



THE AFTER COLLECTIVE

Full Report | August, 2026

FROM OVERWHELM TO AGENCY: What Disaster Survivors Want from AI-Enabled Recovery Support

Findings from Survivors of
the 2025 Los Angeles Fires

www.theaftercollective.org | info@theaftercollective.org

Prepared by The After Collective, a fiscally sponsored project of the Edward Charles Foundation, registered 501(c)(3) non-profit (EIN 26-4245043).



THE AFTER COLLECTIVE

Adrienne Heinz, Ph.D. ----- Co-Founder, Executive Director

Abhi Jha ----- Co-Founder, Chief Technical Officer

Angela Kim, BS ----- University of California, Berkeley, Climate Health AI Fellow

Shannon Wiltsey-Stirman, Ph.D.

Stanford University, VA National
Center for PTSD

Britt Wray, Ph.D.

Stanford University

Kyle Lane-McKinley, MPH

Stanford University

Chris Godley, CEM

Stanford University Director
of Emergency Management

Valerie Brown

California VOAD Chair;
Saint Bernard Project fellow

Marianna Thomas

Red Cross Enterprise AI Team

Jennifer Gray Thompson, MPA

After the Fire, USA

Andy Riemer, Ed.M

Sideporch, Didi Hirsch

Josef Ruzek, Ph.D.

Stanford University

Lian Bloch Gill, Ph.D.

Nonprofit Strategist & Executive Coach

Jennifer First, Ph.D.

University of Missouri - Columbia

Acknowledgements: This work was supported by Direct Relief and OpenAI Mental Health. Funding does not imply endorsement of these results. We thank our research partners at Stanford School of Medicine for their contributions. We are also deeply grateful to our community partners the Every Fire Survivor Network, Altadena Girls, and the NASA Jet Propulsion Laboratory wildfire peer-support group for their assistance with participant recruitment. Finally we thank our high school interns, Caitlin Zollinger, Arishka Jha, and Maya Wang for their contributions to the preparation of this report.

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The After Collective, (2026, August). From Overwhelm to Agency: What Disaster Survivors Want from AI-Enabled Recovery Support. Access here: <https://www.theaftercollective.org/research>



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A Note to the Los Angeles Wildfire Community

To the survivors of the Eaton and Palisades Fires who shared your experiences with us: thank you.

Thank you for trusting us with your stories, your frustrations, your hopes, and your hard-earned wisdom. We recognize that participating in this research required time and emotional energy during a recovery process that is already demanding too much from too many people.

At The After Collective, our role is to listen carefully, translate what we learn into practical tools and recommendations, and help build survivor-centered recovery support that is trauma-informed, trustworthy, and grounded in real community needs. We believe technology can help reduce overwhelm and improve access to information, but only when it is designed with survivors, accountable to communities, and used to strengthen (not replace) human connection.

We are deeply grateful to the Los Angeles wildfire survivors, community leaders, nonprofit partners, case managers, and recovery advocates who contributed to this work. Your insight is shaping what comes next. We are reimagining together.

With Respect and Solidarity,

The After Collective

Adrienne Heinz, Ph.D., Co-Founder & Executive Director

Abhi Jha, Co-Founder & Chief Technical Officer

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EXECUTIVE SUMMARY

BACKGROUND

As climate-related disasters become more frequent, severe, and complex, innovative approaches to recovery support are urgently needed. At the same time, shifts in federal disaster policy and funding are placing greater responsibility on state and local governments to coordinate long-term recovery. For survivors, recovery requires navigating insurance claims, housing instability, income loss and financial decisions, public benefits, rebuilding logistics, health concerns, and family disruption all while coping with chronic psychological stress. Compounding these challenges, disaster exposure also affects cognitive and executive functioning, making it more difficult for survivors to manage the very tasks required for recovery. Artificial Intelligence (AI) tools may offer a scalable way to reduce barriers, extend recovery support, and improve outcomes, but these tools must be developed with careful attention to safety, privacy, equity, and ethical implementation.

OBJECTIVES

To: (1) understand long-term recovery challenges, well after a disaster stops making headlines, (2) learn how disaster-impacted individuals use technology and AI in the recovery process, (3) evaluate feasibility of and attitudes towards a digital Disaster Recovery Coach designed to deliver trauma-informed support alongside personalized recovery guidance.

Methods: A mixed-methods pilot evaluation was conducted with 115 wildfire survivors (M age = 49.31, SD = 15.84; range 12-87; 73% female) directly impacted by the 2025 Eaton and Palisades wildfires in Los Angeles, California. Participants completed a survey about their recovery challenges and how they utilized technology and AI in the recovery process. A subset of 16 participants completed a semi-structured interview about their recovery experiences and attitudes towards AI and then provided feedback on a Disaster Recovery Coach prototype.

RESULTS

The majority of survivors, at 12-16 months post-wildfires, were still displaced and living in temporary housing (67%). The top three recovery challenges identified were emotional and mental health stress (73%), managing insurance and rebuilding paperwork (61%), and dealing with financial

strain (52%). Psychological distress was prominent as 30% of survivors reported their mental health and wellbeing was “poor” or “very poor.” The top three barriers for accessing mental health support were lack of time (50%), cost (49%), and difficulty finding a trusted provider (30%). Nearly a quarter of survivors (22%) indicated they desired mental health support but had yet to receive it.

Three quarters of the survivors sampled reported previous use of AI. Age and gender were not associated with interest in or comfort with using AI tools for recovery. Receptivity to using AI tools for recovery purposes was high, with 69% of survivors expressing they were somewhat or very interested, though concerns about accuracy (81%), data privacy (64%), and lack of human connection (49%) emerged as critical factors influencing willingness to engage with AI tools. The most commonly desired recovery use-cases for AI included completing forms (50%) for housing, insurance (e.g., loss inventory), and financial assistance, and curation of personalized recovery content (47%) and resources (40%). Thirty-one percent of survivors indicated they would use AI for coping tools and relaxation exercises. Notably, 68% of survivors stated that having a human in the loop alongside an AI-tool was moderately or very important.

Open-ended survey responses about recovery challenges consistently identified bureaucratic complexity, financial uncertainty, and fragmented systems as major stress amplifiers. Survivors frequently described difficulty understanding next steps, coordinating across agencies, and tracking competing deadlines. Cognitive overwhelm coupled with routine collapse and financial strain functioned to further exacerbate these recovery challenges.

Interviews with 16 wildfire survivors revealed that despite enduring the same disaster, recovery needs are quite diverse and specific to the individual survivor and their family. Analyses of qualitative data identified ten themes: (1) recovery as a relentless and all-consuming second job, (2) institutional betrayal that deepened distress, (3) recovery complexity that exceeded cognitive capacity, (4) feeling forgotten, and (5) delayed trauma responses. Additionally, participants highlighted that (6) neighbors and community networks were critical, (7) financial challenges created long-term traps, (8) needs and priorities significantly shifted by recovery phase, (9) survivors were already using technology and AI to facilitate recovery, and (10) openness to AI tools hinged on accuracy, privacy, and human intervention. A sentiment analysis of survivor interview transcripts using a 12-emotion heatmap revealed weariness, grief, and hope as the dominant emotional experiences, underscoring the sustained demands of long-term recovery alongside survivors' enduring resilience.

Participants responded positively to several components of the Disaster Recovery Coach prototype, particularly a centralized resource hub, the “captain’s log” function that auto-tracks

progress over time and provides personalized and context-aware guidance, community information-sharing features, and stress-management capabilities. A simple user interface was desired, via text messaging, to reduce the cognitive load of adopting a new technology platform. Survivors repeatedly indicated that work-flow support would likely result in improved mental health. Concerns about the coach focused primarily on AI accuracy, hallucinations, privacy, and the importance of maintaining human support.

CONCLUSIONS

Findings support the acceptability, feasibility, and potential of AI-enabled, integrated and trauma-informed recovery tools for disaster-impacted populations if they prioritize accuracy and privacy and include humans in the loop. The preference for human-centered social support indicates that recovery is viewed as relational and that there is a need to leverage technology in ways that can help facilitate and strengthen human connection and collaboration. Building on pilot findings, The After Collective will beta-test a refined version of the Disaster Recovery Coach designed to address survivor-identified concerns, strengthen trust and safety, and improve the tool's relevance for real-world recovery needs. Finally, larger, controlled studies with diverse populations are needed to evaluate effectiveness of digital recovery coaching and inform responsible scaling within disaster response systems.

INTRODUCTION

In the aftermath of a disaster, the majority of survivors and impacted community members do not go on to develop Posttraumatic Stress Disorder (PTSD) but many understandably find themselves experiencing chronic stress and difficulty functioning (Heanoy & Brown, 2024; Kessler et al., 2008). Disasters are not only ecological and infrastructure crises, they also result in mental health challenges and particularly for already vulnerable populations (Ahmed & Cucchi, 2025). Trauma exposure, displacement, frequent transition, routine disruption, income loss, financial instability, and environmental grief all function to further exacerbate challenges of the long-term recovery process (Cunsolo & Ellis, 2018; Morganstein & Ursano, 2020).

The frequency, intensity, and cost of climate disasters are rapidly accelerating (NOAA, 2024). The World Economic Forum projects that, by 2050, climate change may contribute to an additional 14.5 million deaths, more than 2 billion healthy life years lost, and \$12.5 trillion in global economic losses (WEF, 2024). The Intergovernmental Panel on Climate Change reported that limiting warming to 1.5°C requires global greenhouse gas emissions to peak before 2025 and decline by 43% by 2030. Without rapid and sustained emissions reductions, global warming is projected to exceed 2°C during the 21st century (IPCC, 2022). Exceeding this planetary boundary means that the world will change in increasingly destabilizing ways, with more frequent and severe climate hazards, greater threats to health and livelihoods, escalating displacement, and growing pressure on already strained systems of care, governance, and recovery.

The mental health care system is not equipped to prevent and heal the trauma and distress caused by this climate disaster mega-emergency (Doppelt, 2023). Specifically, communities are now faced with exposure to multiple, overlapping disasters and crises with little time and limited resources to recover and adapt (Vibrant Emotional Health, 2022). In addition, the immense financial pressures of disaster recovery are tightly interwoven with mental health. In the wake of the 2023 Lahaina wildfire on Maui, housing displacement and income loss jointly accounted for more than half of the associations with depression and anxiety among a sample of 2,453 Hawaiians (Juarez et al., 2026). Given the global shortage of mental health professionals (WHO, 2022), a scalable, population-level public health approach is required to enhance convenience and democratize access to support for disaster survivors.

For numerous reasons, including cost, challenges with access to services, competing demands on their time, and stigma, only a subset of disaster survivors will seek formalized care. In addition to the many practical constraints, a common survivor struggle, “comparative suffering,” can be a barrier to seeking care. Individuals who compare their situation to others they deem less fortunate, (e.g., “I didn’t lose my home, it just has smoke damage.”) may underutilize available mental health resources so as not to take a spot from someone who they perceive is more deserving (Stuber & Galea, 2005).

