

ON DISASTERS

The BP Catastrophe and Sociological Practice Mitigating Community Impacts through Peer-Listener Training

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ABSTRACT

The catastrophic BP oil spill in the Gulf of Mexico has caused significant ecological and community damage. A series of complex economic, social, and mental-health impacts rapidly emerged as a significant source of distress for communities throughout the Northern Gulf Coast. As acute forms of social pathology, including suicides, became increasingly visible, we implemented a peer listener-training program in Louisiana, Mississippi, Alabama, and Florida. Based on a mitigation strategy developed in the aftermath of the Exxon Valdez spill in Alaska, we offered the program 26 times and trained over 600 peer listeners in 2010. As the impacts of the BP catastrophe persist, the peer listener program provides a sociological practice intervention available to Gulf Coast communities for reducing community and mental health problems.¹

INTRODUCTION

ON APRIL 20, 2010, AT APPROXIMATELY 9:45 P.M., a massive explosion occurred on the Deepwater Horizon drilling platform in the Gulf of Mexico (GOM) located 52 miles south of Venice, Louisiana. The explosion killed 11 workers on the rig, seriously injuring 19 others. Emergency workers rescued 98 people from lifeboats. The platform collapsed two days later. BP and Coast Guard officials initially reported that no oil was leaking from the wellhead. Officials later adjusted these estimates to 1,000 barrels per day and again to 5,000 barrels a day, and then to 60,000 barrels of oil daily. Figures of total leaked oil suggest that between 180 million to 205 million gallons of oil flowed into the GOM over an 87-day period.

This catastrophic technological disaster is the largest marine oil spill in the history of the United States. Like other ecologically destructive catastrophes over the last 35 years, this human-caused massive contamination event reveals a series of erroneous engineering and production decisions, human errors, and irresponsible corporate and government management and accountability. Indeed,

2 / Picou / The BP Catastrophe and Sociological Practice

in a manner similar to the 1989 *Exxon Valdez* oil spill (EVOS) in Prince William Sound, Alaska, a complete response failure characterizes the BP catastrophe. The oil spill response technology used by BP incorporated makeshift capping modifications, redesigned shrimp boats, dipnets, and the use of shovels for shoreline cleanup. The “napkin technology” employed by Exxon for the EVOS was equally ineffective, and over 22 years later BP was hard pressed to move beyond Exxon’s labor-intensive approach to respond to a catastrophic spill. As for all technological disasters, this display of incompetence and irresponsibility by BP and the federal government resulted in anger, distress, and despair for communities, families, and individuals whose lives and economic livelihoods were dependent on resources of the GOM.

The primary response strategy used by BP was the controversial application of dispersants at the wellhead and for surface oil. Corexit EC9527A and Corexit EC9500A were the dispersants used to break down the surface oil into the water column and sink it, thereby reducing the risk to coastal ecosystems. This strategy resulted in oxygen-depleted dead zones and large subsurface plumes of oil (Kistner 2010; Goldenberg 2010). Estimates suggest that over 1.8 million gallons of corexit were released in the GOM, despite EPA’s request in May to stop applying dispersants. BP ignored this government order (Biello 2010). Unconfirmed reports suggest that BP continued to spray corexit over surface oil areas. Because no toxicity studies were conducted for these hazardous dispersants, the ecosystem and human impacts remain unknown (<http://stopthespraying.org/blog/how-toxic-is-corexit1>). Nonetheless, the use of dispersants did reduce damages to birds, marine mammals, and other surface wildlife, as well as shoreline impacts of the escaped oil.

In contrast to natural disasters such as floods, earthquakes, and hurricanes, long-term ecological and community impacts characterize technological or manmade disasters. Following Kai Erikson’s classic study of the Buffalo Creek dam collapse, researchers have provided irrefutable documentation of chronic community conflict, mental health deterioration, and the emergence of various types of social pathology in the wake of numerous technological disasters (Erikson 1976, 1994; Kroll-Smith and Couch 1990; Freudenburg 1997; Picou, Marshall, and Gill, 2004). For human communities, these continuing negative consequences result from the emergence of secondary disasters that create corrosive social cycles, which continue to independently produce collective uncertainty and personal distress (Picou, Brunnsma, and Overfelt 2010; Gill 2007). For example, Picou, Marshall, and Gill (2004) and Picou (2009a) find emerging ecosystem failures and prolonged litigation as secondary sources of collective disruption and mental health problems in communities impacted by the EVOS.

