Department of Mental Health

TRANSMITTAL LETTER

SUBJECT Certification for Disaster Mental Health Emergency Responders		
POLICY NUMBER 651.1	DATE FEB 0 5 2013	TL# 185

Purpose. Establish the Department of Mental Health's (DMH) requirements for training and certification of the Disaster Mental Health Emergency Responders (DMHER).

Applicability. Mental Health Authority (MHA); Department of Mental Health (DMH) programs and mental health providers that employ, or will employ certified emergency responders; and individuals who seek DMH disaster mental health emergency responder certification.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate MHA offices.

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DMH Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

ACTION

REMOVE AND DESTROY	INSERT
NONE	DMH Policy 651.1 Certification for Disaster Mental Health Emergency Responders

Stephen T. Baron
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH	Policy No. 651.1	Date FEB 0 5 2013	Page 1
	Supersedes: None		

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2. **Applicability**. Mental Health Authority (MHA); Department of Mental Health (DMH) programs and mental health providers that employ, or will employ certified emergency responders; and individuals who seek DMH disaster mental health emergency responder certification.

3. **Authority**. Department of Mental Health Establishment Amendment Act of 2001.

4. **Background.** The DMH Disaster Mental Health Emergency Responder certification program establishes competency standards for the provision of mental health services during a disaster. and relies upon the Federal Emergency Management Agency (FEMA) emergency training plan.

This certification program aligns disaster mental health training with the District of Columbia's capacity to share mental health staffing across states. This certification program is based upon:

- competencies established by stakeholder experts working collaboratively through the Association of Public Health Schools and the Centers for Disease Control (CDC);
- identification of regional and national training resources; and
- best practices research, including a survey of disaster mental health stakeholders nationwide.

5. **Definitions**. The following definitions apply for purposes of this policy:

5a. DMH All Hazards Response Plan. The DMH manual that complements the District of Columbia Response Plan. It establishes the preparedness framework of DMH for providing instructions to DMHERs for different emergency events.

5b. Certification. Successful completion of the disaster mental health responder training course and meeting the necessary qualifications established by the DMH.

5c. Division of Disaster Mental Health (DDMH). The unit at DMH responsible for DMH's response in times of emergency and disaster.

5d. DMHER Certification program. A curriculum which totals to eighteen (18) hours; 13.5 hours of core courses and 4.5 elective courses in emergency and disaster mental health (see Exhibit 1).

5e. Disaster Mental Health Emergency Responders (DMHER). Certified disaster mental health emergency responders deployed to perform mental health intervention according to their abilities and licenses as referred in the DMH All Hazards Response Plan.

5f. Mental Health Provider. (a) any individual or entity, public or private, that is licensed or certified by the District of Columbia to provide mental health services or mental health

supports, or (b) any individual or entity, public or private, that has entered into an agreement with DMH to provide mental health services or mental health supports.

5g. Licensed mental health clinicians. (i) a psychiatrist; (ii) a psychologist; (iii) an independent clinical social worker; (iv) an advanced practice registered nurse; (v) a registered nurse; (vi) a licensed professional counselor; and (vii) an independent social worker.

6. **Policy**.

6a. Members of the DMH Disaster Mental Health Emergency Response Team (DMHERT) shall be certified by DMH.

6b. All members of the DMHERT must adhere to specified qualifications including passing a criminal background check as required by the District's rules and DMH policies (see Sec.10, References).

6c. The DMHER certification is a pre-requisite but not a guarantee for membership with the DMHERT. Upon completion of training requirements, interested applicants would require background and reference checks to be a member of the DMHERT (see section 6b above).

7. **Procedures.**

7a. Qualifications to become a Certified DMHER.

(1) Training. Completion of DMH certification for DMHER, or proof of training, consisting of the following:

a. Curriculum (see Sec. 5d - Exhibit 1).

b. Certification Examination.

i. Participants shall pass the certification examination at seventy five percent (75%) rating at the end of the classroom work specified in curriculum.

ii. Participants whose attendance in classroom work has been waived are to take the certification examination - see Sec. 7a, (3) below.

iii. A participant who does not pass the certification examination after two attempts may apply to complete some or all of the classroom work at the discretion of the Director, Division of Disaster Mental Health.

c. Expected Outcomes of training. Participants of the certification training are expected to demonstrate or abide with the following:

i. DMHER Competency Standards (Exhibit 2); and

ii. DMHER Code of Ethics (Exhibit 3).