The striking reality is that disaster survivors tend to have limited time and energy to care for their wellbeing or complete more intensive, yet impactful psychological interventions. In addition, exposure to disaster can result in difficulty with cognitive functioning including reduced capacity for sustained attention, decision-making, and information processing (Grennan et al., 2023; Nan et al., 2025). Indeed, the neurocognitive consequences of disaster exposure on executive functioning and memory represent a significant challenge to the recovery process and quality of life. Accordingly, novel strategies for supporting and shepherding the recovery journey are critically needed for climate resilience and adaptation (Mishra et al., 2025).

Technology can function as an equalizer in the disaster preparedness and recovery space. When made available to all, digital solutions for disaster response are positioned to overcome barriers, and to “meet people where they are” through the convenience and privacy that they afford (Ezeonu et al., 2024; Kangana et al., 2025; Wiltsey-Stirman & Heinz, 2025). Digital tools that can integrate delivery of mental health coaching with tactical assistance for recovery tasks and resource curation and ultimately, can help shift the needle away from mass traumatization towards resilience and healing.

THE ROLE OF TECHNOLOGY IN RECOVERY

Disaster commonly spawns innovation and pro-social behavior change (Solnit, 2010), and survivors and impacted communities are adapting new technologies and communication tools to support the recovery process (e.g., mobile apps, chatbots, warning systems, social media, generative artificial intelligence (AI) - ChatGPT, Claude). More broadly, a growing number of people are using AI for emotional and mental health support, yet there are significant concerns about ethical implications (safety, privacy, bias) as well as the accuracy of responses (Luo et al., 2025).

Disaster-impacted individuals and case managers are already using digital tools to organize resources, navigate systems, and cope with stress. However, stakeholder preferences, needs, and concerns related to the use of technology, and AI specifically, in the recovery process are not well understood. Placing user voices at the center of the creation and design of technologies and

implementing principles of co-design are critical for developing a successful technology product for public health (Owen et al., 2025).

Disaster Recovery Coach (DRC). The DRC is a self-guided digital tool that provides (1) curated resources to meet immediate needs, (2) personalized, evidence-informed coping skills based in Psychological First Aid and Skills for Psychological Recovery (Berkowitz et al., 2010; Brymer et al., 2006), and (3) tactical support with recovery tasks (e.g., filing for financial assistance). The DRC is a chatbot that harnesses agentic AI to perform specific tasks and implements stringent guardrails and best practices (Stade et al., 2025) for how users interact with the tool to ensure safety, privacy, and accuracy.

The DRC helps the recovery of disaster survivors through messaging channels they already use. Currently, it is SMS first, with a channel agnostic design so other platforms such as WhatsApp, Slack, and Discord can follow. Behind the text interface, an orchestrator classifies each turn as “Hug” (stabilize), “Hear” (acknowledge without advising), or “Help” (practical next steps), or a combination, and then routes to emotional support, grounded and vetted information, or Agentic AI task support. Structured identifying and health fields remain outside of model context, and a user can delete all of their data with a single command.

For a thoughtful and accurate survivor support the hard part is the currency and accuracy of ground truth. For example, a correctly attributed FEMA deadline from January can be wrong in June. DRC has a human curated knowledge and information base as a core element of the platform. The curated knowledge carries time bounds and re verification obligations, augmented by live lookup that is used only where curated material cannot answer or the query is search oriented. When queries go unanswered or are found incorrect, a curation gap loop is triggered to quickly address issues for future interactions.

The eventual goal with the DRC is to have Agentic AI perform much of the heavy lifting on tasks such as insurance, rebuilding so users may focus more on their own recovery. It will also have escalation protocols for both non-clinical and clinical support, so the users with most dire needs are able to get immediate human support. All these design elements are informed by research and codesign with disaster survivors and stakeholders.

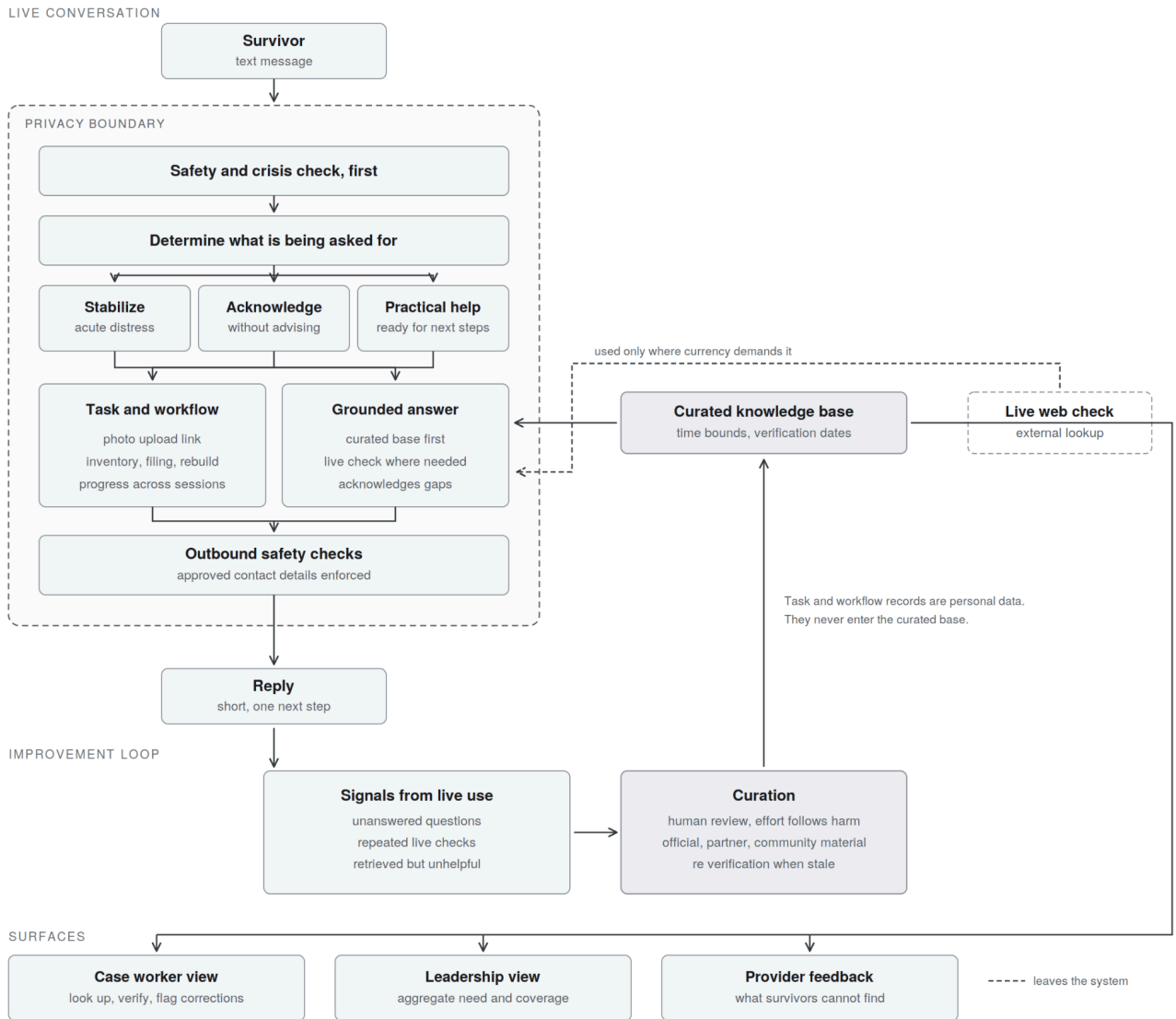


Figure 1. Disaster Recovery Coach High Level Architecture

THE 2025 LOS ANGELES WILDFIRES AND RELATED IMPACTS

On January 7, 2025, the Eaton Fire in Altadena and the Palisades Fire in Pacific Palisades ignited across Los Angeles County resulting in one of the most destructive and costly disasters in California history. Together, the wildfires claimed 31 lives, forced more than 200,000 people to evacuate, and destroyed over 18,000 structures including homes, businesses, schools, and places of worship, leaving entire neighborhoods devastated (CalFire, 2025). Air quality was compromised for weeks and thousands of additional homes outside the burn footprint were exposed to smoke, ash, and

toxic combustion byproducts, leading to widespread remediation efforts. (LAFIRE Health Study, 2025).

The mental health challenges associated with this disaster are profound and with sustained impacts. Among 2,839 adolescents in Los Angeles, due to the wildfires, 36% were worried about the health of family members, nearly one-quarter feared for their personal safety, personal health, and/or felt anxious, stressed or depressed, and 10.4% had a family member or loved one who lost their home (Harlow et al., 2026). In a sample of 739 Southern Californian residents, evacuating from the January 2025 fires was significantly associated with higher odds of depression and PTSD, even after controlling for pre-fire mental health status and other demographic covariates (Lee et al., 2025). The California Community Foundation and the Department of Angels surveyed Altadena and Palisades wildfire survivors every quarter since the fires (N = 2,443; DOA, 2026). At the one-year post-fire mark, 83% of respondents reported that their mental health was “worse” than before the fires, up from 73% nine months post-fire. In addition, the share of respondents who reported that their mental health was “much worse” rose from 36% to 44%. Displacement was the norm, such that 7 in 10 residents of each of these communities still had not returned to their homes. In terms of financial impact, 48% of all survivors reported having depleted a significant portion of their savings, while 43% had taken on debt.

OBJECTIVES

The goals of this project were to conduct a multi-modal assessment of survivors of the 2025 Los Angeles wildfires to: (1) surface pain points in the disaster recovery process and identify how technology can address them, (2) understand how disaster-impacted individuals use technology in the recovery process and what they perceive as barriers and facilitators to adoption and implementation, (3) assess acceptability and feasibility of digital Disaster Recovery Coaching tool.

METHODS

PARTICIPANTS

Participants were 115 survivors of the 2025 Los Angeles Eaton and Palisades wildfires. The eligibility criteria for participation were having been directly impacted by the wildfires and English-speaking.

STUDY DESIGN

A mixed-methods design was employed using quantitative and qualitative data collection. User experience testing of the Disaster Recovery Coach was conducted with a subset of participants. This multipronged approach was designed to understand how technology tools can help reduce overwhelm and increase agency for disaster-impacted individuals.

MEASURES

Participants completed a cross-sectional survey developed specifically for this evaluation to assess wildfire-related experiences, recovery challenges, psychosocial well-being, resources needs, information access, and use of technology tools and platforms in the recovery process. The survey included items assessing disaster exposure (e.g., evacuation, property loss, housing displacement), current recovery status, unmet needs, emotional distress, and barriers to accessing recovery resources and services. Additional questions examined prior use of AI technologies, perceptions of AI-based support tools, and preferences regarding the design and delivery of AI-assisted disaster recovery services.

