

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

# the Dialogue

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*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>.

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## In This Issue

In keeping with this year's theme, "Preparedness," this issue of *The Dialogue* looks at three important topics that can be addressed well before a disaster occurs. First, we review the steps to "branding" a disaster behavioral health response program and offer the Disaster Response Template Toolkit as a robust resource to assist you in the process. We then look at several issues related to immediate response work, such as shielding family members from unwanted interveners and preparing to support those who are bereft. In relation to these topics, we move to responding with religious and spiritual literacy and competency, two distinct concepts that we can learn and practice prior to a deployment.

Preparedness is an integral part of disaster behavioral health, and we will continue to explore the ways to help the field address such an overarching aspect of our work.

Warmest regards,

**Nikki Bellamy, Ph.D.**

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

[Nikki.bellamy@samhsa.hhs.gov](mailto: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](mailto:Erik.hierholzer@samhsa.hhs.gov)

**Amy R. Mack, Psy.D.**

SAMHSA DTAC Project Director



Supplies for Preparedness Toolkits. Photo: K.C.Wilsey/FEMA

SPECIAL FEATURE

# Branding a Disaster Behavioral Health Program

Contributed by **Steve Crimando, M.A., Certified Trauma Specialist**

*Director of Training, New Jersey Division of Mental Health, Disaster & Terrorism Branch*

Branding may seem like a term or concept taken from an episode of “Mad Men.” Advertisers are concerned with branding and notions like building “brand equity” or “brand awareness.” These ideas may seem to have no place in the public sector or disaster behavioral health services, but the importance of branding and building a strong, positive identity for products and services like our disaster response programs applies equally across both the public and private sector. Failure to brand our products and services can lead to the underutilization of services or misunderstandings of how and where disaster behavioral health fits into the overall scheme of emergency management. Building the brand of a state, tribe, or territory’s disaster behavioral health services is everyone’s job, not just that of the program administrator or team leaders. In addition to providing post-disaster psychosocial support, each team member is an ambassador, able to help educate others about the importance and value of disaster behavioral health services,



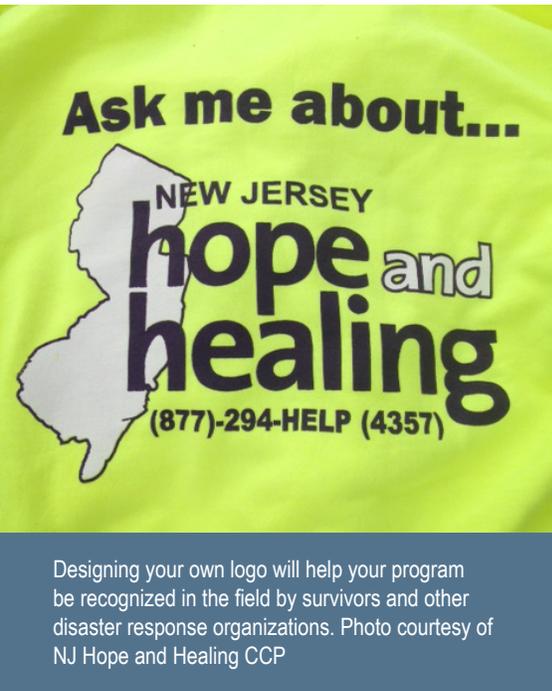
The Crisis Counseling Assistance and Training Program from Southeast Mental Health Center in Shelby County, TN, makes a presentation to students from E.A. Harrold Elementary School in April 2011. The school is located in Millington, TN, which experienced severe flooding in 2010 and tornadoes and subsequent flooding in 2011.

and create strong relationships with partners in the emergency management community.

Clarity of purpose is the first step in developing a disaster behavioral health program’s brand or identity. Leaders must be able to clearly articulate the program’s mission and scope of services. Applying the “Five W’s of Writing” can be a useful exercise in achieving this clarity. Begin with the “who,” and specify whom the program serves. Understandably, some people may assume that disaster behavioral

health services are intended for those in the community who are already behavioral health care consumers. It is important to convey the idea that services are provided to the state’s entire population, not just those with preexisting behavioral health problems. Also, when describing the “who,” it is important to clarify the necessary requirements for responders to be considered qualified in disaster behavioral health response by the state.

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Following that logic, moving on to the “what,” “where,” “when,” and “why” is equally important.

