they could successfully recover as a community. Although not explicitly stated in the engagement sessions, local leaders had connections with external agencies and ministries to problem-solve and help them make decisions and in this way fostered hope for the future of the community.

Being hopeful is linked to one’s mental well-being. Media reports focused on the psychological stress of the wildfire and its potential impacts on the population. There was a concerted effort to provide assistance to help residents deal with the stress.

**Meaning Making**

Meaning making is defined as, “the restoration of meaning in the context of highly stressful situations” (Park, 2016, p. 257). Searching for meaning is not only a common response to trauma, but it can also help one adjust to trauma in the long-term (Jirek, 2017; Dursun, et al., 2016; Park, 2016; Ramos & Leal, 2013; Calhoun & Tedeschi, 2006, 2004; Meichenbaum, 2006; Neimeyer, 2006). Perceived meaning has been shown to be a significant factor in predicting strengths and positive psychological outcomes across a range of contexts and for a range of problems. Studies have shown that meaning is positively related to psychological health, life satisfaction, general self-efficacy, hope and happiness; it is also negatively correlated with alcohol use, depression, general psychological distress, and suicidal ideation (Aiena et al., 2016). A number of explanations for the strong correlation between resilience and meaning are offered. One is that meaning is a driving force – if a person is aware of his or her values and making decisions and living consistently with those values, then life is likely going to be perceived as meaningful. As a driving or motivational force, meaning is what compels us to make sense of our world and imbues us with a sense of purpose. Another is the idea that people respond to their interpretation of events, and hence, meaning making in response to trauma is an important part of the process (Jirek, 2017).

Survivors of disaster commonly report coping through meaning making. Coping through active problem solving, regulating emotions and seeking social support can be helpful after a disaster but meaning making is often the best or even only option for recovery from profound damage and loss (Park, 2016). A common way to make meaning is through reappraising or reframing a stressful situation to see it in a way that is less threatening and more consonant with one’s global meaning. The findings about meaning making are “far from conclusive” and more research is needed but current literature suggests meaning making processes are central to recovery and resilience after disaster (Park, 2016, p.1242). While meaning making was not a question that was directly asked during data collection, RMWB and provincial participants often began the
interaction by sharing their experience of the evacuation, giving insight into how they reflect back on the day and find meaning when preparing to discuss the activities of the response, re-entry and recovery phases.

**Promote Grieving, Mourning and Collective Memorializing**

Promoting grieving, mourning and collective memorializing has arisen in the emerging literature regarding recovery from events including disasters. Collective memorializing is a process to acknowledge and remember the dead and help survivors grieve and recover (Miller, 2012). Other losses such as one’s belongings and home are also important to grieve and memorialize. Community gatherings including rituals, celebrations, memorial services, and tributes promote a sense of community solidarity and serve many purposes in the healing process. These collective experiences can offer an opportunity for meaningful action during a time of social disorganization, affirm a sense of community and provide a public witness to grief and loss (Kropf & Jones, 2014). In addition, there are examples of developing memorial sites which become community gathering sites; temporary art installations in demolished areas post-earthquake in Christchurch, New Zealand are one example (Kwok et al., 2016).

Pet memorials were provided as examples in the community to help individuals and families acknowledge their loss of a family pet. The one year anniversary was formally marked with a number of events and activities as another way to help the community members in their recovery. As previously noted, planning for the one year anniversary was a community-driven event that fostered participation from RMWB residents. The anniversary events that they held were the activities which promoted grieving, mourning, and collective memorializing.

**Social Fabric**

Events such as disasters can tear the social fabric of a community and challenge the connections that already exist while also altering people’s sense of place. Similar to the other groupings of principles, this category includes complementary ideas that form the basis for how people connect to their community and to one another. In addition, the principles in this grouping (promote connectedness and rebuild a sense of place) also impact the other principles highlighted in this report. For example, when people’s connections are maintained, they are more likely to feel safe, calm and willing to participate. In addition, when people experience a sense of place they feel connected to the natural environment around them while also enhancing how they connect with others.

In the case of disasters which alter the physical landscape, there may be a disruption or loss of sense of place making it more difficult for people to connect. This category points to specific types of initiatives or strategies that were undertaken by local and provincial committees to enhance connections and the social fabric of community.
Hobfoll et al. (2007) noted that research has established social supports as a central tenant of being able to cope with stress and trauma in a positive way. From essential knowledge about the availability of local services such as grocery stores or gas stations to more nuanced social support activities such as “practical problem solving, emotional understanding and acceptance, [or] sharing of traumatic experiences”, the maintenance of social group connection can result in community efficacy (ibid, p. 296).

There is existing and growing evidence linking social capital, social support and cohesion to resilience and overall psychosocial well-being and recovery following disaster. Social capital and social cohesion have been linked with resilience of communities in the aftermath of disaster (e.g., Aldrich & Meyer, 2015; Hikichi et al., 2016). Neighbourhood social capital and collective efficacy are strongly linked to neighbourhood functioning in a post-disaster context; in the broader sociological scholarship, they are strongly associated with collective well-being and the absence of social problems (Wickes et al., 2017). Recent research on the Slave Lake wildfire noted that relationships and emotional ties among community members are a key factor in determining the resilience shown after the fire and concluded that key elements are relationships, sense of community, and leadership when it comes to community involvement (Kulig & Pujadas Botey, 2016).

Research has also shown that disaster can tear apart a community’s social fabric – a key source of individual and collective psychosocial well-being. Temporary or permanent dislocation disrupts normal social patterns and engenders interpersonal strains and conflicts and traditional supports may be unavailable. Friends and neighbours may move away, changing the social structure of the community (Bonanno et al., 2010). While there may initially be a honeymoon period where people work effectively together, in later stages of recovery, rifts and disconnects may develop in communities creating a process of social degradation and reduced quality of life (Gordon, 2009, 2004a, 2004b).

Therefore, developing or restoring places for people to gather, connect, and encounter each other post-disaster is essential. Community gathering places are essential to social resilience; community sanctuaries such as schools, local businesses, community centres and public spaces are critical for connecting communities and supporting disaster response and recovery. All of these places can create opportunities for development of social capital and serve to provide a variety of services that meet community needs and thereby support recovery (Kwok et al., 2016). Planning should incorporate strategies to manage the transition and emotional consequences of removing people from their homes and/or denying them access to their home; strategies that maintain social networks between evacuees and people remaining in the local community are important (van Kessel et al., 2014).

A poignant example of connectedness was the participant perception that Fort McMurray had “rebranded itself overnight” from a community that was seen as a transient, single worker place to one where families built their lives. The media images of families leaving with their children and few belongings were in contrast to the reality of the devastation, where families had to leave quickly and many personal items were lost. However, the community rallied together to support each other and rebuild their homes and lives.

Over 3,200 eligible small businesses received financial assistance to help rebuild local economy.

(Canadian Red Cross, 2016, p.11)
to what those who lived outside of Fort McMurray believed the community to be. This change in image was embraced by the local population who openly declared that Fort McMurray was their home and they were committed to it.

Participants acknowledged that the activities of the response and recovery had to be adapted to the unintended and unanticipated effect the wildfire had on the population. Loneliness was reported as an issue as not everyone had returned yet (or would not return) and people were left without their established social support network. A message of “it is okay not to be okay” was spread by the RMWB to indicate that no matter what level of loss a resident had suffered, they had all encountered a traumatic event as a community and were all going to be impacted at some level.

**Rebuild a Sense of Place**

There is a growing awareness in the literature about the importance of a sense of place to help people feel connected and secure. A self-reported attachment to the natural environment exists which appears to have a protective effect in terms of life satisfaction, mental health outcomes, resilience, post-traumatic growth and community attachment (Gibbs et al., 2016). When there is a strong sense of place and connection to one’s community, there is a greater likelihood of returning post-disaster. Findings related to the Slave Lake wildfire highlighted connections between social interactions and attachment to place as a link to resilience (Kulig & Pujadas-Botey, 2016).

The natural environment can be a source of healing; green spaces act as a mediating factor in enhancing people’s psychological health and social well-being. There is a growing recognition in the disaster field that promoting green spaces as part of a suite of activities enhances community disaster resilience (Kwok et al., 2016). Other authors note that places structure the patterns of everyday life and provide symbols of identity and attachment that give life meaning (Hawe, 2009). For example, the bush is central to the psyche of Australians. Losses due to bushfires devastated their collective psyche and consequently strategies to rebuild included replanting and regeneration of the land. In Australia, it has been healing to care for wildlife and observe regeneration of the natural environment after the bushfires (ibid, 2009).

In the RMWB, replanting efforts are underway to restore previously lush parks and tree-lined streets. Tree Canada has already planted 68,000 seedlings in the RMWB as part of their “Operation ReLeaf” initiative and have plans to plant another 8,678 by the end of 2018 (Bird, 2017). Stakeholders spoke of the community gardens they planted to create gathering places and offer a symbol of the growth the communities have experienced together as a result of the wildfire. The Canadian Institute of Health Research (CIHR), Alberta Innovates-Health Solutions and
the Canadian Red Cross have collaborated to sponsor a project in partnership with the Nistawoyou Association Friendship Centre to study the wildfire’s impact on well-being specifically among the First Nation’s population of the RMWB where traditional land holds a deeply symbolic sense of place (Ottawa, 2017).

Communication

Communication is an integral part of each of the principles that have been discussed in this report. For that reason alone, it has been designated as a stand-alone principle. In addition, the discussions held with individuals and within the engagement sessions all included the underlying theme of the importance of communication. It was something that was essential to address disaster recovery including PSS. Without transparent and open communication between the local and provincial levels, the other principles would be in jeopardy of not being met. Finally, communication as a principle is something that needs to be continually worked on to ensure that messaging is clear and understood by those for which it is intended. Highlighting communication as a separate principle therefore focuses attention on the need for continued development.

Communication infrastructure and systems that are reliable and accessible are essential resources for facilitating coordination of preparedness and relief efforts (Gil-Rivas & Kilmer, 2016). This requires collaboration across groups, including national, provincial, and local stakeholders. Communication has been associated strongly with calming, safety and the importance of keeping people informed and updated about, for example, events that are occurring and where to access resources or psychoeducation. In addition, receiving messages about a pending disaster also requires the audience to process its meaning and prepare for evacuation if that were to become necessary (Howard et al., 2017). Other findings note that the concept of preparedness refers to both practical and mental preparedness to deal with the event, which if not realized, may result in inappropriate decisions (Ericksen & Prior, 2014).

There were many examples of the Communication principle throughout all of the categories discussed in this report. In some cases, communication was open and transparent. It was reported by stakeholders that communication needs varied depending on the audience and stage of disaster response and recovery. For example, communication on how to evacuate was different than service coordination among stakeholders. Working with all stakeholders was vital to ensure that they received the correct information regarding infrastructure, such as if highways were open and when the hospital would re-open. Communication was crucial with those in leadership roles so that the information could reach the appropriate networks and re-entry could begin. While provincial support was consistently depicted as positive, participants described feeling confused due to a lack of communication around the roles of the PESS, Alberta Health-Emergency Operation Centre (AH-EOC), AMH-ECC, and Emergency Social Services Network of Alberta (ESSNA). An example of a gap in communication, which was also noted in the Cultural Safety section above, was how FNIB were not included in all stages of planning and communication.

A streamlined email system was developed so that members of the Provincial Operations Centre (POC) would receive a single email containing updates from all stakeholders to minimize risk of missing essential information. The AMH-ECC organized daily phone meetings so that all groups could be updated about what
was happening. Participants shared that the biggest advantage of the AMH-ECC was the coordination and daily communication of all stakeholders.

Communication may deserve greater attention as a standalone principle rather than a sub component given the multiple beneficial impacts of effective communication and, in particular, the additional avenue of social media. There is an emerging body of literature stating that social media, when appropriately used, can be a valuable tool. It can forward timely information quickly, but it can also be unreliable and inaccurate, heightening anxiety and stress among those who are preparing for, or evacuating from, a disaster.

