

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

the Dialogue

2014 | VOLUME 10 | ISSUE 2

IN THIS ISSUE

- 2 Working Together in the Field:
Traditional and Disaster Behavioral
Health Response to the Shooting of
Greenland, New Hampshire, Police
Chief and Officers
- 5 The Work of a Psychiatry Disaster
Responder
- 7 West, Texas: Resiliency in Action
- 9 Recommended Resources
- 10 Upcoming Events



IN THIS ISSUE

- | | |
|--|--|
| 2 Working Together in the Field:
Traditional and Disaster
Behavioral Health Response
to the Shooting of Greenland,
New Hampshire, Police Chief
and Officers | 7 West, Texas: Resiliency
in Action |
| 5 The Work of a Psychiatry
Disaster Responder | 9 Recommended Resources |
| | 10 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, 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

Continuing with this year's theme ("Response"), this issue of *The Dialogue* highlights the work of disaster behavioral health responders. Our first article summarizes an interview conducted with traditional and disaster behavioral health responders, and discusses their experience responding to the fatal shootings of a police chief and several other officers in a small, close-knit community. The next article is written by a disaster psychiatrist, who comes from a select and important discipline in the response community and has experience responding to several large-scale disasters. Our final article exemplifies the work of disaster behavioral health responders in a human-caused accident—the fertilizer plant explosion in West, Texas—and describes how they worked tirelessly to help survivors and responders. 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



Assistance is provided to a local resident affected by the fertilizer plant explosion. Photo: Norman Lenburg/FEMA

SPECIAL FEATURE

Working Together in the Field: Traditional and Disaster Behavioral Health Response to the Shooting of Greenland, New Hampshire, Police Chief and Officers

Contributed by Paul Deignan and Don McCullough

An interview with Paul Deignan, M.S.W., Disaster Behavioral Health Consultant/Trainer, and Don McCullough, M.S., CMHC

On April 12, 2012, Chief Michael Maloney of the Greenland Police Department in New Hampshire was shot to death while carrying out a search warrant. Four police officers from other local departments were also shot and injured by the suspects (both of whom died in an apparent murder-suicide). Many local and state police officers and first responders from surrounding departments responded to the scene, and the local elementary school was used as a staging area. The town's schools and municipal offices were closed the next day, and residents were invited to Greenland Central School to support one another. The incident had a significant effect on local, state, regional, and federal first responders as well as community residents in this close-knit town. Behavioral health responders trained in critical incident management were called to provide assistance to those responders most affected by the incident and at risk for negative



mental health outcomes. This article highlights the experiences of two responders: Paul Deignan, a disaster behavioral health (DBH) responder serving as New Hampshire's DBH coordinator at the time, and Don McCullough, a "traditional" first responder.

Paul Deignan was the only DBH coordinator at the state's homeland security and emergency management agency. Paul watched the events unfold on television and received a call later that night from Ken

Fernald, Greenland's Director of Emergency Management. Ken asked Paul to arrange for support from New Hampshire's Disaster Behavioral Health Response Team (DBHRT), a long-standing, highly trained group of responders that addresses the mental health needs of residents and peers from New Hampshire and other states when local capacity is overwhelmed following disasters. Paul sent an alert to his team that night, providing instructions for reporting

continued on page 3

continued from page 2

to the scene first thing the next morning. He knew he would need to mobilize a large number of behavioral health responders quickly.

Don McCullough, a captain with the Rochester Fire Department in New Hampshire with a clinical degree in mental health counseling, had just finished teaching a course on disaster psychology. Only two weeks before the shooting, he had been named the regional team coordinator of the state's DBHRT. As Don left the classroom that day, he checked his phone and saw he had missed several calls, one of which was from Paul. Don reported to the highly charged incident, where the suspects barricaded themselves for hours, and neighbors were either evacuated or told to remain indoors. He "went into the fire department way of thinking," keeping his response efforts as simple as possible while the barricade continued.