- **What:** Describe the type and range of services provided by the program, such as crisis counseling and psychological first aid.
- **Where:** Help others understand that services are community-based and that program leaders typically use an outreach model to share information about and encourage the public to make use of their program.
- **When:** Explain the types of events or circumstances that would warrant the deployment of disaster behavioral health responders. Give examples of disasters and community crises

that the team has responded to or will respond to in the future.

- **Why:** Make a clear distinction that disaster behavioral health services are not the same as traditional mental health or substance abuse services. It is very likely that without such clarification, those who are unfamiliar with disaster behavioral health will assume that responders will provide therapy or similar treatment in a disaster-affected community, and such a misconception can lead to a range of problems.

This clarity, whether understood and articulated as a mission statement or in some other form, can help explain to other leaders in state government where disaster behavioral health fits into the larger emergency management system and can also help them form accurate assumptions and expectations about what a team or program can or will provide in response to a disaster. Defining the scope of the state’s disaster behavioral health services is also helpful in the recruitment and retention of responders. Potential team members should have a clear understanding of the nature of the team and of disaster behavioral health. Such clarity can also help them “stay in their lane” when deployed and stay mission and task focused. A sense of belonging is a basic human need, and disaster behavioral health responders

are more likely to join and stay associated with programs that feel welcoming and have solid structure and substance.

Once the state’s disaster behavioral health services can be clearly described, the process of branding can begin. Common branding strategies include:

- **Images:** Developing a team name and logo that can be used on printed materials, identification, and the web can help establish an identity for a team or program. A logo, possibly combined with visually identifiable clothing for team members, can help both the public and other responders more easily recognize those providing disaster behavioral health services. Attention should be given to shape and colors that are not overly stimulating. It is also important to consider the colors and logo images of competing and collaborating programs to avoid confusion.
- **Communications:** A common complaint of many who join disaster behavioral health teams is that they are seldom deployed. Naturally, even well-intentioned members can lose interest. Periodic communications in the form of newsletters, e-mail blasts, and social media can keep team members informed and feeling like they are part of the program.

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Another example of how designing your own logo will help your program be recognized in the field by survivors and other disaster response organizations. Photo of Project Hope (New York) logo, courtesy FEMA

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- Events: Having a table or booth at emergency management-related conferences and events can build recognition and acceptance for disaster behavioral health services within the emergency response community. Likewise, a booth at the county fair or other public events can both raise awareness of the importance of disaster behavioral health issues in the community and aid in recruitment of new behavioral health responders.

Branding should not be done in a vacuum, and it is helpful to seek feedback from representatives of various stakeholder groups (e.g., the public, other emergency services, and volunteer

organizations) before finalizing decisions. Depending on the structure of a state's government, it may be necessary to coordinate and seek approval for some or all branding efforts with public affairs or communications departments. Successfully branding a state's disaster behavioral health services requires a delicate balance of creating images and messages that are, on the one hand, recognizable, and on the other hand, low key. From program leaders to boots-on-the-ground responders, it is important to recognize the stigma that still surrounds behavioral health and the reluctance of individuals, families, communities, and responders to take advantage of post-disaster behavioral health services.

The entire concept of branding revolves around the concept that "perception is reality." Services that are well organized, well explained, and marketed to target audiences in ways that are familiar are likely to have greater success. But the single most important element in building a program's identity and reputation will always be the quality of its services. All of the slick marketing in the world will not help in developing an effective and well-accepted disaster behavioral health program unless caring, compassion, and competence are communicated in every way and on every day

## DISASTER RESPONSE TEMPLATE TOOLKIT

The SAMHSA DTAC Disaster Behavioral Health Information Series Disaster Response Template Toolkit 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](http://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp)

that a team is in operation. The look of the package is important but is secondary to the contents of the package. Attention to both can help ensure the proper level of recognition, acceptance, and utilization of disaster behavioral health services in a state, tribe, or territory. ■



Photo: Andrea Booher/ FEMA

# Crisis Counseling for Survivors of the Sandy Hook School Shooting

**Contributed by James Halpern, Ph.D.**

*Director, Institute for Disaster Mental Health, SUNY New Paltz*

American Red Cross mental health personnel provide services at many traumatic events, including disasters. Perhaps one of the more challenging responses was to the massacre at Sandy Hook Elementary School in Connecticut, the second-deadliest school shooting in United States history. On December 14, 2012, Adam Lanza killed his mother, drove to the elementary school, shot and killed 20 children and six adults, and then took his own life. A national Red Cross response was mobilized immediately to provide assistance to survivors, family members, first responders, and the community. This is a summary of how my colleagues and I assisted

survivors at the Family Assistance Center and the local high school, where we met with family members for several hours during visits by government officials, including President Obama.

