

**Mental Health
Services in Disasters:
Instructor's Guide**



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Mental Health Services in Disasters:

Instructor's Guide

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***Pan American Health
Organization***

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Instructor's Guide**

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*"When the center of someone's life has
been blown out like the core of a building,
is it any wonder if it takes so long even to
find a door to close?"*

*Ellen Goodman
The Boston Globe
January 4, 1998*

Glossary*

Disaster survivor	Any individual or family who should be offered assistance after a disaster.
Coping behaviors/ coping strategies	The ways in which an individual addresses or responds to a stressful incident. These ways can be adaptive and contribute to decreased stress, or they can be maladaptive and fail to decrease stress and/or cause secondary problems.
Outreach	Providing emotional support during the acute period following a disaster. Outreach is designed to assist survivors in expressing and understanding disaster-caused stress and grief reactions, and aid a return to a state of equilibrium.
Debriefing	A formal session, led by a specially trained mental health professional, usually within a few days of a critical incident and/or at the end of an assignment involving one or more intense stressors. A debriefing provides an opportunity for participants to express and share their feeling with others exposed to the

* Adapted from American Red Cross. *Disaster Mental Health Provider's Course*. Washington, D.C.. American Red Cross; 1991. (ARC 3076A).

same stressors, to learn about typical human reactions to traumatic experiences, and to discuss adaptive coping strategies.

- Defusing** An informal session, led by a specially trained mental health professional, usually within a few days of a critical incident and/or event involving one or more intense stressors. A defusing is conducted in an atmosphere of mutual support, with the participants describing their feelings and reactions to the incident or event being discussed.
- Post-disaster intervention** The method accepted by counselors for addressing mental health needs of survivors. Any treatment or assistance outside the scope of crisis counseling should be referred to other agencies.
- Intrapshychic issues** Unresolved psychological issues, personality traits, or patterns of defending against anxiety that are within or intrinsic to an individual and that contribute to the ways in which the individual responds to a traumatic event.
- Mental health emergency** An emotional or behavioral response that is beyond the scope of crisis counseling services and therefore requires mental health intervention provided through more comprehensive resources. Emergencies include, but are not limited to, responses demonstrating a threat to the safety of an individual or others, substance abuse, seriously impaired functioning, and significant symptoms that persist despite crisis counseling interventions.

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Introduction

■ HOW TO USE THIS TRAINING GUIDE

■ KEY ISSUES IN TRAINING

This training guide is designed as an accompanying volume to *Disaster Mental Health Services: Manual for Workers*. It will help in the training and supervision of individuals who assist survivors to respond effectively to the aftermath of disasters. For the purposes of this guide, mental health workers will be identified as post-disaster counselors or workers, in contrast to all other agency emergency workers. These workers may come from a variety of disciplines and levels, ranging from degreed professionals to paraprofessionals. The mix and match within the teams assembled after a disaster will vary according to the region of the world in which the disaster occurs and the human resources available. The trainers will be individuals who are prepared to teach multidisciplinary teams of workers. They, in turn, will collaborate with other workers from different agencies—including mental health clinics, the Red Cross, alcohol and drug abuse agencies, churches, and the civil defense—in the event that they require additional resources or need to refer survivors for further treatment.

Ideally, this guide will be used as an aid for trainers who can translate and adapt it to the language and customs of a region before a disaster, but it can also be used by mental health professionals who need to prepare a post-disaster team to move rapidly to the front lines. The trainers who are hired to train disaster teams may develop training resources in addition to those presented in the pages of this guide, or they may develop their own versions of the exercises, scripts or vignettes for role-playing. They may also contribute personal experiences from their own countries. Trainers might also be asked to provide post-disaster education and consultation to the affected communities. To perform these activities successfully, these individuals should be well trained in the various techniques before a disaster. Alternatively, they might recruit experts to assist them in presenting certain contents.