(2) Minimum Requirement. Bachelor's degree or two years experience in mental health or related field.

(3) Waiver for classroom work. Applicants to becoming a certified DMHER shall submit

evidence on equivalence of the training requirements.

7b. DMHERT Membership.

(1) Essential staff working in Mobile Crisis Services - mandatory participation;

(2) Staff working in the Department of Mental Health School Mental Health Program (DMH SMHP) – voluntary participation;

(3) Essential staff working in Homeless Outreach Program – voluntary participation.

(4) Volunteers.

a. Selection. The following may volunteer and need certification:

i. Emergency Mental Health Authority (MHA) licensed mental health staff;

ii. All DMH licensed mental health practitioners;

iii. All other District licensed mental health clinicians;

iv. Community members who are not mental health clinicians, who will assist in hazards under the oversight and supervision of a licensed mental health clinician.

(5) Volunteer Consideration Process.

i. Application. Those interested to become volunteers must submit a completed application (DMH Policy 713.2 Volunteer Services Program, see 1 - 3) and two letters of references to the Director, Division for Disaster Mental Health.

ii. Consideration. The Director, Division of Disaster Mental Health shall select the volunteers.

7c. Administration of Training and Certification.

(1) The Director, DDMH shall:

a. Administer the certification, recertification and revocation of certification processes, including but not limited to the following:

- Facilitate/Develop curriculum materials for certification and their updates;
- Design the certification and its logistics;
- Ensure sufficient number of members in the DMHERT for appropriate deployment; and
- Administer the certification examination.

b. Screen individuals for compliance with the requirements for certification;

c. Notify DMHERs of upcoming certification expiration date and need to repeat

training in order to be recertified;

d. Make recommendations to the DMH Chief Clinical Officer (CCO) regarding revocation of a DMHERs certification as necessary;

e. Maintain a current central registry of DMHERs and change of information relevant to Certification such as dates of certification, recertification or revocation of certification; and

f. Maintain a copy of all needed documentation relevant to individual certification.

(2) The CCO shall review and approve the curriculum for certification and confirm revocation of certification.

8. **Maintaining Certification and Recertification.**

8a. All DMHERs need to renew certification within a two year period by accomplishing one of the following:

(1) Participate in a full scale exercise once every two years.

(2) Respond to an actual event once every two years.

(3) Document participation and successful post test evaluation of 4 Disaster Mental Health Responder Certification training sessions every two years.

(4) Auxiliary courses that were not originally taken should be targeted to expand the responder's skill set.

8b. Courses specified in the DMHER Certification Training Curriculum will be offered throughout a given year.

9. **Inquiries**. Questions related to this policy may be addressed to the Director, Disaster Mental Health (DMH) at (202)671-0347.

10. **References**.

All Hazards Response Plan, DMH, June 2012.
DC Criminal Background Check Amendment Act of 2006.
DMH Policy 713.2 Volunteer Services Program, signed 12/09/2008.
DMH Policy 716.4 Criminal Background and Traffic Record Check Program, 10/15/2006
DMH Policy 716.5 Criminal Background Check for Certain Unlicensed Personnel, 04/21/2008
DMH Policy 340.9 Community Based Intervention (CBI) for Children and Youth, 01/1-/2011

11. **Exhibits.**

1 – Training Curriculum for Disaster Mental Health Emergency Responders certification
2 – Competency Standards for Disaster Mental Health Emergency Responders
3 – Disaster Mental Health Emergency Responders Ethical Standards

Approved By:

Stephen T. Baron
Director, DMH

(Signature) **(Date)** 2/5/13

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DEPARTMENT OF MENTAL HEALTH

Disaster Mental Health Emergency Responders (DMHER) Certification Training Curriculum[1]

CORE/REQUIRED COURSES (CLASSWORK): **Total Hours: 13.5 hrs.**

FEMA Online Courses (2 hrs.)

