National VOAD Emotional and Spiritual Care Committee
Disaster Emotional Care Guidelines

Draft for Internal Review by
NVOAD Emotional and Spiritual Care Committee

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SECTION ONE: Background, Purpose and Scope

Background and Purpose

Founded in 1970, National Voluntary Organizations Active in Disaster (VOAD) provides forums for faith-based and non-profit organizations engaged in disaster preparedness, response, recovery and mitigation to come together and share knowledge and resources in service to survivors, first responders, and others in communities impacted by disaster.

Guided by four core principles – cooperation, communication, coordination and collaboration ("The 4 C's") – National VOAD member organizations provide the leadership that builds strong, resilient communities and delivers hope in times of need, including in the essential area of emotional care.

Disaster emotional care is delivered by mental health professionals and paraprofessionals to provide comfort, support, and resources to individuals, families and communities throughout all phases of the disaster cycle. Grounded in concepts of resilience and behavioral health, and informed by research and best practices, disaster emotional care is intended to mitigate and prevent serious psychological consequences of disaster, to offer appropriate referral for those needing higher levels of care, and to facilitate psychological recovery and a return to functioning. Disaster emotional care is aware of and responsive to the social and cultural context in which disaster-related emotional responses occur. (Disaster Emotional Care Points of Consensus #1.)

National VOAD members are committed to strive toward excellence throughout the disaster cycle in all areas of care, including emotional care. Members of National VOAD recognize that respectful conversation and patient building of relationships uplift the commitment to quality care – a commitment that gathers, unites, and serves as a beacon to others choosing to collaborate in helping communities recover through common and shared values.

For this reason, National VOAD is especially suited to proposing and promoting guidelines that shape practices in multiple areas of disaster care. Guidelines begin with *Points of Consensus* documents developed and approved by National VOAD Member Organizations, which outline essential standards, ethical principles, and operational principles related to various functions of VOADs. Based upon the *Disaster Emotional Care Points of Consensus* the following guidelines are provided to assist organizations in implementing high quality disaster emotional care services to serve the needs of individuals, families, and communities affected by disaster.

Scope of Guidelines

These National VOAD Guidelines for disaster emotional care are intended to serve as a set of common core guidelines for National VOAD Member Organizations that currently have or that are interested in developing a disaster emotional care component to their overall service delivery.

The Guidelines are also provided for reference and as a resource for all National VOAD member organizations (i.e. those who do not have DEC as a part of their service delivery), state

VOADs, Community Organizations Active in Disaster (COADs), and other partners engaged in disaster preparedness, response, and recovery, and for the general public.

The Guidelines can be utilized for the following purposes:

- To provide orientation and guidance for organizations on the development, implementation, and maintenance of disaster emotional care services
- To enhance quality by providing benchmarks for the provision of disaster emotional care services based on research and best practices
- To develop basic guidelines for the training of disaster emotional care providers
- To share information and resources pertaining to disaster emotional care from experienced providers working within diverse communities and organizations
- To foster mutual accountability through collaboration among providers in developing, maintaining, and periodically updating emotional care guidelines
- To assure the public that those providing emotional care are using best practices
- To promote disaster emotional care among emergency managers and other partners in disaster preparedness, response and recovery, as well as to general (non-disaster specific) emotional care and behavioral health providers
    - See Appendix C, *Fact Sheet for Emergency Management on Disaster Emotional Care* for more information on how DEC is an essential component of FEMA's Emergency Support Function (ESF) 6 – *Mass Care, Emergency Assistance, Temporary Housing, and Human Services*; ESF 8 – *Public Health and Medical Services*; and Recovery Support Function *Health and Social Services*
- To facilitate the planning and programming of disaster emotional care across the disaster cycle (preparedness, response, and recovery)
- To guide inter-agency and inter-disciplinary disaster emotional care efforts in the spirit of National VOAD's "4 C's" of cooperation, communication, coordination, and collaboration.

National VOAD member organizations and other adjudicating bodies rightly exercise their own internal, self-defined standards of accreditation, licensure and/or certification in emotional care, including adhering to those standards that are regulated by state boards. These guidelines are intended to complement such standards by providing assistance in defining and reflecting quality disaster emotional care. The guidelines also provide a platform for members to learn helpful practices in disaster emotional care training, resources, etc., from one another.

The Need for Disaster Emotional Care

All natural and human-caused disasters have the potential to create significant distress within impacted areas, including overwhelming coping abilities and disrupting support systems. Many survivors, responders, and others affected by disasters will experience temporary, mild distress reactions, while others are at risk of developing long-term behavioral health concerns such as depression, anxiety, substance abuse, and more. Pre-disaster level of functioning, degree of exposure during the event (e.g. threat of or actual loss of life; serious injury; property damage; etc.) and post-disaster access to care and support influence the psychological effects on disaster-impacted individuals, families, and communities.

Most people who experience a disaster are able to bounce back to their same or similar level of functioning before the event, with many even experiencing 'post-traumatic growth', developing enhanced resilience through coping skills that under normal circumstances they might not have used. Elaborating on this further, Bonanno (2004)[1] writes that "many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function".

In summarizing the psychological effects of disasters from 160 separate surveys conducted across the world and following a wide range of natural and human-caused disasters, Norris, Friedman, and Watson (2002)[2], found that, on average, studies showed that approximately 9% of all disaster survivors surveyed experienced minimal impairment as a result of the event, 51% experienced moderate impairment, 23% experienced severe impairment, and 17% experienced very severe impairment.

Focusing specifically on the prevalence of developing post-traumatic stress disorder in the aftermath of natural or human-caused disasters, Neria, Nandi, and Galea (2007)[3] compiled results from post-disaster PTSD literature that showed prevalence of PTSD among direct victims of disasters ranging between 30-40%, and rescue workers between 10-20% (both groups compared to the range of PTSD rates in the general population between 5-10%).

As the majority of disaster-related stress responses do not involve psychopathology, it's important for disaster emotional care providers to recognize the difference between common, 'expected' stress reactions, unexpected reactions, and diagnosable disorders. Licensed mental health professionals as well as non-licensed professionals and paraprofessionals (affiliated with VOAD member organizations and other trusted, established disaster and emergency response entities) who are trained in evidence-informed or evidence-based models of disaster emotional care are all uniquely positioned to provide effective and appropriate services throughout all phases of the disaster cycle.

These guidelines are not meant to substitute for training and credentialing by established and respected organizations that provide disaster emotional care services, nor do these guidelines supersede or eliminate the need for National VOADs to ensure that individual mental health practitioners providing disaster emotional care are holding required state licensure or certification appropriate to that person's profession. (See Appendix for a comprehensive list of organizations and institutions that provide research-supported training, education, certifications, etc.)

[1] Bonanno, G. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59,* 20-28.

[2] Norris, F. H., Friedman, M. J., & Watson, P.J. (2002b). 60,000 disaster victims speak: Part II. Summary and implications of the disaster mental health research. *Psychiatry, 63*, 240-260.

[3] Neria Y; Nandi A; Galea S. (2008) Post-Traumatic Stress Disorder following disasters: a systematic review. Psychological Medicine 38:467-480. [First published online September 6, 2007]

Whether they are paid or volunteer staff comprised of mental health professionals, paraprofessionals, or from other backgrounds, it is essential that National VOAD Member Organizations provide or support access to formal training and continuing education in disaster emotional care in order to assure the general public that disaster emotional care is provided by qualified person.

Emotional and Spiritual Care

These guidelines were created using the framework for and in some instances sections directly adapted from the *National VOAD Spiritual Care Guidelines*, and so it is important to distinguish between the two types of care in order to understand where elements of the Guidelines for each may overlap, and where they diverge. (Disaster Emotional Care Points of Consensus #5).

Similarities between disaster spiritual care (DSC) and disaster emotional care (DEC) providers include:

- Both have specialized training in their area of expertise, and have providers trained in both disaster emotional and spiritual care
- Both provide emotional support and comfort using principles of Psychological First Aid (e.g., importance of meeting basic needs)
- Both refer to community resources for longer-term services
- Both work within a team and command structure
- Both are trained to deliver multi-cultural services
- Both work with individuals and families in crisis and grieving.

And areas where DSC and DEC providers diverge include:

- DEC primary purpose/intent is attending to emotional needs, concerns; DSC, primary purpose/intent is attending to spiritual needs and concerns
- DEC primarily trained in psychopathology; DSC primarily trained in pastoral care and counseling
- Different language of engagement with client: DEC focuses on coping and stress; DSC focuses on meaning and faith
- Different skill sets – DSC may participate in religious or spiritual rituals; DEC uses crisis intervention and coping skills training.

Section Four of the Guidelines, *Collaboration and Integration of Emotional Care across the Disaster Cycle* expands on these themes.

Scope of National VOAD Member Services

Communities impacted by disaster draw upon their resilience and strength to withstand the immediate effects of disaster and to recover over the course of months and years. National VOAD members bring their presence, resources, and expertise to help communities through this process.

Many National VOAD members provide disaster emotional care services, which may include:

- Training for local, state, regional and national providers that equips them to provide sustainable services that address social, emotional and psychological resilience as an asset towards recovery
- Assessment of community disaster emotional care needs
- Deployment of trained providers to assist in coordinating appropriate disaster emotional care, as requested
- Programs, curricula and other disaster emotional care resources designed to serve the needs of special populations (e.g. children, older adults, etc.)
- Guidance and assistance in planning for and providing disaster emotional care services during anniversary events, community gatherings, and other commemorative observances
- Resources to assist local, state, regional, and national disaster officials to include direct disaster emotional care services as part of preparedness, response, and recovery activities.

As per the National VOAD *Disaster Emotional Care Points of Consensus*, emotional care is provided across the disaster continuum, from preparedness to response and recovery. Accepted types of disaster emotional care include, but are not limited to:

- Preparedness activities
- Assessment and triage activities
- Psychosocial support activities
- Early psychological intervention activities
- Recovery activities.

Among National VOAD Members, excellence in providing disaster emotional care services includes:

- Recognition of autonomy, which includes the right to refuse services
- Respect for and awareness of the psychological needs of individuals with disabilities, functional and access needs
- Respect for each person's rich diversity of heritage, language, and culture
- Commitment to ethical practices intended to protect vulnerable populations, including children, dependent adults, and others
- Commitment to collaboration with all disaster emotional care providers, local and deployed
- Commitment to confidentiality, except when required to break confidentiality to protect individuals from harm or when required by law
- Utilization of evidence-informed and evidence-based clinical tools (including assessment, triage, intervention, etc.) to determine perceived and real needs and assets
- Referral to resources within the community that can provide continued, additional or higher levels of care
- Knowledge of disaster-related and psychopathology responses.

