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CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

- CISM is typically applied to emergency services personnel, individuals whose work entails risk for exposure to trauma (e.g., law enforcement personnel, emergency medical technicians, fire fighters, military personnel, and disaster workers such as the Red Cross).
- CISM may be attractive to workers in these occupations because of its emphasis on the Psychological Debriefing not being "psychotherapy."
- It is designed to comprehensively address the needs of emergency services organizations and personnel. The CISM interventions are designed to psychologically prepare or prebrief individuals prior to dangerous work, meet the support needs of individuals during "critical incidents" (e.g., while Red Cross personnel are working with families who lost loved ones in a disaster), provide CISD as well as delayed interventions, consult with organizations and leaders, work with the families of those directly affected by trauma, and to facilitate referrals and follow-up interventions to address lingering stress disorders.
- Again, formally, CISM is designed only for use with emergency service workers (fire fighters, rescue personnel, emergency room personnel, police officers, etc.), although the CISM training also describes CISM as appropriate for witnesses to critical events and bystanders who suddenly become helpers by virtue of their being in a particular place at a particular time.
- One of the particularly attractive features of the CISM framework is the special attention paid to the unique needs of workers at risk for exposure to others' direct trauma and suffering, targeting the intense strain and stress of emergency and disaster relief activity.
- There is some controversy regarding the effectiveness of Critical Incident Stress Debriefing, one component of the CISM model, in preventing PTSD. Several studies found no effects or possible worsening of stress-related symptoms in persons who received CISD. Because of this, CISD should be curtailed or utilized only with extreme caution in emergency services until additional high-quality studies can verify its effectiveness and provide mechanisms to limit paradoxical outcomes. It should never be a mandatory intervention.
- In Kansas, there are 23 regional organizations represented in this group, including, but not limited to: CMHCs, Interfaith Ministries, Salvation Army, KS Highway Patrol, Topeka Fire Department, and the University of Kansas Medical Center (KUMC)
- For more information:
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PSYCHOLOGICAL FIRST AID (PFA)

- Psychological first aid is a modular approach to treating children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.
- It is designed to reduce the initial distress of traumatic events and foster short and long term disaster functioning.
- PFA is designed for delivery by behavioral health specialists who provide acute assistance to affected children and families as part of an organized disaster response effort.
- It is intended to provide immediate and ongoing safety, and provide physical and emotional comfort.
- Psychological First Aid includes basic information-gathering techniques to help mental health specialists make rapid assessments of survivors’ immediate concerns and needs and to tailor interventions in a flexible manner.
- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Psychological First Aid includes the use of handouts that provide important information for youth, adults, and families for their use over the course of recovery in contending with post-disaster reactions and adversities.
- PFA is similar to what KAHBH responders will be doing in their communities in the wake of a Presidentially declared disaster.
- For more information:
  - [http://www.ncptsd.va.gov/pfa/PFA_V2.pdf](http://www.ncptsd.va.gov/pfa/PFA_V2.pdf)
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AMERICAN RED CROSS DISASTER MENTAL HEALTH

- Providing disaster relief since 1881, the ARC provides comfort, shelter, food, and emergency items during times of disaster.
- The purpose of ARC Disaster Mental Health is to provide crisis mental health services to victims of disasters and also to Red Cross volunteers and paid staff working the disasters.
- Those responding must:
  - Be clinically licensed in the state of Kansas
  - Participate in 9 hours of training (3 are web-based, self-study)
  - Be available to travel for a 2-week assignment or serve on a local basis as available
  - When serving, provide crisis counseling only, offer information, and help educate people on the emotional impacts of disasters and how to cope with them
  - Provide referrals to the communities’ existing mental health providers.
- ARC DMH workers help people recognize, understand, and cope with the specific feelings they experience after a disaster.
- ARC DMH works with the local mental health community to ensure both short-term and long-term assistance is available.
- For more information: www.redcross.org/services/disasters
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NATIONAL 2-1-1 COLLABORATIVE
Led by the United Way and the Alliance of Information and Referral Systems (AIRS), this telephone directory number allows callers to obtain information about volunteer opportunities for disaster relief. The 2-1-1 System connects people with needed human services through an easy to remember three-digit phone number, the web and a variety of community interactions. When someone connects with 2-1-1, specially trained information and referral specialists analyze what services are needed and provide the appropriate resource and related information. Currently 62% of the U.S. population has access to 2-1-1, with more systems going live each month.

While services that are offered through 2-1-1 vary from community to community, 2-1-1 provides callers with information about and referrals to human services for every day needs and in times of crisis. For example, 2-1-1 can offer access to the following types of services:

- **Basic Human Needs Resource**: food banks, clothing closets, shelters, rent assistance, utility assistance.
- **Physical and Mental Health Resources**: health insurance programs, Medicaid and Medicare, maternal health, Children's Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation.
- **Employment Supports**: financial assistance, job training, transportation assistance, education programs.
- **Support for Older Americans and Persons with Disabilities**: adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- **Support for Children, Youth and Families**: childcare, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.
- **Volunteer Opportunities and Donations**.

