

Disaster Preparedness Volunteer Guide



The Disaster Preparedness Volunteer Guide was created for the NASW Texas social worker who desires to volunteer following a natural or human-caused disaster. FEMA and National VOAD (Volunteer Organizations Active in Disasters) remind us that social workers should never self-deploy and further suggest volunteering with recognized agencies, organizations, and religious institutions or groups. As social workers and volunteers, we are accountable to the NASW Code of Ethics, our standards of practice and professional values. Familiarity with core values and practice standards of the profession become vital and protect us when volunteering with outside organizations or state agencies, whether providing mental health support to first responders or setting up shelters alongside the American Red Cross, both of which have their own rules, guidelines and policies. The purpose of a volunteer guide is to help social workers gain the knowledge and basic information needed to volunteer, obtain training in disaster preparedness and relief, prioritize personal safety, and to respect boundaries and privacy. Equally important, volunteers should have a basic understanding of who is in command at the scene following a disaster weather event or an incident and the Incident Command System (ICS).

The volunteer guide focuses on the basics including responsibilities to the profession, the volunteer's role, the importance of obtaining training before volunteering, personal safety concerns and readiness. Social workers know the importance of helping survivors to stabilize their situation, meet basic needs, make connections, and to locate short and longer-term community resources. Social workers as volunteers have an opportunity to alleviate suffering, minimize immediate trauma and hopefully, prevent future P.T.S.D. through their intervention. If a survivor, or a first responder is having a mental health crisis, volunteers can assess and refer to the appropriate mental health provider. In this guide, volunteers are encouraged to take a free online course in Psychological First Aid (PFA) before they begin volunteering.

We hope the guide serves to promote NASW Texas and remind everyone that Texas social workers are the best! We are well-trained and have the skillset to make a real difference for survivors following a disaster and by volunteering, it is also our opportunity to give back to the profession.

MISSION STATEMENT

The NASW /Texas Disaster Preparedness Committee (DPC) is dedicated to strengthening the readiness and response capacity of social workers across Texas by creating opportunities for volunteer service before, during, and after natural and human-caused disasters. Through collaboration with local organizations, state agencies, and first responders, the committee will promote an effective disaster response by developing volunteer resources, establishing best practices and protocols, supporting a volunteer registry, and identifying training opportunities that prepare social workers for disaster-related service. The committee encourages the social work volunteer to be prepared professionally and personally, and to have a plan with their family members in order to be safe, effectively support victims of a disaster and their families along with the communities affected by natural and human-caused disasters.

GOALS

- 1) Recruit, train and encourage NASW members to volunteer before, during and after a disaster has occurred.
- 2) Collaborate with volunteer organizations to meet the basic needs of disaster survivors including food, clothing and emergency shelter, as well as meet the physiological and psychological needs of survivors through direct practice and referrals. Social work volunteers will be prepared to offer psychological first aid services, trauma-informed care and crisis intervention services and make immediate referrals to health care and mental health professionals when needed.
- 3) Identify statewide agencies, non-profits, and community resources providing disaster services to share with survivors as well as the disaster mental health hotlines and distress helplines.
- 4) Encourage volunteers to build relationships in their local communities with volunteer agencies and community organizations before a disaster occurs.
- 5) Offer educational opportunities during monthly committee meetings on preparedness and safety, as well as professional training opportunities to members with continuing educational credits (CEUs) around disaster preparedness.
- 6) Create a library of resources on disaster preparedness, a disaster response and personal and professional safety measures for social workers and volunteers to access.

Committee By-Laws

Article I : Name & Purpose

1. The committee shall be known as NASW Texas Disaster Preparedness Committee
2. Purpose: To prepare for, respond and assist in recovery efforts following natural or man-made disasters impacting Texas communities in collaboration with other state agencies, non-profits and volunteer organizations.

Article II : Membership

1. Membership is open to all NASW Texas members in good standing.
2. Members maintain 'active status' through participation and/or attendance at monthly committee meetings.
3. Membership may be suspended if members miss three meetings in a row.