Mobile phones, internet and social media when available and functional can support efforts of sharing succinct real-time information from a range of sources as events unfold. For example, the government of Alberta released an ‘Alberta Wildfire’ app which provided up to date information on the wildfire conditions and direct contact information for supports. Researchers from the University of Calgary analyzed nearly 70,000 tweets sent out during the RMWB evacuation to find key queries and match them with apps that were available during the evacuation. They found that the current state of apps did not meet the needs of evacuees, with none of the top ten requested features available on any platform (Platt, 2017). The RMWB’s Twitter account became a trusted source of information which not only provided around the clock updates on evacuation orders, emergency procedures and evacuation centres, but video message updates to the public from the Fire Chief.

Therefore, social media can: create social cohesion and promote therapeutic initiatives; identify community partners and resources; help people feel part of certain initiatives and promote volunteerism; and provide a venue for those who want to help to do so “virtually”. It can help promote fundraising and assist with research that focuses on the experiences of the disaster event. The ability to text REDCROSS and donate $5 or $10 from a mobile phone helped generate $189 million from individuals, corporations, and community groups (Canadian Red Cross, 2016). While systems and technologies are important, their efficacy depends on the extent to which the information is trusted, clear, identifies likely consequences, and provides specific steps people can take to respond to the crisis.

A Way Forward: Domains of a Disaster Psychosocial Framework

Thus far this evaluation has focused on the lessons learned about successful and unsuccessful strategies used to address the psychosocial response and recovery related to the RMWB wildfire. The analysis and synthesis above, has informed the suggested domains for a provincial Disaster Psychosocial Framework. This information has formed the basis for the development of a provincial Disaster Psychosocial Framework to
facilitate a community-based response regardless of the location or nature of the disaster in Alberta. Each domain of the framework is discussed below, Table 4, followed by practical summary points to assist individuals and agencies in quickly ascertaining their next steps should a disaster occur within their community. In addition, the recommendations focus on pre-disaster as well as post-disaster phases.

Table 4: Proposed domains and description for a provincial Disaster Psychosocial Framework

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Purpose &amp; Principles</td>
<td>Agreement amongst key stakeholder groups about the aims, values/principles and parameters for the design and delivery of PSS. This agreement forms the basis for aligned efforts and therefore is foundational to all other capacities.</td>
</tr>
<tr>
<td>Leadership &amp; Commitment</td>
<td>Various actions performed by formal and informal leaders in order to achieve and sustain high quality, effective, and consistent PSS.</td>
</tr>
<tr>
<td>Mutually Respectful, Trusting Relationships &amp; Partnerships</td>
<td>The existence of mutually respectful and trusting relationships, effective networking, partnerships and other forms of collaborative action that advance PSS.</td>
</tr>
<tr>
<td>People: A Knowledgeable, Skilled &amp; Stable Workforce</td>
<td>The existence of front line staff, support staff and supervisors who possess and apply extensive knowledge and skills related to PSS. A stable workforce is important for maintaining continuity.</td>
</tr>
<tr>
<td>Ongoing Learning &amp; Adaptation</td>
<td>A system that embraces the processes and principles of ongoing learning and adaptation and which also include traditional approaches to monitoring performance assessment, evaluation and reporting.</td>
</tr>
<tr>
<td>Infrastructure: Enabling Processes, Structures and Resources</td>
<td>Support processes, systems and resources that are needed for organizations to function effectively and to provide high quality PSS.</td>
</tr>
</tbody>
</table>

**Common Purpose and Principles**

In the engagement sessions there was an emphasis that first and foremost, psychosocial recovery matters. It matters because it is about people wanting and needing to move forward with their lives and the well-being of their community is directly tied to their ability to do so. In order for this to occur:

- ✔ PSS response must start early and be sustainable
- ✔ PSS should be a local and provincial priority and identify common goals for response and recovery
- ✔ Local not-for-profits organizations and agencies that are familiar with the local context and are knowledgeable about the community should be responsible for the initiatives
Connections and networks need to be fostered in times of non-disaster to help build a strong and resilient community which will in turn make successful recovery from events such as disasters more likely.

The following actions are based on the principle categories that emerged from all data collection components of the evaluation.

**Human Rights and Dignity**

These action items are adapted from IASC (2007, p. 11, 51-53) and incorporate lessons learned from the evaluation:

- Implement mental health and PSS that promote and protect human rights
- Ensure access to PSS for vulnerable populations
- Include a focus on human rights and protection in the training of all relevant workers
- Develop cultural sensitivity and competence in the areas of Indigenous relations and minority populations
- Develop a recovery response that honors cultural safety, is authentically engages and includes different perspectives, and welcomes diverse groups such as First Nations, newcomers and alternative groups such as the homeless
- Coordinate an overarching research agenda to prevent harm

**Safety and Calming**

These action items are adapted from Hobfoll et al. (2007, p. 302) and incorporate lessons learned from the evaluation:

- Bring people to a safe place and make it clear that it is safe
- Provide clear and accurate information about the status of the disaster
- Give information regarding whether family and friends are safe and if further danger is pending
- Provide large-scale community outreach and psychoeducation about post-disaster reactions, anxiety management techniques, as well as signs of more severe dysfunction
- Engage in actions that help people directly solve concerns
- Prioritize psychosocial interventions and support

**Community Capacity Building**

These action items are adapted from Hobfoll et al. (2007, p. 303) and IASC (2007, p. 95-97, 100-104) and incorporate lessons learned from the evaluation:

- Identify human resources in the local community
- Be inclusive when creating local committees to ensure that all groups are represented
- Provide people with outside resources where necessary to help reverse the loss cycle which leads to empowerment and restored dignity
Establish safe and sufficient spaces early on to support planning discussions and the dissemination of information

Facilitate the process of community identification of priority actions through participatory appraisal and other participatory methods

Talk with a variety of key informants and formal and informal groups, learning how local people are organizing and how different agencies can participate in the relief effort

Promote activities that are conceptualized and implemented by the community

For children and adolescents, be careful of the dangers of overprotectiveness, and include them in community recovery and facilitate restoration of the school community

Provide the resources necessary to foster local connections and networks for all emergency-affected community members and, specifically, facilitate the participation of marginalized people

Participate in coordination groups to learn from other stakeholders and minimize duplication and gaps in response

**Integrated and Multi-layered Supports**

These action items are adapted from IASC (2007, p. 23, 163, 167) and incorporate lessons learned from the evaluation:

- Establish coordination of inter-sectoral mental health and PSS
- Dedicate resources to the specialized provision of support and training for workers, volunteers and first responders of the disaster
- Develop sustainable coordination structures, including government and local stakeholders
- Enhance information sharing among humanitarian workers and volunteers
- Determine what information on positive coping methods is already available among the disaster-affected population
- If no information is currently available, develop information on positive and culturally appropriate methods for PSS emergency activities that link with developmental activities to promote personal growth and normalization of self-care
- Develop and implement a strategy for effective dissemination of information

**Individual and Collective Healing**

These action items are adapted from Hobfoll et al. (2007, p. 304) and incorporate lessons learned from the evaluation:

- Support rebuilding of local economies that allow people to resume their daily vocational activities
- Provide services to individuals to help them get their lives back in place (housing, employment, relocation, etc.)
- Develop advocacy programs to help disaster impacted communities work through red tape
- Media, schools and natural community leaders should help people:
  - Link with resources;
Establish systems that enable those in recovery from similar trauma to share their experience and hope with those struggling;
Memorialize and make meaning;
Accept that their lives and environment have changed;
Reduce self-blame;
Problem solve; and
Set positive goals

Promote activities that reappraise or reframe the disaster in a way that is less threatening and more consonant with one’s global meaning
Support community led gatherings including rituals, celebrations, memorial services and tributes to promote a sense of community healing

Social Fabric

These action items are adapted from Hobfoll et al. (2007, p. 304) and incorporate lessons learned from the evaluation:

Facilitate reconnection of children with parents/parental figures
Treat temporary housing sites as villages which have councils, welcoming committees, churches, places to go for services, meeting places, entertainment, physical recreational activities, etc.
Develop green spaces such as community gardens and restore landscape to pre-disaster state to rebuild a sense of place
Include strategies to maintain social connectedness during evacuation and recovery phases

Communication

Communication is key in disaster recovery. Communication patterns that are open, transparent and consistent were noted as essential in this process. Having daily dialogue—at least once if not twice a day—was seen as crucial in order to keep apprised of changes that occurred and issues that arose. Social media has become increasingly important and in times of crisis such as disaster, messages through this medium need to be accurate and up-to-date. The messages can range from updates about the disaster to where to seek help and assistance. Designating one individual to maintain Twitter or Facebook accounts that provide updates would be beneficial. The following action items were developed from the lessons learned from this evaluation:

Have open, transparent communication patterns across all levels and partners (e.g., provincial and national coordinating bodies, local emergency operating centres)
Use daily or twice daily dialogue to keep all parties updated
Provide social media updates from a provincial-led app and support this with Twitter updates by a designated person on the ground of the disaster who can relay messages to the public
Leadership and Commitment

Leadership can be defined in numerous ways, but what seems most important is that the nature of leadership is congruent with the nature of the work to be done and the circumstances in which that work is undertaken. Commitment and buy-in at all levels of leadership regarding the importance of PSS is fundamental in order to achieve and sustain required investment in disaster-related PSS, including required supports and resources. Specific actions include:

- Ensure representation and engagement of local and government representatives and agencies, particularly among POC, PESS, and various ECC, RCC, ESS, and EOC
- Work from a foundation of coordination and cooperation
- Review policies and procedures to ensure alignment with common purpose and principles of PSS

Mutually Respectful, Trusting Relationships and Partnerships

Developing networks and maintaining relationships pre-disasters makes working with individuals and agencies after a disaster not only easier but also more efficient. Even with established relationships, it is important, as noted above, to work with a local “connector” who is versatile and is well aware of local nuances. Finding individuals such as this when residents have been evacuated can be challenging and hence local governments need to keep their disaster and recovery plans and lists of key stakeholders updated to help make the connections. Working from an asset-based perspective will help in the development of innovative services and approaches for each agency/institution rather than having repetitive services. Keeping up the linkages with all partners are equally important at the provincial and local levels; resources and time need to be invested to ensure this occurs. Cultural safety guidelines need to be reviewed and incorporated to address concerns about equity and respect.

- Develop networks and maintain relationships with local and not-for-profit agencies and government ministries pre-disaster
- Locate and work with a “local connector”
- Work from an asset-based perspective
- Agree upon and adhere to common purposes and principles

People: A Knowledgeable, Skilled and Stable Workforce

A common theme in the engagement sessions was the need to build expertise in the province and to invest the resources, skills and training to do so. Specific suggestions included developing a provincial registry of individuals with PSS background and having pre-established teams with the suitable level of training to quickly and appropriately respond to the crisis. In addition, a process to make it easier for front line responders from other communities across the province to come forward to help was also noted as necessary. Furthermore, secondments need to be negotiated and arranged to be of the most benefit in the situation and for the individual being seconded. Issues such as developing a formal contract with specific time periods and expectations for the secondment and ensuring that their regular job duties are covered by other personnel are some examples of what needs to be addressed.
For those who live in the community that has experienced the disaster, supports and services need to be in place before essential personnel are expected to return. Having access to grocery stores and day cares, among other necessary resources and services, are essential for everyday life. Additionally, there needs to be recognition that recovery from a disaster takes a substantial amount of time to plan and coordinate. Creating and funding an ongoing position to attend to this role is imperative for the community’s recovery.

- Build expertise in the province through identifying and creating a list of experts
- Arrange secondments to benefit the situation as well as the individual who is being seconded
- Consider opportunities for self-care such as the use of pet therapy, time off, and employee assistance programs for all involved in providing services

### Ongoing Learning and Adaptation

Frequent debriefings that focus on issues that arise and initiatives undertaken are essential in order to assess their effectiveness and determine if new activities are needed. Such debriefings may lead the team to “pause” on specific activities and focus on what is considered more essential for PSS recovery.

A frequently noted issue was the need for more appropriate indicators to assess and determine the impact and outcomes of the multiple interventions, activities and initiatives that are undertaken for PSS. For example, indicators for psychological well-being, social capital and resilience are all important to document. In the RMWB, the sheer volume of individuals that were impacted and the variety and number of initiatives that were undertaken made it overwhelming to determine the effectiveness of the multiple types of activities and initiatives.