The event took many hours to unfold. Even after the shooter killed himself, the neighborhood remained in lockdown and the threat persisted. Paul stayed in Greenland to facilitate communication and deliver support, while Don drove to the hospital to work with survivors. Nearly 100 officers kept vigil for their colleagues in the hospital, and a new chief was sworn in at midnight. Don and the DBHRT set

up a private area where people—mainly other first responders—could receive confidential crisis intervention support. What helped most, he explained, was when peers convinced their colleagues that the behavioral health support he was offering was private and confidential. Don also explained that it was relatively easy for survivors to connect their feelings directly to the incident—the actual cause of those emotions. This connection is not always easy for survivors to make after other traumatic events such as natural disasters.

Meanwhile, Paul was encountering a few challenges in Greenland. As he was busy arranging disaster behavioral health supports—which were optional—for responders from nearly 15 departments, he discovered that some local departments were being told that these meetings were mandatory for officers and their families. Also, someone had contacted chiefs from responding agencies and told them that there would be a DBHRT representative at one of five briefings to help them. Don kept Paul informed of the situation from the field, and Paul was able to send Don and other staff to each of the five sites to be sure that enough support was available to responders, their family members, and others



who attended the meetings. Throughout the day at the hospital, crisis responders from the New Hampshire DBHRT, the Granite State Critical Incident Stress Debriefing Team, and Seacoast Mental Health Services provided one-on-one and group supports for police officers who continued to arrive at the hospital in high states of emotional distress. Lastly, in the heat of the moment, not every agency requested DBH support, according to the Incident Command System protocol, making it hard to coordinate responses.

When asked if they faced any of the challenges that often arise between traditional first responders and behavioral health responders, both Paul and Don said no. Don explained that "This was a once-in-a-career type of event—there was no division like there has been traditionally." Echoing this sentiment, Paul said that because they had both worked with many of the responders in the past and this event was not their first

continued on page 4

continued from page 3

encounter, their jobs were a bit easier. “There is something about knowing that you have peers who understand you caring for you,” he explained. The main challenge they encountered was the mix-up in communication, but Paul said everyone was “dancing as fast as [possible] in the heat of the moment.”

When asked about successes, both Paul and Don praised local responders and volunteers for not self-deploying. Instead, they explained, people waited for notice from those in charge of the response. “Everyone stayed in their lane,” Paul said, allowing the Incident Command System to work well. When asked if he saw survivors respond well to anything in particular, Don reiterated that having a safe place in which to express their feelings was invaluable.

In closing, we asked both Paul and Don if there was anything they thought DBH responders should keep in mind when working with more traditional first responders. Don said that he would encourage behavioral health professionals to become culturally aware and learn the language of responders. “Visit local stations, get to know the people who work there, go on ‘ride alongs’ that are frequently offered to businesses, schools, and other interested groups throughout

the year. When you have those experiences, you have access.” Paul agreed and said that it would be great if a training program based on the first responder culture was made available to DBH responders.

When we flipped the question, asking what traditional responders should remember when working with DBH responders, Don suggested that first responders increase awareness of the value of stress management and the importance of having access to peer and professional counseling services. “We must recognize,” Don said, “that our occupational hazards and the things we witness expose us to psychological harm. At every opportunity, first responders must be taught that the stigma connected to asking for help is actually harmful to long-term health.” Paul suggested that traditional responders remember that DBH responders are there to provide support and information, listen to them, encourage them to get rest, and validate their emotions.

In sum, both Paul and Don said they would not do many things differently. Paul said that they could have offered more support to the participating departments’ public information officers and provided logistical support for the town itself. The town was “invaded by the media,” he said,

and many employees answering the telephone knew the police chief, making each call a traumatic one. Don said that it is important for all responders to “be mindful of themselves,” and know when to take a break and consider talking with a colleague or trusted friend about their experiences. These reflections offer useful lessons from an incident that was quite extraordinary and tested the knowledge of these skilled responders.

