

A Quarterly Technical Assistance Journal on Disaster Behavioral Health  
Produced by the SAMHSA Disaster Technical Assistance Center

# the Dialogue

2014 | VOLUME 10 | ISSUE 4

## IN THIS ISSUE

- 2 A Firefighter Peer Counselor's Three Questions
- 5 Resilience in Joplin (and the Healing Power of Butterflies)
- 7 Strength After: The Importance of Disaster Behavioral Health Responders Staying Engaged Throughout Long-Term Recovery
- 10 Recommended Resources
- 11 Upcoming Events



## IN THIS ISSUE

- 2 A Firefighter Peer Counselor's Three Questions
- 5 Resilience in Joplin (and the Healing Power of Butterflies)
- 7 Strength After: The Importance of Disaster Behavioral Health Responders Staying Engaged Throughout Long-Term Recovery
- 10 Recommended Resources
- 11 Upcoming Events

*The Dialogue* is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver effective behavioral health (mental health and substance abuse) responses to disasters. To receive *The Dialogue*, please go to SAMHSA's homepage (<http://www.samhsa.gov>), enter your e-mail address in the "Mailing List" box on the right, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance abuse needs following a disaster.

To learn more, please call 1-800-308-3515, e-mail [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

*The Dialogue* is not responsible for the information provided by any webpages, materials, or organizations referenced in this publication. Although *The Dialogue* includes valuable articles and collections of information, SAMHSA does not necessarily endorse any specific products or services provided by public or private organizations unless expressly stated. In addition, SAMHSA does not necessarily endorse the views expressed by such sites or organizations, nor does SAMHSA warrant the validity of any information or its fitness for any particular purpose.

## In This Issue

In this issue of *The Dialogue*, we highlight lessons learned in the field and how they contribute to post-disaster resilience. Our first article highlights a firefighter's transformation to peer counselor. The authors of the next article explain how the butterfly garden built after tornadoes struck Joplin, Missouri helps residents cope and is a symbol of the community's resilience. In our final article, the Director of the National Disaster Distress Helpline shares how the helpline enabled responders to stay engaged throughout the Hurricane Sandy recovery effort. We hope that the information shared by these well-informed authors helps you in your own planning, response, and recovery efforts.

Warmest regards,

**Nikki Bellamy, Ph.D.**

Public Health Advisor, Emergency Mental Health and Traumatic Stress Services Branch

