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**CPA Web-Based Survey of Practitioners and Associations
Regarding their Psychological Responding
during a Crisis or Disaster**

Final Report of Survey Results

January 2010

For more information on CPA please visit our website at www.cpa.ca

Please send questions or comments to:
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INTRODUCTION

Emergencies, disasters and infectious diseases, like any life stressor, challenge the way people cope. Whether one learns about them on television or experiences them personally, one can feel upset, fearful and anxious as a result, both for one's own personal safety as well as that of one's family, friends and community. Stressful events can also bring up feelings and memories of previous traumatic events thereby compounding the distress that people feel. In light of this, the Canadian Psychological Association (CPA) and its Executive Staff have been engaged in various emergency preparedness planning activities. These activities have included, but not been limited to the following:

- Attendance at the Public Health Agency of Canada's (PHAC's) annual national forums on emergency preparedness and response.
- Advisory committee member in the development of a psychosocial annex to Canada's pandemic response plan.
- Member of the Council of Emergency Voluntary Sector Directors (CEVSD), a network of directors of voluntary organizations whose mandate is the provision of services during emergencies – this network's meetings are supported by PHAC.
- Secretariat and co-Chair of the National Emergency Preparedness Advisory Consortium (NEPAC). NEPAC is an evolution of the Inter-Agency Psychosocial Working Group that was brought together by PHAC staff members following SARS and continues to be supported by PHAC.
- Member of the Mental Health Support Network, a network of professional and voluntary associations concerned about mental health and the stress arising from extreme stressors.
- Provided input into the development of four pamphlets developed by the Mental Health Support Network on responding to stressful events (e.g. Taking Care of Ourselves, Our Families and Our Communities; Helping Teens Cope; Helping Children Cope; Self-care for Caregivers). These pamphlets were published by PHAC.
- CPA has itself developed public information resources on psychosocial aspects of emergencies (e.g. Coping with Concerns about the H1N1 Influenza A Virus and Pandemics: Information for Canadians).

In addition to these activities and as a part of this planning, CPA endeavored to find out about the psychological capacity to respond to a disaster that affects Canadian communities. The questions about the role mental health professionals play in response and recovery differ depending on whether these questions are posed of individual practitioners or the professional groups that represent them. The key issues for CPA when thinking about capacity to meet the mental health needs of people and communities in the face of a disaster are which national, provincial or territorial group of psychology is responsible for organizing and mobilizing resources and how are they linked or integrated with systems of disaster response? Accordingly, to answer these questions and to gather information about the important role that psychologists play in responding and recovering to a disaster, CPA designed two surveys - one directed to jurisdictional professional associations and another that was directed to the individual psychologist practitioners. This report presents an overview of the results obtained from the surveys.

METHOD

For the purposes of the surveys and thereby this report, *disaster response* refers to any environmental, biological or physical disaster that affects a community. Examples would include a flu pandemic, a flood or fire, or a plane crash. Although there are some psychologists who have volunteered their services during these kinds of disasters that affect entire communities, there are more who provide crisis response in the context of their employment and within specific sectors. Some examples of this kind of crisis response might be psychologists employed by a school board who respond to an incidence of violence within a school or psychologists employed by a correctional facility who respond to a hostage taking within a detention centre. Psychologists who provide sector-specific crisis response may also have the skills sets and expertise that are applicable to responding to a community disaster.

Response and recovery to disaster have somewhat different definitions among providers of mental health care than they do among other systems and providers of emergency response (e.g. Canadian Red Cross, Salvation Army or St. John Ambulance). For example, recovery can start as early as 1 to 7 days post-disaster. In the view of most health care providers, particularly those who provide mental health services, 1 to 7 days post a traumatic event would still be considered acute. Further, arguably, every mental health care provider is involved in helping people recover from whatever mental health problem their patients bring to them.