## Promoting safety

The counseling we delivered was generally consistent with Maslow's Hierarchy of Needs, focusing first on providing a sense of safety, and then restoring calm, feelings of self-efficacy, support, and hope. Safety was a significant issue, as there were bomb scares, extremists who threatened to protest at funerals, and rumors of more shootings. Families were

exposed to sights and sounds that triggered intense reactions, such as spontaneous memorials, vans that were moving furniture in and out of the school, funeral processions, and the international media presence that came with lights, cameras, and satellite trucks. Nationally known news anchors obtained family members' cell phone numbers and called them for interviews. Counselors provided calm and sought to protect families from intrusive press and other unwelcome sights and sounds. We worked alongside state troopers who were assigned to each family to promote a sense of safety.

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## Promoting practical and social supports

Some survivors needed practical support such as help with travel plans and funds for funeral expenses, which the Red Cross was able to provide. Counselors also supported families during meetings with state and federal authorities to discuss benefits they were eligible to receive or to conduct further investigations. Counselors reminded survivors to connect with trusted, supportive friends, family, and clergy. However, it became far more necessary to support those who did not want to connect with contacts they had not heard from in years. Counselors gave permission to family members to keep unwelcome contacts at a distance.

## Counseling parents on how to help surviving children

Parents asked very challenging questions, including: How should the events be explained? Is it okay for children to watch the media coverage or be interviewed? Should children attend funerals? In addition to listening to and understanding parents' feelings and concerns, we also provided guidance. Through counseling, we emphasized the importance of reassuring and being honest with surviving children and providing them with a sense of safety and

routine. One parent was disturbed to hear from a friend that seeing the open casket would be helpful to her young surviving child in order to experience "closure." I was able to reassure her that such exposure was not a necessary part of the healing process.

## Grief counseling— Psycho-education

It was useful for counselors to bear in mind the "Dual Process Model of Coping with Bereavement" (Stroebe, et al., 1999). During "loss-orientation," survivors painfully focus on the tie or bond with the dead person. We assisted Sandy Hook survivors by bearing witness to their suffering and providing a compassionate presence. Survivors also have to deal with a large number of challenging decisions, changes, and stressors, referred to as the "restoration orientation." We helped some parents make decisions about funeral arrangements or where and when their surviving children would go to school. Counselors also helped survivors understand that losses often have a ripple effect. For example, a surviving child has not only lost a sibling but experiences family members as less available while struggling with his or her own grief. Survivors were also informed about significant individual, gender, and cultural differences in length



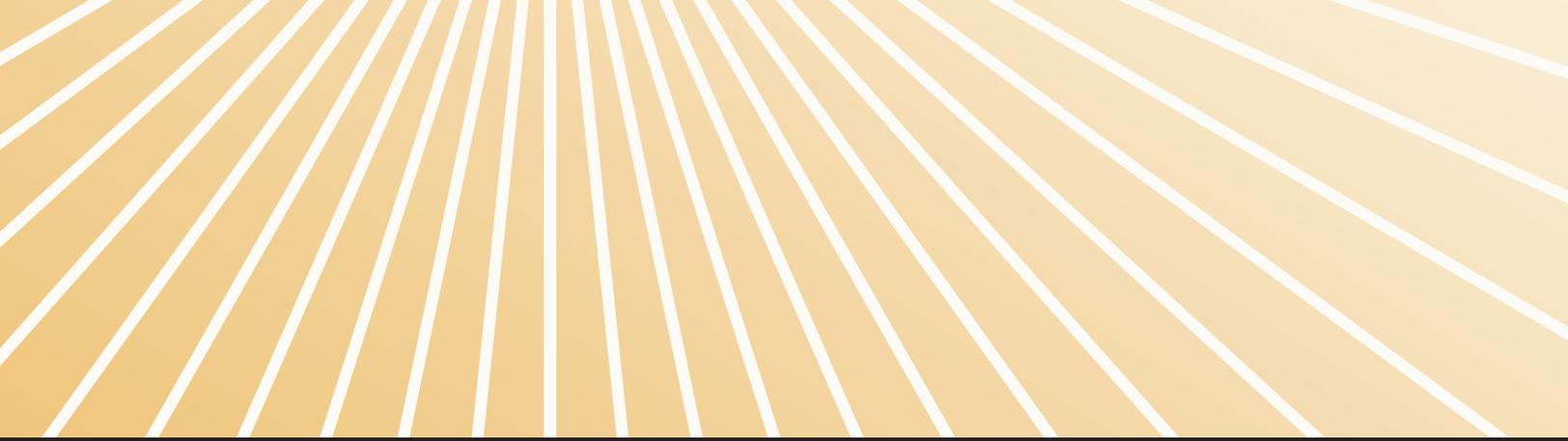
and expressiveness of mourning and were encouraged to tolerate each other's patterns and styles of mourning and also to ritualize the loss within the context of the family and the culture.

