

Article 30

**The Counselor and the Disaster Response Team:
An Emerging Role**

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In the past decade, America's response to emergency and disaster, whether it is man-made or naturally occurring, has garnered attention and galvanized the focus of our nation. This focus has included on-going planning and risk assessment for all-hazards events, and has outlined best practices in emergency planning, response, and recovery phases following a disaster. As part of this focus, a new and emerging role for counselors can be found through the integration of counselors as members of emergency response teams. Counselors can contribute their knowledge, skills and expertise in the planning, response, and recovery phases of emergency response.

The skills of the counselor were called upon heavily in disasters such as Hurricane Katrina, particularly in acute response efforts and subsequent long-term recovery. In 2005, the American Counseling Association and National Board for Certified Counselors partnered with the American Red Cross (2006) to deploy nearly 4,600 counselors and other licensed mental health professionals to assist in disaster response efforts in New Orleans and the Gulf Coast. The American Counseling Association was recognized for sending 20% of the total number of deployed mental health counselors to the Gulf Coast following Hurricane Katrina (Kennedy, 2006). In the post

9/11 environment, the knowledge and expertise of the counselor and behavioral health specialist is being sought to assist in on-going planning efforts for all-hazard emergency response, including natural disasters, biochemical and terrorist attacks. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), in an effort to integrate counselors into emergency response, has included emergency preparedness competency recommendations into their 2009 Standards revision (2007). The 2009 Standards, when adopted, will include emergency response objectives in the accreditation process for college and university counseling education programs.

In the time since the terrorist attacks of 9/11, local, state and federal planning efforts have increasingly focused on multi-agency, multi-disciplinary response procedures for disaster preparedness. The National Response Framework (NRF), established by Homeland Security Presidential Directive (HSPD)-5, delineates incident management activities, including how to prevent, prepare for, respond to, and recover from terrorism, major natural disasters and other major emergencies (2004). The National Response Framework describes how the Federal government will assist local, state, and federal agencies; and tribal governments in the conduct of missions of primary Federal responsibility. It is important to understand how behavioral health response fits into larger directives, specifically within the NRF.

The NRF Annex designates 15 Emergency Support Functions (ESF) for incident management. The ESF model provides structure for coordinating interagency response. Both primary and support agencies are assigned responsibility for each function. Behavioral Health is considered an emergency response function and is grouped with Public Health and Medical Services under ESF # 8. The Department of Health and Human Services is designated the primary lead to coordinate ESF #8 agencies. In a disaster requiring activation of ESF # 8, Public Health may request the expertise of counselors for Behavioral Health planning, response or recovery.

The counselor should become familiar with components of the National Response Framework, specifically the National Incident

Management System (NIMS) and the Incident Command System (ICS). The NIMS system provides a template for incident management regardless of size, scope or cause. Incident Command outlines operational management and structure as various agencies work together to address the incident. Originally developed by fire fighters in the 1970s, the standardized ICS model has been adopted by law enforcement, emergency medical services (EMS), public health agencies, and recently by school systems, hospitals, and behavioral health agencies. Familiarity with NIMS and ICS training will help counselors speak a common language with other responders, work as part of a multi-disciplinary team, and integrate quickly into a common management structure. Counselors are advised to take several basic level ICS courses to familiarize themselves with the ICS system, specifically IS 100 and IS 700 courses, available on-line through <http://training.fema.gov/IS/crslist.asp> . Additionally, counselors should take disaster response field trainings offered through response agencies or groups such as the American Red Cross.

Counselors that understand ICS can join with a multi-disciplinary team in disaster response. Counselors will provide the team with unique skills and a behavioral health focus. Listed below are areas that counselors have historically had an impact, as well as new areas where counselors can provide assistance in disaster response.

Planning

Counselors who work in agency settings can assist in development or review of their agency internal emergency plans. Agency specific plan input may include: call-down or emergency notification procedures, continuity of operations planning, response team deployment criteria, and resource typing.

