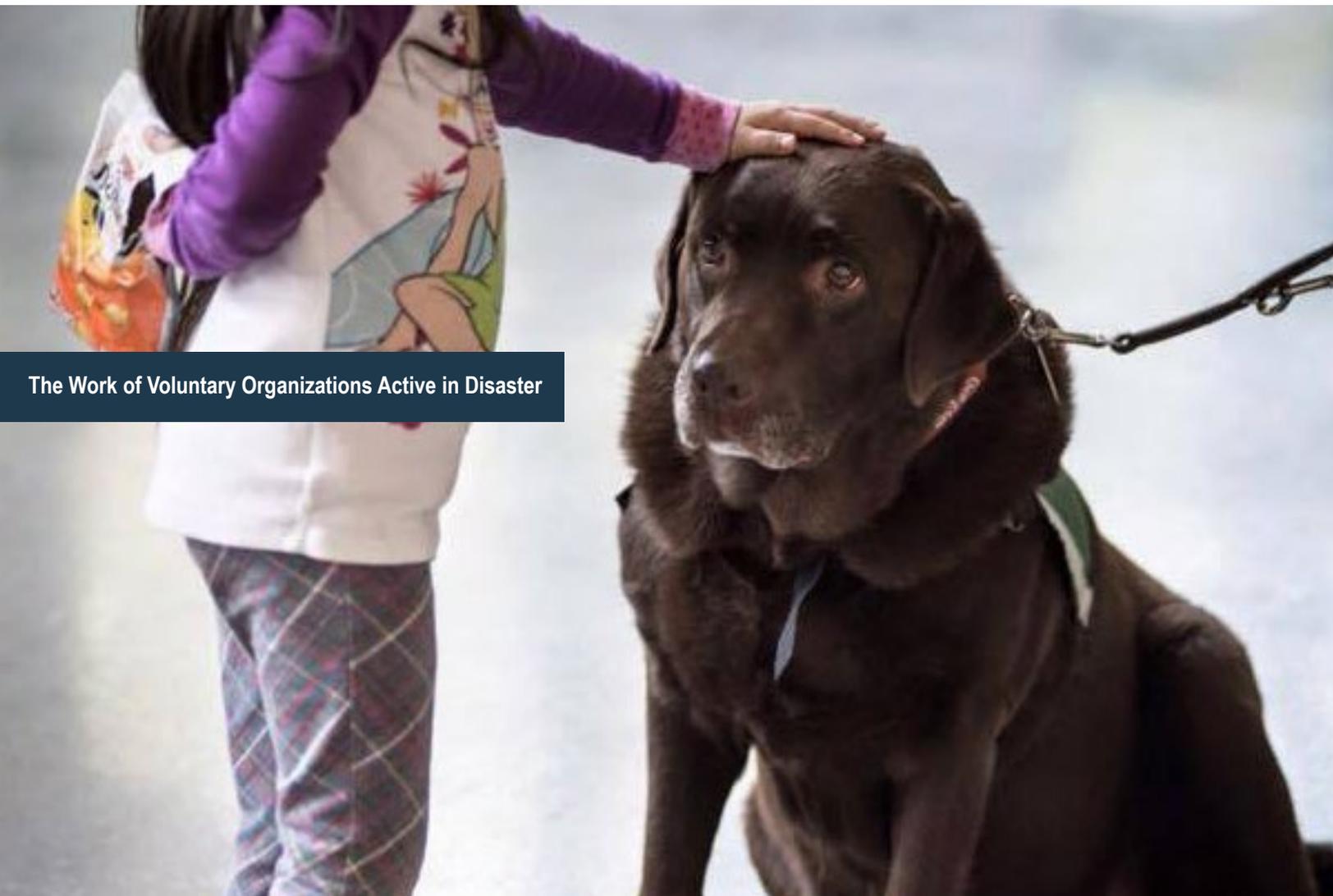


A Quarterly Technical Assistance Journal on Disaster Behavioral Health  
Produced by the SAMHSA Disaster Technical Assistance Center

# the Dialogue

2018 | VOLUME 14 | ISSUE 2



The Work of Voluntary Organizations Active in Disaster

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Cover photo by Hope AACR – May 30, 2017.

*The Dialogue* is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective behavioral health (mental health and substance misuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (<http://www.samhsa.gov>), click the “Sign Up for SAMHSA Email Updates” button, enter your email address, and mark the checkbox for “SAMHSA's Disaster Technical Assistance newsletter, The Dialogue,” which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more, please call 1-800-308-3515, email [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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## In This Issue



Shawnee, Okla., May 27, 2013 — Salvation Army Representatives interview May 19-20 tornado survivors at the Cleveland County FEMA/State Disaster Recovery Center (DRC) at Little Axe Elementary School. DRC's provided many disaster related services for the May 19-20 tornado survivors at one location. Photo by George Armstrong/FEMA

Oftentimes after a disaster, volunteers play a central role in a community's recovery efforts. Medical and behavioral health care professionals want to be helpful and pitch in after a disaster. However, sometimes the outpouring of assistance is more detrimental than helpful when organizations are responding and overwhelmed by competing demands. One way to avoid this is to volunteer with an established organization that assists disaster survivors, such as a National Voluntary Organizations Active in Disaster (VOAD) member.

According to their website, National VOAD member organizations have worked diligently to assist disaster-affected communities for more than 44 years. Currently, the VOAD movement includes more than 100 member organizations.

