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National Center for Disaster Medicine & Public Health

UNIFORMED SERVICES UNIVERSITY
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CSTS
Center for the Study of Traumatic Stress

Curriculum Recommendations for Disaster Health Professionals
Disaster Behavioral Health

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Target Audience: Educators and trainers working with health professionals
Purpose: To plan education and training activities on behavioral health factors in disasters

Introduction

The world has long been aware that a wide variety of extreme events produce psychological, social, and biological sequelae that today we label with terms such as stress, trauma, grief, and bereavement. These consequences are visited upon individuals, families, workplaces, schools, communities, and nations. They can result from a wide variety of causal factors that are both natural, human-generated or a combination of both.

For the purposes of this document, focus will be on the general topic of exposure to disasters. Disasters are defined as extreme events in which needs of the impacted population and/or area exceeds the local response and recovery resources and external resources must be utilized. Disasters can include such naturally occurring events such as floods, hurricane, fires, tsunamis, epidemics, and pandemics. They can also be human generated in terrorism, war, community unrest, mass shootings, and industrial accidents. Some disasters involve both natural and human-generated elements. Examples include a plane crash caused by wind shear, a flood caused by a dam collapse, or a wildfire sparked by an arsonist.

The field of disaster behavioral health continues to evolve following the classic paradigm of synergistic interactions among research, training, and services (Figure 1). Fundamentally the questions driving the field are:

- What do we know about the individual and collective impact of disasters?
- What approaches and interventions, to accomplish what, provided by whom, and in what contexts are most efficacious?
- How can we ensure that those involved in disaster preparedness, response, and recovery have the knowledge and skills necessary to produce optimal results?

Figure 1
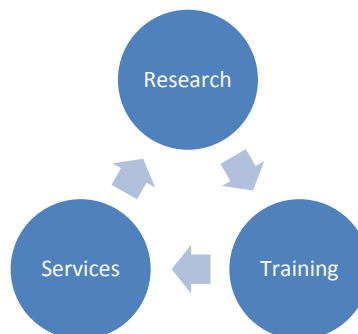
Each component has produced progress. Each has unique sets of challenges. Research regarding the biopsychosocial elements of disaster exposure is advancing. Newer research regarding the biology of stress and trauma is extremely promising. At the same time, few are satisfied with its pace and application. More disaster behavioral health training for health professionals is being conducted today than ever before. Still, few behavioral health professionals receive this type of training in graduate education programs. The vast majority of training occurs after degree training. Specific training in disaster behavioral health for most healthcare professionals is rare. Services to people who have experienced disasters has become commonplace in the United States and in some other parts of the world. Objectively assessing the efficacy of intervention approaches remains one of the greatest challenges for the field.

For much of recent history, the most typical role for disaster behavioral health providers has been in providing direct services to disaster victims and survivors. In a seminal process and document the National Institute of Mental Health (NIMH) convened a wide variety of content experts in disaster behavioral health to explore and make recommendations regarding roles that behavioral health professionals can play in the early aftermath of events involving mass violence.[1] This document was central in an expanding trend to not only facilitate the adoption of best practices in the provision of direct services but it also made a huge contribution to validating additional important roles that behavioral health professions can play. It identified the following key operation principles of early intervention (pp. 6 - 9):

- Components of early intervention include preparation, planning, education, training, service provision, and evaluation.
- Adopt a working principle of expecting normal recovery.
- Integrate mental health personnel into emergency management teams.
- Early interventions should recognize and be conducted within a hierarchy of needs (survival, safety, security, food, shelter, health, triage, orientation, communication with family and friends).
- Early interventions should include:
  - Psychological First Aid (PFA)
  - Needs assessment
  - Monitoring the recovery environment
  - Outreach and information dissemination
  - Technical assistance, consultation, and training
  - Fostering resilience, coping, and recovery
  - Triage
  - Treatment

As the centrality of behavioral health issues in disaster preparedness, response, and recovery has become more broadly accepted, a wide variety of interventions have been developed and provided.

The *Core Competencies for Disaster Medicine & Public Health* (Table 1) is an effort by an interdisciplinary group of health professionals to identify the appropriate knowledge, skills, and abilities which all disaster health professionals should possess.[2] The core competencies found in Table 1 are mapped to each of the learning objectives found in the Learning Objective and Resource Table (Table 2).

Table 1: Core Competencies for Disaster Medicine & Public Health[2]
1.0 Demonstrate personal and family preparedness for disasters and public health emergencies
2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency
3.0 Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency
4.0 Communicate effectively with others in a disaster or public health emergency
5.0 Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency
6.0 Demonstrate knowledge of surge capacity assets, consistent with one's role in organizational, agency, and/or community response plans
7.0 Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
8.0 Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies
9.0 Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
11.0 Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency

Please note that there have been efforts by the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health (ASPH) to identify more specific behavioral health core competencies. A detailed summary of their findings can be found at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430653/ and in Appendix 1.[3]

Instruction & Explanation

This curriculum recommendations document provides a useful strategy to help educators, program directors, and curriculum developers form curricula for educating health professionals. This curriculum recommendations document has three tools to aid educators in tailoring disaster health offerings:

- Design Process Diagram (Figure 2)
- Overview of Recommended Disaster Behavioral Health Topics, and the
- Learning Objective and Resource Table (Table 2)

The Design Process Diagram gives educators a step-by-step process for tailoring courses for their learners. The Overview of Recommended Disaster Behavioral Health Topics gives a summary of the recommended topics for behavioral health disaster education. This section defines the broad behavioral health topic areas and has embedded links to the Learning Objective and Resource Table. This table has recommended and detailed learning objectives and resources and is organized by topic area.

The Learning Objective and Resource Table provides learning objectives in the left-hand column. Core competencies associated with each learning objective are in brackets.[2] The middle column lists topics which the educator may wish to include in teaching related to the learning objective. The educator can select those topics which are appropriate for the learners involved.

The third column of the Learning Objective and Resource Table contains learning resources for each learning objective. The resources include a variety of sources: websites, government documents, journal articles, book chapters, etc. It is not an exclusive list but a foundational starting point. Resources in the table are alphabetized within each of three categories; website/online reports, journal articles and books/chapters.