The BP catastrophe creates serious ecological, economic, and social impacts throughout the northern region of the GOM. Although it is hard to document long-term ecological impacts, it is obvious that risks to marine fisheries, coastal habitats, and beaches will continue to unfold. As recently as January 2011, massive amounts of tar balls and patches of oil washed up on Alabama beaches, and local residents worry about remaining oil despite BP’s “deep cleaning” efforts (Busby 2011). Economic impacts will also continue to be calculated. From the 20-billion-dollar fund for claims set aside by BP, as of February 12, 2011, BP reported payments to government entities, businesses, and individuals totaling over 3.4 billion dollars. Most of these claims have been for lost earnings or profits and emergency advanced payments, which leave open future claims (Table 1). However, the claims process also emerged as a secondary disaster for survivors of the spill. In other words, the source of disruption and stress shifted from initial economic losses and fears of ecosystem contamination to now include the process of compensation. Political leaders at both the national and state level harshly criticized Ken Feinberg, the claims czar appointed by President Barack Obama to direct the 20-billion-dollar fund. In fact, former Alabama Governor Bob Riley called the claims process “extortion” because claimants must sign a waiver not to seek future compensation nor engage in litigation for future damages (Murtaugh 2010). At best, the claims process was incon-

Picou / The BP Catastrophe and Sociological Practice / 3**Table 1.** BP Claims Payments by Type and Category

Type of Claim	Number of Claims	Amount Paid
Emergency Advance	168,974	\$2,571,301,045
Final: Quick Pay	87,665	804,830,000
Final: Full Review	2	10,007,500
Interim	1	188,900
TOTAL	256,642	\$3,386,327,445

Category of Claim	Number of Claims	Amount Paid
Removal and Clean Up	74	\$902,494
Real or Personal Property	230	1,938,306
Lost Earnings or Profits	256,253	3,383,240,652
Loss of Subsistence Use	15	79,286
Physical Injury/Death	70	167,706
TOTAL	256,642	\$3,386,328,444

*Sources: Gulf Coast Claims Facility, Overall Program Statistics, www.GulfCoastClaimsFacility.com. Status Reports as of February 12, 2011.

sistent, complex, and frustrating. Payments in Alabama were agonizingly slow, with approximately 91% of individual claims and 97% of all business claims denied as of April 2011 (Murtaugh 2011; Bonner 2011). The “lack of transparency” of the methodology of the claims process also caused conflict and anger in coastal communities. The claims process will continue as a source of disruption and stress well into the future.

Additional economic impacts relate to the fact that cleanup costs approach 4 billion dollars, and government fines and future litigation for compensatory and punitive damages will significantly add to BP’s total compensation liability (<http://bp.com/sectiongenericarticle.do?categoryID=9034722> and content ID =7064398). BP provided additional funds for ecosystem research, dispersant research, and mental health delivery services to various state and federal agencies. Also estimated in the billions of dollars are the economic impacts to commercial fish and shrimp fisheries, recreational fishing, tourism, various support businesses, and the economic viability of affected communities. Tourism to Alabama beaches in the summer of 2010 declined by a million visitors, and the economic losses to the tourist industry resulted in bankruptcies, outmigration, and home foreclosures throughout the Gulf Coast (Ferrara 2011).