Covenant for National VOAD Partners

The heart of National VOAD is embodied in the “4 C’s” of VOAD - cooperation, communication, coordination, and collaboration - in order to better serve people impacted by disasters. These 4 “C’s” describe a progression of efforts. Cooperating and communicating are the beginning of relationship - the first steps in helping work become more efficient and effective. Coordinating and collaborating are examples of maturing relationship, in which partners become inter-dependent, relying on each other to accomplish ever greater tasks together.

Members of National VOAD, aspire to these deeper relationships and work to uplift and support each other and each other’s work. National VOAD members share in all services, including disaster emotional care, seeking to include all partners in bringing valued contributions to serve the needs of affected communities.

National VOAD members are concerned when National VOAD member organizations fail to meet the standards found in the Points of Consensus, because National VOAD Points of Consensus documents promote quality care for communities impacted by disasters. National VOAD members address these concerns by seeking to share the rationale of the Points of Consensus with such groups and by seeking to promote the high standards these guidelines detail for the sake of those whom we serve.

SECTION TWO: Essential Components of Disaster Emotional Care Programs

This section provides suggested guidelines to assist organizations in identifying, recruiting, and training disaster emotional care providers. It includes specific discussion of qualifications, experience, competencies, and accountability structures for the delivery of appropriate and effective disaster emotional care. Guidance is provided for organizations to fulfill their obligation to help emotional care providers maintain their own health and wellbeing before, during and after deployment as well as during steady-state times. The section includes a quick reference checklist to help disaster emotional care leaders provide the essential components for building and sustaining their teams.

Introduction

Disaster emotional care is provided across the disaster continuum from preparedness to response and recovery. Emotional care takes many forms, and emotional care providers are from diverse professional backgrounds (Disaster Emotional Care Points of Consensus #2). disaster emotional care workers respond to the psychosocial and emotional needs of people affected by disaster. This includes members of the affected community as well as other disaster responders experiencing the stress of disaster response. Besides providing disaster emotional care during responses, disaster emotional care providers have an important role in planning and mitigation efforts and contribute toward building resilient communities (Disaster Emotional Care Points of Consensus #3).

Disaster emotional care services supplement, but do not supplant existing community mental health services. These services are provided without discrimination to race, color, national origin, religion, gender, age, disability, sexual orientation, citizenship, or veteran status.

Disaster emotional care is not psychotherapy, nor a substitute for psychotherapy. (Disaster Emotional Care Points of Consensus #1.e) Long-term therapeutic interventions should not be conducted during the acute phase of a disaster response.

Developing an Emotional Care Workforce

Staffing Strategy

Different organizations rely on different staffing strategies, during the disaster response, based on their size, structure and service delivery model. Some rely primarily on paid employees while others, such as the American Red Cross, depend heavily on volunteers. One strategy for utilizing paid employees is to offer the opportunity for select staff to transition to a disaster emotional care provider role during times of disaster.

Table 1: The Strengths and Weakness of Paid and Volunteer Workforces

Model	Strengths	Weaknesses
All Paid Employees	1. More consistent capacity and availability. 2. More awareness and control over who is part of workforce. 3. Employees are more likely to have relationships with each other before disasters. 4. Supervisory structures are likely already in place. 5. Client needs may be met more efficiently when employees provide services post-disaster to clients with whom they have a pre-disaster relationship.	1. Organizations' resources can fluctuate from year to year (People, material resources, money) making it difficult to ensure a large enough workforce will always be available to meet the needs of large disasters. 2. Difficult to scale up services (finite number of employees, difficult to add employees quickly) 3. Daily work of employees is impacted when they are assigned to support disasters. 4. Boundaries may be tested when employees providing services post-disaster have pre-disaster relationships with clients. (5. Employees are used to working 40 hours/week (typically) and may not be used to working evenings and weekends – may require overtime pay.
All Volunteer	1. Volunteers are typically highly committed and passionate about the work they do. 2. Large pool of potential volunteers allows for flexibility in scaling to meet the needs of large disasters. 3. Allows for the option to include new (event-based) volunteers when necessary. 4. Volunteers are more likely to be available during evenings, overnight and weekends, when employees are not used to working. 5. Provides supervisory and management opportunities for volunteers.	1. Requires employees committed to volunteer management. 2. Volunteer schedules may be less predictable (e.g., can't commit to 40 hours/week) requiring more people to provide necessary coverage. 3. Volunteer workforce may be constantly changing, making it difficult for volunteers to all have relationships with each other before disasters. 4. Volunteers can come and go more easily than employees, making it difficult to know the size of the workforce at any specific time. 5. Quality assurance challenges – difficult to ensure that the program is being appropriately carried out according to program standards.
Blend of Paid Employees and Volunteers	Combination of the strengths from both sections above.	1. Combination of the weaknesses from both sections above. 2. Challenging to have volunteers and employees working side by side due to perceived inequities between the two groups and possible role confusion.

Eligibility Requirements for Disaster Emotional Care Providers

Eligibility criteria for disaster emotional care providers is another factor that organizations must consider. These criteria can cover a vast range of educational and professional requirements, from requiring workers to have independent mental health licensure to anyone who completes agency-specific training.

Table 2: Examples of Eligibility Criteria*

Model	Strengths	Weaknesses
Open Eligibility to Whoever is Interested	1. Largest pool of eligible workers. 2. Recruitment is likely easier than other models.	1. Quality assurance challenges. 2. Requires a potentially labor-intensive screening process. 3. Requires workers to take a significant amount of training. 4. Potential risk to survivors, other workers and the responder due to the potential for lack of knowledge and experience.
Eligibility Based on Work Experience (e.g. experience in a trauma center)	1. Workers will have a consistent language to use 2. Required trainings do not need to cover topics that workers should already know.	1. Adds employment verification step. 2. No guarantee that workers will have the same education or abilities because they have had similar work experience. 3. Recruitment pool is limited.
Eligibility Based on Licensure (e.g. independent licensure)	1. Provides additional level of quality assurance since licensing boards monitor ethical violations and perform background checks more frequently than many organizations. 2. Required trainings do not need to cover topics that workers should already know. 3. Workforce would have a common language.	1. Requires determination of which professions and licenses will be included – which means some licenses could be excluded. 2. Can create a culture of being "in" or "out" 3. Recruitment pool is limited.
Eligibility Based on Education Level	1. Required trainings do not need to cover topics that workers should already know. 2. Workforce would have a common language.	1. No guarantee that workers will have the same experiences or abilities because they have the same level of education. 2. Recruitment pool is limited.

*This chart was adapted from documents created during the *Red Cross Disaster Mental Health Stakeholders Meeting* held February 24-26, 2016 in Washington, DC.

Roles and Competencies for Disaster Emotional Care Providers

In addition to determining the appropriate workforce, organizations should also develop a leadership structure within their disaster emotional care workforce to ensure quality client-facing services and appropriate supervision for workers. Below are examples of competencies to look for in disaster emotional care providers from entry-level positions to leaders. The following charts describe the personal attributes, knowledge and skills demonstrated by effective disaster emotional care providers.

290 **Table 3: Competency Definitions**

Competency Factor	Key Issue	Definition	Primary Method of Development	Documentation
Personal attributes	Who I am	Inherent characteristics and qualities	Life experience, self-reflection, supervision, and mentoring.	Personal interview and recommendations
Knowledge	What I know	Theoretical and practical understanding of a subject area.	Structured learning (courses, workshops, personal study, etc.)	Documentation of successful completion of training program(s)
Skills	What I do	The ability and knowledge that enables one to do something well.	Structured learning and practice (courses, workshops, practical experience)	Documentation of successful completion of training program(s) and experience

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292 **Table 4: Competency Categories**

Disaster Emotional Care Worker Level	Knowledge, Skills Attributes Category	Knowledge, Skills, Attributes
Entry Level Worker	Communication, Relationship, & Problem Solving Skills	• Communicates effectively orally and in writing. • Listens actively and empathetically and takes appropriate action on behalf of clients. • Accurately documents conversations and actions as detailed in program guidance. • Identifies client needs and refers to appropriate and available resources. • Connects effectively with clients who are culturally diverse. • Guards client privacy and confidentiality. • Is open to taking direction from supervisor. • Able to work in a collaborative work situation. • Good interpersonal skills with clients, colleagues, supervisors, external partners and the public. • Problem-solves with and for a client to support client recovery. • Assesses situational challenges in the field and suggests workarounds. • Asks supervisor for help when appropriate.
	Knowledge of Emotional Care Technical & Systems	• Basic knowledge of principles, procedures, techniques, trends, and literature of providing emotional care. • Basic knowledge of recognized treatment interventions • Basic knowledge of program guidance regarding documentation of client information and case details. • Basic knowledge of computer usage.
	Attributes	Empathic understanding, tact, emotional stability, patience, good observation skills, cultural awareness, resilience, flexibility, adaptability and an ability to work with others with an open, non-judgmental attitude
	Special Physical Characteristics	Sufficient strength, agility, and endurance to perform during stressful (physical, mental and emotional) situations encountered on the job without compromising their health and well-being or that of their fellow employees, volunteers, and/or clients.

Disaster Emotional Care Worker Level	Knowledge, Skills Attributes Category	Knowledge, Skills, Attributes
Supervisor-Level Worker	Communication, Relationship, & Problem Solving Skills	• Communicates effectively orally and in writing. • Provides appropriate input into ongoing work flow and reports. • Accurately documents conversations and actions with staff. • Conducts effective work unit meetings. • Identifies worker needs and makes appropriate material/equipment requests • Connects effectively with workers who are culturally diverse. • Works efficiently with workers to maximize their potential. • Is open to taking direction from manager. • Provides effective feedback to workers. • Works in a collaborative work situation. • Works well with clients, colleagues, managers, external partners and the public. (good interpersonal skills) • Coaches others in problem-solving with and for a client to support client recovery. • Coaches others to document client information and case details as required. • Effectively reviews cases and provides feedback • Assesses situational challenges in the field and suggests workarounds. • Recognizes work unit problems early and takes actions to correct. Asks manager for help when appropriate.
	Knowledge of Emotional Care Technical & Systems	• Intermediate knowledge of principles, procedures, techniques, trends, and literature of providing emotional care. • Intermediate knowledge of recognized treatment interventions. • Intermediate knowledge of program guidance regarding documentation of client information and case details. • Intermediate knowledge of computer usage. • Knowledge of coaching skills.
	Attributes	Compassion, confidence, humility, ability to delegate, a positive attitude, passion for the mission, approachable, considerate, disciplined as well as having empathic understanding, tact, emotional stability, patience, good observation skills, cultural awareness, resilience, flexibility, adaptability and an ability to work with an open, non-judgmental attitude.