- Provide frequent debriefings to update and regroup those involved in the disaster response
- Review and identify goals and activities related to PSS to respond to the changing situation
- Determine appropriate indicators to gauge success
- Incorporate developmental evaluation into efforts to facilitate real-time learning and adaptation
- Commit to ongoing evaluation and sharing of lessons learned

### Infrastructure: Enabling Processes, Structures and Resources

There were a number of specific examples that identified how important infrastructure was to PSS. Importantly, there was an emphasis that in order to attend to a disaster in a timely and organized fashion, a disaster psychosocial recovery framework was needed. There was great advocacy for such a framework to be developed and made available to local governments at the municipal, town or city level. In addition, formal written agreements between municipalities and local not-for-profit agencies were seen as being an important first step in PSS. These agreements need to be developed before any disasters occur.

### Processes

Continuing a cross-ministry approach to disaster response was seen as vital in order to ensure that all the relevant players were involved, to help prevent duplication of services, and to provide information about what services and resources were being deployed. However, having one “go-to” person within government
was recommended to enhance communication between local individuals and agencies and the provincial system. Locating individuals as “connectors” at the local level to work with government ministries is vital but can be difficult given the circumstances of disasters. An updated list of local agencies and services would help in this process. Before a disaster occurs, having a list of essential services that portray the local community context would help to identify the key players and agencies that would be involved in PSS if the need arose. Implementing a one email system where all involved parties receive frequent updates can assist with the recovery efforts that need to be developed and implemented.

Clarification of the process of re-entry assessment would help to determine who should return and over what time period. When disaster events include large numbers of people, this process needs to be streamlined with the specific agencies responsible to implement.

Self-care for those providing care and services needs to be built into the process of disaster response. Too often there is an expectation that those in service should contribute to their community without recognizing that they also need assistance to deal with the recovery as well as their own losses.

- Cultivate an inclusive process that ensures all local, provincial and national partners are at the table from the beginning of discussions
- Determine a specific assessment process for re-entry that clarifies who should return and during what time period
- Make essential services (i.e., grocery stores, child care, health services, food bank) available in the community before residents return

### Structures

Having all local, provincial and national partners at the table from the beginning of the recovery efforts will help to create and implement services that address local needs while preventing duplication. This will also help to enhance communication and serves to clarify roles and responsibilities.

Role clarity is a key component of PSS in order to prevent duplication of services between the provincial and local governments. Coordination of services also needs to take place at the local level to ensure that there are complementary services rather than duplication. The premise is that agencies and different levels of government need to work together and not in isolation. Future recovery efforts post-disaster would benefit from specifying the role of the municipal or local government in assisting its citizens to determine the initial steps that need to be taken and use this process as a framework for action. Specific actions include:

- Develop a governance chart which distinguishes lines of communication among representatives, agencies and committees
- Ensure there is an available disaster framework that is routinely reviewed and updated
- Have a repository of documents and information related to disaster response
Have a list of experts who are able to talk with local and provincial partners about disaster recovery experiences

**Funding**

Long-term funding is essential in order to help in developing appropriate recovery efforts. The time frame for such funding would need to be determined by the specific disaster because response and recovery to such events is variable. A quicker and streamlined funding application would be helpful for the local agencies who required the money in a timely fashion. Stakeholders recognized that funding is limited given budgetary constraints and therefore, determining how to do “more with less” also needs to be considered. However, implementing recommendations noted in this report (i.e., developing provincial expertise rather than contracting to other provinces and agencies) would be cost saving. The funding needs to be strategic and have a vision for longer-term impact issues such as the environmental impacts of disasters.

- Have a secure and committed source of funding from the provincial government
- Provide assistance for grant-writing in order to prepare for disaster recovery

**Conclusion**

Psychosocial well-being and the provision of PSS must be an integral aspect of the overall disaster effort (State of Victoria, 2014; NATO, 2008; Ursano et al., 2007a). Everything done in a disaster has the potential to impact the psychosocial well-being of individuals, families and whole communities. As such, PSS must be integrated into the overall disaster-related response and recovery efforts, planning and preparedness.

In the engagement sessions there was an emphasis that first and foremost, psychosocial recovery matters. It matters because it is about people wanting and needing to move forward with their lives and the well-being of their community is directly tied to their ability to do so. In order for this to occur:

- PSS response must start early and be sustainable.
- PSS should be a local and provincial priority and identify common goals for response and recovery.
- Local not-for-profits organizations and agencies that are familiar with the local context and are knowledgeable about the community should be responsible for the initiatives.
- Connections and networks need to be fostered in times of non-disaster to help build a strong and resilient community which will in turn make successful recovery from events such as disasters more likely.

All information and findings came together to inform the proposed domains for the development of a provincial Disaster Psychosocial Framework to facilitate a community-based response regardless of the location or nature of the disaster in Alberta. Key considerations for moving forward include:

- Ensure representation and engagement of local and government representatives and agencies, particularly among POC, PESS, and various ECC, RCC, ESS, and EOC.
- Review policies and procedures to ensure alignment with common purpose and principles of PSS.
Agree upon and adhere to common purposes and principles.
Build expertise in the province through identifying and creating a list of experts.
Determine appropriate indicators to gauge success.
Incorporate developmental evaluation into efforts to facilitate real-time learning and adaptation.
Develop a governance chart which distinguishes lines of communication among representatives, agencies and committees.
Ensure there is an available disaster framework that is routinely reviewed and updated.
Have a secure and committed source of funding from the provincial government.

By establishing a framework of understanding between provincial and local stakeholders, communities will be well positioned to respond to future disasters in a way that promotes PSS, PTG and ongoing learning.
References


Appendix A: Facilitation Guide

1. What guided your PSS response and recovery in May 2016?
   a. Did you have “go-to” PSS documents? People?
   b. Did you have previous PSS experience in disaster situations?
   c. Was PSS disaster response and recovery an ongoing commitment from your organization or were resources/staff mobilized to specifically respond to the wildfire?
   d. Were you able to access individuals with PSS expertise to help in the planning and implementation phases?

2. What were your goals in regards to the PSS response and recovery?
   a. Who helped to develop these goals?
   b. Were the goals reviewed throughout?
   c. How do you know you achieved them?

3. Please document on the central timeline your sector/organization’s PSS response and recovery.
   a. How / did you tailor to different groups, etc.
   b. What partners, groups, committees did you access?
   c. What communication strategies were used between partners and with the community?
   d. How did you work with reception centres?
   e. Were there particular actions that were deliberately aligned with the initial response (e.g., acute response), and those that were initiated solely for the recovery phase (e.g., chronic response)?
   f. Were there a particular sequence of actions that were initiated in recovery that built off the response?

4. To what extent and how were provincial stakeholders engaged in your PSS response and recovery?

5. Did you focus on both individual and community psychosocial needs? What percentage of time and efforts were devoted to each?

6. Fort McMurray was a unique situation with a large evacuation and disbursement of families across the province and country. Were your efforts mostly with the population that remained in Fort McMurray or did you also address those who did not return?

7. Were their common goals among responding agencies (related to PSS response and recovery)?
   a. Who helped to develop these goals?
   b. Were the goals reviewed throughout the recovery and response?
   c. How do you know you achieved them?
   d. Was it altered during the response to the wildfire?

8. What do you see as the most successful activities?
   a. How did these activities come about? (breakdown by PSS response and recovery)

9. What do you see as the most unsuccessful activities?
   a. Why? (breakdown by PSS response and recovery)

10. What was the most / least helpful resources, supports (e.g., infrastructure), communication tools, provincial direction that supported your PSS response and recovery efforts?

11. Upon reflection, what would you have done differently?
Appendix B: Defining Psychosocial Support

Various definitions of psychosocial support found in literature are provided below.

<table>
<thead>
<tr>
<th>Organization/Author</th>
<th>Definition of psychosocial support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cox &amp; Danford (2014)</td>
<td>“The interplay between social, cognitive, emotional and spiritual needs and interventions (i.e. providing shelter has psychosocial implications; providing emotional support can include addressing functional needs). This “psychosocial” support incorporates the basic psychological, social and cultural aspects of human interactions that impact wellbeing” (p. 2).</td>
</tr>
<tr>
<td>State of Victoria, Australia (2014)</td>
<td>“Psychosocial support can ease the emotional, spiritual, cultural, psychological and social impacts of an emergency as individuals and communities return to an effective level of functioning. Psychosocial support can range from personal support, psychological first aid, emotional and spiritual care, outreach, case support/case management, counseling, mental health services to community information sessions and community engagement” (p. 2).</td>
</tr>
<tr>
<td>International Federation of Red Cross and Red Crescent Societies Psychosocial Centre (2013)</td>
<td>“Psychosocial support is generally defined as a process of facilitating resilience within individuals, families and communities with “resilience” understood as: the ability of individuals, communities, organizations or countries exposed to disasters and crises and underlying vulnerabilities to anticipate, reduce the impact of, cope with, and recover from the effects of adversity without compromising their long-term prospects” (p. 5).</td>
</tr>
<tr>
<td>Actions for the Rights of Children (ARC) (2009)</td>
<td>“Psychosocial support is a continuum of care and support which influences both the individual and the social environment in which people live, and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers and community members on a daily basis but also extends to care and support offered by specialised psychological and social services” (p. 10).</td>
</tr>
<tr>
<td>NATO (2008)</td>
<td>“The adjective psychosocial refers to personal psychological development in the context of a social environment. It is a specific term that is used to describe the unique internal processes that occur within people. It is usually used in the context of psychosocial interventions which include psychoeducation, psychological therapies and or psychopharmacological treatments” (p. 7).</td>
</tr>
<tr>
<td>Prewitt-Diaz &amp; Dayal (2008)</td>
<td>“Psychosocial [support] addresses reactions to enormous losses, such as grief, displacement, disorientation and alienation...[It] builds on the knowledge and awareness of local needs and protective factors to provide psychological and social support to people involved in disaster situations. The aim is to enhance survivors’ resilience in achieving psychological competence by empowering them to overcome grief reactions and move forward in a collaborative fashion” (p. 1).</td>
</tr>
</tbody>
</table>
As with definitions of psychosocial well-being, the common denominator amongst these definitions is the integral interconnection between psychological and social, and in some cases, cultural dimensions of human experience, whether this is at the individual, family or community level. Some definitions clearly indicate that the emphasis is on support to individuals; others have a broader perspective, including families, groups and communities, while others are somewhat obscure in this regard. Several definitions make reference to promoting well-being while others include the fostering of resilience within individuals and communities.
Appendix C: Summary Report

Summary of the Psychosocial Response and Recovery Activities of the RMWB Wildfire

*Documenting what we heard*

Submitted to: Alberta Health, Addiction and Mental Health Branch
Diane McNeil, Director Disaster Recovery
Mark Harasymuk, Director Health Wildfire Recovery Task Force Liaison

Submitted from: PolicyWise for Children & Families

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Date: 27 June 2017
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Introduction

In response to the May 2016 wildfire in the Regional Municipality of Wood Buffalo (RMWB), local and provincial stakeholders were mobilized to support the immediate needs of residents of the Region. Recovery efforts will continue in what is acknowledged as a long-term, complex and multi-faceted process for the communities recovering from disasters.

PolicyWise for Children & Families (PolicyWise) was contracted by Alberta Health, Addiction and Mental Health Branch to conduct an evaluation of the psychosocial response and recovery of the RMWB wildfire. The PolicyWise evaluation approach is guided by a long-term commitment to child, family and community well-being in Alberta, principles of collaborative evaluation, and community-based participatory research and evaluation methods. This evaluation was designed to ensure that the approach comprehensively captures the overarching response and recovery to the RMWB wildfire, but more specifically, that it captures the unique community components of the response.

The goal of this evaluation was to use lessons from previous disasters locally, nationally, and internationally, as well as the experience and knowledge of those involved in psychosocial response and recovery, to assess current efforts in psychosocial recovery and inform medium and longer term recovery; identify potential program or political targets that would lead to positive psychosocial outcomes following a successful disaster response and recovery in the future; and identify the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

This summary report is the first step and documents and summarizes the disaster-related psychosocial supports (PSS) and emerging themes from the response, re-entry and recovery period. Together with the literature, and leading practices it serves as a foundation for analysis and synthesis to identify guiding principles to inform a disaster-related PSS framework, as well as outline the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.
Disaster-Related Psychosocial Supports

A comprehensive disaster response requires the integration of two complementary disaster response paradigms: Disaster Mental Health and Psychosocial Capacity Building and Resilience. Effective disaster-related psychosocial supports (PSS) require equal emphasis on individual-focused approaches and community interventions (Figure 1). Such a continuum of individual and community supports is required to effectively respond to, and address, the psychosocial impacts of disaster.

