

MARIN CAMFT TRAUMA AND DISASTER RESPONSE TEAM

Policies and Procedures

The purpose of the Trauma Response Team is to provide a community resource and service by offering interventions and support, free of charge, to those individuals, families and groups, who do not have access to other resources for disaster mental health services.

Team members must be current members of CAMFT and MCAMFT who can document completion of training of basic CISM (Critical Incident Stress Management), American Red Cross Disaster Mental Health 1 and another approved Disaster Mental Health course. Completion of one of these trainings is required for initial team admittance, with the others to follow. Additional training is always encouraged. Regional CISM trainings can be found online with ICISF.org. Look for the 2-day CISM training.

Team members shall maintain an active LMFT license and malpractice insurance with at least one million/three million coverage.

The chairpersons for membership will review new applicants to the team.

Individual team members shall be responsible for providing copies of their license and insurance information to the TRT chairpersons as these are renewed each cycle.

Attendance at a minimum of one team meeting per year is required and the participation in all of the team sponsored trainings and activities are encouraged.

Team members are strongly encouraged to have a personal preparedness plan that will facilitate their rapid response in a major disaster.

When our services are requested the Team leaders will call or make contact to determine availability. Prompt response to such requests is expected. When assigned, Team members will contact the Team leaders to be briefed on the assignment. Whenever possible team members will be assigned to respond in pairs.

Responders should carry and be prepared to present at the place of deployment, identification that includes drivers' license and copy of your professional license.

Team members do not self-dispatch, self-deploy or self-refer. Any and all interventions by the team will be directed through the Team leaders.

Team members involved in an intervention may not accept a fee from or engage in a for-profit relationship with any client of the team intervention. No member uses our team interventions to market one's clinical practice doing so may be cause for termination from the team.

Responders should always know the name of the on-site contact person prior to going out.

At an emergency scene responders identify themselves to the incident commander and comply with all the instructions given by the emergency workers. Safety is always the number one consideration! Do not cross barricades or attempt to engage workers on active duty at the emergency scene.

In non-emergency settings responders report to the designated person in charge and follow directions.

Responders should do a rapid assessment and construct an on-scene intervention plan where appropriate and consult and report with the team leader as needed.

Responders should determine if any other mental health professionals are also present and coordinate service delivery activities with them.

Responders should maintain a non-intrusive presence and awareness and join with clients/victims/workers by participating in the routine and mundane activities of the setting: e.g., serving food or coffee, dispensing water, sorting forms, reading to children, answering phones, etc.

Responders will contact the team leaders at the completion of their assignment. The team leaders will notify the TRT chairs of any needs for follow-up de-briefing of a member.

Team Chairs will arrange for the responders to be debriefed as soon as feasible.

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