The question about who among mental health professionals engage in recovery may be easily answered as 'everyone'. Though all might be engaged in recovery, not all are engaged in crisis response. Though all might help a patient who walks into their office recover from a crisis, not all will go into the field to help people in a given community or sector (e.g. school, correctional facility) respond to a crisis. Psychologists who actively provided either or both these kinds of crisis response were invited to complete the survey. For the purposes of this survey, when a question referred only to 'disaster', we meant community disasters such as floods, fires, airplane crashes or flu pandemics. When the survey questions referred to 'crisis and disaster' we meant to include those who respond to disasters as well as those psychologists who provide sector-specific crisis response (i.e. school or correctional psychologist' activity as illustrated above).

CPA designed two surveys – one directed to individual psychologist practitioners and another directed to jurisdictional professional associations.

- The survey for practitioners focused on whether they provide response and recovery services, as well as how these are organized, or perceived to be organized, and are mobilized in the event of a disaster.
- The survey for jurisdictional professional associations focused on the activities of members but more importantly upon the role the association plays in coordinating disaster response and recovery and linking this resource to other systems and services of disaster management.

A list of the questions asked in each survey is appended to the end of this report.

RESULTS

Participants were notified of the survey via CPA's electronic newsletter, and notifications put out to the Council of Professional Associations of Psychology (CPAP), the Association of Canadian Psychology Regulatory Organizations (ACPRO) and the Council of Canadian Departments of Psychology (CCDP).

Responses are based on the 175 individual practitioners and 4 professional associations that completed the survey. Practitioners' responses are presented first.

Practitioner Responses

Frequency, Training and Type of Services Provided by Practitioners during a Disaster

Sixty-one percent (61%) of practitioners reported doing crisis management at work with individuals, groups or systems; 68% had treated clients for acute and/or post-traumatic stress disorder (PTSD).

With respect to training, 51% of practitioners indicated they had received specialized training in providing psychological services specifically in the event of a crisis or disaster; 39% reported receiving specialized training in crisis or disaster management in general.

Twenty-one percent (21%) reported having been involved in the provision of psychological services in the event of a community disaster; 55% indicated that their crisis response activity involved responding to an event during the course of their employment within a specific sector rather than to a more broadly defined community disaster.

Practitioners were also asked about the types of services they provided. Among those who have provided crisis or disaster services, 7% provided them pro bono, 36% did so in the context of other work, and 9% did so through other remuneration. In terms of the length of time they provided crisis or disaster services, 41% provided them for 1 to 7 days, 13% provided them for 8 to 14 days, and 20% provided them for 15 days or more.

Fifty-two percent (52%) of practitioners reported doing some post-disaster/crisis follow-up with or facilitation of referrals for individuals.

Practitioners were also asked about the mobilization of psychological services during a crisis or disaster. Only 23% of practitioners indicated being on a list or being a member of a group/organization of practitioners that are organized to provide mental health services within Canada in the event of a disaster or crisis. Among those on a list or who have provided psychological services, 18% indicated that their participation was organized by a body or group.

Lastly, practitioners were asked about the organization of psychological services during a crisis or disaster. Table 1 shows that the majority of practitioners do not know whether psychological services are sufficiently organized in the event of a crisis or disaster within Canada.

Table 1

Survey Question: Practitioner	Response Rate		
	Yes	No	Unknown
Assuming that you have signed up or have provided crisis or disaster psychological services, do you feel that these services are sufficiently organized and coordinated within Canada?	3%	21%	75%
Is there sufficient organization and coordination within and by the profession for psychologists providing psychological services specifically in the event of a community disaster within Canada?	3%	34%	63%
Is there sufficient organization and coordination among the profession and the governmental and non-governmental bodies that provide disaster response and recovery services within Canada?	6%	18%	75%

Professional Association Responses

Seventy-five percent (75%) of responding associations indicated that the provision of disaster response and/or recovery service was included in their association's mandate. Associations reported engaging in the following activities:

- Preparing fact-sheets and brochures for the public (50%);
- Delivering lectures or workshops on coping with stress (50%);
- Providing or facilitating education workshops for practitioners (75%); and
- Organizing or coordinating disaster response among its members (75%).