There are several phases that individuals and communities experience pre- and post-disaster. In the past, it has been more common to examine the individual responses to disasters. Tyhurst’s (1951) seminal model outlining impact, recoil, and post-trauma as the three stages of a disaster was the first to acknowledge that these individual reactions were an expected response. More recent work has focused on collective responses to disasters.

The FEMA (2012) model (Figure 2) illustrates the complexity of responses to disasters in several phases that span from pre- to post-disaster time periods. Time is an important factor within the phases; for example, immediately post-disaster there is a “honeymoon” phase with positive emotions and a sense of community cohesion. Over time, there will be a significant change in these responses with community members experiencing a sense of disillusionment by the anniversary date. In the long-term, the community will recover but will not reach the level of cohesion experienced in the honeymoon phase.
Research on resilience and cohesion showed that resilience will be lower at the anniversary but will reach higher levels several years after the disaster has occurred (Townshend, Awosoga, Kulig, & Fan, 2015), affirming the link between resilience and post-disaster recovery. In the community models there is often an assumption that individual responses (both positive and negative) influence the community level of response. Accordingly, assistance provided to individuals will then influence the community at large. Figure 3 illustrates a recovery continuum, as developed by FEMA (2011), showing the extensiveness of the effort needed to recover and the time period through which recovery occurs.

Figure 2: FEMA Phases of Disaster Collective Reactions Model

Figure 3: FEMA Recovery Continuum
Methods

Collaborative evaluation engages stakeholders in respectful, meaningful, participatory ways throughout the project. It reflects principles of Gender Based Analysis Plus (GBA+), a technique that seeks to be inclusive of identity factors and how these impact one’s experiences. The approach has sought to document and capture the knowledge gained by people who were mobilized to support the response and recovery (e.g., first responders, social and community services’ staff, educators, health services providers), as well as national and international expertise in the area of disaster-related psychosocial response and recovery. In order to capture this knowledge and expertise, group engagement sessions and individual interviews were conducted.

A facilitation guide (see Appendix A) was developed for the community engagement sessions and individual interviews. Data collection was designed to create a timeline of the recovery and response, and to help understand the contextual/local definition of successful recovery and response. This comprehensive guide included questions that focused on the activities and perspectives of success applied by the key players while implementing the psychosocial response to the RMWB wildfire. The guide was reviewed and revised based upon feedback provided by the project team.

A purposive sample was employed to generate a list of potential stakeholders who would be invited to participate in the engagement sessions. Snowball sampling was also used; identified individuals were asked to provide names and contacts of those who were also seen as important in the psychosocial response and recovery in RMWB.

Two community engagement sessions were held each in Edmonton (April 11, 2017) and in Fort McMurray (May 23-24, 2017). The two sessions in Edmonton included individuals who represented Provincial Ministries and agencies that were directly involved in the RMWB response. Individuals were recruited through publicly available disaster committee lists. From these lists, snowball sampling occurred as referrals were made to additional stakeholders. In total, 12 individuals participated in the Edmonton sessions. The two sessions in Fort McMurray included a total of 24 participants who represented a range of municipal government, social services, and industry partners.

Individual interviews were conducted with local RMWB and provincial stakeholders who were unable to attend the sessions but who also had valuable insights to be captured for this evaluation. These individuals represented ministries and agencies who participated in the response. In total, there were 15 interviews conducted.

Documents related to the psychosocial response and recovery were shared by a number of the participants to assist the research team in more fully understanding the response and recovery processes.
Community Context

Every disaster has its own unique signature. This is shaped by community capacity and relationships, the scope and type of disaster, and location.

The RMWB is a remote and expansive area that consists of ten communities, five First Nations communities, and a number of Métis locals. The city of Fort McMurray itself is an amalgamation of small towns which creates a broad range of where neighbourhoods are located and complications for navigating between them. Over 150 nationalities are represented in the region, many of them drawn to the area for the employment opportunities available (Blake, 2016). A majority of these people call the Region home, with 65.6% residing permanently in one of the communities (RMWB, 2015). Prior to the wildfire, Fort McMurray was better known for its shadow population—the 43,000 people who came from across Canada and the world to work lending to an image of a transient oil town. However, residents have proudly described the area with strong family and community ties.

The RMWB had dealt with a significant economic downturn in 2015, referred to by participants as “the first disaster”, with the second disaster being the wildfire.

Figure 4: RMWB Wildfire. The red line represents the wildfire perimeter on May 16, 2016 and the white line shows the spread of the wildfire as of May 17. The dots indicate satellite heat detection as of May 18. Significant damage occurred within the perimeter and reflects the areas under full evacuation. (Gabbert, 2016).
The First 7 Days

**May 1**
ESS opens reception centre for voluntary evacuation of Prairie Creek.

NZ AHS managers and senior leaders daily planning meetings commence.

EOC established and meetings begin. Public health staff are deployed to evacuation centre.

**May 2**
Review of emergency response plans by REOC.

Unofficial evacuation centre set up at Conklin RMWB. Deployment of RMWB staff to evacuation centre.

Counselling staff/community services provide registration support at reception centre.

**May 3**
UW evacuates offices at Redpoll and maintains contact with staff.

Shelter in place and evacuation; staff tracked by phone. NZ AHS co-ordination of staff to augment services.

**May 4**
Collaboration with UW’s of Alberta and nationwide. Pet therapy at Amber Valley, Heart Lake, Janvier, and Conklin reception centres. Area manager tracking number of evacuees and coordinating services to evacuation centres.

Started working with the provincial CMHA. Calling all clients to be certain they were safe and all needs met. Connecting with all staff to ensure their safety.

Communication with RMWB Community Services/Counselling Services team begins.

**Plans for Re-Entry**

**May 6-7**
UW contacts all agencies. Continue funding three evacuation centres. Social recovery task force begins informally. UW Board begins to meet in Edmonton.

Psychosocial Training provided by AHS in Edmonton and Calgary to FMM staff and their community members/leaders.

Working with the CEO, National CMHA as well as provincial to help staff and clients.

Firebag Health Centre support and medivac’s. EOC meetings. Track TB patients.

Establish ‘Here for You’ engagement sessions. Support local agencies and coordinate opening efforts. Identifying goals and objectives for People Pillar.

Recovery/response plan created. Working with Chief Medical Officer to get people into affected areas. Addressing security concerns. Food, shelter, clothing, medications connections. Arrange housing for families.

**June 1**
Partial return

**May 4**
Provincial state of emergency

**May 3**
Massive evacuation HWY 63 cut off by fire

**May 6-7**
25,000 people move from north

Acronyms: ESS: Emergency Social Services / NZ AHS: North Zone Alberta Health Services / EOC: Emergency Operations Centre / RMWB: Regional Municipality of ‘Wood Buffalo

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**Timeline**

**June 1**
- UW opens Redpoll to tenants and other agencies.
- RMWB rural hosts Anzac reception & 468 Friendship Centre.
- AHS staff deployment. Preparing to return and offer programs and services to the community.
- AMH, Public Health services temporarily located in trailers close to temporary “hospital” tents at Keyano College.
- Staff updates regarding salary, HR issues, expectations and supports.
- Start planning for support to own staff on return. Welcome centres set up to facilitate residents return.

**June 3-4**
- Nistawoyou Friendship Centre opens as a welcome centre.

**July 1**
- Provincial state of emergency lifted

**Sept 1**
- Return to school

**Nov 4**
- Last neighborhood re-opened

**Nov 10**
- Local state of emergency lifted

**Recovery**

**June 15**
- Fire recovery process set up. Fire Aid Concert.
- RMWB social profits addressing goals identified in Psychosocial Framework by contacting existing clients, and updating staff regarding re-entry.
- Building cleaning and logistics for clinical supplies. Preparation for clinical services.
- RMWB staff re-deployed to address psychosocial needs upon re-entry.
- RMWB ongoing management of welcome centres and re-entry.
- Work with Red Cross to find residents.

**June 20**
- Pet therapy visits return to venues as they re-open.

**Sept**
- Focus on attending to the changing needs of the community
- Resupply schools and meet the basic needs of students. Address teacher needs including staff training. Tools for Schools with the UW.
- Connect with regular clients within the mental health system.

**Nov**
- Establish community wellness and resilience team to facilitate collaborative efforts and avoid duplication of services through asset mapping.

**Dec**
- Continue to attend to the emerging needs of the community.

---

**Stages of Re-Entry**

**June 1**
- UW opens Redpoll to tenants and other agencies. RMWB rural hosts Anzac reception & 468 Friendship Centre.
- AHS staff deployment. Preparing to return and offer programs and services to the community.
- AMH, Public Health services temporarily located in trailers close to temporary “hospital” tents at Keyano College.
- Staff updates regarding salary, HR issues, expectations and supports.
- Start planning for support to own staff on return. Welcome centres set up to facilitate residents return.

**June 3-4**
- Nistawoyou Friendship Centre opens as a welcome centre.

---

**POC: Provincial Operating Committee / CMHA: Canadian Mental Health Association / AMH: Addictions & Mental Health**
RMWB Timeline Emerging Themes

Response: The First 7 Days

Psychosocial Priorities: Promote a sense of safety, calm and connection
Prioritize vulnerable populations

On May 1st, 2016, a local state of emergency was declared in RMWB and the Regional Emergency Operations Centre (REOC) swiftly assembled critical players to initiate evacuation reception centres. The REOC response was community-driven and placed within a context of the history and culture of the area. They did things, as one participant indicated, based on their “gut, instincts and the knowledge of the community”.

The RMWB mobilized immediately to support REOC in their response (Figure 5). The RMWB response outlined five pillars which it organized its recovery objectives under: people, economy, environment, rebuild, and mitigate. As such, participants noted that the RMWB supported community, mental health and wellbeing as an immediate priority. RMWB staff were deployed to evacuation centres and counselling staff provided registration support at reception centres.

By May 2nd, a review of the emergency response plans was underway by REOC. REOC used existing guidelines and relied upon provincial experience from previous disasters (i.e., the Slave Lake fire and the Southern Alberta flood) to support their psychosocial response efforts. Participants identified that the amount of information regarding frameworks and guidelines being forwarded was overwhelming, and that it was helpful to speak with someone rather than be expected to read material in the midst of the response efforts. The participants felt that there was too much information available at first about disasters and what to do, so much that they did not have the time to read it and reflect on its usefulness for their situation.
An unofficial evacuation reception centre was set up at Conklin and RMWB staff were deployed to assist. Counselling staff and community services provided registration support at the reception centre.

A mandatory evacuation order was issued to the city of Fort McMurray on May 3rd with residents of the greater RMWB advised that they should be prepared for evacuation. Local industry focused on safely evacuating their staff out of camps and off jobsites and offered help to the RMWB with their evacuation needs. Industry assistance was not a direct part of the larger RMWB immediate response, but their willingness to deploy resources and collaborate with local community positively contributed to local relationships and response efforts.

Within the community, certain vulnerable populations were difficult to maintain contact with. Tracking down people with chronic mental health problems or those who were homeless was difficult as they predominantly did not have cars or reliable cellphone service. It was recognized that these populations would require additional specialized support once they were accounted for. Locals also identified English as a Second Language (ESL) residents as requiring language support. Alberta Health Services (AHS) accessed French-speaking coordinators from their zones that helped in reaching out to the French population.

Overall, the local stakeholders took a “what works” approach to their response, learning from others and adjusting their activities to what they noticed supported PSS efforts in the first seven days and facilitated ways of connecting. One example of this was the use of pet therapy for first responders. This idea happened spontaneously; however, this was so positively received that it became a formalized part of the response. Grilled cheese sandwiches became the unsung hero of the response when volunteers at the Salvation Army decided to make them for first responders, initiating a sense of comfort among those sharing the food. Efforts for first responders such as this facilitated connection with each other. In total, the Salvation Army served 25,000 meals and accumulated over 7,000 volunteer hours.