Disclaimer: While Critical Incident Stress Debriefing is not included on SAMHSA’s National Registry of Evidence-Based Programs and Practices (<http://www.nrepp.samhsa.gov/>), many traditional first responder communities use it—often in a modified format—to address behavioral health needs after a disaster or other traumatic event. ■



A mental health counselor helps a disaster survivor comfort a lost child after Hurricane Katrina.
Photo: Andrea Booher/FEMA

The Work of a Psychiatry Disaster Responder

Contributed by Dr. Margaret Tompsett, M.B. B.Chir.

University of Cambridge Distinguished Life Fellow of the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry

The American Red Cross has responded to disasters for more than a century, but it was not until 1989 that the need for disaster behavioral health (DBH) responders was recognized. Leaders of the Red Cross discovered that some disaster responders had been traumatized by their experience and felt unable to report to subsequent assignments. DBH responders, mostly social workers and psychologists, were brought in to help these disaster responders, who were primarily volunteers. DBH responders made a difference by listening to the volunteers' stories and assisting in conflict resolution. As time went on, DBH responders started to work with disaster survivors, helping them learn how to cope with their experiences. In 1995 the American Psychiatric Association signed a formal agreement with the Red Cross.

Under the Red Cross umbrella, all mental health professionals, regardless of their individual discipline or degree, are treated equally as DBH responders.

I have been a practicing psychiatrist for 35 years, and I specialize in child and adolescent psychiatry. Disaster response always interested me, and in 1998 I was one of 20 members of the New Jersey Psychiatric Association trained in disaster mental health by the Red Cross. This training made it possible for me to be a part of the response to many disasters since then, including Hurricanes Katrina, Rita, and Sandy, and most recently the Boston Marathon bombing. This work is very different from traditional office work, which has clearly defined structures and boundaries. In a disaster, one enters a chaotic situation and hopes to bring some order.

As a mental health professional serving as a DBH responder, one can be working with someone as a colleague one day and then may need to help that person manage an interpersonal conflict with another team member the next. During the earliest part of the response phase, Psychological First Aid is the standard of DBH care. Most of that work is very practical, helping people locate food and shelter and connecting them with loved ones. At first, many survivors are in shock and do not speak much, but once basic physical needs have been met, they are usually eager to talk about their experiences. Most people are resilient and cope well if they are given adequate emotional support and are connected with their social network.

Although I never identify myself as a psychiatrist, it soon

continued on page 6

continued from page 5

becomes apparent that I have significant medical knowledge and understanding of children, and disaster responders often ask me to see survivors who are experiencing more extreme levels of distress. I am frequently asked questions about medications, but in my role as a disaster responder there is no prescribing medication. I have not found this to be too challenging because there is much more to disaster psychiatry than prescribing, and unless a survivor was using psychiatric medication before the disaster, caution must be used when prescribing medications in the immediate disaster response. The most frequently requested medications are controlled substances. It is extremely hard in a disaster situation to sort out who is using benzodiazepines or painkillers appropriately and who is not. Survivors with psychotic or suicidal thinking are generally referred to the nearest clinic or emergency room for a comprehensive assessment.

The Boston Marathon bombing was a different experience for me in that the mass casualties were rapidly triaged and taken to area hospitals. There were many first aid stations and providers along the route that were called upon to do much more than they had planned. Some workers were traumatized by the exposure to horrific sights outside their

usual experiences. The hospitals were well prepared to handle the casualties, and those who were not killed immediately from the bombs survived their injuries. The psychological aspects of injury were also appropriately addressed. In addition, the Red Cross opened a Family Assistance Center where relatives and survivors could meet with various agencies, including the FBI, Massachusetts Department of Mental Health, and Massachusetts Victim and Witness Assistance Board. Once patient privacy issues and the problematic location of the Family Assistance Center had been addressed, the center became a useful one stop shop for families.