The information found in this document is not a prescriptive curriculum, but rather recommendations. Educators should tailor these recommendations for their particular needs and circumstances, selecting those learning objectives, topics, and resources which are appropriate for their learners' needs, and the scope of their education and training programs.

Figure 2: Design Process Diagram
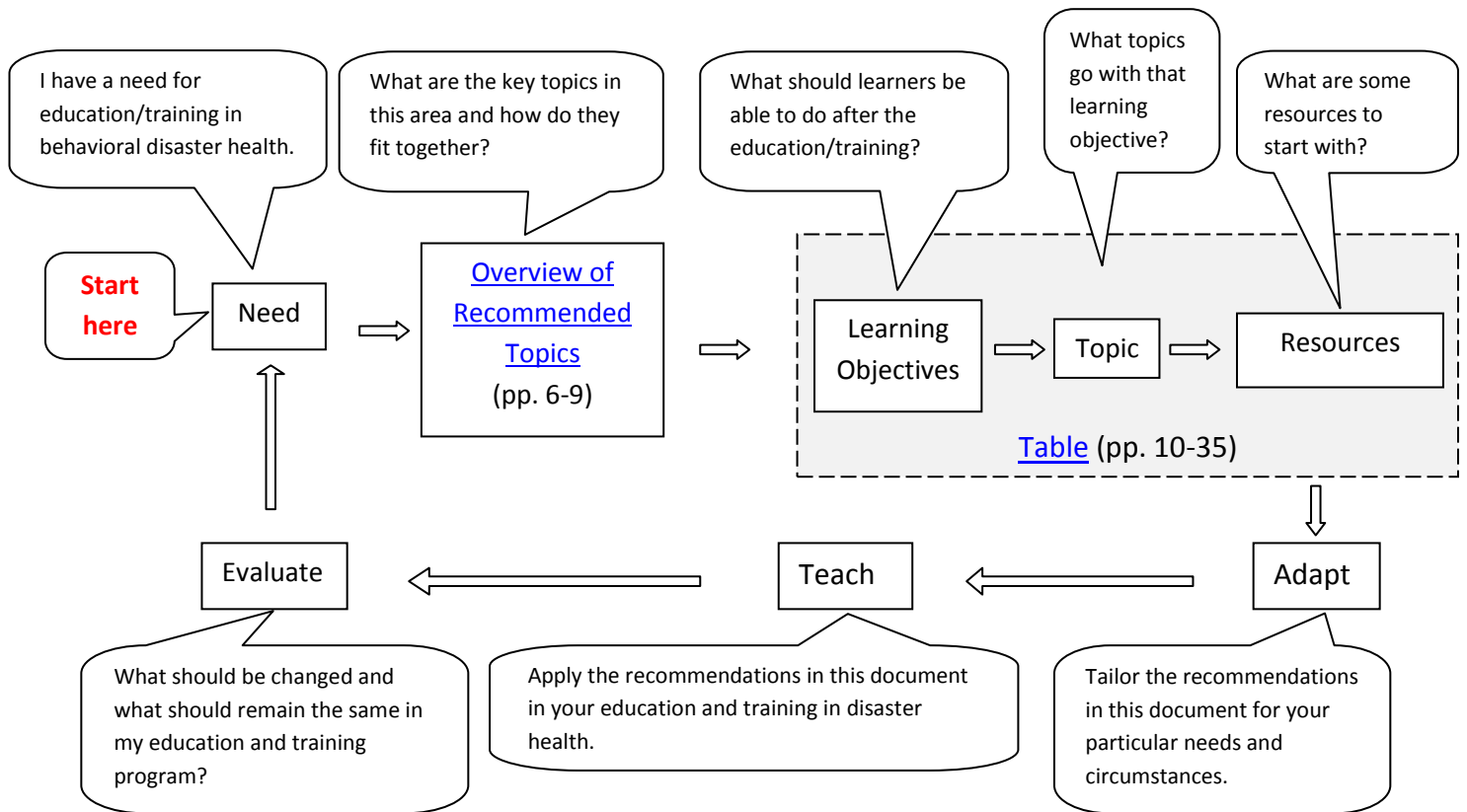
These recommendations for curriculum development can be tailored by the educator in light of the following:

- The health profession(s) that will be represented.
- The level of prior knowledge and experience of the learners in this area (e.g. are the learners in a professional degree program or receiving continuing professional development on the job).
- The number of learners.
- The time that is available.
- The needs and roles of the learners in a disaster.
- The timing (i.e. before a disaster or just-in-time).
- The assessment of learner knowledge and skill.

Overview of Recommended Disaster Behavioral Health Topics

1. <u>**Defining Disaster Behavioral Health**</u>
   a. Primary Concept: Understand key terminology used in the field.
      i. Disasters compared to emergency and crisis—Understand how disasters (when needs exceed resources and external assistance is needed) are different than emergencies (can be handled within existing resources), crisis (where existing resources are at capacity but still functional).
      ii. Defining Behavioral Health (BH) - Understand the history and current use of terms such as mental health, behavioral health, substance use/abuse, stress, resilience, etc. Behavioral health is newer and more inclusive term that has increasingly replaced the term mental health when referring to topics that go beyond more limited issues of mental illness and health.
      iii. Compare and contrast BH factors in disaster and non-disaster situations— Understand how psychosocial, family, and community characteristics are similar and different in normal circumstances as compared with during and following disasters.

2. <u>**The Disaster Environment**</u>
   a. Primary Concept: During and following disasters normal governance, system function, and the nature of behavioral health services typically operate differently. It is important for the learner to understand these different processes, roles and functions in order to optimize their function.
      i. Understanding the fundamental needs vs. resources analysis for disaster declaration (related to defining disaster behavioral health above).
      ii. Governmental determination/declaration process/meaning—Understand who has what authority and requirements at various stages in the event process.
      iii. Key governmental structures and guidance such as the National Response Framework (especially Emergency Support Function [ESF] 6 & 8, Department of Health and Human Services [DHHS] Concept of Operations [CONOPS], and state and local emergency response plans)
      iv. Working within the incident command system—Understand that authority is modified from usual practice under the incident command system. Behavioral health and other health providers are typically unfamiliar with the Incident Command System (ICS).
      v. The context of BH interventions in disaster—Understand how providing behavioral health assistance in disaster situations is different than usual practice process and environments. For example, rapid triage, short time to intervene, little background info, initiating contact with people, providing service in atypical settings such as shelters, etc.
      vi. System impact/overlap (medical care, emergency response, and public health) - Understand how various systems operate differently in disaster situations and how to effectively time and effect community entree, and initiate and integrate behavioral health services into these changing systems.

