

Department of Health & Human Services  
Office of Substance Use/Mental Health  
Disaster Recovery Counselor Certification  
May 4, 2026  
Miller Conference Center  
**DRAFT AGENDA**

8:15 – 9:00 am	<b>Registration / Breakfast</b>
9:00 – 9:15 am	<b>Welcome Remarks / Introduction</b> <i>State Crisis Administrator, Office of Substance Use and Mental Health</i>
9:15 – 10:45 am	<b>Health Support Teams</b> <b>Presenters: Kira Mauseth, Ph.D. and Tona McGuire, Ph.D.</b> <b>Module 1</b> <ul style="list-style-type: none"> <li>• Why we use HST and how it works, Disaster Response and Recovery, special impacts on kids</li> <li>• Normal Development, Impact of Trauma, Neurology, what kids need to recover, resilience</li> </ul> <b>Module 2</b> <ul style="list-style-type: none"> <li>• Intro to HST Supportive relationship, communication &amp; boundaries</li> </ul>
10:30 – 10:45 am	<b>Break</b>
10:45 am – Noon	<b>Module 2 cont.</b> <ul style="list-style-type: none"> <li>• Good/bad listening; Communication practice</li> <li>• Addressing Common Issues</li> <li>• De-escalation/SAFE</li> <li>• Grief and Loss/ what to watch for in kids</li> </ul>
Noon – 1:00 pm	<b>Lunch</b> (provided by SUMH)
1:00 – 2:00 pm	<b>Module 3</b> Assessment of Risk, Suicide, Development of Referral Resources
2:00 – 2:15 pm	<b>Break</b>
2:15 – 3:15 pm	<b>Module 4</b> <ul style="list-style-type: none"> <li>• Tools for calming, thinking, activation</li> </ul>
3:15 – 4:00 pm	<b>Module 5</b> <ul style="list-style-type: none"> <li>• Boundaries and Self Care</li> </ul>
4:00 – 4:30 pm	<b>Closing Remarks/Survey</b> <i>State Crisis Administrator, Office of Substance Use and Mental Health</i>



## **Health Support Team** ©

**[www.healthsupportteam.org](http://www.healthsupportteam.org)**

Tona McGuire Ph.D. and Kira Mauseth, Ph.D.

### **Mission of the Health Support Team**

The Health Support Team program uses a mental health training curriculum to train non-professional volunteers in the provision of ongoing support services to families, friends, and community members in the aftermath of any kind of disaster or critical incident. The aim is to provide tools for communities coping with a crisis or disaster across the continuum of preparedness, acute response, and rebuilding.

### **Program Elements and Benefits**

- Community-based (local or indigenous) volunteer mental health support to friends and family
- Layer 2 on the IASC/MFPSS pyramid, community and family support
- Psychosocial support
- Prevention and preparation
- Immediate as well as comprehensive response
- Immediate in areas where training has already occurred
- Adapted to suit regions prone to natural or man-made disasters
- Long term response to disaster recovery
- Response equally effective for acute or chronic disasters
- Sustainable
- Puts community and family support in the hands of affected communities and families
- Volunteers are imbedded in community and family
- Volunteers know the nuances of culture
- Volunteers “pass the training forward”
- Collaborative
- Created to be a part of a systemic approach in collaboration with other organizations
  - Adapted for specialized work-groups within existing NGOs such as education, medical, community leadership, and child and gender protection
- HST can also be provided to professionals in medical and behavioral health in a train-the-trainer format and is offered as specialty training for teachers and parents / caregivers as well.

### **Curriculum**

The HST process includes four steps:

- (1) Listening and Learning,
- (2) Offering Support,
- (3) Providing Tools, and
- (4) Emphasizing Hope



**The content of the Health Support Team training program includes individual modules that cover:**

1. Psycho-educational information about the nature of trauma and responses to trauma;
2. Supportive communication and listening techniques;
3. Situational assessment and referral process information on suicide, substance use, anger and violence de-escalation, and serious mental illness, including decision making for problems which lie outside the scope of an HST volunteer's training;
4. Promotion of resiliency and disaster preparedness;
5. Cognitive and behavioral relaxation and stress reduction tools;
6. Methods for working with children, and pedagogical strategies;
7. Self-care practices, resilience for the helper, and responsibly handling compassion fatigue.

### **A note about Psychological First Aid and Health Support Team**

Most disaster responders are familiar with Psychological First Aid and have received some training in this intervention. In our work we have found PFA to be very valuable in the very first days of disaster response, when the needs are focused on adjusting to the emotional shock, and on basic needs of food/water/security/connection. Following this, however, it has been our experience that additional interventions are helpful in assisting the community in managing the more chronic difficulties following a disaster event. For example, additional education on typical stress responses, learning to listen empathically, as well as specific simple tools to work with the cognitive and physical stresses have been reported to be especially helpful by our trainees.

