Appendix 1: Disaster Psychosocial Services Competency Matrices

GENERAL COMPETENCIES

DOMAIN #1 – Personal Attributes: These competencies are based on some of the critical personal attributes associated with professional, ethical, and effective performance of all aspects of psychosocial services and teams. The context of disaster and emergency response is characterized by high levels of stress, uncertainty, unpredictable and frequent change, and often involves working in non-traditional ways and roles in multi-disciplinary and multi-agency teams. Providing psychosocial support and care requires workers to be able to function effectively in these stressful environments while maintaining their own wellbeing and sense of balance, and meeting the distress and fear of others with sensitivity, compassion, and respect.

Competency		Behavioral Indicators	Training & Tools & Suggested Minimum requirements ¹
1	Demonstrates flexibility and adaptability and approaches change with a positive attitude.	 Adapts to change quickly and adjusts behavioral style and strategies to situational and contextual demands. Demonstrates a positive, open attitude towards change and new learning Willing to 'pitch in' where needed Approaches change with a solution orientation rather than a problem orientation Welcomes feedback and uses it to improve performance Demonstrates interest in learning new methods, strategies, processes, strategies Maintains a sense of humor in the midst of chaos 	Document the completion of a Basic Effective Communication course. For example: FEMA Independent study (IS) course: IS-242 Effective Communication. Available from http://training.fema.gov/IS/crslist.asp
2	Demonstrates empathy, respect, compassion and self-awareness	 Defines and provides examples of empathic engagement Defines and demonstrates ability to actively listen Identifies and recognizes a spectrum of emotions, feelings, and psychological states Contributes to a supportive, positive work environment Demonstrates an accepting, respectful, non-judgmental stance to diverse persons (colleagues and clients) Demonstrates self-insight and awareness including a balanced assessment of strengths, challenges, and emotional well-being 	■ As above
3	Demonstrates active listening skills	 Allows client/survivor to take the lead Attends to verbal and non-verbal cues Able to paraphrase accurately while conveying empathy and genuineness Reflects client's feelings accurately drawing from verbal and non-verbal cues Allows the expression of emotion and demonstrates comfort with extreme emotions (e.g., tears, venting) and silence 	■ As above

¹ Note: having completed training is a suggested minimum but DOES NOT indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

4	Works collaboratively within existing and emergent teams	 Demonstrates insight into and respect for the working styles of others Cooperates with others and facilitates collaboration Actively contributes and supports the active contribution of others Contributes to the overall success of mission, goals, objectives – a 'good team player' Shares information, expertise, and insights with colleagues and values the contributions of others across these dimensions 	■ As above
5	Demonstrates effective communication skills and contributes to the timely flow of accurate information	 Engages in active listening Refrains from rushing to judgment Asks open-ended questions that check for understanding and clarity Contributes to the open expression of ideas and opinions and the sharing of both positive and negative information Ensures relevant people (e.g., supervisors, teammembers) are informed and upto-date Encourages multiple perspectives Presents self and ideas clearly when speaking and writing 	• As above
6	Demonstrates a capacity to recognize, operate effectively within, and manage crisis and extreme stress	 Recognizes and knows who to contact in the event of a crisis, disaster, or emergency Maintains a calm demeanor and effective and respectful communication in stressful situations Considers a range of short- and long-term impacts and implications of events Considers a range of available options for responding (i.e., actions, resources, constraints) Able to prioritize needs and balance against available resources and constraints Collects and assesses relevant information and facts and uses these to inform decision-making Able to act quickly and authoritatively without jumping to conclusions Recognizes when to escalate to the next level of expertise and/or response 	As above plus basic courses on problem solving and decision making such as: FEMA IS 241: Decision Making & Problem Solving. Availble from: http://training.fema.gov/IS/crslist.asp
7	Adopts a logical, systematic, and creative approach to solving problems	Draws on knowledge, expertise and training of self and others in order to generate solutions Able to break down a complex task into component parts in systematic and detailed way Demonstrates ability to collect and analyze relevant facts and information from a range of sources Considers a range of explanations and outcomes and develops contingency plans to address these Demonstrates a positive, flexible orientation Acknowledges limits on knowledge and abilities and demonstrates a willingness to seek additional information and/or help	■ As above
8	Demonstrates professionalism, sound judgment and organizational awareness	 Considers the effects of actions, words, behaviors on others and is accountable for same Seeks out and considers the opinions and ideas of others Demonstrates organizational savvy and political sensitivity Works to develop and maintain positive working relationships with colleagues 	■ As above

		and clients Adopts a realistic attitude towards self in the helper role (e.g., not expecting to rescue or save clients Demonstrates an awareness of the boundaries of role and level of authority and acts within those limits Demonstrates responsibility and accountability and	
9	Adopts an ethical approach in all actions	 Demonstrates insight into own values and how those influence professional and personal life Identifies and describes relevant ethical and professional principles, behavioral guidelines, and standards Demonstrates personal integrity and trustworthiness Identifies ethical dilemmas and applies a systematic, ethical decision making process to resolve them Demonstrates an awareness of the limits of competence (e.g., knowledge, skills, and training) and acts within those limits 	Document completion of PIPEDA and relevant provincial/territorial health care privacy legislation training
10	Demonstrates cultural competence and a valuing of diversity.	 Identifies and describes a broad range of dimensions of diversity (e.g., culture, ethnicity, gender, age, ability, language, socio-economic status, professional background, lifestyle preferences) Recognizes the role and contributions of dimensions of diversity to individual and collective resilience, capacity, and vulnerability Integrates a diversity perspective into the development and delivery of psychosocial services Maintains an up-to-date profile of the cultural composition of relevant communities (e.g., organizational, local, regional) Utilizes appropriate strategies and methods for engaging sensitively, effectively, and professionally with person from diverse orientations and backgrounds Contributes to the development and delivery of services and information that are culturally and linguistically relevant and empowering for a range of community and client groups Participates in ongoing cultural competence education and training 	Document participation in a cultural diversity awareness training. Relevant resources include: A cultural competence guide for primary health care professionals in Nova Scotia. Cultural Competence Practice and Training: Overview.Availble from Diversity RX at: http://www.diversityrx.org/HTML/MOCPT1.htm

DOMAIN #2 – General Disaster and Emergency Psychosocial Preparedness: In order to function effectively within the larger response to a disaster or public health emergency, those involved in psychosocial care and support must understand the context of disaster and emergency preparedness and response generally and the psychosocial implications of disasters more specifically. The multi-agency and multi-disciplinary nature of emergency response requires a clear understanding of operational protocols and the hierarchical emergency management structure