### **The mission of the National VOAD:**

“National VOAD, an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination, and collaboration; and fosters more effective delivery of services to communities affected by disaster.”

Source: National VOAD website, <https://www.nvoad.org/about-us>

This issue highlights the outstanding behavioral health disaster response and recovery work of a sample of National VOAD members. We start with an article from the national perspective which talks about the work of the National VOAD Emotional and Spiritual Care Committee. Our next article is from a volunteer who

works with an organization that brings comfort dogs to areas responding to disasters. We then move to an article that discusses how The Salvation Army prepares for deployment and meets the needs of disaster survivors. We close out this issue with an article that talks about the Red Cross Disaster Mental Health volunteer program.

An effective volunteer response to disasters is enhanced by planning and training. Formal training for volunteers is crucial prior to deployment. All of the organizations in this issue have rigorous training and preparation that their volunteers take part in before they deploy on their first assignment.

Have you been a part of disaster recovery efforts in your community or other communities? Do you have experience working with a VOAD or other disaster recovery organization? We encourage you to contact us to share your experiences. ■

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## Contributors



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by the nonprofit Mental Health Association of New York City. DDH calls (1-800-985-5990) and texts (text 'TalkWithUs' to 66746) are answered by a network of independently operated crisis centers located throughout the country who provide 24/7 multilingual, confidential crisis counseling and support to disaster survivors and responders throughout any phase of a natural or human-caused disaster. Christian serves on the National VOAD Emotional and Spiritual Care Committee (ESCC), co-chaired the New York City VOAD ESCC from 2013 to 2014, and launched the Oregon VOAD Emotional and Spiritual Care Committee in June 2017. Prior to Link2Health Solutions, Inc. (part of the Mental Health Association of New York City), Christian worked for 10 years in youth violence prevention and trauma intervention, including as Director of School Programs at Safe Horizon, one of the nation's largest service providers for victims of crime and abuse.



**Kevin L. Ellers, D.Min.** is the Territorial Disaster Services Coordinator for The Salvation Army in the U.S.A. Central Territory. He is also President and Founder of the Institute for

Compassionate Care, which is dedicated to consultation, education, and direct care. Kevin is a Chaplain with the Illinois Fraternal Order of Police, serves as faculty for the International Critical Incident Stress Foundation, and is an adjunct professor at Olivet Nazarene University. He has extensive training and experience in crisis

response, disasters, chaplaincy, pastoral ministries, marriage and family therapy, and social services. As an author and speaker, Kevin teaches broadly on the aforementioned topics. He is author or co-author of *The First 48 Hours: Spiritual Caregivers as First Responders*; *Grief Following Trauma*; *Emotional and Spiritual Care in Disasters*; *Understanding Suicide: Effective Tools for Prevention, Intervention and Survivor Support*; *Spiritual and Psychological First Aid*; and *Stress, Compassion Fatigue and Resilience: Maintaining Work and Life Balance in an Unbalanced World*.



**Kathleen Fry-Miller** is the Associate Director of Children's Disaster Services/Brethren Disaster Ministries, working in partnership with the Red Cross, Federal Emergency

Management Agency, and other disaster response organizations (federal, state, and local). She manages the program which serves children following disaster in shelters or assistance centers; equips volunteers with training and mentoring; develops leadership (project managers, trainers, and critical response/mass casualty child care); and supports families by providing respite care and information. She serves on the National VOAD ESCC and on the National VOAD Mass Care Committee. She previously worked for 15 years for Early Childhood Alliance, a Child Care Resource and Referral agency of Northern Indiana, as an Education Specialist and trainer on topics of child care administration, disaster preparedness, social and emotional needs of children, and child abuse and neglect. She has also written curricula for children and teachers. Kathleen has a master's degree in early childhood education from Towson University in Maryland.



**Raquel Lackey** is a Certified Public Accountant with over 20 years of experience in both public accounting as well as having a career in private accounting as the Chief

Financial Officer for many years of several family-owned multinational corporations. She currently serves on the Boards of both HOPE Animal-Assisted Crisis Response and Reading With Rover, crisis and therapy animal nonprofit organizations. She is also a Certified Field Traumatologist and Compassion Fatigue Educator with Green Cross Academy of Traumatology and has recently become a certified instructor with the International Critical Incident Stress Foundation. Raquel has been working with her dogs in both arenas of animal-assisted therapy and animal-assisted crisis response since 2010. She is currently a member with HOPE Animal-Assisted Crisis Response with her black lab, Pickles, and chocolate lab, Bungee. She has consistently served over 400 hours on an annual basis volunteering with both of her trained crisis response dogs.



**Kit O'Neill, Ph.D.** is a clinical psychologist with 25 years of experience in disaster response. She currently serves as Disaster Mental Health Advisor for the North Central Division of the Red Cross. Dr. O'Neill chairs the Disaster Emotional Care task force of the Emotional and Spiritual Care Committee of the National VOAD.



**J. Christie Rodgers, M.S.W., LICSW** is the Senior Associate for Disaster Mental Health at the American Red Cross National Headquarters. In her role, she oversees the Red Cross

Disaster Mental Health program. Christie has held this position for over 4 years and has responded to over 10 national disasters in that time, including the recent Las Vegas mass shooting event. Christie is a clinical social worker with expertise in trauma and attachment. Prior to joining the Red Cross, she provided therapy and crisis intervention services to families adopting children from Washington, DC's child welfare system. She has also worked with incarcerated women and their children as well as homeless and runaway teenagers. Christie earned her bachelor's degree in psychology from Duke University in Durham, North Carolina, and her M.S.W. from Catholic University of America in Washington, DC.