Additionally, the behavioral expertise of the counselor can assist in crafting messages for staff, public and media. This final arena, known as risk communications, involves the counselor in the development of thoughtful and informed messages to the public that can increase compliance and direct public actions in the event of an

emergency. Disciplines such as public health may seek recommendations of behavioral health professionals when considering the psychological impact of public messages. Behavioral health input can help decrease public anxiety, minimize stress and trauma, and maximize public compliance with directives. According to Flynn (2006) there are five areas where behavioral health can contribute to risk communication and enhance positive behavioral health in the public. These five areas include (a) understanding confirmatory bias, (b) promoting resilience, (c) assisting to find meaning, (d) engaging consumers in preparedness, and (e) providing opportunities for prevention. The Centers for Disease Control and Prevention (2002), also mention the importance of recognizing psychological factors in a public health emergency and providing guidance in determining effective public messages.

Counselors can collaborate with other emergency response groups as they engage in planning for different operational aspects during a disaster. For example, counselors in cooperation with coroners, law enforcement and public health can provide behavioral health planning for disasters involving mass fatalities. Counselors can advise on the set up and operation of a Family Assistance Center. They can assist law enforcement during notification of next of kin. In planning for pandemic influenza, Reissman, Watson, Klomp, Tanielian, and Prior (2006) suggested that behavioral health specialists may assist public health agencies by providing phone crisis counseling and website support, engaging faith based communities, and helping to educate the public about social distancing, isolation, or quarantine requirements.

Finally, counselor expertise can be integral to emergency planning related to populations with special needs. Counseling has long considered cultural diversity and multi-cultural awareness as a central value and a guiding factor to the services counselors provide. This awareness and sensitivity is of value in emergency planning which recognizes the needs of special populations and develops appropriate educational messages to assist in outreach efforts to these populations. (U.S. Department of Health and Humans Services, 2003)

Response

In response efforts, the counselor can apply knowledge of psychological, sociological and developmental principles in emergency response. Counselors should become familiar with evidence based best practices as well as research gaps regarding efficacy of behavioral health response models. There is currently an emphasis on recognizing individual and community resilience, and fostering resiliency during the immediate post disaster period. Reissman, Klomp, Kent, and Pfefferbaum (2004) point to the need for further study on resilience, both individual and societal, that may help to protect against future disasters such as terrorism. According to Norris, Byrne, Diaz, and Kaniasty (2007), interventions in the immediate period of response, whether directed at the community, the family or individual, should focus on empowerment, and build on strengths, capabilities and self- sufficiency. An operating assumption is that the majority of survivors will have a normal (i.e., common) response to the abnormal disaster situation. Current thought holds that an immediate behavioral health response should help leverage individual and community resilience to provide support and cushion against later development of persistent psychopathology.

There are a number of models for immediate disaster behavioral health response. Several deserving mention include Critical Incident Stress Management (CISM), Psychological First Aid (PFA) and Cognitive Behavioral Therapies. CISM was first developed for use with military combat veterans, and later expanded to include civilian first responders in the 1980s. Previously, Critical Incident Stress Management, with emphasis on Psychological Debriefing (PD), was frequently used as an intervention model in the immediate post disaster period. CISM, with debriefing models that promote cathartic verbal review of stressful experiences and accompanying emotions, now sometimes called Critical Incident Stress Debriefing (CISD), has fallen out of favor as a response model. Raphael, Meldrum, and McFarlane (1995) point to research that indicate debriefing may not be effective for many people, does not

consistently reduce the risk for later development of mental health problems and may actually increase the risk for subsequent problems in some individuals.

Ruzek (2006) discussed empirically supported cognitive-behavioral approaches in the treatment of trauma populations. Ruzek outlines cognitive-behavioral models of structured intervention that include skills training, self-monitoring, and recording of key behaviors and task assignments as a possible early intervention model. Counselors working in acute emergency response can add cognitive-behavioral techniques to their emergency response interventions.