1. ICS-100 (60 Minutes on line) * http://training.fema.gov/EMIWeb/IS/is100b.asp)
2. NIMS ICS-700 (60 Minutes on line)* http://training.fema.gov/emiweb/is/is700a.asp)

Course 1: All Hazards Disaster Behavioral Mental Health (2 hrs.)

Description:

A foundation for intervention, addresses the how to work with the public health system, law enforcement and emergency management system regarding the mental health such as common behavioral health responses to trauma and how to mitigate adverse outcomes and support resiliency. Review of current and optimal planning and preparation for all hazards will also be included.

Measureable Learning Objectives

1. Understand behavioral health reactions to trauma
2. Describe the psychosocial impact of disasters and terrorism and the techniques and strategies for assessing the need for mental health intervention
3. Identify appropriate types of early psychological intervention in the wake of a disaster or terrorist event
4. Learn the best way to plan with other agencies

Course 2: Psychological First Aid (2 hrs.)

Description:

Psychological First Aid, (PFA) is an evidence-informed approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning among survivors. PFA is used by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

Measureable Learning Objectives

1. Familiarization with disaster survivors stress responses and symptoms and the effective approach to empower survivors resilience
2. Learn strategies for communication techniques and Psychological First Aid used in Disaster Response
3. Identification of symptoms for when survivors will require follow-up
4. Identification of three interventions they can use during a disaster mental health response

[1] **The total number of hours is 18 hours (**Core courses is 13.5 hours and auxiliary/elective courses is 4.5 hours**)**. These courses are the currently identified topics. The Director of the DMH Division of Disaster Mental Health will announce relevant courses that may be added or taken as alternates to this list, as necessary.

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Course 3: Traumatic Loss and Grief (1.5 hr.)

Description

Presentation of special considerations of grief resulting from the loss of a loved one in a traumatic situation (natural or transportation disaster, act of terrorism or mass murder, etc.) The training will compare normal grief and trauma reactions among survivors with an emphasis on strategies for recognizing and providing interventions for complications.

Measureable Learning Objectives

1. Participants will be able to understand uncomplicated and complicated grief reactions.
2. Participants will be able to identify the similarities and differences between trauma and grief reactions
3. Participants will be able to identify at least two specific interventions for supporting bereaved individuals.

Course 4: Ethics in Disaster Behavioral Mental Health (1.5 hr.)

Description

A presentation of ethical guidelines and standards of conduct expected in disaster behavioral mental health response. Included will be ethical standards of practice, as the basis of all interactions with organizations, communities, and individuals. Participants will have an opportunity to review some anticipated challenging situations which responders may find themselves in, and gain an awareness of the potential for ethical conflicts and how best to handle such situations.

Measureable Learning Objectives

1. Participants will gain an understanding of neutrality, and non-judgmental posture for interactions.
2. Participants will be mindful of confidentiality issues
3. Participants will become familiar with self-care and strategies for managing behaviors associated with emotional responses in self and others,
4. Participants will incorporate ethical standards of practice in challenging interactions with organizations, communities, and individuals.

Course 5: Disaster Behavioral Health Rapid Assessment and Triage (PsySTART) (1.5 hr.)

Description

In the event of a mass casualty or mass fatality in the District of Columbia, the Department of Mental Health Disaster Response will include a site-based individual rapid triage system for making decisions on deployment of emergency mental health resources within disasters in the District of Columbia of high surge situations. This workshop will introduce the PsySTART Rapid Assessment system to inform crisis standards of care and mental health decisions in real time. The presenter will provide context and detail use of the assessment system for responders.

Measureable Learning Objectives

1. Participants will learn how to assess mental health needs in disaster response
2. Participants will understand the role of assessment and triage in disaster mental health response
3. Participants will identify one to three high risk situations for survivors of disasters
4. Participants will become familiar with the PsySTART System and its role in DMH Disaster Mental Health Services

Course 6: Children and Disasters (1.5 hr.)