These human impacts of the BP Oil Spill (BPOS) are catastrophic. Communities throughout the Gulf Coast experienced social conflict over selection for cleanup, increased reports of domestic violence, and numbers of attempted and actual suicides (Witters 2010; Busby 2010; Gill, Picou, and Ritchie 2011). The first suicide occurred on the 65th day of the spill in Orange Beach, Alabama, when charter boat captain Alan Kruse took his own life. While not directly linked to the BP catastrophe, anecdotal evidence suggests that suicides in Navarro Beach, Florida, and Robertsdale, Alabama, could be. The social and mental health problems generated by the BP catastrophe have also been documented in several random social science surveys along the Gulf Coast and for Coastal Alabama (Abramson et al. 2010; Gill, Picou, and Ritchie 2011). These studies reveal that significant mental and physical health effects characterize Gulf Coast residents and their children (Abramson, et al. 2010:13). Specifically, these problems are most pronounced for African Americans and families with incomes less than \$25,000 annually. In South Mobile County (Alabama), PTSD symptoms at five months after the spill scored similar to PTSD symptoms measured five months after the EVOS (Gill, Picou, and Ritchie 2011). Economic problems, health concerns, lack of trust in BP,

4 / Picou / The BP Catastrophe and Sociological Practice

dependency on the Gulf of Mexico resources, and concerns about air quality were all associated with higher levels of psychological stress (Gill, Picou, and Ritchie 2011; Ritchie, Gill, and Picou 2011).

BP's catastrophic oil spill in the Gulf of Mexico (GOM) is not over. Actually, it is just beginning and will last well into the future. In addition to the deadly rig explosion and the flooding of hundreds of millions of gallons of oil into the GOM, the series of secondary disasters noted above are poised to reemerge for decades. First, the ecological and health consequences of the oil and dispersants will slowly unfold in a contested arena of scientific debate (Kent and Specker 2010). Second, the agonizingly slow and debated claims process will continue to disrupt personal and business transactions along the Gulf Coast. Third, complex litigation associated with this oil spill will carry on for many decades, serving as a vivid reminder of this tragic disaster for survivors. Presently, over 350 lawsuits across 12 states have been filed in federal court and hundreds of additional suits are expected.

LESSONS FROM THE EXXON VALDEZ OIL SPILL

For over two decades, marine biologists, toxicologists, and social scientists have monitored the EVOS. Insights from a large number of books, peer-reviewed journal articles, and ongoing research suggest that, initially, both ecological and sociological damages were severe and acute. The ecological impacts to surface species, such as birds, marine mammals, and a variety of intertidal invertebrates, were devastating. Mortality estimates suggest that as many as 5,000 sea otters, 700,000 seabirds, 300 harbor seals, 150 bald eagles, and incalculable numbers of fish, crab, shrimp, and other species were eliminated by the 11 million gallons of oil released in Prince William Sound in late March 1989 (Spies et al. 1996; Rice 2009). For the 26 species and resources that have been carefully monitored by a variety of physical scientists, only 10 have been declared as recovered (EVOSTC 2010:7). Indeed, on-going long-term ecosystem damages include the persistence of highly volatile oil in intertidal zones, the bioavailability of this remaining oil, the continued elevated salmon embryo mortalities, the 18-year total collapse of the herring fishery, the long-term loss of the "transient" killer whale pod, and the lack of recovery of sea otters in heavily oiled habitats (Willette 1996; Short et al. 2004; Short et al. 2007; Rice 2009; Knudsen 2009). Exxon-sponsored research challenges the scientific documentation of these long-term ecosystem impacts, reflecting the "contested nature" of the consequences of all technological disasters (Kroll-Smith and Couch 1990). Intimately related to civil litigation, this characteristic of human-caused catastrophes directly relates to our understanding of the long-term social and mental health outcomes of the EVOS.

In a manner directly comparable to ecosystem impacts, the community and mental health impacts of the EVOS were initially acute and have persisted for over two decades² (Gill 1994; Picou et al. 2009; Picou 2009a; Gill, Picou, and Ritchie 2011). Initially, cleanup workers, journalists, and others invaded commercial fishing communities and Alaska Native villages to the point that they depleted public services, maximized economic losses to fishermen, and overwhelmed community mental health services (Gill 1994; Impact Assessment, Inc. 1998). Indeed, social disruption and mental health problems immediately spiked for communities in Prince William Sound when compared to other communities outside the impact area (Picou et al. 1992; Gill 1994; Picou and Gill 1996; Gill and Picou 2001). However, over time, the community and mental health impacts of the EVOS lingered, and long-term research clearly documented the process that explains these chronic patterns of disruption and stress. Findings from studies conducted from 1989 to 1997 identified commercial fishermen and Alaska Natives as the two groups who exhibited the most significant mental health problems. In 1995, research documented for commercial fishermen that 23% of