The objective for this kind of generic training for post-disaster workers is to have a well-prepared and skilled group of workers who can respond effectively in the aftermath of a disaster and participate in post-disaster mental health programs that have been designed, organized, and administratively developed for the people in the community in which they live. To attain this objective, training should be planned before a disaster occurs so that services are offered by workers who have been trained to enter the disaster area with a clear knowledge of their responsibilities. It is also important to incorporate and develop appropriate mechanisms to build effective liaisons with the emergency agencies participating in the community effort as part of the training in mental health for post-disaster programs in the country.

This preparation for disaster response requires that a training program be conducted for the workers of the mental health agencies that will deliver post-disaster counseling programs—encompassing education, consultation, outreach, crisis intervention, and mental health supportive services. Providing this training means acquiring information on the needs of the affected community and the consequences of the disorganization of human services. Such information is often lacking, inadequate, or unreliable, especially in the first few weeks after disaster strikes. As a result, decisions to deploy services are based on assumptions, which makes it essential to continually reevaluate and redefine program support as part of ongoing training. A fundamental principle of training for disaster mental health workers is to adapt the basic, generic contents to the specific characteristics of the region's official emergency response and to provide continuous training throughout all the phases of the post-disaster period.

DEFINITION OF TRAINING

“Training” means the specific instruction which may be required to enable disaster workers to provide crisis counseling to a survivor of a major disaster or its aftermath (in contrast to instruction for clinical procedures). Training also means the instruction that may be required for all other caregivers, professionals, public agency emergency workers, and mental health specialists in disaster assistance programs so that they

will be more sensitive to possible mental health problems of survivors and will know when to refer such survivors to the mental health agencies serving the disaster programs.

Trainers are responsible for organizing and conducting training courses for the groups that will deliver assistance to agencies and survivors recovering from the impact of a natural disaster.

This manual for the training of post-disaster teams for post-disaster intervention programs has been developed in response to the need to produce trained workers who can be mobilized after a disaster. The trainers will organize and conduct training for participants for whom post-disaster intervention is a secondary and novel job and who will have limited time to prepare themselves.

The organization of the material in this training guide assumes that the trainers already possess the skills, knowledge, and attitudes needed to teach the post-disaster crisis counselors.

For training in post-disaster intervention to be effective, the experienced professional who will serve as a trainer needs to have competence in the training approaches that have been successfully developed to train adults. Trainers must be able not only to train persons in post-disaster intervention methodology, but also to devise training strategies that help ensure that relevant approaches are selected for the program mandated by the agencies. The target groups and types of training that workers will need will depend on the particular context of a post-disaster situation and the responsibilities of the workers.

Trainers should be able to organize and conduct training courses for different groups, which may vary in composition, background, ethnicity, and level of preparation. This is one of the challenges of training post-disaster teams: their variability poses an educational challenge for organizing the methods and content in such a way as to meet the training needs of every member of the team. Not only does the material need to be relevant and make sense to the worker, but it needs to be operationally driven in order to help individuals traumatized by the disaster. Although the content of training will vary for different groups, the basic training methods and the issues that should be considered in organizing and conducting training courses for all groups are similar, though they will need to be adapted to the circumstances surrounding the event, the characteristics of the population, and the amount of damage and disorganization in the community. For these reasons, the training guide and the manual for workers include basic content which leaves room for variation, creativity, and new possibilities in the number of resources, exercises, vignettes, and discussions. The training guide includes varying levels of content, allowing trainers to pick and choose according to the background, disciplines, and prior knowledge of their "students."

■ GOALS OF TRAINING

Continuous training is a systematic transmission of information and new knowledge to keep the individual updated on approaches, methodology, and application of

existing knowledge in order to operationalize a post-disaster program when needed. The aim of such a program is to assist individuals affected by the consequences of a disaster, which may include the rupture and fragmentation of community structures, shelter, life support systems, employment, etc. Training has a role in enhancing the efficiency and effectiveness of the emergency disaster assistance program as an integral part of the overall process of community recovery.