## Recent Technical Assistance Requests

*In this section, read about recent questions the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) staff have answered and technical assistance requests to which they have responded. Send your questions and comments to [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).*

**Request:** SAMHSA DTAC received a request in the [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov) email box from a state disaster behavioral health coordinator. This individual inquired about the Psychological First Aid (PFA) training curriculum. The following are some of the questions that the individual wanted clarification on:

1. Does a national standard or curriculum exist for PFA trainings for disaster behavioral health teams?
2. Are the online and in-person trainings comparable?

**Response:** SAMHSA DTAC provided an overview of the basic principles that the PFA training must meet, including that the content delivered must be all of the following:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner

The National Center for Posttraumatic Stress Disorder and National Child Traumatic Stress Network model is the standard for this training, but other organizations provide the training as well. SAMHSA DTAC explained that the curriculum is designed to be applicable to different disaster responders, and that the content delivered in person will vary slightly depending on the audience. The online version of the training (available at <https://learn.nctsn.org/login/index.php>) is consistent in content delivery, with no variations available for different audiences.

**Request:** A request from a federal employee was sent to SAMHSA DTAC. The individual asked if there were emotional support services available to federal employees providing recovery support services in areas affected by recent disasters. Additionally, the individual requested resources on mental health crisis de-escalation and self-care for responders.

**Response:** SAMHSA DTAC provided a list of resources on the topics of suicide prevention, self-care, and compassion fatigue, as well as a list of potential consultants who could provide more in-depth trainings to federal employees assisting in disaster recovery. Resources provided include the following:

- **National Suicide Prevention Lifeline**—Funded by SAMHSA, the National Suicide Prevention Lifeline is a source of support available 24/7 to people in crisis, including challenging responses to disasters. Call 1-800-273-TALK (1-800-273-8255), or, for support in Spanish, call 1-888-628-9454. <http://www.suicidepreventionlifeline.org>
- **safeTALK**—safeTALK is an approach to providing basic support and referrals for people experiencing suicidal thoughts, planning, or attempts. Half-day safeTALK workshops are offered across the country and around the world; workshop cost varies by location. Through the website of LivingWorks, which developed safeTALK training, you can find more information about how safeTALK works, training available in specific geographical areas, information about organizing or sponsoring a safeTALK training, and a listing of safeTALK trainers. <https://www.livingworks.net/programs/safetalk>

- **Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders**—This SAMHSA DTAC podcast can help disaster behavioral health professionals learn about the positive and negative effects of helping disaster survivors. [https://www.youtube.com/watch?v=aSJ0Lk8MsIQ&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6](https://www.youtube.com/watch?v=aSJ0Lk8MsIQ&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6)
- **Coping With a Disaster or Traumatic Event: Emergency Responders**—Tips for Taking Care of Yourself—This Centers for Disease Control and Prevention webpage notes the positive and difficult aspects of responding to disasters, and it offers tips for coping with stress and fostering personal resilience before, during, and after disasters. <https://emergency.cdc.gov/coping/index.asp> ■

## TECHNICAL ASSISTANCE SNAPSHOT

### CCP Data Highlights

Crisis Counseling Assistance and Training Program grantees assisted disaster survivors around the nation between 10/1/16 and 9/30/17.

**607,292**

607,292 in-person brief contacts

**944,342**

944,342 materials distributed

**128,762**

128,762 individual and family encounters serving 161,141 individuals

**187,702**

187,702 referrals

**22,016**

22,016 group encounters serving 133,462 individuals

## Applying the “4 Cs” of the VOAD Movement to Disaster Emotional and Spiritual Care

By **Christian Burgess** with additional contributions from **Kit O’Neill, Kathy Fry-Miller, and Christie Rodgers**

National Voluntary Organizations Active in Disaster (VOAD) formed in 1970 to bring together nonprofit, private, and faith-based organizations, working alongside government and other partner agencies and institutions, to foster “coordination, collaboration, cooperation, and communication” throughout all phases of the disaster cycle.

Disaster emotional and spiritual care providers are integral to those “4 Cs” within the VOAD movement, not only in working with each other but also to organizations whose primary foci range from disaster case management, sheltering, and donations, to food and clothing distribution. No matter what role you play in disaster preparedness, response, and recovery, when you serve individuals, families, and communities affected by disaster in any capacity, you will encounter people experiencing distress or other mental health concerns. Furthermore, it’s imperative that all VOADs also address emotional and spiritual needs and mental health within their own ranks of staff and volunteers, at all levels of service.

For these reasons, National VOAD convenes an Emotional and Spiritual Care Committee (ESCC),



On this structure, which was destroyed by an EF5 tornado on May 22, 2011, in Joplin, Missouri, the survivor(s) proclaim appreciation for volunteers' assistance. Photo by Suzanne Everson/FEMA.

as do many local and state VOAD chapters, to “foster emotional and spiritual care to people affected by disaster in cooperation with national, state, and local response organizations and VOADs,” with committee objectives including identifying specific issues of emotional and spiritual needs as a significant component of disaster response and promoting best practices, standards, and models to provide effective emotional and spiritual care.