All of the responding associations indicated that they linked with others systems of disaster response on behalf of their members who are either on a disaster response roster or who provide disaster response. Three of the four associations reported having agreements with governmental or non-governmental agencies that are charged with responding to a disaster.

In terms of mobilizing their members, associations reported a variety of mobilization strategies from association-mobilization, mobilization by other organizations and members making their own arrangements.

In terms of skill sets and standards, associations were asked if they felt that the provision of mental health response and recovery in the event of disaster by psychologists was within their practitioner skills set as demonstrated via their license, or required a specialized skill set – three of the four associations indicated that the provision of mental health response and recovery in the event of a disaster by psychologists was within their practitioner skill set demonstrated via their license. Two of the four associations felt there was a need for standards and training for psychologists to do disaster-related mental health work; three reported developing, supporting and/or endorsing standards for mental health response and recovery by psychologists.

None of the associations reported collecting data about the kinds of services their members provided during an emergency.

Gaps in the Organization of Psychological Services during a Disaster

Both practitioners and professional associations were asked to identify any gaps they perceived in the organization and coordination of psychological services in the event of a disaster within Canada.

Practitioners identified the following gaps:

- Insufficient communication between levels and to practitioners
- Lack of coordination of professional associations across local, provincial and national levels
- Lack of baseline level of emergency response training for all psychologists
- Need for national-level coordination, based on skill set and interest in providing services
- Need for private practitioners to be coordinated via a national list
- Absence of a systematic way to contact and mobilize practitioners in an emergency or disaster
- Need for a list of psychologists who are trained, available and willing to provide services
- Little or no training in emergency response at graduate level
- Gaps in training and compensation
- Lack of pro bono training to accompany pro bono services
- Insufficient recognition of need for psychological support during a disaster
- Lack of knowledge on part of psychologists regarding who to contact during an emergency in order to offer services
- CISD and similar services are being offered despite data showing an increase in post-traumatic stress disorder

Professional Associations identified the following gaps:

- Lack of relationship with a national organization for national deployment opportunities
- Inconsistency in co-ordination and training at the local branch level
- Need for more involvement as a professional association in reviewing members skills as crisis interveners
- Need for a roster of eligible psychologists for intervention in times of disaster.

Recommendations for CPA and Professional Associations in Filling the Gaps

Having identified perceived gaps in the organization and coordination of psychological services, practitioners were asked what recommendations they would make to CPA specifically, as well as to the provincial/territorial professional associations to fill the gaps they identified.

Recommendations for CPA focused on the need for national-level coordination, creation of a database of available/trained psychologists, need for national protocols and responses, and advocacy for mental health services during an emergency. Specific recommendations for CPA were as follows:

- Provincial associations need to be linked with CPA; CPA to provide up-to-date information
- Create a committee to collaborate with provincial and federal bodies responsible for disaster management
- Serve as the federal coordinator of psychological responding during a disaster; coordinate with provincial associations
- Maintain database/list/registry of available psychologists and specializations/training
- Provide and coordinate training on a national level
- Establish ethical guidelines for responding during a crisis

- Mobilize psychologists during a disaster
- Coordinate a national psychological response
- Assist provinces to develop an emergency fan-out list
- Facilitate acceptance of registered psychologist status across provinces
- Identify and create national level protocols
- Advocate on behalf of psychologists for the services they provide during a disaster; be more involved politically on need for mental health services during a disaster

Recommendations for provincial/territorial professional associations were as follows:

- Provincial associations need to be linked with CPA; CPA to provide up to date information
- Ensure proper provision of services for people in rural and northern communities
- Break through silos between privately and publicly funded psychologists
- Develop emergency fan out lists of psychologists; work with CPA to keep list of emergency-trained psychologists who are willing and available to respond
- Recognize registered psychologists from other provinces
- Training and coordination
- Educate public and communities regarding services
- Emphasize need for multi-disciplinary approach to disaster response

CONCLUSION

The primary objective of a psychosocial response to any disaster or public health emergency is to restore and increase the capacity of individuals to go on with their lives by addressing their social, emotional, psychological and physical needs. It includes supporting and strengthening social systems and helping individuals to regain a sense of control, diminish psychological arousal, effectively manage stress and improve adaptive coping strategies.¹

The psychosocial impacts of and need for psychosocial planning are being given a voice in various emergency preparedness and responding activities being held/arranged at the municipal, provincial/territorial and federal levels. Among many, the term ‘psychosocial emergency response’ is used broadly. Although used broadly, it is not always clearly known what this means. For example, what does it look like in practice? Who does it? What training does one need to do it? Does it work, when and for whom? How long does it and should it last? For all of these questions, there are many varying responses and perspectives.