I worked in a number of capacities, first at the impromptu memorial on Boylston Street, then at the memorial service held at the Cathedral of the Holy Cross (attended by President Obama), and later at the Family Assistance Center. These assignments provided me with the opportunity to give grieving and distressed survivors support and practical assistance in finding the right resources. We also supported overworked and stressed Red Cross headquarters staff in Cambridge. This experience called on me to focus less on my psychiatric training and more on my psychological knowledge.

I feel that my experience working with the Red Cross has allowed

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://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp

me to help disaster survivors and responders function better, feel cared for, and move in the right direction. Disaster work is extraordinarily rewarding because survivors and responders alike are incredibly grateful for all types of assistance—even seemingly insignificant gestures—and especially our supportive presence. ■

West, Texas: Resiliency in Action

Contributed by Chance Freeman, Disaster Behavioral Health Services (DBHS) Branch Manager; **Jennifer Reid**, LMSW, DBHS Response Coordinator; **Dana LaFayette**, LPC, LP-S, LCDC, Director of Crisis Services, Heart of Texas Region Mental Health and Mental Retardation (MHMR) Center; and **Molly Howard**, LMSW, Program Manager, Heart of Texas Region MHMR Center

On the evening of April 17, 2013, the tight-knit community of West, Texas, was rocked by a devastating fertilizer plant explosion that, according to news reports, resulted in the deaths of 15 individuals, more than 160 injuries, and hundreds of damaged or destroyed homes and structures in a 35-block radius. The West community response to the physical and emotional damage from this explosion illustrates the true meaning of resilience. One factor that contributed to this community's resilience was the established working relationships between disaster behavioral health service providers, public health planners, and local incident command.

The disaster behavioral health response was led by the local mental health authority, the Heart of Texas Region MHMR Center and the Department of State Health Services (DSHS). Dana LaFayette, director of crisis services for the Heart of Texas Region MHMR Center, reported that staff responded day and night, often working 12-hour shifts, to provide crisis counseling, stress management, and early

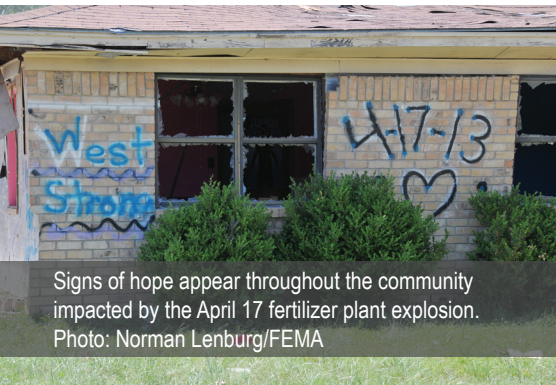


Residents affected by the April 17 fertilizer plant explosion attend a town hall meeting Sunday to get information about disaster recovery. Photo: Norman Lenburg/FEMA

psychological intervention services to survivors, disaster behavioral health professionals, and first responders. Counselors from the Heart of Texas Region MHMR Center were among the first crisis responders on scene after the explosion. Under the local Incident

Command System, the local health department appointed a behavioral health coordinator who worked with the Heart of Texas Region MHMR Center team leader to plan, coordinate, and provide crisis counseling services, while support for securing and coordinating crisis

continued on page 8



Signs of hope appear throughout the community impacted by the April 17 fertilizer plant explosion. Photo: Norman Lenburg/FEMA

continued from page 7

response management services to first responders and their families was provided by volunteers from DSHS' Texas Critical Incident Stress Management (CISM) Network. In addition, the local mental health authority worked with local volunteers and agencies to ensure the success of a comprehensive community-based behavioral health plan.

Disaster behavioral health services were provided in a variety of locations, including the Community Center operated by West residents, the Joint Assistance Center operated by numerous disaster response groups, and the Family Assistance Center operated by the local public health department. Disaster behavioral health responders worked with local incident command staff to plan and participate in re-entry operations for residents in the affected areas.

Through these efforts, more than 1,000 face-to-face encounters were documented using the Crisis

Counseling Assistance and Training Program Individual and Group Encounter forms. Through the use of these forms, leaders of disaster behavioral health services were able to assess the emotional impact of the disaster on residents and first responders.