One example of a VOAD ESCC member organization in action is the Children’s Disaster Services

(CDS) program of the Church of the Brethren. When services are requested by local and state officials, the CDS program deploys trained teams across the country to set up children’s centers in shelters or assistance centers which offer a calm, non-anxious presence for children and families in the chaos of disaster. The program supports resilience in children with meaningful creative play activities: children can paint the storm, use Play-Doh to share their story, or use words to express their feelings to a caring adult who listens attentively. CDS teams of trained, certified

caregivers arrive early in disaster response. When volunteers were pre-positioned in evacuation centers for Hurricane Irma this year, one father shared this as his family was leaving: “When you came in and started playing with our children, all the parents in this whole place just calmed right down. We knew we’d be all right.” When deeper emotional and behavioral concerns arise, the CDS team works together to meet the needs of the child, which may include talking with a parent or guardian about a referral.

The American Red Cross is another VOAD providing disaster emotional care throughout the disaster cycle, relying on their Disaster Mental Health workforce to address the emotional and behavioral health issues that arise during disaster preparedness, response, and recovery. *To read more about what the Red Cross provides during a disaster, see page 14.*

Another primary purpose of the National VOAD ESCC is to develop, implement, and maintain Points of Consensus (located at <https://www.nvoad.org/resource-center/member-resources>) for disaster spiritual care and disaster emotional care, and basic principles that all member organizations are expected to adhere to in order to be a part of VOAD. They can also serve as valuable resource and reference tools for individuals and organizations who may not be a VOAD, but who still are engaged in some aspect of disaster emotional

and spiritual care, such as behavioral health clinicians and providers.

Nonprofit behavioral health provider organizations currently involved in disaster preparedness, response, and recovery or those interested in becoming more involved in the VOAD movement—including starting ESCCs in their own local or state chapters—should contact their

state VOAD chair to learn more about membership dues, meeting schedules, and other activities, via the National VOAD website: <https://www.nvoad.org/voad-members/stateterritory-members>. State and local governments wishing to develop a partnership with their state VOAD chapter should also contact their state VOAD chair. ■

## SIGNS of Compassion Fatigue

Compassion fatigue (CF) consists of two components: burnout and secondary traumatic stress.

### Signs of burnout may include the following:

- Hopelessness
- Feeling tired and overwhelmed
- Feeling unsuccessful at your job
- Frustration
- Cynicism
- Disconnection from others and indifference
- Depression
- Feeling as though you need to use alcohol or other mind-altering substances to cope

### Signs of secondary traumatic stress may include the following:

- Fear in situations that others would not think were frightening
- Excessive worry that something bad will happen to you, your loved ones, or your colleagues
- Being easily startled, or feeling “jumpy” or “on guard” all of the time
- Feeling wary of every situation and expecting a traumatic outcome
- Physical signs like a racing heart, shortness of breath, and increased tension headaches
- A sense of being haunted by the troubles you see and hear from others and not being able to stop thinking about them
- The feeling that others’ trauma is yours

Source: *Tips for Disaster Responders: Understanding Compassion Fatigue*, <https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/SMA14-4869>

## Adding Canine Crisis Responders to the Team Builds Bridges

By Raquel Lackey

Have you ever had a tough day only to come home, sit down on the couch not wanting to face another thing, and have the family dog come over, wanting attention? Within minutes you find yourself taking a big deep breath and letting it out. After a few more minutes, your tension about the day starts to fade and before you know it, you are up tackling another task.

Doris Day once said, “I have found that when you are deeply troubled there are things you get from the

silent devoted companionship of a dog that you can get from no other source.” I experience this over and over again when a trained crisis response dog sits with someone who has experienced a traumatic event and provides comfort.

Research shows that interaction with animals has powerful physical and emotional effects on humans. It has been shown that petting a dog reduces our heart rate and lowers anxiety levels. The level of cortisol (stress-related hormone) in our

bodies automatically declines in as little as 5 minutes after starting to interact with a dog. Dogs help us focus on the present moment instead of worrying about the past or the future, which is very important after experiencing a highly stressful situation and/or a traumatic event. When a person has experienced something traumatic, they feel isolated. The dog has the ability to break the isolation and acts as a bridge to open up the lines of communication. Oxytocin (hormone of affiliation) increases both in our

HOPE Animal-Assisted Crisis Response Team assisting after a disaster. Photo by Harry Schlitz, HOPE Animal-Assisted Crisis Response



**When a person has experienced something traumatic, they feel isolated. The dog has the ability to break this isolation and is a bridge to open up the lines of communication.**

bodies as well as the dog's body when we interact. Oxytocin evokes feelings of contentment, reduces anxiety, and improves collaboration in humans, which helps foster a sense of community.

A nonprofit organization called HOPE Animal-Assisted Crisis Response (<http://www.hopeaacr.org>) began in 1998 after two animal-assisted therapy teams were asked to help comfort students, parents, and staff following a shooting at Thurston High School in Springfield, Oregon. It was quickly determined that teams of specially trained dogs and humans could help people cope with pain and anguish caused by traumatic events. Agencies call upon HOPE to provide comfort and support to people affected by disaster. Our services are completely free of charge, as we are all volunteers!