The 2-1-1 role in disaster preparedness and recovery includes:

- 2-1-1 call centers will receive calls during a disaster requesting assistance and/or information from the public. The public will look to the call center for information on shelter, clothing, food, rumor control and eventually rebuilding and recovery information.
- 2-1-1 can provide vital, timely and coordinated information for service accessibility and the sharing of resources. The coordinated dissemination of information promotes accuracy, improves service accessibility and increases the impact of shared resources.
- Resource database sharing is critical in times of a disaster. There may be times when the only information available to staff and the public is through the website.
- 2-1-1 can receive calls offering assistance and donations.
- The recovery of a large-scale disaster can last from a few months to several years. 2-1-1 systems are knowledgeable about existing resources and linkages to these services will be important in re-building the community.
- The 2-1-1 system data on needs, unmet needs and geographical information are useful tools for city, county, state and federal planning, especially in times of re-building.
- 2-1-1 systems become logical sources of information in disaster response and preparedness. All populations are served, including persons with disabilities.
- For more information:
  - [http://national.unitedway.org/211/](http://national.unitedway.org/211/)
KANSAS ALL-HAZARDS BEHAVIORAL HEALTH PROGRAM (KAHBH)

KAHBH provides State-wide organization and coordination for behavioral health response to disaster and other all-hazards events which includes:

- Training and preparing Kansas professionals and paraprofessionals to serve in behavioral health capacity during an event
- Providing technical assistance and all-hazards behavioral health information to Kansans
- Resource identification and collection
- Training and education
- Development of Behavioral Health Excerpt to Kansas Response Plan, KAHBH Plan, and Standard Operating Procedures
- State-wide network recruitment and coordination
- Preparedness, response, and recovery activities

KAHBH utilizes behavioral health and non-behavioral health professionals to perform community outreach activities during a Presidentially declared disaster.

- Many models were reviewed in the development of the KAHBH training, and based on national information, the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA CMHS) Crisis Counseling Program model was identified as the “best practice” model. This model has been around for many years and is the national model used because of the relationship between the CMHS and the mental health authority in each state
- The KAHBH network consists of approximately 5 staff members, 25 stakeholders who comprise the ‘Board of Directors’, and 29 Community Mental Health Center (CMHC) coordinators
- The CMHC Coordinators (one at each of the CMHCs in Kansas) work at the local level to develop “local behavioral health teams,” who will respond to a Presidentially declared disaster.
- A unique difference of the SAMHSA CMHS Crisis Counseling Program model, and thus the KAHBH Program, is that the network of trained responders is not limited to behavioral health professionals. In fact, many of our teams actively recruit others in the community (clergy, school personnel, community leaders, staff who work with special populations in the area) to serve as part of their local behavioral health outreach teams.
- The goal of KAHBH was to have at least 200 network members who have completed the Core Training and are ready to respond to the behavioral health needs of individuals in their communities during a Presidentially declared disaster. Currently, there are over 350 individuals in the KAHBH network and approximately 275 of those who have received the KAHBH Core Training.
- For more information:
  - www.k-state.edu/kaabh
EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

- Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that was originally designed to alleviate the distress associated with traumatic memories. Shapiro’s Adaptive Information Processing model posits that EMDR facilitates the accessing and processing of traumatic memories to bring these to an adaptive resolution.
- After successful treatment with EMDR, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced. During EMDR the client attends to emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus.
- The EMDR procedure serves to desensitize the anxiety related to traumatic memories, not to eliminate all PTSD-symptomology and complications, nor to provide coping strategies to victims.
- EMDR usually occurs over a number of sessions (10-12 sessions).
- Although the research regarding the necessity of the eye movement component is currently inconclusive, EMDR is a psychological treatment for PTSD, which has received some empirical validation. However, confusion and controversy exist in the field regarding EMDR. Some of the confusion is theoretical and due to the current lack of empirical validation of the information processing model.
- EMDR is included here to note it as a current treatment approach, not as an indication of endorsement by KAHBH.
- For more information:
  - http://www.emdr.com/
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EMERGENCY SYSTEM FOR THE ADVANCE REGISTRATION OF VOLUNTEER HEALTH PROFESSIONALS (ESAR-VHP)

- ESAR-VHP is a standardized, volunteer registration system to facilitate both in-state and interstate movement of volunteer health professionals to assist with emergencies and disasters.
- The ESAR-VHP program is a State-based approach to establishing a national system. Each State will independently develop, maintain, operate, and command an ESAR-VHP System.
- The States’ ESAR-VHP Systems will form a critical network to facilitate the deployment of willing, needed, and qualified health volunteers for any emergency.
- This initiative is currently in the planning and initial implementation stage in Kansas. It is under the direction of the Kansas Department of Health and Environment.
- All licensed behavioral health professionals in Kansas who are eligible can be included in a volunteer directory through the Behavioral Sciences Regulatory Board (BSRB).
- For more information: www.hrsa.gov/esarvhp