**Nikki.bellamy@samhsa.hhs.gov**

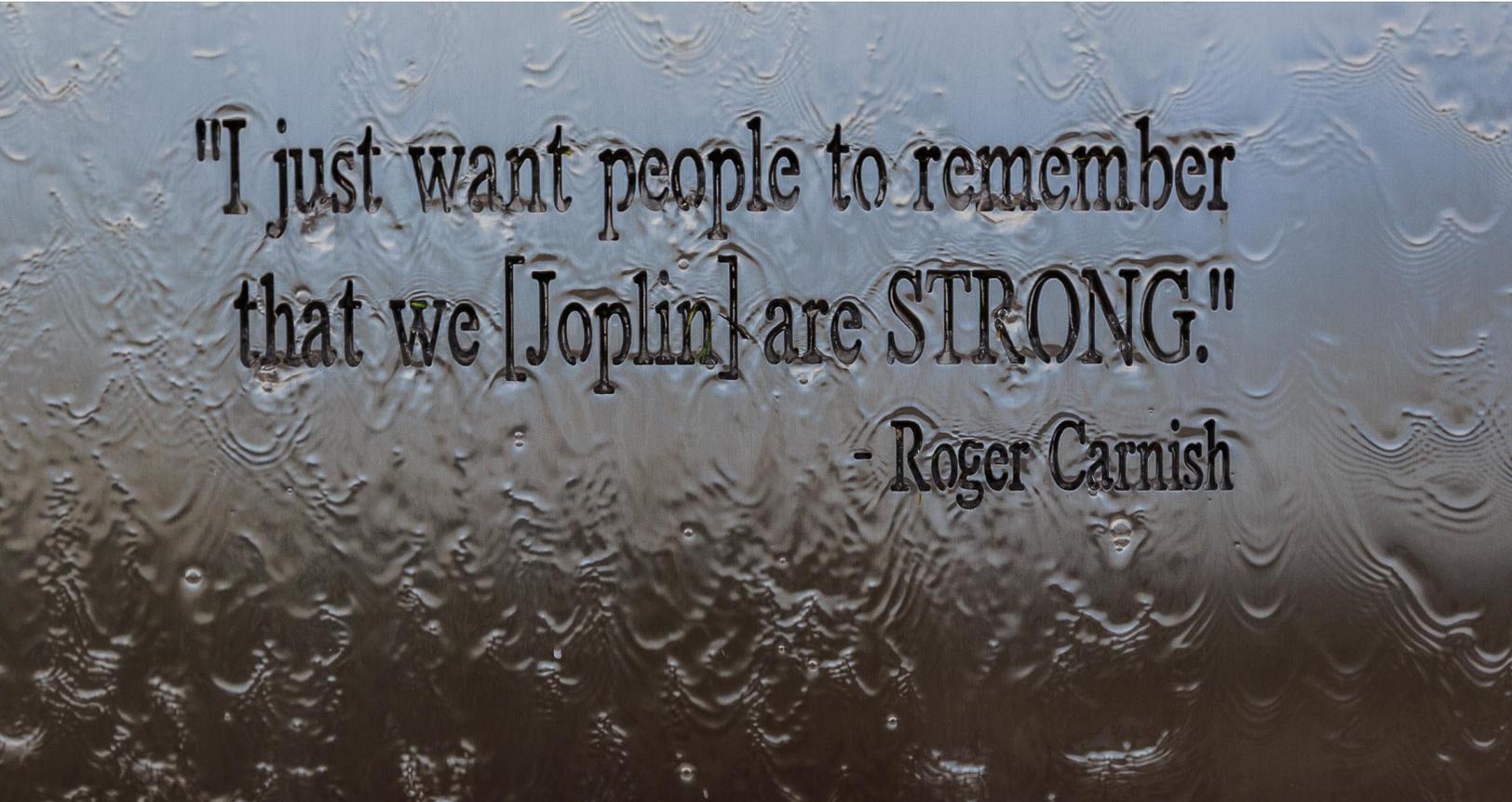
**CDR Erik Hierholzer, B.S.N.**

Program Management Officer, Emergency Mental Health and Traumatic Stress Services Branch

**Erik.hierholzer@samhsa.hhs.gov**

**April Naturale, Ph.D.**

SAMHSA DTAC Project Director



"I just want people to remember  
that we [Joplin] are STRONG."

- Roger Carnish

A quote from a survivor of the 2011 Joplin tornado is on a memorial stone at the Butterfly Garden located at Cunningham Park. Photo: Steve Zumwalt/FEMA

SPECIAL FEATURE

## A Firefighter Peer Counselor's Three Questions

Contributed by Jim Jeannette, M.S.W., RSW

I worked as a firefighter with the Windsor, Ontario, Fire and Rescue Services for 32 years, retired as a captain, and also served as a police constable for some time. I currently counsel police and fire personnel, as well as members of the general public. The main focus of my work is with those who experience depression, anxiety, and posttraumatic stress, the common emotional responses to traumatic events. My favorite types of clients come to me motivated to change, saying, “Jim, I can’t live like this anymore. Help me fix this.” They often make a dramatic turnaround, sometimes in just one or two sessions. I credit three simple questions (and the client’s responses) with this level of success.

Many significant events occurred during my career that affected my life, but two aspects of my career stand out. The first was that, with the exception of a few lulls, there were always fires, a significant number of injured people, and many fatalities.

The other was that I was involved with the creation of Windsor Fire Department’s Stress Committee



Firefighter pauses to look at wall of fire. Photo: Andrea Booher/FEMA

at a time when few firefighters would acknowledge that the job was stressful. Today, the program is called the Peer Support and Critical Incident Stress Team. As I reported to many fire calls, officers began to see me as wearing two hats: firefighter and counselor. The benefit for me was helping firefighters and obtaining firsthand experience at what we now call “critical incidents.” Over the years, our team learned not only about

simple things that help responders, but also what *not* to do.

One morning, I was called to talk with a family who had survived an apartment fire. The family was panicked, according to the officer who asked for my help, but I did not normally counsel survivors. Feeling somewhat unprepared, I boarded the Command Post bus where the father, mother, and teenager were sitting. They all yelled at once, saying they did not

*continued on page 3*

*continued from page 2*

want to talk to anyone and did not need counseling. They angrily shouted that they were never going into their apartment again. Not certain what to do, and a little shaken, I plopped down on the bench across from them. I was there to respect their wishes. I can honestly say that I was not trying to do “stealth counseling.” All I asked was, “So, what happened?”

Twenty years later, I still open with that question, and it continues to work well with emergency services personnel. Don’t ask, “How are you feeling?” You will likely get a confused stare, because emergency workers have to keep their emotions in check to get the job done safely. And it’s likely that they don’t know how they are feeling, as their training requires that they instead focus on the tasks at hand. But they do know, for example, if their appetites are off, if they are having trouble sleeping, or if they have been snapping at their spouses more than usual.

But back to the bus and the first question. “So, what happened?” For the next 45 minutes the family talked, sometimes in unison, sometimes individually. What I did very intently was listen and occasionally offer calm reassurance. As the story was told, voices quieted and breathing calmed, until the family seemed all but spent. They leaned in and began to talk

quietly with one another. The mother finally asked if I would accompany them to the apartment so they could get some clothes. I agreed.

When I later reflected on the event, I was surprised by the realization that one simple question could elicit such a strong response. I was also struck by the positive power of saying things out loud and how it can often diminish the negative power of fearful thoughts.

The second question that I ask is, “So, what else is going on in your life?” Back when I was a rookie, when we responded to a house fire we pulled up and immediately began fire suppression. Later, with the implementation of the Incident Management System, the tactics changed. Now, the captain takes a minute to do a perimeter check to get a bigger picture of the event. Are there downed wires, gas cans against the house, or possibly a mother with her baby trying to climb out of a rear window?