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ²
1	Understands the disaster context and the psychosocial implications of disasters	Defines and distinguishes between critical incidents, emergencies and disasters Enumerates the characteristics and phases of various types of disasters (e.g., natural, human-caused, terrorist, infectious diseases) Identifies and describes a range of individual, collective, global psychosocial implications (i.e., psychological, emotional, social, physical, and economic consequences) of various types of disasters Identifies and distinguishes the psychosocial implications of disaster phases	Document completion of introduction to disaster basics course such as: FEMA IS 292 Disaster Basics. Available from: http://training.fema.gov/IS/crslist.asp Document completion of an introduction to psychosocial dimensions of disaster course such as: Safety, Function, Action – DEEP Center North Carolina Disaster Response Network Training. Available at: http://nccphp.sph.unc.edu/NCDRNtraiing/register.html
2	Understands the disaster management framework and context	 Recognizes and distinguishes the relevant (e.g., organizational, local, regional, provincial, federal) emergency management legislation and systems Identifies and describes the chain of command structure and management functions of relevant emergency management systems (provincial, regional, organizational) Able to identify and locate the relevant emergency response plan or portion of that plan Describes the principles of span of control and its application to given incident Identifies the roles and responsibilities of key management positions Demonstrates respect for the importance of the command structure and the capacity to act within the boundaries of operational authority Operates within the relevant reporting or command structure/system 	Document completion of one or more of the following courses or their equivalents: 1. FEMA IS-100.a: Introduction to Incident Command System, 1 – 100. Available at: http://training.fema.gov/IS/crslist.asp 2. FEMA IS 100-HC: Introduction to ICS for Healthcare/Hospitals. Available at: http://training.fema.gov/IS/crslist.asp 3. Public Safety Canada – An Emergency Management Framework for Canada. Available from: www.publicsafety.gc.ca/prg/em/emfrmwrk-eng.aspx or www.publicsafety.gc.ca/prg/em/emfrmwrk-fra.aspx Justice Institute of BC HEM 100 – Introduction to Health Emergency Management.
3	Adopts and promotes the value of personal, family and work-life preparedness and resilience	 Identifies, describes, and implements key components of personal (e.g., Grab & Go kit, home/work kit) and family (e.g., family communication plan, home preparedness kit) preparedness 	Document that the individual has a personal and family preparedness plan in place. For support in development see: Public Safety

² **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

		Discusses and reviews plans with family, friends, and neighbours Practices (i.e., emergency drills) self and family preparedness plans Identifies and describes key strategies for self-care Recognizes and implements methods of personal protection (e.g., hand washing hygiene, use of personal protective equipment) and components of safety measures to protect self, family, team, and community from relevant hazards and risks Identifies and describes how to access work-place and community-based psychosocial support resources for themselves and their families (e.g., EAP, crisis lines, nurse hot line)	Canada – <i>Is your family prepared?</i> Available from: http://getprepared.ca/knw/kt/kt-eng.aspx or http://getprepared.ca/knw/kt/kt-fra.aspx
4	Recognizes the function of disaster psychosocial services within emergency management	 Describes the public health role of psychosocial response in disasters/emergencies Describes the objectives and principles of psychosocial response (e.g., restore and increase safety, self-efficacy, and trust; empower and enhance the resiliency of individuals and communities) Explains the integration of the psychosocial function within the hierarchical management structure. Recognizes who has the authority to activate the psychosocial function/unit and describe the activation procedure (e.g., call out, reporting, briefing) Recognizes relevant psychosocial partners (e.g., individuals, agencies, NGO's, government ministries) 	■ As above
5	Understands the disaster psychosocial support framework	 Identifies and describes both normal and abnormal as well as adaptive and maladaptive psychological, emotional, behavioral, social responses to traumatic, acute, and chronic stress associated with disasters and emergencies. Describes the different phases (e.g., pre-deployment, response, short- and long-term recovery) of psychosocial response and their impact on recovery Enumerates the differences between primary, secondary, and tertiary client groups Identifies and describes levels of psychosocial care, range of roles and responsibilities and relevant operational protocols Enumerates a range of formal and informal psychosocial support mechanisms, strategies, and interventions Implements and adheres to defined roles and responsibilities 	 Document that the individual is familiar with definitions, concepts, and interventions associated with psychosocial dimensions of disasters. Examples of relevant manuals and tools include: BC Ministry of Health Services – Disaster Psychosocial Services <i>Psychosocial Response Workbook</i> and <i>Worker Care Team: Caring for the Psychosocial Needs of Disaster Volunteers and Staff.</i> Available from: http://www.health.gov.bc.ca/emergency/dstrs.html
6	Adopts a resiliency and empowerment orientation to psychosocial response	 Demonstrates an understanding of common psycho-physiological impacts of disasters, normalizes those and acknowledges people's resilience Defines and describes individual, organizational, and community resiliency Identifies and describes common capacities and vulnerabilities of different client groups (e.g., frail elderly, children, functional disabilities) Identifies and describes actions and orientations likely to enhance the resiliency and empowerment of individuals, organizations, and communities Able to identify key resources (personal, individual, collective) that contribute to and enhance resiliency at various levels Identifies and describes common barriers to accessing psychosocial support and resources (i.e., mobility impairments, economic marginalization, cultural and language differences) 	■ As above

PSYCHOSOCIAL SUPPORT COMPETENCIES

Domain #3 – Supportive Presence. Psychosocial support service providers bring a wide range of skills and levels of expertise and training, but the foundation of all services is a respectful, supportive engagement with disaster affected individuals and groups. The ability to provide such a supportive presence is considered an entry-level requirement for all those involved in psychosocial services.

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ³
1	Understands the role of being a supportive presence	 Demonstrates an understanding of the role and boundaries of providing basic emotional support Describes the range of psychosocial care needs at various settings (e.g., health triaging sites, hospitals, family reception centers, recovery shelters, and non-traditional medical sites) Identifies a range of support mechanisms including: material comfort (e.g., beverages, snacks, blankets), accurate and timely information (e.g., about process, how to access resources & services), practical support (e.g., help filling out forms), social support (e.g., reconnecting with loved ones), and a caring presence Identifies and describes various formal and informal resources and services available to affected individuals and their families 	Documented training in the provision of basic emotional support. For example Emotional and Spiritual Care in Disasters course provided by the Salvation Army of Canada Disaster Training Program
2	Understands and is able to engage in the development of supportive relationships with affected individuals and families	 Demonstrates an ability to assess whether or not contact is likely to be welcomed or experienced as intrusive Demonstrating genuineness, empathy and respect Speaks calmly, using simple language, concrete terms and providing accurate information Describes and demonstrates active listening strategies Demonstrates ability to establish rapport with people of various ages, ethnicity, socio-economic, educational, sexual and life-style orientations Employs a range of supportive engagement strategies with distressed clients (e.g., empathic engagement, sensitivity to psychological/spiritual impacts of events) Recognizes and is sensitive to diversity and cultural issues Demonstrates an awareness of the dimensions of vulnerability (e.g., language barriers, cultural barriers, mobility barriers, age) Answers questions with accurate information about the incident, available resources, process of accessing resources 	• As above

³ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

3	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	
4	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #4 – Psychological First Aid – PFA. Psychological First Aid is a modular, evidence-informed psychosocial intervention that has emerged as the intervention of choice in response to disasters, emergencies and other potentially traumatic events. The primary goal it to reduce initial distress, enhance immediate and longer-term adaptive functioning and foster self-efficacy and resilience. The basic training can be undertaken by mental health and other health professionals, first responders, and a range of disaster response professionals and volunteers working in school crisis, faith-based, and other disaster relief organizations.

