



DRN

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I. INTRODUCTION

The Disaster Response Network (DRN) of the American Psychological Association (APA) is the mechanism through which volunteer psychologists respond to local and national disasters and other traumatic events. Since the launch of the DRN as APA's centennial gift to the nation in 1992, over 3,000 psychologists have volunteered their professional skills to individuals, families and communities. DRN members have responded to disasters as diverse as the Oklahoma City bombing, Hurricane Andrew, and the Northridge earthquake.

Structurally, the DRN is a coalition of affiliated state and local networks housed within state and provincial psychological associations. The functions of the Disaster Response Network include:

1. Providing pro bono service to communities effected by trauma, crisis and disaster;
2. Providing access to disaster mental health training for its members;
3. Supporting members in their provision of trauma-related services;
4. Upholding professional standards of disaster mental health care; and
5. Coordinating collaboration with other organizations providing trauma and disaster relief services

The primary function of the national network is to facilitate joint activities with the American Red Cross (Red Cross) in accordance with the historic Statement of Understanding (SOU) signed in 1991 (Appendix 1). A variety of relationships exist at the state level between the Red Cross and State, Provincial and Commonwealth Psychological Associations, DRN coordinators and DRN units. The relationships are determined and developed by the individual SPPAs and their DRN coordinators.

Activities on the local level include, but also extend well beyond, Red Cross disaster relief operations. For example, state DRNs and regional counterparts also work with a variety of community and national organizations in providing disaster mental health services.

These Guidelines have been prepared at the direction of the APA Committee for the Advancement of Professional Practice (CAPP) to provide a consistent and uniform reference to assist individual members in addressing the professional issues that may arise during their participation in the APA Disaster Response Network.

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II. NATIONAL RELATIONSHIP BETWEEN THE DRN AND THE AMERICAN RED CROSS

The APA Disaster Response Network Structure flow chart (Appendix 2) illustrates the parallel structures within APA and the Red Cross that make possible those services to victims of disasters provided collaboratively by the Red Cross and DRN. The chart also illustrates the critical points of contact between the DRN and Red Cross structures discussed in greater detail later in this publication. Primary disaster planning and response activities in both organizations are carried out at the state and chapter levels.

In accordance with APA's Statement of Understanding with the American Red Cross, a 5-member DRN Advisory Committee helps design and implement DRN activities. Committee members, appointed by CAPP, are geographically diverse State, Commonwealth and Provincial Psychological Association DRN coordinators who serve staggered 3-year terms. The committee reports to CAPP through Practice Directorate staff.

The DRN Advisory Committee assists Practice Directorate staff and the network in remaining current with new developments in the area of disaster mental health and their implications for DRN services. The committee also identifies initiatives that may be useful to DRN state coordinators and DRN members and to the entire disaster mental health community. Finally, the committee assists in facilitating relationships with the American Red Cross and local Red Cross chapters, as well as in advancing services to communities facing incidents outside the scope of Red Cross involvement.

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III. PARTICIPATING IN DISASTER MENTAL HEALTH SERVICES

A. Independent DRN Activities

State DRNs, their regional counterparts and local DRN volunteers have forged effective collaborations with local police and fire departments, state and local governments' disaster preparedness agencies, community mental health centers and relief organizations to provide pro bono mental health services in local disasters and traumatic events. Drive-by shootings, violence in public schools, and industrial accidents typify situations requiring disaster mental health services not typically provided by the Red Cross. Through activities such as participating in the ride-along programs of local police and fire departments, psychologists may obtain field experience and build the trust and rapport necessary for effective disaster response planning and operations.

Since some local traumatic events involve the provision of psychological services at crime scenes, psychologists should be attuned to potential further limits such settings place on confidentiality and to their potential involvement with the criminal justice system as a result of providing services in such settings. DRN members may find the *Specialty Guidelines for Forensic Psychologists (Law and Human Behavior, Vol. 15, No. 6, 1991)* to be a particularly useful reference in addressing the issues raised by providing disaster mental health services at a crime scene.