Disaster Emotional Care Worker Level	Knowledge, Skills Attributes Category	Knowledge, Skills, Attributes
Manager-Level Worker	Leadership/ Team Building, Relationship, & Problem Solving Skills	• Envisions, designs and leads a diverse team of supervisors. • Provides appropriate support, feedback and recognition. • Motivates team building and provides cohesive team environment. • Understands the metrics needed to evaluate services and staff. • Plans strategically and provides appropriate input. • Builds effective relationships with individuals, groups and departments. • Effectively explains purpose, content and capability of systems to assigned staff. • Works with efficiently with supervisors to maximize their potential. • Openly takes direction from supervisor. • Represents organization with partners. • Works in a collaborative work situation. • Retrieves and sorts information and reports • Monitors and corrects performance. • Spots problems early and is pro-active in taking needed action. • Recognizes the need for additional resources to manage problems and conflict. • Asks for help when appropriate.
	Knowledge of Emotional Care Technical & Systems	• Advanced knowledge of principles, procedures, techniques, trends, and literature of providing emotional care. • Advanced knowledge of recognized treatment interventions. • Advanced knowledge of internal and external reports and sources of needed information. • Advanced knowledge of the purpose, content and capability of the agency systems. • Knowledge of team-building, supervision, conflict-resolution techniques.
	Attributes	Cultural affinity, positive attitude, prioritization, warmth and empathy, competence, accountability, honesty, patience, integrity, flexibility, versatility, creativity, and ability to see the big picture
Instructor/ Trainer	Teaching Skills	• Effectively designs and prepares for training presentation. • Effectively presents information and adjusts teaching situation to meet the needs of the group. • Effectively listens to participant input and answers questions. • Effectively manages class time allowing participation without losing teaching time. • Provides appropriate feedback to participants and reports progress to sponsoring agency.
	Knowledge of Emotional Care Technical & Systems	• Advanced knowledge of subject matter being taught. • Advanced knowledge of agency standards. • Advanced knowledge of technology used in class presentation or ability to arrange for technological backup when needed. • Knowledge of adult learning strategies.
	Attributes	Warm, accessible, enthusiastic, caring, congenial, sense of humor, kind, flexible, patient

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Staffing Considerations

Agencies should consider their capacity to utilize their disaster emotional care workforce on disaster responses. Many agencies only have the capacity to support local or regional response and recovery efforts while others may be able to deploy their providers outside of their region to support a national disaster. Another way for an agency to utilize disaster emotional care providers is in a virtual capacity, supporting either a local, regional or national disaster operation. The following chart includes factors for agencies to consider:

Table 5: Staffing Considerations

Deployment Options	Considerations
Local/Regional Support	• Providers need to balance their day-to-day responsibilities (family, childcare, etc.) with the increased demands of their disaster work. • Providers may be impacted by the disaster themselves or have family/friends who are impacted. • When supporting a large disaster locally, providers cannot easily remove themselves from the disaster for a significant amount of time, increasing their cumulative stress and potential for burnout. • Providers may be so focused on supporting others that they do not take the time to focus on their own losses and impacts from the disaster.
National Deployment	• Providers face stressors as a result of being deployed away from home and family/friends. • Providers may experience challenging living and working conditions with few options for respite. • Providers are likely to be working for and with new people every day. • Providers are able to leave the disaster location after a period of time and return to a non-disaster impacted area. • Providers may not have a local support system to help the provider handle post-disaster negative reactions.
Virtual Support	• Providers have the flexibility to work from home or their preferred location. • Providers can maintain a normal work schedule and volunteer virtually for shifts during off hours including evenings and weekends. • Providers are working independently which can feel isolating. • Friends and family may not understand the stress the provider is experiencing while virtually supporting a disaster response. • Providers who cannot deploy in person can still support disaster operations in a virtual capacity. • Providers can be frustrated by the inability to have face-to-face contact with clients they are supporting.

Supporting Disaster Emotional Care Providers

Supervisor Responsibilities

Organizations' leaders should furnish appropriate support for workers. Support of disaster emotional care providers includes the following:

- Ensuring the safety of each disaster emotional care provider when responding to disasters;
- Mitigating worker risks of compassion fatigue or secondary trauma;
- Providing useful support, feedback and direction to disaster emotional care providers;
- Explaining clearly the expectations for job performance;

- Answering questions about disaster emotional care policies and procedures;
- Ensuring that each worker receives time off according to agency policies;

Promoting the Wellbeing of Emotional Care Providers

"Providing emotional care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for emotional care providers. Disaster response agencies have a responsibility to care for their own staff during all phases of disaster deployment and to model healthy work and life habits. Post-deployment support processes for emotional care providers are also essential" (Disaster Emotional Care Points of Consensus #7).

Agencies should employ a combination of strategies to promote the wellbeing of their disaster emotional care providers. These strategies can include:

- Implementing strategies to mitigate worker stress such as providing additional time off, shortening daily working hours, helping people prioritize work demands, or otherwise improving working conditions;
- Training supervisors in how to support their workforce and when to intervene when the impacts of stress are adversely affecting the workforce;
- Providing handouts and information sessions, before and after a deployment/response, focused on the potential emotional impacts of disaster response for both the individual provider and their family;
- Establishing policies and procedures for workers to report grievances/concerns;
- Facilitating the availability of confidential emotional support services for the workforce such as through an Employee Assistance Program;
- Offering trainings to the workforce focused on self-care and stress-reduction techniques.

Capacity Building

"Capacity building involves identifying and recruiting appropriate disaster emotional care providers. In order to deliver effective disaster emotional care it is essential that providers engage in training and exercises, and become affiliated with a disaster relief organization" (Disaster Emotional Care Points of Consensus #3).

Depending on the staffing strategy and structure, recruitment for disaster emotional care providers can vary widely. Not surprisingly, recruiting for volunteer providers can be more challenging than recruiting for a paid position.

Strategies for Recruiting Volunteer Providers

Targeted volunteer recruitment is a strategy to reach out to groups of potential volunteers that meet the specified eligibility requirements for an agency's disaster emotional care workforce. It focuses recruitment time and resources on groups with common backgrounds and interests thereby increasing the pool of individuals interested in becoming volunteers. To help build a diverse workforce, agencies should include in their targeted recruitment efforts organizations that have members with various cultural backgrounds, language competencies and geographic reach.

Organizations to consider for targeted volunteer recruitment include:

- National and local professional associations
- Colleges and universities
- Mental health agencies

- Community volunteer organizations (churches, civic organizations)

It is always best to recruit volunteers before disasters happen to ensure an adequate number of fully-trained disaster emotional care providers. However, some disaster responses may require additional providers who have not yet been identified and trained. Agencies should decide if they have the capacity to recruit and train new providers during an active disaster response. If an agency decides to incorporate new volunteers during a disaster response, the agency should already have policies and procedures in place to rapidly identify and train these volunteers.

Helpful tips for recruiting volunteers:

- Enlist the support of your current employees and volunteers in becoming volunteer recruiters.
- Display recruitment brochures at places of work and distribute at events.
- Promote speaking engagements at appropriate events.
- Ask for a few minutes at your departmental meetings to talk about the need for volunteers.
- When possible, obtain CEU's for required training as an additional appeal to prospective volunteers.
- Utilize social media to publicize volunteer opportunities.

Utilizing Agency Employees as Disaster Emotional Care Providers

Agencies who rely on paid staff can provide opportunities for current employees to assume the role of a disaster emotional care provider temporarily during disaster responses. Agencies that utilize this structure should determine policies and procedures for recruiting, training and activating employees who are interested in this opportunity. Once these employees are activated during a response, they would not be expected to meet their standard job requirements until they are released from the response.

Training Content for Emotional Care Providers

Disaster emotional care providers help communities by offering preparedness and resilience training and help by responding to the psychosocial and emotional needs of individuals, families and fellow workers affected by disaster and/or experiencing the stress of the disaster. Therefore, their training should cover the basic tenets of disaster emotional care (ethics, self-care, informed consent, confidentiality, protecting personal privacy, and cultural competence) as well as the following accepted types of disaster emotional care:

- Preparedness Activities
- Assessment Activities
- Psychosocial Support Activities
- Early Psychological Intervention Activities
- Recovery Activities

(Disaster Emotional Care Points of Consensus #2)

These trainings can be offered in a variety of formats including instructor led training (virtual and in-person), web-based training and self-directed learning. Whenever possible, role-play-based scenarios should be incorporated in training curricula.

Ethical Foundations of Disaster Emotional Care

(Disaster Emotional Care Point of Consensus #10)

All disaster emotional care workers are expected to maintain personal and professional integrity and act in an ethical manner at all times. Specific ethical standards include:

- Practicing in a manner that is in the best interest of the public;
- Providing only those services deemed necessary;
- Promoting safety and protection of people affected by disaster;
- Practicing only within the competency areas of the provider's education and/or experience, and maintaining the limitations established by licensure or certification and the sponsoring agency's policy and procedures;
- Respecting people's rights and dignity, including privacy and self-determination;
- Maintaining a confidential client-provider relationship;
- Disclosing client information to others on a strict business-need-to-know basis;
- Avoiding dual relationships with clients, whenever possible;
- Refraining from personal gain, including refraining from referring disaster clients to his/her private practice/agency of employment.

Accountability and Responsibility

All disaster emotional care workers are responsible for providing quality care, following designated protocols, taking care of themselves, and supporting their colleagues. Supervision should be provided to ensure that all disaster emotional care providers are practicing within the disaster emotional care intervention standards to ensure ethical, quality client care.

Informed Consent

Informed consent requirements in the disaster setting are different from requirements in traditional mental health settings. In non-disaster settings, mental health professionals are required to obtain written informed consent before working with clients. However, in a disaster setting, disaster emotional care providers are not expected to present a formal written informed consent policy before providing short-term support unless their organization requires a written consent prior to providing services. Additionally, where an informed consent policy might convey the beginning of a traditional therapist/client relationship, disaster emotional care support is brief and does not allow for formal mental health assessment or treatment.