We developed the Health Support Team (HST) curriculum to be a community based and sustainable response to the disaster mental health needs that arise subsequent to the original event. **While the Health Support Team (HST) curriculum has some similarities with PFA, it also has some distinct differences.**

- First, the HST curriculum is designed primarily to be used by local volunteers who are most tied to their families, friends and communities vs outside NGO or other helpers. **However, we do offer specific modules to help staff, such as a clinic focused intervention to help healthcare providers work with the typical behavioral health needs arising after a disaster**, and an education module for teachers who will be working with children impacted by the disruption in their lives.
- Secondly, PFA is a crisis-oriented program while HST is designed to be used in pre-disaster preparation, as well as acute and reconstruction phases of disasters. The curriculum lends itself to use in prevention for areas prone to natural or man-made disasters and to long term use as well working in an ongoing way with friends and family in one's community. We designed HST to function in pre- and longer term post-disaster situations, while integrating and utilizing PFA in the immediate response period.

**For More Information on the Health Support Team, or to schedule a training, please see our website at [www.healthsupportteam.org](http://www.healthsupportteam.org), or email**

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### **Health Support Team Lead Trainer Bios**



**Dr. Kira Mauseth** is a practicing clinical psychologist who sees patients at Snohomish Psychology Associates in Everett and Edmonds, WA, teaches as an Associate Teaching Professor at Seattle University and serves as a co-lead for the Behavioral Health Strike Team for the WA State Department of Health. She owns Astrum Health, LLC, and consults with organizations and educational groups about disaster preparedness and resilience building within local communities, has also authored a textbook on “The Psychology of Change: Why Therapy Works”.

Dr. Mauseth has provided training to community groups and professionals both regionally and abroad as the co-developer of the Health Support Team program. Her work and research focus on disaster behavioral health, resilience, and recovery from trauma as well as small and large-scale critical incident response and preparation for organizations. She has worked abroad extensively with disaster survivors and refugees and has trained first responders and health care workers throughout Puget Sound the United States, and currently serves in the adult mental health clinical seat on Washington State’s Disaster Medical Advisory Committee (DMAC).



**Dr. Tona L. McGuire** Dr. Tona L. McGuire is a clinical psychologist working primarily with children and families. She was formerly the Associate Head of the Consultation and Liaison Division at Seattle Children’s Hospital, and was formerly Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, School of Medicine. She has been involved in disaster preparation and response for 16 years both in her local community as well as internationally, and co-developed the Health Support Team, a disaster behavioral health curriculum and training. Currently Dr. McGuire is Co- Lead for the Mental Health Group of the Western Regional Alliance for Pediatric Emergency Management (WRAPEM), an ASPR funded pediatric Center for Excellence and sits on the Mental Health Group for the Pediatric Pandemic Network, a national HRSA funded grant comprised of five tertiary care pediatric



hospitals. She is Behavioral Health representative for the Disaster Clinical Advisory Committee, which plans for the impact of disasters on the regional Puget Sound healthcare system, as well as the State Disaster Medical Advisory Committee which advises the Secretary of Health during disasters. Dr. McGuire is Co-Lead for Washington State Department of Health's Behavioral Health Strike Team.



**Doug Dicharry, M.D.** is board-certified in child and adolescent psychiatry and general adult psychiatry. Having worked in a range of inpatient, outpatient, and administrative settings, his primary areas of clinical interest are ADHD, mood, and anxiety disorders in children, adolescents and young adults. Retired from private practice after nearly 30 years, his interest in disaster preparedness led him to become a physician volunteer with the Public Health Reserve Corps - Seattle & King County, to pursue CERT (Community Emergency Response Teams) training and to develop his skills in amateur radio emergency communications (K7CNS). A former Medina city councilmember and chair of the Emergency Preparedness

Committee, Dr. Dicharry is currently a member of the Behavioral Health Strike Team for the Washington State Department of Health.



**Dr. Wren Hudgins** started professional work as a school psychologist (4 years) and then conducted a private practice for 20 years, primarily focused on children and adolescents. Following retirement from the private practice he went back to work for the Washington State Parks and Recreation Commission, managing their Critical Incident Response Program. That work involved setting up and managing a program to take care of traumatized park staff following a death or other traumatic incident in the statewide park system. Following 8 years there, he retired again. On the volunteer side he was active in the Washington State Psychological Association for many years, finally serving as president in 1990. Dr Hudgins has worked in the Red Cross system as a disaster mental health responder for 19 years and is now a supervisor in the that system.

Along with others, he teaches the disaster mental health classes inside the Red Cross. Since the outbreak of COVID 19, he has been teaching free classes to agencies, communities, and government departments on psychological first aid and resiliency building. He also volunteers for King County Public Health, the Medical Reserve Corps of Issaquah and the Medical Reserve Corps of Vashon Island.

## Publications about HST Program

Carlisle, J., Mauseth, K., Clark, N., Cruz, J., & Thoburn, J. (2014) Local Volunteerism and Resilience Following Large-Scale Disaster: Outcomes for Health Support Team Volunteers in Haiti. *International Journal of Disaster Risk Science*, 5(3), 206-213.



Mauseth, K., McGuire, T., Thoburn, J., & Adams, K., (2013). The Development of the Health Support Team Curriculum to Aid Survivors in Post-Earthquake Haiti” *International Psychology Bulletin*, 17(10), 60-61.

Mauseth, K., McGuire, T., Thoburn, J., Adams, K. J., Kaffer, R., & Garay, M. (under review– submitted to *International Journal of Disaster Risk Science*) Health Support Team: Development of a Sustainable, Disaster Recovery Volunteer Training Program