Article III : Leadership Structure

1. The Committee Chair drives recruitment and retention, sets monthly meetings, represents member's issues, prepares quarterly reports for the Board and promotes and attends state conferences. The Chair serves a two-year appointment.
2. The Committee Co-Chair supports the Chair in completing duties and serves a two-year appointment.
3. The Committee Secretary coordinates with the Chairs for meeting reminders, sending out the agenda, maintaining meeting notes and attendance. The Secretary summarizes meetings within 72 hrs of the monthly meeting and serves a two-year appointment.
4. Staff support and consultation as a resource for members.

Article IV : Meetings & Training

1. Meetings are held monthly; the committee chair sets the dates and times.
2. Educational opportunities & disaster-related training will be offered by experts and peer professionals in the field of disaster preparedness, safety and response, and continuing educational credits (CEUs) are offered if possible.
3. Committee members will have a basic understanding of the Texas Emergency Response System and how the state operates including: the Texas Department of Emergency Management, FEMA and the Incident Command System (ICS).

Article V : Activation & Deployment of Volunteers

1. Social Work volunteers may be activated by NASW, local Community Organizations Active in Disasters (COADS), Texas Volunteer Organizations Active in Disasters (TX VOADS), in coordination with the local Mental Health Authorities under Texas HHS' Disaster Mental Health, and other non-profit organizations. Organizations outside of Texas make a request to NASW Texas to recruit volunteers in response to a disaster.

Article VI : Code of Conduct

1. NASW TX Committee members and volunteers are required to follow the NASW Code of Ethics and Practice Standards including Cultural Competence.
2. Members and/or volunteers should follow state and their volunteer organization's guidelines and safety protocols during a deployment.
3. Members & volunteers shall act professionally, with integrity & respect for all individuals and adhere to the values of the profession.
4. Discrimination, harassment, or any unsafe behavior is not acceptable.
5. Confidential information obtained during a volunteer response should not be disclosed without first consulting with the volunteer organization and signed consent of the survivor.

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NASW Code of Ethics

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: Service

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems.

Value: Social Justice

Ethical Principle: Social workers challenge social injustice.

Value: Dignity and Worth of the Person

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Value: Importance of Human Relationships

Ethical Principle: Social workers recognize the central importance of human relationships.

Value: Integrity

Ethical Principle: Social workers behave in a trustworthy manner.

Value: Competence

Ethical Principle: Social workers practice within their areas of competence and develop and enhance their professional expertise.

Practice Standards for Cultural Competence

Standard 1. Ethics and Values

Social workers shall function in accordance with the values, ethics, and standards of the NASW (2008) *Code of Ethics*. Cultural competence requires self-awareness, cultural humility, and the commitment to understanding and embracing culture as central to effective practice.

Standard 2. Self-Awareness

Social workers shall demonstrate an appreciation of their own cultural identities and those of others. Social workers must also be aware of their own privilege and power and must acknowledge the impact of this privilege and power in their work with and on behalf of clients. Social workers will also demonstrate cultural humility and sensitivity to the dynamics of power and privilege in all areas of social work.

Standard 3. Cross-Cultural Knowledge

Social workers shall possess and continue to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups.

Standard 4. Cross-Cultural Skills

Social workers will use a broad range of skills (micro, mezzo, and macro) and techniques that demonstrate an understanding of and respect for the importance of culture in practice, policy, and research.

Standard 5. Service Delivery

Social workers shall be knowledgeable about and skillful in the use of services, resources, and institutions and be available to serve multicultural communities. They shall be able to make culturally appropriate referrals within both formal and informal networks and shall be cognizant of, and work to address, service gaps affecting specific cultural groups.

Standard 6. Empowerment and Advocacy

Social workers shall be aware of the impact of social systems, policies, practices, and programs on multicultural client populations, advocating for, with, and on behalf of multicultural clients and client populations whenever appropriate. Social workers should also participate in the development and implementation of policies and practices that empower and advocate for marginalized and oppressed populations.

Standard 7. Diverse Workforce

Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and organizations to ensure diversity within the profession.

Standard 8. Professional Education

Social workers shall advocate for, develop, and participate in professional education and training programs that advance cultural competence within the profession. Social workers should embrace cultural competence as a focus of lifelong learning.