Confidentiality and Protecting Individual Privacy

Safeguarding the trust of both disaster-affected clients and disaster staff is an important part of the disaster emotional care provider's obligation to the people and communities they serve. Disaster emotional care providers are required to maintain the client's privacy, treat all client information as confidential, and comply with their agency's policies on protecting privacy and personal information.

Cultural Awareness

Disaster emotional care providers "respect diversity among colleagues in emotional and spiritual care, and within communities served, including but not limited to race, ethnicity, culture, gender, age, sexual orientation, spiritual/religious practices, socioeconomic status and disability. Disaster emotional care providers strive for cultural awareness and sensitivity, and adapt care strategies to address cultural differences in the individuals and communities they serve"

(Disaster Emotional Care Points of Consensus #9). Culture, race, and ethnicity can have a profound effect on a community's or individual's response to a disaster. Disaster emotional care services are most effective when clients receive care that is in accord with their cultural beliefs and their access and functional needs. See Section 3 for guidance.

Disaster Emotional Care Interventions

Disaster emotional care interventions form a continuum of services from preparedness through disaster recovery.

Preparedness Activities

Preparedness activities focus on educating communities, families and individuals on the need to be prepared for disasters and on building resilience. Increasing an individual or family's level of preparedness for disaster can help them return faster to a pre-disaster level of functioning. Preparedness activities can include:

- School-based activities focused on disaster preparedness programming
- Community events focused on disaster preparedness, such as smoke alarm installations and resilience training
- Public messaging campaigns focused on specific preparedness steps, such as checklists to be prepared for hurricanes or wildfires

Community Resilience Building

Resilience is defined as the strengths of an individual or community to respond well to adversities. (Disaster Emotional Care Points of Consensus #5) An important aspect of preparedness is building the emotional resilience of communities, families and individuals to be better prepared to handle future disasters. Community-based trainings are one tool for building this kind of resilience.

One example of a resilience-building training is the Red Cross's *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends and Neighbors* course which helps community members learn ways to increase their psychological resilience and become stronger. This course enables families, friends, and neighbors to:

- Strengthen their own psychological resilience and that of their children.
- Recognize stress in adults and children, and how people react to it.
- Provide immediate support and introduce coping skills to members of their families, friends, neighbors and others by using psychological first aid (PFA).
- Provide better emotional support for one another in times of stress, crisis, and disaster.

Assessment Activities

Identifying emotional needs during a disaster response can be difficult due to the scope and intensity of the setting. People's emotional responses to disaster are influenced by a variety of factors, including degree of exposure, individual resilience and recovery environment (Disaster Emotional Care Points of Consensus #1h).

Environmental Assessment

Providers should be trained to continuously assess the environment where they are providing services. This assessment should focus primarily on the personal safety of the Emotional Care Providers and the safety of others.

Individual Assessment

Specialized training is necessary for effective disaster emotional care (Disaster Emotional Care Points of Consensus #1i). Training should include instruction on assessing the following three factors which will guide the Emotional Care provider's approach to providing support:

- Emotional responses and reactions;
- Risk factors of the individual including degree of exposure to the disaster;
- Individual resilience.

It is important to take each category of factors into consideration when identifying the emotional care needs of disaster-affected individuals and. The combination of the three factors gives the provider a more complete picture of the individual's need for mental health support.

Psychosocial Support Activities

All clients and providers can benefit from support that focuses on increasing resilience and coping skills. Psychosocial support activities include assisting clients and other disaster workers to cope effectively with the stress related to the disaster.

Psychological First Aid

All training should include information on Psychological First Aid. Psychological First Aid provides immediate support to individuals experiencing stress experienced by the client after the disaster and fosters use of the individual's adaptive coping skills and resilience. In 2006, the National Child Traumatic Stress Network and the National Center for Post Traumatic Stress Disorder developed a Psychological First Aid training that includes eight core actions.

The Core Actions

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

(*Field Operations Guide for Psychological First Aid* published by the National Center for Child Traumatic Stress Network and National Center for PTSD, 2006.)

Since then, a number of organizations have developed variations of psychological first aid training. These include the National Organization for Victims Assistance, the American Red Cross, the World Health Organization, and John Hopkins Center for Public Health Preparedness, as well as many state and local emergency management and mental health agencies.

Individual Psychoeducation

Reactions to disaster stress vary widely. One individual may become extremely task-oriented and appear to be coping very well. Another may become disoriented or distracted. Psychoeducation provides information to individuals and families about expected reactions to stressand transition and loss in order to empower them, help them cope and build resilience. Educational brochures can be a valuable tool for providing individual psychoeducation.

Early Psychological Intervention Activities

For some clients and workers, the actions of Psychological First Aid are not enough to alleviate their distress or mitigate long-term consequences. Additional interventions targeting specific client and responder needs may be necessary. These include crisis intervention, referral and advocacy.

Crisis Intervention

Crisis intervention is a time-limited and goal-directed intervention to assist clients and disaster workers in resolving presenting problems, addressing stress, trauma and emotional conflicts resulting from a disaster. This method is used to offer immediate, short-term help to persons who experience an event that causes emotional, mental, physical, and behavioral distress or problems. Crisis intervention techniques help to lower physiological arousal, increase clarity of the current situation, mitigate dysfunctional thinking and introduce adaptive coping mechanisms.

Trainings should include information regarding the basics of crisis intervention and the actions taken. Crisis intervention usually:

- Is time-limited (two to three contacts);
- Is focused on problems of daily living (immediate reactions to the disaster situation);
- Is oriented to the here and now (alleviating distress and enabling clients to regain equilibrium);
- Includes a high level of activity by the disaster emotional care provider (engaging with the client to identify immediate tasks for completion);
- Uses concrete tasks as a primary tactic of change efforts (the task development process involves clients in achieving a new state of equilibrium);
- Is more directive than some traditional mental health work.

Critical Incident Stress Management

One crisis intervention model is Critical Incident Stress Management. “(CISM) is a comprehensive, integrated, systematic and multicomponent crisis intervention program. It was developed to help manage traumatic experiences within organizations and communities. CISM is a “package” of crisis intervention tactics that are strategically woven together to: 1) mitigate the impact of a traumatic event; 2) facilitate normal recovery processes in normal people, who are having normal reactions to traumatic events; 3) restore individuals, groups and organizations to adaptive function; and to 4) identify people within an organization or a community who would benefit from additional support services or a referral for further evaluation and, possibly, psychological treatment.” (Critical Incident Stress Management, Jeffrey T. Mitchell, Ph.D., http://www.lacombevictimservices.com/files/7314/3742/7593/CISM.pdf)

Referrals for Additional Services

The next step on the continuum of disaster emotional care interventions is referral for additional services. A client should be referred to an available community mental health resource if he/she remains in significant distress after crisis intervention and/or could benefit from longer term services. Training should include information about when to refer clients as well as agency requirements for making referrals.

For example, referrals should be made for services including:

- A formal mental health evaluation;
- Ongoing counseling or psychotherapy;
- Medication;
- More than the brief support provided by disaster emotional care providers;
- Immediate hospitalization;
- Community support group services (for example: grief or bereavement support, attention to problems experienced by children).

Financial Assistance

Some agencies provide financial assistance for disaster-related mental health expenses. Each agency should provide training and guidance that covers the circumstance, restrictions and procedures for providing financial support to meet mental health expenses.

Advocacy

Advocacy entails assisting clients and other disaster workers by helping them make their needs known and access needed support. Advocacy involves educating and empowering clients to navigate resources and make important linkages, especially individuals who might otherwise avoid seeking help. It is especially important to advocate for high-risk clients who can benefit from timely access to community resources and treatment.

Advocacy can enhance recovery by identifying client needs and, when necessary, communicating these needs to decision-makers, supervisors and/or providers of care, so that clients receive appropriate, culturally sensitive services.

Training should include the following potential advocacy opportunities:

- Helping individuals affected by disasters communicate their needs to supervisors and/or care providers;
- Providing culturally competent services;
- Marshalling resources for people with functional and access needs;
- Providing information about relief programs and services available;
- Explaining and accompanying people as they go through the process of applying for services;
- Facilitating timely access to evidence-based community treatment.

Recovery Activities

"In order for communities to fully recover and integrate the disaster into their history, emotional care is essential as a part of program services. Disaster emotional care providers work with state and local Recovery Committees to offer services related to the disaster, encourage programs aimed at strengthening community resilience, and facilitate counseling and supportive services for persons in need" (Disaster Emotional Care Points of Consensus #6). Collaboration with partner agencies is essential during the recovery phase.

Pre-existing and newly developed community programs are the primary emotional care providers during recovery. Emotional care services during recovery can include:

- Counseling, support groups and other emotional support services
- School-based activities, after-school programming

- Community sponsored events
- Camps for children
- Public messaging campaigns focused on managing difficult emotional reactions after a disaster

Resilience-building trainings used during preparedness are also valuable during the recovery phase and should be geared toward the needs of the participants and their level of emotional recovery. Communities who have recently experienced a disaster are often interested in and willing to participate in resilience-building training.

Disaster emotional care providers can also assist community leaders during recovery by serving in a consultation role to help plan recovery efforts and to ensure that emotional care is incorporated appropriately.

Finally, disaster anniversaries can lead to difficult emotional reactions and an increased need for emotional support even among individuals and communities that have returned to their pre-disaster level of functioning. As a result, disaster emotional care providers are often called upon to support communities in anticipation of and during disaster anniversaries. This can occur in the short-term, such as on the one or six month anniversary after a disaster, or longer-term, like five or ten year disaster anniversaries.

SECTION THREE: Disaster Emotional Care for Diverse Populations

> "As a foundation of disaster emotional care, providers respect diversity among colleagues in emotional and spiritual care and within communities served, including but not limited to race, ethnicity, culture, gender, age, sexual orientation, spiritual/religious practices, socioeconomic status and disability. Disaster emotional care providers strive for cultural awareness and sensitivity, and adapt care strategies to address cultural differences in the individuals and communities they serve." (Disaster Emotional Care Points of Consensus #9)

Introduction

This section provides an overview of DEC considerations for diverse populations with increased vulnerabilities that need to be addressed across the disaster cycle. Each sub-section includes a description of the population presented, challenges facing this population in a disaster setting, barriers that affect access to care, strategies and recommendations for overcoming those challenges and what it means to provide excellent DEC for this group.

