

## Appendix D - Disaster Mental Health Core Competencies



### Disaster Mental Health Core Competencies

The development of disaster mental health competencies enables California to identify training strategies and California Disaster Healthcare Volunteer registration strategies. This complies with federal requirements and leads the nation into the next iteration of disaster mental health best practices.

The five core competencies are prefaced by a seven-point preamble that serves as a platform for understanding the competencies themselves.

#### Preamble

- Adherence to performance within one's scope of practice (e.g., functional role; knowledge, skill, authority; continuing education; ethics; confidentiality, licensure, certification) with respect to individuals, families, groups, organizations, and/or at the population level;
- Consideration of the context of the situation (e.g., event type, population served, geography, sensitivity for unique subgroup needs) in applying these competencies;
- Recognition of the distinction between public health initiatives and clinical practice with respect to the population, temporal acuity, and disaster phase; and a further distinction between crisis intervention and traditional mental health treatment;
- Sensitivity to diversity and cultural competence;
- Acceptance by management/leadership so as to recognize and embrace disaster behavioral health principles;
- Recognition of the desire to reduce the risk of any harm that may come from intervention; and
- Recognition of the importance of teamwork and adherence to the incident command system

#### Core Competencies

- 1. Understand and describe the following key terms and concepts related to disaster mental/psychosocial/behavioral health preparedness and response:**

- A. The National Incident Management System (NIMS)/Standardized Emergency Management System (SEMS)/Incident Command System (ICS); and the role of disaster mental health in a multidisciplinary disaster response;
- B. The nature, biopsychosocial, and cultural manifestations of human stress and typical stress reactions;
- C. The phases of psychosocial disaster and recovery reactions at the individual and community levels;
- D. The psychosocial effects of psychological trauma and disaster-related losses and hardships on individuals and communities;
- E. Disaster mental health intervention principles and phase-appropriate interventions;
- F. Crisis intervention(s) with disaster-affected individuals and (sub) populations; and
- G. Individual and population-based responses before, during, and after a disaster (e.g., evacuation, shelter in place).

**2. Communicate effectively as demonstrated by one’s ability to:**

- A. Establish a connection and rapport;
- B. Employ active/reflective listening skills;
- C. Utilize effective nonverbal communications;
- D. Establish realistic boundaries and expectations for the interaction; and
- E. Employ principles and strategies for culturally competent and developmentally appropriate communications.

**3. Assess the need for and type of intervention (if any) as demonstrated by, but not limited to, the ability to:**

- A. Perform rapid triage to identify “at risk” individuals and populations;
- B. Gather information by employing such methods as observation, self-report, other reports, and other assessments;
- C. Identify immediate medical needs, if any;
- D. Identify basic human needs (e.g., food, clothing, shelter);
- E. Identify social and emotional needs;
- F. Determine level of functionality (e.g., the ability to care for self and others, follow medical advice and safety orders);
- G. Recognize mild psychological and behavioral distress reactions and distinguish them from potentially incapacitating reactions; and
- H. Synthesize assessment information.

**4. Formulate and implement an action plan (based upon one’s knowledge, skill, authority, and functional role) to meet those needs identified through assessment and as demonstrated by, but not limited to, the activities listed below:**

- A. Develop an action plan that:
  - 1. Identifies available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources);

2. Identifies appropriate stress management interventions; and
  3. Formulates sequential steps.
- B. Initiate an action plan to include, but not be limited to, the ability to:
1. Provide appropriate stress management, if indicated;
  2. Connect to available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources);
  3. Connect to natural support systems (e.g., family, friends, co-worker, spiritual support); and
  4. Implement other interventions as appropriate.
- C. Evaluate the effectiveness of an action plan considering changes in situation or disaster phase through methods such as observation, self-report, other reports, and other assessments.
- D. Revise an action plan as needed (e.g., track progress and outcomes).
- 5. Demonstrate knowledge of responder peer-care and self-care techniques to:**
- A. Describe peer-care techniques (e.g., “buddy” system, informal “town meetings”);
  - B. Describe self-care techniques (e.g., stress management, journaling, communication with significant others, proper exercise, proper nutrition, programmed “down time,” sufficient quality sleep); and
  - C. Describe organizational interventions that reduce job stress (e.g., organizational briefings, adjustment of shift work, job rotations, location rotations, effective and empathic leadership, work/rest/nourishment cycles, support services, as indicated).