Standard 9. Language and Communication

Social workers shall provide and advocate for effective communication with clients of all cultural groups, including people of limited English proficiency or low literacy skills, people who are blind or have low vision, people who are deaf or hard of hearing, and people with disabilities (Goode & Jones, 2009).

Standard 10. Leadership to Advance Cultural Competence

Social workers shall be change agents who demonstrate the leadership skills to work effectively with multicultural groups in agencies, organizational settings, and communities. Social workers should also demonstrate responsibility for advancing cultural competence within and beyond their organizations, helping to challenge structural and institutional oppression and build and sustain diverse and inclusive institutions and communities.

Practicing Ethically When Helping Survivors

Social work volunteers adhere to ethical standards and practices before, during and after a disaster:

- Prioritizing client safety and well-being above all else.
- Maintaining confidentiality and respecting clients' privacy.
- Providing accurate information and resources to those affected.
- Advocating for vulnerable populations.
- Ensuring equitable access to services.
- Collaborating with organizations and professionals for comprehensive support.
- Engaging in self-care to maintain personal well-being and effectiveness.

To ensure effective social work practice during a disaster review the following standards:

- Assess the immediate needs of affected individuals and communities.
- Establish clear communication channels for information dissemination.
- Collaborate with local agencies and organizations for resource sharing.
- Prioritize mental health support and trauma-informed care.
- Advocate for vulnerable populations to ensure equitable access to services.
- Follow-up with victims whenever possible to ensure victims have meaningful referrals and accurate information.
- Offer to contact agencies directly on behalf of a victim and then follow-up.
- Evaluate the effectiveness of interventions to share with your organization.

The Volunteer's Role in Disaster Response

Benefits - advances professional growth, advocacy, & personal fulfillment.

How to prepare - first assess your skills & interests, research volunteer organizations, review personal requirements and time commitments, obtain necessary training and follow health and safety precautions.

Scope and Phases of Crisis Work

The scope of the social work volunteer's involvement in a disaster response varies depending upon the opportunity to volunteer. Volunteers can assist with individual disasters such as home fires, incidents, or events which occur in the local community and in larger scale disasters including:

- natural disasters
- mass violence incidents
- public health emergencies

Preparedness & Systems' Literacy

Volunteers need to have a basic understanding of the Incident Command System (ICS), crisis intervention models used by local first responders to quickly mobilize resources and have familiarity with the local community resources.

Incident Command System & National Incident Command Basics

The National Incident Management System (NIMS) provides a standardized framework that enables government agencies, non-profits, & private sector partners to coordinate effectively during critical incidents. Understanding the structure & function of the Incident Command System (ICS) including key courses like ICS-100, ICS-200, & ICS-700 is recommended. Having familiarity with the many acronyms and the chain of command helps social work volunteers to integrate seamlessly into response efforts. It ensures that contributions to crisis intervention strategies & emergency social services align with broader emergency management operations.

Agency & Community Readiness

Knowing *how* to respond is critical for any volunteer. Preparing & coordinating *before* a disaster occurs can improve readiness & response. Volunteers should collaborate with local agencies and communities to engage in disaster preparedness planning. This can include pre-disaster efforts educating communities on potential hazards and options for seeking community resources and mental health support. Following the disaster, volunteers should be prepared to offer psychological first aid, triage survivors, conduct rapid assessments and risk screening, make mental health referrals and offer safety planning. Post-disaster volunteers can promote survivor stability through linkage to resources, warm hand-offs and following up as well as offering suggestions to their volunteer organization for future improvement.

Psychological First Aid (PFA)

Psychological First Aid (PFA) is a compassionate, evidence-informed approach to support individuals and families in the immediate aftermath of a disaster event including terrorism. PFA focuses on providing immediate, practical assistance to address the emotional and psychological needs of survivors, promoting resilience, and facilitating adaptive coping mechanisms. PFA is based upon principles of trauma-informed care and recognizes the immediate and profound impact of disasters on the mental health of survivors. The approach seeks to mitigate long-term psychological distress through early intervention.

PFA *does not* assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. It is based upon an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). Some survivors' reactions will cause enough distress to interfere with adaptive coping and recovery which may be diminished by support from compassionate, caring disaster responders.