This section has a special focus on the following: age considerations, specifically children and the elderly; functional and access needs; and culture in a broad sense of the term. It is not meant to be an exhaustive list of diverse populations, rather it provides a framework for considering how DEC is provided across a spectrum of unique needs. Some of the common emotional care themes that will be discussed in sub-sections across all populations (listed on the example chart in the sub-section on children) include protection and safety, hospitality and comfort, belonging and connectedness, understanding and listening, and empowerment.

[Note: This section includes several subsections; the following subsection is the only one completed as of March, 2018.]

Children and Disaster Emotional Care

> "Children are particularly vulnerable to the mental health impact of disasters and lack the experience, skills, and resources to independently meet their mental and behavioral health needs. Mental and behavioral health effects are of specific concern in children of all ages due to the likelihood of lasting reactions…The mental health effects of disasters are typically overlooked in disaster management and often are not considered until well after an event when it is too late to affect optimal response or recovery efforts."
>
> -National Commission on Children and Disasters 2010 Report to the President and Congress

This sub-section has recommendations for care of children 0-17 years of age by disaster emotional care providers, which includes a wide range of people with varying knowledge, skills, and attributes who interact with children and teens. Disaster emotional care providers who have primary responsibility for children for a period of time will be more effective in their work if they have had preparation and training to provide care for the emotional needs of children following disaster and support resilience in children, as well as being able to identify children who require more advanced care.

Guidelines and Recommendations

Child safety

Child safety includes both physical and emotional safety. Caregivers need to be affiliated with an organization that trains, background checks, certifies, and takes responsibility for caregiver actions. Basic safety practices need to be in place which includes everything from safe eating and sleeping procedures, particularly for infants and toddlers, to teens feeling like they have safe adults to connect with as they struggle with strong feelings and concerns related to the disaster or other traumas. All children need a sense of safety and protection in the chaos of the aftermath of disaster.

Unaccompanied minors

The concern for safety takes on an even greater urgency when there are unaccompanied minors with the additional stress of separation from their families following disaster. When unaccompanied minors are in need of care, additional personnel and safety processes need to be in place. This may involve security personnel in a shelter situation, designated caregivers who provide compassionate care with consistency and continuity, temporary guardianship, or foster care.

All disaster response agencies need to be prepared and aware of existing processes for reunification of unaccompanied minors with their families. These processes protect children sensitively and safely. National resources available to emergency managers and VOADs as they plan for disaster events include the National Center for Missing and Exploited Children which assists law enforcement with reunification of children and families and the American Red Cross which has reunification procedures in place for mass care during disaster response. See glossary or website for information on reunification resources.

Caregiver preparation

In order to provide the very best care for children in disaster response and recovery, careful preparation and training is required. Organizations that train and certify caregivers also take responsibility for regular background checks and the actions of the caregivers in disaster settings. Required training should include:

- Understanding the impact of disaster on families and communities
- Knowing what to expect in a disaster response or recovery setting
- Basic child development and how it changes when children experience trauma
- Basic health and safety procedures following disaster often in a less than ideal setting
- Creating a welcoming and comfortable environment for all children
- Strategies for supporting resilience in children
- Expressive opportunities for children with appropriate materials and adult support
- Awareness of different cultural expectations and needs of families, including increased challenges when language barriers are involved
- Ethics when working with children and families in a disaster setting

Referrals

Adults working with children and teens, 0-17, following disaster need to be aware of mental and behavioral health concerns and warning signs that indicate the need for referral for more

intensive care, including bereavement care. Consent for treatment is needed for interventions other than typical play and support activities. When intervention services are required for unaccompanied minors for medical or mental/behavioral health needs, the designated temporary guardian may be able to give verbal or written consent or court permission may be sought. For all children, caregivers need to have an awareness of how, when, and where to make referrals, whether it is through existing community services or disaster-enhanced services.

Challenges

There are many challenges in working with children and teens following disaster. Young children are particularly vulnerable and unable to care for themselves. Teens may feel like they can care for themselves while also feeling the stress of their lives being out of control, even more so than they would typically feel. Parents/guardians/caregivers are often overwhelmed with the disaster and how they will meet their family's basic physical needs, let alone the emotional care needs of their children or themselves.

Families may find themselves in a situation where they feel they are not understood because of cultural backgrounds or other differences. In multilingual families, children may often be the translators which adds stress and complexity to an already difficult situation. In families where children have a single parent, a grandparent or other guardian raising children, same-sex parents, step families, foster families, runaway minors, or a family member with special needs, there may be a sense of increased vulnerability which requires sensitivity and an expansive view of families or support systems for children.

With the particular vulnerabilities and moment-to-moment needs of children and families following disaster, there is an intensity about the work that can be challenging for even the most prepared and experienced caregivers. Particular attention needs to be paid to self-care and team care.

The many challenges of working with children and families, as well as ethical considerations, make it all the more important to have consistent training and preparation of caregivers which includes emotional care and support. Caregivers will be able to respond more effectively and mos**t of all, do no further harm to those already experiencing the trauma of disaster.**

Table 6: Care Strategies for Supporting Children Impacted by Disaster

The following chart is an example of how care strategies could be organized for use in a training setting or as a community resource for disaster emotional care for diverse populations.

Emotional Care Themes	Children's Needs	Adult Support

Protection and Safety	To feel safe and protected during a time of vulnerability	• Provide a safe space with trained and safe adults. Have a nurturing, friendly manner and presence at all times.
		• Guide children throughout their daily routines in a caring and interactive way.
		• Be knowledgeable about and support children in safe eating and safe sleeping, particularly infants and young children, for example:
		  ○ Be present with young children who are eating so that you can prevent choking hazards.
		  ○ Put infants on their backs to sleep to reduce the incidents of SIDS.
		  ○ Give realistic reassurance, such as when the children hear a loud noise, “That’s the air conditioner coming on. You are safe now and we will work to keep you safe.”
		• Older children and teens are able to sense that caring adults are there to protect them and keep them safe. Reach out to them in a safe, friendly manner, so that they know who to turn to for support.
		• Be aware of warning signs when more intensive mental and behavioral health care may be needed, as well as where and how to make referrals.

Hospitality and Comfort	To feel welcomed and comfortable, both emotionally and physically	• Welcome all children with a compassionate, calm and steady presence. • Invite, but never force children to participate. • Provide teens with a space and materials that are interesting and engaging to them. Be friendly and welcoming while also giving them freedom for them to choose their level of participation. • Gently encourage some interaction with peers and adults among older children and teens who may withdraw into technology – cell phones, games, TV, etc.
Belonging and Connectedness	To feel like an integral part of a group or community	• Acknowledge the children's strong feelings and listen with empathy. • Support children as they play with peers and other adults. • Allow children the space and compassionate adult presence as they begin to process their experience and grief, especially in the loss of a family member, family pet, or other loved ones. • Be aware of how older children and teens are relating to others in in the setting. Provide opportunities for alone time or one-on-one time with a caring adult or peer.

Emotional Care Themes	Children's Needs	Adult Support
Understanding and Listening	To share deep feelings, as well as learn about the disaster at the level they ask or need to know and that is appropriate to their family situation	• Follow the lead of the children as they try to make sense of their experiences through imaginative play and stories. • When children ask or seek knowledge about the event, provide information in a simple truthful manner with sensitivity to the family situation. • Listen empathetically and non-judgmentally with particular attention to the capacity of the child for healing. • Provide opportunities for listening without intruding for older children and teens who may feel withdrawn, such as sitting together while playing a game or learning something together.
Creativity and Empowerment	To feel like their unique talents are acknowledged, appreciated and encouraged	• Attend to individual children with compassion and encouragement. • Be aware of both their verbal and non-verbal expressions. • Provide safe space and plentiful open-ended play materials to explore creatively and with imagination. • Empower children and teens to use their unique talents to gain a sense of inner control and to help others. • Provide a variety of creative materials for older children and teens that require complex skills and some that require large muscle movement, such as creating giant sculptures or murals.
Gratitude and Kindness	To know that you are grateful for their presence and that you will continue to work to meet their needs	• Meet the needs of the children as they arise. Advocate for unmet needs. • Express gratitude for and with the children and their families. • Be a kind and intentional presence as you spend time with children. Recognize and point out when you see children being kind to one another. • Provide opportunities for older children and teens to express what their needs are and plan for being proactive in meeting some of those needs. Support them as they take steps to get their own needs met as well as those of their family and others.
Hope and Resilience	To have a sense of a better future where they can experience joy and wonder	• Follow the lead of the child in expressions of joy, delight, laughter. • Acknowledge hope in the children's experiences and stories. • Recognize moments of mystery and wonder in the children's play. • Encourage children to help others as appropriate. • Encourage teens to get involved in authentic, helpful roles related to the disaster and response, as well as community resilience. • Connect children and teens when possible with a caring adult or caregiver in an existing network to continue the path to resilience over time.

This chart was adapted from an emotional and spiritual care chart developed by a Church World Service (CWS) 2015 task force on Children and Disaster in consultation with: Members of the Development and Humanitarian Assistance (DHA) Advisory Group of CWS – UMCOR, PDA, American Baptist Churches USA, BDM/CDS, IOCC, Christian Church (DOC), ELCA, UCC, World Renew, CWS staff – and consultants Mary Gaudreau (OK Conference of Churches), Dr. Karen-Marie Yust (Union Presbyterian Seminary)

***Additional subsections for Section 3 are currently in development**

SECTION 4: Relationships and Integration of Disaster Emotional Care

Introduction

There has been a 400% increase in global natural disasters since 1985 (Center for Research on the Epidemiology of Disasters, 2007)[14] and it is hypothesized that by the year 2050, the number of people who will experience a disaster will grow from one billion to two billion people (Ronan & Johnston, 2005)[2]. Research shows that those affected by disasters often experience a significant psychological and spiritual impact. "For many disaster survivors, their ability to recover hinges on their ability to make meaning of disaster experience and to integrate their disaster experience into their life narrative." (Aten, et al., 2008)[3].

Strong relationships among disaster care providers serve to maximize positive and constructive outcomes, while minimizing the risks for tension, miscommunication and other common pitfalls that can occur through any type of disaster function, especially when there are many players in the field. Therefore, VOADs at all levels (national in scope to community-based organizations), and those who offer any array of disaster emotional care services (on tasks and initiatives big and small), must collaborate in the interest of working towards the common purpose of delivering effective disaster emotional care to individuals and families impacted by disaster.