An in-depth semi-structured qualitative interview was conducted with a subset of 16 participants. The interview explored participants' experiences during and after the wildfire, including the immediate impacts of the disaster, ongoing recovery challenges, and factors that facilitated or hindered recovery. Interview topics included housing and financial recovery, access to information and support services, emotional and mental health impacts, unmet needs, and perceptions of available recovery support. Participants were also asked about their experiences with technology, attitudes toward AI-enabled support tools, and recommendations for the design of survivor-centered digital

interventions to support disaster recovery. Finally, interviewees were asked to provide feedback on a prototype of the Disaster Recovery Coach.

PROCEDURES

The evaluation strategies employed were identified by the Stanford University Institutional Review Board (IRB) to be for the purposes of Quality Improvement and thus were deemed exempt from IRB oversight. Wildfire survivors were recruited January through April of 2026 through various organizations and partnerships including the Every Fire Survivor Network, the NASA Jet Propulsion Laboratory Wildfire Support Group, Altadena Girls, and other snowball recruitment methods (e.g., neighbors telling neighbors). Prospective participants were offered the opportunity to complete a survey and were compensated with a \$10 gift card. As part of the survey, participants had the option of participating in a 1-hour interview. Sixteen participants accepted the invitation and completed a long-form qualitative interview and were compensated with a \$25 gift card. Participants in the qualitative interview were also offered the opportunity to view an interactive demo of the Minimum Viable Product (MVP) of the Disaster Recovery Coach (DRC) and provide feedback. Participants were also prompted to ask questions of the DRC and evaluate the quality of responses.

DATA ANALYSIS

Descriptive statistics were performed to characterize the sample demographics and other survey domains. Inferential statistics including non-parametric point bi-serial correlations were conducted to determine how demographic characteristics were associated with technology use. Seven survey items collected open-ended text response data. Five members of the research team identified categories of sub-themes captured in the text responses provided by participants. Sentiment analysis on the open text response data was performed using Claude Code with citation to specific text for each of the insights. Each analysis was then manually verified by the research team.

A multistep process using AI Guided Thematic Analysis (Nguyen-Thrung, 2025) was employed to analyze transcripts from qualitative interviews. This involved codifying responses into 438 categories and 12 key emotions primarily associated with disaster recovery, tagging conversations, and creating a codebook with core signals. A LLM-powered sentiment analysis mapped specific quotes from transcripts to coded topics, ensuring full traceability to original sources and avoiding hallucinations and note-taking bias. The analysis was based on transcripts, and additional layers of incorporating the research team's matrix notes. The LLM-assisted analysis yielded 51 candidate

themes, which members of the research team reviewed, discussed, and consolidated through an axial coding and consensus coding process (Strauss & Corbin, 1990; Hill et al., 2005). Ten themes were ultimately identified based on the frequency of mention by survivors and relevance to the use of technology to facilitate disaster recovery.

RESULTS

PARTICIPANT CHARACTERISTICS

Survey respondents ranged in age from 12 to 87 years $M = 49.31$, $SD = 15.84$. The sample was predominantly female ($n = 84$, 73%), with males comprising approximately 25% ($n = 28$) and a small proportion identifying as non-binary or preferring not to disclose gender ($n = 2$, 2%). Many participants were managing recovery while simultaneously caring for dependents and substantial caregiving responsibilities and family obligations were observed. Forty-five percent of participants ($n = 52$) had children under age 18, 17% ($n = 19$) reported caregiving for a relative with a disability or health condition, and 55% ($n = 63$) were currently caring for a pet .

Housing instability remained substantial at the time of assessment 12-16 months after the fires. Nearly 57% ($n = 66$) of participants were living in temporary housing (e.g., rentals, hotels, trailers), while only 27% ($n = 31$) had returned to their rebuilt or remediated homes. Smaller proportions were living with friends or family or in another arrangement ($n = 16$, 14%), and 2 participants (2%) were unhoused or in an unstable housing situation, underscoring the prolonged displacement that characterizes disaster recovery.

Table 1

Demographic and Household Characteristics and Housing Status of Wildfire Survivors (N = 115)

Variable	n (%)
Gender	
Female	84 (73.0)
Male	29 (25.2)
Non-binary/another identity	1 (0.9)
Prefer not to say	1 (0.9)
Children under age 18	

Yes	52 (45.2)
No	63 (54.8)

Caregiver for relative with disability/health condition

Yes	19 (16.5)
No	96 (83.5)

Currently caring for a pet

Yes	63 (54.8)
No	52 (45.2)

Current living situation

Temporary housing	66 (57.4)
Original/rebuilt home	31 (27.0)
Living with family/friends	8 (7.0)
Unhoused/unstable housing	2 (1.7)
Other	8 (7.0)

Note. N = 115. Current living situation reflects participants' housing status at the time of survey completion 12-16 months post-fire.

WILDFIRE RECOVERY EXPERIENCES AND CHALLENGES

See Table 2 for summary of participant's fire experiences, displacement status, and recovery challenges. The majority of respondents were affected by the Eaton Fire (n = 90, 78%) and little less than a quarter were impacted by the Palisades Fire. Fire-related losses were extensive as 58% (n = 67) reported complete home loss, and 67% (n = 77) remained displaced at the time of the survey. Ten percent (n = 12) of the sample knew someone who died in the fires.

Insurance coverage was high, with 82% reporting homeowners or renters insurance (n = 94) and 79% of insured participants (n = 91) had filed a claim. Among those who had engaged with insurance, satisfaction with the processes was notably low, with a mean satisfaction score of 2.8 (SD =

1.2; 1 = “very dissatisfied”, 5= “very satisfied”), indicating that many survivors experienced significant friction with insurance navigation.

Recovery remained active or incomplete and unresolved for most respondents. Fifteen percent (n = 17) were still trying to meet their basic needs, nearly half (41%, n = 47) identified themselves as actively rebuilding or managing paperwork, and 26% (n = 30) reported being re-settled but still dealing with emotional or financial impacts. Nine percent of respondents (n = 10) described themselves as feeling mostly recovered whereas 10% (n = 11) indicated that they were in some “other” stage of recovery, most typically in limbo with insurance and without a concrete plan.

Respondents were asked to identify the most challenging three aspects of their recovery process. Top responses reflected a convergence of emotional, practical, and financial burden with emotional and mental health stress being the most predominant challenge (n = 84, 73%).

Table 2

Wildfire Exposure, Displacement Status, Fire-Related Impacts, and Recovery Challenges Among Wildfire Survivors (N = 115)

Variable	n (%)
Fire experienced	
Eaton Fire	90 (78.3)
Palisades Fire	25 (21.7)
Displacement status	
Not displaced	5 (4.3)
Less than 1 month	9 (7.8)
1–6 months	15 (13.0)
6–12 months	9 (7.8)
Still displaced	77 (67.0)
Fire-related impacts experienced	

Home completely destroyed	67 (58.3)
Health issues from stress	50 (43.5)
Smoke damage only	26 (22.6)
Health issues from smoke	20 (17.4)
Lost a car	16 (13.9)
Home partially damaged	16 (13.9)
Evacuated but home unharmed	15 (13.0)
Knew someone who died in the fire	12 (10.4)
Other	9 (7.8)
Lost a pet	7 (6.1)

Top 3 most challenging aspects of recovery

Emotional or mental health stress	84 (73.0)
Managing insurance and rebuilding paperwork	70 (60.9)
Dealing with financial strain	60 (52.2)
Finding clear information and resources	47 (40.9)
Feeling forgotten or unsupported	36 (31.3)
Helping children or family cope	34 (29.6)
Physical health issues	15 (13.0)
Other	12 (10.4)
Community or neighbor conflicts	8 (7.0)

Note. N = 115. Percentages for fire-related impacts and recovery challenges may exceed 100% because participants could select multiple response options.

“What has felt the most overwhelming in your recovery process?”

Quote	Theme
“Insurance. There are no words for how awful it’s been to deal with them. Seeing an email pop up from my adjuster makes me physically ill. I get nauseated and start sweating. I have nightmares about dealing with the insurance. The fire was awful beyond belief but dealing with insurance has been worse. It feels like calculated, intentional psychological warfare. I know that sounds dramatic, but that’s truly how it feels.”	Insurance as an adversarial system
“It is a second full time job, so the weight of all the spinning plates between work and real life is omnipresent.”	Administrative and financial overload
“The insurance battle, the David vs. Goliath nature of it. It’s over a year later and my heavily contaminated home is still untouched and no closer to agreeing to a remediation plan with my insurance company.”	Contamination ambiguity and physical safety
“After about six weeks the world moves on but we are still dealing with the recovery process.”	Grief and being forgotten

Analyses of responses revealed four themes: (1) insurance as an adversarial system, (2) administrative and financial overload, (3) contamination ambiguity and concern for physical safety, (4) being forgotten. Roughly half of all responses to this question named insurance specifically and several described navigation of insurance as a worse-than-the-fire experience. Next, the sheer volume of recovery tasks was notable. It is not just that there is too much to do, but that every task requires a consequential decision made under conditions of cognitive and emotional depletion resulting in cumulative decision fatigue. Financial strain was an undercurrent of the overwhelm and challenges like dual rent and mortgage payments, the gap between insurance payouts and rebuild costs, and the structural trap of underinsurance emerged as major roadblocks to recovery.

Responses also reflected the unique burden of survivors whose homes remained standing but were rendered uninhabitable by smoke damage and toxic contamination. Participants described profound uncertainty about whether their homes, belongings, and neighborhoods were safe. They expressed frustration over conflicting guidance from insurers, remediation companies, and government agencies, and felt trapped in prolonged limbo and unable to move forward with recovery. Finally, many responses captured both the emotional losses associated with homes, possessions, routines, and community, as well as the perception that public attention faded long before recovery was complete. Many participants described a painful disconnect between the months and years required to rebuild

their lives and the rapid decline in external support, media attention, and community awareness, resulting in feelings of isolation, abandonment, and disenfranchised grief.

“Who or what has been most helpful in your recovery process?”

Quote	Theme
“Talking to neighbors in my community - not having to feel like I need to explain anything because we all ‘get it.’”	Family, Friends, and Neighbors as the Foundation
“Neighbors, friends and family. Natural networks continue to be what matters most, from the night of the fire, the chaotic days, weeks and months after the fire and even one year later. All the aid and resource fairs were great but nothing beats a good neighbor.”	Family, Friends, and Neighbors as the Foundation
“Eaton Fire Survivors Network (ongoing and an absolute LIFELINE!), United Policyholders (especially early on), Faith community, Living in the area our whole lives has meant a bit in support network.”	Survivor-Led Community Organizations and Digital Infrastructure for Communicating
“Feeling seen by fellow fire survivors and support from an acquaintance who went through the Marshall Fire in CO. A support group of 200 total loss survivors at work.”	Survivor-Led Community Organizations and Digital Infrastructure for Communicating
“Nothing has been very helpful as I said above. There are very little or no resources available for renters.”	Nothing Has Helped
“No one really. I’ve been doing it all on my own.”	Nothing Has Helped

Participants' open-ended responses yielded 4 themes: (1) Family, Friends, and Neighbors as the Foundation, (2) Survivor-Led Community Organizations with Digital Infrastructure for Communicating and Connecting, (3) Nothing Has Helped.