Feedback from first responders reiterated the positive impact that peer-to-peer crisis response services had for them. Through one-on-one crisis counseling and group debriefings, first responders were able to process their emotions and reactions in a safe and controlled environment. These activities also fostered responder camaraderie, which was a significant part of their healing process.

According to the data gathered from the Individual and Group Encounter forms, the emotional responses of affected responders and survivors varied greatly, with the most commonly seen responses being anger, disbelief, anxiety, tearfulness, numbness, and problems sleeping. Survivors appeared to be in shock and reported feeling lost for the first few days after the explosion. There were survivors searching for lost pets who felt devastated, people carrying the clothes they were wearing at the time of the explosion with blood stains still on them, and others who were very concerned about their neighbors while neglecting their own needs to

eat, rest, and care for themselves. Many in the community experienced significant losses of family, friends, coworkers, and pillars of the community. One of the most encouraging aspects of the response was the resiliency shown by the West residents and the outpouring of support from outlying communities. Many residents described themselves as taking pride in their self-reliance and being part of the West community, and said they were accustomed to being on the giving end. Many people who had lost loved ones, friends, and homes in West could be found at the Community Center assisting their fellow residents.

Overall, the community expressed great appreciation for the counselors and volunteers. Throughout the event, behavioral health counselors repeatedly commented on the resilience, generosity, and closeness of the community. This tragedy confirmed that a behavioral health team composed of local resources (i.e., one that would not be leaving after a few days) enhances the community's resilience. As the one year anniversary approaches, the Heart of Texas Region MHMR Center has offered to assist with planning activities to commemorate the event so they can continue to provide support to their community. ■

RECOMMENDED RESOURCES

Post-Disaster Retraumatization: Risk and Protective Factors

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

This podcast can be found at

<https://www.youtube.com/watch?v=1O7w6pu4BdI&list=PLBXgZMIzqfRcTt9ndxkbieQ-pQslk-R6>. ■

The Behavioral Health Response to Mass Violence

This podcast informs disaster behavioral health professionals about the psychological responses to mass violence and suggests strategies and interventions to provide immediate support and mitigate long-term negative mental health consequences.

This podcast can be found at

<http://www.youtube.com/watch?v=GeFrjY9Dfu0&list=PLBXgZMIzqfRcTt9ndxkbieQ-pQslk-R6>. ■

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

<https://www.youtube.com/watch?v=aSJ0Lk8MsIQ&list=PLBXgZMIzqfRcTt9ndxkbieQ-pQslk-R6>. ■



Upcoming Events

CONFERENCES

Public Health Preparedness Summit

April 1–4, 2014; Atlanta, Georgia

Organized by the National Association of County and City Health Officials, the theme of this year's annual summit is "Stronger Together: Aligning Public Health and Healthcare Preparedness Capabilities to Protect Our Communities." This national public health preparedness conference offers cross-disciplinary learning and networking opportunities for professionals working in all levels of government, emergency management, volunteer organizations, and health care coalitions.

<http://preparednesssummit.org>

2014 Preparedness, Emergency Response, and Recovery Consortium and Exhibition

April 14–16, 2014; Orlando, Florida

Sponsored by the Chesapeake Health Education Program, Inc., the consortium will bring together both governmental and private sector personnel to share best practices in mitigation, emergency management, and response before, during, and after a disaster. During the conference, subject matter experts will present and lead forum discussions on the importance of coordination and collaboration during preparedness, the health care response, rescue, evacuation, sheltering in place, and the recovery phase.

<http://www.perrc.org>

2014 National Hurricane Conference

April 14–17, 2014; Orlando, Florida

The annual National Hurricane Conference brings together federal, state, and local officials to review lessons learned from past hurricanes, exchange research and ideas, and recommend new emergency management policies.