## Meaning, spirituality, and religion

In the aftermath of disaster, especially in incidents such as Sandy Hook, behavioral health responders need to be prepared to enter into conversations about religion and spirituality. In Sandy Hook, we "met the client where the client was" and appreciated and supported the client's attitude toward death, mourning rituals, and views of afterlife. We also helped family members access spiritual/religious support, and found this was helpful for them and transformative for us. ■

## Reference

Stroebe MS, Schut H. (1999). "The dual process model of coping with bereavement: Rationale and description." *Death Studies*, 23, 197-224.



# The Role of Religious Competency and Literacy in Disaster

**Contributed by Peter B. Gudaitis, M.Div. and Frank Levy, M.F.A., M.A.**

*Peter Gudaitis, President of the National Disaster Interfaiths Network and a Research Associate at the University of Southern California Center for Religion and Civic Culture.*

*Frank Levy, Program Director of the National Disaster Interfaiths Network, and recently retired Bureau Chief of Public Health Preparedness, Houston Department of Health and Human Services*

Disasters do not occur in a secular vacuum. The impact of a disaster on the lives of individuals and the communities in which they live must be understood and responded to within the spiritual, social, and cultural context in which they occur.

America is a nation of immigrants and the most religiously diverse country in the world. Since the Immigration Act of 1965, which eliminated the quotas linked to national origin, Buddhists, Hindus, Muslims, Sikhs, and believers of virtually all the world’s religions have arrived here, altering the

ever-evolving religious landscape of America. Now, members of the world’s religions live not just across an ocean, but in our neighborhoods.

Emergency managers and their mental health and behavioral health partners are increasingly involved in providing crisis responses within multicultural, multireligious, and multilingual communities, emphasizing the importance of response plans that are religiously literate and competent. Ensuring that the whole community receives

services that reflect a working knowledge of the religious and cultural background and beliefs of those in need is as crucial for responders as it is for survivors. Those who are committed to enhancing their religious literacy and competency skills are more likely to be effective caregivers to the whole community.

Recent disasters and public health emergencies, including Hurricanes Katrina, Rita, and Ike; the 2009 H1N1 pandemic; the Joplin Tornado; wildfires in numerous

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Photo: Andrea Booher/ FEMA

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states; and the recent shooting at a Sikh temple showcase the ability of communities to respond broadly to a disaster. These events more visibly demonstrate the need for behavioral and mental health response plans that integrate a respect for, and understanding of, common standards of disaster spiritual care. The National VOAD (Voluntary Organizations Active in Disaster) Disaster Spiritual Care Points of Consensus document ([http://www.nvoad.org/library/doc\\_download/6-disaster-spiritual-care-points-of-consensus](http://www.nvoad.org/library/doc_download/6-disaster-spiritual-care-points-of-consensus)) highlights 10 such standards.

Recent survey research has found that school psychologists have limited awareness of how student diversity influences the provision of crisis intervention services. In actuality, culture and religion

influence how a threat or disaster is perceived, how individuals interpret the meaning of crisis, and how individuals and communities express reactions to disaster.

Step one in developing effective, religiously competent disaster mental health response training and plans is to define the terms. Religious literacy is defined as a basic understanding of the history, sacred texts, beliefs, rituals, and current manifestations of multiple faith traditions, AND the ability to understand the intersection of religions and social/political/cultural life through multiple lenses.

Religious competency is defined as knowing how to navigate and engage each faith community as a trusted, knowledgeable, and effective partner.