males had clinical levels of anxiety, 39% had clinical levels of depression, and over 33% manifested clinical levels of PTSD (Arata et al. 2000). Continuing studies documented that from 1994 through 1998 the source of social and mental health problems shifted from the spill to the protracted litigation (Picou, Marshall, and Gill 2004; Picou 2009a). This pattern of adversarial litigation did not allow for community and personal recovery and essentially prolonged the devastating social impacts of the spill for 20 years (Picou 2009a).

PEER-LISTENER PROGRAM

Conflict, social problems, mental health issues, and general social pathology prompted the development of a translational sociological education program that utilized a participatory action research methodology. The program was implemented from 1995 to 1997 in the small, isolated fishing community of Cordova, Alaska (Picou 2009b). We called it *The Growing Together Community Education Program*.³ Equal-status translational interaction between researchers and residents occurred for program development, implementation, and evaluation. This program consisted of six primary educational components, including an original series of newspaper articles, radio programs, informational brochures, in-service training, peer-listener training, and an Alaska Native talking circle ceremony (Picou 2000; Picou 2009b:135–141). The peer-listener training component became an effective long-term response to continuing distress caused by the EVOS. Trained peer listeners are still active in the community. The program was also distributed along the Mississippi Gulf Coast for survivors of Hurricane Katrina.

Although formal resources for mental health counseling exist in communities impacted by technological disasters, survivors are often reluctant to use them due to financial and stigmatizing issues. Because of this fact, once trained, peer listeners become permanently embedded within the social networks of relatives, friends, and neighbors. As such, they engage in “connecting conversations” with distressed individuals, provide resources for solving problems, and are available for “crisis referral” to prevent self-destructive behaviors. Peer listeners are not counselors or therapists; rather they listen, emphasizing understanding over advising for personal change. Peer listeners are not judgmental; rather they attempt to create trust in the listening relationship, thereby initiating the reestablishment of supportive social networks. Indeed, communication that is caring and empathic facilitates reflexive feedback on one’s feelings of distress and enables survivors to better cope with adversity.

As originally developed, the peer-listener training program is a sociological intervention, designed from theoretical and empirical studies of the disruptive character of technological disasters. Erikson’s seminal insights and description of the nature of “collective trauma” experienced by survivors of the Buffalo Creek dam collapse provided the conceptual paradigm for program design (Erikson 1976, 1994). The evolution of the empirical documentation of the characteristics of “collective trauma” in terms of post-disaster “corrosive communities” further refined the sociological and social psychological components of chronic technological disaster impacts (Freudenburg 1997; Arata et al. 2000; Picou, Marshall, and Gill 2004). From these and other studies it became apparent that social networks, social trust, personal agency, and social resources were all chronically depleted by technological disasters. The consequences of these damages to the social fabric produced family disruption, self-isolation, domestic violence, substance abuse, and mental health problems. In short, social capital is drained from impacted communities, and individuals become overwhelmed by the process (Ritchie and Gill 2007). The peer-listener concept is one strategy for promoting therapeutic social relationships and, in effect, rebuilding trust, reducing self-isolation, and providing distressed survivors with important resources for overcoming adversity.

6 / Picou / The BP Catastrophe and Sociological Practice

CONNECTING ALASKA AND THE GULF OF MEXICO

Within a month after the BP catastrophe, representatives of the Prince William Sound Regional Citizens' Advisory Council traveled to Louisiana and Mississippi and shared information and materials developed in Alaska through their sponsorship with Gulf Coast residents. These early activities included distributing copies of peer-listener videos, as well as the award-winning report *Coping with Technological Disasters: A User Friendly Guidebook* and other program materials.⁴ As community disruption and economic losses mounted along the GOM and residents began to display symptoms of anger, depression, anxiety, and PTSD, local community and agency leaders recognized immediate interventions were needed. With the first suicide, the urgency for the need for a proactive mitigation strategy became apparent. The most portable and effective component of the original Alaska program—the peer-listener training program—was selected. In early July 2010, I modified the training program to be more directly relevant to the culture and needs of Gulf Coast residents, and with the support of the Mississippi-Alabama Sea Grant Consortium plans were made for conducting workshops across the Gulf Coast.

