

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

the Dialogue

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New Jersey Hope and Healing held a self-care event for staff who provided crisis counseling to New Jersey residents affected by Hurricane Sandy. This 5-by-12 foot canvas artwork was created by the 250 participants. Photo courtesy of New Jersey Hope and Healing CCP

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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, or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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In This Issue

We close this year's newsletter focus on the "Preparedness" theme by highlighting three important topics that can be addressed well before a disaster occurs. First, we highlight lessons learned from a former SAMHSA employee as she participated in incident command with the agency after the 2005 hurricanes. We then share information on the importance of self-care for disaster behavioral health responders—before, during, and after an incident. Our final article stresses the importance of preparing accurate, timely messages in advance of a radiological incident. We hope that the lessons learned by these distinguished authors can help with your own preparedness efforts.

Warmest regards,

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SPECIAL FEATURE

How Comfortable Are You With Incident Command?

Contributed by **Brenda Bruun Mannix**

Independent consultant and volunteer EMT, Rockville, Maryland

Hurricane season is fast approaching. Are you ready to implement your emergency plan? You may have taken the Incident Command System (ICS)¹ online class and studied the National Incident Management System and the National Response Framework, but are you comfortable setting up these structures for your agency?

You don't have to use incident command to respond to emergencies, but here is why it's a good idea. ICS provides order to chaos and keeps everyone working efficiently toward the same objectives. It's scalable—you can activate only the division and resources you need based on the incident to which you are responding. ICS provides a common language for responders from all agencies and departments at any level of government and can help them integrate into a unified system.

I first came into contact with ICS more than 25 years ago in the very traditional application of the model—as an emergency medical technician with the local fire service. In the fire service we use ICS in all situations, from two-



Incident Commander and Westminster Fire Chief, Cole Streeter, observes damage caused by flash flooding following Tropical Storm Irene in the state of Vermont. FEMA provides funds to help homeowners recover from a disaster. Photo: Robert Rose/ FEMA

vehicle car crashes to large-scale mass casualty incidents.

During my tenure at SAMHSA, I primarily served as the incident commander during drills—until Hurricane Katrina struck. In fact, SAMHSA formally implemented ICS for the first time to manage its operational response to the hurricanes of 2005. The magnitude of those events required extraordinary efforts and coordination across the country. While I don't know how we would have been effective without

ICS, it was a real challenge to set up, maintain, and operate given that most of the staff knew little about the system. Here are a few key lessons we learned from the experience:

1. **Use ICS routinely, and for a variety of events.** A key benefit of the ICS model is its scalability. An agency need not activate all functions in every event to make effective use of the ICS model.

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Using ICS routinely will help keep your staff familiar with the model, so when you need it during a large-scale event, you aren't training and learning as you go.

2. **Choose your incident commander carefully—and then trust that person fully.** The normal leadership of the agency will often be engaged in tasks that make it impossible for them to maintain the additional disaster response operations. Choose an incident commander who is experienced in ICS, if possible, and minimally, someone who has broad knowledge of the agency's functions and resources. Incident commanders should not be afraid to take calculated risks and should have strong skills in motivating people. Remember, ICS is the ultimate team exercise. Finally, identify more than one incident commander in your organization to serve in case the primary commander is absent or unable to assume the position, and develop their ICS skills in the same manner.
3. **People are your most important asset.** An agency does not need a dedicated, high-tech command room or other specialized gear to implement ICS. All you



need is a conference room, communication tools, and the right people—people who:

- a. Are comfortable in chaos. Staff members at all levels of an ICS will be asked to make decisions and recommendations on constantly shifting and incomplete information. Waiting for the right piece of information for every action is not an option. People who need a lot of order and structure will often find the environment too fast paced or intimidating, which might make them reluctant to act or speak up. There is a job for everyone after a disaster, but it may not always be in the response center. Respect that and make it OK and honorable for people to opt out. Remind yourself and your team that staff members who keep your day-to-day business running while others are responding to a disaster are just as important.

b. Know their jobs. For ICS to work, the leadership of the organization has to trust both the system and the people within it to manage the agency's resources wisely. Provide leadership but also then let the teams do their jobs. Micromanaging or second guessing every decision will undermine the system and the staff and will have negative effects long after the disaster response is over. Make course corrections as necessary but do so without blame or punishment.

