

After a couple of disasters in the late 80's, the American Psychological Association saw the need for a more organized disaster response by member psychologists. As a result, in 1992, the APA launched the Disaster Response Network (DRN) as a "gift" to the American people. The DRN was created to provide immediate, short-term and crisis intervention services to individuals, organizations and communities following disasters, critical incidents and traumatic events. Most of the DRN's activities are provided during the emergency phase of a crisis or disaster, and do not involve long-term services.

Since 1992, over 3000 psychologists have provided pro bono services during disasters and periods of trauma on the local, state and national levels. The APA definition of the DRN contains the following information:

"Structurally, the DRN is a coalition of affiliated state and local networks housed within state and provincial psychological associations. The functions of the Disaster Response Network include:

1. Providing pro bono service to communities affected by trauma, crisis and disaster;
2. Providing access to disaster mental health training for its members;
3. Supporting members in their provision of trauma-related services;
4. Upholding professional standards of disaster mental health care; and
5. Coordinating collaboration with other organizations providing trauma and disaster relief services" (APA website information concerning the DRN, <http://www.apa.org/practice/programs/drn/fact.aspx>)

In California, the psychological associations provide coordinated responses and offer support to other mental health associations. Additionally, according to Dr. Rick Allen, our California DRN chair, a goal of the DRN is to "uphold professional standards of disaster mental health care."

Since DRN members are volunteers and offer pro bono work, it is never appropriate to self refer anyone met on a disaster relief operation to one's own

practice for additional professional services. In San Diego, we have access to psychologists and other mental health professionals who are willing to provide pro bono services.

APA signed a Statement of Understanding (SOU) with the American Red Cross to provide mental health services on a pro bono basis, to people affected by a disaster and for the disaster's first responders and other relief workers. All volunteers providing disaster mental health services during a disaster must have a clear license or appropriate mental health certificate issued by the state (California) in which they practice. If they are retired, they must continue to maintain an active license.

In addition, all participating psychologists are required to complete the American Red Cross course, "Foundations of Disaster Mental Health", which with other specified basic courses certifies them as Red Cross volunteers able to work at disasters. The trainings assist volunteers in functioning effectively within Red Cross operations at disaster relief sites. These trainings were initially developed in consultation with APA and other mental health organizations. APA states, "It is strongly recommended that DMHS (Disaster Mental Health Services) psychologists receive further training in crisis intervention, traumatic stress, death notification, and services to diverse and special needs populations (including children and the elderly)."

If the disaster is in another part of the country, National Red Cross Headquarters, through local Red Cross Chapters, will also directly contact volunteers registered with the American Red Cross's Disaster Services Human Resources System.

Our California psychological associations coordinate disaster mental health services with various Red Cross chapters throughout the state. The position of the Red Cross is that disaster mental health services are intended to supplement

local mental health professionals, not replace them. Our SDPA Disaster Response Committee members often are volunteers for the San Diego/Imperial Counties Chapter of the American Red Cross.

In addition to receiving excellent training in disaster mental health response, there are other benefits. Volunteers in disaster mental health including physicians, nurses and licensed or certified mental health providers are covered by the Red Cross comprehensive general liability insurance while they serve as agents of the Red Cross. Red Cross volunteers must be registered with the Red Cross and the Disaster Mental Health Activity; must be working under the control and supervision of authorized Red Cross staff within the framework of Red Cross policies, regulations and procedures; and must not exceed the level of care described in the Foundations of Disaster Mental Health training.

Disaster Mental Health volunteers provide short-term crisis interventions only (with some exceptions as required by law, e.g., response to mass casualty events such as aviation disasters where the duties of the American Red Cross in setting up the Family Assistance Centers are specified by the National Transportation Safety Board - NTSB).

Some disaster mental health psychologists also volunteer for the Medical Reserve Corp. I volunteer and train for both organizations. The American Red Cross is more established and offers more training, so most of my efforts are with the Red Cross.