We implemented the northern GOM peer-listener training program across coastal communities. It is a five-hour workshop with four basic training components covering the following areas.⁵ Initially, a session on “Understanding Disasters and Mental Health” is delivered to trainees. This opening training component focuses on the unique social and mental health impacts of technological disasters. Specifically, trainees are given a conceptual framework that distinguishes the “corrosive” community from the “therapeutic” community and identifies the sociological context for understanding why technological disasters produce the following long-term problems:

- Breakdown of social relationships.
- Fragmentation of community groups.
- Increased family conflict.
- Use of self-isolation as a primary coping strategy.
- Lack of sympathy from non-victims leading to guilt and resentment.
- Declining support capabilities of local mental health programs.
- Continuing deterioration of community culture and organization (Picou et al. 2011:11).

This information helps trainees understand the collective context of technological disasters, which promote long-term community conflict and individual distress.

The second area addressed by the program involves “Building Peer-Listening Skills.” This section emphasizes the importance of listening rather than counseling. Peer listeners do not necessarily solve “personal problems of milieu,” rather they facilitate helping distressed people by providing a safe interaction environment where they can better understand potential solutions to their problems. As noted in the GOM edition of the *Peer Listener Training Manual*:

Communication connects people. We need to feel that whoever listens to us is nonjudgmental, emphatic, and compassionate. We need to feel the listener is focused completely on our dialogue. In this connection between speaker and listener, we need to feel trust and safety (Picou et al. 2011:17).

This component of the training informs trainees of appropriate physical locations for listening, identifies proper physical space, and reviews types of body language that should be avoided. Levels of communication are identified, moving from “small talk” to “exchange of information.” Detailed training focuses on appropriate peer-listener responses that include reflecting, prompting,

interpreting and analysis, and “compassion.” Evaluating and advising responses are discouraged because they threaten the long-term survival of the peer-listener relationship. Essentially peer listeners are taught what *not* to say and understand that “attentive silence” is a key characteristic of a long-term peer-listener relationship. Finally, peer listeners do not seek out distressed individuals. They are embedded within their existing family, friends, and neighbor social networks. As such they are available to others as the long-term social and mental health impacts of technological disasters unfold. In summary, peer listeners:

- Provide a key component to recovery from trauma by being available to talk.
- Are trained in communication skills.
- Serve as liaisons between disaster survivors and community resources.
- Assure confidentiality and trust.
- Are willing to learn new skills to improve.

The third training component focuses on recognizing common symptoms and concerns that characterize survivors of technological disasters. Initially, high-risk populations are identified and specific attention is given to cultural variations, age, communication styles, and relationships to contaminated resources. More specifically, symptoms of distress experienced by children, the elderly, and culturally unique populations are reviewed. Six common symptoms are discussed in detail. The identification and description of these symptoms were derived from the research literature on the impacts of technological disasters. Trainees receive information on: 1) anger; 2) depression; 3) post-traumatic stress disorder; 4) suicide ideation; 5) ambiguous loss and resolved grief; and 6) physical and mental abuse. Following the review of these common symptoms, specific peer-listener strategies are provided to respond to the distressed person exhibiting the symptom. In this component of the program, trainees are reminded that they are not counselors or therapists, but rather “aware listeners” who must understand the complex combination of mental health problems that emerge after technological disasters.

The final component of the program discusses how peer listeners provide support by building a meaningful social relationship and becoming a resource to the distressed person. A detailed list of local agencies and organizations, with updated contact information, is provided. This information includes mental health, economic, medical, child-care, spiritual, and legal information sources. Trainees also are provided with strategies for referrals if a crisis situation arises. Referrals range from “caring confrontations” to “independent referrals,” where immediate intervention is required. Although rare, participants are taught to recognize indicators of potential self-destructive behaviors, ranging from substance abuse to suicide. Finally, the trainees are schooled in techniques and skills to reduce “peer-listener” or “compassion fatigue.” Often peer listeners become overwhelmed, and because confidentiality and trust is a key characteristic of all established listening relationships, over time they may become “at-risk.” Because of this fact, coping skills for the peer listener are reviewed, and elements for maintaining a healthy lifestyle are established. Trainees are also given information about the peer-listener website available to them (<http://masgc.org/peerlistening>).