B. Working with the American Red Cross

APA was the first national mental health organization to sign a Statement of Understanding (SOU) with the American Red Cross to provide pro bono mental health services to disaster victims and relief workers. State

psychological associations coordinate disaster mental health services with designated Red Cross chapters for local Red Cross disaster relief operations. Most state, commonwealth and provincial psychological associations have a DRN coordinator and each state has a Red Cross Lead Unit for Disaster Services responsible for coordinating disaster responses in that state. The state DRN coordinator and Red Cross Lead Unit for Disaster Services are responsible for establishing and maintaining linkage in each state. Additionally, every Red Cross Chapter is responsible for developing and maintaining its own Disaster Response Plan. There are currently over 1,300 local chapters affiliated with the Red Cross.

In the event of a large scale disaster requiring the participation of volunteers from around the country, the National Headquarters of the American Red Cross contacts the DRN through the Practice Directorate. The National Headquarters, through local Red Cross Chapters, will also directly contact volunteers registered with the American Red Cross's Disaster Services Human Resources System. For all volunteers wishing to serve on disaster assignments beyond their own states, *Disaster Mental Health Services [Red Cross 3043]*, which sets forth regulations and procedures for all providers of Red Cross Disaster Mental Health Services, states that "mental health professionals must be licensed or certified as mental health professionals by the state, territory or commonwealth in which they practice. If retired from practice, they must continue to maintain an active license."

The Statement of Understanding between APA and the American Red Cross specifies that "all participating psychologists will be required to complete the Red Cross Disaster Mental Health Services Course, which certifies them as Red Cross volunteers for work at the site of disasters." The Red Cross training assists volunteers in functioning effectively within Red Cross operations at disaster relief sites. As the Center for Mental Health Services' *Disaster Response and Recovery: A Handbook for Mental Health Professionals* notes, "Difficulties with volunteers will be lessened if procedures are developed to integrate them into the formal organizational response."

Both the DMHS-1 training course and the Red Cross 3050M policy manual (1991), precursor to Disaster Mental Health Services [Red Cross 3043] (1998), were developed in consultation with APA and other mental health organizations. It is strongly recommended that DMHS psychologists receive further training in crisis intervention, traumatic stress, death notification, and services to diverse and special needs populations (including children and the elderly).

It is critical to remember that psychologists, like all disaster relief volunteers, are subordinate to American Red Cross or other agency structures in which they are working at disaster relief sites. It can often be helpful to remember that one's skills are more important than one's professional identity in the immediate provision of disaster mental health services. Where appropriate, the public should be educated that psychologists serve as volunteers with American Red Cross and other disaster relief organizations as an integral part of disaster relief services.

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IV. PROFESSIONAL STANDARDS IN DISASTER MENTAL HEALTH SERVICES

Psychologists working with the DRN are responsible for their own conduct and for maintaining the highest standards of the profession.

Psychologists must at all times adhere to the *Ethical Principles of Psychologists* and state law. While psychologists participating in DRN activities may find themselves providing professional services in non-traditional settings, professional standards remain applicable in all those activities.

Psychologists participating in independent DRN operations and at Red Cross disaster relief sites may have specific concerns about the pragmatic aspects of integrating that participation into their professional lives. Some of these concerns are addressed below in the context of general DRN activities. Unique aspects of or requirements for participating in Red Cross disaster relief efforts are also noted with reference to the relevant sections of *Disaster Mental Health Services (Red Cross 3043)*.

1. Liability/Malpractice Insurance

A. Independent DRN

APA DRNs carry no liability coverage of their own, so it is strongly recommended that psychologists participating in any DRN service provision carry their own liability insurance.