Participants overwhelmingly identified family members, friends, neighbors, and local community members as the most important sources of support throughout recovery. Beyond providing practical assistance, these relationships offered a sense of shared understanding and belonging that respondents often found difficult to obtain elsewhere. Many described neighbors and fellow survivors as uniquely valuable because they "got it" without requiring explanation, reducing feelings of isolation and validating the emotional realities of recovery.

Survivor-led organizations provided access to survivors of prior fires (Marshall Fire Colorado, Camp Fire) and this access was described as uniquely helpful because they understand both the emotional and logistical realities. Multiple respondents describe a "one step ahead" relationship with another survivor as the most valuable support of all. Digital community infrastructure such as Facebook groups, Discord, WhatsApp street-level groups, Nextdoor, neighborhood email lists serve as both information channels and emotional-companion channels.

A subset of respondents indicated finding little helpful in the recovery process. Renters especially, appeared to feel lost in these systems as they perceived the majority of resources to be in support of property owners. A nuanced finding: several respondents observed that well-meaning friends and family could be inadvertently hurtful through comments that betrayed a lack of understanding of the recovery experience ("put it on your to-do list," "just go buy stuff,") which is well-intentioned advice that lands as dismissive.

“What would have made your recovery process easier?”

Quote	Theme
“NOT BEING EMBATTLED WITH INSURANCE. I wish there was some feeling that we weren't polarized and that they truly cared about getting us back home, not just saving themselves money. We have paid State Farm for over 20 years for our policy and have never once had a claim, and to be put through this is almost worse than the trauma of the night of the fire.”	Insurance Reform and Accountability
“If there had been a “resilience hub” offering coordinated resources, information, support and guidance in place, the recovery process would probably be much further along ... and, I think, people would have felt much better supported.”	A Centralized Navigation Resource

“STANDARDS, STANDARDS, STANDARDS. If your standing home tests at X level for Y contaminant, here is the protocol to remove it.”	Contamination Standards
“More accessible and diverse support groups for navigating the emotional and mental aspects of the experience. The work support group of engineers focuses on problem solving, plans, data, etc. I craved connecting with neighbors in a similar situation but was never able to find them - support and community varies from block to block, and the divide between older vs younger, families vs couples vs individuals, total loss vs smoke damage, Altadena natives vs new transplants, etc. makes true connection difficult.”	Population-Specific Mental Health Support, and Basic Resources

Participant responses clustered around four primary themes: (1) Insurance Reform and Accountability, (2) Centralized Navigation and Information Resources, (3) Contamination Standards and Technical Guidance, and (4) Population-Specific Support and Basic Services. Insurance reform was the most frequently cited theme, with more than 50 respondents describing frustrations with delayed payouts, burdensome inventory requirements, claim disputes, underinsurance, and the need for stronger oversight for insurance companies. Participants expressed a desire for faster access to funds, reduced cost and reliance on public adjusters, clearer accountability mechanisms, and full policy payouts without prolonged negotiation. The second theme, centralized navigation and information resources, reflected widespread frustration with the fragmented nature of disaster recovery. Participants described information as scattered across numerous agencies, nonprofits, community groups, and websites, requiring survivors to independently piece together what resources existed, which programs they qualified for, and what steps should be taken next. Many respondents wished for a single trusted source that could organize information, sequence recovery tasks, and provide personalized guidance throughout the recovery process.

The third theme centered on contamination standards and technical guidance, particularly among survivors whose homes remained standing but were affected by smoke, ash, and environmental toxins. Participants described significant uncertainty regarding contamination testing, remediation protocols, acceptable exposure thresholds, and government guidance. Respondents called for standardized procedures for environmental testing, clearer remediation standards, and authoritative guidance on issues such as CAM-17 metals, soil contamination, and safe reoccupation of homes. The fourth theme highlighted the need for population-specific support and services. Participants noted that existing recovery systems often failed to adequately address the unique needs of seniors, renters, individuals with disabilities, caregivers, and families raising children with autism or other special needs. Respondents emphasized the importance of tailored resources, specialized case management, and targeted mental health support designed for the realities faced by these groups. A smaller subset of

participants identified broader structural supports that would have eased recovery, including direct financial assistance, protected time away from work, free therapy and grief support groups, and expanded practical assistance. Several respondents also pointed to policy-level improvements such as increased access to FEMA trailers, faster release of federal aid, improved debris-removal coordination, extensions of disaster-related tax protections, and permitting reform.

EMOTIONAL WELLBEING AND SUPPORT

See Table 3 for a breakdown of mental health support utilization and barriers to accessing care. Participants reported moderate-to-low emotional wellbeing overall, with a mean rating of 3.0 (SD = 1, 1 = “very poor,” 5 = “excellent”). Notably, 30% (n = 34) of respondents rated their emotional wellbeing as “poor” or “very poor.” Despite the emotional burden of recovery, formal support-seeking was inconsistent. Approximately 60% of participants had sought some form of emotional or mental health support since the fire, most commonly through therapists or counselors (44%, n = 51). However, 22% (n = 25) indicated they wanted support but had not accessed it.

The most frequently endorsed barriers to seeking emotional support included lack of time, cost, and difficulty finding trusted providers. Some survivors reported having mental health support already established prior to the fires and another implied that there is not enough support regardless of resources, “I’ve had no barriers. I have access to everything available and I’m still struggling. I can’t imagine what it’s been like for people that don’t have the resources I have.” Others use some services but cost prevents them from fully meeting their mental health care needs, “I have both kids in weekly therapy since the fire. It’s just too expensive to go as parents as well.”

Some were worried about provider competence “Providers don’t know how to handle this kind of trauma. [They] don’t understand the effects of smoke and contamination on our health,” “[It’s] hard to find therapists from the area who can relate and are willing to go be involved.” Others were intentionally avoiding becoming emotionally overburdened by therapy; “I’m already feeling emotionally burnt out and not wanting to add to it with sessions that bring up difficult feelings.” Finally a few participants shared forms of posttraumatic growth that has lessened their need for support over time: “We have really good support from friends and family. In the first six months it would have been helpful to have professional support, or guidance on how to support my teenager. But as a family we have grown close and resilient and stronger through this tragedy.”

Together, these findings suggest that barriers are largely structural and practical rather than attitudinal. Survivors may be willing to engage support but unable to access it efficiently.

Table 3

Emotional Wellbeing, Mental Health Support Utilization, and Barriers to Care Among Wildfire Survivors (N = 115)

Variable	n (%)
Current emotional wellbeing	
Very poor	10 (8.7)
Poor	20 (17.4)
Fair	43 (37.4)
Good	39 (33.9)
Excellent	3 (2.6)
Mental health support sought	
Therapist/counselor	51 (44.3)
Peer support/support group	15 (13.0)
Faith/community leader	3 (2.6)
No, but would like support	25 (21.7)
No, not interested	21 (18.3)
Barriers to emotional/mental health support	
Lack of time	57 (49.6)
Cost	56 (48.7)
Hard to find trusted providers	34 (29.6)
Not sure it would help	28 (24.3)
Don't know where to start	21 (18.3)
Other	18 (15.7)

Note. Percentages may not sum to 100% for barriers to care because participants could select multiple response options. N = 115.

“How do you cope with stress or difficult emotions?”

Quote	Theme
“Therapy (individual and couples). Meditation. Talking with friends. Organizing get-togethers for my displaced neighborhood. Crying. Taking walks. Running. Strength training. Listening to music.”	Social Connection and Professional Support
“I connect with family, friends and community. I exercise and sleep at least 7 hours a day. I help others going through the rebuild process, through the design work I do and the information I can share. I speak openly about what it has been like to go through this. I try to be vulnerable with others about my feelings and find commonality with them.”	Physical Activity and Mindfulness Practices
“Distraction and escapism through hobbies and media (reading, crafting/art, TV and movies, video games)”	Escapism and Distraction
“I don’t...I cried all the time and scream at my kids easily.”	Non-Coping and Harmful Patterns
“I drink much more than I should. I find myself thinking “I have so much to do for this and it’s just me. I can’t do all this alone. So why bother even trying??”	Non-Coping and Harmful Patterns
“I don’t really cope; I just push it down and move on.”	Non-Coping and Harmful Patterns

Analysis of participants' open-ended responses yielded 4 themes: (1) Social Connection and Professional Support, (2) Physical Activity and Mindfulness Practices, (3) Escapism and Distraction, (4) Non-Coping and Harmful Patterns. Talking to friends, family, partners, fellow survivors, therapists, pastors was by far the most common response (50+ mentions). Exercise including walking, running, yoga, hiking, swimming, and dog walks was mentioned in a little over 30 responses. Therapy, mindfulness, breathing and meditation practices and leaning into faith and spirituality were named by

about a quarter of respondents. Escapism and distraction such as reading, TV, gaming, video games, music, "and doom-scrolling," was mentioned in about fifteen responses. Pharmaceuticals such as antidepressants (Lexapro, Lorazepam), sleep aids, and anxiety medications were explicitly mentioned in about 10 responses. A smaller but striking subset of respondents described themselves as not coping well, just pushing it down, barely surviving. In terms of maladaptive coping, a small number of respondents explicitly name using alcohol to manage.

RESOURCE ACCESS AND CURRENT NEEDS

See Table 4 for a summary of needs, utilization of and modality of information sources. Current survivor needs remained heavily practical. The most commonly endorsed needs were financial aid or grants (65%, $n = 75$), emotional and mental health support (44%, $n = 51$), and housing and rebuilding support (43%, $n = 49$). When asked, "How easy has it been to find accurate and up-to-date information about available resources?" mean response was 2.7 ($SD = .9$; 1 = "very difficult," 5 = "very easy"). Finding accurate information remained difficult with 34% reporting that locating reliable, up-to-date information was "difficult" or "very difficult."

Fire survivors primarily relied on informal community networks for information. The most common sources were friends/neighbors (67%, $n = 77$), social media/community forums (67%, $n = 77$), and local nonprofits (45%, $n = 52$). Government websites were used less frequently (34%, $n = 39$), potentially suggesting lower trust, lower usability, or poorer fit for real-time disaster recovery needs. When asked how they preferred to receive support, participants favored text messaging (52%, $n = 60$), followed by websites/apps (44%, $n = 51$) and social media and community forums (29%, $n = 33$). This suggests a preference for low-friction, direct, and mobile-first delivery.

Table 4

Current Recovery Needs, Information Sources, and Preferred Modes of Communication and Support Among Wildfire Survivors.

Variable	n (%)
Which types of help do you most need right now?	
Financial aid or grants	75 (65.2)
Emotional / mental health support	51 (44.3)

Housing / rebuilding support	49 (42.6)
Information and updates about community recovery	41 (35.7)
Insurance guidance	40 (34.8)
Legal guidance	38 (33.0)
Community connection and peer support	30 (26.1)
Other	14 (12.2)
Family or childcare assistance	11 (9.6)

Where do you usually look for assistance, guidance, or information?