The question “So, what else is going on in your life?” is our *psychological perimeter check*. As clients review their life events, they are often encouraged by the realization that their depression or anxiety did not just show up for no reason. They become aware that extraneous events are affecting their lives at the same time that they are reacting to the traumatic event. This realization helps set the stage

for prioritizing immediate concerns and beginning to look at what coping skills might be most useful.

The third question grew out of my own battle with anxiety about 26 years ago. My partner and I rode the back of the rescue vehicle on a consistent basis. We went from busy to insanely busy. The fires got worse and the number of fatalities increased. After a few months of this, an event occurred that changed my life.

I was at work in the middle of the night, and the alarms kept sounding for one of the trucks. As each alarm sounded, I found it harder to calm down. When one final alarm came in, I sat up, short of breath, my heart pounding as if it was going to explode through my chest. I thought that I was having a heart attack. I walked around to calm myself down and realized that I just had a panic attack. I had developed an anxiety response to the alarms. I never missed work, but I never dared talk about it there either.

Having depression or anxiety is like being at the bottom of a dark hole. Many people think that when they feel better, they will climb out of the hole. That night, I realized that the action of climbing out of the hole would help me feel better. I began a regimen of using self-care techniques that proved to be successful in eliminating my

*continued on page 4*



A firefighter displays a flag as part of the National Fallen Firefighters memorial service. Photo: Bill Green/FEMA

*continued from page 3*

anxiety. This brings me to the third question that I now ask everyone I work with: “What do you do to take care of you?”

Often people reply, “Nothing.” Thus begins an education in self-care. I tend to focus on cognitive

behavioral techniques, ranging from challenging cognitive distortions to changing destructive behaviors. Clients readily grasp techniques like focused breathing and mindfulness, and they eagerly come back to learn about adding new tools to strengthen and protect their mental health.

The three questions, “So, what happened?”; “What else is going on in your life?”; and “What do you do to take care of you?” work best for me because of my experiences both as a firefighter and as a counselor. They aid me in facilitating help and self-care for colleagues and clients. ■



## Resilience in Joplin (and the Healing Power of Butterflies)



**Contributed by Vicky Mieseler, M.S.,** *Licensed Psychologist, Vice President of Clinical Services, Ozark Center*

Following the devastating May 22, 2011, tornado in Joplin, Missouri, the mental health community was instantly charged with coming up with different ways to address the needs of many different people. We learned that no one organization, agency, or person can meet the needs of everyone affected by trauma. People react differently to disasters, so it's essential to create many and varied opportunities for healing. We also learned that connecting with others is a great way to seek comfort and support following a disaster. The Butterfly Garden provides Joplin's residents with a unique and unusual place to do just that.

For the residents of Joplin, it has been three long years of working hard. For us, relaxation is a necessity, and the Butterfly Garden provides a sacred place for us to put ourselves first and to help us all feel grounded. In addition to providing a soothing, relaxing space and serenity, there are multiple plaques throughout the Overlook that tell the stories of the everyday heroes who emerged on May 22, 2011, reminding each of us about the good that came from the devastation. The large waterfall divided into 38 segments represents the 38 minutes that the tornado was on the ground and provides people

with an opportunity to remember the disaster in a more positive way. Traumatic stress takes a toll on a person's mental and physical health. Approaching healing and recovery from many different angles is the very reason that the City of Joplin is where we are today: healthy, strong, and resilient. While some aspects of this resilience are a part of our culture, unique and appealing opportunities like the Butterfly Garden further developed and enhanced these skills and made the journey more bearable.

*continued on page 6*

*continued from page 5*

## **Butterfly Garden in Joplin Will Be a Place To Heal**

(by Michele Skalicky,  
Morning Edition Host, KSMU)

Three years ago, on May 22, 2011, an EF5 tornado tore through Joplin, killing 161 people and destroying thousands of homes and businesses. The community observed the anniversary with the dedication of a new garden at Cunningham Park, which was directly in the path of the tornado. The Butterfly Garden and Overlook is a place where survivors of the tornado and those experiencing any life challenges can find solitude—it's a place to reflect and find healing.

Drury University architecture students and faculty worked with the Joplin community to create the garden. It features a 25-foot-long water wall as well as two other water features—one broken to represent Joplin when the tornado hit and another put back together to represent Joplin today. One faculty member explained that storyboards tell the tales of how people reacted during and immediately after the tornado. Many survivors talk about how they have a new perspective and purpose in life. Other stories have a positive spin and show that people are ready to move on and heal. One way they can do that is by writing in the waterproof journals that are provided in the garden.

There are also plants that attract butterflies, as several children have said that butterflies offered protection as the storm raged around them. Another Drury faculty member says one story involved a man sheltering his daughter. “The tornado was coming. The man laid down on his daughter to protect her. His shoes were just thrown off his feet. They were untouched by the tornado, and when they got up, he said, ‘Are you OK?’ and she said, ‘We were OK, Daddy. There was a butterfly holding us down.’”

Another story came from a 12-year-old girl who said that a butterfly wrapped its wings around her when she was torn from her home by the tornado, and carried her safely to the ground. You can read about her experience if you visit the garden.