Competency		Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁴
1	Able to identify and discuss the impact of trauma, acute and long-term stress, and fear on individuals and groups	 Identifies and describes the common psycho-physiological effects of disaster including: cognitive responses, emotional reactions, behavioral responses, physiological effects, spiritual significance Identifies and describes the impact of stress and trauma on social functioning and networks Describes the fight, flight, or freeze response to trauma and fear Recognizes and describes the factors associated with resilience, adaptative and maladaptive responses to stress and trauma Demonstrates a sensitivity to culture and diversity Demonstrates an understanding and awareness of at-risk populations 	Document completion of the following trainings available through the Public Health Agency of Canada Centre for Emergency Preparedness and Response: (1) Surge, Sort, Support: Disaster Behavioral Health Online Training; (2) Emergency Health Services Basic Online Training Course; (3) Emergency Social Services Basic Online Training Course. Available from: http://www.phac-aspc.gc.ca/cepr-cmiu-oeppt-dmupf/index-eng.php orhttp://www.phac-aspc.gc.ca/cepr-cmiu-oeppt-dmupf/index-fra.php Document completion of an introduction to psychosocial dimensions of disaster course such as: 1. Safety, Function, Action – DEEP Center 2. North Carolina Disaster Response Network Training. Available at: http://nccphp.sph.unc.edu/NCDRNtraiing/register.html Or equivalents
2	Recognizes and understands the rationale and goals, 8 functions and their related methods and strategies, and the ethical and practice standards of the psychological first aid model	 Defines PFA and describes the primary goals and objectives Identifies who PFA is for, the timing of delivery, and delivery settings Recognizes and describes the strengths and limitations of PFA Understands and describes the difference between PFA and Debriefing Understands and describes the principles and guidelines for delivering PFA Identifies and describes the 8 core actions of PFA and their goals Understands and describes principles and limits of confidentiality 	Document the completion of the Johns Hopkins Center for Public Health Preparedness Psychological First Aid training or equivalent. Online training available from: http://www.jhsph.edu/preparedness/traiing/pfa.html or equivalent

⁴ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

3	Demonstrates the skills associated with the core PFA function: Safety and Comfort	 Recognizes and describes what contributes to survivor's sense of safety and comfort and demonstrates ability to use a range of strategies to enhance survivor's sense of safety and comfort Recognizes and describes acute and traumatic grief reactions and demonstrates a comfort with and an ability to support survivors (i.e., normalize, inform) experiencing grief in ways that respect individual, cultural, and age-related process and differences Demonstrates an understanding of and ability to initiate contact with survivors in non-intrusive, respectful, compassionate, and helpful manner Demonstrates active listening strategies 	• As above
4	Demonstrates the skills associated with the core PFA function: Stabilization	 Employs strategies to stabilize emotionally overwhelmed clients across the range of diversity Employs strategies to orient disoriented clients across the range of diversity Understands and can explain the role of medications in stabilization Seeks supervision/consultation with clients who may require more formal mental health services 	■ As above
5	Demonstrates the skills associated with the core PFA function: Information Gathering	 Assesses nature and severity of survivors experiences during the disasters, and sensitively gathers information regarding survivors' immediate needs and concerns (psychological, social, emotional, practical/material) Assesses with client concerns regarding immediate situation, ongoing threat, future Prioritizes and responds to client needs in developmentally appropriate ways Assesses and attempts to reduce immediate risk factors (e.g., suicidality, addictions, prior trauma/loss) 	• As above
6	Demonstrates the skills associated with the core PFA function: Practical Assistance	 Clarifies and helps client prioritize needs Offers practical assistance Assists clients to develop action plans 	• As above
7	Demonstrates the skills associated with the core PFA function: Connection with Social Supports	 Demonstrates an understanding of and describes the importance of social support Discusses and models support-seeking and giving Encourages and supports clients to identify, locate, and foster supportive connections with primary (e.g., family, friends) and other sources of support 	• As above
8	Demonstrates the skills associated with the core PFA function: Information on Coping, Linkage with Collaborative Services	 Provides basic and developmentally appropriate information about stress reactions (emotional, cognitive, behavioral) and effective coping strategies Provides accurate information about family dynamics in coping and developmental issues as they relate to stress and coping Discusses common post-disaster challenges (e.g., excessive use of alcohol/drugs, frustrations with bureaucratic processes) and strategies to address Demonstrates ability to teach simple relaxation and acute stress management strategies Assists with anger management and conflict resolution 	* As above

9	Demonstrates the skills associated with the core PFA function: Linkage with Collaborative Services	 Recognizes and provides information to survivors regarding other available services and supports Demonstrates an understanding of when and how to use informal and formal resources Demonstrates an understanding of when and how to make referrals to more formal mental health care Identifies relevant, reasonably available (i.e., with no or very short wait lists) psychosocial support and other services Promotes continuity of caring when making referrals 	■ As above
10	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	■ As above
11	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #5 – Workforce Resiliency – Workforce resiliency interventions require an understanding of the unique nature and demands of participating in a response to a disaster or public health crisis and the potential impacts on individuals and their families. In many cases, it also requires an extensive clinical background with exposure to and experience working with multiple presenting issues and client populations. This is not because disaster psychosocial services are equivalent to therapy – they are not. It is rather, that the level of clinical skills required are often more advanced. The demands and culture of response can often mean that response personnel can be extremely challenging to engage. Responding to a pandemic or a large-scale natural disaster, for instance, will likely result in extreme surges in demand for services coupled often with reduced capacity and very challenging working environments.

Supporting workers in such environments can often require sophisticated skills in client engagement and experience working with a wide range of diverse clients. The work also requires very specific knowledge of such things as stress reactions, post-traumatic stress disorder, crisis intervention, suicide assessment, stress management, organizational consulting, outreach, and other very specific crisis intervention protocols. That said, professional mental health workers must also be very clear about the difference between disaster mental health and psychosocial interventions and the work they traditionally in order to be able to translate their clinical skills for use in these non-traditional roles and contexts.

It is recommended, therefore, that those providing these services have a degree in an applied mental health discipline (e.g., graduate work in clinical social work, counseling psychology, clinical psychology, psychiatric nursing) or the equivalent in experience and training. The initial competencies apply to all working in this function. These are followed by intervention-specific competencies which require explicit training and may or may not be in the repertoire of skills of any individual member of a disaster psychosocial response team.