Friends / neighbors	77 (67.0)
Social media / community forums	77 (67.0)
Local nonprofits	52 (45.2)
Government websites	39 (33.9)
Printed materials or word of mouth	26 (22.6)
Block Captains	24 (20.9)
Other	15 (13.0)

How would you prefer to receive support or information?

Text messages (SMS)	60 (52.2)
Website or app	51 (44.3)
Social media community group	33 (28.7)
WhatsApp	27 (23.5)
In-person / case manager	27 (23.5)
Slack / Discord	18 (15.7)
Phone calls	12 (10.4)

Note. Percentages may exceed 100% for multi-select items because participants could select more than one response option. N = 115.

TECHNOLOGY AND ATTITUDES TOWARDS AI IN RECOVERY

See Table 5 for a summary of use of and attitudes towards AI for recovery purposes. Most participants (n = 86, 75%) had used AI tools previously, indicating relatively high baseline familiarity. Interest in an AI-powered disaster recovery coach was substantial and 69% (n = 79) of respondents reported being “somewhat” or “very interested.” Comfort using an AI-powered recovery coach was moderate with responses widely distributed across the comfort spectrum (M(SD) = 2.9(1.3); 1 = “very uncomfortable,” 5 = “very comfortable”), suggesting openness alongside meaningful hesitation.

The most valued AI functions and tools for disaster recovery were completion of forms (e.g., insurance, aid; n = 50; 58%), delivery of personalized content to answer questions (n = 54, 47%) and resources based on needs (e.g., housing; n = 46; 40%), and relaxation and coping exercises based on current challenges (n = 36; 31%). Interest was lower for purely emotional AI support (n = 14, 12%), suggesting survivors view AI more as a practical recovery assistant than an emotional substitute. Consistent with this, 68% (n = 78) indicated that having a human in the loop alongside any AI system was moderately to very important (M(SD) = 4(1.2); 1 = “not important,” 5 = “very important”). The primary concerns about AI included the accuracy of information delivered (n = 93, 81%), privacy/data safety (n = 74, 64%), and lack of human interaction (n = 56, 49%).

Table 5
Attitudes, Interest, Comfort, and Concerns Regarding AI-Powered Disaster Recovery Support
Among Wildfire Survivors.

Variable	n (%)
Prior use of AI tools or chatbots	
Yes	86 (74.8)
No	26 (22.6)
Not sure	3 (2.6)

Interest in using an AI chatbot as part of fire recovery

Somewhat interested	52 (45.2)
Not interested at all	36 (31.3)
Very interested	27 (23.5)

Comfort using an AI-powered Disaster Recovery Coach

Very uncomfortable	24 (20.9)
Somewhat uncomfortable	20 (17.4)
Neutral	34 (29.6)
Somewhat comfortable	23 (20.0)
Very comfortable	14 (12.2)

Importance of having a human helper available alongside AI

Not important	3 (2.6)
Slightly important	14 (12.2)
Somewhat important	20 (17.4)
Moderately important	22 (19.1)
Very important	56 (48.7)

Interest in AI-powered recovery tools and features

AI-assisted completion of forms (e.g., insurance, rebuilding, assistance)	58 (50.4)
AI-generated personalized content (e.g., articles that address my questions)	54 (47.0)
AI-generated personalized resources to meet my needs (e.g., housing assistance)	46 (40.0)

AI-guided relaxation and coping exercises based on current challenges	36 (31.3)
Other	24 (20.9)
AI chatbot to deliver emotional support for navigating disaster	14 (12.2)
AI-recommended tools and resources to help my kids cope and adjust	13 (11.3)
Personal property inventory help	1 (0.9)
Help quantifying additional rebuild costs due to new code standards and "hardening"	1 (0.9)

Concerns about using AI for disaster recovery or emotional support

Accuracy of information	93 (80.9)
Privacy or data safety	74 (64.3)
Lack of human interaction	56 (48.7)
Other	11 (9.6)
Hard to use / confusing	10 (8.7)
Transparency about models, data, privacy	1 (0.9)
Clear references and resource citations	1 (0.9)
Environmental impact of AI infrastructure	1 (0.9)

Note. N = 115. Percentages for interest in AI-powered features and concerns about AI may exceed 100% because participants could select multiple response options.

“If AI could help you with one thing in your fire-recovery right now what would it be?”

Quote	Theme
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“Looking up/citing California insurance codes/statutes/regulations and correctly applying them to my situation (and helping me craft letters to my insurer).”	Insurance and Administrative Task Assistance
“Tell me how to test and remediate my smoke damaged house to bring it back to habitable standards. Exactly what tests to run when, then exactly what steps to take in Remediation (in Xactimate format).”	Specialized Navigation
“In-the-moment support, tips, and reminders for nervous system regulation tools, dealing with stress and emotional challenges, support and encouragement when navigating challenges - while being able to trust that the training material and sources are vetted and accurate, and with the specific context of fire recovery.”	Emotional Support and In-the-Moment Regulation
“I would never seek out recovery help from an AI tool. This is literally one of the hardest things we have ever experienced. Humans learn best from other humans.”	Refusal and Active Rejection

Participants' responses yielded 4 themes: (1) Insurance and Administrative Task Assistance, (2) Specialized Navigation and Technical Guidance, (3) Emotional Support and In-the-Moment Regulation, (4) Refusal and Active Rejection. AI attitudes reflected a bimodal response. A majority of participants offered a number of practical use cases for disaster recovery, with the most frequently cited use case involving insurance-related tasks such as interpreting policy language, drafting communications with adjusters, citing relevant regulations, and disputing claim denials. Additional high-value applications included personal property inventory and valuation and reconstructing lost-belongings lists from photos or Amazon purchase history, centrally locating and organizing recovery resources, and navigating complex processes such as rebuilding, FEMA assistance, tax implications, and recovery decision-making.

A smaller but notable minority (n = 15) explicitly refused to provide a use case and rejected AI for recovery expressing hostility (e.g., “F*** AI”) or detailing substantive concerns. These included algorithmic bias and privacy concerns, hallucination/accuracy worries, philosophical positions that AI cannot substitute for human connection during emotional recovery, and a generational/comfort gap (“I’m a bit of a Luddite”). One respondent, a self-reported domain expert who uses AI professionally, articulated a common critique: “AI for emotional recovery would feel like clicking, not connection, and would not survive contact with real human pain.”

“Is there anything else you’d like to share about your experience or ideas for how to reduce stress in the recovery process and empower survivors?”

Quote	Theme
“Look at the FEMA model of the disaster recovery center at the old Westside Pavilion. There were people guiding you to parking, people checking you in and doing intake questionnaires, then you had fifty or more agencies with tables ready to help you replace passports, deeds to homes, sign up for grants, get insurance guidance, and on and on. That was a one-stop recovery shop and everyone was incredibly kind.”	What Good Support Actually Looks Like
“Consistent care. Recovery tends to be everything at once then nothing at all. Neither extreme is helpful post trauma.”	The Loneliness and Fragmentation of Recovery
“I went from a three bedroom house in the Palisades to living in my car pregnant with a dog and two small children to having the baby and still being homeless in my car and I still never once gave up. I’m still displaced, but I have faith that one day it’ll change.”	The Loneliness and Fragmentation of Recovery
“This process can feel so isolating and make you feel alone. It’s important to stay connected to others to help keep the sense of community. The world moves on quickly but we cannot and shouldn’t have to.”	The Loneliness and Fragmentation of Recovery
“The most positive aspect of my own recovery process is that I have been able to help others through the architecture work I do. It is something I can offer and the exchange with others feels mutually supportive.”	Helping Others as Self-Healing
“I think using AI for emotional support would feel super depressing, like I literally have no one in the world to care for me and I have to rely on a chatbot. I would feel sad about that.”	AI Skepticism

An additional open-ended question was posed for respondents to provide feedback and ideas and yielded four themes: (1) What Good Support Actually Looks Like, (2) The Loneliness and Fragmentation of Recovery, (3) Helping Others as Self-Healing, (4) AI Skepticism. Survivors provided detailed institutional advice or critiques (e.g., what FEMA did right or wrong, model recovery centers, specific organizations to amplify or avoid), policy and services asks (e.g., federal aid release,

contamination standards, free long-term mental health, organized self-care experiences and retreats), along with critiques of "support" that misses the mark by not being trauma-informed or clued into the survivor experience. Some degree of social fragmentation among survivors was noted whereby respondents shared about block-by-block variation, total-loss vs. smoke-damage divides, natives vs. new transplants, families vs. individuals — all which at times function to create barriers to peer connection within affected communities. Multiple respondents described the experience of channeling their recovery into helping other survivors as one of the most positive aspects of their own recovery and healing process. Finally, some AI-specific commentary expanded critiques about AI for emotional support and how that can be inherently isolating.

“What advice would you give to someone who has just experienced a disaster?”

Quote	Theme
“You cannot do this alone. Be intentional about seeking out professionals and community members who can help streamline the process so that you can approach things objectively instead of making emotionally driven decisions in moments of frustration.”	Find Community and Don't Go It Alone
“When people offer help, just say yes. It may feel awkward, especially if it's monetary (at least that was the hardest for me), but it's what they want to do and the way they feel they can help. Let them.”	Find Community and Don't Go It Alone
“I am so sorry this happened. You will never be the same and you will be ok. Feel everything and allow those around you to feel everything too. The good, the bad and the ugly. The road out of here is not linear. Be patient with yourself and be patient with others. Eat the cake.”	It's a Marathon
“It is a marathon process, not a sprint. Save some time to take care of yourself.”	It's a Marathon
“Get granular. Try to stay in the present moment. Don't look at tomorrow, next week or next month. Look at the next 5 minutes. When you can tolerate that, look at the next 10 minutes. Eventually you will be able to look at tomorrow and then the next week and then the next month.”	It's a Marathon
“Don't expect any help. You need to figure it out yourself.”	Darker Realism

“Don’t expect your insurance company to be your advocate, even though you have paid for the coverage. They immediately become your adversary because they don’t care about you personally. They do not want to pay on your claim.”

Darker Realism

Participants’ responses clustered around three primary themes: (1) Find Community and Don’t Go It Alone, (2) It’s a Marathon - Pace Yourself, and (3) Darker Realism. The most common recommendation by far was to seek connection with other survivors and avoid navigating recovery alone (e.g., “find your tribe,” “get on the email lists”). More than 40 respondents emphasized the importance of finding community, whether through neighbors, survivor groups, online forums, or established organizations such as United Policyholders. Participants repeatedly described fellow survivors as uniquely valuable sources of both emotional support and practical guidance because they understood the realities of disaster recovery without requiring explanation. Closely related was the recognition that recovery is a long-term process rather than a short-term crisis. Approximately 30 respondents advised future survivors to approach recovery as a marathon rather than a sprint, encouraging them to pace themselves, lower expectations, and practice lots of self-compassion. Common phrases included “give yourself grace,” “go slow,” and “take it one day at a time.” Many participants reflected that they underestimated the duration and complexity of recovery and wished they had been more prepared for the sustained emotional and administrative demands.