Steel that has been formed into what looks like skeleton houses represents the homes destroyed in the tornado that once stood on the site. Drury faculty report that they are celebrating a new beginning on the anniversary and are hoping to tie something positive to the date.

The garden is funded through the TKF Foundation, which provided money to both Joplin and New York City to create open spaces for healing and recovery. It's part of Landscapes of Resilience, a project to study the role of open spaces in recovery from both the

## **DISASTER RESPONSE TEMPLATE TOOLKIT**

The Disaster Response Template Toolkit from the SAMHSA DTAC Disaster Behavioral Health Information Series features public education materials that disaster behavioral health response programs can use to create resources for reaching people affected by a disaster. The Toolkit includes print, website, audio, video, and multimedia materials that programs can use to provide outreach, psycho-education, and recovery news for disaster survivors. Many of the links contain sample materials and online tools that have been used in previous disaster situations across the country. The templates can also be adapted for future use as desired.

[http://archive.samhsa.gov/dtac/dbhis/dbhis\\_templates\\_intro.asp](http://archive.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp)



Joplin tornado and Superstorm Sandy. Drury students interviewed tornado survivors as they worked to find stories to share at the park. Because they couldn't all be used, they are all permanently housed at <http://storiesofjoplin.drury.edu>. ■

# Strength After: The Importance of Disaster Behavioral Health Responders Staying Engaged Throughout Long-Term Recovery

Contributed by **Christian Burgess**, *Director of the National Disaster Distress Helpline*

Hurricane Sandy was the deadliest event of the 2012 Atlantic hurricane/tropical storm season, and the second-costliest hurricane in U.S. history, following Hurricane Katrina. What the financial costs don't represent are the emotional effects that inevitably follow such devastating losses, and not just in the immediate aftermath, but for months or even years after, as communities continue to rebuild and recover. As reported by crisis counselors from the Disaster Distress Helpline crisis contact centers, emotional impacts specific to the Hurricane Sandy long-term recovery process have included the following:

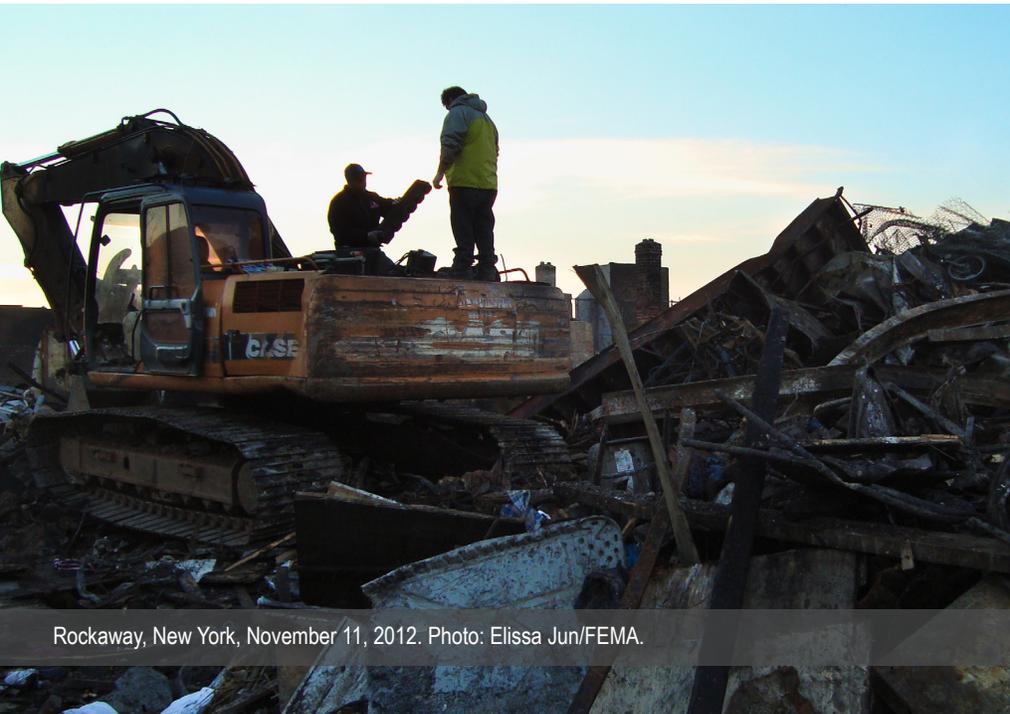
- Sadness and depression due to loss of home, chronic homelessness, or frequent moves
- Anxiety and worry over the cost of recovery and rebuilding; concerns about job loss due to the impact on businesses
- Grief from the death of loved ones (including pets)
- Difficulty adjusting to new schools, changed neighborhoods, and places of worship
- Fear over injuries and other health concerns, such as exposure to toxic mold or chemicals, chronic exhaustion, or fatigue
- Anger over lack of resources as they phase out or are no longer available

*continued on page 8*



Disaster  
Distress  
Helpline

PHONE: 1-800-985-5990  
TEXT: "TalkWithUs" to 66746  
WEB: <http://disasterdistress.samhsa.gov>



Rockaway, New York, November 11, 2012. Photo: Elissa Jun/FEMA.