Competency		Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁵
1	Understands the theories and principles of a hierarchical needs approach	 Recognizes and describes Maslow's (or equivalent) hierarchy of needs Recognizes and describes the application of this model to disasters Understanding and skill in psychological first aid Identifies and describes broad range of psychosocial interventions, their goals, methods, and limitations 	Document completion of Disaster Psychosocial response training: For example: BC Ministry of Health Disaster Psychosocial Services Professional Workshop; DEEP Centre's Safety, Function, Action
2	Understands the theories and principles of stress management and demonstrate associated skills	Identifies and describes common disaster related stressors for frontline responders, receivers and other responders Identifies and describes common disaster response cultural and individual attributes that contribute to resiliency, coping, and vulnerability to stress Identifies and describes cognitive, emotional, biological and psychosocial reactions to stress Distinguishes the differences between acute, traumatic, and chronic stress Demonstrates capacity to engage with and establish respectful, positive rapport with workers and work teams Identifies and describes pragmatic mechanisms for mitigating stress (e.g.,	Document completion of Disaster Psychosocial response training. For example trainings available through the Public Health Agency of Canada Centre for Emergency Preparedness and Response: (1) Surge, Sort, Support: Disaster Behavioral Health Online Training; (2) Emergency Health Services Basic Online Training Course; (3) Emergency Social Services Basic Online Training Course. Available from: http://www.phac-

⁵ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

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		providing breaks and break or respite area; rotating personnel from high to medium to low stress areas; providing defusings). Reinforces resiliency and positive coping styles and strategies Demonstrates ability to teach simple relaxation techniques and effective stress management strategies Demonstrates ability to evaluate outcomes and modify approach as needed	aspc.gc.ca/cepr-cmiu-oeppt-dmupf/index- eng.php orhttp://www.phac-aspc.gc.ca/cepr- cmiu-oeppt-dmupf/index-fra.php
3	Understands and work effectively within organizational context	 Demonstrates an understanding of the day-to-day and disaster response and recovery organizational contexts Demonstrates 'systems savvy,' effectively navigating organizational and turf politics in preparedness, response, and recovery contexts Communicates clearly the organizational/function priorities, procedures, and policies to members of psychosocial response team Solicits the input of others who are affected by plans or actions and gives credit and recognition to others who have contributed Works to build coherence and effective working partnerships with other disasters psychosocial planning/service partners within the organization Demonstrates concern for treating people fairly and equitably 	
4	Promotes self-help and mutual aid strategies	 Demonstrates an understanding of the connections between self-efficacy, sense of control, and positive action and resiliency Provides opportunities that encourage individuals and communities to generate solutions to problems, share ideas and mutual assistance Demonstrates comfort with working in multi-disciplinary outreach teams Provides timely and reliable information Provides instrumental help, information and support 	
5	Understands and has demonstrated competency in a repertoire of disaster psychosocial support and disaster mental health strategies	 Defines and describes a range of psychosocial interventions including psychological first aid, critical incident stress management, crisis and suicide intervention, psycho-educational groups, community and family outreach, multifaith spiritual care, grief and bereavement support Describes the goals, appropriate populations, methods and limitations of these services Identifies and describes psychological assessment strategies (informal and formal) Demonstrates skills in psychological assessment, psychological first aid and all or some of the other disaster psychosocial services outlined in Domains 5 through 13 	
6	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness and willingness to access supervision Adheres to professional standards in disaster mental health services as outlined by licensing body (e.g., Ethical Principles of Psychologists) and/or disaster psychosocial/mental health organization Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support 	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers, Association of Professional Chaplains)

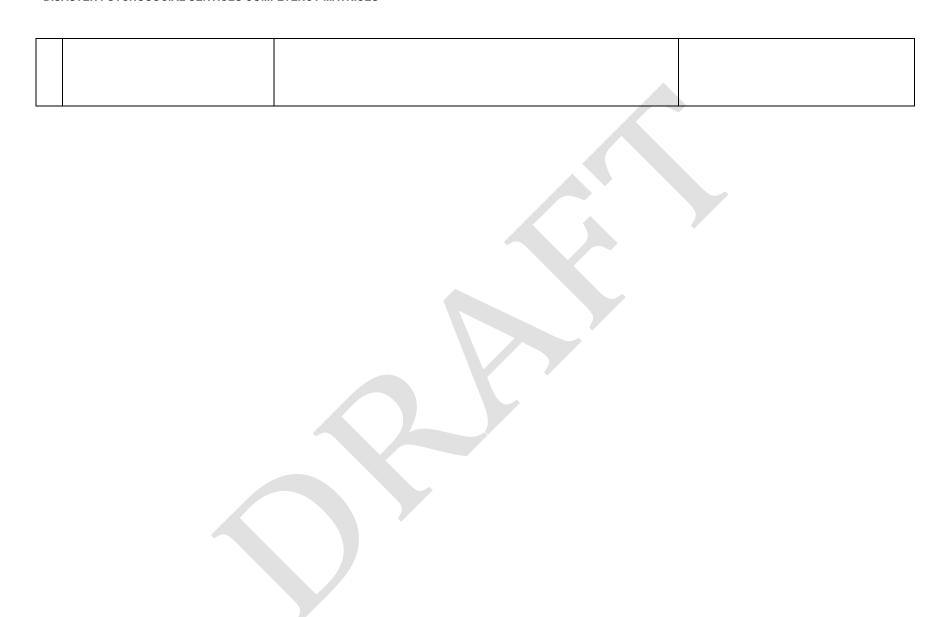
		Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process	
7	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Participates in a buddy-system approach (providing and receiving support/feedback from peer) Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #6 – Critical Incident Stress Management - CISM. CISM is a programmatic, intervention protocol developed specifically to address critical or traumatic incidents. It was first developed for use with military combat veterans and civilian first responders and has been adapted for use in other workplace settings. Although commonly associated only with debriefing (CISD), CISM includes pre-crisis education designed to increase awareness, enhance crisis and stress management coping skills, and organizational resilience and a range of highly structured post-interventions.

Cor	npetency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁶
1	Understands the theories and principles of Critical Incident Stress Management and the role of defusing and demobilization and demonstrates associated skills	 Defines and describes the goals, rationale, and limitations of Critical Incident Stress Management Distinguishes between defusing, demobilization, debriefing, and other post-crisis intervention strategies Identifies and describes appropriate situations, timing, and locations for each of the intervention strategies (i.e., defusing, demobilization, debriefing, crisis management briefing) Understands the ethical guidelines for CISM including confidentiality, voluntary involvement, and post-intervention follow-up Demonstrates capacity to work effectively with organizations/management to develop clear understanding of strengths, limitations, and appropriate use of CISM 	 Document completion of an applied training course in critical incident stress management that includes training in defusing, demobilization, crisis management and debriefing and consists of both theory and applied practice (i.e., contact hours). And/or document certification of specialized training in CISM through agencies such as: International Critical Incident Stress Foundation Association of Traumatic Stress Specialists Justice Institute of British Columbia CISM Salvation Army Disaster Services Training Or equivalents
2	Understands the role of defusing and demobilization and demonstrates associated skills	Defines and describes defusing, demobilization and their appropriate use, goals and limitations Demonstrates ability to respectfully engage and establish rapport with workers Demonstrates strong active listening skills Assesses workers' existing coping strategies, unexpected stressors and psychophysiological symptoms of stress Demonstrates ability to provide psycho-education about stress and stress management and coach workers in simple relaxation and self-care strategies Demonstrates an understanding of when and how to make referrals to more formal mental health care	• As above