Participants also offered highly practical advice centered on organization, documentation, and accepting support. Roughly 20 respondents stressed the importance of keeping detailed records, using a separate email address for recovery, taking photographs, maintaining written correspondence, and creating systems to manage the large volume of recovery-related information. Others recommended accepting help when offered, noting that pride, independence, or uncertainty about what to ask for sometimes prevented them from receiving valuable assistance. A recurring caution involved insurance, with many participants advising survivors to document everything, understand their policies early, and consider engaging a public adjuster.

A subset of responses reflected a darker, more sobering perspective on recovery. These participants described feeling abandoned and betrayed by institutions. Some warned that support often fades long before recovery is complete, offering observations such as “you will be forgotten six months later” and “recovery is a full-time job that you never wanted.” In contrast, several younger and older respondents offered simpler messages of hope and perseverance, emphasizing that healing is possible and encouraging survivors not to lose hope. Together, these responses reveal a blend of

practical wisdom, emotional realism, and hard-earned lessons about the importance of community, patience, and persistence in the aftermath of disaster.

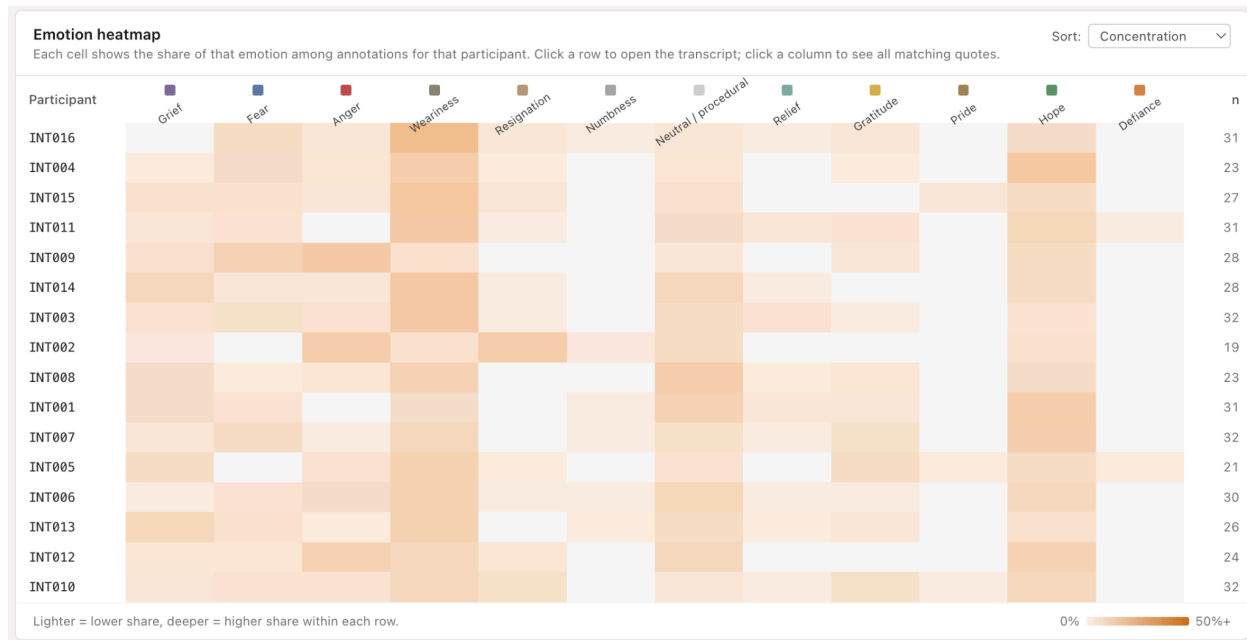
DEMOGRAPHIC DIFFERENCES IN AI EXPERIENCE, COMFORT, INTEREST, AND PREFERENCES

Non-parametric point bi-serial correlations revealed that level of comfort with and interest in using AI tools for disaster recovery was not related to age ($\rho = -.17$, $p = .08$; $\rho = -.04$, $p = .70$) or gender ($\rho = .13$, $p = .18$; $\rho = .12$, $p = .21$), respectively. Preference for having a human in-the-loop alongside AI tools was stronger among older wildfire survivors ($\rho = .22$, $p < .05$). Finally, participants with prior experience using AI expressed more interest in using AI tools to support disaster recovery ($M = 3.0$, $SD = 1.44$) compared to those without prior AI experience ($M = 2.38$, $SD = 1.52$; $\rho = -.19$, $p < .05$) but no differences were observed in comfort-level using AI tools for disaster as a function of AI experience ($\rho = .13$, $p = .17$).

QUALITATIVE INTERVIEW FINDINGS

Sixteen fire survivors who completed the survey were invited to participate in a semi-structured interview. Mean age was 55.6 ($SD = 12.2$, Range = 34-78); ten participants were female, five male, and one identified as non-binary. The majority of the interviewees were Eaton Fire survivors ($n = 14$). Four participants experienced smoke damage with the remainder experiencing total loss. Four participants had children under the age of 18 and two participants were providing caregiving for a relative with a disability or health condition. All but 1 participant was still displaced and living in temporary housing.

A sentiment analysis of survivor interview transcripts using a 12-emotion heatmap revealed weariness, grief, and hope as the dominant emotional experiences, underscoring the sustained demands of long-term recovery alongside survivors' enduring resilience.



Theme 1: Recovery as an Unpaid Second Job

The most consistent and pervasive finding across all 16 interviews is that disaster recovery functions as a second job. Survivors describe the immediate and total collapse of pre-fire routines: sleep, work rhythms, parenting patterns, exercise, and social life all disintegrated overnight. Displacement compounded this disruption, with many survivors moving between temporary accommodations multiple times over weeks or months, resetting whatever fragile structure had been re-established with each move. On top of this destabilization, the administrative and logistical demands of recovery (e.g., insurance calls, paperwork, contractor coordination, agency visits, legal consultations) consumed dozens of hours per week for well over a year. Participants describe this load with exhausted resignation: not merely that recovery is effortful, but that it is relentless, intrusive, and all-consuming.

Quote	Code
“I probably spend 14 to 16 hours a day at my desk, 7 days a week, doing this, and I have for over a year.”	Routine Collapse
“You know, immediately after the fire, it felt like the rug had been pulled out from under me, like, all my routines were... were done.”	Routine Collapse
“I stayed with friends for a little while, I stayed at an Airbnb for a little while, and then eventually I found this place that I'm living now.”	Displacement Instability

“This insurance fight is truly... and the fire recovery is a full-time job.”	Recovery as Unpaid Second Job
“It's been rare to have a weekend where we haven't been doing something related to recovery, like, super rare.”	Recovery as Unpaid Second Job

Theme 2: Betrayal by Institutions

Survivors described insurance difficulties not only as bureaucratic frustrations but also as a systematic, deliberate campaign of delay, denial, lowballing, and psychological attrition designed to exhaust policyholders into accepting inadequate settlements. Beyond insurance, survivors expressed a broader sense of injustice and institutional betrayal: the recognition that the systems they had trusted (government, utilities, emergency services) either caused the disaster through negligence or failed to protect them in its aftermath. The anger shaped survivors' skepticism toward any new tool or institution claiming to help them.

Quote	Code
“There was, like, a playbook. They make more money by delaying and denying.”	Insurance as Adversarial System
“Right, it's not trauma-informed at all to have to replay that every two weeks.”	Insurance as Adversarial System
“That's a moral injury to your sense of safety and the systems that are supposedly there to protect us, right?”	Moral Injury / Systemic injustice
“I feel like I've been held hostage by my insurance company.”	Moral Injury / Systemic injustice
“We just feel like our government, our local and federal government, has failed us.”	Moral Injury / Systemic injustice

Theme 3: Drowning in Complexity Without a Guide

Survivors faced a dual and mutually reinforcing crises. Externally, recovery information was reported to be scattered across dozens of agencies, social media channels, nonprofit organizations, and government portals, with no single trusted source synthesizing guidance into an actionable sequence. Internally, trauma exposure and chronic stress had depleted the cognitive resources required to

navigate this complexity. Executive functioning impairment (difficulty sequencing tasks, retaining information, making decisions, and tracking deadlines) was widely reported and frequently unrecognized as a trauma symptom. The combination was particularly difficult because recovery demanded maximum cognitive capacity at the precise moment trauma had reduced it most. Survivors described brain fog, memory loss, and an inability to prioritize, and expressed a deep, specific desire for a single person or system (a case manager, a navigator, a guide) who could tell them what to do next and ensure they were not missing critical deadlines or resources.

Quote	Code
“Unless you were in some kind of loop, you... you often didn't hear about them [resources, financial aid]. So there was, like, no consolidation of all that going on.”	Fragmented Information landscape
“It's been very, very challenging to get good information, consistently.”	Fragmented Information Landscape
“I was losing memories, and I couldn't even, like, add two numbers together, right? Like, having so much brain fog, and I... and friends would come in and help, but having somebody where I could kind of just rely on them to say, like, okay, this is the thing I'm currently struggling with, like, what resources are available.”	Executive Functioning Impairment
“Yeah, I can't organize it. It's like I'm always wandering around saying, what am I looking for?”	Executive Functioning Impairment
“If I had a personal assistant where I could just tell them, please do this for me.”	Lack of a Case Manager / Navigator

Theme 4: Grief, Loss, and the Home That No Longer Exists

Beyond the material destruction of possessions, survivors described a deeper and more permanent grief which was the loss of identity along with the physical containers of memory. Photographs, heirlooms, handmade objects, children's artwork (items whose value was entirely relational) could not be compensated, replaced, or recovered. Alongside the loss of objects, the home itself functioned as an emotional and spatial anchor whose absence created a persistent disorientation that survivors struggled to articulate. They described the inability to say they were “going home,” the strangeness of sleeping in a place that was not theirs, and a deep uncertainty about whether the rebuilt

structure would ever feel like the home they lost. These losses intensified rather than softened over time, often surfacing unexpectedly long after the event.

Quote	Code
“That was furniture that was in the house where I grew up, and it... No longer exists.”	Grief over Irreplaceable Items
Buzz and Woody are boxed up in a box, and they’re gone forever, and so is the artwork that your child made.”	Grief over Irreplaceable Items
“I’d say, like, probably at the, you know, the 6-month mark, you know, is when I felt like, okay, this... I can get through this. This is something that, yes, I will mourn the loss of these things forever, you know, the... the things that you can’t replace.”	Grief over Irreplaceable Items
“On this trip I just took, I couldn’t bring myself to say I’m going home, because I’m not.”	Loss of Home as Anchor
“It’s weird... it’s just a weird situation, and just feeling like you want to go home, but there’s no home to go to.”	Loss of Home as Anchor

Theme 5: Latency of Trauma Responses

In the acute phase after the fires, many survivors described functioning in an adrenaline-driven, task-focused mode that suppressed emotional processing. They were occupied with finding housing, managing paperwork, and protecting their families, and appeared to be coping. The grief, fear, and trauma responses that were deferred in this phase surfaced later, often unexpectedly and with full intensity. Some participants noted that when logistical demands eased, their minds finally had space to process what had happened. Several participants described being blindsided by the depth of their distress months into recovery, having believed they were doing well. Intrusive imagery, nightmares, hypervigilance, and dissociation were reported in the acute aftermath. Numbness, depression, and grief episodes emerged in the later phases of recovery. This non-linear, recovery-phase sensitive trauma arc indicated that emotional support that arrives only in the acute phase could miss the survivors who need it later.