A psychological first aid response can include helping survivors make connections, find relatives and notify them where they are. The volunteer's response should be culturally sensitive and does not judge, contradict, or correct what survivors say about their religious beliefs. It does honor the symbols of the survivor's beliefs.

Core Actions in Psychological First Aid

1. Contact and Engagement
2. Safety and Comfort
3. Stabilization
4. Information Gathering
5. Practical Assistance
6. Connection with Social Supports
7. Information on Coping
8. Linkage with Collaborative Services

Phase I: Pre-Deployment Readiness

There is often a rapid pace to deployment. Volunteers who deploy may not know what they will encounter, know fully what circumstances on the ground may look like, or have clarity around the role they will be playing. Even with our expertise as social workers, this disaster work is not always intuitive and experiencing trauma can happen to anyone. It is important to understand the impact on ourselves, our family, friends and neighbors. As volunteers, we may experience the disaster event concurrently (e.g. 1st Responders who have also lost their home to fire, or flood.) Volunteers should have good self-awareness, know their trauma triggers and be vigilant to their own needs to promote healthy self-care and respond positively to survivors. Volunteers too can perform and communicate better if they can stay focused in the moment, be fully engaged with the survivor and listen.

Remember

- No one who sees a disaster is untouched by it.
- Survivors respond best to active, genuine interest & concern.
- Stress & grief reactions are common responses.
- Social support systems are crucial to recovery.
- Interventions should match the phase of disaster recovery.
- Most people will pull together, function during and after a disaster, however, their effectiveness is diminished.
- Many emotional reactions of disaster survivors stem from problems of living brought about by the disaster.
- Most victims don't see themselves as needing MH services and are not likely to seek them out or request them.
- MH assistance should be tailored to the communities served.
- Survivors may reject disaster assistance of all types.

Phase I - Recommendations for Volunteers

Obtain the required training prior to deployment. Review the volunteer organizations training requirements to ensure they meet the criteria, sign any releases and ask the organization if they are covered by malpractice coverage. Remember to bring their photo ID and personal health care information. *Do not self-deploy.*

Exhibit professionalism. Be calm, courteous, organized and helpful. Be present and available. Practice within the scope of their expertise.

Maintain survivor confidentiality. This is routine unless the victim gives 'informed consent' for information to be released to receive assistance. An exception might be a survivor, 1st responder, or a volunteer in medical need, or who is overly distressed and in crisis, and who needs an immediate referral to mental health professionals or physical healthcare.

Never exploit survivors. For example, taking photos while volunteering for personal use, or pictures of the survivor without their 'informed consent.' Volunteers should not post a victim's circumstances on social media even with good intentions (e.g. fund raising).

Report activities factually & #s of survivors served accurately. All information gathered at the scene should be reported to the volunteer organization factually and accurately. A social work volunteer should not be asked to compromise their code of ethics, ignore standards of the profession or social work values. Volunteer organizations might request photos of survivors and stories for funding purposes, however, there must always be informed consent. The victim should be offered an explanation as to how their photo and story will be used and should be asked to sign the volunteer organization's consent form.

Operate only within the framework of an authorized disaster response system. This includes law enforcement protocols and organization guidelines along with following safety precautions while deployed.

Refrain from speaking to the press/media. Under the Incident Command system, either the Incident Commander, or the Public Information Officer (PIO) handle any press and media requests for information. Any contact with the media should be referred back to the Incident Commander, the PIO or the person in charge at your volunteer organization.

Phase II: Deployment

1. Preparing for your first disaster relief deployment - stay flexible

Disaster relief is an ever-developing effort with a million unique pieces. Things change, weather changes, needs change, and plans change every second. If the organization you are volunteering with is providing housing and transportation they will need to know how long you can help. Ten days to three weeks is a typical commitment time. For some groups, a minimum of ten to fourteen days is a requirement to deploy.

2. Read updates from your organization

You'll get lots of updates, probably via email, about where you're going and what you'll be doing. Read all of the documents they send. They'll provide a good summary of information specific to your organization.

It can be a challenge to keep up with the updates while getting ready, but these updates give the best information they can find. Much of the information may be outdated when you get there. Prepare for what they tell you but be ready to adapt to the environment you find yourself in.