3. <u>**Key Partners**</u>
    a. Primary Concept: Addressing the behavioral health needs of both victims/survivors and workers requires valued partnerships among many elements of the community. It is important to know these various partners, what roles they play, and how to establish and maintain these partnerships.
        i. Roles of health care providers and workers (e.g., hospitals, outpatient services, emergency medical services, nursing homes, assisted living).
        ii. Integrating with other human services organizations and professions (e.g., social services, protective services, public health).
        iii. Integrating with other stakeholders (e.g., faith community, schools, employers, governmental entities, Non-governmental organizations (NGOs).

4. <u>**Individual and Collective Response to Disaster**</u>
    a. Primary Concept: Preparing for and responding to disasters requires understanding of both individual and collective (population) responses to these events, the relationship between these responses, and the impact of both on the trajectory of recovery. Learners will be presented with conceptual models to understand these complex and wide-ranging interactions.
        i. Domain impacts
            o Physical
            o Psychological
            o Emotional
            o Cognitive
            o Social
        ii. Disaster Ecology Model
            o Haddon Matrix
            o The forces of harm
            o Psychosocial impact of different disaster types (including weapons of mass destruction [WMD], terrorism)
        iii. Individual and collective adjustment patterns over time
        iv. Risk and protective factors
        v. Cultural competence (awareness, knowledge, and skills)
        vi. Notes on panic (panic is widely misunderstood phenomenon in disasters and typically occurs in only very specialized situations)

5. <u>**Populations with Special Needs and At Risk Individuals**</u>
    a. Primary Concept: Some individual and groups often need specialized or tailored interventions following a disaster. Some may be at increased risk of negative outcomes and some may simply need nontraditional approaches. Learners will understand what specialized needs may be present or emerge at different stages in the event cycle.
        i. Defining special needs
        ii. Special needs by pre-event demographics (e.g., children, frail elderly, people with serious mental illness, physical and/or developmental disabilities, the homeless, etc.)
        iii. Special needs created by disaster impact (e.g., injured, bereaved, in shelters, etc.)

      iv.   Special needs by recovery impact (e.g., relocated, unemployed, etc.)

6. **<u>Providing Care</u>**
    a. Primary Concept: Providing behavioral health care in disaster situations differs from more traditional services in many ways. While a solid grounding in the behavioral sciences is important, optimal function can only be achieved through understanding the unique needs of people following disasters, the unique service environments during and following disasters, and the unique manner in which services are provided.
        i. Legal and ethical issues on providing disaster behavioral health services
        ii. Service provision competencies (see core competencies section earlier)
        iii. Early intervention strategies
            o Selecting intervention strategies
            o Psychological First Aid (various models and foci)
            o Notes on controversial disaster interventions such as Critical Incident Stress Debriefing (CISD) and use of Mental Health First Aid in disasters
        iv. Non-clinical interventions (e.g., basic and specialized crisis counseling, bereavement support, etc.)
        v. Diagnosis and treatment of BH disorders
            o Diagnostic challenges
            o Use of pharmaceuticals
            o Treatment options (the state of the science and practice)
            o Notes on controversial treatments such as Eye Movement Desensitizing and Reprocessing (EMDR)
        vii. Risk and crisis communication with stakeholders
            o Identifying existing and emerging key stakeholders with whom to communicate
            o Communication as a BH intervention
            o BH's role with public information efforts

7. **<u>Playing Additional Important Roles</u>**
    a. Primary Concept: In addition to direct services, behavioral health professionals as well as other healthcare professionals can perform several other roles to help in disasters.
        i. Consultation
            o Types of consultation (e.g., case, systems, program, formal, informal)
            o Recipients of consultation (formal and informal leaders, risk/crisis communicators, healthcare colleagues, other professions and stakeholders)
        ii. Planning and preparedness (including fostering public/private partnerships)
        iii. Education/information
        iv. Assessing changing needs
        v. Program design/implementation/evaluation
        vi. Support non-BH responders in care for themselves as well as victims and survivors

8. **Impact on Workers/Responders**
   a. Primary Concept: Those who work in and respond to disasters experience unique stresses as well as rewards. Reducing stress and promoting resilience in these groups requires understanding these stresses and rewards, the concept of post traumatic growth, the interactions among workers, their families, their coworkers and the organizations that employ them.
      i. Defining disaster workers/responders
      ii. Types of stress workers experience (including when a worker is also a victim and/or experiences multiple events in a short period)
      iii. Types of rewards and stress mediators for workers/responders
      iv. Protecting and maintaining the health workforce
      v. Workplace/organizational responsibilities and strategies
      vi. Individual responsibilities and strategies such as self- and buddy-care