There is a substantial amount of training required for both ends of the leash. On the human side, we learn and practice the Incident Command System, which allow us to seamlessly fit into the emergency management structure

when deployed. We also learn Psychological First Aid and medical first aid for both humans and dogs. There is a lot of training on canine behavioral stress management, because dogs are communicating with us all the time—it just isn't in our native tongue of spoken word. A primary role for handlers is to be their dog's advocate at all times, which keeps us and everyone safe. Self-care for our canine companion as well as ourselves is crucial to maintain a safe and healthy environment both during and after deployment, which can last multiple days. I can't stress enough how important listening and observation skills are when working with people who have been through a traumatic event.

On the dog's end of the leash, they need to enjoy contact from a variety of people and take pleasure from being petted and handled, even clumsily at times. Because crisis response work is often done in unpredictable and emotionally charged environments, it is very important that the crisis response dog is able to be calm and have the



Hope Animal-Assisted Crisis Response (AACR) "is a nonprofit, all-volunteer organization pairing humans and canines specially trained for crisis response work." Photo by Hope AACR, May 30, 2017.

ability to recover from uncertainties and stressors. To train for this we socialize the dogs in as many places and experiences we can think of including, but not limited to, downtown city streets, restaurants, ferry rides, elevators, and fire stations.

We continue to learn new things with each and every deployment. The Oso mudslide on Saturday, March 22, 2014, was no different. Pickles (one of my HOPE Animal-Assisted Crisis Response dogs) and I were deployed within 24 hours to the Snohomish County Emergency Operations Center (EOC), which

had over 100 people there in a heightened state of stress that continued for days.

In hindsight, having the crisis dogs deployed so quickly after that disaster allowed them to become trusted partners as the various groups were forming. Through April 30 there had been 45 dog teams from 4 different organizations that were sent out over 200 times to various locations.

A study published in 2012 in the *International Journal of Workplace Health Management* indicated that employees who had access to pets at work were more productive workers. Being productive at an active EOC is exactly what is needed to be successful in dealing with a disaster.

After a few weeks of having the dogs at the Snohomish County EOC,

one of the incident commanders came up to me and said, “Thank you for bringing these dogs to visit with all of us. This is the first time we have had crisis and therapy dogs invited into an active EOC here, and I hope to never activate this EOC without the dogs in the future.”

Researchers at Central Michigan University conducted a study that found that having a dog in the workplace enhanced collaboration among workers. Still another study published in 2011 mentions that dogs in the office foster a friendlier, more collaborative work environment. Several people that I spoke with during the Oso mudslide also noticed this.

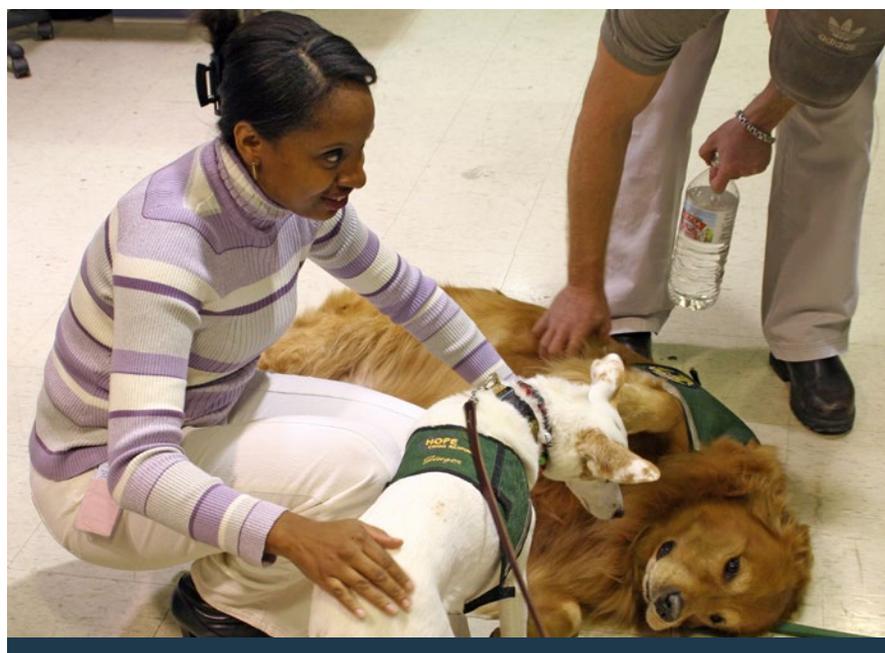
One gentleman came up to me and said, “I have been deployed by the Federal Emergency Management Agency to more disasters and

activated EOCs than I can count, including two in the Pacific Northwest. This has been the most collaborative EOC that I have ever seen, which further is impressive considering the length of time it has been activated. I can only attribute this to having the dogs here.”

We have also been deployed after school shootings to provide comfort to students and staff. The dogs are able to help them feel safe again while they process what had been the unthinkable but is all too common in this day and age. The dogs are like magnets and quickly open lines of communication. We frequently work with counselors to lower everyone’s defenses and enhance the quality of interaction.