*continued from page 7*

There is tremendous resilience shown by those affected by this disaster. The Hurricane Sandy Outreach and Resource Development Coordinator for the Disaster Distress Helpline said, “Almost two years after the hurricane, I’ve seen affected communities come together and rebuild by accessing the resources of external providers, and also by utilizing their internal resources (new or existing) to create stronger relationships. Many community agencies involved in the response assist with ongoing needs while also planning for and strengthening the capacity to respond to future incidents with confidence.”

After Hurricane Sandy and during the long-term recovery

following any natural or human-caused disaster, behavioral health responders, like all recovery workers, play vital roles. The following tips, based on challenges encountered and lessons learned from the Disaster Distress Helpline, can ensure that the behavioral health needs of survivors, first responders, and others at risk for distress during long-term recovery continue to be addressed in the months and years following disaster events.

**1. Challenge:** Behavioral health is perceived as less of a priority in long-term recovery.

**Lesson Learned:** During down time, outreach pays off.

As the saying goes, “No one should exchange business cards on the scene of a disaster.” When not

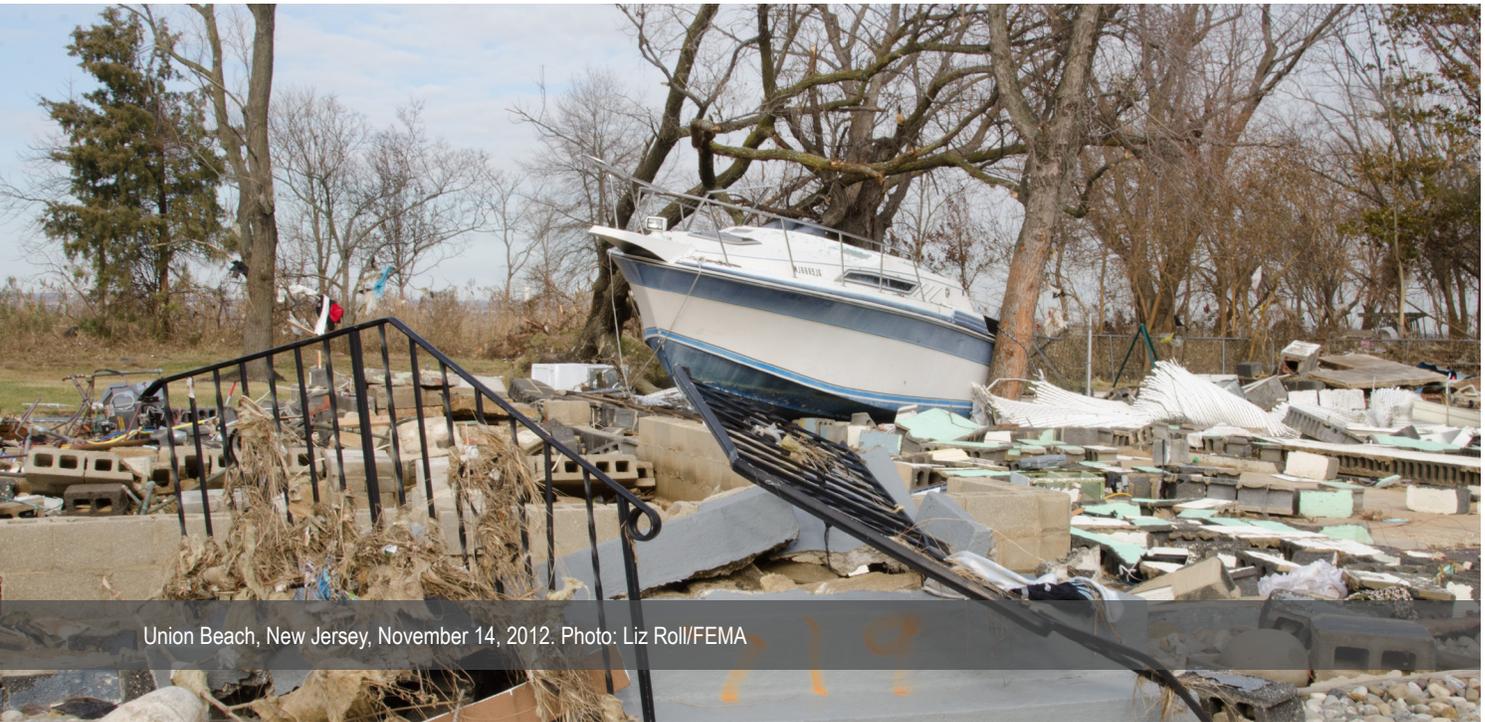
in the midst of a disaster response, seek opportunities for participation in your local or state Voluntary Organizations Active in Disaster (VOAD) chapter, many of which have committees that address emotional care. Advocate that your organization join your VOAD chapter. The more that behavioral health providers are engaged within the larger community of stakeholders throughout the disaster cycle—not just in the immediate response or recovery phase—the more that behavioral health issues will remain visible and seen as a priority. Learn more about the VOAD movement at <http://www.nvoad.org>.