Another term used broadly is ‘psychological first aid’. At present, there is much focus on training individuals to provide ‘psychological first aid’. Many of the same questions posed of ‘psychosocial emergency responding’ are applicable here. In the case of ‘psychological first aid’, this training is typically provided to non-psychologists. However, just as there are limits to the assessment and treatment a non-trained individual can provide for physical injuries and ailments, there are limits as to the assessment and treatment non-mental health trained individuals can provide for mental health problems. The training and provision of this type of first aid remains an area for further dialogue and assessment, and one for which psychologists can be a valuable source of information and expertise.

¹ Source: Ministry of Health Services, British Columbia Pandemic Influenza Psychosocial Support Plan for Health Care Workers and Providers.

Given their training and licensure, it is reasonable and appropriate for psychologists, as regulated mental health providers, to play the following roles in responding to emergencies and disasters:

- Triage;
- Training psychological responders;
- Serving as a resource and providing treatment in the event that a regulated mental health professional is needed;
- Program planning, development and evaluation; and
- Front-line emergency response.

Over and above these roles, CPA has identified a number of areas and issues in which it can also play a role in supporting, coordinating and/or organizing Canada's psychological response during an emergency or disaster. They include but are not limited to:

- Maintaining a roster of practitioner emergency responders
- Linking and liaising with provincial/territorial associations of psychology involved in emergency response – disasters affect psychologists too and there is a need for psychologists to respond from outside the jurisdiction of emergency
- Linking and liaising with emergency responder groups and organizations
- Helping mobilize psychologists in the event of an emergency
- Organizing continuing education in emergency response
- Organizing and collecting outcome and best practice data about psychological and mental health response in the event of a community emergency
- Consulting and participating in mental health training of emergency psychosocial responders.

From its involvement in numerous national-level emergency preparedness activities, as well as from the results of this survey, it is clear that there are many gaps and needs in terms of psychology's capacity, both as a science and practice, to respond in the event of an emergency or disaster. CPA will continue to participate in national-level emergency preparedness and responding activities through its representation on various committees. It will also explore addressing the various roles identified via this survey. Members are invited to contact CPA at executiveoffice@cpa.ca with any questions and comments on this report or with ideas on how CPA can facilitate organizing psychological responding during an emergency or disaster.

APPENDIX

Survey of Practitioners regarding the Disaster Response and Recovery Activities of Psychologists in Canada

Questions

1. Do you do crisis management work with individuals and/or groups or systems?
2. Do you treat clients for acute and/or post traumatic stress disorder?
3. Have you ever been involved in the provision of psychological services in the event of a community disaster (e.g. flu pandemic, environmental)? In other words, have you gone out to the field in the event of a disaster and provided psychological service as needed?
4. Does your crisis response activity involve responding to an event during the course of your employment within a specific sector (e.g. school or correctional system) rather than to a more broadly defined community disaster (e.g. fire, flood, flu pandemic)?
5. Have you received specialized training in providing psychological services specifically in the event of a sector-specific crisis or more broadly defined community disaster?
6. Have you received specialized training in crisis or disaster management in general (i.e. how governments, communities, groups and systems respond to crisis or disasters)?
7. If you have provided such crisis or disaster service, did you do so:
 - a. pro bono?
 - b. in the context of your employed work?
 - c. through some other remuneration or contract?
8. If you have provided crisis or disaster service, for what length of time did you provide it to an individual or community?
 - a. 1 to 7 days
 - b. 7 to 14 days
 - c. 15 days or more
9. Did you do any post-disaster/post-crisis follow-up with individuals or facilitate referrals for them in the event it was necessary?
10. Are you on a list or are you a member of a group or organization of practitioners who are organized to provide mental health services within Canada in the event of a sector-specific crisis or community disaster?
11. If you are on such a list or have provided psychological services in the event of a crisis or disaster within Canada, is your participation coordinated by any body or group (e.g. provincial or territorial professional association)?
12. Assuming that you have signed up or have provided crisis or disaster psychological services, do you feel that these services are sufficiently organized and coordinated within Canada?
13. Is there sufficient organization and coordination within and by the profession for psychologists providing psychological services specifically in the event of a community disaster within Canada?
14. Is there sufficient organization and coordination among the profession and the governmental and non-governmental bodies (e.g. voluntary sector agencies such as the Red Cross, St. John's Ambulance) that provide disaster response and recovery services within Canada?
15. Please list the gaps, if any, in the organization and coordination of psychological services in the event of a disaster within Canada.