⁶ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

3	Understands the theories and principles of Critical Incident Stress Management and the role of psychological debriefing and demonstrates associated skills	 Defines and describes debriefing, its appropriate use, goals, limitations and risks Explains the dangers and limitations of using a single session application of debriefings Describe and uses effective participant engagement strategies Identifies and describes the protocol for debriefing, outlining the process and content focus of each of the 8 steps (e.g., Preparation/Assessment, Introduction, Fact Phase, Thought Phase, Reaction Phase, Symptom Phase, Teaching Phase, Re-entry Phase) Demonstrates associated skills in developing and facilitating debriefing sessions Identifies appropriate and inappropriate uses of debriefing (including population groups and circumstances) and suggests alternative strategies Demonstrates an understanding of when and how to make referrals to more formal mental health care 	■ As above
4	Understands the theories and principles of Crisis Management Briefings and demonstrates associated skills	 Defines and describes crisis management briefings, their appropriate use, goals and limitations Demonstrates strong active listening skills Demonstrates ability to respectfully engage and establish rapport with groups Demonstrates skills in group management and facilitation particularly as it relates to focusing discussion without escalating distress, anger, confusion Limits discussion to known facts Answers questions with accurate information on stress responses, stress management skills, availability of support services 	• As above
5	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	As above and demonstrates ongoing professional development in this area (e.g., skill development courses, supervision, attendance at CISM conferences)
6	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed



Domain #7 – Crisis Intervention – Crisis intervention offers immediate, short-term support to individuals experiencing distress as a result of a crisis which could include the disaster experience itself, losses arising from the disaster, or an exacerbation of pre-existing mental health issues as a consequence of the disaster. It is particularly applied to suicidal behavior in which case the goal is to keep the individual alive until stabilized – in other words support survives the crisis – in order to explore alternatives to suicide and seek other avenues of support.

Cor	mpetency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁷
1	Understands the theories and principles of crisis intervention and support and demonstrates associated skills	 Defines a crisis, and the theories and principles of crisis management, and crisis management process (e.g., engagement, rapport building, assessment, planning, problem-solving, implementation, evaluation, follow-up) Demonstrate a working knowledge anger-diffusion Identifies and describes risk factors for suicide, characteristics of suicidal thought, and warning signs Demonstrates crisis communication skills (e.g., active-listening, supportive interviewing) Adopts a realistic, humane, and self-aware (e.g., knows own values and comfort level) attitude to death, suicide, and suffering Describes ethical and legal issues regarding suicide, crime, and victimization in the disaster context Describes voluntary and involuntary hospitalization criteria Identify community resources in crisis work Demonstrate an understanding of when and how to consult and make referrals to more formal mental health care 	Document completed training in Crisis Intervention. For example: Crisis Worker Certification through the Canadian Association for Suicide Prevention; Crisis Intervention and Suicide Prevention Centres
2	Understands and applies the principles and strategies of suicide assessment and treatment planning	 Defines and describes warning signs of suicide Demonstrates ability to assess risk of suicidality and assault potential (e.g., evidence of plan, deadliness of method, access to means, history of suicide attempts) Demonstrates skill in assessing nature and degree of current crisis, concurrent risk factors (e.g., those with addiction issues, victims of abuse, chronically mentally ill) and psychological disorders Recognizes and knows how to access organizational and community-based supports including crisis lines, bereavement help lines, mental health Demonstrates crisis intervention and support skills with a diverse range of clients and client populations 	■ As above
3	Demonstrates knowledge of and skills in crisis intervention methods and strategies	Demonstrates ability to establish rapport with a range of clients Speaks in a calm, steady manner and provides accurate, reliable information about self-care, family care, stress management and other relevant topics Engages in active listening	As above

⁷ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

		 Demonstrates understanding and skills (e.g., anger diffusion) to provide support to emotionally distressed (e.g., angry, grieving) individuals Empowers clients to make decisions that enhance resilience and functional coping Support clients in identifying and accessing formal and informal on-going support Works collaboratively with other hot or warm line team members 	
4	Demonstrates knowledge of and skills in crisis intervention methods and strategies using virtual communication methods (i.e., telephone crisis lines, web-based services)	 Demonstrates ability to establish rapport with a range of clients via telephone crisis lines or web-based strategies Demonstrates understanding and skills (e.g., anger diffusion) to provide support to emotionally distressed (e.g., angry, grieving) individuals via telephone and/or the web Demonstrates knowledge and comfort using a variety of web 2.0 methods (e.g., blogs, social networks) Identifies and descries challenges (e.g., confidentiality, determining age of client, ensuring accuracy in communication for both parties) of web communication and demonstrates sound judgment in this context Demonstrates excellent written communication skills Demonstrates an understanding and acts within the limitations of this type of client engagement 	Document experience in crisis line response
5	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process	As above and demonstrates ongoing professional development in this area (e.g., skill development courses, supervision, attendance at CISM conferences) AND/OR Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers, Association of Professional Chaplains)
6	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these issues 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #8 – Community and Family Outreach. Much of disaster psychosocial services will involve working outreach as an individual or as part of a multi-disciplinary outreach team. Despite years of clinical experience, some providers may be very unfamiliar with the differences and challenges of outreach work that is often targeted towards marginalized populations and requires comfort working in non-traditional settings with diverse populations. Much of this work will involve psycho-education with individuals and groups (e.g., community town halls) on a wide range of topics that require knowledge about the psychosocial and other health-related dimensions of the specific type of disaster or public health emergency (e.g., symptoms and progression of influenza) but which also include knowledge of a range of tangential issues that intersect with and can exacerbate adverse psychosocial outcomes (e.g., substance abuse, social isolation, mental illness).

Competency		Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁸
1	Works from an understanding of the benefits and challenges of outreach work	Defines and describes the benefits and challenges of outreach work in the disaster context Aware of safety issues and demonstrates sound judgment in determining and promoting safety of self and others (e.g., buddy system, canvassing a target area for risks) Acknowledges need for self-protection Develops action plans for handling emergencies	Document experience working in an outreach mental health, public health outreach, or community psychosocial support capacity
2	Demonstrates skill and comfort working in a community-based or outreach capacity	 Able to work independently while also maintaining strong links and communication with team and/or work in multidisciplinary teams Demonstrates skill in identifying, locating, and making contact with clients in their natural environments (e.g., canvassing target area) Demonstrates strong cultural competency and ability to establish rapport with wide range of clients Demonstrates a range of engagement strategies (e.g., sharing coffee, walk and talks, engaging in practical support activities) Recognizes and uses effective case management skills Identifies and describes community and disaster-response specific support resources Demonstrate an understanding of when and how to consult and make referrals to more formal mental health care providers/services 	Document completion of a course/training in stress and stress management. For example: Public Health Agency of Canada. Responding to Stressful Events. Available from: http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/index-eng.php or http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/index-fra.php
3	Demonstrates knowledge and skills relevant to a range of disaster psychosocial topics and disaster related mental health issues	 Understands the role of social and family support in resilience Demonstrates knowledge and comfort working in public settings (e.g., delivering psycho-education re: impact of disasters, stress and coping at community town halls) Defines and describes the psychosocial impacts of disasters on families and communities; stress, adaptive coping, stress management; strategies for resilience 	 Document completion of Disaster Psychosocial Training Document experience and training in clinical psychology or equivalent (evidenced by graduate degree in Psychiatry, Clinical Psychology, Clinical Social Work, Counseling Psychology or equivalent