**2. Challenge:** Those at risk for disaster distress during long-term recovery can be hard to find.

**Lesson Learned:** Long-term recovery groups are valuable resources for connecting with survivors.

Services (e.g., shelters and assistance centers) understandably begin to phase down at the transition to long-term recovery, but this can challenge providers seeking to engage with survivors because these venues offer accessibility and visibility. In reality, community hubs for recovery just shift over time. Long-term recovery groups, or LTRGs, are independent community groups that often form

*continued on page 9*



Union Beach, New Jersey, November 14, 2012. Photo: Liz Roll/FEMA

*continued from page 8*

after a disaster. Many LTRGs are formed in partnership with VOAD chapters or local government entities and may even become incorporated themselves. An Unmet Needs Roundtable (UNR) is also often formed as immediate response agencies end their disaster-related activities. UNR activities are usually organized by one coordinating agency, with participation from diverse providers engaged in disaster case management and other long-term recovery work. A UNR can be a great resource for behavioral health providers looking to stay visible among survivors within disaster-affected communities.

**3. Challenge: Survivors' voices too often become silenced during long-term recovery.**

**Lesson Learned: Empower survivors to share their “strength after” stories.**

As many survivors continue to struggle in the years following a disaster, others who have achieved a certain degree of recovery—marked by diminished distress symptoms, a successful integration of their traumatic experience into their life story, and other factors—have much to offer, not only to behavioral health providers (so that we can improve our services), but also to other survivors via peer support. Like survivors of other traumatic or life-altering experiences, from abuse and

bereavement to suicide and mental illness, there is much power in survivors helping survivors. Behavioral health providers can and have played important roles in connecting survivors as a means to promote messages of strength and healing during long-term recovery. We can also work to incorporate survivors' voices into preparedness and response services when new disasters occur.

*The Disaster Distress Helpline is a SAMHSA program that guarantees access for everyone in the United States and its territories to 24/7 crisis counseling and support throughout all phases of natural and human-caused disasters. Learn more about the Disaster Distress Helpline at <http://disasterdistress.samhsa.gov>. ■*

## RECOMMENDED RESOURCES

### NEW! Disaster Substance Abuse Services: Planning and Preparedness

This podcast helps disaster behavioral health coordinators and others who work with people who have substance abuse issues to understand the importance of disaster planning and preparedness.

This podcast can be found at <http://bit.ly/DisSubAbuse>. ■

### Post-Disaster Retraumatization: Risk and Protective Factors

This podcast informs disaster behavioral health professionals about the concepts and signs of retraumatization and associated risk and protective factors, and highlights promising treatment strategies and tips for avoiding retraumatization.

This podcast can be found at <http://bit.ly/Retraum>. ■

### Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders

This podcast can help disaster behavioral health professionals learn about the positive and negative effects of helping disaster survivors.

This podcast can be found at <http://bit.ly/CompFatigue>. ■

### Cultural Awareness: Children and Youth in Disasters

This podcast can help disaster behavioral health responders provide culturally aware and appropriate services for children, youth, and families affected by natural and human-caused disasters.

This podcast can be found at <http://bit.ly/YouthInDisaster>. ■



## Upcoming Events

### CONFERENCES

---

#### **19th International Conference and Summit on Violence, Abuse, and Trauma**

September 7–10, 2014; San Diego, California

This conference brings together researchers, practitioners, advocates, and professionals from other disciplines to learn about and exchange information on violence, abuse and prevention, intervention, and research. The theme of this year's conference is "Linking Research, Practice, Advocacy & Policy: Collaboration and Commitment for Change," and session topic tracks include trauma, persons with disabilities, elder abuse, and children exposed to violence.

<http://www.cvent.com/events/19th-international-conference-summit-on-violence-abuse-and-trauma/event-summary-78f223ed38994d338b0e7277580ecb18.aspx?RefID=19IVATConf>

#### **International Critical Incident Stress Foundation Regional Conference**

October 22–16, 2014; Chicago, Illinois

This regional conference will bring together disaster behavioral health professionals to attend up to three courses and earn continuing education units. Course options include advanced individual crisis intervention and peer support, group crisis intervention, pastoral crisis intervention, and a strategic response to crisis.

<https://www.regonline.com/builder/site/Default.aspx?EventID=1549772>

#### **International Society for Traumatic Stress Studies 30th Annual Meeting**

November 6–8, 2014; Miami, Florida

The theme of this year's conference is "Healing Lives and Communities: Addressing the Effects of Childhood Trauma Across the Life Span." Speakers will highlight new developments in the field and synthesize current understanding of the impact of childhood trauma on health and well-being across the life span to consider how families,

communities, and culture relate to childhood trauma and its effects.

<http://www.istss.org//AM/Template.cfm?Section=Home1>

#### **2014 International Association of Emergency Managers Annual Conference**

November 14–19, 2014; San Antonio, Texas

This conference will provide a forum for stakeholders from all levels of government, the private sector, and public health and related disciplines in the fields of disaster preparedness and homeland security to discuss current topics, share tools and technology, and collaborate to develop practical solutions to protect individuals from disasters.