This section will address issues regarding relationships between disaster emotional care providers and other groups with which they often work: disaster spiritual care providers, behavioral health providers in the local community, and state and territorial VOADs. Benefits of forming alliances, challenges, and recommendations for building strong working relationships will be discussed. The section will conclude with some suggestions for engaging disaster emotional care providers in each phase of the disaster cycle.

Relationships with Disaster Spiritual Care

> "Mental health professionals partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa." (Disaster Emotional Care Points of Consensus #8)

Why build relationships?

Disaster emotional care providers, including disaster mental health professionals, partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and

[1]Center for Research on the Epidemiology of Disasters, 2007.

[2]Ronan & Johnston, 2005.

[3]Aten, Moore, Denney, Bayne, Stagg, Owens, Daniels, Boswell, Schenck, & Jones, 2008.

emotional care can share some similarities, but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health, and vice versa. Emotional and spiritual care providers each contribute to the health and wellbeing of other disaster responders in unique and valuable ways.

Similarities and differences

There are many similarities between the provision of disaster emotional care and the provision of disaster spiritual care. The line between the two disciplines is not distinct. Both types of responders have background and experience in providing comfort to individuals and families and establishing an emotional rapport. Here are some typical similarities between trained disaster spiritual care and trained disaster emotional care providers:

- Training and skills in counseling and creating an emotional rapport
- An ethical framework for their work
- Multi-cultural competency and appreciation of cultural differences between the provider and the client
- Familiarity with grieving processes and recognition of crisis and trauma
- A professional responsibility to refer to higher levels of care when necessary
- Connection with and utilization of community resources

The following table highlights some of the differences between disaster emotional care and disaster spiritual care. There are undoubtedly more similarities and differences than what is described, but these factors are the most relevant and can provide a springboard to discuss the issues. Dialogue between disaster emotional care providers and disaster spiritual care providers is key to collaboration, understanding, respect and trust.

Table 7: Comparing Disaster Emotional Care and Disaster Spiritual Care

Topic	Disaster Emotional Care	Disaster Spiritual Care
Primary Focus	• Attending to emotional needs and concerns • Promotion of resilience and coping • Identification of risk of long-term psychological issues	• Attending to spiritual needs and concerns • Promotion of the individual's ability to use their faith as a source of healing and strength • Assistance with issues of meaning
Training	Psychological issues, coping strategies, counseling	Pastoral care and counseling
Language of engagement	Cognitive, emotional and behavioral strategies related to coping and stress	Language related to meaning and faith
Intervention Strategies	Crisis intervention, coping skills training	Religious or spiritual rituals and strategies

Benefits of relationships

First and foremost, disaster emotional care providers and disaster spiritual care providers are force multipliers for each other. There is usually more than enough work for the providers that are present at a disaster operation and often more responders are necessary to provide service to all the clients who could benefit.

In addition, because each type of provider has a different perspective and approach, they can help each other take a holistic view of the client and his or her issues. If a client does not relate to a disaster emotional care provider, he or she may feel more comfortable talking with a disaster spiritual care provider, or vice versa.

Disaster emotional care providers are generally effective when the client is dealing with issues of depression, anxiety and other typical mental health issues. Disaster spiritual care providers are generally helpful with issues of meaning and grief, or when the client specifically has a need to question or discuss their spiritual questions. If both types of providers have trust and respect for the other group, then the client will be well-served by being referred to the other type of provider when appropriate.

Challenges

As mentioned earlier, during a disaster response, there is often more work that any one group will be able to accomplish. The needs of the community are widespread and intense. Yet we have seen challenges faced by disaster emotional care providers and disaster spiritual care providers when they have tried to collaborate. This section is an attempt to describe and analyze those challenges.

Lack of Trust

The most basic challenge between the two groups is a sense of mistrust. Seasoned responders may be concerned that the members of the other group will not provide effective service for the community. Disaster spiritual care responders may be concerned that disaster emotional care providers will pathologize and ‘therapize’ when survivors only need a ‘ministry of presence’, a listening ear and a soft shoulder. They may also be concerned that disaster emotional care providers are not drawing on the client’s strengths and are instead focusing on mental illness.

Disaster emotional care responders may be worried that the disaster spiritual care providers are attempting to convert survivors, to proselytize or are practicing a non-professional, superficial approach to counseling. In addition, some disaster emotional care providers may feel that engaging in spiritual discussions is distracting from helping clients cope with the realities of the situation.

Undoubtedly, there have been responders in both fields who may have not understood the needs of the disaster client and provided ineffective or even harmful interventions. However, basic training in disaster response generally teaches responders the appropriate strategies to

use with survivors. The NVOAD Disaster Spiritual Care Points of Consensus clearly discourages inappropriate and exploitative behavior, and encourages interfaith spiritual care approaches. These DEC guidelines and the NVOAD Disaster Emotional Care Points of Consensus articulate the need for promotion of resilience rather than development of long-term therapeutic relationships.

Historical tensions and access concerns

Related to issues of trust, a frequent challenge of collaboration is concern and suspicion regarding events that have occurred in the past. Both disaster emotional care and disaster spiritual care providers have often worked hard to achieve respect from other disaster and emergency responders. Each group is understandably fearful of losing ground by sharing responsibilities with the other type of provider. They are afraid that their reputation may be tainted by association with the other group, or that the value of their services may be diminished by inappropriate behaviors of the other group that then become attributed to both groups. Finally, especially in operations which include crime scenes, there might be limited access to the community and the clients, and each group wants to protect their access.

Lack of knowledge and misunderstanding

Lack of familiarity and appreciation of what the other group can bring to the disaster response can also lead to a difficult working relationship. Disaster spiritual care providers often don't understand that "disaster mental health" or "disaster emotional care" is not about diagnosing serious mental illness or trauma reactions. The term "disaster mental health" Is often misunderstood. Disaster emotional care interventions are generally intended to provide immediate support and to help the client move forward in a positive direction for their recovery.

Disaster spiritual care providers and other types of responders may not know when it is appropriate to refer clients to disaster emotional care provers. They may believe that "disaster mental health" providers only address issues of psychiatric care, or believe that only people with psychiatric diagnoses need help.

Specialized Training and Education

Another challenge is that the appropriate provision of disaster emotional care requires specialized training and skills. Many disaster spiritual care providers believe that their training qualifies them to provide disaster emotional care because they were trained in pastoral counseling. However, the training for disaster emotional care is so specialized that even licensed mental health professionals may not be competent to provide disaster emotional care. The challenge is that anyone who wants to provide disaster emotional care services needs to understand and obtain the appropriate training, experience and technical supervision to be effective in the unique environment of disaster services. (See Section 2 for a comprehensive description of training recommendations for disaster emotional care providers.)

Recommendations for Disaster Emotional Care Providers

The benefits of working together far outweigh the challenges. Following are some recommendations for increasing the likelihood of a successful collaboration:

- Approach the relationship with an open mind. Allow yourself to be surprised by the value the other person may bring to the disaster setting.
- Foster an attitude of mutual trust and respect.
- Get to know your local disaster spiritual care partners before the event. Spend time informally discussing what your experiences have been and how you approach working with survivors in a disaster situation.
- Take disaster spiritual care training in order to understand more fully their perspective, approach and possible interventions.
- During a disaster operation, take the time to introduce yourself and learn more about the disaster spiritual care organizations on site. Be sure to connect with the coordinator for disaster spiritual care.
- When at a site where disaster spiritual care is present, meet the responders who are working there and determine the process for referrals to each other.

Relationships with Local Disaster Emotional Care Providers

Strong relationships with a local community are based on the four "Cs" of the VOAD movement – cooperation, communication, coordination, and collaboration – and are essential throughout all phases of natural and human-caused disasters. Each of the "4 Cs" are inextricably linked; when one guiding principle is strong, the others are more likely to be stronger, and when one is weak, the others are at risk of being weaker. This section lays out steps to forming effective working relationships with local disaster emotional care providers, based on the four "Cs." (Disaster Emotional Care Points of Consensus #4.)

Who are Local Providers?

Local disaster emotional care providers vary greatly in size and scope, and are as diverse as the communities they serve. Providers may include disaster emotional care in their primary mission, or may only offer disaster emotional care services in the context of a specific disaster event, including specialized DEC services operationalized during the long term recovery phase.

Local providers may include:

- Providers with a focus on a specific neighborhood, city, county, or multi-county region, including providers who may also focus on a specific population (children, youth, older adults, etc.)
- Community behavioral health programs (housed in health centers, counseling clinics, etc.)
- Healthcare providers (hospitals, clinics, primary care providers, etc.)
- Private non-profits, faith-based, and government agencies or programs

- Local chapters or networks of professional associations (National Association of Social Workers, American Psychological Association, National Child Traumatic Stress Network, etc.)
- College and University-sponsored agencies or institutions, including programs sponsoring research in disaster emotional care and/or direct service, community-based programs
- Task forces, committees, and coalitions that may include disaster emotional care providers with or without a specific focus on DEC, but who organize and network around DEC resources for their community.

Local providers may also be individuals who are to trained to provide disaster emotional care (or who become trained in the aftermath of a disaster in their community), but for the purpose of collaboration among VOADs, these individuals should have an affiliation with any of the aforementioned entities.

Providers with a State-wide Focus

Disaster emotional care providers with a state-wide focus may also include any of the above agencies, organizations, programs, etc., with the one primary difference being their scope tends to be on an entire state or territory, vs. specific city, county, or region.

While state-wide providers aren't local per se, for the purposes of collaboration, they are nonetheless crucial, not only because they often serve as primary points of access to local providers for VOADs national in scope, but also because they can bring together local providers across the state as well, throughout the disaster cycle.