Recent attention has looked to Psychological First Aid (PFA) as an evidence-informed model for acute disaster mental health response. PFA supports disaster survivors by encouraging self-efficacy, mastery, perceived control, and social support. PFA response promotes the following basic actions: (a) Contact and engagement; (b) provide safety and comfort; (c) provide stabilization; (d) gather information; (e) provide practical assistance; (f) establish connection with social supports both primary and within community; and (g) provide information on stress reactions, coping skills, and promote resiliency and empowerment (National Center for Child Traumatic Stress, 2006). There is a need for on-going, empirical research on the effectiveness of Psychological First Aid as a disaster behavioral health response model. Research efforts must account for the ethical considerations in withholding a potentially beneficial treatment or intervention. Future development of ethical and definitive research designs will clarify best practice and effective disaster response models. Counselors in emergency response should be aware of emerging research to incorporate best practice in emergency response. Integrating the common elements of PFA and well researched models such as cognitive-behavioral interventions may be best practice guidelines for providing disaster behavioral health response.

The counselor, being a member of a multi-disciplinary team, will often be required to assess levels of stress and vicarious trauma among disaster survivors and all members of the response team, particularly first responders, staff and fellow behavioral health responders. This dual response role necessitates special skills and a

focus on teamwork, peer assistance, and work shift time limits for behavioral health responders. Finally, and perhaps most important, counselors in emergency response will do well to foster and build personal resilience in their own lives as they are called to become members of emergency response teams.

Recovery

Counselors have a prominent response team role in the recovery phase of a disaster. Long after the acute response teams have completed their duties, counselors skilled in treatment of trauma continue to provide mental health service delivery to impacted and recovering communities in which they reside. Counselors provide assessment and treatment of individuals with PTSD, substance abuse and other post disaster mental health issues, and they continue to provide crisis counseling and trauma intervention. The recovery effort following Hurricane Katrina is an excellent example. Counselors working in programs such as Access to Care have provided behavioral health and education services to nearly 12,000 hurricane survivors and are continuing in the recovery effort (American Red Cross, 2007).

Summary

In all phases of emergency planning, response, and recovery, the counselor is recognized as a valuable and essential member of an emergency response team. Counselors and behavioral health responders can provide evaluation on community resilience and rebuilding, provide assistance in future planning, and make recommendations on best practices. The counseling profession has taken a committed, proactive stance to providing new counselors with knowledge and training through CACREP emergency preparedness initiatives. Counselors interested in the field can learn more about the role of the emergency responder through NIMS and ICS training. Finally, counselors can promote their own personal resilience and the resilience of the communities that they serve.

References

- American Red Cross. (2006). *Compassion turned into action- American Red Cross makes hurricane relief history*, Fairfax, VA: Author. Retrieved October 28, 2007, from <http://www.arcmb.org/downloads/hurricanefactsheet05.pdf>
- American Red Cross. (2007). Hurricane Recovery Program. Fairfax, VA: Author. Retrieved October, 28, 2007, from http://www.redcross.org/services/disaster/0,1082,0_294_,00.html
- Centers for Disease Control and Prevention. (2002, September). *Crisis and emergency risk communication- Be first, be right, be credible*. Atlanta, GA: Author.
- Council for Accreditation of Counseling and Related Educational Programs. (2007). *2009 CACREP standards revision- Draft #3*. Retrieved October 28, 2007, from <http://www.cacrep.org/StandardsRevisionText.html>
- Department of Homeland Security. (2004, December). *National response plan*. Retrieved October 28, 2007, from <http://www.dhs.gov/nationalresponseplan>
- Flynn, B. W. (2006, September). *Behavioral health risk communication: Defining it/ doing it/ sustaining it*. Workshop conducted at the Colorado Division of Mental Health – Risk and Mental Health Communication Workshop, Denver, CO.
- Kennedy, A. (2006, July). When disaster strikes. *Counseling Today*, pp. 6, 25.
- National Center for Child Traumatic Stress and National Center for PTSD, U.S. Department of Veterans Affairs. (2006). *Psychological first aid: Field operations guide (2nd ed.)*. Retrieved October 28, 2007, from http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/PFA_2ndEditionwithappendices.pdf
- Norris, F. H., Byrne, C. M., Diaz, E., & Kaniasty, K. (2007). *Psychosocial resources in the aftermath of natural and human caused disasters: A review of the empirical literature with implications for intervention*. (National Center for Post Traumatic Stress Disorder- Fact Sheet). Retrieved October 18, 2007, from