3. Packing for Deployment

Have a 'go-bag' ready for deployment with items needed to deploy. Check the weather, including the ten-day forecast before packing. Leave your valuables at home. Volunteer organizations typically only cover one or two checked bags if they are providing air travel. Storage space can be tight when carpooling and where you are staying as well. Extra vehicles can also become a challenge in disaster zones.

4. Things to bring for nights

Sleeping in an unfamiliar environment with volunteers can be challenging. Think about bringing earplugs, an eye mask, an extension cord, a sleeping bag and a refillable water bottle. Having access to showers can be a luxury in disasters as city water may not be working or clean. Ask your team what the expectation is and pack extra wipes.

Safety Considerations

Take clean water to stay hydrated.

Take protective clothing, hats and heavy duty, over the ankle work or hiking boots for debris clean-up.

Protect your lungs (have masks handy).

Watch for structural damage and/or don't enter locations that have been damaged.

Make sure before leaving your home (or when entering another home) the gas, water & electrical have been disconnected.

Watch for debris and unstable areas to avoid slips and falls.

Watch for rodents, snakes and fire ants.

Practice motor vehicle safety when riding in ATVs.

Consider safety issues when around gray, or black water.

Keep all generators away from, or outside of the building.

Chemicals – let the professionals contain, control, and clean up.

Restrict pets and young children from the impacted area.

Protective Personal Equipment (PPE) may not be available onsite. Be prepared to bring your own safety equipment such as face masks, heavy duty gloves, hand sanitizer, alcohol wipes, and don't forget sunscreen.

If this is your own property, take photos and document everything to report to your insurance.

Boiling water for one minute at a rolling boil is sufficient to kill pathogenic bacteria, viruses and parasites. *Boiling longer than one minute* can increase the concentration of chemicals like nitrates.

Phase III: Post Deployment & Debriefing

During and after a deployment volunteers may experience symptoms of vicarious trauma; if this becomes problematic it's important to seek help.

Reentry Challenges

<u>Cognitive</u>	<u>Emotional</u>	<u>Behavioral</u>	<u>Physical</u>
Lowered concentration	Guilt	Withdrawal	Increased heart rate
Apathy	Anger	Sleep disturbance	Difficulty breathing
Rigid thinking	Numbness	Appetite change	Muscle & joint pain
Perfectionism	Sadness	Hyper-vigilance	Impaired immune system
Preoccupation w/trauma	Elevated startle response	Isolation	Increased severity of medical concerns
Depressed		Substance Use	
Worry	Anxiety or irritability		

Experiencing compassion fatigue, vicarious trauma and burnout following a deployment happens, and for many first responders compartmentalizing comes naturally. This is often unconscious and it is important to find healthy ways to discharge stress. Your organization may conduct one or more debriefings, or psychosocial sessions to gather feedback, hear experiences and to provide mental health resources to address the stress & trauma. Understanding the symptoms of disaster trauma is a step to managing the impact.

Reintegration Suggestions

Decompress gradually.

Set boundaries with ourselves and others.

Make meaningful connections with other volunteers.

Develop your own spirituality and meaning.

Don't feel forced to share your experiences; share your experiences with people you consider to be 'safe.'

There may also be long-term recovery groups and support on anniversaries of the disaster event.

Volunteer Self-Care

“First responders disproportionately experience occupational stress when compared to the general population. The nature of their duties exposes them to repeated trauma, increasing their risk of developing a broad array of mental health issues, including post-traumatic stress disorder (PTSD), substance use disorder (SUD), and compassion fatigue.” (Lalani, et al.)

Taking time for self-care is counterintuitive for many of us helping others in crisis, so it's important to remember your stress response in a crisis can turn you into a liability. Think about alternating exercise and relaxation for the first 24-48 hours after the incident. Keep busy but also structure your time. Be with people, especially those who have “been there.” Remember that your reactions are normal and expected. Don't label yourself or others. Keep your life as routine as possible. Avoid making any big life-changing decisions. However, do make a lot of small choices about your daily life; this will return a sense of being back in control to you.

The following are some challenges as well as recommendations for social work volunteers responding to disaster events.

