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The Dialogue

A QUARTERLY TECHNICAL ASSISTANCE BULLETIN ON DISASTER BEHAVIORAL HEALTH

ASK THE FIELD

The Dialogue: How can disaster behavioral health responders at the State and local levels use the techniques and tools of the Incident Command System (ICS) to target their response to and preparedness for disaster to work within the overall disaster response structure?

Denise Bulling: Disaster behavioral health is more than a set of clinical interventions or the delivery of psychological first aid. The behavioral health response has to be organized and deployed in a way that fits with the greater response to disaster or our ability to reach those who could benefit from education or intervention will be limited. ICS principles provide a common base from which to begin a conversation about organizing a comprehensive behavioral health response to disaster that fits within an overall response structure. ICS is a standard, on-scene, all-hazards incident management system that is already in use by firefighters, hazardous materials teams, rescuers, and emergency medical teams.

One simple way for disaster behavioral health responders to be seen as viable response and recovery partners is to incorporate ICS terminology into our State and local plans. For example, ICS provides an organizational schema with standard titles that provide a framework for organizing a workforce. Using these titles (e.g., Leader, Supervisor, and Director) helps traditional disaster response groups see that behavioral health professionals respect and use a clear chain of command that is recognizable to everyone in the response. We can avoid confusion by applying these titles consistently to job descriptions for behavioral health volunteers, forms of identification (e.g., vests for fieldwork), and planning documents. Using standard titles and clear command lines also help disaster behavioral health workers understand their role and objectives in the field. Standard titles can assist planners in identifying competencies for each position and subsequently targeting training opportunities to enhance the workforce.

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Disaster behavioral health supervisors can more effectively direct response activities and meet incident objectives if the roles and boundaries of workers are predetermined and clearly understood. ICS structures do not limit the flexibility of service delivery, but rather make it easier to maintain accountability and coordination during the chaos that is the hallmark of disaster.

ICS principles also include the idea that although most disasters occur locally, responders should be prepared to work across functions and jurisdictions. State and local disaster behavioral health planners are often faced with planning and response issues requiring coordination across jurisdictions, disciplines, or organizations. For example, behavioral health responders could broadly include American Red Cross clinicians, Critical Incident Stress Management teams, disaster chaplains, Medical Reserve Corps volunteers, and a growing number of other State and local behavioral health volunteers. Coordinating with these entities is not always easy when things are calm and is even more challenging after a disaster. Nobody wants to needlessly duplicate efforts in a response or deal with turf issues on the fly. Unified command is an ICS concept that provides guidelines to help leaders coordinate with each other before and during a response. Unified command allows for the development of a single set of objectives for the delivery of behavioral health services during the entire incident. Although we, as behavioral health professionals, are never really in command of an incident, we do face coordination issues within our own response function. Practicing with specialized behavioral health tabletop exercises helps all of us learn together so we can respond together. Exercising the concept of unified command within our own functional area during calm planning periods has the additional benefit of creating valuable relationships and generating expectations that disaster behavioral health efforts will be well coordinated.

Denise Bulling, Ph.D., University of Nebraska Public Policy Center, is a licensed professional counselor and has more than 20 years of experience as a behavioral health clinician, manager, and planner. She is a member of the Association of Threat Assessment Professionals and the American Evaluation Association, and is an active mental health volunteer with the American Red Cross.