The goal of disaster training is to prepare personnel at all levels, providing them with relevant information to enable them to solve the problems they will face. One of the defining characteristics of such work is its participatory, multiagency, multidisciplinary nature. Clearly, the involvement of multiple groups—the community, governmental and non-governmental agencies, and decision-makers—in defining needs helps focus the various types of mental health assistance and enhance the quality of services. In addition, the participation of these groups together in all stages of the effort, including crisis survivor counseling, is valuable if acceptable solutions to problems are to be implemented and sustained throughout the impacted area.

Because disaster assistance addresses mental health problems in the broad context of social, economic, and community development, inputs from many different disciplines are required. These include community demographics, social systems, behavioral sciences, governmental disaster policy and management, and clinical medicine and psychology. Each of these disciplines has developed specialized approaches in its efforts to provide information that will support post-disaster intervention programs. It is increasingly evident that the problems that have to be addressed require combined input from many disciplines and that disaster workers need to acquire the skills to work together in multidisciplinary teams.

The main characteristics of post-disaster intervention are:

- Its focus on priority problems of survivors;
- Its interactive, participatory nature;
- Its action orientation;
- Its emphasis on the here and now;
- Its focus on practical, timely solutions.

Although the methodologies of post-disaster assistance can be applied to different regions of a country, the procedures and approaches to the problems will not be the same because differences in cultural, social, economic, and political realities have an important influence on post-disaster programs. In each country, the mental health component of disaster management programs will be integrated into overall government planning. This broad area of planning, organizing, and delivering services, which links federal, state/provincial, and local efforts, is not discussed in this manual. This choice was made to add flexibility to the manual, so that it can be used within the differing structures of disaster programs in various countries. Moreover, the design and organization of the disaster response structure continues to evolve in the United States, and it may differ from that in other countries. In spite of the variation in organizational structures worldwide, human reactions to trauma

have been found to be very similar, which makes it possible to devise a basic approach to alleviating the suffering of survivors of many types of trauma, provided the worker is trained to recognize the different cultural components of reactions to various types of stressors and their consequences. The development of a manual to train workers in post-disaster crisis intervention responds to a clear need and addresses the reality that it is neither practical nor feasible to form an active, up-to-date professional force to react to random, occasional disasters in some part of a country. However, it is feasible to have a cadre of trainers who, with the assistance of this manual, can prepare workers, who, in turn, will become members of teams dispatched to work in affected areas.

■ DEFINITION OF POST-DISASTER MENTAL HEALTH INTERVENTION

Crisis counseling intervention to mitigate post-traumatic responses of survivors following a disaster is designed as a service of planned procedures that assist the dynamic process of the survivors' coping and adapting to the new setting by improving their ability to deal with the many problems arising after a disaster.

There is an opportunity to help survivors by focusing on their psychological coping mechanisms. Through methods that complement the more traditional somatic interventions and the functions of the professionals to whom the crisis counselor may refer for further treatment, the counselor has the opportunity to prevent future psychopathological sequelae. Crisis intervention in post-disaster programs can add a new dimension to the services provided by emergency agencies. Mental health personnel can enhance the emergency program for the population of survivors. They can provide a crisis approach that is appropriate for every at-risk survivor in a post-disaster setting. Such crisis programs seek to help survivors relearn their coping methods in the setting in which they find themselves and diminish the potential for dysfunction and pathological outcomes. The training encourages the counselor to develop a systematic approach to strengthen survivors' coping methods. For the disaster personnel, this approach can lead to: (1) increased understanding of normal stress responses in a disaster, (2) growth of esteem for the survivors, (3) development of coping and communication skills, (4) improved ability to master problem situations, and (5) development of problem-solving skills. All of these skills help improve survivors' capability to move through the process of loss and mourning in a world destroyed by disaster.