16. Please detail any recommendations you might have about the role psychological associations could play in filling any perceived gaps in the organization and coordination of psychological services in the event of a disaster within Canada.
- Recommendations for CPA's role
 - Recommendation for the role of provincial/territorial psychological associations

**Survey of Professional Associations regarding the
Disaster Response and Recovery Activities of Psychologists in Canada**

Questions

- Does the mandate of your association include the provision of disaster response and/or recovery service?
- If the provision of disaster response and/or recovery is not specifically included in your mandate, is it consistent with your mandate?
- In which of the following activities does your association engage? (Check all that apply)
 - Fact sheets, brochures or other information to the public on coping with disasters and emergencies, stress, and traumatic events.
 - Lectures or workshops for the public on how to cope with disasters and stress.
 - Provide or facilitate education for practitioners on providing psychological services to individuals and communities in the event of a disaster.
 - Organize or coordinate the provision of disaster response and recovery among those of your members who have declared willingness and expertise to provide psychological services in the event of a disaster (e.g. maintaining a roster).
 - Other activity not listed above that supports the provision of psychological services in the event of a disaster.
- Do you link with other systems of disaster response on behalf of the members on your disaster services roster or, in the event that you do not maintain a roster, on behalf of your members who provide disaster response?
- Do you have agreements with other governmental or non-governmental agencies (e.g. voluntary sector agencies such as Red Cross or St. John's Ambulance) that are charged with responding in a disaster?
- Assuming some among your membership do provide disaster services, we would like to know how the services of your members are mobilized in the event of a disaster (check all that apply).
 - Your association plays a role in mobilizing service
 - Other organizations play a role in mobilizing the services of your members
 - Individual members make their own contacts and arrangements to provide service in the event of a disaster.
 - Other
- Do you see the provision of mental health response and recovery in the event of a disaster by psychologists as:
 - within their practitioner skills sets demonstrated via their license to practice?
 - as a specialized skill set over and above the skills possessed by a psychologist registered for practice?
- Have you developed, or does your association support or endorse, any set of standards for mental health response and recovery by psychologists?

9. Do you think there is a need for standards and training for psychologists to do disaster-related mental health work or do these sufficiently exist?
10. Do you collect any data about the kinds of services your members provide during an emergency?
11. On average, at what point in time after the disaster do your members become involved?
 - a. Immediately to 7 days
 - b. 8 to 14 days
 - c. After 15 days
12. Do your members provide their services (check all that apply):
 - a. pro bono (e.g. private practitioners)?
13. in the context of their employment (e.g. employee of a hospital or school board)?
 - a. through some other contract or fee arrangement?
14. How long do your members typically maintain their disaster response?
 - a. 1 to 7 days
 - b. 8 to 14 days
 - c. 15 days or more
15. Do your members provide follow-up services for people who need more service than they are able to provide in the context of disaster response and recovery?
16. Do your members facilitate referrals for follow-up services for people who need more service than they are able to provide in the context of disaster response and recovery?
17. What are the gaps that you or your members have identified in the actual or planned delivery of disaster mental health services by psychologists?