4. **Take care of your people.** Provide appropriate monitoring and respite for staff members working long shifts by supplying healthy snacks and placing reasonable limits on work hours. I often had people telling me their deployments to the field or details to the Command Center should be

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longer than 14 days—until they were about four days into the work. By the time the 14 days were up, they were more than ready for a rest. In a large disaster, where response activities may go on for weeks or months, staff may have to cycle back for more than one deployment.

5. Know when to scale back.

Returning to “normal” operations while response or recovery efforts are ongoing may seem premature to some, but an agency can’t operate indefinitely in disaster response mode without seriously draining its resources. The completion of “response” activities by the emergency management staff is the first sign that it may be time for all agencies to scale back emergency operations. Make the transition from response to recovery and then normal operations. After Hurricane Katrina, SAMHSA staffed the Emergency Response Center at full functionality for about 16 hours per day for 10 weeks. After 10 weeks, the operation was scaled down to the three functions that needed daily meetings—the Incident Commander, operations, and logistics. Other functions were still active, but weekly meetings for several months were adequate to monitor ongoing

operations in the field and track the progress of the recovery.

6. Be clear about your transition plan.

In a disaster, we have many partners and people who become reliant on us. When you’re transitioning back to normal operations, recovery may still be ongoing in local areas. Make sure your partners know and understand the plan. Who will be taking over your role or will your role cease? As an example, when SAMHSA ceased response operations in 2006, a little more than a year after the storms struck, our field staff handed out business cards to help the public know who to call instead of us. The Louisiana Spirit Crisis Counseling Program (CCP) had been launched and was ready to take back local control and provision of services. For several weeks prior to leaving the field, SAMHSA staff handed out business cards—branded with the message “Orange to Blue.” The SAMHSA response staff wore orange shirts in the field; the Louisiana Spirit CCP staff wore blue. This helped our partners and the public know that they would continue to receive resources through the Louisiana Spirit CCP.

In short, after a disaster is not the ideal time to implement your ICS for the first time. But, if that’s how

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

it happens for you, hopefully these lessons will help you get up and rolling with few challenges. ■

Reference

¹ICS originated as a way of organizing wildfire resources. To learn more about ICS and the associated free independent study course provided by the Federal Emergency Management Agency, visit <http://www.training.fema.gov/IS/NIMS.aspx>.



Attendees at the New Jersey Hope and Healing self-care event participate in a drum circle, led by Mark Wood. Photo courtesy of New Jersey Hope and Healing CCP

Self-Care After Hurricane Sandy Response Work

Contributed by Michele Vallone, LCSW

Coordinator of Training and Information Services

On Saturday, March 16, 2013, New Jersey Hope and Healing sponsored a “self-care” event for more than 250 staff who have been providing crisis counseling to the thousands of New Jersey residents affected by Hurricane Sandy in October 2012. New Jersey Hope and Healing is a Federal Emergency Management Agency (FEMA)-funded Crisis Counseling Assistance and Training Program (CCP) and a project of the New Jersey Division of Mental Health and Addictions Services, Disaster and Terrorism Branch in partnership with the Mental Health Association in New Jersey, Inc.

The event, held at Brookdale Community College in Lincroft, New Jersey, included education

and healing activities to teach staff about self-care during a disaster deployment and was also a way of saying “thank you” to the counselors. In the opening ceremony Bonnie Cushing, a licensed clinical social worker, conducted a restorative ritual to set the tone and create a space for personal reflection. Bonnie was followed by a plenary session presented by Nicci Spinazzola, a licensed marriage and family therapist who specializes in traumatic stress. The plenary highlighted both the stressful and rewarding nature of disaster work, and provided tips for remaining centered, well, and fit. In a later session, Nicci encouraged participants to take care of

their personal well-being and highlighted how counselors could transform their experiences with crisis into opportunities for growth.