Challenges

- Becoming part of the collective crisis
- Repeated exposure to grim circumstances
- Carrying out physically exhausting or dangerous tasks
- Lacking sleep and feeling fatigued
- Facing the perception of an inability to ever do enough

Managing Stress after a Disaster

- Attend the “end of shift” briefing
- Reach out & reconnect with others
- Avoid making big life decisions
- Rest and slow down
- Engage in stress relief
- Recall what is important
- Incorporate relaxation and breathing exercises
- Make healthy food choices
- Avoid the use of alcohol or drugs

Appendix

Disaster Hotlines & Distress Helplines

Disaster Distress Helpline (DDH) provides year-round disaster crisis counseling. Toll-free, multilingual, crisis support service is available 24/7 to all residents in the U.S. & its territories experiencing emotional distress related to natural or human-caused disasters. [Call or text 800-985-5990](tel:800-985-5990).

Texas has 37 Local Mental Health Authorities (LMHAs) and 2 Local Behavioral Health Authorities (LBHAs) providing comprehensive mental health services across all 254 counties, including crisis intervention, outpatient care, and case management.

[Find Your Local Mental Health or Behavioral Health Authority | Texas Health and Human Services](#)

Or this link: [Mental Health Crisis Services | Texas Health and Human Services](#)

AgriStress Helpline (farmers in distress after a disaster) [Call or text 833-897-2474](tel:833-897-2474)

Substance Abuse and Mental Health Services Administration's National Helpline [800-662-HELP \(4357\)](tel:800-662-HELP)

The 988 Suicide & Crisis Lifeline offers help for mental health and substance use problems for anyone at any time. **Call, text or chat '988'**. Hours are 24/7 and cost is free. Available in English and Spanish. [988 Lifeline - If you need emotional support, reach out to the national mental health hotline: 988](#)

Crisis Text Line, a global not-for-profit organization. **Text HOME to 741741** to reach a trained Crisis Counselor. Hours 24/7 and cost is free. Available in English and Spanish. [Crisis Text Line | Text HOME to 741741 Free, 24/7 Mental Health Support](#)

The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25 years of age. TrevorText gives everyone access to confidential text messaging with a compassionate Trevor Counselor available 24/7/365. **Call 866-488-7386 / TrevorText: 678-678**. [The Trevor Project - Suicide Prevention for LGBTQ+ Young People](#)

The Trans Lifeline connects trans people to community support and resources. The hotline is a peer support phone service run by trans people for trans and questioning individuals. [Call \(877\) 565-8860](tel:877-565-8860). Available in English and Spanish.

Where to Find Volunteer Training

Psychological First Aid (PFA) offered through the National Child Traumatic Stress Network - 5-hour online interactive course & through SAMHSA.

[Psychological First Aid \(PFA\) Online | The National Child Traumatic Stress Network](#)

Federal Emergency Management Agency (FEMA)

[FEMA Training and Education](#)

<http://www.fema.gov/emergency-managers/national-preparedness/training>

SAMHSA has specific training for uniformed first responders. For more information see [SAMHSA DTAC online training courses](#)

American Red Cross

<https://www.redcross.org/take-a-class/disaster-training>

Salvation Army

<http://www.salvationarmyusa.org/disaster-relief>

Disaster Preparedness Training

get.disasterready.org/disaster-preparedness/

e-Training Inc.

<https://etraintoday.com/about-us/disaster-recovery/>

CPR Aid Certification Online

<https://cprcare.com>

AED CPR

<https://www.aedcpr.com/free-classes/>

First Aid Training Online

www.eCPRCertification.com

CPR, AED And First Aid – Certified Free Courses

<https://alison.com/course/cpr-aed-and-first-aid>

ACS Stop the Bleed

<https://www.stopthebleed.org>

Crisis Prevention Institute

<http://www.crisisprevention.com/library/general/trauma-informed-care/>

NOVA's National Advocate Credentialing Program. The 5 course training is free.