Planning for Re-Entry

Psychosocial Priorities: Support workers, first responders and volunteers
Build on available resources and capacities

Near the end of the first seven days, plans for re-entry commenced. All agencies began to prepare for re-entry. A collaborative social recovery task force began informally to guide the planning. Another task force addressing emotional wellbeing was formalized to coordinate the psychosocial needs of the RMWB staff and residents. The phased response initially focused on first responders and RMWB staff returning home from evacuation and then transitioned to support community members during the month of re-entry and build resiliency for the years to come. Part of the support strategy was to contact every community agency and determine what supports were available. Psychosocial training in Psychological First Aid and Heart Math was provided by AHS in Edmonton and Calgary to all relocated
staff from the RMWB as well as community leaders in RMWB to build capacity to support others upon their return. Such training sessions were noted to be instrumental in preparing for re-entry.

Goals and objectives were identified for the “people pillar” of the social recovery task force, and implementation of the Psychosocial Framework was again emphasized by participants as a major activity in transitioning to recovery efforts. One example of this included the “Here for You” engagement sessions were developed to support local agencies and coordinate re-entry efforts.

As stakeholders were busy planning for re-entry, physical cleanup of the evacuation zones was underway. Extensive restoration cleaning, disposal of materials, and replenishing of inventory was required in a number of buildings. Stakeholders worked with the Chief Medical Officer to plan how to get people back into affected areas. Concerns about food, shelter, clothing and security were addressed in preparation for re-entry.

Overall, all sectors spoke of at times needing to reduce oversight, step in, and get things done. For example, a member of the Ministry of Education had discussions via phone “daily, sometimes hourly” to support local school authorities. While provincial support was consistently depicted as positive, participants described feeling confused around the roles of the Provincial Emergency Social Services (PESS), Alberta Health- Emergency Operation Centre (AH-EOC), Addictions and Mental Health-Emergency Coordination Centre (AH-ECC), and Emergency Social Services Network of Alberta (ESSNA). At times this resulted in confusion around communication.

Stages of Re-Entry

Psychosocial Priorities: Support workers, first responders and volunteers

- Build on available resources and capacities
- Prioritize vulnerable populations
- Multi-layered supports

The first phase of re-entry was staged on June 1st with a general return allowed on June 15th. Some participants felt that the timing of the essential services re-entry to Fort McMurray was not conducive to their psychosocial needs. Stakeholders identified that being “told” to come back, sometimes without their families, and being housed 45 minutes out of town contributed to this.

The re-entry also impacted the ability of local stakeholders to address the many needs of the community. Social agencies were trying to help their clients when they also had their own traumas from experiencing the wildfire. In the immediate re-entry, many staff members were spread across the country. Many agencies did not have a full team and some staff who returned were seconded to other positions. While there wasn’t an expectation to be at full staffing capacity, being short staffed was identified as a chronic problem in social profits and this was compounded by having to fill empty positions and recruit for new positions based on community need. New staff had a steep learning curve as many were also new to the community and did not necessarily experience the evacuation. These individuals were committed to their community and to its recovery but they reported not feeling prepared for the constant demands and issues with which they had to deal with upon re-entry.
The RMWB ran welcome centres and prioritized having psychosocial supports at the centres. Social planners were brought in by the RMWB to adapt the way they collected data so that they could see if they met their goals.

AHS reached out to local agencies such as daycares to offer support. They also targeted special groups such as new mothers who delivered during or after evacuation to support healthy attachment with their babies, based on evidence that the additional stress of an evacuation has links to post-partum depression. Tuberculosis (TB) patients were another group which required special care due to the unique TB strain in the region. As clinical services were offered, AHS delivered PSS alongside it.

Communication with people who had experienced the natural disasters at Slave Lake and in Southern Alberta helped the RMWB to know what to potentially expect going forward. Morneau Shepell was contracted to provide crisis support for the integration period for employees. Of the 367 people who accessed mental health services in the two month post-wildfire, the presenting issues were predominantly post-trauma, personal stress and anxiety (Morneau Shepell, 2017).

Communication among all stakeholders was described as a key priority. Social media was used to connect with staff to ensure that they were safe and to communicate with community members who relocated outside of the community. Communication focused on linking people to agencies to ensure needs were met.

**Recovery**

**Psychosocial Priorities:** Support workers, volunteers and first responders
- Support grieving, mourning and collective memorializing
- Promote self- and community-efficacy
- Build on available resources and capacities
- Prioritize vulnerable populations

While the professional relationships between organizations had always been stable, their coordinated response to the wildfire took it to a “different dimension”. The relationships deepened as agencies recognized they would need to stick together and work collaboratively to get through the year.

All agencies and sectors were willing to reach out to other organizations and work with them to meet the overall goal of returning the RMWB to a safety-alert, family-oriented and self-sufficient community. They focused on community resilience, staff resilience and health. Rather than searching for a pre-planned recovery package, the RMWB leaders thought of the recovery as an “empty box” needing to be filled with new ideas and activities. They responded to the community and were guided by the people pillar and its objectives (Figure 6).
As part of implementing the Psychosocial Framework, a community-based social recovery task force was initiated to help people connect through a variety of means (such as movie nights, community garden development, and pet memorials). While event or attendance totals were not available, stakeholders reported that these events were a positive addition to foster connection. The RMWB Community Wellness Resilience Team was established and began to map out what agencies offered, identify gaps, reduce duplication, maximize resources, and support innovative responses. This asset-based approach resulted in strong delivery of services to those who needed assistance. Social agencies reported being better connected post-wildfire as a result of this initiative and the community benefits of stronger relationships continue to be ongoing.

Taking care of their staff was a top priority among local participants. Specific initiatives included art therapy for health staff, offering support to daycares, and pet therapy. Training such as “Heart Math” was offered for staff and teachers and the focus is now on Skills for Psychological Recovery (SPR). In addition to the formal training and support initiatives, informal connection and conversation was prioritized.

School superintendents met with each teacher individually and asked them how they were doing and what they needed to get through the school year. They gave each teacher the same script to follow so that they were all moving forward in the same direction. Recovery meant that kids were more in need than schools had realized or anticipated which took a toll on teachers. Teachers were spending more time addressing basic needs and tracking people down than they were on education.

Schools played a significant role in the recovery process. The four school authorities and the RMWB Regional Collaborative Service Delivery (RCSD) partnered together to form a strong support for one another, which was appropriately named “Project Strong”. Alberta Education stakeholders were also part of the Project Strong group. Schools became community hubs and took on a four stage approach:

1. Building school capacity and recovery;
2. Staff training;
3. Mental health training and support for staff, parents and children to build a pathway for support; and
4. Communicate with community partners on finding ways to support children and staff.

Local stakeholders worked with organizations such as the Red Cross and the United Way’s Tools for Schools to provide assistance in schools in order to meet needs that they were unprepared for. The schools ensured kids had the basic necessities such as boots, socks, school supplies and food, which was a significant resource and time commitment.
Participants acknowledged that the activities of the people pillar had to be adapted to the unintended and unanticipated effect the wildfire had on the population. Loneliness was reported as an issue as not everyone had returned yet (or would not return) and people were left without their established social support network. Community members began to informally be identified based on the status of their house as either affected or not-affected by the wildfire. This created unhealthy divides. A message of “it is okay not to be okay” was spread by the RMWB to indicate that no matter what level of loss a resident had suffered, they had all encountered a traumatic event as a community and were all going to be impacted at some level.

The economic effects of the wildfire, combined with the provincial economic downturn, resulted in layoffs with 150 staff from the RMWB losing employment in the recovery phase. Local individuals who came forward as leaders in the social profits are leaving Fort McMurray. In some instances their departure is permanent. There is now a gap in leadership. Participants explained that when local workers are supervised remotely from Calgary or Edmonton, there is a tendency for the supervisor to not fully understand the challenges of being in Fort McMurray and what it was like to go through the fire and get going again. Monitoring different indicators regarding progress and what has happened has been challenging. Participants indicated they were trying to track by staff turnover, vacancies and absent board members, but were not sure if these were appropriate indicators of the wildfire or whether they captured the impact of the economic downfall.

The community is now inundated with researchers and there is an additional burden to continually share the events of the response, re-entry and recovery with strangers. Some feel exploited in the process.

**An Ongoing Process**

While a general return to the region was permitted on June 15\(^{th}\), 2016, the final neighbourhood did not re-open until November 4\(^{th}\), 2016. This ongoing recovery process was evident with low school attendance in September and stabilization in October. The stress parents were encountering while trying to return to normalcy also presented in their children. It was generally acknowledged that the five months post wildfire was particularly difficult for people.

The strength of connections pre-disaster has been important for what has been taking place. The connections, collaborations, sharing practices, and targeting of vulnerable groups could not occur without the community capitalizing on the strength of their social fabric. There is historical precedent that initiatives are started and enacted by the community and recovery from the wildfire has reflected this. The language of the community message changed from “We are Here for You” to “We are Here With You”, signifying that all levels of individuals involved were in recovery and facing the joys and challenges that come along with the longest stage.

Anticipating triggers and what might cause anxiety or fear in those who have returned is an important component of recovery. One way stakeholders and social agencies across the RMWB strategically planned and anticipated what might be a trigger for their population was to reach out to others who
have experienced disasters. Fire alarms were of particular concern but after speaking to peers in Calgary schools went with the recommendation to have them and no problem has been noted. Other actions taken by the community towards recovery were noted such as an oil sands company’s decision to no longer show flames on any of their brochures.

As the one year anniversary of the wildfire approached, community members were asked how they wanted to acknowledge the anniversary. Only once feedback was received did organizers begin to plan. In general, locals have noticed a return to pre-disaster numbers in terms of community events such as socials and suppers, indicating a repaired social fabric. The local recovery task force was recently voted by council to be disbanded.

Thirty extra substitute teachers were hired for the May 3rd anniversary, but were not needed. Instead teachers used them for prep time and commented that the additional staff was really appreciated. Those trained in psychosocial supports were also brought in for the anniversary at the schools as they had been a positive presence at welcome centres and were proficient in PSS.

A positive change has been described with Indigenous peoples in regards to their membership on local committees and a general increase in willingness to work together with them since the wildfire. There has also been recognition that multicultural populations and their activities are a benefit to dealing with the wildfire. The town hall meetings (drawn from Slave Lake) have been an asset to communicate with the entire community.
Evaluation of the Psychosocial Response and Recovery of the RMWB Wildfire – Summary Report

**Provincial PSS**

**The First 7 Days**

**May 1**
Local state of emergency

**May 2**
Assembly of teams: POC, ECC, RCC, FNIHB.

**May 3**
Activation of emergency operations. Deployment of psychosocial assistance for 1st responders and staff.

**May 3-4**
Student evacuation and school protocols such as communication.

**May 4**
POC team roles & responsibilities; POC support to reception centre; Psychosocial Recovery training.

**May 5-6**
FNIHB deploys support workers.

**May 6-7**
POC: Planning of re-entry conditions; operational rhythms stabilizing in EOC/POC.

PESS: ECC coordination of activities including donation management & community supports.

FNIHB: Services and supports for all FN residents.

**Plans for Re-Entry**

**May 11**
AMH-ECC proposal approved by cabinet and operational by end of day.

**May 13**
AMH-ECC brings in external speaker to provide lessons learned regarding post disaster mental health.

**May 19**
GOA publicly announces conditional re-entry with 6 conditions including access to health care and mental health supports.

**May 25**
AHS North Zone mental health re-entry plan is approved.

**May 27**
GOA issues evacuee info package including mental health advice.

**May 30**
MOU with BC finalized; Disaster psychosocial team arrives June 1.

**Acronyms:**
- POC: Provincial Operating Committee
- ECC: Emergency Coordinating Centre
- RCC: Recovery Coordinating Centre
- FNIHB: First Nation Inuit Health Branch
- EOC: Emergency Operations Centre
- PESS: Provincial Emergency Social Services
- AMH: Addictions & Mental Health
- GOA: Government of Alberta
- AHS: Alberta Health Services
- AED: Alberta Education
- RMWB: Regional Municipality of Wood Buffalo
- PSS: Provincial PSS
**Timeline**

### Stages of Re-Entry

**June 1**
PESS-ECC transportation plan for re-entry; supporting child care spaces for those returning; supporting temporary housing plan for those returning without houses; organizing welcome centres at re-entry including psychosocial wellness support.