■ DEFINITION OF TERMS

Crisis intervention is a counseling method using techniques that help survivors:

1. Strengthen coping methodologies;
2. Acquire more knowledge of what is happening;

3. Explore available attitudinal and behavioral alternatives through the phases of the disaster;
4. Get through the transition processes created by the disaster and come to a satisfactory resolution of their problems.

The worker's intervention is aimed at:

1. Helping the survivor to understand and anticipate further stress;
2. Minimizing the impact of the trauma;
3. Developing and improving communication skills;
4. Strengthening problem-solving skills;
5. Improving social coping and functioning within the rapidly changing agency system in the post-disaster environment;
6. Supporting relationships both with other survivors and with agency staff;
7. Fostering coping skills and adaptation to the changes in the community that will happen after the disaster.

The following are key variables in post-disaster intervention that workers should know:

1. Identification of the problem situation;
2. Timeframe of intervention through outreach methods;
3. Screening for access to services needed by survivors;
4. Method used to assist survivors;
5. Role of the crisis counselor;
6. Supporting theories and hypotheses that will guide the intervention (crisis, loss and mourning, stressor and stress response, coping);
7. Methods of education, prevention, counseling, and referral;
8. Approach—identification of crisis responses used by the survivor and development of appropriate coping plans;
9. Emphasis on cognitive and social communication skills;
10. Orientation—focus on the “here and now” and on current interactions and dynamics, recent events, and prevention;
11. Goals for assisting survivors by increasing knowledge, developing skills and attitudes to support survivors in dealing with the crisis in their lives after the disaster;
12. Identification of behavior that is maladaptive for coping.

■ DEFINITION OF A DISASTER SURVIVOR

The term “survivor” in this manual refers to those individuals and families who have suffered from a disaster and its consequences. Disaster survivors have

experienced an unexpected and stressful event. The term denotes the capacity of the individual who has been victimized by the disaster but is gathering strength and increasing his/her capacity to cope as time goes by. Perhaps most survivors were functioning adequately before the catastrophe, but their ability to cope may have been impaired by the stress of the situation. Even though the survivors may exhibit symptoms of physical or psychological stress, they do not view themselves, nor should they be viewed, as experiencing psychopathology. They are reacting in a normal way to an abnormal situation. Disaster survivors may include persons of all ages, socioeconomic classes, and race or ethnicity because catastrophes affect the entire population in an impacted area. It is assumed that individuals can resume their usual functions if aided and given emotional support and appropriate information and guidance.

Some survivors may suffer more than others, depending on several interrelated factors. Those who may be particularly susceptible to prolonged physical and psychological reactions from a disaster include people who:

- are vulnerable due to previous traumatic life events;
- are at risk due to recent ill health or chronic conditions (heart disease, HIV infection);
- experience severe prolonged stress and catastrophic loss due to the disaster;
- lose their sources of social and psychological support;
- lack coping skills.

The elderly are a group that in general may find it difficult to cope with disasters and their consequences. It is not unusual to find older survivors who are isolated from their support systems and who live alone. As a result, they are often afraid to seek help. Typical post-catastrophe outcomes in this group are depression and a sense of hopelessness. Unfortunately, a common response among some older people is a lack of interest in rebuilding their lives.

Children are also a special group because they usually do not have the capacity to understand and rationalize what has happened. Consequently, they may experience emotional or behavioral problems at home or school. Perhaps the most prominent disturbances reported in children after a disaster are phobias, sleep disturbances, loss of interest in school, and difficult behavior.

Some individuals with a history of mental illness may also require special attention. Under the stress of a disaster situation, relapses can occur in this population due to the loss of support systems or inability to obtain their daily medication.

Finally, another at-risk group to be considered by the worker are individuals experiencing certain life crises. Members of this group might include, for example, recently widowed or divorced people or those who, at the time of the disaster, had recently lost their jobs or undergone major surgery. These survivors may display a special vulnerability to the stress generated by a natural disaster.