Description

Presentation will be an overview of the needs of children during a disaster. The presentation will identify assessment tools that can be used to assess the needs of the children. Additionally, different

interventions will be identified to assist the children through the crisis of a disaster. Lastly, the presentation will assist in identifying children that may need additional services or referrals.

Measureable Learning Objectives

1. Participants will have an understanding of the needs of children in a disaster.
2. Participants will be able to appropriately communicate with children in disaster settings
3. Participants will identify two interventions for working with children following disasters.
4. Participants will identify risk factors in children
5. Participants will exhibit the ability to appropriately assess, intervene, and refer children based on mental health functioning or risk following a disaster.

Course 7: Resilience (1.5 hr.)

Description

This training will provide the learner with strategies to enhance resilience in survivors, team members and themselves. Core aspects of resilience will be discussed and intervention or communication skills to foster resilience will be reviewed.

Measureable Learning Objectives

1. Participants will demonstrate knowledge of core principles of resilience.
2. Participants will be able to identify at least three techniques to reduce stress and foster resilience in peer and self-care strategies.
3. Participants will be able to describe organizational strategies to reduce stress and foster resilience (e.g., organizational briefings, adjustment of shift work, job rotations, location rotations, effective and empathic leadership, work/rest/nourishment cycles, and support services, as indicated).
4. Participants will be able to identify guidelines for emergency mental health provider stress management and self-care.

AUXILIARY/ELECTIVE COURSES (CLASSROOM) **Total Hours: 4.5 hrs.**

Course 8: DMH Continuity of Operations (COOP) & Disaster MH Response Plan (1.5) hr.

Description

A familiarization with the DMH Continuity of Operations and Disaster Mental Health Response Plans as they relate to the overall District of Columbia Emergency Response Plan. Included are: role and expectations of DMH as a whole, the DMH Emergency Response Teams, and DMH individual emergency responders in 3 different response scenarios.

Measureable Learning Objectives

1. Participants will become familiar with city-wide district of Columbia emergency response plan and the role of disaster mental health services provided through DMH
2. Participants will learn the different structures in place for small and large scale situations and the competencies, expectations, and resources for Disaster Mental Health Responders
3. Participants will identify at least two resources for disaster response, self-care, and professional training.

Course 9: Crisis Leadership and Risk Communication (1.5 hr.)

Description

Responding to crisis and disasters involves high-leverage skills required to identify, assess, understand, and cope with a serious situation and communication skills to accurately convey necessary information to workers and constituents. This workshop will provide team leaders, supervisors, and agency heads an

opportunity to learn strategies to deal with threats before, during, and after they have occurred. Presenter will share methods used to respond to both the reality and perception of crises, how to leverage responses, and how to communicate within the response phase of emergency or disaster management scenarios.

Measureable Learning Objectives

1. Participants will understand how leaders can respond to the reality and perceptions of events.
2. Participants will learn basic strategies for communication with team members, constituents, and the public
3. Participants will identify three steps they can take to be better prepared for disasters or emergencies in their settings.

Course 10: Substance Use and Disaster Behavioral Mental Health (1.5 hr.)

Description

Individuals with mental illness and a co-occurring substance use disorder are particularly vulnerable when a disaster occurs. This training will provide a basic understanding of the characteristics of mental illness, substance use disorders, and possible reactions that may require a need for a mental health and/or substance abuse referral.

Measureable Learning Objectives

1. Become familiar with COD terminology
2. Identify signs and symptoms of mental illness
3. Identify signs and symptoms of substance abuse
4. Identify reactions that signal possible need for referral

Course 11: Empowering Interactions: Cultural Competence in Emergency and Disasters (1.5 hr.)

Description

This interactive workshop guides participants in activating their cultural sensitivities, reminding them that their understanding and respect for the cultural values of survivors are a major component in emergency and disaster work. Participants' sensitivity will be enhanced in the way they will understand how survivors react to stressful situations. The influence of culture may differ for survivors with different levels of education, gender, income and generational groups.