## Recommended Disaster Mental Health Curricula

The following resources have been identified as opportunities to obtain training related to the identified disaster mental health core competencies.

- California Responds

Module One – Mental Health Response System and Federal Funding Overview

Module Two – Basic Clinical Principals

Module Three – Weapons of Mass Destruction

Module Four – Anxiety and Related Topics

Module Five – Coping Among Survivors

Module Six – Delivering Bad News: Families, Victims, Agencies

Module Seven – Risk Management, Isolation and Quarantine Issues

Offered online: <http://www.dmh.ca.gov/Disaster/Publications.asp>

- Core Competencies On-line Training

Course objectives:

All Hazards systems, plans, and key concepts

Community-wide assessment models

Rapid assessment and triage

Disaster related stress reactions: survivors, responders, colleagues, & self

Evidence-based disaster mental health risk factors

Crisis intervention

Psychological first aid

Psycho education

Cross-cultural considerations

Traumatic grief & loss

Problem-solving and conflict resolution

Information & referral process considerations

Advocacy

Evidence-based stress-related treatments

Working in disaster-mental settings/ altered environments (shelters, relief centers, unconventional intervention settings)

Concepts of risk communication

Field safety considerations

Management of substance abuse

Provider self-care issues

<http://disastermentalhealth.com/>

- Disaster Services: An Overview

This course provides basic information about disasters and its effect, outlines the role of agencies in disaster relief, and introduces American Red Cross (ARC) Disaster Services to the public. This is a prerequisite to take any disaster class through ARC.

Contact local Red Cross office; go to <http://www.redcross.org/find-your-local-chapter>

- Foundations of Disaster Mental Health  
This course is to prepare licensed mental health professionals to provide for and respond to the psychological needs of people across the continuum of disaster preparedness, response and recovery.  
Contact local Red Cross office; go to <http://www.redcross.org/find-your-local-chapter>
- Psychological First Aid  
The course provides a framework for understanding the factors that affect stress responses in disaster relief workers and the clients they serve. In addition, it provides practical suggestions about what you can say and do as you practice the principles of Psychological First Aid.  
Contact local Red Cross office; go to <http://www.redcross.org/find-your-local-chapter>
- ICS-100, ICS-200, ICS-700a, ICS-800  
Courses through FEMA that teach about the Incident Command System (ICS) that meet the requirements specified in the National Incident Management System (NIMS).  
Offered online: <http://training.fema.gov/IS/NIMS.asp>

## Appendix E

# Guidelines for Developing a Disaster Mental/Behavioral Health Training Plan for Your Jurisdiction

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Recommended actions when using this tool:

- Review section 3.2.2 Training and Exercises section of the *State of CA Disaster Mental-Behavioral Health Disaster Response Plan* including the “recommended actions”; reference the following appendix F *Disaster Mental/Behavioral Health Programs and Services*; also reference the 2010 ‘Core Competencies’ document in appendix D; and also review the *Disaster Mental/Behavioral Health Training and Development Guidelines* in this appendix, below. These resources are complimentary and will assist your jurisdiction in assessing training needs and approaches.
- Work with your jurisdiction’s/organization’s stakeholder group to develop a customized Disaster Mental/Behavioral Health training plan for your jurisdiction. As suggested in the guidance below, the plan should address core competencies, type of staff to be trained, and source and type of evidence-based mental health interventions needed for each phase of the disaster and that address the expected continuum of risk, needs, and available resources.

## Introduction to the Guidelines

This document sets forth training and development guidelines for multiple groups that may be involved in mental/behavioral health response to disasters within California. These guidelines reflect the stakeholder input gathered during the development of the State of California Mental/Behavioral Health Disaster Response Plan in 2012, provided by the Core Working Group. As such, these guidelines represent recommendations for many audiences:

- clinicians and professionals who may or may have disaster-focused practices;
- disaster responders and paraprofessionals who may or may not have mental/behavioral training,
- volunteers who may or may not be clinicians;
- government personnel who may or may not routinely work with mental/behavioral health (or disasters); and,
- community members, who through training and development may increase the levels of resiliency at the individual, family, and neighborhood level.