B. American Red Cross Specific

"Red Cross comprehensive general liability insurance covers volunteers, including physicians, nurses and licensed or certified mental health providers while they serve as agents of the Red Cross. All agents of the Red Cross must be registered with either the Staffing or Local Disaster Volunteers function; must be working under the control and supervision of authorized Red Cross staff within the framework of Red Cross policies, regulations and procedures; and must not exceed the level of care described in the DMHS Intervention Standards." (Red Cross 3043, p. 13)

2. Confidentiality

A. Independent DRN

Standard 5 (Privacy and Confidentiality) of the *Ethical Principles and Code of Conduct* is fully applicable in all DRN activities. Psychologists providing services in the aftermath of disasters and traumatic events have an obligation to be aware of legal standards that may affect or limit the confidentiality or privilege they may attach to their services and they conduct their professional activities in a manner that respects known rights and privileges. Psychologists inform all the recipients of their services of the limitations to the confidentiality of those services. Psychologists with questions or concerns about privacy and confidentiality issues in the provision of services, particularly in the case of traumatic events involving law enforcement and potential criminal investigations, are urged to contact their State, Commonwealth or Provincial Psychological Association or the Legal and Regulatory Affairs Department of APA's Practice Directorate.

B. American Red Cross Specific

Concerns about confidentiality in Red Cross disaster relief operations are addressed at length in ANNEX B to Red Cross 3043. Psychologists with such concerns are urged to review ANNEX B (Appendix 3).

3. Profiting from DRN activities

A. Independent DRN

The DRN was created to provide immediate, short-term and crisis intervention services to individuals, organizations and communities in need following a traumatic event. It is composed of volunteer psychologists whose DRN activities are provided on a *pro bono* basis. DRN members are, therefore, not compensated for their time or services during a DRN operation. Most of the DRN's activities are provided during the emergency phase of a crisis or disaster, and do not involve long-term services.

Self-referrals are not appropriate for psychologists serving on or in support of a DRN operation. Clients in need of additional or long-term professional services after the close of a DRN operation should be provided a referral through mechanisms established by the state or local DRN or psychological association.

There may be circumstances in which the DRN may be contacted to provide services that are not an appropriate use of the DRN. These are primarily circumstances involving agencies or organizations seeking *pro bono* services following a traumatic event while having adequate resources to compensate professionals for those services. State or local DRNs should generally not provide *pro bono* services to agencies or organizations that have the resources to pay for those services.

In these circumstances, some of which are outlined below, professional services are more appropriately provided by psychologists in independent practice. These psychologists should be compensated for their services. If a psychologist who is a DRN member is an appropriate referral, that psychologist may offer professional services at his or her usual and customary fee for the service(s) provided. The following situations are offered as illustrative examples and are not intended to be an exhaustive list of such circumstances :

1. A for-profit business or organization experiencing a crisis or disaster such as an industrial accident or disruption in business due to violence or weather-related disaster generally has the financial resources and responsibility to pay for crisis management services. Requests for these services should be referred to psychologists in independent practice who have the requisite expertise. These services should not be provided by the DRN.
2. A government or non-profit agency such as a school or community mental health center may request *pro bono* consultation or training for which it has budgeted resources. These organizations or agencies should be referred to a psychologist in private practice. These services should not be provided by the DRN.
3. Psychologists who have provided services during a DRN operation may be asked to provide consultation, training or direct services to victims following the close of the DRN operation or long-term services beyond the emergency phase of a crisis or disaster following the close of a DRN operation. Such professional services are often compensated through grants, community mental health authorities or other emergency related organizations and agencies. DRN psychologists may be compensated for these additional services, but are strongly encouraged to clarify their new roles and activities. These activities should in no way represent their service as part of the DRN.

Participation in the DRN should in no way prohibit, restrict, limit or exclude activities in a DRN psychologist's private practice, provided such clinical activities are separate and apart from the scope of the psychologist's active engagement in a DRN operation. However, when the psychologist is serving on or in support of a DRN operation, their services are not to be compensated and are always provided *pro bono*. Some psychologists may volunteer as members of the DRN as well as provide crisis intervention or management services in their private practice. These psychologists bring valuable expertise to their DRN activities and frequently serve in leadership roles.