<http://www.iaem.com/page.cfm?p=events/annual-conference>

#### **American Public Health Association 142nd Annual Meeting and Exposition**

November 15–19, 2014; New Orleans, Louisiana

The theme of this year's conference is "Healthography: How Where You Live Affects Your Health and Well-Being." The purpose of this conference is to unite the public health community in order to enhance knowledge and support exchange of information on best practices, the latest research, and new trends in public health.

<http://www.apha.org/meetings/annual>

### SAMHSA DTAC WEBINARS AND PODCASTS

---

**Great news!** All SAMHSA DTAC webinars and podcasts can now be found on SAMHSA's YouTube page (<http://www.youtube.com/user/SAMHSA>) and the SAMHSA DTAC playlist (<http://bit.ly/DTACVideos>). On the following pages, we provide summaries of and links to all SAMHSA DTAC webinars and podcasts.

*continued on page 12*

WEBINARS AND PODCASTS *continued from page 11*

## **NEW! Disaster Substance Abuse Services: Planning and Preparedness**

This podcast helps disaster substance abuse coordinators and others who work with people who have substance abuse issues understand the importance of disaster planning and preparedness.

<http://bit.ly/DisSubAbuse>

## **Introduction to Disaster Behavioral Health**

The goal of this webinar is to educate participants about the mental health, substance abuse, and stress management needs of people who have been exposed to human-caused, natural, or technological disasters.

<http://bit.ly/introDBH>

## **Applying Cultural Awareness to Disaster Behavioral Health**

Participants in this webinar will learn more about tools that they can use to assess and strengthen cultural awareness practices in disaster behavioral health services.

<http://bit.ly/cultureDBH>

## **Cultural Awareness: Children and Youth in Disasters**

Information provided in this 60-minute podcast can help disaster behavioral health (DBH) responders provide culturally aware and appropriate DBH services for children, youth, and families affected by natural and human-caused disasters.

<http://bit.ly/YouthInDisaster>

## **Deployment Supports for Disaster Behavioral Health Responders**

Disaster behavioral health responders and their family members can use the guidelines in this podcast to help prepare for the stress of deployment and reintegration into regular work and family life.

<http://bit.ly/DBHresponders>

## **Helping Children and Youth Cope in the Aftermath of Disasters: Tips for Parents and Other Caregivers, Teachers, Administrators, and School Staff**

This podcast was designed to inform parents and other caregivers, teachers and other school staff, and behavioral health professionals about the kinds of responses to expect in children and youth in the aftermath of disasters, such as school shootings, and to help determine when a child or youth exposed to a disaster may need mental health services.

<http://bit.ly/HelpingYouthCope>

## **Disaster Planning: Integrating Your Disaster Behavioral Health Plan**

The speakers explain how states, territories, and tribes can update and integrate their disaster behavioral health plans with their overarching disaster response plans.

<http://bit.ly/DBHplan>

## **Self-Care for Disaster Behavioral Health Responders**

Disaster behavioral health responders can learn about best practices and tools that could enable them and their supervisors to identify and effectively manage stress and secondary traumatic stress in this 60-minute podcast.

<http://bit.ly/DBHselfcare>

## **Mass Casualty: Support and Response**

This webinar shares information about emotional reactions to mass casualty events, addresses what Medical Reserve Corps team members, Commissioned Corps officers, and other responders may encounter in the field during a crisis event, and familiarizes participants with related disaster behavioral health resources available through SAMHSA.

<http://bit.ly/MassCasualty>

## **Introduction to Promising Practices in Disaster Behavioral Health Planning**

Participants of this webcast will learn about promising practices in disaster behavioral health planning, and speakers will share successful examples that have been implemented in the field.

<http://bit.ly/DBHpractices>

*continued on page 13*

## WEBINARS AND PODCASTS *continued from page 12*

### **Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships**

Participants in this webcast will learn about building effective working relationships with federal, state, and local government, as well as nongovernment partners, when developing a comprehensive disaster behavioral health plan.

<http://bit.ly/EffectivePartnerships>

### **Promising Practices in Disaster Behavioral Health Planning: Financials and Administration Operations**

The speakers in this webinar identify policies, procedures, and promising practices in financial and administrative operations in disaster behavioral health before, during, and after a disaster.

<http://bit.ly/FinanceAndAdmin>

### **Promising Practices in Disaster Behavioral Health Planning (DBHP): Implementing Your DBHP**

The speakers explain how states, territories, and tribes can update and integrate their disaster behavioral health plans with their overarching disaster response plans.

<http://bit.ly/DBHPImplementation>

### **Promising Practices in Disaster Behavioral Health Planning: Plan Scalability**

In this webinar, speakers provide information and examples about the elements of a scalable disaster behavioral health plan and identify promising practices in process development, standard operating procedures, and instructions that should be in place before a disaster.

<http://bit.ly/PlanScalability>

### **Promising Practices in Disaster Behavioral Health Planning: Assessing Services and Information**

Participants will learn about promising practices in assessing services, resources (e.g., equipment and personnel), and information before, during, and after a disaster.

<http://bit.ly/AccessingServices>

### **Promising Practices in Disaster Behavioral Health Planning: Logistical Support**

This webinar features a presentation on effective logistical support systems, including identification of training mechanisms for response personnel and utilization of volunteers.