One of the best strategies for acquiring both religious literacy and competency is for those individuals charged with creating a comprehensive disaster response plan to engage and work with all faith communities within their jurisdiction. It goes without saying that the best sources of information on the cultural and religious needs of a community are the religious leaders who serve that community. These leaders' knowledge of the communities they serve, and the trust placed in them by the American public, allows them to

play a unique role in all phases of the disaster life cycle.

In addition, the National Disaster Interfaiths Network (NDIN) and the University of Southern California Center for Religion and Civic Culture have formed a unique partnership to study the strategies necessary for state and local government agencies, especially offices of emergency management and public health preparedness, to engage and build sustainable relationships with faith communities in order to meet the needs of the whole community. They have developed an extensive library of resources, trainings, best practices, and other services designed to help emergency managers and other first responders to develop religiously literate and competent disaster response plans and training programs.

Beyond mere political correctness, developing this kind of capability ensures religiously competent disaster response plans, protocols, and trainings, along with a process that builds the trust necessary to effectively meet the mental health needs of the whole community in times of disaster.

Information on specific training programs, resources, and services is available by contacting NDIN at [info@n-din.org](mailto:info@n-din.org). ■

RECOMMENDED RESOURCE

## New Webinar! Mass Casualty: Support and Response

During this 45-minute webinar, speakers share information about reactions responders may have as a result of mass casualty events. Speakers also share information about related resources available through SAMHSA.

This webinar helps support response efforts and promote responders' individual and peer group resiliency by ensuring that participants are able to:

- Identify common behavioral health reactions to a mass casualty event.
- Detect stress reactions of survivors and responders.
- Assist responders with leadership strategies and team resilience.
- Locate and use resources found at SAMHSA's DTAC website, including SAMHSA's guides, pamphlets, tip sheets, the Disaster Behavioral Health Information Series, *The Dialogue*, the Bulletin, pre-recorded webinars/podcasts, and other disaster behavioral health-related items.

Featured speakers include Commander Jeffrey Coady, Psy.D.; Heather Oglesby; and Commander Jamie Seligman.

This podcast can be found at <http://www.youtube.com/watch?v=CDUqKO8XdLM>.



This is a screen shot of the mass casualty webinar now available on SAMHSA's YouTube channel.

## Upcoming Events

### CONFERENCES

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#### **Third International Conference on Disaster Management and Human Health: Reducing Risk, Improving Outcomes**

**July 9–11, 2013; A Coruña, Spain**

This conference is organized by the Wessex Institute of Technology (WIT) and co-sponsored by WIT Transactions on the Built Environment and the International Journal of Safety and Security Engineering. The conference will provide a forum for partners in disaster management and leading academics to exchange information “on current global health risks, and how best to prepare for, respond to, and recover from disasters in order to reduce human health impacts.” The conference will bring together leading academics and disaster management professionals to exchange information about best practices for prevention in disaster management and public health related to both natural and human-caused disasters.

<http://www.wessex.ac.uk/13-conferences/disaster-management-2013.html>

#### **Great Plains Disaster Behavioral Health Conference**

**July 12, 2013; Lincoln, Nebraska**

This conference is organized by the University of Nebraska Public Policy Center and aimed at behavioral health professionals, public health officials, clergy, emergency managers, first responders, and security professionals. The conference will focus on disaster preparedness, response, and recovery issues, including resiliency, ethical issues, posttraumatic stress disorder, and children’s response to disaster.

<http://www.disastermh.nebraska.edu/conferences/Conference2013.php>

#### **Fourth International Conference on Traumatized Children**

**July 14–15, 2013; Jerusalem, Israel**

This conference is organized by The Israel Center for the Treatment of Psychotrauma in collaboration with the

Paul Baerwald School of Social Work and Social Welfare, Hebrew University of Jerusalem; The Bernard Van Leer Foundation; The Haruv Institute; and Jewish Family and Children’s Services of San Francisco. The topic of this international conference is “Helping Children Cope with Trauma.” The conference will bring together diverse experts “to disseminate evidence based and best practices on the care and mental health of young children” growing up under adverse circumstances, including war and terrorism.

<http://conference.traumaweb.org>

#### **American Psychological Association Annual Convention**

**July 31–August 4, 2013; Honolulu, Hawaii**

The American Psychological Association Convention will offer half- and full-day workshops on psychological practice, education, science, and research in areas such as ethics, assessment, trauma, geriatrics, and technology in psychology.