Measureable Learning Objectives

At the end of this workshop, the participant will be able to:

1. Relate how their own values, beliefs, and experiences impact the way they relate to people who are from different cultural backgrounds during emergency and disaster,
2. Share how they can activate their cultural sensitivity towards empowering encounters during emergency and disaster and
3. Identify how to apply culturally competent approaches in emergency and disaster.

Course 12: Chemical and Biological Threats (1.5 hr.)

Description

Responders need to be ready to deal with any possible situation quickly, efficiently and professionally. Knowledge of Chemical, Biological, Radiological, nuclear and Explosive weapons (CBRNE) is needed for every first responder. This workshop will introduce participants to the types of weapons first responders may be exposed to in a terrorist attack. Participants will gain an awareness-level to CBRNE for first responders to safeguard themselves while applying strategies for assisting survivors with whom they support.

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Measureable Learning Objectives

1. Participants will become familiar with the critical knowledge areas and skill sets that will allow them to work with the public health system in addressing the impact of CBRNE events.
2. Participants will be able describe the different CBRNE agents and the physiological and psychological impact of CBNRE terrorism.
3. Participants will learn the importance of psychological first aid techniques and strategies for providing crisis counseling in the wake of a CBRNE event.

Course 13: Family Assistance Centers and Mass Casualties (1.5 hr.)

Description

In a mass fatality event, the District of Columbia, as part of its overall response operations, shall establish a Family Assistance Center (FAC). This workshop will provide participants with an understanding of how the FAC works to collect information from family and friends of the missing and deceased; in order and reunite them, whether living or deceased. As a multi-agency operation coordinated by the DC Department of Human Services the presenter will provide details on the role of DMH Disaster Mental Health Responders in the wake of mass casualties,, identification, reunification, grief counseling, and long-term support.

Measureable Learning Objectives

1. Describe the functions of a Family assistance Center (FAC)
2. Know the different organizations involved in an FAC and what their responsibilities are.
3. Understand logistical requirements of a FAC

Course 14: Advanced Trauma/ Crisis Counseling Assistance and Training Program (CCP) (1.5 hr.)

Description

The Crisis Counseling Assistance and Training Program (CCP) is one of a number of programs funded by the Federal Emergency Management Agency (FEMA). CCP is a strengths-based, outreach-oriented approach to helping disaster survivors access and identify personal and community resources that will aid the recovery process. This workshop will review the supportive, educational, face-to-face interventions used in CCP. In addition, presenter will share information about evidence-based approaches for treatment of Acute Stress Disorder and PTSD.

Measureable Learning Objectives

1. Participants will become familiar with the services provided by the CCP and eligibility and application requirements
2. Participants will learn key elements of the assessment process and service provision
3. Participants will identify at least two mechanisms for addressing severe psychological reactions in survivors

DMH Disaster Mental Health Emergency Responder Competency Standards

Competency Standards for Disaster Mental Health Services consists of attitudes, knowledge, and skills necessary to provide evidence-based, culturally appropriate, and timely services to survivors. Disaster Mental Health Competency Standards serve as the framework for Disaster Mental Health Services curricula, training, exercises, testing, and professional development. All Disaster Mental Health Responders are encouraged to assess their own progress in meeting the following standards of competence:

1. SCOPE OF SERVICES

Standard 1.1: The disaster mental health worker adheres to legal, ethical, and behavioral standards of conduct in the helping relationship.
Elements include the ability to:

- Describe major laws or regulations related to one's own provision of services.
- Describe basic legal, ethical, and behavioral standards related to one's own provision of services.
- Describe capabilities and limitations of the Disaster Mental Health Responders' role in disaster response.
- Comply with regulatory and professional expectations, including those for conduct and ethical decision-making.
- Respect boundaries of the mental health responder role, including distinguishing one's personal feelings from professional responses, and promoting empowerment for survivors encountered.