Table 2: Recommended Learning Objectives and Resources		
1. Defining Disaster Behavioral Health		
Learning Objective	**Topics**	**Resources**
At the end of this unit the learner will: Define key terms and be able to compare behavioral health factors in various events. [Core Competency 1, 8]	Comparing disasters, emergencies, and crises Defining behavioral health Understanding the history and current use of terms Comparing and contrasting behavioral health factors in disaster and non-disaster situations	*Journal Articles* Pfefferbaum B, Flynn BW, Schonfeld D, Brown LM, Jacobs GA, Dodgen D, Donato D, Kaul RE, Stone B, Norwood AE, Reissman DB, Herrmann J, Hobfoll SE, Jones RT, Ruzek JI, Ursano RJ, Taylor RJ, Lindley D. The integration of mental and behavioral health into disaster preparedness, response, and recovery. *Disaster Med Public Health Prep*. 2012 Mar;6(1):60-6. http://tinyurl.com/no7jxqd. *Books/Chapters* Flynn BW. Mental Health Response to Terrorism in the United States: An Adolescent Field in an Adolescent Nation. In: Danieli Y, Brown D, Sills J, eds. *The Trauma of Terrorism: Sharing Knowledge and Shared Care, an International Handbook.* Hawthorn Press; 2005. Institute of Medicine. *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy.* Washington, D.C.: National Academies Press; 2003. http://tinyurl.com/ksjof55 McFarlane A, Norris F. Definitions and concepts in disaster research. In: Norris F, Galea S, Friedman M, Watson P, eds. *Methods for Disaster Mental Health Research.* New York, NY: The Guildford Press; 2006: 3-19. Ursano RJ, Fullerton CS, Weisaeth L. Raphael B, eds. *Textbook of Disaster Psychiatry*. London: Cambridge University Press; 2007.
2. The Disaster Environment		
Learning Objective	**Topics**	**Resources**
At the end of this unit the learner will: Discuss how governance, system function, and the nature of behavioral health services typically operate differently following disasters [Core Competency 2] Describe how disaster preparedness, response, and recovery operations and	Disaster declaration process Who has what authority and requirements at various stages in the event process Key government structures and guidance	*Websites/Online Reports* Community Preparedness. Federal Emergency Management Agency Web site. http://www.ready.gov/community-preparedness. Critical Infrastructure Sectors. U.S. Department of Homeland Security Web site. http://www.dhs.gov/critical-infrastructure-sectors. Disaster-related competencies for healthcare providers. Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site.

governance are determined and operate [Core Competency 2] Identify and describe command and control and preparedness, response, and recovery plans and learner's role in them[Core Competency 2, 11]	Incident command system Nature and context of BH interventions in disasters Public and private systems operations/impact/overlap Core competencies for disaster behavioral health Disaster behavioral health preparedness and its relationship to other preparedness and response partners	http://sis.nlm.nih.gov/dimrc/professionalcompetencies.html. Evaluate and Improve. Federal Emergency Management Agency Web site. http://www.fema.gov/evaluate-improve. HHS Disaster Behavioral Health Concept of Operations. Department of Health & Human Services Web site. http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops.pdf. Homeland Security Presidential Directive/HSPD-21. National Center for Disaster Medicine and Public Health Web site. http://ncdmph.usuhs.edu/Documents/HSPD-21.pdf. Incident Command System (ICS) Trainings 100, 200 and 700. Federal Emergency Management Agency Web site. http://www.fema.gov/incident-command-system#item7. Incident Command System (ICS). Federal Emergency Management Agency Web site. http://www.fema.gov/incident-command-system. Leadership in the wake of disaster. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/leadership-in-the-wake-of-disaster/. Mental Health All-Hazards Disaster Planning Guidance. Substance Abuse and Mental Health Services Administration (SAMHSA). http://tinyurl.com/kyw9v3g. National Biodefense Science Board, Disaster Mental Health Subcommittee. Disaster Mental Health Recommendations. http://tinyurl.com/kppyfus. National Biodefense Science Board, Disaster Mental Health Subcommittee. Integration of Behavioral Health in Federal Disaster Preparedness, Response, and Recovery: Assessment and Recommendations. http://tinyurl.com/op27dlk. Published September 2010. National Incident Management System (NIMS). Federal Emergency Management Agency Web site. http://www.fema.gov/national-incident-management-system. National Response Framework. Federal Emergency Management Agency Web site. http://www.fema.gov/national-response-framework. Pandemic and All-Hazards Preparedness Act. U.S. Government Printing Office Web site. http://www.gpo.gov/fdsys/pkg/PLAW-109publ417/pdf/PLAW-109publ417.pdf.

Public health infrastructure and systems. National Association of County and City Health Officials (NACCHO) Web site. http://www.naccho.org/topics/infrastructure/.

Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, and Related Authorities. Federal Emergency Management Agency Web site. http://www.fema.gov/pdf/about/stafford_act.pdf.

The Twenty-second Annual Rosalynn Carter Symposium on Mental Health Policy Mental Health in the Wake of Hurricane Katrina. Carter Center Web site. http://www.cartercenter.org/documents/rc_mhsymp06_katrina.pdf.

Journal Articles
Elrod CL, Hamblen JL, Norris FH. Challenges in implementing disaster mental health programs: state program directors' perspectives. *Ann Am Acad Pol Soc Sci*. 2006;604:152-170.

Parker CL, Everly GS Jr, Barnett DJ, Links JM. Establishing evidence-informed core intervention competencies in psychological first aid for public health personnel. *Int J Emerg Ment Health*. 2006 Spring;8(2):83-92. http://tinyurl.com/k775wk9.

Ruzek JI, Young BH, Cordova MJ, Flynn BW. Integration of disaster mental health services with emergency medicine. *Prehosp Disaster Med*. 2004 Jan-Mar;19(1):46-53. Review. http://tinyurl.com/na85jye.

Books/Chapters
American Red Cross Disaster Services. *American Red Cross Disaster Mental Handbook*. Washington, D.C: American Red Cross;2012. http://www.cdms.uci.edu/PDF/Disaster-Mental-Health-Handbook-Oct-2012.pdf.

Cole L, Connell N, eds. *Local planning for terror and disaster: from bioterrorism to earthquakes*. Hoboken, NJ: John Wiley & Sons, Inc.; 2012.

Institute of Medicine. *Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy*. Washington, D.C.: National Academies Press; 2003. http://www.nap.edu/catalog.php?record_id=10717.

Kantor EM, Beckert DR. Preparation and systems issues: integrating into a disaster Response. In: Stoddard FJ, Pandya A, Katz CL, eds. *Disaster Psychiatry: Readiness, Evaluation, and Treatment*. Washington, D.C.: American Psychiatric Publishing; 2011.

		Reissman D, Reissman S, Flynn BW. Integrating Medical, Public Health, and Mental Health Assets into a National Response Strategy. In: Bongar B, Brown LM, Beutler LE, Breckenridge JN, Zimbardo PG, eds. *Psychology of Terrorism*. Oxford University Press; 2007.