Quote	Code
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“I don't remember much of it, you know, a lot of dissociation.”	Intrusive Imagery / Acute Trauma Response
“For 2 weeks, I sat like a zombie in front of the TV, not knowing what to do.”	Delayed Emotional Processing
“You know, month 7 or 8 or a year in, you're still mourning things and remembering things that you don't have.”	Delayed Emotional Processing
“I know that when I go over that [inventory] list, I'm going to have... I'm going to have a depression episode. I know that that's going to happen.”	Delayed Emotional Processing
“In the apartment that we got the week before, and the family was laughing upstairs, like, well, how do they have time for laughing? I don't have time for that. And I realized, there's no one left, like, I'm basically alone at this point. So that was the sort of low point. That broke me. I never had really broken down until then, but that... that broke me.”	Delayed Emotional Processing

Theme 6: Community as the Real Recovery Infrastructure

When asked what had actually helped them, survivors consistently and emphatically pointed to the value of community and peer networks of fellow survivors, over government agencies or official channels. Facebook groups, Discord servers, WhatsApp street groups, and WeChat channels served as the primary source of real-time, hyperlocal, and situationally relevant recovery information throughout the disaster period. These platforms crowdsourced contractor referrals, legal strategies, grant discoveries, and contamination data in ways that official communications could not match for speed or specificity. Beyond information, community networks provide emotional validation that only shared experience can offer which is the relief of not having to explain oneself to people who already understand. Many survivors also converted their pain into purpose by volunteering, advocating, mentoring neighbors and finding meaning and psychological stability through helping others navigate what they had already survived. Visible signs of collective progress also provided hope. Survivors were not looking for technology to replace their community, but rather for it to extend, organize, and amplify it.

Quote	Code
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“It was a lifeline, because people were posting, like, hey, this, this, distribution site has Tyvek suits, right? Or, they’re giving away air purifiers at the grocery outlet on Lake Avenue, right? So it was a lot of, kind of, like, peer-to-peer information that was, able to be disseminated really quickly.”	Social media as information hub
“Those have been the most helpful resources, all those little subgroups, the social media groups, because most of the information that we’ve gotten through there would have been impossible to find through other resources.”	Social media as information hub
“How can I take what I went through and help others? Because that’s... that’s the key, you know.”	Meaning through helping others
“And that there’s a sense of hope and rebirth and, and community coming back. And that’s something... the commercial district is not happening, but homes are coming back.”	Hope from visible progress

Theme 7: The Financial Trap

Financial stress was found to pervade nearly every phase of recovery and functioned to “trap” survivors between inadequate resources and escalating costs. The gap between insurance payouts and actual rebuild costs was widening as survivors noted that construction prices were rising, and underinsurance left several survivors structurally unable to rebuild without incurring significant additional debt. Survivors faced months of simultaneous rent and mortgage payments, upfront costs for contamination testing and remediation, and complex tax implications of disaster settlements that few felt equipped to navigate. For owners of standing smoke-damaged homes, a distinct trap existed. Without regulatory standards for indoor toxin thresholds, this subgroup of survivors were left in “purgatory.” While they could return to a physical structure, it was not safe and they could not access the remediation resources available to total-loss homeowners, leaving them in a prolonged and expensive limbo. The personal property inventory (e.g., listing and pricing every lost item for insurance) added an additional burden that was both administratively enormous and emotionally devastating and retraumatizing. Finally, county permitting processes extended the financial drain further, with timelines measured in years rather than months.

Quote	Code
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“For me personally, it’s always financial. It’s, hey, how do we get back to what we had?”	Financial Strain and Tax Complexity
“For 5 months, I paid my mortgage and my rent. The rent is double the mortgage.”	Financial strain and Tax complexity
“What we can’t see. I mean, it’s one thing, you know, you can clean all you want, but what really is there, and what is... is this gonna kill us?”	Contamination / Standing-Home Limbo
“Part of the problem, not only is that a massive amount of work, I mean, I’ve... I can’t even... I’ve put hundreds of hours into this document already, and I’m not getting paid to do any of that, right? Like, that’s, like, hours of time, right?”	Inventory Burden

Theme 8: Survivor Needs Are Recovery Phase-Dependent

One of the most important structural findings in the interview data was that recovery was not a single, uniform experience but a sequence of qualitatively distinct phases, each with different dominant needs, emotional registers, and required forms of support. In the acute phase, survivors needed immediate logistical guidance (housing, utilities, basic supplies, first insurance steps) delivered quickly and without emotional complexity (“survival mode”). Shortly after, the dominant need shifted to resource navigation such as understanding and accessing FEMA, insurance, legal aid, and financial programs, while managing the growing complexity of decisions that had long-term consequences. The later phases surfaced needs that were deferred earlier such as psychoeducation about the emotional arc of recovery, long-term financial planning, and the integration of the disaster into one’s life narrative. A tool that delivers the right support at the wrong phase (emotional depth in the acute phase, or logistical checklists a year in) will feel irrelevant or even jarring.

Quote	Code
“Yeah, so that first week was kind of learning about insurance and, you know, what did I have to do.”	Immediate Logistics (Acute)
“Understanding what’s available, what grants are available, what, you know, financial aid is available.”	Resource Navigation (Middle)

“And even some psychoeducation, you know? Like, this is sort of what I should be thinking of now, or this is what I should expect to happen now.”	Emotional Normalization (Later)
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“You know, that’s, like, probably 3 years down the road. And then we’re gonna have 5 years of creating a life.”	Long-term Planning
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Theme 9: Survivors Are Already Using Technology

A significant behavioral finding was that survivors were not waiting for purpose-built recovery technology but rather they were using it to meet their own custom needs. Several particularly resourceful survivors constructed elaborate DIY systems: Google Drive folders containing every fire-related document, spreadsheets tracking insurance payouts by category, physical notebooks started on the night of evacuation. A meaningful subset were already using general-purpose AI tools (primarily ChatGPT and Gemini) for specific recovery tasks, including contents inventory reconstruction, insurance letter drafting, policy analysis, and grant research, with reported genuine utility. Survivors had already demonstrated the need and the willingness to use technology for recovery tasks. However, integration of these capabilities with survivors' specific context was much desired.

Quote	Code
“I have, like, a massive Google Drive that has every single document related to the fire. It’s where I keep research papers and all of my insurance documents, photos of all of my stuff.”	Self-built Spreadsheets / Docs
“So we’re using AI, especially in our property inventory list, giving it prompts like, this was our income, this was the type of sports we liked, or this is the reading style we liked, and then telling... having it help us try to remember what was in our house.”	AI-Assisted Inventory
“Well, one of the first things I did was I uploaded my full insurance policy into chat and just asked it questions about what my coverage was and where I could find it in it, because I wasn’t going to read through a 90-page document.”	AI as Advocacy Tool
“First pass got it [my inventory list], like, really well... got it to a point where, like, yeah, actually, I wouldn’t feel bad giving this to a lawyer.”	AI-assisted Inventory

“Yeah, like, we... I tried it [AI] a few times, or I thought about it, but then... there's, like, not one single thing that, like, worked or made sense, or it felt too much like work.” No fit-for-purpose app

Theme 10: Cautious and Conditional Openness to AI

Survivors' attitudes toward the DRC concept were neither uniformly enthusiastic nor resistant but rather carefully conditional. The strongest and most consistent endorsement was for use of AI in practical, cognitive, and informational tasks. This included synthesizing documents, tracking deadlines, sourcing grants, drafting insurance correspondence, and reducing executive load. When oriented to specific features of the DRC prototype, survivors responded with genuine hope, as indexed in the affective valence measure. Several concerns about using AI for recovery also emerged in survivor interviews. (1) accuracy: survivors had direct experience of AI fabricating insurance codes, and given the high-stakes nature of recovery decisions, a single wrong answer could cause real harm; (2) emotional safety: survivors strongly preferred human connection for emotional processing and expressed concern about vulnerable people forming inappropriate attachments to AI; (3) privacy: sharing sensitive insurance, legal, and health information required explicit trust-building; (4) tone: several survivors explicitly rejected the generic positivity and over-affirmation of standard AI interfaces, preferring directness, honesty, and grounded feedback. Together these conditions defined not barriers to adoption but the design requirements for a tool that survivors would actually trust and use.

Quote	Code
“I think it can be really helpful in terms of sourcing information, in terms of synthesizing information, you know, in terms of personalizing.”	AI Useful for Practical / Cognitive Load
“I would love a resource. That would have been great at the very beginning. What should I do next?”	Endorses Centralized Resource Hub
“Extending out to 2 years, can you find that insurance code for me? And it made one up. “	Hallucination / Accuracy Concern
“I worry that with AI, it's... it's... that coaching, it's too positive, and I need to know that if I'm doing something that I should change.”	Tone / Over-affirming Concern

DISASTER RECOVERY COACH PROTOTYPE FEEDBACK

Qualitative analysis revealed interest and positive feedback for several features of the DRC prototype including the architecture for a centralized resource hub, contextual personalized AI, public community channels to crowdsource information, and a captain's log function. Analyses also identified concerns about hallucination, accuracy, privacy, and usage for mental health instead of talking to real people. Survivors showed significant interest in workflow support, frequent check ins, proactively providing tools, resources and information to help with recovery. Some also showed interest in getting the reassurance that they are on track with their recovery, so that they don't stress about not knowing where they are relative to others. Appendix A provides a mapping of survivor needs to potential technology-enabled solutions.

DISCUSSION

This mixed-methods evaluation of 115 survivors of the 2025 Los Angeles wildfires found that recovery remained active and incomplete for many participants 12–16 months after the disaster. Survivors reported substantial housing instability, financial strain, emotional distress, and ongoing administrative burden, with mental health stress, insurance navigation, and rebuilding paperwork emerging as the most common challenges. Across survey and interview data, recovery was experienced not simply as a logistical process, but as a prolonged cognitive, emotional, and administrative burden requiring survivors to navigate fragmented systems while managing trauma, displacement, disrupted routines, and financial uncertainty. Participants expressed strong interest in technology tools that could reduce administrative burden and improve access to personalized recovery guidance, while simultaneously emphasizing the continued importance of human connection and community support.