⁸ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

		 Defines and describes the intersection between disasters and substance abuse, family violence, and patterns of marginalization Demonstrates knowledge in developmental psychology and developmental differences in disaster stress/fear responses; coping mechanisms; behavioral, cognitive, emotional signs of acute and traumatic stress Demonstrates skill working with children and adolescents Demonstrates knowledge and skill in psychological assessment Demonstrates capacity to shape the content and delivery of psychosocial support in a wide range of contexts and target populations 	Document experience and training working with traumatic stress, critical incidents and disaster psychosocial or disaster mental health response
4	Demonstrates ability to provide psycheducational sessions (individual & group) on key psychosocial topics	 Demonstrates an understanding of the differences between disaster psychosocial and traditional mental health service provision Provides accurate and accessible information on relevant disaster psychosocial topics including: responses to disasters and trauma, cognitive, behavioral, emotional, and physical signs of distress and trauma across the lifespan; traumatic grief, stress management and adaptive coping, self- and family care, substance use and abuse, suicidality, disaster related difficulties in living. Demonstrates an understanding of group dynamics and diversity issues Demonstrates skill in teaching basic coping and stress management skills to range of clients (e.g., different ethnic groups, ages) Effectively facilitates psycho-educational groups 	Document experience in group theory and facilitation of psycho-educational groups
5	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers, Association of Professional Chaplains)
6	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #9 – Psychological Triage. During a large scale disaster or public health emergency the demand for psychosocial services may exceed the availability of resources. At this point, psychological triaging may be necessary. The goal of triaging is distinguish clients on the basis of the severity and nature of their symptoms and the urgency of intervention in ways that optimize the use of resources and survival and recovery. The ability to effectively sort, stage, and distinguish and manage psychological casualties and families searching for their missing loved ones requires expert knowledge and skills in psychological assessment, the ability to distinguish psychological from medical symptoms in situations where these may have a similar presentation or where one may mask the other. It is recommended that those leading triaging teams be senior mental health professionals (e.g., psychiatrist, psychologist).

Coi	npetency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ⁹
1	Understands and has expertise in knowledge domains relevant to Psychological Triage	 Defines and describes medical and behavioral triage process and how these intersect Keeps accurate records (e.g., registration information tracking continuity of care - disposition sequence, personnel follow-up and family contacts) Demonstrates an understanding and familiarity with the DSM IV-R Demonstrates expertise in psychological assessment processes (formal and informal) Recognizes and can describe medical symptoms associated with various injuries and types of disaster that may be confused with psychological symptoms (e.g., symptoms of anxiety and symptoms of exposure to SARIN Gas) 	 Document completion of Disaster Psychosocial Training Document experience and training in clinical psychology or equivalent (evidenced by graduate degree in Psychiatry, Clinical Psychology, Clinical Social Work, Counseling Psychology or equivalent Document experience and training working with traumatic stress, critical incidents and disaster psychosocial or disaster mental health response
2	Demonstrates capacity to work with extreme emotions and skills in Psychological Triage	 Demonstrates skill in diffusing anger, agitation, and managing disruptive behaviors Demonstrates skill in providing psychological first aid and other early interventions aimed at stabilizing distressed persons Demonstrates skill in assessing and distinguishing symptoms associated with trauma (e.g., frozen affect, agitation, anxiety, dysphoria, anger, cognitive and somatic symptoms) from medical symptoms associate with disaster (e.g., exposure to chemical or biological agents, concussion, exacerbation of underlying pre-existing conditions due to anxiety – e.g. asthma, coronary disease) Demonstrates understanding and skill in assessing need for psychopharmacological support Refers to other mental health services for more intensive psychiatric assessment and/or support 	

⁹ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

3	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers)
4	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #10 – Multi-faith Spiritual Care. These competencies are adapted from the Ontario Multifaith Council on Spiritual and Religious Care. The assumption is that those providing spiritual care will be trained and certified leaders in their faith communities (e.g., Professional Chaplains, Imams, Rabbis, Priests, trained Lay Chaplains) with specialized training and certification in multi-faith spiritual care.

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ¹⁰
1	Understands, endorses and works from a multi-faith orientation	 Identifies and describes principle of religious rights as outlined in such documents as the Geneva Convention, Universal Declaration of Human Rights, and Canadian Charter of Rights and Freedoms Affirms the dignity and value of all individuals and respects the values and traditions of each faith group Describes and demonstrates knowledge of own faith and how it is integrated into their practice Demonstrates capacity to engage with and learn from those of other faith traditions Demonstrates ability to facilitate and coordinate faith services Identifies and distinguishes cultural diversity within faith groups 	 Document registration with a professional association and/or faith organization (e.g., Association of Professional Chaplains, National Association of Catholic Chaplains, National Association fo Jewish Chaplains, Federation of Fire Chaplains) Document training and certification in multifaith spiritual care
2	Understands and is able to implement multi-faith interventions in a disaster context	 Able to engage empathically and establish rapport with range of clients Demonstrates skills in discerning spiritual orientation of range of individuals Demonstrates ability to explore and support client's spiritual response to death, other losses, and other dimensions of a disaster from a variety of spiritual orientations Demonstrate a capacity for working with and managing Spiritual Care volunteers Demonstrates an understanding of the implications of disaster work for spiritual care (e.g., short-term, working with clients who may or may not align with a specific faith community) 	Document training and experience providing spiritual care in disaster contexts. For example, involvement with the American Red Cross Spiritual Care Response Team
3	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	Document agreement with a code of conduct for Spiritual Care Providers (e.g., Canadian Association for Pastoral Practice and Education; Church World Service Standard of Care)

 $^{^{10}}$ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

4	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed
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Domain #11 –Death Notification, Bereavement & Grief Support. Death notification can be a very challenging task within disaster psychosocial support services. For those who have lost a loved one, the notification itself is often the traumatic evens. Many disaster-, community- and personal- factors can influence the experience, nature, and trajectory of the grieving process. Death notification should be done by teams which may include spiritual and secular support providers, and by those with specific training in crisis intervention and death notification. Likewise, those providing individual and group bereavement and grief support should be trained and have experience with traumatic and multi-casualty loss.