<http://bit.ly/LogisticalSupport>

### **Promising Practices in Disaster Behavioral Health Planning: Legal and Regulatory Authority**

Participants will learn about the elements of legal and regulatory authority at the federal, state, and local levels, including issues of responders' liabilities, informed consent, confidentiality, development of memoranda of understanding, and/or mutual aid agreements.

<http://bit.ly/LegalAuthority>

## ADDITIONAL WEBINARS AND PODCASTS

---

### **State of All Hazards Preparedness for Children: Partnerships & Models for Merging Emergency Department & Disaster Preparedness Efforts Nationwide**

This webcast by the Maternal and Child Health Bureau within the Health Resources and Services Administration features resources and tools for pediatric disaster planning, lessons learned from the H1N1 pandemic, and perspectives from national stakeholders and partners in planning.

<http://learning.mchb.hrsa.gov/archivedWebcastDetail.asp?id=222>

## TRAININGS

---

### **Early Responders Distance Learning Center**

The Early Responders Distance Learning Center of Saint Joseph's University creates and administers accredited courses for the emergency response community on preparing for and responding to terrorist incidents. The courses offer a specialized focus on psychological perspectives and issues.

<http://erdlc.sju.edu>

## TRAININGS *continued from page 13*

### **FEMA Online Courses**

FEMA offers free independent study courses that can be completed for continuing education units. Courses cover topics such as emergency preparedness, development and management of volunteers, and the Incident Command System.

<http://training.fema.gov/IS>

### **Johns Hopkins Public Health Preparedness Programs: Mental Health Preparedness Trainings**

The Johns Hopkins Preparedness and Emergency Response Learning Center has developed a variety of mental health preparedness trainings that are available online:

- Disaster Mental Health Intervention
- Disaster Mental Health Planning
- Introduction to Mental Health and Disaster Preparedness
- Mental Health Consequences of Disaster
- Psychological First Aid Competencies for Public Health Workers
- Psychology and Crisis Response
- Psychology of Terrorism
- Roots of Terrorism
- Self-Care

[http://www.jhsph.edu/preparedness/training/online/mentalhealth\\_trainings](http://www.jhsph.edu/preparedness/training/online/mentalhealth_trainings)

### **Massachusetts Environmental Health Association Disaster Behavioral Health Training**

The Massachusetts Environmental Health Association has developed several disaster behavioral health trainings that are available online:

- Disaster Behavioral Health
- Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies
- Psychological First Aid in Radiation Disasters
- Psychological Issues Following Disasters

<http://www.mehaonline.net/member-services/training-resources-videos/56-disaster-behavioral-health-training>

### **The National Child Traumatic Stress Network (NCTSN) Psychological First Aid Online Course**

The NCTSN Learning Center is an online training center geared toward professionals and families seeking to learn more about child traumatic stress. Many resources specifically focus on disaster-related trauma and grief. The NCTSN Learning Center also features Psychological First Aid (PFA) Online, a 6-hour course in which the student plays the role of a provider working in a scene after a disaster. According to the online course description, “this professionally narrated course is for individuals who are new to disaster response and want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. The course features innovative activities, video demonstrations, and mentor tips from the nation’s trauma experts and survivors. PFA Online also offers a learning community where participants can share experiences of using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.”

<http://learn.nctsn.org>

### **Office of Minority Health Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**

These four online courses build knowledge and skills for disaster and crisis personnel and volunteers to “provide culturally and linguistically appropriate services to diverse communities during all phases of disaster.” The curriculum is grouped into three themes: culturally competent care, language access services, and organizational supports.

<https://cccdpcr.thinkculturalhealth.hhs.gov>

### **University of North Carolina (UNC) Center for Public Health Preparedness Training Website**

This site “offers free short Internet-based trainings developed by the UNC Center for Public Health Preparedness on public health preparedness topics such as disease surveillance, basic epidemiology, bioterrorism, and new/emerging disease agents.”

<http://cphp.sph.unc.edu/training/index.php>

# Behavioral Health is Essential To Health Prevention Works Treatment is Effective People Recover

## SUBSCRIBE

*The Dialogue* is a publication for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. To receive *The Dialogue*, please go to SAMHSA's homepage (<http://www.samhsa.gov>), enter your e-mail address in the "Mailing List" box on the right, and select the box for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*."

## SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

## ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The SAMHSA *DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. To subscribe, please enter your e-mail address in the "SAMHSA *DTAC Bulletin*" section of our website at <http://www.samhsa.gov/dtac/resources.asp>.

The SAMHSA DTAC Discussion Board is an online discussion forum for disaster behavioral health stakeholders. Become a member of this community by visiting <http://dtac-discussion.samhsa.gov/register.aspx> and completing the brief registration process. Within 2 business days, you will receive your login and password via e-mail, along with further instructions on how to access the site.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac/dbhis> to access these materials.

## CONTACT US

SAMHSA Disaster Technical  
Assistance Center

Toll-Free: 1-800-308-3515

[DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)  
<http://www.samhsa.gov/dtac>