Standard 1.2: The disaster mental health worker describes the overall services of the response structure in the geographic area served.
Elements include the ability to:

- Describe purposes, goals, and interdependence of major programs responding.
- Describe the incident management structure and the role of disaster mental health in a multidisciplinary disaster response;

Standard 1.3: The disaster mental health worker describes other service systems that impact victims in the geographic area served.
Elements include the ability to provide and describe accurate, thorough, and unbiased information on:

- Key government and community-based programs that provide financial assistance to individuals and families (e.g., compensation programs, aid to needy families, emergency funds).
- Key programs that provide health care services to individuals and families (e.g., hospitals, clinics, dentists).
- Key programs that provide shelter and housing to individuals and families (e.g., homeless shelters, housing authority).
- Key programs that address social welfare of children, families, and the elderly (e.g., social services, child protective services, adult protective services, guardians ad litem).
- Recognize the significance that financial, medical, housing, and social services programs can have in resilience and risk reduction.

Standard 1.4: The disaster mental health worker describes the purpose of his/her program and its place within the overall response.
Elements include the ability to:

- Understand the organizational structure of the mental health response program and its relationship to any overarching structures or authorities.
- Understand basic policy and procedures in disaster mental health services.
- Describe the link that the disaster mental health program serves within the overall response and/or relative to relief programs.
- Describe, in lay terms, the scope of disaster mental health services provided and procedures for accessing these services.

2. CORDINATING WITH THE COMMUNITY/ORGANIZATIONS

Standard 2.1: The disaster mental health worker coordinates with an array of disaster survivors and organizations to address community needs.
Elements include the ability to:

- Describe a variety of resources for services, referral, and outreach.
- Apply strategies for communicating and collaborating with other service providers both within and outside the formal response program.
- Apply procedures for comprehensive case handling, including assessment, planning, linking to resources, monitoring progress, and termination.
- Describe basic aspects of services provided at referral agencies, including eligibility requirements, hours of service, and contact information.

3. SERVICES TO DISASTER SURVIVORS, FAMILIES, AND COMMUNITIES

Standard 3.1: The disaster mental health worker develops rapport and communicates effectively.
Recognize basic principles of effective communication, including verbal, nonverbal, and cultural variation. Value the significance of effective communication in providing services as demonstrated by one's ability to:

- Establish rapport;
- Employ active/reflective listening skills;
- Utilize effective nonverbal communications;
- Establish realistic boundaries and expectations for the interaction;
- Employ principles and strategies for culturally competent and developmentally appropriate communications.
- Apply basic strategies for good communication including access to resources for translation (e.g., language translators, TTY devices).
- Apply strategies for using verbal and nonverbal communication to de-escalate crisis situations and address conflict.
- Apply strategies for eliciting situational-specific on-site assessment information and assembling the relevant facts for referral.

Standard 3.2: The disaster mental health worker helps those served to identify and connect to appropriate resources.
Elements include the ability to:

- Identify the effect of the disaster on the individuals' lives, including mental, physical, financial, social, emotional, and spiritual impact.
- Describe appropriate referral resources for addressing those needs that are beyond the scope of the individual disaster mental health workers response capabilities and how to access each.
- Describe available services to reduce the negative impact of the disaster and empower victims.
- Apply strategies for using flexibility and innovative solutions to address needs.
- Recognize major signs of conditions that influence vulnerability or resilience (e.g., symptoms of mental disorder, trauma reactions, substance abuse).
- Assesses the need for and type of intervention (if any) as demonstrated by, but not limited to, the ability to:
    - Gather information by employing such methods as observation, self-report, other reports, and other assessments;
    - Identify immediate medical needs, if any;
    - Identify basic human needs (e.g., food, clothing, shelter);
    - Identify social and emotional needs;
    - Determine level of functionality (e.g., the ability to care for self and others, follow medical advice and safety orders);
    - Recognize mild psychological and behavioral distress reactions and distinguish them from potentially incapacitating reactions;
    - Synthesize assessment information.

- Formulates and implements 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 behaviors listed below:
    - Identifies available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources);
    - Identifies appropriate stress management interventions;
    - Formulates sequential steps.
- Initiates an action plan to include, but not be limited to, the ability to:
    - Provide appropriate stress management, if indicated;
    - Connect to available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources);
    - Connect to natural support systems (e.g., family, friends, co-worker, spiritual support);
    - Implement other interventions as appropriate.
- Evaluates 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.
- Revises an action plan as needed (e.g., track progress and outcomes).