Many of those who are affected by a disaster have intense feelings that they are trying to process. In

**The dogs are like magnets and quickly open lines of communication.**



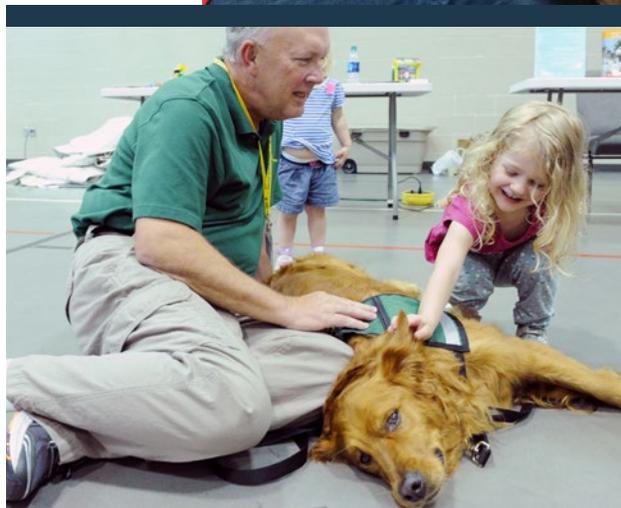
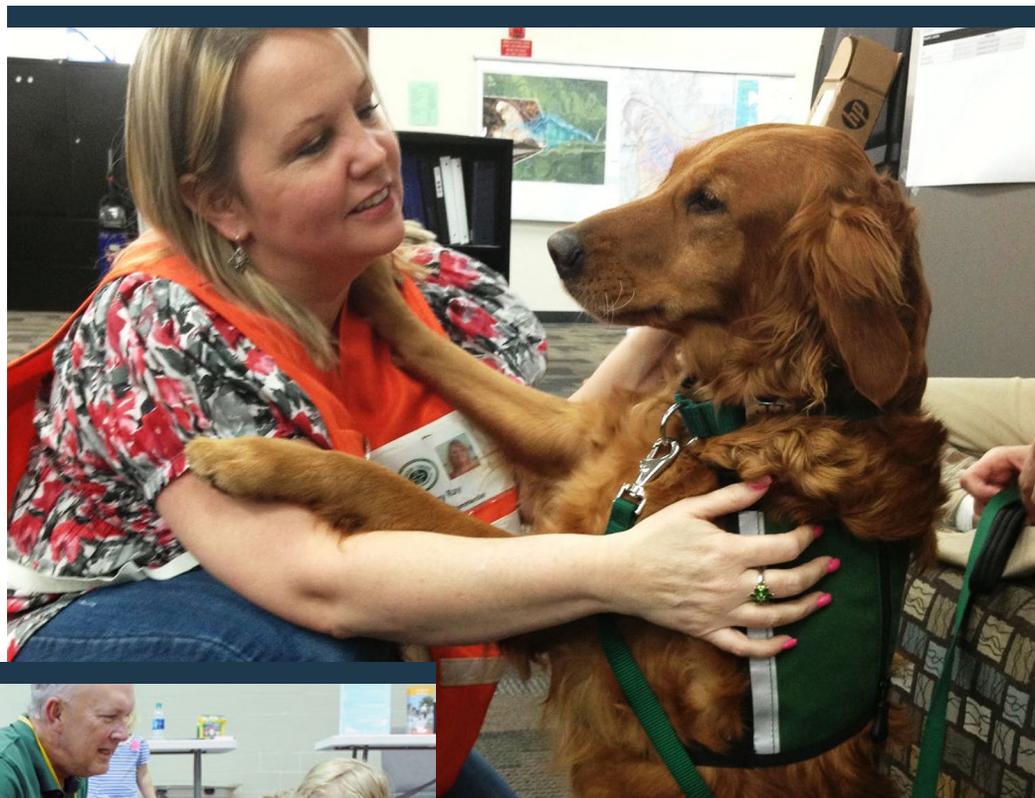
Ginger and Custer are 2 of Hope Animal-Assisted Crisis Response’s 12 therapy dogs brought in to work from the Joint Field Office in Baton Rouge. Photo by Robert Kaufmann, December 19, 2005, Baton Rouge, Louisiana.

addition to processing the current disaster, some people have past experiences that also resurface at the same time.

It is hard to describe how humbled I am to have been part of a great group of emergency management professionals, volunteers, and community members who welcomed the crisis response comfort dog teams with open arms and invited us to participate during this entire event.

What we do is very simple yet at the same time very powerful and effective to build a bridge of communication with someone who has been through a traumatic event. The applications of well-trained crisis response dog teams are limitless!

We look forward to working with you! ■



HOPE Animal-Assisted Crisis Response teams visit those working to respond to a disaster. Photo courtesy of HOPE Animal-Assisted Crisis Response Photo by FEMA News Photo, October 1, 2015. Photo left: Local resident pets comfort dog Kenny while HOPE Animal-Assisted Crisis Response volunteer Pete Rouse watches. Photo by Jocelyn Augustino, June 10, 2015, Houston, Texas.

## Difference Between Therapy Dogs and Comfort Dogs



“Therapy dogs operate in non-emergency environments . . . [such as] a college library packed with stressed students during finals—an environment that is definitely tense, but different from an active emergency. Comfort (or ‘crisis response’) dogs work during active crises and in emergency situations—both natural and [human-caused] . . . They can offer a calming presence and a welcome distraction to those who have been [affected] by disasters, often in shelters or in common public gathering spaces.”

Source: Federal Emergency Management Agency, <https://www.fema.gov/blog/2016-03-22/beginners-guide-comfort-dogs>

## The Salvation Army: Helping Communities Recover from Disasters

By Kevin Ellers



Santa Maria, Puerto Rico — Salvation Army Operations Coordinator Giovanni Guerrero and team deliver food and water in the Santa Maria neighborhood near Humacao, Puerto Rico. After Hurricane Maria, many homes, businesses, roads, bridges, and government buildings suffered major damage due to strong winds and heavy rain. Photo by Andrea Booher

The Salvation Army seeks to meet the needs of those affected by disasters throughout the disaster life cycle. Our assistance is most visible during the mass care activities of feeding, hydration, shelter, and emergency assistance that occur during the response phase. However, it is critical that we also strategically address the emotional and spiritual care needs of both survivors and disaster workers in times of disaster from the initial response through recovery. Less visible is the long-term recovery work that we do in the aftermath of a disaster to help communities rebuild.