B. American Red Cross Specific

"A mental health professional who sees a client while serving on, or in support of, a disaster relief operation may not make a self-referral for additional professional services unless the mental health professional is the only mental health provider within a reasonable travel distance for the client. Approval from National Headquarters must be received prior to the self-referral." (Red Cross 3043, Annex A, DMHS Intervention Standards, p. A-1)

It is, however, the Red Cross position that Red Cross's DMHS personnel are intended to support local mental health professionals, not replace them. DMHS personnel provide short-term crisis interventions only (with some exceptions as required by law, e.g., The Aviation Disaster Assistance Act).

The Red Cross may provide some services to for-profit corporations during the emergency phase of a disaster. Psychologists working as Red Cross volunteers may be assigned to provide these services on a pro bono basis.

4. Student Participation

A. Independent DRN

Supervisors are strongly recommended to require that the students they supervise have liability /malpractice insurance to participate in independent DRN disaster relief activities.

While participating in disaster relief activities may have value as a training experience, it is imperative that supervisors take all steps necessary to assure that student participation does not detract in any way from the primary mission of a disaster relief effort. Therefore, it is essential that only students with appropriate training and personal qualities be chosen for such assignments.

B. American Red Cross Specific

"Students in [mental health discipline graduate] programs may work with the DMHS function only under the following conditions:

- The student is in his or her final year of obtaining a masters or doctoral degree in one of the accepted disciplines, and
- The student must work under the supervision and license of a practicing mental health professional who has taken Red Cross DMHS training and is assigned to the relief operation (usually a faculty member), and
- Both the student and the practicing mental health professional

- agree to work within Red Cross DMHS Intervention Standards, and
- Prior approval has been obtained from Disaster services at national headquarters." (Red Cross 3043, p. 13)

5. Media Inquiries

A. Independent DRN

Standard 3 of the *Ethical Principles of Psychologists and Code of Conduct* is as applicable to public statements about participation in DRN activities as it would be to public statements about any professional activity or setting. Psychologists engaged in DRN activities may especially wish to review standards 3.01 (Definition of Public Statements), 3.03 (Avoidance of False or Deceptive Statements) and 3.04 (Media Presentations).

B. American Red Cross Specific

Volunteers on Red Cross disaster relief sites are not permitted to speak to the media unless designated to do so by the site coordinator. Volunteer should always be aware that when wearing a Red Cross identification badge they are perceived as representing and speaking for the Red Cross. When designated by the Red Cross media relations staff to address the media, psychologists may identify themselves as psychologists and DRN members as well as Red Cross volunteers.

Volunteers must receive authorization from the Red Cross to describe specific relief operations off-site or following completion of the operation. Psychologists are, of course, free to discuss their general expertise provided that they do not discuss the operations of a specific Red Cross disaster relief site without prior approval. However, psychologists may identify themselves as having served at a specific site.

6. Other Publications/Reports

A. Independent DRN

See 5.A. above.

B. American Red Cross Specific

In order to protect the privacy of clients and workers and allow them to direct all of their emotional energy to the task of recovery, no mental health-related research will be conducted without the expressed written permission of the Vice President of Disaster Services at National Headquarters. Under no circumstances will researchers be allowed to interview clients and staff in any Red Cross relief operation setting, nor can DMHS staff provide information to such researchers without the consent of the vice president. (Red Cross 3043, p. 5)

A mental health professional who wishes to publish information about the Red Cross or his or her experience related to a Red Cross disaster relief operation, either within or outside his or her own chapter jurisdiction, must send the material to be published to the DMHS function lead at national headquarters for approval by the Vice President of Disaster Services before submitting it for publication. (Red Cross 3043, p. 5)

Lest this should seem to preclude any reasonable opportunity to pursue psychological research on the efficacy of disaster relief interventions, the

SOU between APA and the Red Cross states, "The Red Cross and the APA will use their best efforts to facilitate any appropriate and authorized research around disaster response." The Red Cross document, *Preparedness for Disaster (Red Cross 3020)*, which may be obtained from any local Red Cross chapter contains the procedures for requesting the necessary permission to conduct and disseminate research.

