

Supervision of Responders During Disaster Response¹

Nebraska recognizes that the initial phases of disaster response are intense and often chaotic, requiring supervisors to be skilled and experienced in disaster behavioral health work. For this reason, supervision of field work should fall to licensed mental health professionals, preferably with disaster response training and experience.

1. Adequate clinical supervision of behavioral health disaster responders protects both service recipients and responders.

2. Licensed mental health professionals with experience in assuming clinical supervision roles should use the following guidelines to provide “adequate supervision” to behavioral health disaster responders:

- Be accessible to responders in the field
- Accessibility includes availability by phone or radio for immediate consultation, and availability on site for intervention or referral
- Limit the number of people in the field per supervisor to 5 teams of 2 people each if possible
- Insist that behavioral health responders receive orientation prior to service and opportunities for defusing/debriefing following service
- Insist that behavioral health responders be deployed in teams – never solo
- Take time to know the strengths and limitations of the responders assigned to you for supervision
- Consider pairing community responders with licensed behavioral health, credentialed clergy, active CISM peer, or ARC Disaster Mental Health responder if possible – use a “buddy system”
- Insist that behavioral health responders identify themselves to survivors and those they are serving to allow the potential recipient of service to decline if desired
 - Licensed behavioral health responders should identify themselves according to their licensed profession
 - Community responders should identify themselves as “psychological support” volunteers
- Insist that behavioral health responders who are licensed mental health professionals conform to provision of informed consent when engaging in formal interventions such as debriefing – reviewing the potential risks and benefits prior to beginning the intervention
- Work with administrative personnel to create reasonable working hours and conditions for those you supervise

3. Geographic areas without immediate access to licensed mental health experienced in disaster response should request the addition of such a

¹ Taken from the Nebraska Behavioral Health All Hazards Disaster Response and Recovery Plan, adopted January 20, 2005 Available for download at www.disastermh.nebraska.edu

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responder as soon as possible. Community responders assuming a lead role in behavioral health responses in the interim should be cognizant of the guidelines listed above when actively deploying or supervising behavioral health responders immediately following a disaster.

4. The behavioral health response is part of an overall coordinated health response. Clinical supervisors should keep administrative personnel apprised of activities in the field through incident command structures. The clinical supervisors may also be in the field and can forward information to administrators about conditions, responses, and concerns that may contribute to the coordination of an overall response that more effectively meets the needs of those affected.

Liability Issues

The Nebraska All-Hazards Disaster Behavioral Health Plan is not a substitute for legal advice regarding liability. Efforts have been made to construct a system of deployment that maximizes protection from liability for volunteers. **There is no liability protection for volunteers who engage in illegal or unethical behavior while responding.** Volunteers are least liable when they: are part of a formal response activated by emergency management; operate within the scope of their licensure or responsibility area; and are adequately trained and supervised in the field. Appendix F-2 contains references to relevant regulations and statutes that may be of interest to the behavioral health disaster volunteer.