http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_resources.html?opm=1&rr

- Raphael, B., Meldrum, L., & McFarlane, A. C. (1995). Does debriefing after psychological trauma work? *British Medical Journal*, *310*, 1479-1480.
- Reissman, D. B., Klomp, R. W., Kent, A. T., & Pfefferbaum, B. (2004). Exploring psychological resilience in the face of terrorism. *Psychiatric Annals*, *34*(8), 626-632.
- Reissman, D. B., Watson, P. J., Klomp, R. W., Tanielian, T. L., & Prior, S. D. (2006). Pandemic influenza preparedness: Adaptive responses to an evolving challenge. *Journal of Homeland Security and Emergency Management*, *3*(2), 13.
- Ruzek, J. I. (2006). Bringing cognitive-behavioral psychology to bear on early intervention with trauma survivors. In V.M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (2nd ed., pp.433 -462). New York: Guilford Press.
- U.S. Department of Health and Human Services-Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2003). *Developing cultural competence in disaster mental health programs* (DHHS Publication No. SMA 3828). Rockville, MD: Author.

Appendix I

**Authors and Titles of Additional Articles
Accepted for Inclusion in the ACA Online
Database of Counseling Resources**

Animal Assisted Therapy with Hurricane Katrina Survivors
Cynthia K. Chandler

The Bridge to I Am: Rapid Advance Psychotherapy
Ellie Izzo

*A Call to the Profession: Incorporating Feminist Competencies
into Professional Counseling*
Joanne Jodry and Frances Trotman

*Choosing an Online Doctorate: Five Things That All Counselors
Should Know*
Angela J Adams

*Could Virginia Tech Massacres Have Been Prevented? Strategies
for Prevention and Counseling*
Kananur V. Chandras, Sunil V. Chandras, and David A. DeLambo

*Courage and Hope as Factors for Client Change: Important
Cultural Implications and Spiritual Considerations*
Mark T. Blagen and Julia Ruey-Ju Yang

Depression in the Workplace
Andrew A. Cox, M. Kathryn Ness, and Robert F. Carlson

*Dick and Jane on MySpace: How Counselors Can Connect with
Digital Natives*
J. Barry Mascari and Jane Webber

Compelling Counseling Interventions

*Dyscalculia, Assessment, and Student Career Efficacy:
Implications for College Counselors*

Adrienne L. Johnson, Larry W. Featherston, and Jose M. Maldonado

*The Effects of Frequent Combat Tours on Military Personnel and
Their Families: How Counselors Can Help*

David L. Fenell and Ruth Ann Fenell

An Examination of the Family's Role in Childhood Obesity

Steven K. Nielsen, Mandy L. Perryman, and Jeanne D. Booth

*Examining the Gender Role Concept of Marianismo and its
Relation to Acculturation in Mexican-American College Women*

Andreana T. Jezzini and Cynthia E. Guzmán

*Finding Common Ground Through Adventure Based Counseling:
Race and Perceptions of Group Cohesion*

J. Scott Glass

*From New Age to Neuroscience: Creating New Narratives with
Meditation Programs and Guided Imagery in Addiction Treatment*

Pamela Smithbell

*Helping Kids and Families Stay Safe: Workshops on Cyberbullying
and On-Line Safety*

Kelly Duncan, Holly Nikels, Michele Aurand, and Gerta Bardhoshi

*Identifying and Managing the Personality-Disordered Client in
Everyday Counseling Practice*

