

## DISASTER EMOTIONAL CARE POINTS OF CONSENSUS

In May 2005, the Emotional and Spiritual Care Committee of the National Voluntary Organizations Active in Disaster (National VOAD) approved points of consensus regarding provision of early psychological intervention for persons affected by disaster. The subcommittee that developed the document included representatives from the American Red Cross, the International Critical Incident Stress Foundation, the National Organization for Victim Assistance, and The Salvation Army. The following statements about Early Psychological Intervention were included: Early Psychological Intervention is valued, has multiple components, requires specialized training to deliver, and represents one point of a continuum of emotional care. This Points of Consensus document was subsequently incorporated into guidelines for disaster emotional care by National VOAD member organizations.

In 2013, the National VOAD's Emotional and Spiritual Care Committee appointed a new subcommittee to write an updated list of agreed upon principles to guide both National VOAD organizations and community care providers to prepare for, respond to, and promote recovery from disaster. In the spirit of the National VOAD "Four C's" (cooperation, communication, coordination and collaboration), the new document expands the 2005 points of consensus for early psychological intervention, reflects current knowledge and ethical principles for disaster emotional care provision and replaces the previous document. The 2013 subcommittee included representatives from American Red Cross, Headwaters Relief Organization, International Critical Incident Stress Foundation (ICISF), Link2Health Solutions, Inc., National Organization of Victim Assistance (NOVA), North Dakota Psychological Association, Presbyterian Disaster Assistance (PDA), The Salvation Army and Substance Abuse and Mental Health Services Administration (SAMHSA).

The following ten points of consensus are minimal standards, ethical or operational principles specific to Disaster Emotional Care. To continue as a member of National VOAD, organizations are required to agree to abide by approved Points of Consensus. This document was presented by the Disaster Emotional Care subcommittee to the National VOAD Emotional and Spiritual Care Committee in May 2014. Guidelines to outline the implementation of the principles contained in this document are under development.

### **1. Basic concepts of disaster emotional care**

- a) Disaster emotional care is a valuable component of comprehensive disaster preparedness, response and recovery.
- b) Disaster emotional care promotes resilience, helps mitigate long and short-term psychological consequences of disaster, and facilitates recovery.
- c) Disaster emotional care includes a range of supportive actions grounded in concepts of resilience and behavioral health.
- d) Disaster emotional care activities are informed by relevant research and established best practices.
- e) Disaster emotional care is not psychotherapy nor a substitute for psychotherapy. However, it is often the first step that could lead to professional counseling and psychotherapy.

- f) Disasters significantly affect everyone and their communities, including individual victims, family and social networks, rescue workers, health care providers, faith communities and spiritual care providers, vulnerable populations and impacted businesses.
- g) People impacted by disaster will experience a range of emotional responses, of varying intensity and duration.
- h) People's emotional responses to disaster are influenced by a variety of factors, including degree of exposure, individual resilience and recovery environment.
- i) Specialized training is necessary for effective disaster emotional care.

## **2. Types of disaster emotional care**

Emotional care is provided across the disaster continuum from preparedness to response and recovery. Emotional care takes many forms, and emotional care providers are from diverse professional backgrounds.

Accepted types of disaster emotional care include, but are not limited to:

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

## **3. Capacity building, readiness and planning components of disaster emotional care**

Capacity building involves identifying and recruiting appropriate disaster emotional care providers. In order to deliver effective disaster emotional care, it is essential that providers engage in training and exercises, and become affiliated with a disaster relief organization. Disaster emotional care providers have an important role in planning and mitigation efforts and contribute toward building resilient communities.

## **4. Local community resources**

Local providers of emotional care are an integral part of their communities pre-disaster, and therefore are primary resources for also providing post-disaster emotional care services. Because local providers of emotional care are uniquely equipped to serve their communities, any emotional care services from outside the community support but do not substitute for local efforts. In this context, the principles of the VOAD movement – cooperation, communication, coordination, and collaboration – are essential to the delivery of emotional care.

## **5. Disaster emotional care and resilience**

Resilience is defined as the strengths of an individual or community to respond well to adversities. Resilience can be both inborn and developed, and most people are inherently resilient. Research suggests that most people impacted by a disaster will return to pre-disaster levels of functioning and some people will grow as a result of the experience. Disaster emotional care providers should encourage survivors to recognize and strengthen their resilience as a part of disaster emotional care intervention.

## **6. Disaster emotional care in recovery**

In order for communities to fully recover and integrate the disaster into their history, emotional care is essential as part of a program of services. Disaster emotional care providers work with state and local Recovery Committees to offer services related to the disaster, encourage programs aimed at

strengthening community resilience, and facilitate counseling and supportive services for persons in need. Pre-existing community programs are the primary emotional care providers whose capacity to serve the community will be acknowledged, supported and strengthened.

**7. Disaster emotional care for the caregiver**

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

**8. Disaster emotional care and its relationship to disaster spiritual care<sup>1</sup>**

Mental health professionals partner with spiritual care providers in caring for individuals and communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

**9. Disaster emotional care and diversity**

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

**10. Ethics and Standards of Care**

National VOAD members affirm the importance of professional standards of care and the obligation to follow legal and ethical guidelines. Adherence to common standards and principles promotes the delivery of effective and appropriate disaster emotional care.

Disaster emotional care services should incorporate the principles of:

- Personal and professional integrity
- Accountability and responsibility
- Recognition of the boundaries of one's competence
- Respect for people's rights and dignity, including privacy and self-determination
- Promotion of safety and protection of people affected by disaster

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<sup>1</sup> See [Light Our Way](#) pp. 52-54