

Proposed Consensus Core Competencies for Disaster Mental / Psychosocial / Behavioral Health Preparedness and Response

Preamble: The following represents the consensus core competencies for disaster mental / psychosocial / behavioral health preparedness and response. These competencies can serve as a framework for the development of training programs, educational curricula, evaluation processes, and organizational and human development initiatives, such as job descriptions and performance evaluations. These competencies could also prove useful as deployment criteria for anyone who would perform disaster mental health functions in the field. It is important to understand that these competencies must be integrated within the organizational structure and incident management systems and should be guided by the following principles:

- Adherence to performance within one's scope of practice (e.g., functional role; knowledge, skill, authority; continuing education; ethics; 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.

I. Describe following key terms and concepts related to disaster mental / psychosocial / behavioral health preparedness and response

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

II. Communicate effectively as demonstrated by one's ability to:

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

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

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

IV. 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 behaviors 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)

- V. 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)
 - 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)