INTERPRETATION OF KEY FINDINGS

1. Recovery is Operationally Overwhelming.

A central contribution of this study is the identification of disaster recovery as an executive-functioning burden. Survivors repeatedly described the need to plan, prioritize, track deadlines, complete paperwork, organize next steps, coordinate across agencies, and make consequential financial and housing decisions under conditions of chronic stress. This creates a mismatch between what recovery systems demand and what disaster-impacted individuals may be cognitively and emotionally able to sustain. Rather than requiring only emotional coping support, long-term recovery often requires sustained “workflow support”: help sequencing tasks, organizing information, tracking next steps, completing forms, and accessing timely, accurate resources.

Existing evidence-informed protocols such as Psychological First Aid and Skills for Psychological Recovery provide important frameworks for emotional and behavioral support, but they do not fully address the operational workload of long-term recovery. In this study, survivors frequently described recovery as a second full-time job, and many framed practical assistance as emotionally relieving in its own right. These findings suggest that AI-enabled tools may help address some gaps in

recovery support by providing context-aware guidance, task sequencing, reminders, resource navigation, and assistance with administrative tasks such as insurance claims or financial assistance applications. Importantly, such tools should not be conceptualized as replacements for case managers, mental health providers, or community support. Rather, they may be most useful when designed to extend the reach of human-centered recovery systems, reduce cognitive burden, and route survivors toward trusted people, services, and resources when needed.

2. Community Functions as Critical Recovery Infrastructure

Survivors relied heavily on peers, neighbors, survivor-led groups, and informal digital networks for both practical guidance and emotional validation. In the survey, friends and neighbors and social media/community forums were the most commonly used sources of recovery information, exceeding reliance on government websites. This suggests that community was not merely a source of social support, but a functional part of the recovery infrastructure. Community can be a powerful mechanism for exchanging real-time information, identifying and vetting resources, sharing lessons learned, and reducing the isolation of navigating recovery alone.

These findings have important implications for digital recovery tools. Technology should not be designed to replace peer, neighbor, or community-based support. Rather, it may be most useful when it helps organize, amplify, and extend these networks. For example, AI-enabled tools could help survivors make sense of community-generated information, identify relevant resources, track recommendations, and connect users to survivor-led groups, case managers, or other trusted human supports. In this model, technology functions as connective tissue within a human-centered recovery ecosystem.

3. Same Ocean, Different Boats: Recovery Is Not One-Size-Fits-All

Although survivors experienced the same regional disaster at the population level, their recovery needs varied substantially based on individual and household context. There are many common recovery tasks across survivors which included securing temporary housing, navigating insurance, applying for financial assistance, managing remediation or rebuilding, and accessing emotional support. However, the meaning and complexity of each task differed depending on whether the survivor was a renter or homeowner, experienced total loss or smoke damage, had children in school, was caring for a family member, had sufficient insurance coverage, or remained displaced.

This variability suggests that one-size-fits-all recovery interventions are unlikely to be sufficient. Effective recovery support must be personalized, context-aware, and phase-sensitive. A survivor who has lost a home, a renter who has lost belongings, and a family living in a smoke-damaged but standing home may all need “housing support,” but the relevant decisions, documents, risks, and emotional burdens differ meaningfully. Digital tools may be particularly useful when they can tailor guidance to these contextual differences without requiring survivors to repeatedly explain their specific situation.

4. AI is Desired for Tactical Support, Not a Relational Replacement

Participants appeared most interested in AI as a practical recovery assistant rather than as a substitute for human care or community connection. The most valued AI-supported functions included help completing forms, answering personalized questions, identifying resources based on need, and support with using coping and relaxation tools. Interest was lower for AI-delivered emotional support alone and survivors largely desired human connection for processing grief, emotional complexity, and meaning-making. This suggests that survivors viewed AI as most useful for reducing cognitive and administrative burden and helping with stress monitoring and management rather than replacing relational support.

These findings support a hybrid model in which AI-enabled tools provide tactical and workflow support while actively facilitating connection to people: peers, neighbors, survivor groups, mental health professionals, and other trusted supports.

5. Survivors Want Trust, Safety, and Low-Friction Design

Survivors were not simply asking whether AI should be used in disaster recovery; they specified how it would need to be designed to earn their trust. Although 75% had previously used AI tools and 69% expressed interest in an AI-enabled disaster recovery coach, concerns were substantial and included accuracy, privacy and data safety, and lack of human interaction. In addition, 68% of participants indicated that having a human helper available alongside AI was moderately to very important.

Given the high-stakes nature of disaster recovery decisions, trustworthiness may be more important than technical sophistication for adoption and implementation. Survivors need accurate, vetted, up-to-date information, transparent boundaries around what the tool can and cannot do, privacy protections, and clear pathways to human help. Technology alone cannot solve structural

failures in insurance, housing, financial assistance, or disaster governance. However, carefully designed tools may help compensate for some system fragmentation by making information easier to access, organize, and act upon.

Finally, implementation should prioritize simplicity. Participants preferred low-friction, mobile-first support, with text messaging endorsed by the majority of respondents. Prototype feedback also favored simple interfaces such as SMS or WhatsApp to reduce the cognitive load of adopting a new technology platform. A recovery tool that requires survivors to download, learn, and maintain an unfamiliar platform may inadvertently add burden. In contrast, SMS-based support that can interface with more robust platforms may offer a more acceptable and feasible entry point for disaster-impacted users.

MAKING AI WORK FOR SURVIVORS

There are well-known risks associated with using large language models for both emotional and tactical support, particularly with disaster survivors, who may be navigating acute distress, financial precarity, and grief. These risks include hallucinated or inaccurate information, inappropriate tone, algorithmic bias, data privacy concerns, clinical safety failures, overreliance, and the potential for manipulation or erosion of human connection. While many foundational models have made substantial progress in reducing some of these risks, the use of AI in disaster recovery requires continuous caution, rigorous testing, and clear limits on what the tool is designed to do.

Importantly, survivor safety cannot be reduced to a prompt that detects suicide-related language and displays the 988 suicide prevention hotline. Disaster survivors may express distress, hopelessness, anger, confusion, exhaustion, or impaired functioning in ways that do not map neatly onto crisis keywords but still require careful, context-sensitive responses. A defensible AI-enabled recovery system needs (1) layered safeguards before, during, and after generation, (2) responses calibrated to risk, user context, and phase of recovery, (3) active pathways to human support and limits to length of multi-turn conversations, (4) clear boundaries around clinical advice, and (5) ongoing monitoring for harms that may emerge across repeated conversations. The goal is not to replace human care, case management, or community support, but to build technology that helps survivors sequence next steps, reduce overwhelm, access accurate information, and reconnect with trusted people and services when they need them most.

STUDY STRENGTHS AND LIMITATIONS

This study has several strengths. First, it centers the perspectives of survivors navigating recovery 12–16 months after a disaster, a “messy middle” period when recovery remained highly active and incomplete for many participants. The mixed-methods design allowed quantitative findings from to be interpreted alongside richer qualitative interviews, providing both breadth and depth about the survivor experience. The study also addresses an emerging and underexamined area: how disaster survivors are already using, evaluating, and setting conditions for trust in AI-enabled recovery support. Finally, the evaluation was grounded in a real-world product context, allowing survivor and stakeholder feedback to directly inform the design of a Disaster Recovery Coach.

Several limitations should also be noted. This was a pilot evaluation with a non-random sample of English-speaking survivors from two wildfire-impacted communities, which limits generalizability to other disasters, regions, languages, and populations. The cross-sectional design captures survivor experiences and attitudes at one point in the recovery process and cannot determine how needs, technology preferences, or mental health outcomes change over time. The qualitative interview interrater reliability was not assessed for thematic analyses; additionally, the research team ranked themes generated through an AI-enabled thematic analysis process, which may introduce interpretive bias despite manual review. Finally, the study assessed acceptability, feasibility, and prototype feedback rather than clinical or functional effectiveness to evaluate whether AI-enabled disaster recovery coaching improves survivor outcomes.

CONCLUSION AND FUTURE DIRECTIONS

Findings from this study suggest the need for disaster recovery systems that are personalized, action-oriented, trauma-informed, and capable of integrating practical recovery assistance with emotional and community-based support. Communities impacted by mass trauma should not be expected to reinvent recovery infrastructure in real time. A Disaster Recovery Coach may offer a flexible and rapidly deployable model that can be customized with local resources and programs, translated into multiple languages, and culturally adapted to meet the evolving needs of affected communities.

Next-generation disaster recovery systems should move beyond treating emotional distress and practical recovery tasks as separate domains. Instead, recovery support should help survivors complete high-burden tasks such as insurance navigation, resource identification, documentation, and financial assistance while also reducing overwhelm, restoring agency, and strengthening connection to trusted people and services.

A digital recovery tool is likely to be most effective when paired with human support rather than deployed as a standalone intervention. This hybrid model may also have implementation value for the disaster recovery workforce. Crisis counselors and case managers often reach only a subset of survivors and may themselves be working at the limits of capacity, with heightened risk for burnout, secondary traumatic stress, and moral distress. AI-enabled tools could help trained human supporters manage administrative complexity, organize resources, and extend follow-up, while preserving human judgment for high-stakes, relational, ambiguous, or clinical situations.

A supervised beta evaluation of the Disaster Recovery Coach will be conducted with another sample of disaster survivors in Fall 2026. Future research should evaluate whether accessible, trauma-informed tactical and coping support improves recovery-related outcomes, including self-efficacy, perceived overwhelm, access to resources, emotional distress, and connection to trusted human support. If effective, this model may help communities move toward resilience and recovery while reducing the downstream harms associated with prolonged displacement, financial strain, and fragmented post-disaster systems.

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APPENDIX A

Survivor Needs to Technology-Enabled Solutions Mapping

Recovery Challenge	Tech-Enabled Solution	Examples
Insurance navigation & bad-faith disputes	AI-assisted insurance communication and claims filing support	- Track claim milestones and flag missed deadlines - Explain policy terms in plain language - Draft adjuster letters citing CA insurance law
Information overload & no centralized roadmap	Personalized recovery roadmap and centralized resource directory Task management and document assistance engine Community channel summarization and curation layer social platforms.	- Curated, verified resource directory filtered by profile - Deadline tracker with push notifications - Phase-by-phase checklist ordered by recovery stage - Pre-filled form templates (FEMA, SBA, insurance) - Personal property inventory with AI-assisted recall
Financial strain & access to funds	Financial aid discovery and gap-analysis tool	- Grant and loan eligibility screener - Insurance payout vs. rebuild cost gap calculator - Track cash flow across displacement expenses
Emotional & mental health distress	Trauma-informed emotional support companion	- Trauma-informed conversational check-ins - Access to real mental health experts - Peer survivor story library

Marginalization of renters, seniors & vulnerable groups	Population-specific navigation pathways	● Accessible interface for older adults ● Language localization for non-English speakers ● Special needs resource connector ● Guidance for caregivers
Feeling forgotten as recovery extends beyond acute phases	Long-term recovery continuity and advocacy support	● Milestone celebrations and progress affirmations ● Phase-sensitive check-ins at 3, 6, 12 months