Throughout the training session various activities are conducted. For example, trainees provide input as to what common symptoms they have observed in their communities, neighborhoods, and families. Group discussions are encouraged regarding these peer-training observations, and trainers answer questions. Furthermore, trainees engage in role-playing situations. These role-playing venues are designed to address problems in all phases of the peer-listener relationship, including use of communication skills, identifying common symptoms, making referrals, and locating resources for the distressed person. Trainees are also provided with a copy of the peer-listener training manual and information on local resources (Picou et al. 2011).



8 / Picou / The BP Catastrophe and Sociological Practice

RESPONDING TO THE BP CATASTROPHE

In the weeks following the Deepwater Horizon explosion and oil release in the GOM, it became apparent that this was a catastrophic technological disaster, and serious community, family, and mental health impacts were emerging. As noted above, the peer-listener program, developed six years after the EVOS, was modified, and a rapid implementation of the GOM version of the program ensued. From July 14 to December 16, 2010, twenty-six training sessions were offered in numerous communities throughout the northern GOM. Table 2 provides information on the date of the training session, the location of the training, participants, sponsoring organization, and the instructor for each session. Initial training sessions given in July included a number of mental health counselors and social workers trained as instructors. This “train the trainers” strategy was used to expand the scope of the program and allowed for an expansion of the number of people trained. This approach was utilized in July for all sessions that I served as the instructor. The expansion of training programs in the following months reflects the effectiveness of this model. A total of 605 people participated in the training programs offered in 2010.⁶

The success of the GOM peer-listener training is reflected in the rapid deployment of the program and the number of people trained within a seven-month time period. Evaluations given at the end of every training session revealed that participants found the program well organized, provided useful information, and would be an important resource for mitigating the social and mental health impacts of the BP oil spill. Systematic evidence of the impact of the program is not readily available, given the fact that information on listening sessions, referrals, and other positive outcomes are illusive and, at best, intangible. Nonetheless, anecdotal evidence from trainees suggests that many distressed Gulf Coast residents have been reached and the severity of the problems addressed by ongoing peer-listener activities have been greatly reduced.

SUMMARY AND CONCLUSIONS

The BP catastrophe released the largest amount of oil into a marine environment in the history of North America. The initial social disruption caused community conflict, family problems, mental health issues, and suicides. Commercial and recreational fisheries, the tourist industry (including restaurants and places of lodging), and a vast array of support businesses experienced devastating economic losses. The failure to effectively respond to the spill, the use of dispersants, and the ineffective claims process ensure the continuation of future human impacts.

In response to this crisis, my colleagues and I reviewed lessons from the 1989 Exxon Valdez spill and connected survivors from both disasters. This exchange of research knowledge and mitigation programs revealed the effectiveness of peer-listener training for promoting community cohesion, reducing mental health problems and self-destructive behaviors of survivors. I modified the peer-listener program, originally developed in Alaska six years after the spill in Prince William Sound, and implemented it over a seven-month period throughout communities along the northern GOM. We offered a total of 26 training sessions and trained 605 people. Plans for continuing this program over the next several years are being developed and hopefully will become a permanent response strategy for mitigating long-term community impacts of the BP catastrophe.