In disaster mental health response psychologists rarely deal with chronic psychopathology. Disaster survivors are generally experiencing ordinary reactions to extraordinary events and need to be assured that these reactions will very likely lessen and subside over time.

Contacts at the disaster location occur in the midst of frantic activity and often initial chaos. These contacts usually last less than ten minutes. Disaster response is not therapy. The strategies employed may include ventilation, brief support and providing resources to the victims.

Disaster response work is challenging, but interesting and satisfying work. We are also able to represent SDPA in many ways. I recently attended a conference regarding domestic terrorist bombing incidents. You can imagine the mental health implications for this type of terrorist attack. Experts from Great Britain, Spain, Pakistan and Israel walked us through their first hand experiences with terrorists' attacks in their countries. Law enforcement officials spoke about the "not 'if' but 'when' and 'where'" aspects for this type of attack occurring in the United States. We participated in an exercise addressing multiple bombing attacks on the trolley at Qualcomm stadium for a football game. Terrorists plan secondary explosions to target first responders or designed to go off at the hospitals amid the chaotic aftermath of their first attack.

There are Red Cross Disaster Action Teams (DAT) on call 24 hours a day, 365 days a year to respond to local, smaller "disasters". These might be a house or apartment fire or some type of police or fire department response. Disaster mental health volunteers are on call to guide the Disaster Action Teams in the field and respond if necessary. The DATs respond about once every 24 hours. Psychologists are asked for their assistance and expertise to provide support not only to the victims of the incident, but to other volunteers and/or staff who have experienced, witnessed or heard something that is troubling or confusing, but something psychologists are trained to recognize and deal with.

Mental health volunteers have participated in several large scale exercises designed to test response (including mental health protocols) in the event of an aviation or mass transit incident. Several psychologists are on the American Red

Cross Mass Casualty Team. Mental health volunteers assist in screening volunteers applying to be part of this team.

The American Red Cross is co-sponsoring a March conference for people with access and functional needs. The emphasis this year is on behavioral issues and communication challenges such as autism and dementia on disaster mental health and all responders.

In March, I will be attending the annual DRN meeting in San Francisco where we will receive training. More essential will be the opportunity to network and plan disaster response with other DRN chairs from psychological associations in California. Other psychological associations provide mutual aid and serve as a resource if we become overwhelmed during a large scale disaster in San Diego or Imperial Counties.

In March, some mental health volunteers will receive two days of American Red Cross training for the Services to the Armed Forces Reconnection program. Lastly in March, I will present at the Disaster Response Journal's Spring Conference in Orlando on domestic terrorism and the psychological impact of terrorism.

Disaster mental health volunteers have been nominated to attend leadership conferences both locally and in Washington, D.C. It is another way to educate the public about the role of psychologists during disasters.

Psychologists who provide disaster response must be dedicated to the work and working in often harsh, undesirable environments. Due to rapidly changing needs in the midst of disaster response, there are some important characteristics of responding psychologists including resilience, resourcefulness and flexibility. The

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psychologist engaged in this type of work must be open to supervision but also able to work independently when necessary.

There is a strong psycho-educational component to disaster response. It is one thing to work with an individual experiencing trauma but quite another to dealing with up to 2000 or more traumatized individuals in an evacuation shelter. It is important for volunteers to know their limitations. It is critical they practice self care and remain aware of the potential for personal secondary traumatization.

The disaster response experience is never boring. Our goal as a committee is to help our colleagues become prepared so they can effectively assist members of the public during a major disaster.

If you would like to explore being a part of the Disaster Response Committee and receiving training in disaster response, contact the chair, Dr. Roberta Flynn at: drrflynn@hotmail.com

Dr. Roberta Flynn is a retired police sergeant who specializes in workplace/school violence, disaster planning and response and business continuity. She is a volunteer in the Disaster Mental Health Activity of the American Red Cross and was recently promoted to Manager in the DSHR system of the Red Cross.