**June 6**
AHS EOC closes.

**June 7**
ECC presented to cabinet.

**June 13**
Phase 3 restoration of health services including psychiatric services.

**June 15**
Acknowledged end of “response led” and transition to recovery start.

**June 21**
Full hospital facility open. School clean up; training educators as first responders; debriefing opportunities for school staff; reception centres at schools with AHS mental health support workers at school re-entry.

**July 1**
PESS-ECC facilitate/coordinate post-secondary institution transition to close. Alberta Education resupplies schools with essential resources; communication to parents and students, staff about school re-entry.

### Recovery

**July**
ECC to RCC transition in July; if needed to continue with the same partners.

**July 6**
AMH ECC closed.

**Sept**
AB ED professional development of school staff: trauma informed practice; grief and loss; SPR, normal reactions to disaster; pathways to service. Monthly meetings with school authority leads & AB ED; connecting school authorities to provincial supports & resources; funding supports to school authorities; government..

**Oct**
Funding submissions for continued psychosocial recovery with funding commitment.

**Nov**
AB ED working with provincial school authority leads on developing logic model & program plan; creating disaster recovery resource. “Schools as hubs” for students, parents, community [Universal mindfulness]; Targeted [Triple P Parenting for Trauma]; Specialized [counselling].

Ongoing recovery coordination, RCC partners’ weekly meetings; funding conversations with Red Cross.

**Dec**
AHS starts hiring to incremental increases.
Provincial Timeline Emerging Themes

Response: The First 7 Days

Psychosocial Priorities: Promote a sense of safety, calm and community-efficacy
Communication
Assess, plan, implement, evaluate

On May 4th, three days after a local state of emergency was declared, REOC initiated a request for provincial assistance, resulting in the activation of a provincial state of emergency. Prior to this, provincial stakeholders had been reaching out to key regional stakeholders identifying their roles.

A streamlined email system was developed so that members of the Provincial Operations Centre (POC) would receive a single email containing updates from all stakeholders to minimize risk of missing essential information. The provincial stakeholders also worked closely with government on messaging and public communication to inform the public as much as possible about the response efforts.

There was a recognized need to involve people who had expertise in systems operation, disaster response, and cultural competency. Typically this was done through secondments of individuals to various Departments/Ministries. This method was seen as appropriate by participants but there was also acknowledgement that there was a need for individuals with the right knowledge, experience and competencies.

The establishment of the AMH-ECC, by Alberta Health, to support and prioritize psychosocial and mental health needs was unprecedented. This inter-sectoral group (see Appendix B for the membership list) coordinated and led the response efforts related to psychosocial and mental health and wellbeing.

Cross-sectoral collaboration between different ministries and agencies was critical during the early phase and throughout the response to the fire. The inclusion of a range of groups was essential in the psychosocial response. For instance:

- Indigenous and Northern Affairs Canada (INAC) have an existing agreement with Alberta Emergency Management Agency (AEMA) which was helpful in the response they mounted. To complement this, the First Nations and Inuit Health Branch (FNIHB) developed a regional response team that was culturally appropriate and had knowledge of the system for uninsured benefits to offer services and supports to First Nations who were evacuated. FNIHB had continual contact with First Nations people. Chiefs contacted FNIHB to ensure all was well with First Nations communities who were evacuated.
- The provincial nature of AHS proved to have many advantages. It was easy to connect with people who had experience in disasters and seamlessly support as “there’s synergy” among those who work together and have knowledge of the region.
• External experts were contacted, including an individual from Quebec who had been involved with the Lac Magentic disaster. The Canadian Red Cross relied on the Australian Red Cross for resources and assistance because the magnitude of the wildfire led to an international response.

• Interprovincial mutual aid agreements were made, coordinated by Alberta Health legal department, to facilitate additional support.

The BC Disaster Psychosocial Support (DPS) team provided psychosocial supports to evacuees at reception centres and worked with local businesses and agencies to provide supports for workers who had lost homes in addition to those who were providing services and supports as first responders and volunteers.

Existing frameworks and guidelines in the PSS response were essential to all members of the response team. Several indicated that they applied a disaster response process or the lessons learned based upon recent disaster events in the province such as the Southern Alberta floods and the Slave Lake wildfire.

Although frameworks and guiding documents were available, participants felt that the psychosocial response to the wildfire was reactionary and had room for improvement. Notable feedback regarding this challenge and those stemming from it included:

• There is no sustainable group focused on PSS in Alberta;
• There needs to be a solid foundation for the pyramid of PSS supports before a disaster occurs;
• Information lives in people’s heads and little is written down to rely on for assistance;
• Capacity building must occur to deal with disasters.

Responding to Community Needs

Participants identified goals that were relevant to their own organizations, as well as an overarching goal of preserving and maintaining the wellbeing of the population For PESS, at the most basic level, this meant safety, shelter and food for those who were evacuated. Beyond the essentials, PESS set up information booths for temporary foreign workers to help them find out what to do if their place of employment was impacted by the wildfire. These additional services for specialized needs emerged once basic needs were met. AHS had a series of pamphlets ready to distribute. The community context informed the need to translate materials into a variety of languages, meet specific cultural needs such as adjusted meal times for Ramadan, and arrange care for family pets.

In line with Psychological First Aid (PFA) guidelines which state that people need information in order to cope, the Government of Alberta in partnership with the RMWB developed an online fire assessment tool with high resolution Pictometry maps of the neighbourhoods affected by the wildfire. This interactive image allowed evacuated individuals to enter their address and see a side by side, pre- and post-wildfire aerial view of their home. This allowed them to view this information with privacy, in a location of their choice.

Enabling community members to know where to go for support was a priority. AHS had workers at reception centres who offered PSS. Family Community Support Services (FCSS) workers were brought in from other jurisdictions by PESS to support the efforts.
The importance of removing barriers and the “bureaucracy” in order to respond to community needs was shared by all participants. As well, consistently, a supportive infrastructure facilitated by provincial stakeholders was mentioned as a key psychosocial priority. Examples of this include:

- Participants said that the AMH-ECC did an excellent job at managing the numerous non-profit groups who came forward to help to ensure that they were credible.
- FNIHB deployed a team to care for First Nations persons at reception centres consisting of, but not limited to, elders, support workers, and social workers. Although, periodic concerns were raised about appropriate cultural competency of workers at reception centres, citing examples of difficulties experienced by First Nation peoples.

**Re-Entry**

**Psychosocial Priorities:** Integrated support systems
  - Multi-layered supports
  - Support workers, first responders and volunteers

Working with all stakeholders was vital to ensure that they received the correct information regarding infrastructure, such as if highways were open and when the hospital would re-open. Communication was crucial with those in leadership roles so that the information could reach the appropriate networks and re-entry could begin. The Red Cross took on the role of assessment for re-entry, as there was no other group with the skills to handle such a large-scale event.

On May 19th the Government of Alberta publicly announced conditions for re-entry with components including access to health care and mental health supports. By May 25th the AHS North Zone mental health re-entry plan received approval. The BC DPS team and a newly initiated community wellness and resilience team that worked throughout the RMWB, were set up at reception centres.

A partial return to the RMWB commenced on June 1st. The participants commented on the supports they provided at re-entry, such as training first responders for mental health. AHS offered refresher training in PFA and SPR. PESS had developed a transportation plan for re-entry, organized welcome centres equipped with PSS, and supported a temporary housing plan for those returning without homes. In planning for re-entry, PESS had to adapt to meet the needs of returning residents. PESS worked with the municipalities and the FCSS to create child-friendly spaces in the reception centres. Identifying what was essential to the province compared to the community was a complex task. Participants described tensions around determining what were seen as “essential services”, such as opening the hospital without childcare facilities.

Participants stated that on call services were made available in evenings and on weekends to ensure people could dial through to the AHS provincial mental health line and receive support. Information was available on their website as well as in the FAQs on the fire assessment tool website. Participants talked
about working with specific groups such as first responders and providing information at the emergency department. A crisis team was in place to work with those seeking assistance. AHS partnered with the school district by letting them know about the resources, what they could access, and what was available. They also had individuals prepared to work with those in the school system (i.e., teachers and students).

A significant activity provided for health care professionals who were caring for the public was a mentor system whereby an individual was matched with someone who had gone through a disaster previously. It was believed this would be helpful because the mentor could be asked questions about survivor skills and assist with the mentee’s own psychosocial coping. It was also referred to as team building leadership development intended for service providers. It was also believed that this approach would help with the development of personal resilience.

During this re-entry phase, provincial stakeholders continued to partner with a number of groups, such as the Red Cross, Indigenous health partners, and oil sands companies. The AMH-ECC organized meetings with all stakeholders daily so that all groups could be updated about what was happening. The biggest advantage of the AMH-ECC was the coordination and daily communication. Provincial stakeholders acknowledged the end of “response led” activity which signalled the transition to recovery focused activities.

It became apparent that the school calendar dictated the re-entry plans so that families and children would be available in the fall when the school year began. This meant that there was a significant amount of work to do in a short time frame. In addition, the re-opening of universities outside of RMWB meant that residences needed to be vacated of evacuees so that students could resume their residence.

**Recovery**

**Psychosocial Priorities:** Integrated support systems
- Multi-layered supports
- Support workers, first responders and volunteers

On July 6th the AMH-ECC transitioned to a Recovery Coordination Centre (AMH-RCC) (See Appendix C for membership list). Provincial stakeholders indicated that their responsibilities in the recovery stage remained largely in the provision of funding, granting of secondments, and some operational level assistance. The activities of the response and re-entry by provincial stakeholders built the capacity for local stakeholders to make the recovery process their own.

Participants reported substantial work between Alberta Education and local stakeholders to ensure that parents, students and staff were supported throughout the school year. Barriers were reduced so that
students who had relocated and needed to attend other schools could do so with minimal difficulty. Alberta Education held monthly meetings with school authority leads, connecting them to provincial supports and resources. Alberta Education invested in professional development of school staff in the areas of trauma informed practice, grief and loss, SPR, normal reactions to disaster, and pathways to service.

A psychosocial coordinator was seconded by Alberta Education to work with the four school authorities. The goal was to support the resilience and well-being of children, youth, families and school staff using “schools as hubs”. A pyramid of intervention was created to support psychosocial development (Figure 7). Universal supports included the practice of mindfulness, targeted supports incorporated programs such as Triple P Parenting for Trauma, and specialized supports utilized individual counselling.

Generally, it was shared that recovery support secondments were approved for one year and that this length of time felt too short. Participants at the provincial level noted that local stakeholders were grateful for the funding received but expressed that it would not sustain what needed to be done for disaster recovery. Challenges in recruiting and onboarding of funded staff were also identified by participants, which complicated the use of a community development process in the funded time frame.

Leading up to the one year anniversary of the wildfire, participants spoke about how AHS North Zone ensured an extra presence in the community to help those who may be struggling. Provincial stakeholders noted that recovery coordination has required ongoing support with AMH-RCC partners meeting weekly to ensure that RMWB residents continue to have the necessary PSS supports as they collectively work towards a new normal.

![Figure 7: Pyramid of Intervention](image-url)
### The First 7 Days

**May 1**  
Local state of emergency declared

- ESS opens reception centre for voluntary evacuation of Prairie Creek.
- NZ AHS managers and senior leaders daily planning meetings commence.
- EOC established and meetings begin. Public health staff are deployed to evacuation centre.

**May 2**  
Assembly of teams: POC, ECC, RCC, FNIHB.

- Review of emergency response plans by REOC.
- Unofficial evacuation centre set up at Conklin RMWB. Deployment of RMWB staff to evacuation centre.
- Counselling staff/community services provide registration support at reception centre.

**May 3**  
Massive evacuation. HWY 63 cut off by fire

- Activation of emergency operations. Deployment of psychosocial assistance for 1st responders and staff.
- UW evacuates offices at Redpoll and maintains contact with staff.
- Shelter in place and evacuation; staff tracked by phone. NZ AHS co-ordination of staff to augment services.

**May 3-4**  
Student evacuation and school protocols such as communication.

**May 4**  
Provincial state of emergency declared

- POC team roles & responsibilities; POC support to reception centre; Psychosocial recovery training.
- Collaboration with UW’s of Alberta and nationwide. Pet therapy at Amber Valley, Heart Lake, Janvier, and Conklin reception centres. Area manager tracking number of evacuees and coordinating services to evacuation centres.
- Started working with the provincial CMHA. Calling all clients to be certain they were safe and all needs met. Connecting with all staff to ensure their safety.
- Communication with RMWB Community Services/ Counselling Services team begins.