The general distinction under media inquiries applies also to other publications such as newsletters and internal state and local association reports. That is, DRN members are free to identify themselves as having served at a specific site and the describe the general application of their disaster mental health expertise.

All Red Cross volunteers including all disaster mental health professionals are advised not to publicly comment (either in writing or in presentations) on perceived operational integrity of any Red Cross operation or the perceived effectiveness of any Red Cross personnel. If DRN members have concerns about any aspect of a Red Cross operation, they are encouraged to contact the APA Practice Directorates office of Public Relations and Communications or their local Red Cross chapter. The Practice Directorate can connect DRN members with the National Red Cross if appropriate.

Psychologists must also observe the privacy and confidentiality standards of the *Ethical Principles* and those outlined in the *Red Cross 3043*.

7. Training

A. Independent DRN

As has been previously noted, it is strongly recommended that DRN psychologists receive further training in crisis intervention, traumatic stress, death notification, and services to diverse and special needs populations (including children and the elderly). Psychologists should consult their state DRN coordinator for referral to trainings sponsored or endorsed by their state DRN.

B. American Red Cross Specific

The Red Cross Disaster Mental Health Services course DMHS-1 is a prerequisite for registration with the Red Cross Disaster Services Human Resources System. Availability of this training may sometimes be limited, which can lead to delays in bringing volunteer psychologists into full participation in disaster relief efforts.

Due to national Red Cross budgetary and scheduling constraints which effect the scheduling of trainings, State DRN coordinators are urged to request trainings through their state Red Cross Lead Unit for Disaster Services well in advance of desired training dates.

Extreme difficulty in scheduling training should be brought to the attention of the Director of the Disaster Response Network in the APA Practice Directorate (202-336-5898) for resolution with Red Cross national headquarters.

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V. UNIQUE ASPECTS OF DISASTER MENTAL HEALTH SERVICES

While disaster mental health services may provide an excellent means for fulfilling a psychologist's ethical obligation for social responsibility, disaster settings can thoroughly challenge professional skills and personal resources. The field application of crisis intervention can be different from providing services in a professional office, although the *Ethical Principles of Psychologists and Code of Conduct* remain applicable to all settings. Personal qualities important to a mental health professional engaged in a disaster response include self-knowledge, openness to supervision, appropriate independence, flexibility, and dedication.

In disaster mental health settings psychologists rarely deal with chronic psychopathology. Survivors are generally experiencing ordinary reactions to extraordinary events and need to be assured that these reactions will very likely subside over time.

Due to rapidly changing needs in the midst of disaster response, the most important characteristics of a responding psychologist may be resourcefulness and role flexibility. Most crisis contact occurs in the midst of frantic activity at the service delivery site, lasts 1 to 10 minutes, and entails mainly ventilation, brief support, and notification of immediate resources.

Educational handouts, such as those described in the Red Cross DMHS-1 course or provided by some county mental health agencies, are an essential component of mental health disaster response work. One of the most vital functions a psychologist will perform at most disaster relief sites is connecting victims and survivors to a range of community resources.

Effective disaster response mechanisms are usually developed at the grassroots level. Local psychologists tend to know the needs and resources of their communities better than responders from other communities and are better able to make appropriate referrals to available resources.

Finally, self-care is a critical aspect of successful disaster mental health service provision. Every disaster mental health volunteer should be debriefed at the end of each assignment and be alert to the potential for his or her own secondary traumatization.

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VI. BECOMING A DRN VOLUNTEER

Licensed psychologists interested in becoming DRN volunteers should contact their state DRN coordinator through their state or provincial psychological association. It is strongly recommended that DRN members be members of the American Psychological Association and of their State, Provincial or Commonwealth Psychological Association.

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VII. REFERENCES

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VIII. APPENDICIES

1. Statement of Understanding Between The American Psychological Association and The American National Red Cross
2. DRN Flow Chart
3. ARC 3043 Annex B. Privacy and Confidentiality
4. Key Concepts of Disaster Mental Health

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