Len Sperry

The Impact of Family and Friends in Women with Eating Disorders

Perry L. Collins, Cassondra J. Collins, and Jeremy J. Berry

Individuals and Their Confidants' Viewpoints on Self-harm: A Qualitative Analysis

Luke M. Tse, Jillian S. Losee, and Kimberly R. Stephens

A Narrative Approach to Career Counseling: Applications to the Interpretation of the MBTI and SII

Varunee F. Sangganjanavanich and Amy K. Milkavich

Perceptions of Current and Prospective International Students from Kenya of the International Student Lifestyle in the US

Wairimu Wanjau Mutai

Qualitative Research in Counseling: Applying Robust Methods and Illuminating Human Context

Lisa Lopez Levers, Renée I. Anderson, Anthony M. Boone, Jane C. Cebula, Kailla Edger, Lauren Kuhn, Erin E. Neuman, and Jodi Sindlinger

Race & Racismo: Inviting the Voice of Mexican Immigrant Families

Kylie P. Dotson-Blake

Relational Ethics, Boundary Riders and Process Sentinels: Allies for Ethical Practice

Lynne Gabriel

Sand Tray Therapy and the Healing Process in Trauma and Grief Counseling

Jane M. Webber and J. Barry Mascari

Solution-Focused Counseling in Schools

John J. Murphy

Suicide Prevention Training for Resident Assistants: Results of the Northwest Training Model

Jackie Kibler and April Haberyan

Compelling Counseling Interventions

Supervision Styles that are Perceived and Preferred by Supervisors and Supervisees: Case Studies
Li-Ching Hung and Cary Stacy Smith

Teaching Group Counseling as a Graduate Student: What Works and What We Will Never Do Again!
Amy L. McLeod, Chinwé J. Uwah, and Erin C. M. Mason

Transparent Counseling Pedagogy: A Strategy for Teaching Clinical Thinking
Colette T. Dollarhide, Alexanderia T. Smith-Glenn, and Matthew E. Lemberger

Using the Community Readiness Model to Guide Services for LGBT Elders
Laurie A. Carlson and Kelly S. Harper

What Counselors Need to Know about Language and Language Acquisition to Enhance Their Effectiveness with Clients
Marie Faubert and Emiliano Gonzalez

What is Brain Injury? Why Should I Be Interested? What Can I Do About It?
Robert J. Hamilton

Which Family Therapy Approach Will Inform My Practice? Counseling Students' Journeys Through Application to Personal Lives
Darren A. Wozny

Appendix II

Accessing *VISTAS Online*

VISTAS Online is a database established collaboratively by ACA and Counseling Outfitters in 2004 to capture the resources and information exchanged during the annual ACA conferences. In 2006, NCDA elected to participate through the solicitation of papers from its annual conference. The *VISTAS* database currently contains the full-text of all 186 articles selected for inclusion in print versions of *VISTAS* plus an additional 122 articles that met *VISTAS* standards for quality, but could not be included in the print versions due to space limitation.

ACA members can access the *VISTAS Online* database in two ways through the ACA website (www.counseling.org). After signing in as a member, click on “Library” under the “Resources” tab at the top of the home page. To conduct a database search, select “VISTAS” from the drop-down menu listing the library holdings and enter key words in the search box. The *VISTAS Online* website organizes articles by year and can be accessed directly under “Other Links” found at the bottom of the ACA Library page.

The ACA Online Library also contains the full text of 182 *ERIC/CASS Digests* as well as 13 new *ACA Professional Counseling Digests*.

For information on how to submit articles for *VISTAS* or proposals for *ACA Professional Counseling Digests*, go to counselingoutfitters.com or send an email to counselingoutfitters@comcast.net.

Compelling Counseling Interventions

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- *VISTAS: Perspectives on Counseling 2004*, Searchable CD-Order #78100, \$32.95; \$24.95 Member Price
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