In summary, although specific at-risk groups merit close attention from the disaster worker, everyone can be considered a survivor in a disaster area and should be offered assistance.

ORGANIZATION OF THE TRAINING MODULE CHAPTERS

The subject matter of the training program presented in this guide is distributed in five modules. Each of the five modules includes:

- Learning objectives;
- Suggestions concerning educational methods to be used in presenting the module;
- A summary of the content of the workers' manual;
- Teaching aids (transparencies or slides and handouts);
- Guidelines for group work or exercises;
- A selected list of reading materials (which may be supplemented with more up-to-date publications).

The five training modules parallel each chapter in the manual for workers. Each consists of a summary of the fundamental body of knowledge found in the manual, which sequentially enlarges the capacity of mental health counselors to participate in emergency and post-disaster assistance programs in unison with all other post-disaster governmental agencies. The instructor or trainer using this guide can choose the number and combination of training modules to be used according to the instruction to be offered, which in turn will be determined by their students' level of preparedness. The content of the guide can thus be adapted so that it is as narrow or as broad as needed in any given situation. In other words, by tailoring the modules, the guide can be expanded or reduced without losing its focus.

Each module includes the following parts:

- 1. Learning objectives:** Identifies the knowledge, skills, and attitudes that the student will acquire.
- 2. Content summary:** The content of each module includes a summary of the more complete material presented in the worker's manual. The aim is to give trainers enough substance so that they can select the amounts necessary for their self-learning or for adaptation to the characteristics of their team members.
- 3. Teaching resources:** Training aids to assist in presenting the content. Each module includes a number of pages can be made into transparencies or slides. The trainer will choose a few specific pages and make slides or transparencies appropriate for the students' previous level of knowledge (e.g., paraprofessionals). The teaching resources vary in level of sophistication, giving the teacher a number of choices. Videotapes on disasters can help illustrate content or be used in group exercises. Ideally, the videos should reflect the language, type of disaster, and culture of the region.
- 4. Group work/exercises:** A number of examples are included that will assist the trainer in putting into practice the principles presented in the content. Before

each assignment, students and teacher should collaboratively identify the educational objectives and write them out. Again, they should reflect the characteristics of the population and the event.

5. **Reading list:** The articles have been selected to further enhance workers' knowledge, but they do not represent a complete bibliography on the subjects covered. Additional information on topics of special interest can be obtained through a computer search or from the Regional Disaster Information Center (CRID), Apartado Postal 3745-1000, San José, Costa Rica, telephone: 506-296-32-52, fax: 506-231-59-73, e-mail: crid@crid.or.cr, website: www.crid.or.cr.

Training manual and materials produced in the United States

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KEY CONCEPTS OF DISASTER MENTAL HEALTH*

1. No one who sees a disaster is untouched by it.
2. There are two types of disaster trauma.
3. Most people pull together and function during and after a disaster, but their effectiveness is diminished.
4. Disaster stress and grief reactions are a normal response to an abnormal situation.
5. Many emotional reactions of disaster survivors stem from *problems of living* brought about by the disaster.
6. Disaster relief procedures have been called "the second disaster."
7. Most people do not see themselves as needing mental health services following disaster and will not seek out such services.
8. Survivors may reject disaster assistance of all types.
9. Disaster mental health assistance is often more "practical" than "psychological" in nature.
10. Disaster mental health services must be uniquely tailored to the communities they serve.
11. Mental health staff need to set aside traditional methods, avoid the use of mental health labels, and use an active outreach approach to intervene successfully in disaster.
12. Survivors respond to active interest and concern.
13. Interventions must be appropriate to the phase of disaster.
14. Support systems are crucial to recovery.

* Source: Myers D. *Disaster Response and Recovery: A Handbook for Mental Health Professionals*. Washington, D.C.: U.S. Department of Health and Human Services, Center for Mental Health Services; 1994. (DHHS Publication No. (SMA) 94-3010).