



Natural Disaster Response: Role and Training of Counselors

Dessie S. Avila, Mason A. Hale, Amanda L. Nowlin, and Tony Michael, Ph.D.
Tennessee Technological University



Abstract

The purpose of this literature review is to examine current mental health protocols for disaster response in the state of Tennessee and provide implications for further research.

Introduction

According to the National Weather Service (2022), 35 tornadoes hit Tennessee in 2021.

Federal Emergency Management Agency (FEMA, 2021) referenced most natural disasters are due to flooding and severe thunderstorms over the last 70 years.

While there is a standardized mental health service structure in place for the state of Tennessee regarding disasters, the formation on how mental health workers are involved remains obscure.

This review addresses the strengths, weaknesses, and areas of advocacy with the purpose of gaining a better understanding of the mental health disaster response structure currently in place and a proposed model for future response.

Significance

Common mental health issues that arise from experiencing disasters are depression, complicated grief, PTSD, Substance use, anxiety disorders, somatic disorders, and psychosis (Goldmann, 2014; Henley, 2010).

While it is evidenced that the risk for mental health disorders increases after experiencing a natural disaster, more research is needed to better understand risk and protective factors, and mental health interventions that treat the acute and long-term needs of survivors (Pfefferbaum et. al., 2010).

Coverage & Methodology

A semi-systematic approach method was used to collect relevant literature from relevant scholarly databases (e.g., PsychInfo, PsychArticles, etc.)

Keywords: TN disaster mental health, mental health disaster response, counselor disaster certification, counselor training for disaster response, TN mental health strike team, TEMA, TN.gov disaster services

Results

Strengths: The projected growth of the counseling profession is 23 % between the years of 2020 and 2030 (U.S. Bureau of Labor Statistics, 2021) with an implication of more counselors that could be utilized in disaster mental health response. Furthermore, training courses are accessible and available for counselors with costs ranging from free to \$2,000 offered online and in-person.

Weaknesses: State-wide and local disaster response plans are needed for counselors. There needs to be a formal protocol for response, a list of counselors, and available resources for each region (McIntyre & Nelson Goff, 2011). TN response plan is unclear regarding counselor's roles in disaster response.

Advocacy: The American Red Cross (2017) accepts Disaster Mental Health Volunteers for disaster response. The Mental Health Active Response Team (n.d.) in Tennessee organizes fully licensed counselors to provide pro bono care to individuals impacted by a disaster through telehealth platforms. FEMA in partnership with Substance Abuse and Mental Health Services Administration (2019) provides grant funding for areas affected by major disasters to provide counseling assistance.

Conclusion

Disasters are becoming increasingly apparent with an annual average of 16.2 natural disasters within the last five years (2016-2020) (NOAA National Centers for Environmental Information, 2021).

Findings suggest a need for collaboration efforts and formal protocols in order to strengthen disaster mental health plans.

Service gaps include a localized resource list of available counselors and mental health professionals in communities that can assist after the impact of a natural disaster.

Selected References

American Red Cross. (2017, January). *Eligibility criteria for disaster mental health workers*.

Castellano, C., & Plionis, E. (2006). Comparative analysis of three crisis intervention models applied to law enforcement first responders during 9/11 and Hurricane Katrina. *Brief Treatment and Crisis Intervention, 6*(4), 326-336.

Everly, G. S., & Mitchell, J. (1999). *Critical incident stress management* (2nd ed.). Chevron.

Findley, P. A., Pottick, K. J., & Giordano, S. (2015). Educating graduate social work students in disaster response: A real-time case study. *Clinical Social Work Journal, 45*(2), 159-167.

Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B. P. R., de Jong, J. T. V. M., Layne, C. M., Maguen, S., Neria, Y., Norwood, A. E., Pynoos, R. S., Reissman, D., Ruzek, J. I., Shalev, A. Y., Solomon, Z., Steinberg, A. M., & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry, 70*(4), 283-315.

Holder, N., Suris, A., Holliday, R., & North, C. S. (2017). Principles of mental health intervention for survivors of major disasters. *Psychiatric Annals, 47*(3), 124-127.

Juntunen, C. L. (2011). Reflections on the opportunities and challenges of disaster response. *The Counseling Psychologist, 39*(8), 1182-1192.

Lewis, J. (n.d.). *New Tennessee statewide team responds to disasters*.

Mental Health Active Response Team. (n.d.). *Pro bono therapy: Support for Tennesseans facing disasters*.

McIntyre, J., & Nelson Goff, B. S. (2011). Federal disaster mental health response and compliance with best practices. *Community Mental Health Journal, 48*(6), 723-728.

National Weather Service. (2021, October 11). *List of tornados across Tennessee in 2021*.

Substance Abuse and Mental Health Services Administration. (2019, August 2). *Crisis counseling assistance and training program (CCP)*.

U.S. Bureau of Labor Statistics. (2021, September 8). *Substance abuse, behavioral disorder, and mental health counselors: State & area data*.

Proposed Model for Mental Health Disaster Response