### Plans for Re-Entry

**May 5-6**  
FNIHB deployed support workers.

**May 6-7**  
25,000 people move from north

- POC: Planning of re-entry conditions; operational rhythms stabilizing in EOC/POC.
- PESS: ECC coordination of activities including donation management & community supports.
- FNIHB: Services and supports for all FN residents.
- UW contacts all agencies. Continue funding three evacuation centres. Social recovery task force begins informally. UW Board begins to meet in Edmonton.
- Psychosocial Training provided by AHS in Edmonton and Calgary to FMM staff and their community members/leaders. Working with the CEO, National CMHA as well as provincial to help staff and clients.
- Firebag Health Centre support and medivac’s. EOC meetings. Track TB patients.
- Restoration cleaning, inventory, all materials disposed of in a number of buildings.
- Establish ‘Here for You’ engagement sessions. Support local agencies and coordinate opening efforts. Identifying goals and objectives for People Pillar.
- Recovery/response plan created. Working with Chief Medical Officer to get people into affected areas. Addressing security concerns. Food, shelter, clothing, medications connections. Arrange housing for families.

**May 11**  
AMH-ECC proposal approved by cabinet and operational by end of day.

**May 13**  
AMH-ECC brings in external speaker to provide lessons learned regarding post disaster mental health.

**May 19**  
GOA publicly announces conditional re-entry with 6 conditions including access to health care and mental health supports.

**May 25**  
AHS NZ mental health re-entry plan approved.

**May 27**  
GOA issues evacuee info package published including mental health advice.

**May 30**  
MOU with BC finalized; Disaster psychosocial team arrives June 1.
### Stages of Re-Entry

<table>
<thead>
<tr>
<th>Date</th>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1</td>
<td>Partial return</td>
<td>PESS-ECC transportation plan for re-entry; supporting child care spaces for those returning; supporting temporary housing plan for those returning without houses; organizing welcome centres at re-entry including psychosocial wellness support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UW opens Redpoll to tenants and other agencies. RMWB rural hosts Anzac reception &amp; 468 Friendship Centre.</td>
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<tr>
<td></td>
<td></td>
<td>AHS staff deployment. Preparing to return and offer programs and services to the community. AMH, Public Health services temporarily located in trailers close to temporary “hospital” tents at Keyano College.</td>
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<tr>
<td></td>
<td></td>
<td>Staff updates regarding salary, HR issues, expectations and supports. Start planning for support to own staff on return. Welcome centres set up to facilitate residents return.</td>
</tr>
<tr>
<td>June 3-4</td>
<td></td>
<td>Nistawoyou Friendship Centre opens as a welcome centre.</td>
</tr>
<tr>
<td>June 6</td>
<td></td>
<td>AHS EOC closes.</td>
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<tr>
<td>June 7</td>
<td></td>
<td>AMH ECC presented to cabinet.</td>
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<tr>
<td>June 13</td>
<td></td>
<td>Phase 3 restoration of health services including psychiatric services.</td>
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<tr>
<td>June 15</td>
<td>General return</td>
<td>Acknowledged end of “response led” and transition to recovery start. Fire recovery process set up. Fire Aid Concert.</td>
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<tr>
<td></td>
<td></td>
<td>RMWB social profits addressing goals identified in Psychosocial Framework by contacting existing clients, and updating staff regarding re-entry. Building cleaning and logistics for clinical supplies. Preparation for clinical services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RMWB staff re-deployed to address psychosocial needs upon re-entry. RMWB ongoing management of welcome centres and re-entry. Work with Red Cross to find residents.</td>
</tr>
<tr>
<td>June 20</td>
<td></td>
<td>Pet therapy visits return to venues as they re-open.</td>
</tr>
</tbody>
</table>

### Recovery

<table>
<thead>
<tr>
<th>Date</th>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1</td>
<td>Provincial state of emergency lifted</td>
<td>PESS-ECC facilitate/coordinate post-secondary institution transition to close. AB ED re-supplying schools with essential resources; communication to parents and students, staff about school re-entry. ECC to RCC transition in July; if needed to continue with the same partners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus on attending to the changing needs of the community. Resupply schools and meet the basic needs of students. Address teacher needs including staff training. Tools for Schools with the UW. Connect with regular clients within the mental health system.</td>
</tr>
<tr>
<td>July 6</td>
<td></td>
<td>AMH ECC closes.</td>
</tr>
<tr>
<td>Sept 1</td>
<td>Return to school</td>
<td>AB ED Professional development of school staff: trauma informed practice; grief and loss; SPR, normal reactions to disaster; pathways to service. Monthly meetings with school authority leads &amp; AB ED; connecting school authorities to provincial supports/resources; funding supports to school authorities; government.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Focus on attending to the changing needs of the community. Resupply schools and meet the basic needs of students. Address teacher needs including staff training. Tools for Schools with the UW. Connect with regular clients within the mental health system.</td>
</tr>
<tr>
<td>Oct</td>
<td></td>
<td>Funding submissions for continued psychosocial recovery with funding commitment.</td>
</tr>
<tr>
<td>Nov 4</td>
<td>Last neighborhood re-opened</td>
<td>AB ED working with provincial school authority leads on developing logic model &amp; program plan; creating disaster recovery resource. “Schools as hubs” for students, parents, community (Universal [mindfulness]; Targeted [Triple P Parenting for Trauma]; Specialized [counselling]). Ongoing recovery coordination, RCC partners’ weekly meetings; funding conversations with Red Cross.</td>
</tr>
<tr>
<td>Nov 10</td>
<td>Local state of emergency lifted</td>
<td>Establish community wellness and resilience team to facilitate collaborative efforts and avoid duplication of services.</td>
</tr>
<tr>
<td>Dec</td>
<td></td>
<td>AHS starts hiring to incremental increases. Continue to attend to the emerging needs of the community.</td>
</tr>
</tbody>
</table>
Conclusion and Next Steps

Psychosocial supports and mental health well-being was prioritized in the response and recovery by both RMWB and provincial stakeholders. Similar successes, challenges, and considerations for moving forward were experienced. Examples include:

- The assembly of teams was based on pre-existing relationships and the desire to best meet the needs of those impacted by the wildfire.
- Prioritizing and facilitating a community-led response that included capacity building opportunities.
- Fostering cross-ministerial, inter-agency, and PSS relationships was critical, as the ability to mobilize was based on established relationships.
- Relationships and removal of silos was integral in the response and re-entry efforts.
- Role clarification would enhance psychosocial response and recovery efforts.
- Recognition that there is a natural tendency to heal from such events and the appropriate pyramid of psychosocial supports needs to be available.

The following next steps will be undertaken for this evaluation:

1. Complete the ongoing data analysis and compare these findings with leading practices related to PSS.
2. Identify successful activities as well as areas of unmet psychosocial need in the response and recovery phases as articulated by participants.
3. Identify potential program or policy targets that would lead to positive psychosocial outcomes following a successful disaster response and recovery in the future.
4. Identify the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.
References


Appendix A- Facilitation Guide

Background

In response to the May 2016 wildfire in the Regional Municipality of Wood Buffalo (RMWB), local and provincial stakeholders were mobilized to support the immediate needs of residents of the Region. Recovery efforts will continue in what is acknowledged as a long-term, complex and multi-faceted process for the communities recovering from disasters.

Effective disaster-related-psychosocial supports (PSS) responses require equal emphasis on individual-focused approaches and community interventions. Such a continuum of individual and community supports is required to effectively respond to, and address, the psychosocial impacts of disaster.

PSS is the process of “facilitating resilience within individuals, families and communities with resilience being understood as the ability of individuals, communities, organizations or countries exposed to disasters to anticipate, reduce the impact of, cope with and recover from the effects of adversity without compromising their long-term prospects.”

(International Federation of Red Cross and Red Crescent Societies 2009, pg. 5).

Psychosocial Recovery and Response Evaluation of the RMWB Wildfire 2016

PolicyWise for Children & Families has been contracted by Alberta Health, Addiction and Mental Health Branch to conduct an evaluation of the Psychosocial Recovery and Response of the RMWB wildfire. This includes:

- Documenting the activation and operationalization of psychosocial response for the 2016 RMWB wildfire during the Response and Recovery Phase;
- Conduct an evaluation of the Response Phase following the RMWB wildfire as well as the initial actions of the Recovery Phase through a lens of community best practice to determine if activities met the psychosocial needs of the affected population and stakeholders involved;
- Identify successful activities as well as areas of unmet psychosocial need in the Response and Recovery Phases as articulated by stakeholders;
- Identify potential program or political targets that would lead to positive psychosocial outcomes following a successful disaster response and recovery in the future; and
- Identify the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

This evaluation is being conducted from February – August 2017.

Engagement Sessions

We will be hosting engagement sessions in Edmonton (April 11, 2017) and Fort McMurray (May 23, 2017) to gather information related to the community-based psychosocial response and recovery.
Invitations will be extended to provincial and local stakeholders involved in the Psychosocial Recovery and Response efforts. This will include cross-ministry, provincial organizations, and local agencies.

Findings from these sessions will be used to identify potential program or policy targets that would lead to positive psychosocial outcomes following a successful disaster response and recovery in the future; and identify the infrastructure, policies and resources required to develop, implement and maintain a provincial Disaster Psychosocial Framework.

**Purpose**

- Create a timeline of PSS response and recovery;
- Understand the contextual/local definition of successful individual and community PSS response and recovery; and
- Identify the unmet PSS needs of individuals and communities.

**Scope**

The scope of these engagement sessions is to gather information related to the community-based PSS response and recovery.

**Discussion Questions**

1. What guided your PSS response and recovery in May 2016?
   a. Did you have “go-to” PSS documents? People?
   b. Did you have previous PSS experience in disaster situations?
   c. Was PSS disaster response and recovery an ongoing commitment from your organization or were resources/staff mobilized to specifically respond to the wildfire?
   d. Were you able to access individuals with PSS expertise to help in the planning and implementation phases?

2. What were your goals in regards to the PSS response and recovery?
   a. Who helped to develop these goals?
   b. Were the goals reviewed throughout?
   c. How do you know you achieved them?

3. Please document on the central timeline your sector/organization’s PSS response and recovery.
   a. How / did you tailor to different groups, etc.
   b. What partners, groups, committees did you access?
   c. What communication strategies were used between partners and with the community?
   d. How did you work with reception centres?
   e. Were there particular actions that were deliberately aligned with the initial response (e.g., acute response), and those that were initiated solely for the recovery phase (e.g., chronic response)?
   f. Was there a particular sequence of actions that were initiated in recovery that built off the response?

4. To what extent and how were provincial stakeholders engaged in your PSS response and recovery?

5. Did you focus on both individual and community psychosocial needs? What percentage of time and efforts were devoted to each?
6. Fort McMurray was a unique situation with a large evacuation and disbursement of families across the province and country. Were your efforts mostly with the population that remained in Fort McMurray or did you also address those who did not return?

7. Were their common goals among responding agencies (related to PSS response and recovery)?
   a. Who helped to develop these goals?
   b. Were the goals reviewed throughout the recovery and response?
   c. How do you know you achieved them?
   d. Was it altered during the response to the wildfire?

8. What do you see as the most successful activities?
   a. How did these activities come about? (breakdown by PSS response and recovery)

9. What do you see as the most unsuccessful activities?
   a. Why? (breakdown by PSS response and recovery)

10. What was the most / least helpful resources, supports (e.g., infrastructure), communication tools, provincial direction that supported your PSS response and recovery efforts?