[NOVA Training Center | NACP Interim Introductory Advocacy Training](#)

Disaster Mental Health Training Chart

Training	Best for	Cost	Provider	Format	Link
Psychological First Aid: Building Resiliency for “Us” and “Them”	Emergency responders and people supporting individuals after a crisis	Free	Tulane University	Web-based, self-study	<u>Tulane Psychological First Aid</u>
Mental Health First Aid: Train the Trainer	Individuals who want to provide Mental Health First Aid training	About \$2,000 per person; onsite training may be approximately \$1,600 per person	Mental Health First Aid USA	In person	<u>Mental Health First Aid USA</u>
Mental Health First Aid	General public, caregivers, educators, and community members	Varies; often \$0–\$30 depending on local sponsors	Mental Health First Aid USA	In person	<u>Find a Mental Health First Aid Course</u>
Disaster Mental Health: Introduction	Individuals considering disaster mental-health volunteer service	Free	American Red Cross	Web-based	<u>American Red Cross Disaster Mental Health</u>
Disaster Mental Health: Fundamentals	Disaster mental-health volunteers	Free	American Red Cross	Web-based and in person	<u>American Red Cross Training</u>
CERT Training: Disaster Psychology	Community Emergency Response	Free	Community Emergency Response	In person	<u>CERT Program</u>

	Team participants		Team / FEMA		
NOVA Crisis Responder Credentialing Program	Crisis-response team volunteers	\$375 for three-day training, plus \$83 for the manual	National Organization for Victim Assistance	In person	NOVA Crisis Response Program
Disaster Mental Health Intervention	People seeking introductory disaster mental-health intervention skills	Free	Johns Hopkins University	Web-based	Johns Hopkins Disaster Mental Health Intervention
Disaster Behavioral Health	Mental-health providers, social workers, physicians, nurses, first responders, chaplains, and public-health professionals	Free	University of Washington	Web-based	University of Washington Disaster Behavioral Health

Additional Resources

- [Public Health Emergency Preparedness Resources](#)
- [Disaster Social Work Handbook](#)
- [SAMHSA Disaster Behavioral Health Interventions Inventory](#)
- [SAMHSA Disaster Distress Helpline](#) — Call or text **1-800-985-5990** for 24/7, confidential crisis counseling after a disaster.

Preparing for a Weather-related Disaster At Home

Plan ahead - with family where to go & meet up

Discuss - how to stay in contact with family & friends

Make a list - important phone #s & contact information

Be prepared - practice drills with young kids to leave in a hurry

Create a checklist - items most important to take (if little time)

Post - a copy of the checklist.

Pay attention to weather - listen for emergency alerts & leave when told to evacuate.

Fires & severe flooding can happen quickly to anyone and floods are the most common disaster in the U.S. according to FEMA.