3. Key Partners

Learning Objective	Topics	Resources
At the end of this unit the learner will: Identify and discuss roles of key community partnerships that impact behavioral health needs in disasters. [Core Competency 4, 9] Establish and maintain relationships with key community partners that impact behavioral health needs in disasters [Core Competency 2, 4]	Health care providers and workers (hospitals, public health, outpatient services, emergency medical services, nursing homes, assisted living) Crisis Standards of Care for healthcare organizations Human services organizations and professions (e.g., social services, protective services, public health), Key stakeholders (faith community, schools, employers, governmental entities, NGOs) Systems integration factors in preparedness, response, and recovery (e.g., with children-schools, pediatrics, behavioral health)	*Websites/Online Reports* Business Leadership in Bioterrorism Preparedness. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/business-leadership-in-bioterrorism-preparedness/. Crisis standards of care: A systems framework for catastrophic disaster response. Institute of Medicine of the National Academies Web site. http://www.iom.edu/~/media/Files/Activity%20Files/PublicHealth/Crisis-Standards-of-Care/CSC_rb.pdf. HHS Disaster Behavioral Health Concept of Operations. Department of Health and Human Services Web site. http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops.pdf Crisis standards of care: a toolkit for indicators and triggers. Institute of Medicine Web site http://tinyurl.com/mrxod4e. Pandemic Planning and Response: Critical Elements for Business Planning. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/pqswwf6. Workplace Preparedness and Response for Disaster and Terrorism: Creating a Community of Safety, Health and Security through Integration, Knowledge and Evidence-Based Intervention. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/oh5jw6t. *Journal Articles* Gurwitch RH, Kees M, Becker SM, Schreiber M, Pfefferbaum B, Diamond D. When disaster strikes: responding to the needs of children. *Prehosp Disaster Med.* 2004 Jan-Mar;19(1):21-8. Pfefferbaum B, Flynn BW, Schonfeld D, Brown LM, Jacobs GA, Dodgen D, Donato D, Kaul RE, Stone B, Norwood AE, Reissman DB, Herrmann J, Hobfoll SE, Jones RT, Ruzek

JI, Ursano RJ, Taylor RJ, Lindley D. The integration of mental and behavioral health into disaster preparedness, response, and recovery. *DisasterMed Public Health Prep*. 2012 Mar;6(1):60-6. http://tinyurl.com/no7jxqd.

Pfefferbaum B, Schonfeld D, Flynn BW, Norwood AE, Dodgen D, Kaul RE, Donato D, Stone B, Brown LM, Reissman DB, Jacobs GA, Hobfoll SE, Jones RT, Herrmann J, Ursano RJ, Ruzek JI. The H1N1 crisis: a case study of the integration of mental and behavioral health in public health crises. *Disaster Med Public Health Prep.* 2012 Mar;6(1):67-71. http://tinyurl.com/osz2omq.

Pfefferbaum B, Shaw JA; American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI). Practice parameter on disaster preparedness. *J Am Acad Child Adolesc Psychiatry*. 2013 Nov;52(11):1224-38. http://tinyurl.com/qem6ycj.

Books/Chapters
Brock SE, Lazarus PJ, Jimmerson SR, eds. *Best Practices in School Crisis Prevention and Intervention*. National Association of School Psychologists; 2007.

Flynn BW, Lane CF. Integrating Organizational and Behavioral Health Principles to Promote Resilience in Extreme Events. In: Cooper C, Burke R, eds. *International Terrorism and Threats to Security: Managerial and Organizational Challenges*. Edward Elgar Publishing; 2008.

Flynn BW. Healthcare systems planning. In: Ursano RJ, Fullerton CS, Weisaeth L, Raphael B, eds. *Textbook of Disaster Psychiatry*. London: Cambridge University Press; 2007.

Lasker RD. *With the Public's Knowledge: User's Guide to the Redefining Readiness Small Group Discussion Process*. New York: The New York Academy of Medicine; 2009.

Pynoos R, Schreiber M, Pfefferbaum B. Impact of terrorism on children. In: Sadock B, Sadock V, eds. *Kaplan & Sadock's Comprehensive Textbook of Psychiatry*. 8th edition. Philadelphia, PA: Lippincott Williams and Wilkins; 2005:3551-3563.

Ursano RJ, Fullerton CS, Weisaeth L, Raphael B. Public health and disaster mental health: Preparing, responding and recovering. In: Ursano RJ, Fullerton CS, Weisaeth L, Raphael B, eds. *Textbook of Disaster Psychiatry*. London: Cambridge University Press; 2007.

4. Individual and Collective Response to Disaster		
Learning Objective	**Topics**	**Resources**
At the end of this unit the learner will: Describe both individual and collective responses to disasters, the relationship between these responses, and the impact of both on the trajectory of recovery. [Core Competency 1, 8, 11]	Domain impacts (physical, psychological, emotional, cognitive, social) Demographic impacts (children, frail elderly, injured) Multiple Unexplained Physical Symptoms (MUPS)/ Multiple Idiopathic Physical Symptoms (MIPS) Grief and bereavement Disaster Ecology Model (Haddon Matrix, forces of harm) Psychosocial impact of different disaster categories (including natural and human caused) Psychosocial impact of different disaster types (WMD, terrorism) Psychosocial impact of different disaster consequences (mass casualty/fatality, contamination (radiation, chemical, biological), illness, burns, required decontamination,, family and /community separation/dislocation)	*Websites/Online Reports* American Indian and Alaska Native Culture Card: A Guide to Build Cultural Awareness. Substance Abuse and Mental Health Services Administration (SAMHSA). http://tinyurl.com/qzdqtma. Chemical Hazards Emergency Medical Management (CHEMM). U.S. Department of Health and Human Services Web site. http://chemm.nlm.nih.gov/. Courage to care: Psychological first aid. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/courage-to-care-psychological-first-aid/. Cultural competency. The Office of Minority Health. U.S. Department of Health and Human Services Web site. http://tinyurl.com/29pzocj. Developing culturally competence in disaster mental health programs. U.S. Department of Health and Human Services Web site. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). http://tinyurl.com/mcvbe6x. Frequently Asked Questions: Hazardous Waste Operations and Emergency Response Standard (HAZWOPER). U.S. Department of Labor Occupational and Safety Hazards Administration (OSHA) Web site. http://www.osha.gov/html/faq-hazwoper.html. Funerals and Memorials: A Part of Recovery. Center for the Study of Traumatic Stress. http://www.cstsonline.org/funerals-and-memorials-a-part-of-recovery/. Grief leadership: Leadership in the wake of tragedy. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/grief-leadership-leadership-in-the-wake-of-tragedy/. Information for relief workers on emotional reactions to human bodies in mass death. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/m5sugn4. Mental Health Reactions After Disaster. National Center for PTSD Web site. http://www.ptsd.va.gov/professional/pages/handouts-pdf/Reactions.pdf. Mental Health Response to Mass Violence and Terrorism: A Field Guide. Substance Abuse and Mental Health Services Administration (SAMHSA). http://tinyurl.com/p68q6re.