### Meeting Survivor Needs

A strength of The Salvation Army is the extensive service capacity and magnitude of available services

at the local community level that exists before and after a disaster. When a disaster strikes we are able to quickly mobilize a vast array of resources from the local corps and service extension areas, social services, disaster services, and the Adult Rehabilitation Drug and Alcohol Program. Additionally, the diversity of facilities that can be used for Incident Command posts, staging, sheltering, and direct service is extensive.

We have found that most people underestimate how critical meeting basic needs is to a survivor's well-being. Not knowing that they can provide for the needs of their family greatly exacerbates stress levels of survivors and may significantly affect their capacity to cope. It is critical that emotional

and spiritual care teams carefully assess a disaster's impact, identify those needing care, triage, and strategically develop an emotional and spiritual care plan that comprehensively addresses these assessed needs within the overall disaster operation.

### Preparedness Matters

A critical area that The Salvation Army is focusing on is preparedness. We have found that helping people physically and psychologically prepare for a disaster has a significant effect on their capacity to cope with the emotional consequences of disaster as well. The result of preparedness activities and trainings has been an expanded response capacity, new disaster partner relationships, and better coordination of shared resources. It has become very evident that when people feel prepared for a disaster, and when they have a plan and identified resources, they are more likely to have better coping skills to deal with the disaster in the aftermath.

The points of consensus and guidelines documents relating to emotional and spiritual care in disasters that were developed by the National Voluntary Organizations Active in Disaster (VOAD) indicates in point seven that specialized

training is important for those who provide emotional and spiritual care in disaster settings. We have found that even professionally trained and credentialed clinicians and faith leaders often do not understand the disaster world and have had very little training in how to provide appropriate and effective crisis response care within a diverse, multi-faith, and multicultural disaster environment.

Because of this, The Salvation Army has endeavored to build a vast network of specially trained emotional and spiritual care teams across the United States. The teams are diverse in the levels of training and experience with expertise in a variety of specialized areas. In addition to the required general

**Specialized training is important for those who provide emotional and spiritual care in disaster settings.**

disaster classes to be a volunteer, participants take Federal Emergency Management Agency Independent Study courses such as IS-100, 200, 700, and 800. The most widely utilized specialized training for emotional and spiritual care teams is the crisis response training from the International Critical Incident Stress Foundation. The most commonly taught courses are Spiritual and Psychological First Aid, Group Crisis Intervention,

Assisting Individuals in Crisis, Grief Following Trauma, Emotional and Spiritual Care in Disasters, and Understanding Suicide: Effective Tools for Prevention, Intervention, and Survivor Support. These 14-hour courses are also utilized by numerous other disaster response partner organizations, which enhances coordinated services and care within field operations. Team members also have a diversity of other trainings and profession-specific degrees, credentials, and licensing from their career professions.

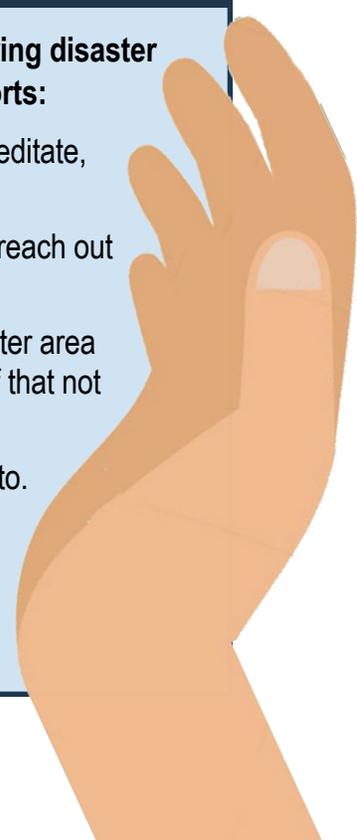
Visit the Salvation Army Disaster Relief Services webpage for more information here: <https://disaster.salvationarmyusa.org/aboutus/?ourservices>. ■

## WAYS TO COPE With Compassion Fatigue

**The following self-care activities can help you access resilience, particularly during disaster deployment, and successfully participate in disaster response and recovery efforts:**

- Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (for example, yoga or meditation).
- Take care of your own basic hygiene needs like brushing your hair and teeth and changing clothes when possible.
- Take the time to get to know the people who are working with you.
- Celebrate successes and mourn sorrows with your coworkers.
- Take time for yourself to think, meditate, and rest.
- Practice your spiritual beliefs, or reach out to a faith leader for support.
- Take time off and leave the disaster area when possible to remind yourself that not every place is so troubled.
- Try to find things to look forward to.
- Keep in touch with friends and family as best you can.