These guidelines offer a robust set of guidance from government- and non-government-based individuals with considerable experience in the practice of disaster mental/behavioral health preparedness and response. However, these guidelines do not represent compliance metrics or benchmark capabilities. These guidelines were set forth in response to questions of “What guidelines should exist?” rather than “What guidelines are realistic in light of current funding constraints and compliance enforcement mechanisms?” Multiple Core Work Group members noted that specific training needs should be locally determined, rather than dictated in a State of California document. Additionally, many guidelines were suggested regarding the type of training (such as psychological first

aid) without stipulating specific courses, content, or providers. These guidelines will require planning input from local stakeholder groups (as noted in the “Recommended Actions” above) and implementation in order to be effectively adopted.

## Core Competencies

The most important point of reference for these guidelines is the California Department of Mental Health Disaster Mental Health Core Competencies, last updated in May 2010 and based on consensus stakeholder input. (See Appendix D *Disaster Mental Health Core Competencies*.) Members of the 2012 Core Working Group, (constituted to guide development of the State of California Mental/Behavioral Health Disaster Framework), reviewed and addressed the existing Core Competencies document during the June 12, 2012 planning session. The consensus in June 2012 was that the Core Competencies document is comprehensive and widely supported; as such, it appears unmodified in Appendix D. However, the following recommendations to change the Core Competencies were made:

- A. It is recommended that only government-provided training opportunities should be listed in the Core Competencies, (eliminating references to commercial sites offering trainings). However, local jurisdictions should review other training resources (such as found in Appendix F) to develop a program that fits their needs.
- B. The competencies should focus on the provision of disaster mental/behavioral health services based on evidence informed/best practices (for children as well as adults) and widely accepted national guidelines such as the SAMHSA National Registry of Evidence Based Practices or Institute of Medicine. (See section 2.5 Plan Focus, Guiding Principles and Assumptions of the *State of CA Disaster Mental-Behavioral Health Disaster Framework*).
- C. The Core Competencies (Appendix D) and Disaster Mental/Behavioral Health Programs and Services (Appendix F) should be reviewed and customized by each jurisdiction to determine what best meets the goals of their training plan.

## Beyond Disaster Mental/Behavioral Health Responders

The Core Competencies and other earlier work have focused on training for disaster mental health responders at various levels of government. These guidelines recognize that training and development is needed beyond government, and beyond the construct of “disaster mental health responders.” All of the training suggested below should be seen as on-going, regular, and institutionalized under the aegis of a specific department (such as the county mental health department).

### First Responders

Local first responders are not necessarily trained or practiced in disaster mental/behavioral health response. Local responders should receive some form of Psychological First Aid training. (See Appendix F - Disaster Mental/Behavioral Health Programs and Services.)

### Community

Training to promote resiliency is needed at the individual, family (and children), and community levels. Proactive community training represents tangible mitigation and preparedness phase activities, and can be accomplished using community based psychological first aid and preparedness training. (See Appendix E- Disaster Mental/Behavioral Health Programs and Services.)

Additionally, training on the behavioral response to disasters (including mental self-care and family mental health care) should be provided to media, county public relations departments, and major

integrated disaster drills where disaster mental/behavioral health post disaster impact and recovery issues are/can be included and practiced.

### **Clinicians and Mental/Behavioral Health Professionals**

Clinicians and mental/behavioral health professionals are not necessarily trained or versed in disaster response. All mental health providers working for state, county, or city government must have additional training in disaster mental health. Similar training should apply to volunteers likely to be deployed to large-scale incidents.

As such, training and development is needed in the following areas:

- How to function in a responder mode, including such skills as psychological first aid and victim prioritization.
- How to perform immediate assessments and to triage/determine immediate client/victim needs, including how to recognize individuals in need of mental health care.
- How to coordinate with paraprofessionals and other responders in a disaster. How to perform secondary assessment, education, referral and treatment that addresses the expected continuum of risk, needs, and available resources. ((See Appendix F- Disaster Mental/Behavioral Health Programs and Services.)
- This training could occur at the local or state level, or be provided through professional clinician communities. Such training could receive continuing education units (CEUs) as an incentive, and could potentially be a requirement of the various state licensing boards.

### **Preparation for Federal Assistance**

Key staff at the county and state level should be trained in accessing federal disaster mental/behavioral health resources. These include training regarding available resources, the application process for grants under the Stafford Act Crisis Counseling Program and Specialized Crisis Counseling Services program, and related documentation requirements. Each jurisdiction will need to identify which staff should be trained.