<http://hurricanemeeting.com>

2014 Partners in Emergency Preparedness Conference

April 22–24, 2014; Tacoma, Washington

The theme of this annual event by the Partners in Emergency Preparedness Conference, a nonprofit from Washington State University, is "Experiencing Private–Public Partnerships." This conference provides a forum for professionals working in businesses, schools, state and national government, the nonprofit sector, emergency management, and volunteer organizations to present and discuss business continuity planning, school safety, public health preparedness, homeland security, and public information.

<https://www.cm.wsu.edu/ehome/pepc/39774>

National Council for Behavioral Health Conference '14

May 5–7, 2014; Washington, DC

Over the 3-day event, the National Council for Behavioral Health Conference will hold 125 sessions featuring 300 expert speakers to discuss research, policy, and technology innovations in behavioral health. The conference will include tracks on trauma-informed care, children and youth, and addictions and co-occurring disorders.

<http://www.thenationalcouncil.org/events-and-training/conference>

2014 National Voluntary Organizations Active in Disaster (VOAD) Conference

May 13–15, 2014; Indianapolis, Indiana

This annual conference features meetings, training sessions, and workshops within five conference tracks. Conference tracks include long-term recovery, partnership formation and strengthening, use of technology in disaster operations, and volunteer management. Conference participants include federal representatives and hundreds of national, state, and local VOAD representatives.

<http://nvoad.org/events/>

continued on page 11

CONFERENCES *continued from page 10*

The World Conference on Disaster Management

June 15–18, 2014; Toronto, Ontario, Canada

The World Conference on Disaster Management, a nonprofit organization, will bring together international disaster management professionals to provide “a global perspective on current issues and concerns in the industry.” Conference track topics include resilience, crisis communications, emergency management, and business continuity management.

<http://www.wcdm.org/programs.html>

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://www.youtube.com/playlist?list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6). Below, we provide summaries of and links to all SAMHSA DTAC webinars and podcasts.

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://www.youtube.com/watch?v=pwqIHAmO19U&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=ngozeGfBOW8&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6&index=2

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://www.youtube.com/watch?v=bsalmMbgkh8&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6&index=12

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://www.youtube.com/watch?v=apQuQm5pQOk&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6&index=4

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://www.youtube.com/watch?v=O4GftUhGAtc&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6&index=15

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://www.youtube.com/watch?v=lpg0_5IOgOg&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

continued on page 12

WEBINARS AND PODCASTS *continued from page 11*

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://www.youtube.com/watch?v=G957P6w1Xfs&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6&index=13

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://www.youtube.com/watch?v=CDUqKO8XdLM&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=_tpsxPB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=LkNGb-Hlo0&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=osqghXH7Bbo&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

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://www.youtube.com/watch?v=TaqQjgLTinM&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6

continued on page 13

WEBINARS AND PODCASTS *continued from page 12*

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://www.youtube.com/watch?v=TJpUlxoA4s8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

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://www.youtube.com/watch?v=sRL3Fbo9kHI&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

ADDITIONAL WEBINARS AND PODCASTS

Integrating All-Hazards Preparedness with Public Health

This webcast by the National Association of County and City Health Officials (NACCHO) "feature[s] four NACCHO demonstration sites that integrate all-hazards preparedness into traditional public health activities."

<http://webcasts.naccho.org/session-archived.php?id=684>

Planning for Pandemic Influenza: Issues and Best Practices

This webcast by the National Association of County and City Health Officials features discussions of "local challenges relating to vaccine distribution, isolation and quarantine, risk communication, hospital and personnel surge capacity, and community engagement."

<http://webcasts.naccho.org/session-archived.php?id=505>

Psychological First Aid: The Role of Medical Reserve Corps Volunteers in Disaster Response

This National Association of County and City Health Officials webcast provides an overview of the disaster mental health field and the role and evolution of psychological first aid.

<http://webcasts.naccho.org/session-archived.php?id=823>

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>

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>

continued on page 14

TRAININGS *continued from page 13*

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

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.

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

<http://www.samhsa.gov/dtac/>