

Barriers and facilitators to recruiting and training behavioral health professionals as volunteers during a disaster

A. Scott LaJoie, PhD, MSPH

Crystal A. Vahrenhold, MPH

Emily Just, MA

Renelle Grubbs-Stallings, LCSW

University of Louisville

School of Public Health and Information Sciences

Center for Health Hazards Preparedness

Study Participants

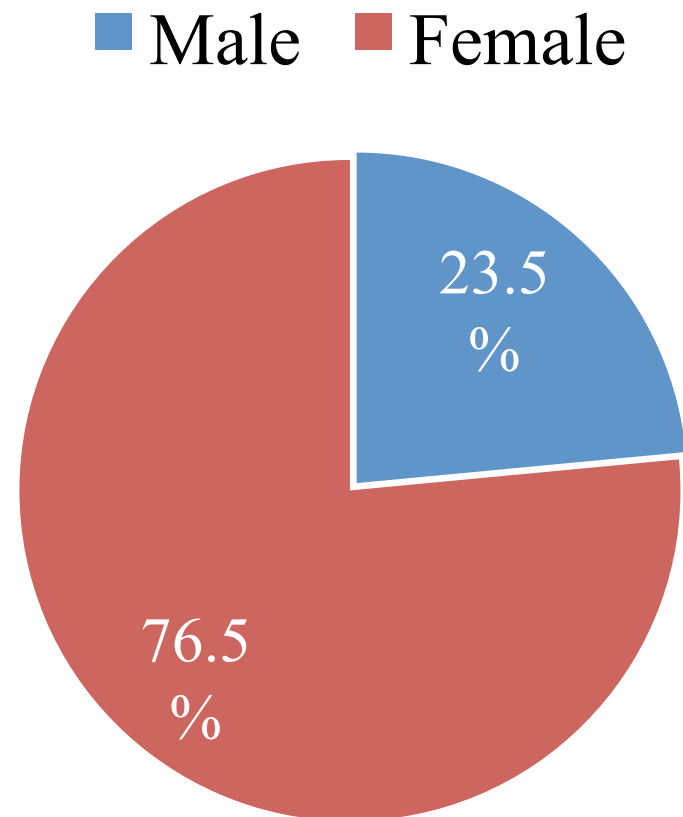
574 persons completed the survey

640 visited the survey

600 answered many or most ?s

Caucasian: 93.5%

Average age: 46 years



Education and Specialties

Highest Degree	Count	Expertise / Specialty*	Count
Bachelors	36	Clinical	332
MA, MS	148	Counseling	333
MSW	204	Developmental Psy.	58
MDiv	3	Forensic Psy.	44
Clinical PhD	74	Health Psy.	76
PsyD	37	School Psy.	19
EdD	6	Social Work	276
Non-clinical PhD	6	Divinity/Pastoral	40
MD, DVM, JD	3	Marriage/Family	124
Other	61	Substance Abuse	25

Participants

98% were licensed or certified to practice in Kentucky

82% were not Employee Assistant Providers

Participants worked in a variety of settings:

Private practice: 27%

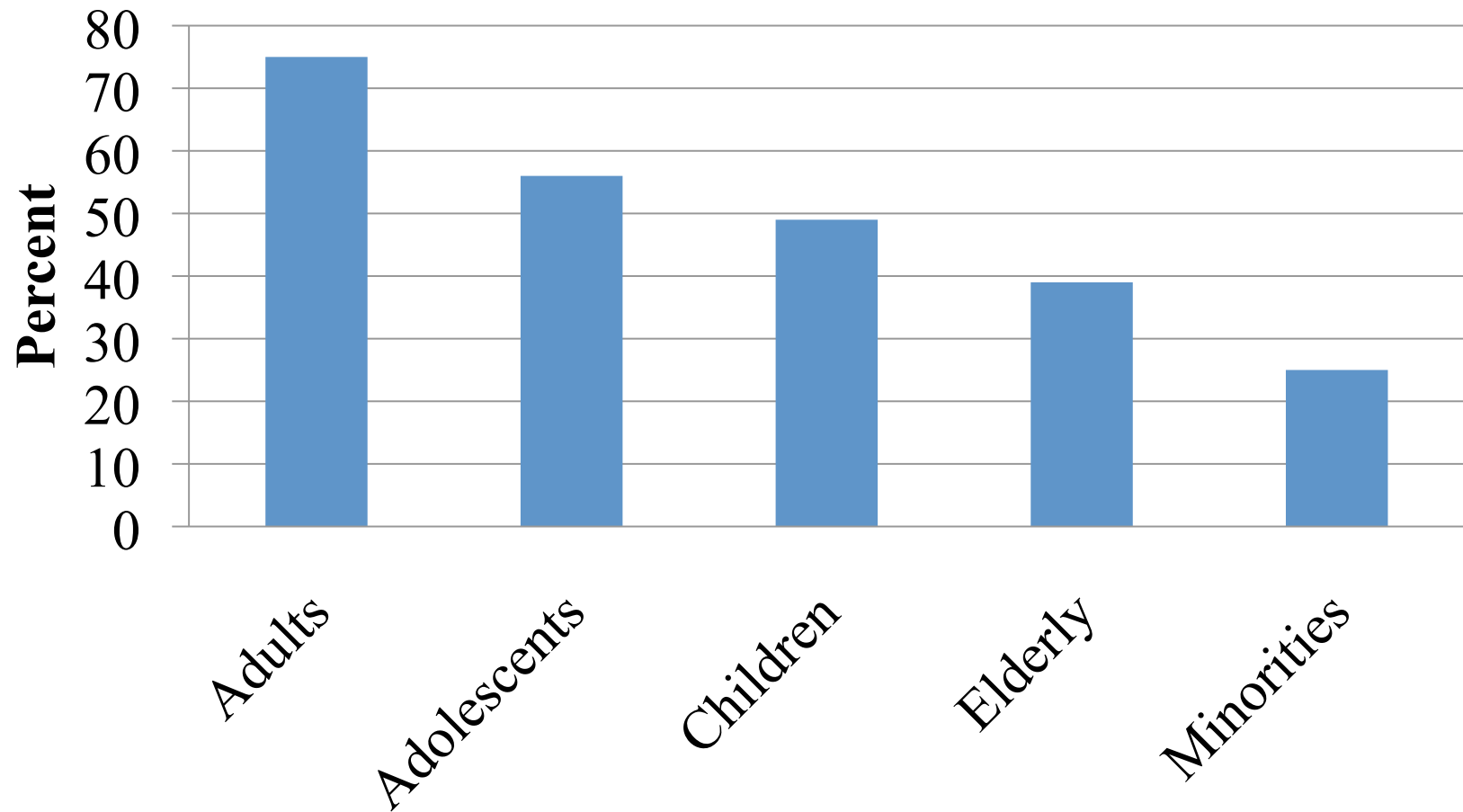
School or academic setting: 18%

Hospital or health clinic: 18%

Community mental health clinic: 17%

Other venues: 37%

Participants most enjoy working with:



Results

Volunteerism

Training

Likelihood of Volunteering

Responder Roles

Continuing Education

VOLUNTEERISM

84% of 576 respondents are not currently registered volunteers for a disaster response agency

Of the registered volunteers:

Religious or faith-based organizations: 7%

Kentucky Community Crisis Response Board: 5%

American Red Cross: 3%

23% previously provided mental health support in a formal or informal capacity

Top 5 reasons for volunteering:

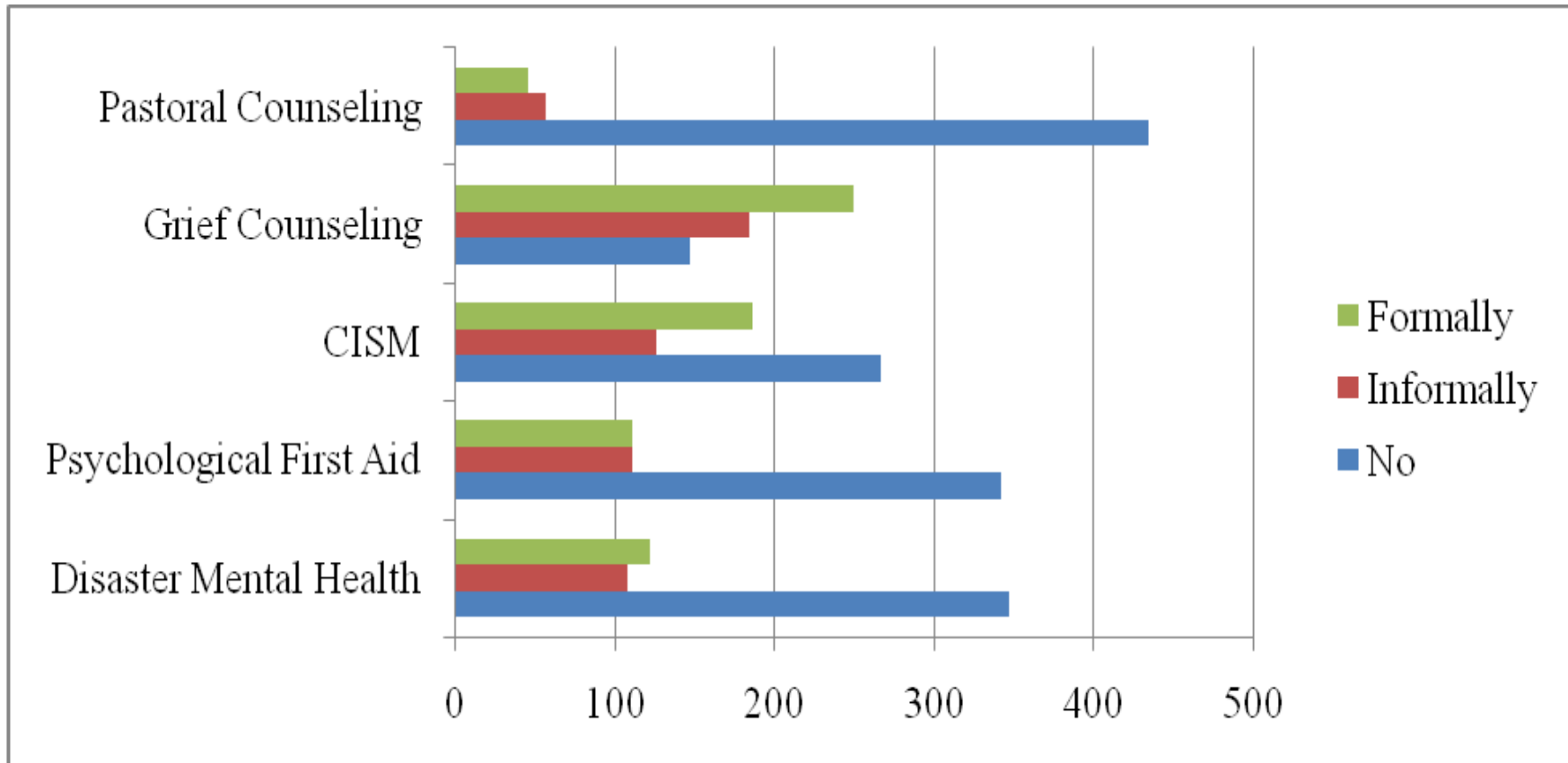
- 1) Professional responsibility (80%)
- 2) Moral or ethical considerations (79%)
- 3) A sense of civic duty (76%)
- 4) Having needed skills (63%)
- 5) The urge to do something (51%)

Top 5 reasons for not volunteering:

- 1) Work obligations (60%)
- 2) Family obligations (58%)
- 3) Personal safety concerns (25%)
- 4) Don't have the needed skills (22%)
- 5) Threat of liability (20%)

TRAINING

Participants' training in topic related to disaster response (count)



Less than 10% had taken any disaster response trainings by the Kentucky Department of Public Health

89% had not taken FEMA's NIMS course

EAPs were significantly more likely to have training in:

disaster mental health ($p < .002$)

critical incidence stress management ($p < .001$)