	Individual and collective adjustment patterns over time	Office of the Surgeon General, Center for Mental Health Services, National Institute of Mental Health. Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: Substance Abuse and Mental Health Services Administration (US); 2001 Aug. http://www.ncbi.nlm.nih.gov/books/NBK44243/.
	Risk and protective factors	
	Cultural competence (awareness, knowledge, and skills)	People & traditions - tribal preparedness for emergencies and disasters. American Indian Health Web site. http://americanindianhealth.nlm.nih.gov/tribal-prep.html.
	Understanding panic	Psychological First Aid: How you can support well-being. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/psychological-first-aid/.
		Radiation Emergency Medical Management (REMM). U.S. Department of Health and Human Services Web site. http://www.remm.nlm.gov/.
		Reuniting Children in Disasters Online Lesson. National Center for Disaster Medicine and Public Health Web site. http://ncdmph.usuhs.edu/KnowledgeLearning/2012-Learning1.htm.
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		The health consequences of disasters and evacuation. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/the-health-consequences-of-disasters-and-evacuation/.
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5. Populations with Special Needs

Learning Objective	Topics	Resources
At the end of this unit the learner will: Discuss specialized needs of individuals and groups for tailored interventions following a disaster and how specialized needs may be present or emerge at different stages in the event cycle [Core Competency 7, 8]	Defining special needs Special needs by pre-event demographics (e.g., children (developmental sign/symptom variations, family reunifications, predatory behavior toward	*Websites/Online Reports* Addressing the Needs of the Seriously Mentally Ill in Disaster. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/q95vzta. At Risk Individuals. U.S. Department of Health & Human Resources Web site. http://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx. Caring for Children in a Disaster. CDC Web site. http://emergency.cdc.gov/children/.

| | children following disasters) frail elderly, people with serious mental illness, physical and/or developmental disabilities, immigration status, homelessness, etc.)

Special needs created by disaster impact (e.g., injured, bereaved, in shelters, etc.)

Special needs by recovery impact (e.g., relocated, unemployed, etc.) | Children & disasters: Disaster preparedness to meet children's needs. American Academy of Pediatrics Web site. http://tinyurl.com/bea59wa.

Disaster Preparedness and Response for Our Nation's Military and Their Families. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/nqk58we.

Disaster Recovery Resources for Substance Abuse Treatment Providers (CD). Substance Abuse and Mental Health Services Administration (SAMHSA). Published March 2006.

Disasters and Domestic Violence. National Center for PTSD Web site. http://www.ptsd.va.gov/professional/pages/disasters-domestic-violence.asp.

Emergency information forms and emergency preparedness for children with special health care needs. American Academy of Pediatrics Web site. http://tinyurl.com/mh867wk.

Emergency Preparedness. National Association of the Deaf Web site. http://www.nad.org/issues/emergency-preparedness.

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Helping children and adolescents cope with violence and disasters: What rescue workers can do. National Institute of Mental Health Web site. http://tinyurl.com/nhuwjlz.

In the Wake of Trauma: Tips for College Students. Substance Abuse and Mental Health Services Administration (SAMHSA). http://www.samhsa.gov/mentalhealth/afterdisaster.pdf.

National children's disaster mental health concept of operations (CONOPS). Center for Disaster Medicine Sciences Web site. http://tinyurl.com/jw2ns7h.

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Pandemic and All-Hazards Preparedness Act. Progress Report on the Implementation of Provisions Addressing At-Risk Individuals. Department of Health & Human Services Web site. http://www.phe.gov/Preparedness/legal/pahpa/Documents/pahpa-at-risk-report0901.pdf.

Prepare for a disaster: Information for anyone caring for a newborn. March of Dimes Web site. http://www.marchofdimes.com/baby/environment_disaster.html.

Preparedness tips for families: Disaster preparedness tips for families affected by autism. Autism Society Web site. http://tinyurl.com/bl95nvl.

Promoting Adjustment and Helping Children Cope. American Academy of Pediatrics Web site. www.aap.org/disasters/adjustment.cfm.

Ready: Prepare, Plan, Stay informed. Kids. Federal Emergency Management Agency Web site. U.S. Department of Homeland Security. www.ready.gov/kids.

Restoring a Sense of Well-Being in Children After a Traumatic Event: Tips for Parents, Caregivers and Professionals. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/pwhmkvt.

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6. Providing Care		
Learning Objective	**Topics**	**Resources**
At the end of this unit the learner will: Discuss similarities and differences in providing behavioral health care in disaster situations and more traditional conditions [Core Competency 7]	Legal and ethical issues on providing disaster behavioral health services Service provision competencies (see core competencies section) Early intervention strategies (Psychological First Aid) Non-clinical interventions (e.g., crisis counseling)	*Websites/Online Reports* Agency for Toxic Substances and Disease Registry. A Primer on Health Risk Communication. CDC Web site. http://www.atsdr.cdc.gov/risk/riskprimer/index.html. Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings. World Health Organization Web site. http://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/index.html. Communicating in a Crisis: Risk Communications Guidance for Public Officials. Department of Health and Human Services Web site. http://www.hhs.gov/od/documents/RiskCommunication.pdf. Published 2002. Crisis & Emergency Risk Communication (CERC). CDC Web site.