<http://www.apa.org/convention>

### WEBINARS

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#### **Building Awareness of Disaster Behavioral Health**

The goal of this SAMHSA DTAC webinar series 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. The webinars help build awareness about preparedness and response efforts in this area. The content of both webinars can be used by non-mental health professionals who are involved in emergency management/disaster response and interested in learning more about mental health and substance abuse issues. Both of these webinars feature nationally known mental health and substance abuse experts, as well as representatives from the fields of public health and emergency management.

<http://www.samhsa.gov/dtac/webinars/webinars.asp#table2>

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## WEBINARS *continued from page 10*

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

The goal of this 60-minute podcast is to assist disaster behavioral health responders in providing culturally aware and appropriate disaster behavioral health services for children, youth, and families affected by natural and human-caused disasters. The podcast aims to accomplish the following:

- Define cultural awareness.
- Demonstrate the importance of cultural awareness in disaster services, particularly with children and youth.
- Identify common reactions of children to disaster and trauma.
- Present helpful approaches to working with children affected by a disaster.

Featured speakers include April Naturale, Ph.D., of SAMHSA DTAC, and Russell T. Jones, Ph.D., of Virginia Tech University. Dr. Naturale is a traumatic stress specialist with a 25-year history in health/mental health administration. Dr. Jones is a professor of psychology at Virginia Tech University and a clinical psychologist who specializes in trauma psychology in the areas of natural and technological disasters, as well as interpersonal violence.

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response activities who are interested in learning more about working with children and youth following a disaster or need a refresher about the disaster response issues specific to this population.

<http://www.samhsa.gov/dtac/podcasts/cultural-awareness/register.asp>

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

The goal of this 30-minute podcast is to prepare disaster behavioral health (DBH) responders and their family members for deployment by reviewing pre- and post-deployment guidelines and ways to prepare oneself and one's family members for the stress of deployment and reintegration into regular work and family life. This podcast aims to accomplish the following:

- Increase awareness of the unique issues DBH responders face, especially with numerous or long-term assignments.

- Provide pre-deployment guidelines to assist DBH responders and their family members as they prepare for deployment.
- Assist the DBH responder and family members by providing post-deployment guidelines and practices that enable reintegration with family members and routine employment.

The featured speaker is April Naturale, Ph.D., of SAMHSA DTAC. Dr. Naturale is a traumatic stress specialist with a 25-year history in health/mental health administration. She directed New York's disaster mental health response following the terrorist attacks of 9/11 and spent several years in the Gulf Coast area after large-scale hurricanes devastated the region.

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response.

<http://www.samhsa.gov/dtac/podcasts/deployment/register.asp>

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

This newly released 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 their 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. Guest speakers include Robin Gurwitsch, Ph.D., and Russell Jones, Ph.D.

<http://www.youtube.com/watch?v=CDUqK08XdLMv=CDUqK08XdLM>

### **Integrating All-Hazards Preparedness with Public Health**

This webcast by the National Association of County & 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>

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## WEBINARS *continued from page 11*

### **Planning for Pandemic Influenza: Issues and Best Practices**

This webcast by the National Association of County & 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>

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

This SAMHSA DTAC webinar series consists of nine webinars addressing promising practices in integrated mental health and substance abuse disaster behavioral health planning. These free webinars are meant to assist state and territory disaster behavioral health coordinators, disaster mental health coordinators, and disaster substance abuse coordinators, as well as emergency management/behavioral health coordinators for tribes, with the development and implementation of their disaster behavioral health plans.

<http://www.samhsa.gov/dtac/webinars/webinars.asp#promising-practices>

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

This National Association of County & 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>

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

The goal of this 60-minute podcast is to provide information, best practices, and tools that enable disaster behavioral health responders and supervisors to identify and effectively manage stress and secondary traumatic stress through workplace structures and self-care practices. The podcast will do all of the following:

- Define the stressors unique to disaster behavioral health responders, including secondary traumatic stress.

- Present best practices in self-care for disaster behavioral health responders.
- Provide tools that can be used to promote self-care.
- Identify supports that can be provided by supervisors and management to assist disaster behavioral health responders.

Featured speakers include April Naturale, Ph.D., of SAMHSA DTAC, and Jeannette David, Georgia Disaster Mental Health Services Coordinator.

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response who are interested in learning more about self-care best practices.

<http://www.samhsa.gov/dtac/podcasts/selfcareDBHResponders/register.asp>

### **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 created 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>

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## TRAININGS *continued from page 12*

### **Federal Emergency Management Agency (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. It 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>

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*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*."

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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>