Standard 3.3: The disaster mental health worker assists individuals to address their traumatic responses to the disaster.
Elements include the ability to:

- Identify short-term and long-term consequences of and reactions to trauma, including grief and loss and reactions in crisis situations.
- Recognize major signs of conditions that influence vulnerability or resilience (e.g., symptoms of mental disorder, trauma reactions, substance abuse).
- Describe the following key terms and concepts related to disaster mental/psychosocial/ behavioral health preparedness and response:
    - Crisis intervention(s) with disaster-affected individuals and (sub) populations;
    - Individual and population-based responses before, during, and after a disaster (e.g., evacuation, shelter in place).
    - The nature, bio-psycho-social, and cultural manifestations of human stress and typical stress reactions; and recognition of the range of normal reactions to stress and disasters (e.g., anger, self-blame, helplessness).
    - The psychosocial effects of psychological trauma and disaster-related losses and hardships on individuals and communities;
    - The phases of psychosocial disaster and recovery reactions at the individual and community levels and appropriate disaster mental health intervention principles and phase-appropriate interventions;
- Identify guidelines for delivering psychological first aid
- Understand the general concepts of human development, relationship dynamics, and environmental stressors (e.g., previous trauma, victimization, and poverty) as these relate to the individual's response and resiliency.
- Apply strategies for effectively responding to crisis or trauma, as appropriate.
- Describe strategies for victim self-care to supplement formal service options.

Standard 3.4: The disaster mental health worker uses effective crisis intervention skills.
Elements include the ability to:

- Understand basic practical implications of the rights of survivors encountered, including the general parameters of the mental health responders' role in response.
- Understand program policies and procedures for crisis situations.
- Recognize what constitutes a crisis or danger to the person served and/or others.
- Apply "safety and security" strategies of crisis intervention to assess victim concerns about immediate safety and take steps to reduce these concerns.
- Apply "ventilation and validation" strategies of crisis intervention, using active listening to allow and accept the victim's retelling of the event.
- Apply "prediction and preparation" strategies of crisis intervention to help victims identify and plan for potential stressors.

- Apply specific strategies for addressing foreseeable crisis situations (e.g., suicidal persons).
- Recognize exceptions to confidentiality rules in crisis or dangerous situations.
- Understand and apply safety procedures as they apply to dangers affecting staff.

Competency Standard 3.5: The disaster mental health worker adequately prepares individuals for interacting with service systems.
Elements include the ability to:

- Recognize the impact of trauma on victims' abilities to connect to services.
- Describe, in lay terms, basic rights and how they apply to disaster situations.
- Describe, in lay terms, roles and processes for accessing and using service systems.
- Apply strategies for preparing victims for involvement in the service processes.
- Apply strategies for helping victims access and fully participate in service systems
- (e.g., victim services, health services, community services).
- Recognize the significance that service systems can have for individuals, both as a vehicle of empowerment and of re-traumatizing following disasters.
- Value the need for realistic expectations of service plans.

Standard 3.6: The disaster mental health worker competently responds to diverse and underserved victim populations.
Elements include the ability to:

- Recognize major types of cultural variation that influence response, including race, ethnicity, language, sex, gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious affiliation, residency, and HIV status.
- Appreciate the validity of multiple perspectives and diverse value systems.
- Describe options for service and referral based on diverse population and individual needs.
- Identify community resources for professional consultation on diversity issues.
- Apply strategies to be more respectful to cultural diversity before, during, and after response.

4. SELF-AWARENESS AND SELF-CARE

Standard 4.1: The disaster mental health worker uses self-awareness to monitor and enhance his/her provision of services.
Elements include the ability to

- Recognize one's own personal and professional strengths and limitations.
- Recognize personal cultural, racial or ethnic, or gender biases.
- Value the need to grow and change personally and professionally.
- Value the need for equitable delivery of services to all people served.
- Identify resources available for professional development and self-improvement.
- Value benefits of self-assessment and supervision for professional growth and development.
- Demonstrates knowledge of responder peer-care and self-care techniques to:
    - Describe peer-care techniques;
    - Describe self-care techniques (e.g., stress management, journaling, communication with significant others, proper exercise, proper nutrition, programmed "down time," sufficient quality sleep);
    - 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, and support services, as indicated).