	Diagnosis and treatment of BH disorders	http://emergency.cdc.gov/cerc/.
	Diagnostic challenges	Crisis Counseling Assistance and Training Program. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://www.samhsa.gov/dtac/docs/CCP.pdf.
	Use of pharmaceuticals	Currie, D; American Public Health Association. Expert Roundtable on Social Media and Risk Communication During a Time of Crisis: Strategic Challenges and Opportunities. http://www.apha.org/about/news/socialmediariskcomm_roundtable.htm.
	Treatment options (the state of the science and practice) Bereavement and traumatic grief	Disaster Mental Health Program. Center for Disaster Medical Sciences. University of California Irvine Web site. http://www.cdms.uci.edu/disaster_mental_health.asp.
	Triage(issues, trends, examples)	Early Mental Health Intervention for Disasters. National Center for PTSD Web site. http://tinyurl.com/nmb2enh.
	Risk and crisis communication (communication as a behavioral health intervention, BH's role with public affairs)	Field Manual for Mental Health and Human Service Workers in Major Disasters. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://tinyurl.com/nlu2k4c.

Gilk DC; University of California, Los Angeles. Risk Communication for Public Health Emergencies. http://www.asph.org/userfiles/Competencies-Resources/37_GlikRC.pdf. |
| | Controversial topics such as Critical Incident Stress Debriefing (CISD) and Eye Movement Desensitizing and Reprocessing (EMDR) | Guidance on Reunification. Louisiana State University Web Site. http://tinyurl.com/qgyqwqh.

Guidelines on Notifying Families of Dead or Missing Loved One. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/mx58zwb.

Helpful Hints for School Emergency Management. Psychological First Aid (PFA) for Students and Teachers: Listen, Protect, Connect – Model & Teach. Federal Emergency Management Agency Web site. http://www.ready.gov/sites/default/files/documents/files/HH_Vol3Issue3.pdf.

How to Deal with Grief. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://www.samhsa.gov/mentalhealth/anxiety_grief.pdf.

Information Sheet: What you need to know about Sex Offenders and Sheltering During a Disaster in Colorado. Colorado Coalition Against Sexual Assault Web site. http://tinyurl.com/o28mpn8. |

Initial Primary Care Screening for Severe Psychiatric Illness. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/muo2gjf.

Klein A. National Sexual Violence Resource Center (NSVRC). Sexual Violence in Disasters: A planning guide for prevention and response. http://tinyurl.com/qduvlcb.

Listen, Protect and Connect: Family to Family, Neighbor to Neighbor. Psychological First Aid (PFA) for the Community Helping Each Other. Helping Those Around You in Times of Disasters. Federal Emergency Management Agency Web site. http://www.ready.gov/sites/default/files/documents/files/LPC_Booklet.pdf.

Listen, Protect, and Connect: Psychological First Aid for Children and Families. Federal Emergency Management Agency Web site. http://www.ready.gov/sites/default/files/documents/files/PFA_Parents.pdf.

Listen, Protect, Connect – Model and Teach. Psychological First Aid (PFA) for Students and Teachers. Federal Emergency Management Agency Web site. http://www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf.

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Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/mv9a9wf.

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Mental Health and Psychosocial Support in Emergencies (several publications and topics). World Health Organization Web site. http://www.who.int/mental_health/emergencies/en/.

Psychological and Behavioral Issues Healthcare Providers Need to Know when Treating Patients Following a Radiation Event. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/lwcogsr.

Psychological First Aid (also in Japanese). Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/psychological-first-aid/.

Psychological First Aid: Field Operations Guide. National Center for PTSD and U.S.

		Department of Veterans Affairs Web site. http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp. Psychological First Aid: Field Operations Guide. National Center for PTSD Web site. http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp. Public Health Law: Publications and Resources. CDC Web site. http://www.cdc.gov/phlp/publications/index.html. Secondary Mental Health Treatment Following Disasters. National Center for PTSD Web site. http://www.ptsd.va.gov/professional/pages/mental-health-following-disasters.asp. Sexual Violence in Disasters: Fact Sheet. National Sexual Violence Resource Center (NSVRC) Web site. http://tinyurl.com/o7cltd6. Sustaining Caregiving and Psychological Well-Being While Caring for Disaster Victims. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/lqfpa3s. Terrorism and Disaster: Emergency Mental Health After A Suicide Bombing. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/m4t5nev. Terrorism and Disaster: Pneumonic Plague. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/terrorism-and-disaster-pneuomic-plague/. Terrorism and Disaster: Sarin. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/terrorism-and-disaster-sarin/. Terrorism and Disaster: Staphylococcal Enterotoxin B. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/kmgwqsg. Terrorism and Disaster: Viral Hemorrhagic Fevers. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/kyf9tac. The debriefing debate. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/debriefing-debate/. Traumatic Grief. National Child Traumatic Stress Network (NCTSN) Web site. http://www.nctsn.org/trauma-types/traumatic-grief.

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7. Playing Additional Important Roles		
Learning Objective	**Topics**	**Resources**

At the end of this unit the learner will:
 	
Assist affected communities by providing consultation according to one's scope of practice [Core Competency 7]
	Consultation
	    Types of consultation (e.g., case, systems, program, formal, informal)
	
	    Recipients of consultation (leaders, risk/crisis communicators, healthcare colleagues, other profession groups)
	
	Planning and preparedness (including fostering public/private partnerships)
	
	Education/information
	
	Assessing changing needs
	
	Program design/ implementation/evaluation
	
	Support non-BH responders to care for themselves
		Books/Chapters
		Flynn B. Community and organizational responses to disaster. In: Kaufman R, Edwards Mirsky RJ, A. Avgar A, eds. *Crisis As An Opportunity: Organizational And Community Responses to Disasters*. University Press of America; 2011.
		
		Katz CL. Needs assessment. In Stoddard FJ, Pandya A, Katz CL eds. *Disaster Psychiatry: Readiness, Evaluation, and Treatment.* Washington, D.C.: American Psychiatric Publishing; 2011.

8. Impact on Workers/Responders		
Learning Objective	**Topics**	**Resources**
At the end of this unit the learner will: Discuss key factors impacting worker/responder stress and resilience including the nature of stresses and rewards as well as mitigation and	Defining disaster workers/responders Types of stress workers experience (including when a worker is also a victim)	*Websites/Online Reports* A Guide to Managing Stress in Crisis Response Professions. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://tinyurl.com/7alb6wb. A Post-Deployment Guide for Emergency and Disaster Response Workers: Returning Home After Disaster Relief Work. Substance Abuse and Mental Health Services

| intervention options for both workers and organizations.[Core Competency 11] | Types of rewards and stress mediators for workers/responders

Protecting and maintaining the health workforce Buddy care, reducing stigma

Workplace/organizational responsibilities and strategies (including recruiting and training, organizational/personnel/ operations policies

Individual responsibilities and strategies (self-monitoring, self-care, coping strategies, family care and preparedness) | Administration (SAMHSA) Web site. http://tinyurl.com/pueqa34.