Benefits of Relationships

There are many benefits to forming relationships among national, state, and local disaster emotional care providers, including the following:

- Local providers are more likely to *know* their communities in terms of cultural awareness, demographics, history, customs, etc., thus aiding national providers in developing & delivering culturally competent DEC services
- Local providers are more likely to have staff and volunteers *from* the diverse communities they serve, and accordingly can bring unique assets to the provision of disaster emotional care which national providers may lack, such as bilingual skills, bicultural awareness, etc.
- Local providers can serve as voices for affected communities, representing their unmet needs in disaster emotional care and other challenges being faced throughout the disaster cycle to National VOADs, and as a result be better equipped to advocate within their organizations or among other National VOADs or federal partners for the local communities (or National VOADs can assist local providers in increasing their visibility at the national level, helping them to find platforms for speaking for/from their affected communities)
- National providers of disaster emotional care may have access to financial or in-kind resources which can bolster or enhance state and/or local reach

- When major disasters occur, local providers may be incapacitated or overwhelmed, and so national providers can help to provide supplemental or temporary disaster emotional care to affected communities, which can enhance the capacity of local providers, allow them to be more flexible with resources, give them time to rebuild or staff up to meet demands, etc.
- Collaboration helps to establish pathways for cooperation, communication, and coordination throughout the disaster cycle: National VOADs reach out to state providers, who in turn can facilitate contacts at the local level, who in turn can facilitate contacts at the neighborhood/community level, etc., and concurrently national providers can help to facilitate contacts between local and state providers across state lines or to other national providers as needed
- During long term recovery, local providers remain vital links for affected communities – they are in it for the long haul – and thus can continue to serve as primary contacts for collaboration, to continually monitor and maintain cooperation, communication, and coordination for National VOADs wanting to stay aware of ongoing needs of local communities in the event additional assistance may be needed at any point months or years after a disaster.

Identifying Key State and Local Stakeholders

In order to effectively collaborate with local and state providers, it's important for National VOADs to understand who the typical key players are at these levels, and their typical roles or functions in disaster emotional care. Three common points of entry for National VOADs seeking to pursuing opportunities for forming relationships with local DEC providers are: 1) Regional, state, or local affiliates of National VOAD member organizations; 2) State and local VOAD or COAD chapters; and 3) State and local government agencies or programs that have some role in providing DEC at the local level.

Regional, State, or Local Affiliates of National VOAD Member Organizations

For National VOAD members who have regional, state, and/or local affiliate chapters, branches, offices, networks or other programs that offer disaster emotional care, these will serve as natural primary points of contact throughout all phases of disaster. Not all National VOADs will have such presence at the local level, however, and for those that do, their local affiliates may not be active in their state or local VOAD or COAD.

When a National VOAD member does have a local affiliate, it's important that the local providers be involved in initiating, developing, and/or maintaining collaborations with other National VOADs seeking to collaborate in disaster emotional care at the local level; concurrently, their national affiliates may need to provide support in order for them to do so. National VOADs may also play a role in connecting their local affiliates with other local affiliates of other National VOADs, given the more limited capacity and/or resources local providers may have year-round or in the aftermath of major disaster events.

State and Local VOAD or COAD Chapters

For National VOADs without local affiliates, or for National VOADs with local affiliates that aren't active in the VOAD movement, state VOAD chapters can serve as entry points for pursuing opportunities for collaboration in disaster emotional care, including to connect national VOADs with city, county, or regional (Gulf Coast, Long Island, etc.) VOADs and COADs. State and local VOADs may also have Emotional and Spiritual Care Committees, or equivalent sub-committees, which can provide specific points of contact in disaster emotional care for National VOADs seeking to get involved at the local or state level. (See the subsection titled "Relationships with State VOADs and Local COADs" for more information on state VOAD Emotional & Spiritual Care Committees.)

State & local government agencies/programs

Other key local providers of disaster emotional care for which National VOADs should be aware are state & local government agencies and programs, including:

- State Disaster Mental Health and/or Substance Abuse Coordinators ("DMHCs" and "DSACs", housed in each state/territory's Department of Health or equivalent office; the National Association of State Mental Health Program Directors, or NASMHPD, sponsors a Multi-State Disaster Behavioral Health Consortium that can provide more information regarding state DMHC/SACs; see Appendix for more information)
- Local and/or County Offices of Mental Health (not every city/county may sponsor their own program in disaster mental health, but many do, including special programs such as FEMA Crisis Counseling Programs set up in the aftermath of major disaster events)
- State, county, and/or city Emergency Management Offices (may include DEC in their Disaster Preparedness Playbooks)
- State, county, and/or city departments, offices, or programs focusing on public health, which, like State Disaster Mental Health Coordinators, may be housed in the state/local Department of Health (or equivalent), but which might have their own scope of services encompassing disaster behavioral health, and therefore presenting opportunities for collaboration with NVOAD DEC providers. Medical Reserve Corps (MRC) units are one example of such programs, as MRCs often include trained and credentialed teams of disaster emotional care providers who are active in their communities throughout all phases of the disaster cycle.

Table 7: Types of Relationships

State, Regional, or Local Affiliates of National VOADs	• Initial and/or primary point of contact for National VOADs seeking to collaborate with local, community-based DEC providers • National VOADs can also help their state, regional, or local affiliates get involved with their own VOAD/COAD chapters
State, Regional, and Local VOAD or COAD Chapters	• State VOAD chapter leaders are natural initial & primary points of contact for National VOADs looking to collaborate with local DEC providers, especially those that don't have state, regional, or local affiliates within their organizational structure
State & Local Government Agencies/Programs	• State & local (city, county) government agencies & programs which address disaster emotional care throughout the disaster cycle; may or may not have associations with local NVOAD affiliates or their local/state VOAD chapter, and so can serve as additional initial and/or primary points of contact for NVOAD DEC providers looking for opportunities to collaborate

Models for building relationships under the "4 Cs"

As many types of organizations as there are, there are that many models for collaboration, communication, coordination, and cooperation. There may be no 'one size fits all' approach for collaborating with local providers in disaster emotional care, but following are two models that feature common best practices in developing and sustaining community partnerships and that can be easily adapted by National VOAD members.

The U.S. Department of Health and Human Services Office of Adolescent Health's *Engaging Your Community: A Toolkit for Partnership, Collaboration, and Action* (2012) offers the following steps,

1. Identify & initiate contact state, regional, and/or local stakeholders providing disaster emotional care throughout the entire disaster cycle or a specific phase such as long term recovery (see previous section for more information)
2. Establish personal relationships, and begin to build trust
3. Clarify the goals and objectives each partner can accomplish via collaboration
4. Choose and implement a plan for collaboration that is mutually beneficial
5. Monitor, assess, and adapt the collaboration as needed, including after a major disaster event that may offer opportunities to learn what worked and what can be improved.

The *Ohio Community Collaboration Model for School Improvement* developed by the Community and Youth Collaborative Institute at Ohio State University (2008) also offers a framework for collaboration which can be easily adapted for VOADs:

1. **FIND OUT** about each other's interests, needs, aspirations and resources

2. **REACH OUT** to potential partners on their own turf with specific offers of assistance and opportunities to work together
3. **SPELL OUT** the purpose of the collaboration and any terms or conditions of joint efforts, including who will do what, with whom, when, where, and how
4. **WORK OUT** the kinks as they arise and change your approach as indicated by the feedback you receive
5. **BUILD OUT** as you experience success by sharing positive results and promoting more innovative programs and services.

Recommendations for Relationships throughout the Disaster Cycle

Relationships between National VOADs and local DEC providers should exist throughout the disaster cycle. Following are examples of collaborative activities that National VOADs can engage in with local DEC providers year-round, immediately before/ during/ after disasters, and during the short- and long-term recovery phases:

Table 8: Recommendations for Relationships throughout the Disaster Cycle

Preparedness	Response	Recovery
• Identify key local DEC providers • Facilitate introductions & exchange information on assets & other DEC resources available, during which phase(s) of the disaster cycle, and for specific types of disasters • Participate in local and/or state coordination calls, conferences, other events • Work with local providers to identify any unmet needs in disaster emotional care • Work with local providers to support or assist in the development of resources in DEC based on identified unmet needs • Enter into formal partnerships, agreements, MOUs, as needed • Advocate for inclusion of DEC in disaster preparedness plans and participate in local and/or state-wide disaster preparedness exercises • Invite key local DEC providers to serve on national and/or regional task forces, working groups, etc. • Engage with local providers on social media	• Initiate contact with local DEC providers, including operationalizing any roles as defined in formal partnerships, agreements, MOUs, etc. • Participate in national, state, and/or local response coordination calls/meetings, advocate for inclusion of DEC in agenda (or offer to help organize or participate in DEC-specific coordination calls & meetings), and invite local DEC providers to participate and play an active role in local, state, and/or national coordination calls & meetings • Continue to assess and identify unmet needs in DEC with local providers, share and develop new resources to address emerging needs	• Sponsor or participate in evaluation/"hot wash" debriefings, advocate for inclusion of DEC in the agenda of such exercises, and/or sponsor or participate in DEC-specific debriefings • Via local DEC providers, connect and offer support to Long Term Recovery Groups and other forums where ongoing needs in DEC can be addressed and coordinated • Facilitate access to funding opportunities & other forms of continued support during recovery for local DEC providers • Re-connect with local DEC providers for milestone disaster anniversary & trigger events

Potential Challenges and Strategies for Addressing Them

Inevitably when organizations come together, even under a common cause and in the spirit of the "4 C's", challenges will arise that may inhibit or diminish effective and successful collaborations. The *Ohio Community Collaboration Model for School Improvement* previously cited offers a breakdown of common barriers in partnerships & 'minimizing strategies' to approach those barriers, adapted and expanded on below for National VOADs experiencing challenges in pursuing collaborations with local DEC providers:

Table 9: Challenges and Strategies for Minimizing Specific Barriers

Barrier: Recruiting and retaining partners	
Potential Challenges in Collaboration	**Minimizing Strategies**
• Interdependent relationships and collaboration are not valued or prioritized • Perception it is easier to do work alone • Informal opportunities for national, state, local DEC providers to get to know one another and continuously bring in new resources are not often available • There is limited time and resources to devote to initiating and nurturing collaborations • Leadership and other staff/volunteer turnover create vacuums in being able to focus on or sustain collaborations • During sustained periods of "blue skies" when months have gone by an no major disaster has occurred, national, state, and/or local DEC providers may lose momentum or not feel the impetus of pursuing or sustaining collaborations • Individuals and agencies do not see collaboration as central to their work and success	• Find common ground that allows each person and organization to participate, while recognizing each other's varied accountabilities • Identify benefits of collaboration; and costs and losses of not pursuing them or of dropping out • Find ways for each entity to get their goals met through the collaboration • Make collaboration a welcome part of the climate and culture of DEC • Help partners convince their top level leaders collaboration in DEC is worth the effort and part of the job • Offer resources and support within and between organizations in pursuing and maintaining collaborations when resources are strained or limited • Explore intentional ways to include untapped resources; try to be aware of persons and groups that are not at the table • Understand and identify clichés that may inhibit collaborations in DEC across diverse organizations (e.g., National VOADs can't possibly understand local concerns in providing DEC to affected individuals & families) • Host "open house"-style introductory conference calls, webinars, or in-person meetings when possible, where the primary aim is to get to know one another's staff, organization mission, resources, etc.