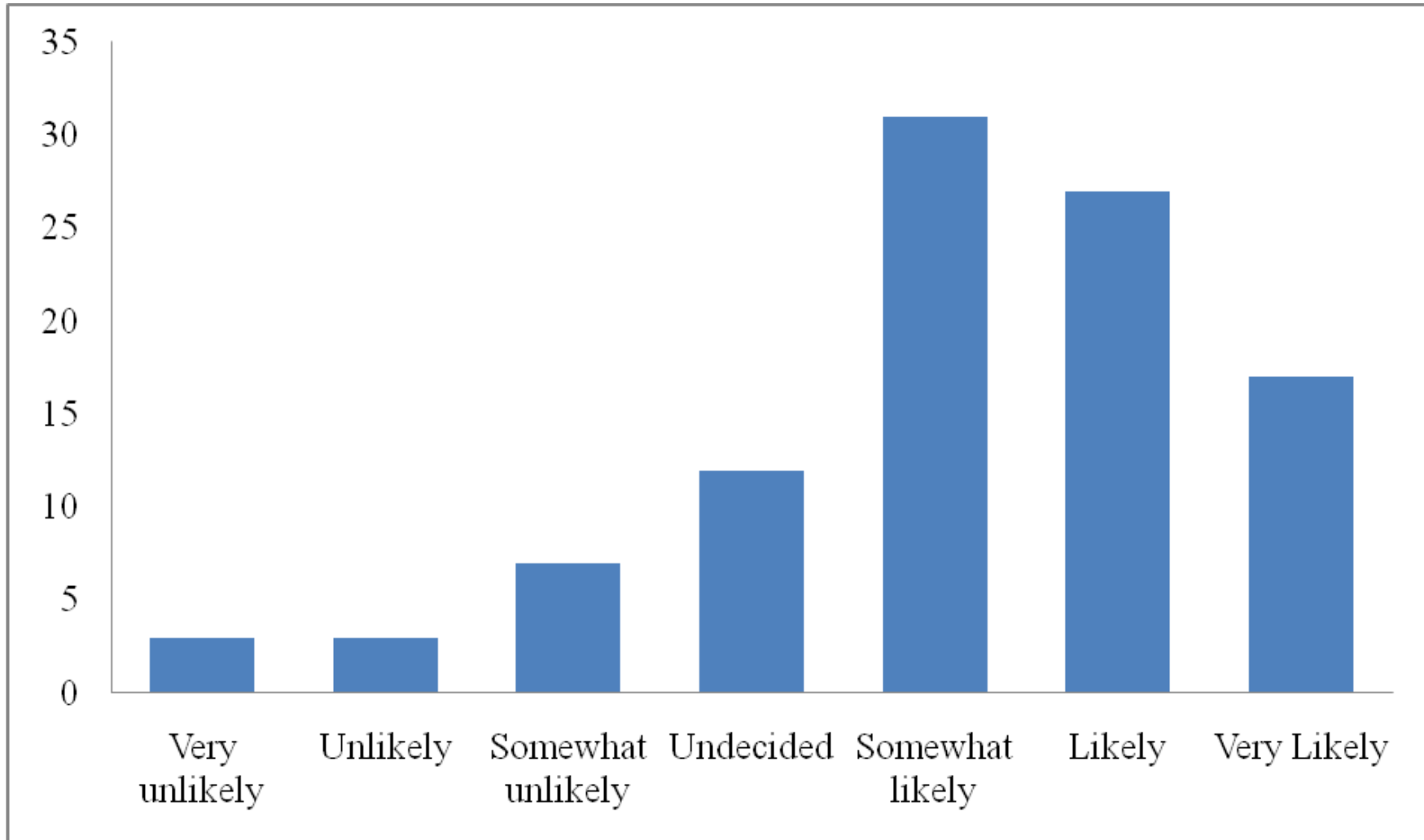
grief counseling ($p = .036$)

pastoral counseling ($p = .001$)

Those in healthcare or public health were more likely to have training in “psychological first aid” than those not

LIKELIHOOD OF VOLUNTEERING

Likelihood of responding to a call for volunteers during a community wide disaster (percent)



Five actions that would increase the participants' likelihood of responding

- 1) More training in disaster mental health
- 2) Support from the employer to miss work
- 3) Being asked to volunteer or respond
- 4) Knowing that family was cared for
- 5) Knowing what to expect during response

Individuals in healthcare or public health settings were more likely to be willing to participate in future events

Factors related to be unwilling to volunteer:

No desire to help others

No desire to give more

Not the volunteer-type

Burnt out

Don't have needed skills

Family obligations

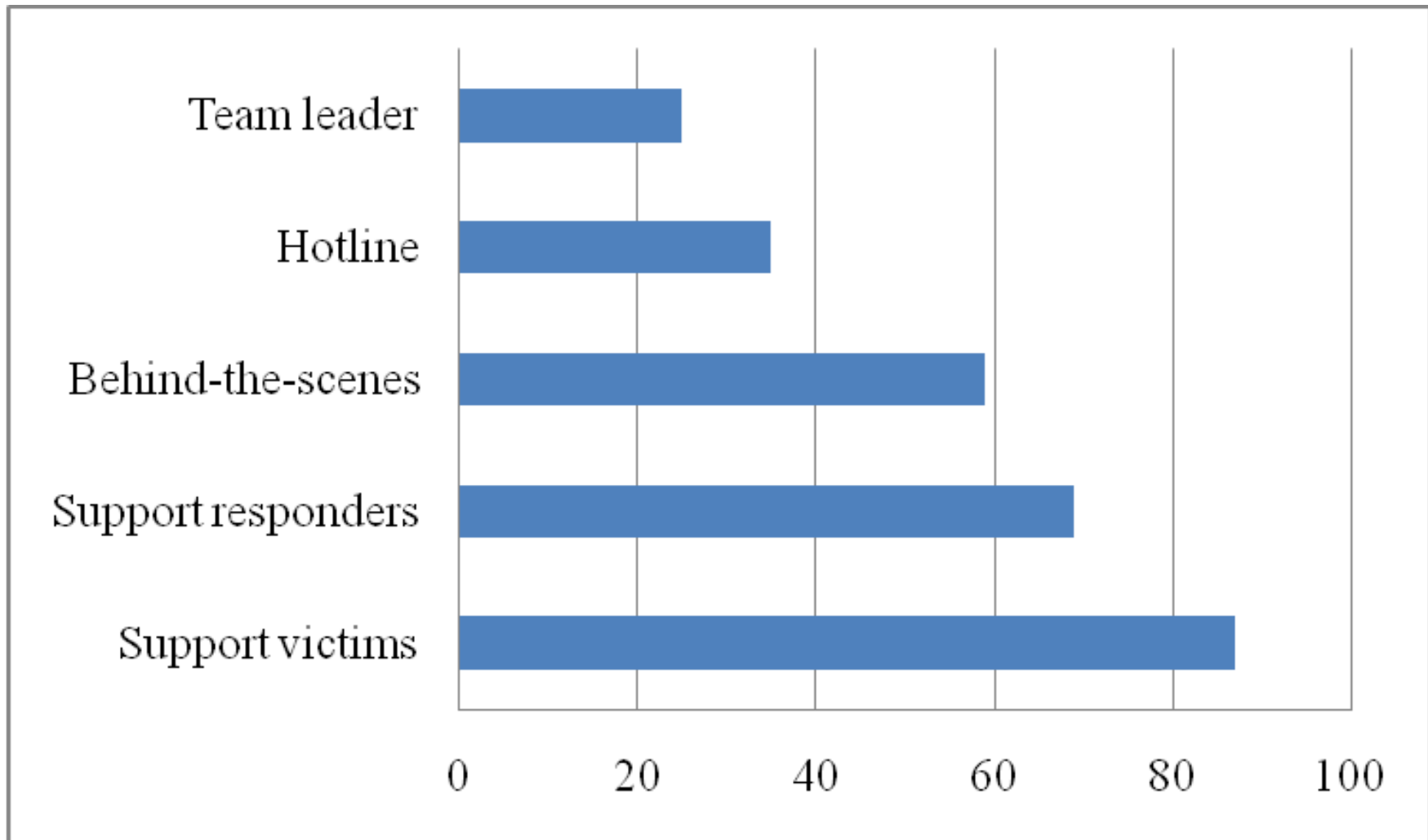
Don't know how to volunteer

Work obligations

“I'm a social work. I volunteer at work”

RESPONDER ROLES

Participants' desired roles in responding to a community-wide event (percent)



CONTINUING EDUCATION

Continuing Education

Main obstacles for participating in CE:

77%: cost

73%: location

66%: time

Cost (44%) was the single biggest obstacle for participating in CE programs

Other obstacles: low quality of offerings, job, family obligations, no financial incentive for attending

Importance of various characteristics of continuing education (means)

Lower scores indicate higher ratings of importance



Format	Response	%
Other	7	1%
Audio pod casts	45	8%
Scientific conference	87	15%
Video pod casts	87	15%
Video conference	101	17%
University courses	125	21%
Professional journal readings	141	24%
DVD	183	31%
Internet-based courses	378	63%
In-person workshop	540	90%

Conclusions

Behavioral health professionals:

- not fully engaged in disaster response efforts
- limited formal/informal training
- perceived lack of self-efficacy

Need to better advertise liability laws

Professional Assoc prioritize disaster mental health

Private practitioners, group-setting clinicians should plan for providing client care during disaster response

Acknowledgements

Funding for this research provided in support of community and family resilience by the Kentucky Critical Infrastructure Protection Program, managed by the National Institute for Hometown Security for the US Department of Homeland Security
Grant #: NIHS KCI # 15-07-UL