Source: *Tips for Disaster Responders: Understanding Compassion Fatigue*, <https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/SMA14-4869>



## American Red Cross Disaster Mental Health

By J. Christie Rodgers

In 1992, the American Red Cross launched its Disaster Mental Health program with the focus of supporting Red Cross disaster responders. Today the Red Cross Disaster Mental Health workforce consists of over 2,000 licensed or previously licensed mental health professionals throughout the United States. This fully volunteer workforce addresses the psychosocial and emotional needs of those affected by disaster, which includes members of the community that experienced a disaster and other Red Cross workers experiencing the stress of disaster response. Disaster Mental Health volunteers respond to disasters of all sizes, from local home fires to large national-level events like tornadoes, hurricanes, and even mass shootings and transportation incidents.

Using professional knowledge and skills, volunteers provide disaster mental health interventions that focus on basic care, support, and comfort of individuals experiencing disaster-related stress. Disaster Mental Health volunteers provide these services wherever disaster survivors and responders are, including driveways or hotel lobbies, emergency shelters, service

centers (established temporarily in community settings), disaster relief operation headquarters offices, door-to-door outreach in communities, and over the phone through follow-up calls. Disaster Mental Health volunteers also support communities during the preparedness and recovery phases of disaster through services such as public messaging



American Red Cross worker assisting disaster survivor. Photo provided by the American Red Cross

and trainings to help community members build their own resilience and the resilience of their families.

The role that Red Cross Disaster Mental Health volunteers play is significantly different from the day-to-day work of most mental health professionals. To ensure the workforce understands their role

and can provide quality services, all Red Cross Disaster Mental Health volunteers receive a combination of online and in-person training before responding to disasters.

Training topics include ethics, confidentiality, informed consent, and reporting as well as the three elements of disaster mental health intervention: identification of mental

health needs using the 3 Rs (reactions, risk factors, and resilience factors); promotion of resilience and coping through Psychological First Aid and psycho-education; and targeted mental health interventions to high-risk individuals. These targeted interventions can include crisis intervention, referrals to mental health resources in the community, emotional support to people who lost loved ones due to disaster, and advocating for the needs of those affected and responders. Volunteers are

also trained in how to administer Red Cross financial support to assist individuals and families in accessing longer-term mental health services when necessary.

Experienced Red Cross Disaster Mental Health volunteers who would like to take on a leadership role have the opportunity to take



American Red Cross worker assisting disaster survivor. Photo provided by the American Red Cross

additional training courses that cover the management of a disaster mental health response, including how to coordinate services with external partners and other Red Cross activities such as sheltering, feeding, casework, and reunification services.

In addition to relying on their Disaster Mental Health workforce, the Red Cross also provides basic

Psychological First Aid training to all Red Cross disaster responders to ensure the entire workforce has the knowledge and skills to support affected individuals and responders under stress. This training includes guidelines for when and how to connect people with a Disaster Mental Health volunteer to ensure disaster survivors and responders are getting the level of support they

need. The Red Cross also relies on a network of partnerships with local and state mental health providers, national partners such as the Substance Abuse and Mental Health Services Administration's Disaster Distress Helpline, and professional associations, including the American Psychological Association and the National Association of Social Workers, to bolster their Disaster Mental Health workforce and meet the emotional needs of disaster survivors and responders.

Licensed mental health professionals (and those who were previously licensed within the past 5 years) who are interested in becoming Red Cross Disaster Mental Health volunteers can learn more at <http://www.redcross.org/become-a-disaster-mental-health-volunteer>. ■



Left and below: American Red Cross worker assisting disaster survivor. Photo provided by the American Red Cross



## RECOMMENDED RESOURCES

### **Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships**

This SAMHSA DTAC webcast strives to identify what makes a partnership effective and how to build it effectively. It describes the purpose of a partnership and the steps to build it well, with the support of an example featuring the Colorado Crisis Education and Response Network.

Access the presentation at <http://bit.ly/2ChLewp>.  
Download the PDF at <http://bit.ly/2ENegkx>.

### **Topic Collection: Volunteer Management**

The Office of the Assistant Secretary for Preparedness and Response offers this collection to help health care facilities expand their teams with volunteers during major disasters and include volunteer management in emergency plans. The collection also features materials for managers of health care volunteer programs. Resources include articles, templates, trainings, and reports.

Access the collection at <http://bit.ly/2KI0dmn>.

### **Faith Communities and Disaster Volunteerism**

This two-page tip sheet from the National Disaster Interfaiths Network provides ideas for developing a volunteer program that remains strong and keeps volunteers motivated. Some tips include preparing a coordination plan, providing training, and limiting work hours. It also discusses the various roles available to volunteers during each phase of a disaster—mitigation, preparedness, response, and recovery.

Read the tip sheet at <http://bit.ly/2IRQdgt>.

### **Light Our Way**

This National Voluntary Organizations Active in Disaster guide for disaster response workers and volunteers, first responders, and disaster planners provides information on spiritual and emotional care in times of disaster. The guide is also available in Spanish.

Read and download the guide at <http://bit.ly/2tvLUi7>.

### **Understanding How Victims Respond During a Disaster**

This page from the Corporation for National and Community Service details important emotional stages that individuals may experience during and after a disaster. The page offers a variety of information for volunteers to be better prepared when assisting during a disaster, including actions to help better support victims.

Read more at <http://bit.ly/2Do7JAK>.

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*The Dialogue* is a publication for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. To receive *The Dialogue*, please go to SAMHSA's home page (<https://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and select the box for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*."

## SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

## ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. To subscribe, please enter your email address in the "SAMHSA DTAC Bulletin" section of the home page of our website at <https://www.samhsa.gov/dtac>.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac/dbhis-collections> to access these materials.

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