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ¹¹
1	Understands the procedures, standards and rights associated with death notification	 Defines and describes death notification procedures, standards (e.g., confirm identity of deceased Understands and can describe circumstances under which an autopsy may be required and the implications of an autopsy for family members Aware and can describe body viewing procedures Understands and can describe any changes to normal procedures (e.g., body viewing, burial) required as a result of the disaster Demonstrates an understanding of survivors rights (relevant legislation, available resources) of crime or disaster 	Document completion of a course in crisis intervention and death notification. For example: Police Victim Services Training; National Organization for Victim Assistance Community Crisis Response training Document supervised practice/experience in death notification
2	Implements death notification procedures with compassion, professionalism and respect for diversity	 Collects all accurate, available information regarding the death, circumstances, identification Presents as credible, compassionate, non-judgmental, and calm Offer information in a direct, timely manner, using plain language Answers all questions tactfully but directly Demonstrates active listening and a capacity for silence Allows client to take the lead following notification Demonstrates comfort with extreme emotions and allowing others to emotionally vent Demonstrates understanding of and respect for cultural and other diversity issues 	■ As above
3	Understands and differentiates between 'normal' (common) grieving and complicated or prolonged grieving processes	Recognizes and understands post-bereavement emotional, psychological, and behavioral responses Identifies risk factors associated with complicated or prolonged grief Recognizes emotional, behavioral, and health-related symptoms of complicated grief resulting from traumatic loss Can distinguish differences and similarities among complicated grief, major depressive disorder, posttraumatic stress disorder Understands and describes common feelings, conditions, experiences associated with grieving Identifies and describes functional coping strategies for traumatic loss	Document completion of education and applied training in bereavement, grief support, and multicasualty/traumatic loss.

¹¹ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

4	Identifies and describes contextual, event —related and personal factors that may influence grief process and outcomes	Understands and describes developmental issues and dimensions of grief that are common and unique to children Understands and describes other issues and factors that can influence the course, nature, and outcomes of grieving (e.g., age of and relationship to the deceased; nature and cause of the disaster; nature of the loss – ambiguous or traumatic loss; perceived preventability; concurrent losses and/or crisis; availability of social support, culture/ethnicity) Identifies and describes the ways in which disaster characteristics can support or interfere with functional coping Identifies and describes disaster related issues that influence different relationships after death (e.g., circumstances of death, concurrent deaths, age of deceased, circumstances following disaster, condition of body)	
5	Supports, empowers, and provides information to grieving individuals and families	 Understands and empowers individuals and families in relevant decision-making processes (e.g., funerals, burial/cremation, Normalizes feelings, experiences in relation to recognized losses (e.g., child, parent, spouse) and commonly unrecognized losses (e.g., companion animals, unmarried same sex partners, step-children) Provides relevant information about the common and unique aspects of grieving process, influence of disaster and other variables on this process, support and informational resources Engages in ways that are respectful, compassionate, nonjudgmental and empowering Identifies and facilitates connection with practical grief resources that address developmental, ethnic and cultural differences in bereavement and grief 	■ As above
6	Demonstrates knowledge, skills, and cultural sensitivity in grief & bereavement support group facilitation	Demonstrates knowledge and skill in group facilitation Demonstrates capacity to follow agenda AND be flexible Describes and demonstrates a non-proscriptive understanding of grieving process Demonstrates active listening and effective communication skills Aware and responds to verbal and non-verbal cues of individual participants Demonstrates skills in supporting others to experience and express grief safely Understands and can explain the use of variety of strategies to support and engage with grief (e.g., journal writing, ceremonies, memorials, rites, rituals – spiritual/secular, family/community) Ensures that all group members can contribute and participate Identifies and facilitates connection with practical grief resources that address developmental, ethnic and cultural differences in bereavement and grief Identifies and	Document training and experience facilitating grief support groups

7	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers, Association of Professional Chaplains)
		psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process	
8	Understands and implements self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

PSYCHOSOCIAL PROGRAM LEADERSHIP AND COORDINATION

Domain #12 - Disaster Psychosocial Organizational Consulting, Coordination, Program Development & Evaluation

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ¹²
1	Provides effective organizational consultation regarding disaster psychosocial services	 Identifies, contacts and establishes a working relationship with appropriate organizational representative Conducts an organizational assessment identifying key informants, capacities, needs, and resources Aggregates and analyzes information, providing accurate, well-organized feedback to organization Provides clear rational for and explanations of recommendations Develops written procedures for specific psychosocial programs/interventions which include clear job/role descriptions, crisis management, liability, and a timeline Ensures accurate record keeping of services provided (numbers of people seen, nature of problems and interventions) Establishes procedures for evaluation and 	Document training and/or experience managing or supervising in a clinical program, and/or consulting in this capacity
2	Understands and work effectively within organizational context	 Demonstrates an understanding of the day-to-day and disaster response and recovery organizational contexts Demonstrates 'systems savvy,' effectively navigating organizational and turf politics in preparedness, response, and recovery contexts Communicates clearly the organizational/function priorities, procedures, and policies to members of psychosocial response team Solicits the input of others who are affected by plans or actions and gives credit and recognition to others who have contributed Works to build consensus and coherence within the psychosocial program Works to build coherence and effective working partnerships with other disasters psychosocial planning/service partners Demonstrates concern for treating people fairly and equitably 	■ As above
3	Fosters the development of a common vision and a cooperative working environment	 Understands and communicates a vision for psychosocial services based in the goal of empowerment, resiliency, capacity building Understands and communicates clear expectations regarding various roles and responsibilities Establishes and communicates standards of care and operational standards to address fiscal, skills development and maintenance, activation, deployment 	■ As above

¹² **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

		and demobilization, response services, and evaluation processes Supports team members in assessing their capacity and fit within psychosocial services and self-assessing readiness to respond Models and mentors self-care and peer support	
4	Ensures the ongoing development, practicing, and updating of an effective psychosocial plan for major emergencies and disasters	 Understands and communicates the chain of command and expectations to relevant psychosocial service providers Understands and communicates the range of possible psychosocial services Identifies their public and private sector mental health partners, knows how to contact them and know how to make appropriate referrals of primary (and secondary) disaster victims. Describes the integration of their organizational, local, provincial, and federal disaster plans with an all-hazards disaster psychosocial support plan. Understands and implements an ongoing community mental health needs assessment process that identifies capacities, needs, and vulnerabilities Collects, summarizes, and interprets information relevant to identifying patterns of current and future availability of psychosocial resources (e.g., human, material) and trends in service demand 	■ As above
5	Demonstrates strategic planning & decision making skills	 Analyzes current and future trends in demand for services and potential capacity issues Demonstrates ability to prioritize needs and the allocation of resources in ways that balance needs and need groups to maximize effective use of resources Demonstrates ability to anticipate long-term adverse psychosocial outcomes and mobilize resources to prevent or mitigate these Able to assess and synthesize a spectrum of information in order to assess a problem Commits to a course of action while engaging in an ongoing process of evaluation and revision as necessary 	- As above
6	Effectively coordinates services and service delivery within and amongst disaster psychosocial service partners	Identifies and establishes effective communication with psychosocial planning and service delivery partners in and across organizations Identifies and establishes gate-keeping and coordinating protocols to manage convergent mental health resources Establishes crisis intervention teams and programs, outreach and clinical services Facilitates intra- and inter-agency collaboration in psychosocial planning and service delivery Supports and maintains collaborative engagement with psychosocial planning partners Supports intra- and inter-agency assessment and incorporation of lessons learned following the response (or during a prolonged response)	As above and document experience working in multi-disciplinary and multi-agency teams
7	Understands and implements effective program development and evaluation procedures and strategies	 Collects, aggregates, and evaluates psychosocial capacity and needs across organization(s) and target client groups Advocates for and develops relevant psychosocial services 	Document completion of an introduction to disaster psychosocial and/or disaster mental health/behavioral health course such as:

		Collaborates with other departments/functions to ensure the organization takes into consideration the psychosocial implications of unfolding events, operational decisions, training, etc. on workers and the public Ensures psychosocial information pamphlets, fact sheets, and training materials are up to date and accessible Prioritizes, allocates and tracks psychosocial providers from outside and within service target area Develops and ensures the delivery of orientation sessions prior to deployment, worker care support during deployment, and re-entry planning and support following assignments for all members of psychosocial provider team	DEEP Center - Safety, Function, Action DEEP Center - Surge Sort Support North Carolina Disaster Response Network Training. Available at: http://nccphp.sph.unc.edu/NCDRNtraiing/register.html
8	Recognizes and employs effective intra- and inter- agency communication	Describes and uses effective written and oral communication strategies Demonstrates correct use of all communication equipment (e.g., phone, satellite phone, fax, radio etc.) Understands and describes relevant communication management structure and works within this structure Understands and uses range of available media, technologies and organizational/community networks to communicate information Delivers accurate event-specific, evidence informed communication messages to the public, other health care providers, media and the response community Solicits input from key stakeholders/partners in developing and disseminating information	
9	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers)
10	Understands, implements and mentors self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these Employs and mentors self-care and worker care 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed

Domain #13 – Disaster Psychosocial Education & Training. Developing an effective disaster psychosocial program requires a consideration of training and education needs. Effective training will prepare those involved in the delivery of disaster psychosocial services for the unique organizational, procedural, emotional, and environmental aspects of disaster work. Whereas most of those involved with have had some previous education and training in mental health (or related fields), disaster psychosocial and/or mental health work presents unique challenges and demands. Effective training addresses variation in learning style, experiences, orientation, and training. It integrates multiple methods of delivery (e.g., lectures, skills practice, group discussion, experiential learning, reflection) and involves case studies and table-top exercises. In addition to those an individual possesses as a result of their professional training and/or role. Ideally training should be delivered by a multi-disciplinary team and include trainers with specific expertise in special topic areas (e.g., working with children, posttraumatic stress disorder, short and long-term recovery issues). Training and experience contribute not only to optimal performance but also enhance responder resilience.

	Competency	Behavioral Indicators	Training & Tools & Suggested Minimum requirements ¹³
1	Possesses relevant background training, skills and experience	 Extensive training and experience in professional and clinical work Previous disaster psychosocial/mental health experience Relevant training and experience in crisis intervention (e.g., community mental health center, CISM with emergency service workers) Demonstrated requisite knowledge (e.g., PTSD, stress and coping, stress management, crisis intervention, PFA) Demonstrated skill and effectiveness as an educator and ability to engage adult learners Demonstrated knowledge and skill in group dynamics and facilitation Adept at facilitating group processing of emotions 	Document completion of Disaster Psychosocial Training Document experience and training in clinical psychology or equivalent (evidenced by graduate degree in Psychiatry, Clinical Psychology, Clinical Social Work, Counseling Psychology or equivalent Document experience and training working with traumatic stress, critical incidents and disaster psychosocial or disaster mental health response
2	Demonstrates expertise in requisite domains of knowledge and skills relevant to the delivery of disaster psychosocial services	 Understands and can describe human reactions to disasters including individual- and community-level reactions, disaster phases, 'at risk' groups, concepts of loss and grief, post-disaster stress, and disaster recovery process Understands and can describe organization aspects (e.g., local, regional, provincial, federal) of disaster response and recovery Familiar with and can identify relevant resources (e.g., local, regional, provincial, federal) Understands and can explain how to link survivors to relevant support and practical resources Understands and can explain the core concepts and theories of disaster psychosocial/disaster mental health services, distinguishing difference between these and therapy Understands and can explain the spectrum of psychosocial services, delivery sites, roles and responsibilities Understands and can explain issues and strategies for working with specific 	■ As above

¹³ **Note:** having completed training is a suggested minimum but **DOES NOT** indicate competence in the field. Specific competencies should be assessed through observation, interviews and performance reviews.

		populations (e.g., children, older adults, people with disabilities, ethnic and cultural groups in the area, economically or otherwise marginalized people) • Understands and can mentor the delivery of appropriate psychosocial interventions • Understands and can mentor effective disaster case management, outreach, public education, consultation strategies, and community-level services	
3	Demonstrates expertise in specific 'special topics' and interventions related to disaster psychosocial services	Understands and can mentor self- and worker-care Demonstrates knowledge in one or more domains of disaster mental health knowledge and interventions such as: working with children or older adults, addressing dimensions of vulnerability, acute and post-traumatic stress, stress management	Document completion of training in relevant intervention strategies
		 Understands and describes the relevant legislation, emergency management systems, roles, and responsibilities and how psychosocial services are situated within that system Represents and can speak to issues relevant to specific ethnic/cultural groups, or other populations Understands and can integrate into the training, information about the specific disaster and disaster context, local information community and response 	
4	Supports a flexible, empowering, and relevant learning environment	 environments, and local examples Capacity to model active listening, empathy, and other intervention-related skills Demonstrates a flexible, adaptive response to the unique needs, demands, constraints of particular learning/training situations Able to define and describe specific learning goals and outcomes Able to adapt material to specific needs of learner group Models respect and a valuing of diversity Provides supervision in skill development, offering effective feedback and support 	
5	Understands and adheres to the scope of practice in this role, the limits of training and knowledge, and is able to assess the need for a more formal mental health intervention	 Demonstrates self-awareness Describes and works within role, responsibilities, and limits of competence Accurately describes the purpose and limits of confidentiality and works within this framework Able to identify and distinguish levels of emotional distress requiring more than basic emotional support Recognizes and understands the role and scope of practice of other psychosocial providers Connects client with other psychosocial service providers when appropriate ensuring continuity of care in the referral process 	Document registration with professional mental health organization/association (e.g., College of Psychologists, Clinical Counselling Association, Registered Clinical Social Workers)
6	Understands, implements and mentors self-care	 Recognizes and describes potential positive and negatives of the helping role Adopts a realistic approach toward self in the helping role Identifies own feelings about suffering and death and how these influence personal and professional lives Develops and implements a self-care plan that addresses emotional, spiritual, and physical health and re-entry strategies (i.e., end of assignment) Demonstrates an understanding of personal limits (e.g., taking breaks when 	Document that the individual has a self-care plan, a re-entry plan for when assignment is over, and is able to identify and access formal and informal support as needed Document the inclusion of self- and workercare in the training materials being delivered

	needed) and an ability to effectively manage stress Demonstrates an understanding of the signs and symptoms of vicarious trauma, burnout, compassion fatigue and identifies strategies to mitigate and address these Employs and mentors self-care and worker care	
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