A Post-Deployment Guide for Families of Emergency and Disaster Response Workers: Returning Home After Disaster Relief Work. Substance Abuse and Mental Health Services Administration SAMHSA (2005) Web site. http://tinyurl.com/naeplvk.

Body Recovery and Stress Management for Leaders and Supervisors. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/p9qgnrz.

Coping with disasters, violence and traumatic events. Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site. http://sis.nlm.nih.gov/dimrc/coping.html.

Coping with disasters, violence and traumatic events: For emergency responders, healthcare workers, and volunteers. Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site. http://sis.nlm.nih.gov/dimrc/coping.html#a6.

Health recommendations for relief workers responding to disasters. Centers for Disease Control and Prevention Web site. http://wwwnc.cdc.gov/travel/page/relief-workers.htm.

Information for Healthcare Providers in Body Recovery from Mass Death. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/penou8k.

Information for Relief Workers on Emotional Reactions to Human Bodies in Mass Death (also in Chinese). Center for the Study of Traumatic Stress Web site. http://tinyurl.com/m5sugn4.

Leadership and Supervision for Body Recovery in Mass Death. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/orbwqdb.

Leadership Stress Management. Center for the Study of Traumatic Stress Web site. http://www.cstsonline.org/leadership-stress-management/.

Natural disasters: Optimizing Officer and Team Performance. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/mfw76ew.

Psychological First Aid for First Responders: Tips for Emergency and Disaster Response Workers. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://tinyurl.com/pnvpr2b. |

Returning Home After Disaster Relief Work. http://tinyurl.com/os53bqf. Published 2005.
Shift Work: Managing the Challenges of Disrupted Sleep Patterns and Extended Duty Hours. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/k9ewln9.

Sustaining Caregiving and Psychological Well-Being While Caring for Disaster Victims. Center for the Study of Traumatic Stress Web site. http://tinyurl.com/lqfpa3s.

Tips for First Responders: Possible Alcohol and Substance Abuse Indicators. Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://tinyurl.com/kdqqsyu.

Tips for Oil Spill Disaster Response Workers: Managing and Preventing Stress for Managers and Workers (also available in Spanish, Lao, Vietnamese, Cambodian/Khmer, Creole). Substance Abuse and Mental Health Services Administration (SAMHSA) Web site. http://tinyurl.com/o7ulfwf.

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Suggested Citation

Flynn BW, Morganstein JC. Curriculum recommendations for disaster health professionals: disaster behavioral health.
http://ncdmph.usuhs.edu/Documents/BehavioralHealthRecommendations-201401.pdf. January 2014.

Published (01/14)

Appendix 1: Consensus Core Competencies in Disaster Mental Health[3]

I.   Disaster response personnel will demonstrate the ability to define and/or describe the following key terms and concepts related to disaster mental/psychosocial/behavioral health preparedness and response:
    A. The biopsychosocial and cultural manifestations of human stress.
    B. Phases of psychosocial disaster and recovery reactions at the community level.
    C. The effects of psychological trauma and disaster-related losses and hardships.
    D. Incident management structure and the role of disaster mental health in a multidisciplinary disaster response.
    E. Disaster mental health intervention principles.
    F. Crisis intervention(s) with disaster-affected individuals.
    G. Population-based responses before, during, and after a disaster (e.g., evacuation, shelter in place).

II.   Disaster response personnel will demonstrate the following skills needed to communicate effectively:
    A. Establish rapport.
    B. Employ active/reflective listening skills.
    C. Display effective nonverbal communications.
    D. Establish realistic boundaries and expectations for the interaction.
    E. Use a culturally competent and developmentally appropriate manner of communication.

III.   Disaster response personnel will demonstrate skill in assessing the need for, and type of, intervention (if any) including, but not limited to, the ability to:
    A. Gather information by employing methods such as observation, self-report, other reports, and other assessments.
    B. Identify immediate medical needs, if any.
    C. Identify basic human needs (e.g., food, clothing, shelter).
    D. Identify social and emotional needs.
    E. Determine level of functionality (e.g., the ability to care for self and others, follow medical advice and safety orders).
    F. Recognize mild psychological and behavioral distress reactions and distinguish them from potentially incapacitating reactions.
    G. Synthesize assessment information.

IV.   Disaster response personnel will demonstrate skill in developing and implementing an action plan (based upon one's knowledge, skill, authority, and functional role) to meet those needs identified through assessment including, but not limited to the following behaviors: A. Disaster response personnel will demonstrate skill in developing an action plan including the ability to: (*1*) identify available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources), (*2*) identify appropriate stress management interventions, and (*3*) formulate an action plan consisting of sequential steps.

B. Disaster response personnel will demonstrate skill in initiating an action plan including the ability to: (*1*) provide appropriate stress management, if indicated, (*2*) connect to available resources (e.g., food, shelter, medical, transportation, crisis intervention services, local counseling services, financial resources), (*3*) connect to natural support systems (e.g., family, friends, coworkers, spiritual support), and (*4*) implement other interventions as appropriate.

C. Disaster response personnel will demonstrate the ability to evaluate the effectiveness of an action plan considering changes in situation or disaster phase through methods such as observation, self-report, other reports, and other assessments.

D. Disaster response personnel will demonstrate the ability to revise an action plan as needed (e.g., track progress and outcomes).

V. Disaster response personnel will demonstrate skill in caring for responder peers and self including, but not limited to the ability to:

A. Describe peer-care techniques (e.g., buddy system, informal town meetings).

B. Describe self-care techniques (e.g., stress management, journaling, communication with significant others, proper exercise, proper nutrition, programmed downtime, sufficient quality sleep).

C. Describe organizational interventions that reduce job stress (e.g., organizational briefings, adjustment of shift work, job rotations, location rotations, effective and empathic leadership, work/rest/nourishment cycles, and support services, as indicated).