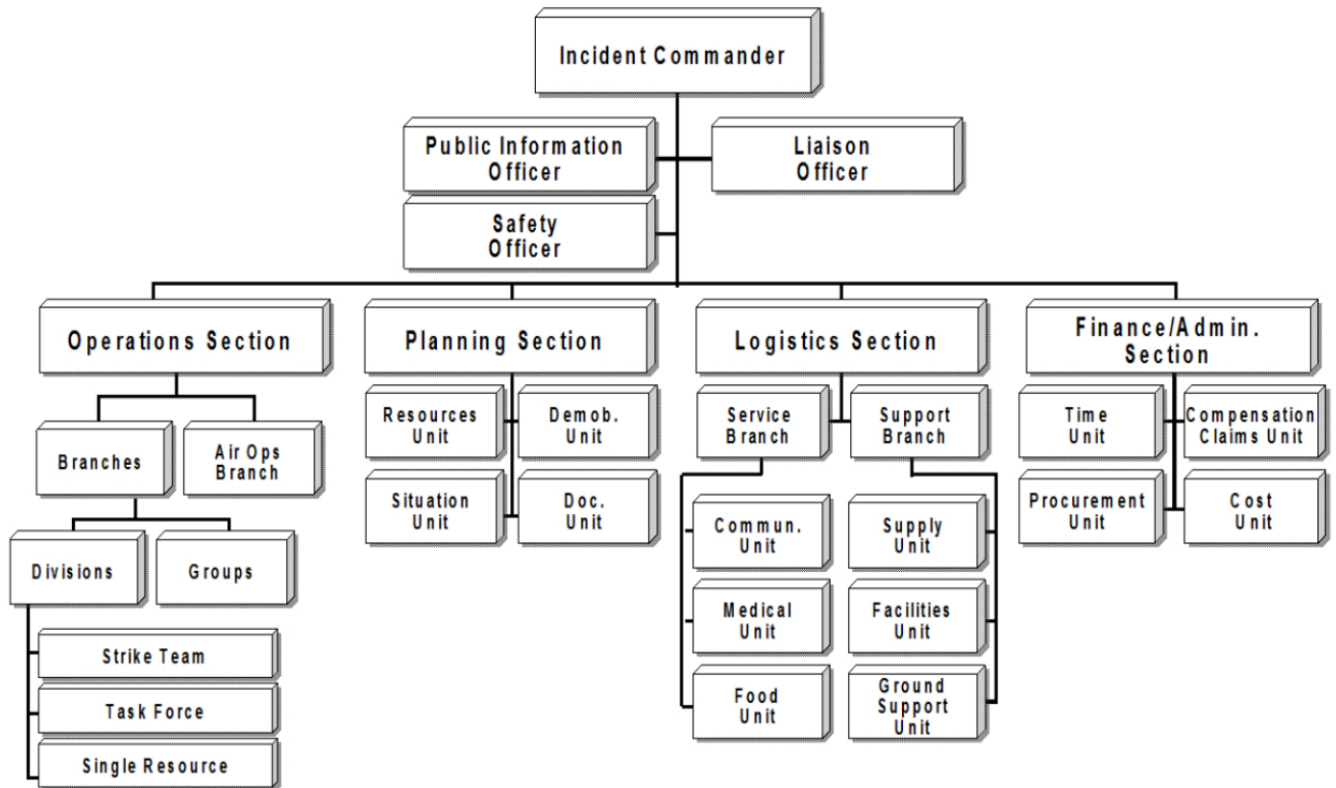
Example of a Disaster Supply Checklist for Home

- ☐ Water: keep one gallon per person per day for three days
- ☐ Food: a three-day supply of non-perishable food items
- ☐ Flashlight: battery-operated or hand crank flashlight & extra batteries
- ☐ First Aid Kit: bandages, antiseptics, & necessary medications
- ☐ Whistle: to use to signal for help if needed
- ☐ Dust Mask: to filter contaminated air & protect against debris
- ☐ Multi-tool: tool for various tasks during emergencies
- ☐ Duct tape & gloves
- ☐ Local Maps: keep physical maps in case of GPS failure
- ☐ Cell Phone Charger: portable charger or backup
- ☐ Prescription medications
- ☐ Extra cash on hand
- ☐ Infant formula, bottles, diapers, etc.
- ☐ Pet supplies & vaccination records
- ☐ Battery powered or hand crank weather radio
- ☐ Manual can opener
- ☐ Alcohol wipes
- ☐ Fire Extinguisher
- ☐ Matches in a waterproof container
- ☐ Five gallon metal can for gasoline
- ☐ Turn off the electricity when leaving home

- ☐ Soap, sunscreen & insect repellent
- ☐ Extra batteries
- ☐ Bring important documents with you: store copies of identification, insurance cards, home insurance and medical records on a flash drive, or in a fireproof bag you can quickly grab and bring with you
- ☐ Manual can opener

FEMA Basic Incident Command Structure (ICS)

The ICS is a standardized management framework as part of the National Incident Command System (NIMS)



<https://emils.fema.gov>

Glossary

Some of the common acronyms a volunteer should be familiar with preparing for a disaster response

AAR	After Action Report
ARC	American Red Cross
CART	Community/County Animal Response Team
CERT	Community Emergency Response Team
DART	Disaster Assistance Response Team
EA	Emergency Assistance
EMA	Emergency Management Agency
EMS	Emergency Medical System
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
HHSC Disaster MH	Health & Human Services Disaster Mental Health
IC	Incident Command System
MH	Mental Health
NICS	National Incident Command System
NIMS	National Incident Management System
NOVA	National Organization for Victim Advocacy
TDEM	Texas Department of Emergency Management
TXVOAD	Texas Voluntary Organizations Active In Disaster

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Our sincere thanks,

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