11. Upon reflection, what would you have done differently?
## Appendix B - AMH-ECC Membership

<table>
<thead>
<tr>
<th>ECC Role</th>
<th>Organization</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Commander</td>
<td>Alberta Health</td>
<td></td>
</tr>
<tr>
<td>Planning Section Chief</td>
<td>Alberta Health</td>
<td>Director</td>
</tr>
<tr>
<td>Health Planning</td>
<td>Alberta Health</td>
<td>Manager</td>
</tr>
<tr>
<td>OCMOH Planning</td>
<td>Alberta Health</td>
<td>Deputy Chief Medical Officer of Health</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Vice President, Research, Innovation and Analytics</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Chief Health Operations Officer, Southern Alberta</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Provincial Addiction &amp; Mental Health</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td></td>
</tr>
<tr>
<td>AHS Operations North Zone</td>
<td>Alberta Health Services</td>
<td>Senior Medical Director</td>
</tr>
<tr>
<td>AHS Operations North Zone</td>
<td>Alberta Health Services</td>
<td>Executive Director, Population, Public and Aboriginal Health, Addiction and Mental Health</td>
</tr>
<tr>
<td>Human Services Planning</td>
<td>Human Services</td>
<td>Director, family and community</td>
</tr>
<tr>
<td>Human Services Planning</td>
<td>Human Services</td>
<td>Executive Director, family violence prevention</td>
</tr>
<tr>
<td>Human Services Planning</td>
<td>Human Services</td>
<td></td>
</tr>
<tr>
<td>(Alternate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Planning</td>
<td>Alberta Education</td>
<td>Director</td>
</tr>
<tr>
<td>Treaty 8 contact</td>
<td>Treaty 8</td>
<td>Wellness consultant, mental health and addiction</td>
</tr>
<tr>
<td>Red Cross contact</td>
<td>Red Cross</td>
<td>Psychosocial advisor, disaster management</td>
</tr>
<tr>
<td>FNIHB contact</td>
<td>FNIHB</td>
<td>Director of Health Promotion and Disease Prevention</td>
</tr>
<tr>
<td>NGO Council contact</td>
<td>Billy Graham Evangelistic Association</td>
<td>Rapid Response Team Manager</td>
</tr>
<tr>
<td>NGO Council contact</td>
<td>Samaritan's Purse Canada</td>
<td>Disaster Response Manager</td>
</tr>
<tr>
<td>Industry contact</td>
<td>OSCA</td>
<td>Oil Sands Community Alliance</td>
</tr>
<tr>
<td>Executive Assistant to IC</td>
<td>Alberta Health</td>
<td>Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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# Appendix C - AMH-RCC Membership List

<table>
<thead>
<tr>
<th>RCC Role</th>
<th>Organization</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Lead AMH-RCC</td>
<td>Red Cross</td>
<td>Manager, Community Integration, Disaster Management</td>
</tr>
<tr>
<td>Co-Lead AMH-RCC</td>
<td>Alberta Health</td>
<td>Director</td>
</tr>
<tr>
<td>Planning Section Chief</td>
<td>Alberta Health</td>
<td>Director</td>
</tr>
<tr>
<td>Planning Section Chief</td>
<td>Alberta Health</td>
<td>Director, Clinical Innovation &amp; Policy</td>
</tr>
<tr>
<td>OCMOH Planning</td>
<td>Alberta Health</td>
<td>Deputy Chief Medical Officer of Health</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Vice President, Research, Innovation and Analytics</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Chief Health Operations Officer, Southern Alberta</td>
</tr>
<tr>
<td>AHS Operations</td>
<td>Alberta Health Services</td>
<td>Provincial Addiction &amp; Mental Health</td>
</tr>
<tr>
<td>AHS Operations North Zone</td>
<td>Alberta Health Services</td>
<td>Senior Medical Director</td>
</tr>
<tr>
<td>AHS Operations North Zone</td>
<td>Alberta Health Services</td>
<td>Executive Director, Population, Public and Aboriginal Health, Addiction and Mental Health</td>
</tr>
<tr>
<td>AHS Operations North Zone</td>
<td>Alberta Health Services</td>
<td>Sr Operating Officer, Program and Performance</td>
</tr>
<tr>
<td>Human Services Planning</td>
<td>Human Services</td>
<td>Exec Director, Prevention and Early Intervention</td>
</tr>
<tr>
<td>Human Services Planning</td>
<td>Human Services</td>
<td>Senior Manager, Prevention and early intervention</td>
</tr>
<tr>
<td>Education Planning</td>
<td>Alberta Education</td>
<td>Director</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety</td>
<td>Alberta Labor</td>
<td>ECC Role-Alberta Labor, Occupational Health &amp; Safety Medical Unit</td>
</tr>
<tr>
<td>Wildfire Recovery Task Force</td>
<td>WRTF</td>
<td>Liaison Officer</td>
</tr>
<tr>
<td>Director, FN Flood Recovery</td>
<td>Indigenous Relations</td>
<td>Director, First Nations Flood Recovery Team</td>
</tr>
<tr>
<td>Treaty 8 contact</td>
<td>Treaty 8</td>
<td>Wellness consultant, mental health and addiction</td>
</tr>
<tr>
<td>NGO Council contact</td>
<td>Billy Graham Evangelistic Association</td>
<td>Rapid Response Team Manager</td>
</tr>
<tr>
<td>Industry contact</td>
<td>OSCA</td>
<td>Oil Sands Community Alliance</td>
</tr>
<tr>
<td>Industry contact</td>
<td>OSCA</td>
<td>Syncrude</td>
</tr>
<tr>
<td>Industry contact</td>
<td>OSCA</td>
<td>Shell</td>
</tr>
<tr>
<td>Wood Buffalo</td>
<td>RMWB</td>
<td>Community Services</td>
</tr>
<tr>
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<td>RMWB</td>
<td></td>
</tr>
<tr>
<td>Wood Buffalo</td>
<td>RMWB IT</td>
<td></td>
</tr>
<tr>
<td>Ft. McMurray Métis local 1935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athabasca Tribal Council</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix D - Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEMA</td>
<td>Alberta Emergency Management Agency</td>
</tr>
<tr>
<td>AHS</td>
<td>Alberta Health Services</td>
</tr>
<tr>
<td>AMH</td>
<td>Addiction and Mental Health</td>
</tr>
<tr>
<td>ECC</td>
<td>Emergency Coordination Centre</td>
</tr>
<tr>
<td>EOC</td>
<td>Emergency Operations Centre</td>
</tr>
<tr>
<td>ESS</td>
<td>Emergency Social Services</td>
</tr>
<tr>
<td>FNIHB</td>
<td>First Nations and Inuit Health Branch</td>
</tr>
<tr>
<td>PESS</td>
<td>Provincial Emergency Social Services</td>
</tr>
<tr>
<td>POC</td>
<td>Provincial Operations Centre</td>
</tr>
<tr>
<td>RCC</td>
<td>Recovery Coordination Centre</td>
</tr>
<tr>
<td>REOC</td>
<td>Regional Emergency Operations Centre</td>
</tr>
<tr>
<td>RMWB</td>
<td>Regional Municipality of Wood Buffalo</td>
</tr>
</tbody>
</table>
### Established Principles: Hobfoll et al.’s Five Principles to Guide Psychosocial Intervention Practices

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote a Sense of Safety</strong></td>
<td>In disasters, people are forced to respond to events that threaten their lives, their loved ones or the things they most deeply value. To the extent that safety is introduced, negative effects such as anxiety, stress etc. will be reduced over time. Those who can maintain or re-establish a relative sense of safety have considerably lower risk of developing PTSD in the months following exposure than those who do not.</td>
</tr>
<tr>
<td><strong>Promote Calming</strong></td>
<td>Exposure to trauma often results in marked increases in emotionality in the initial stages. While some anxiety is normal and to be expected. The question is whether such arousal increases and beings to interfere with necessary tasks and normal life rhythms – this can lead to development of anxiety disorders and other mental health problems and illnesses.</td>
</tr>
<tr>
<td><strong>Promote a Sense of Self- &amp; Collective-Efficacy</strong></td>
<td>The importance of having a sense of control over positive outcomes is one of the most well investigated constructs in psychology. Following trauma exposure people are at risk for losing their sense of competency to handle events they must face. It is a goal to reverse negative views regarding the ability of the self, the family and the social group to overcome adversity. The more that people are truly empowered, the more quickly they will move to survivor status; this may be especially true of children.</td>
</tr>
<tr>
<td><strong>Promote Connectedness</strong></td>
<td>There is a tremendous body of research regarding the central importance of social support and sustained attachment to loved ones and social groups in combatting stress and trauma. Social connectedness increases opportunities for knowledge essential to disaster response, and for the range of social support activities including practical problem solving, emotional understanding and acceptance, sharing of traumatic experiences... this in turn can lead to a sense of community efficacy.</td>
</tr>
<tr>
<td><strong>Promote Hope</strong></td>
<td>There is strong evidence for the central importance of retaining hope following mass trauma. Those who remain optimistic are likely to have more favourable outcomes after experiencing trauma because they can retain a reasonable degree of hope for their future. Instilling hope is often accompanied by a “shattered worldview”...which can undermine hope and lead to reactions of despair, futility and hopeless resignation.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Rights and Equity</strong></td>
<td>Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations. Humanitarian actors should also promote equity and non-discrimination. That is, they should aim to maximize fairness in the availability and accessibility of mental health and psychosocial supports among affected populations, across gender, age groups, language groups, ethnic groups and localities, according to identified needs.</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>Humanitarian action should maximize the participation of local affected populations in the humanitarian response...Participation should enable different sub-groups of local people to retain or resume control over decisions that affect their lives, and to build the sense of local ownership that is important for achieving program quality, equity and sustainability. From the earliest phase of an emergency, local people should be involved to the greatest extent possible in the assessment, design, implementation, monitoring and evaluation of assistance.</td>
</tr>
<tr>
<td><strong>Do No Harm</strong></td>
<td>Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm... Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues. Also, this work lacks the extensive scientific evidence that is available for some other disciplines.</td>
</tr>
<tr>
<td><strong>Build on Available Resources and Capacities</strong></td>
<td>All affected groups have assets or resources that support mental health and psychosocial well-being. A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate MHPSS and frequently have limited sustainability. Where possible, it is important to build both government and civil society capacities. At each layer of the pyramid..., key tasks are to identify, mobilize and strengthen the skills and capacities of individuals, families, communities and society.</td>
</tr>
<tr>
<td><strong>Integrated Support Systems</strong></td>
<td>Activities and programming should be integrated as far as possible. The proliferation of stand-alone services, such as those dealing only with rape survivors or only with people with a specific diagnosis, such as PTSD, can create a highly fragmented care system. Activities that are integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, often are more sustainable, and tend to carry less stigma.</td>
</tr>
<tr>
<td><strong>Multi-Layered Supports</strong></td>
<td>In emergencies, people are affected in different ways and require different kinds of supports. A key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups... All layers of the pyramid are important and should ideally be implemented concurrently.</td>
</tr>
</tbody>
</table>

**Emerging Literature**

For sources see corresponding sections in report

**Cultural Safety**

Acknowledges the historical relationship that cultural minorities have with government systems and works to establish a safe environment for interaction which respects cultural diversity. Cultural safety helps to remove the barriers created by power differences and attends to human rights because the service that is provided is defined by the individuals who receive it.

**Preparation and Support of Workers, Volunteers, and**

Individuals who respond to disasters serve the needs of others and place themselves at risk for physical and psychological harm. They may also experience lack of social support and culture shock as a result of being away from home and in the midst of chaotic destruction. Accordingly, it is important to enhance their experience of personal and
<table>
<thead>
<tr>
<th><strong>First Responders</strong></th>
<th>professional growth through ongoing education and training in disaster support while shielding them from avoidable distress and harm.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meaning Making</strong></td>
<td>Searching for meaning is not only a common response to trauma, but it can also help one adjust to trauma in the long term. As a driving or motivational force, meaning is what compels us to make sense of our world and imbues us with a sense of purpose. Survivors of disaster commonly report coping through meaning making.</td>
</tr>
<tr>
<td><strong>Promote Grieving, Mourning and Collective Memorializing</strong></td>
<td>Collective memorializing is a process to acknowledge and remember the dead and help survivors grieve and recover. These collective experiences can offer an opportunity for meaningful action during a time of social disorganization, affirm a sense of community and provide a public witness to grief and loss.</td>
</tr>
<tr>
<td><strong>Rebuild a Sense of Place</strong></td>
<td>Places structure the patterns of everyday life and provide symbols of identity and attachment that give life meaning. When there is a strong sense of place and connection to one’s community there is a greater likelihood of returning post disaster.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>The interchange of information, ideas, and knowledge by various mediums. All other principles rely on the use of communication to promote their objective and messaging to develop normal reactions among those who have experienced the disaster.</td>
</tr>
</tbody>
</table>