Barrier: Turf and related conflicts	
Potential Challenges in Collaboration	**Potential Challenges in Collaboration**
• Multiple obstacles can block the convening of potential collaborations, including the disasters themselves, which add additional personal and professional demands and other stressors to key staff persons & volunteers who otherwise would serve as initial and primary points of contact in collaboration • People and agencies have different missions and perspectives in providing DEC • Agencies, whether national or local in scope, often compete for the same resources in sustaining operations • Perceptions that certain professions and agencies are more qualified, competent, etc. • When disasters occur, understandably local DEC providers can become very protective of impacted communities, including if particular populations were affected (children & schools, houses of worship, LGBT, etc.) • Language and "alphabet soup" of organizations can heighten confusion and feeling overwhelmed at where to start, who to talk to, etc. • Historical "rifts" and turf can keep new partnerships from emerging, and can become re-enacted when disasters occur • Not all perspectives are valued equally • Cultural differences are both real and perceived, and historical prejudices and instances of exclusion, discrimination, etc., affect and influence collaboration	• Learn the mission, vision, goals, etc. of each collaborating partner and how they can/do contribute to communities served, year-round and following disaster events • Find common ground that allows each person and organization to participate in the collaboration based on strengths & other assets, while recognizing each other's differences and limitations • Find ways for each organization and entity receive benefits from the collaboration, but especially the local DEC providers, as "all disasters are local" • Value each person and organization for its own worth in the community • Establish norms for high quality interactions; lead by example for other NVOADs seeking opportunities for collaboration with local DEC providers • Build trust and relationships among community partners • Remember there will never be enough resources to fully meet the needs of the community • Draw on support from peer organizations, National VOAD staff, Emotional & Spiritual Care Committee leadership, etc., to help explore solutions to conflicts if they arise • Continuously emphasize partners' interdependence • Continuously emphasize the greater good of the community you serve • Develop "win-win" planning frameworks in which duplication of programs and services is good and needed in some cases (e.g., more people in need of DEC services will be served if there are more DEC providers working together & collaborating) • Create shared vocabulary and meanings that cross disciplines • National VOADs seeking to collaborate with local DEC providers should work to meet the communities they serve "where they are"- work to build up resources within national organizations that will serve diverse populations & communities • Use only strengths-based, solution-focused language and avoid blaming • Develop cross-training programs • Do not be afraid to talk about issues involving race, socioeconomic status, gender, sexual orientation, and their relationships; silence is more of a problem than direct, problem solving

Barrier: Confusion and controversy	
Potential Challenges in Collaboration	**Potential Challenges in Collaboration**
• There are differences in opinions related to who should do what, when and for whom • People do not know what others do, and have perspectives on what others should be doing • Persons are not given permission to disagree • Roles and expectations may be interpreted differently • Simply having multiple stakeholders allows for confusion • Key points of contact in the collaboration are not necessarily accountable to each other, but rather to their own individual organization/ superiors • Communication channels are limited, including during times of disaster (response phase), promoting miscommunication or little communication	• Minimize a crisis orientation by being in constant, honest communication • Honor differences and disagreement in a healthy way by establishing a culture of shared trust and integrity • Invite partners to share their perceived roles for clarification of expectations; memos of understanding or a written commitment to collaboration may be helpful • Avoid blaming and deficit-centered attitudes by agreeing to use strengths-based, solution-focused language • Spend time and energy on consensus-building aimed at the shared vision and mission • Ensure that each partner sees how they fit the big picture and how it helps them • Convene the parties involved in the collaboration regularly to facilitate communication, planning, and accountability • Develop or share access to newsletters, list-servs, etc., that foster communication and resource sharing within the collaboration • Work strategically through local press, social media, etc., to celebrate collaborations

Relationships with State VOADs and Local COADs

> "It is imperative for each state and regional VOAD to have an active and engaged Emotional and Spiritual Care Committee." (*Disaster Spiritual Care Guidelines, National VOAD*).

To successfully integrate disaster emotional care into disaster preparedness, response, and recovery activities, it is important for DEC providers to be active and engaged in the VOAD movement. Joining state VOADs and local COADs helps build successful working relationships.

Benefits of VOAD/COAD Participation

Active VOAD/COAD participation yields several benefits, including:

- A place at the leadership table. VOADs and COADs are natural venues for convening stakeholders, including DEC providers, VOAD member agencies which facilitate DEC services for their clients, and government partners.
- Building relationships and partnerships. Familiarity with and knowledge about the various providers of disaster services in an area can be invaluable when decisions are

being made during a disaster situation. It has often been said that the time to exchange business cards is not during a disaster, but beforehand.

- Participation in planning discussions, preparedness activities, and disaster exercises. Engaging in these typical VOAD activities can help DEC providers identify gaps in services and improve service delivery.
- Consciousness-raising. VOAD and COAD attendance leads to increased visibility of disaster emotional care and provides opportunities to advocate for the resources needed to improve availability and quality of DEC services.

Establishing an Emotional and Spiritual Care Committee

Each state/territorial VOAD and each local COAD is encouraged to have a standing Emotional and Spiritual Care committee (ESCC) to facilitate cooperation, communication, coordination, and collaboration among various providers of disaster emotional and spiritual care and with the VOAD/COAD membership at large. VOAD member organizations which provide disaster emotional care and/or disaster spiritual care would comprise the core members of an Emotional and Spiritual Care Committee. Other groups which might be included in the VOAD ESCC are VOAD member organizations which specialize in caring for vulnerable populations (*see glossary/appendix*) and government partners tasked with planning for disaster emotional and spiritual care provision. Groups that ordinarily would not consider joining the VOAD may find a niche in the ESCC.

Examples of Emotional and Spiritual Care Committee Activities

Compliance

State and local VOADs are expected to adhere to the national Points of Consensus pertaining to disaster emotional care (see Appendix) and disaster spiritual care (see Appendix). The ESCC assists VOAD members by informing them and encouraging their compliance with these agreements.

Planning

State and local ESCCs play a key role in planning for effective disaster emotional care delivery by reviewing government emergency and disaster plans, and contributing input to government entities tasked with disaster emotional care planning. Building strong relationships prior to a disaster can greatly improve the coordination of service delivery during a community's time of need.

Capacity-building

The state or local VOAD's ESCC can contribute to capacity-building for disaster emotional care within its jurisdiction in a variety of ways. Some examples include:

- ESCC-sponsored presentations to community behavioral health providers to acquaint them with the basic tenets of disaster emotional care and to recruit additional volunteers into VOAD-affiliated organizations;

- Mutual aid agreements between VOAD member organizations and community agencies to address the needs of vulnerable populations or address gaps in disaster emotional care services;
- Regular disaster trainings and exercises to build the community's capacity for providing appropriate and effective disaster emotional care.

Response coordination

The state or local VOAD ESCC has an important role to play in the event of any local disaster which necessitates the assistance of national VOAD partners. The state or local ESCC can serve as:

- A clearinghouse for information;
- A conduit for obtaining national VOAD resources;
- A vetting committee for inviting outside aid organizations into the community.

Potential Challenges and Suggestions for Overcoming Challenges

Establishing and Maintaining an Effective ESCC

Having a successful state or local Emotional and Spiritual Care Committee is effortful and requires intentional planning. First steps would include establishing a committee mission statement, setting clear goals, and creating a multi-year plan for growing the committee. ESCCs may decide to elect a chairperson, create a formal governance structure, and make regular reports at VOAD meetings. The National VOAD Emotional and Spiritual Care Committee provides foundational documents, educational opportunities, and support for state and local ESCCs. Three state/territorial VOAD representatives serve as official representatives to the NVOAD ESCC, and serve a liaison function with all state/territorial VOADs.

Encouraging Participation

As with many VOAD activities, it is difficult to recruit committee members and obtain commitments to participate during times when disaster is not imminent. Some strategies for overcoming this barrier include:

- Investing time in building relationships with potential members;
- Stating a clear rationale for the ESCC;
- Holding educational events and disaster exercises;
- Addressing topics that appeal to members' specific needs and interests.

Educating other VOAD members about the ESCC role

The state and local VOAD can benefit from a strong Emotional and Spiritual Care Committee, and it is important to keep VOAD members apprised of the committee's activities. Some ways of doing so include:

- Making presentations on emotional and spiritual care topics;
- Providing regular committee reports;

- Participating in disaster exercises to demonstrate the contributions of disaster emotional care.

Integration Across the Disaster Cycle.

Disaster emotional care should be integrated into all phases of the disaster cycle.

Preparedness

Activities of disaster emotional care during disaster preparedness include:

- Fostering awareness of disaster-related emotional needs and concerns.
- Identifying trusted, credible, community resources (behavioral health services, etc.) to assist in the event of disaster.
- Building partnerships within the community and integrating disaster emotional care into disaster response and recovery plans.
- Implementing programs and providing public education to build psychological resilience in the community.

Readiness

Key components to capacity-building for disaster emotional care include:

- Identifying and recruiting emotional care providers within the community, state, and region. (See Section 2.)
- Promoting affiliation of providers with agencies and organizations with a disaster emotional care program that follows VOAD guidelines.
- Training disaster emotional care providers, and including them in disaster exercises. (See recommendations in Section 2.)
- Forming relationships with disaster spiritual care, local behavioral health providers and other community resources, and state and territorial VOADs. (See discussion above.)

Response

Disaster emotional care during the disaster response phase includes:

- Deploying DEC teams according to the processes and procedures developed by each disaster response organization.
- Providing DEC services to individuals, families, and communities impacted by a disaster. (See Section 2 for extensive discussion of DEC services.)
- Offering public education materials to help communities cope more effectively with the emotional effects of disaster.
- Consulting with schools, behavioral health clinics, social services, hospitals, faith communities, and other potential support networks for disaster-impacted individuals and families within the community.

Recovery

During the recovery phase, DEC providers assist communities by:

- Providing DEC interventions which focus on long-term recovery. Explore and understand how survivors' ways of thinking, feeling, and behaving are affecting their adjustment. (See Section 2.)
- Encouraging and equipping community support groups with the information they need to address emotional needs of disaster survivors.
- Participating in long-term recovery groups and VOAD-sponsored long-term recovery committees. DEC providers, especially those affiliated with local agencies, should be part of the community's long-term recovery efforts.
- Assisting communities in recognizing disaster anniversaries and planning appropriate events and supportive activities.