Individual's Disaster Mental Health Responders' Learning Objectives[1]:

- Identify the conceptual framework of emergency DMH services
- Identify DMH response structures, processes and organizations

[1] Interventions Following Mass Violence and Disasters: Strategies for Mental Health Practice; Elspeth Cameron Ritchie MD, Patricia J. Watson PhD, Matthew J. Friedman MD PhD (Eds), Guilford Press; December 23, 2005.

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- Identify the fundamental components to an emergency mental health response plan
- Identify common survivor stress reactions
- Identify pre disaster within disaster and post disaster risk factors associated with adverse mental health outcomes
- Identify at risk groups and individual in the wake of disaster
- Target phase specific interventions to match the needs of specific at risk groups and individuals
- Identify guidelines for delivering psychological first aid
- Identify strategies of engagement and building rapport with non-treatment seeking and treatment seeking survivors
- Identify guidelines for working on large group settings
- Identify guidelines for brief one on one supportive counseling sessions (one contact, two contact three contact, or more)
- Identify guidelines for delivering brief educational packages
- Identify guidelines for delivering stress management/resilience skills
- Identify guidelines for securing referral linkages
- Identify intervention considerations specific to disaster workers, children, minority groups, and older adults
- Identify guidelines for emergency mental health provider stress management and self care.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH

Disaster Mental Health Responder Ethical Standards

I understand my legal responsibilities, limitations, and the implications of my actions within the delivery setting and will perform duties in accord with laws, regulations, policies and legislated rights of persons served; therefore, I will

2. Accurately represent my professional title, qualifications, and/or credentials relevant to persons served.

3. Conduct relationships with colleagues and other professionals that promote mutual respect, public confidence, and improvement of mental health disaster response.

4. Share knowledge and encourage proficiency in mental health disaster response among colleagues and other professionals.

5. Serve the public interest by contributing to the improvement of systems and evaluation of responses that impact disaster mitigation, response, and recovery.

6. Respect and do my best to protect the disaster survivor's civil rights.

7. Recognize the interests of the disaster survivor as my primary responsibility.

8. Respect the disaster victim's right to self-determination.

9. Preserve the confidentiality of information provided by the disaster victim or acquired from other sources before, during, and after the course of the response.[1]

10. Avoid conflicts of interest and disclose any possible conflict to the program or person served, as well as to prospective programs or persons served.

11. Terminate a professional relationship with a survivor when the survivor is not likely to benefit from continued services.

12. Not engage in personal relationships with persons served which exploit professional trust or which could impair my objectivity and professional judgment.

13. Not discriminate against a victim or another staff member on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious affiliation, residency, or HIV status.

14. Provide opportunities for colleagues to seek appropriate services when traumatized by a disaster, event, or client interaction.

15. Report to appropriate authorities the conduct of any colleague or other professional (including oneself) that constitutes mistreatment of a person served.

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DEPARTMENT OF MENTAL HEALTH

I have read and understand the above Department of Mental Health (DMH) Disaster Mental Health Responder Ethical Standards. By signing below, I commit to these standards as a Disaster Mental Health Responder. Any violation(s) to these ethical standard(s) may result in revocation of my certification as a Disaster Mental Health Responder as determined by the Department of Mental Health.

Signature: _____ Date: _____

My Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name of Witness: _____

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[1] Exceptions: Consulting with other professionals, supervisors, consultants (all bound); Written consent of person who provided the information; Death/Disability, written consent of personal representative; When communication reveals intended commission of crime, harmful act; Medical emergency, victim unable to release necessary information; Mandated reporting of abuse of child or vulnerable adult; When person waives confidentiality by bringing public charges against the responder; Minor victims, according to state laws; Confidential Privilege refers to legal rights of confidentiality, attorney-client privilege psychotherapist-patient