The peer-listener program is a translational sociological tool that utilizes a participatory research model to train local residents to reduce the human impacts of technological disasters (Krause 2009; Picou 2009b). It is an example of sociological practice that is portable, adaptable, and available to



Picou / The BP Catastrophe and Sociological Practice / 9**Table 2.** Peer-Listener Training Sessions for BP Catastrophe, 2010

Location	Date	Number of Participants	Type of Participants	Organization	Instructor
Bayou La Batre, AL	7-14-10	49	Community Residents	Sea Grant	Picou
Ocean Springs, MS	7-15-10	49	Community Residents	Sea Grant	Picou
Ocean Springs, MS	8-18-10	9	City Employees	Sea Grant	Sempier
Gulf Shores, AL	7-23-10	43	Residents and Professionals	Sea Grant	Picou
Baton Rouge, LA	7-28-10	52	Community Residents and Marine Extension Personnel	Sea Grant	Picou
Baton Rouge, LA	7-29-10	43	Parish and faith-based mental health counselors	Sea Grant	Picou
Defuniak Springs, FL	8-12-10	22	Florida Sea Grant Staff	Sea Grant	Picou
Gulfport, MS	8-13-10	45	Professional Counselors, Mental Health Staff	Coastal Family Health (CFH)	Hicks, Bayne
Gulfport, MS	8-16-10	15	AmeriCorps	CFH	Hicks, Bayne
Gulfport, MS	8-17-10	22	Hands On Mississippi	CFH	Hicks
Ocean Springs, MS	8-26-10	10	AmeriCorps	CFH	Hicks, Bayne
Biloxi, MS	9-1-10	9	Mental Health Professionals	CFH	Collier
Gulfport, MS	9-2-10	21	Retired Volunteers	CFH	Collier
Gulfport, MS	9-7-10	15	Gulfport Job Corps	CFH	Collier
Gulfport, MS	9-8-10	14	Gulfport Job Corps	CFH	Collier
Gulfport, MS	9-11-10	15	Gulfport Job Corps	CFH	Collier
Gulfport, MS	9-15-10	14	Gulfport Job Corps	CFH	Collier
Biloxi, MS	9-17-10	4	Save the Children, Hands of Help, Crossroads Church	CFH	Hicks
Biloxi, MS	9-22-10	19	Medical Staff	CFH	Bayne
Gulfport, MS	10-6-10	9	Hands On Mississippi	CFH	Hicks, Bayne
Orange Beach, AL	10-13-10	31	Orange Beach Police Department Dispatchers, Staff	Sea Grant	Picou
Orange Beach, AL	10-17-10	30	Orange Beach Police Department Dispatchers and Staff	Sea Grant	Picou
Starkville, MS	11-1-10	28	Mississippi State Extension Workers and Staff	Sea Grant	Picou
Orange Beach, AL	11-5-10	23	Community Residents, Faith-Based Leaders	Sea Grant	Picou
Fairhope, AL	12-15-10	6	Community Residents	Sea Grant	Swann
Spanish Fort, AL	12-16-10	8	Community Residents	Sea Grant	Swann

Source: Information provided by Tracie Sempier, Mississippi-Alabama Sea Grant Consortium.

Note: Total Trained = 605

survivors of future disasters. As natural, technological, natech, and terrorist disasters continue to impact communities and new risks are generated throughout the world, we need to expand on the role of sociological practice (applied, clinical, and translational) to mitigate ongoing impacts and facilitate timely community recovery. Hopefully, the GOM peer-listener program will continue to achieve these goals and serve as a model for applied sociology's response to chronic disaster disruption in the twenty-first century.

10 / Picou / The BP Catastrophe and Sociological Practice

NOTES

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2. Since 1989, I have been fortunate to work with a number of social scientists who significantly contributed to and collaborated in this 22-year research project. Most notably, I acknowledge the many contributions of Duane Gill, Liesel Ritchie, Catalina Arata, Maurie Cohen, and the late Brent Marshall.

3. The Prince William Sound Regional Citizens' Advisory Council funded this intervention program (www.pwsrccac.org).

4. These original materials are available at www.pwsrccac.org. For more information contact Joe Banta at banta@pwsrccac.org.

5. This brief summary of the peer-listener program excludes many details of program content and implementation. For more information, see: Picou et al. 2011.

6. It should be noted that for these initial training sessions, feedback from participants was solicited and minor modifications to the program were immediately incorporated for future sessions. These "return flows" from equal-status participation reflect a translational model of applied sociology.

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12 / Picou / The BP Catastrophe and Sociological Practice

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