Drum circle leader Mark Wood hosted a drumming circle to bond and unite the counselors as a community with a common purpose, despite the diversity of their backgrounds. Drumming as a group has been shown to reduce tension, relieve anxiety and stress, boost the immune system, unblock feelings, provide a medium for self-realization and most importantly, create a sense of connectedness with the self and others.¹ One woman shouted exuberantly at the end of the drumming, “I love this; I feel so alive!”

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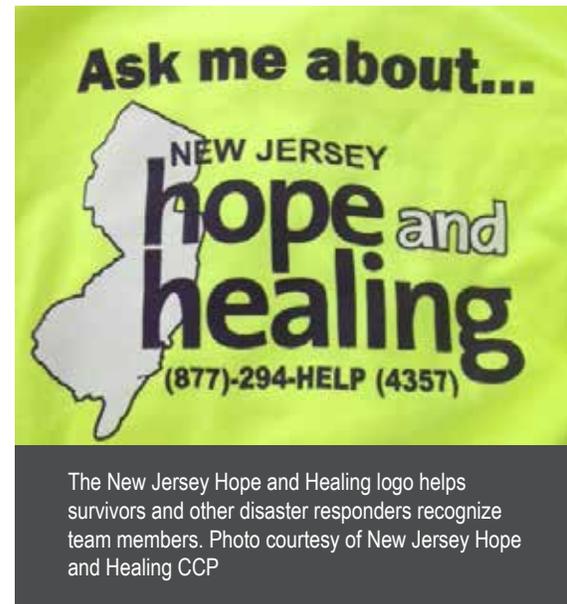
The event offered educational workshops that focused on the element of “self-care” as it relates to the community support the counselors have been providing. Mari Flannery-Kelly, a registered art therapist, used group drawing as a means for the counselors to express their emotional responses to their work. The outcome was a colorful 5-by-12 foot masterpiece on canvas that will be shared at various locations throughout the state.

Monica Indart, Psy.D., a psychologist with more than 30 years of trauma experience, led a workshop for the team leaders called “Mindful-Based Leadership in Crisis Counseling.” Monica emphasized key elements of mindful leadership, which include being supportive of one’s physical and mental health, promoting social relationships, harnessing the power of emotion, developing a learning community, building a culture of reflection, and cultivating productive motivations. Overall, Monica’s workshop emphasized building nurturing leaders who have the capacity to apply what they have learned and are focused on achieving a goal.

Kathleen Mulrooney, a licensed professional counselor, presented “Responding to Families with Babies and Children in Crisis.”

Her workshop discussed the traumatic responses of children after a crisis. She taught counselors how to identify concerns and how to best refer this population. Kathleen also shared strategies for identifying the counselors’ own reactions when working with this population, emphasizing the importance of recognizing triggers and tips for coping.

Michele Vallone, a licensed clinical social worker and geriatric care consultant, spoke about the senior population and their responses to change brought about by disaster. She shared information on aging baby boomers, the profile of old age, different styles of family relationships, the importance of identifying survival issues specific to the aging population, disaster preparedness for older Americans, and how to help them sustain themselves within the community after a disaster. Michele also educated participants on the differences between the “geriatric strength-based perspective” and the “traditional medical model” of illness and frailty, and how this has impacted the way we view older Americans. She engaged counselors in discussions of their personal reactions to working with the elderly and how to process these reactions, so that they may continue their work with a new understanding.



After the event, there was a feeling that the group was linked by knowing they are all part of something important and significant. One young man warmly embraced another and was overheard saying, “Great to meet you; stay safe out there, friend.”

The entire day created a sense of solidarity and strength, something crisis counselors could embrace and bring with them as they continue their work. We encourage all of our counselors to stay safe, and thank them for the amazing difference they are making in the lives of those affected by Hurricane Sandy. ■

Reference

¹Bittman, M.D., Barry, Bruhn, K. T., Stevens, C., MSW, MT-BC, Westengard, J., & Umbach, P.O., MA. Recreational music-making, A cost-effective group interdisciplinary strategy for reducing burnout and improving mood states in long-term care workers. *Advances in Mind-Body Medicine*, Fall/Winter 2003, 19(3/4).

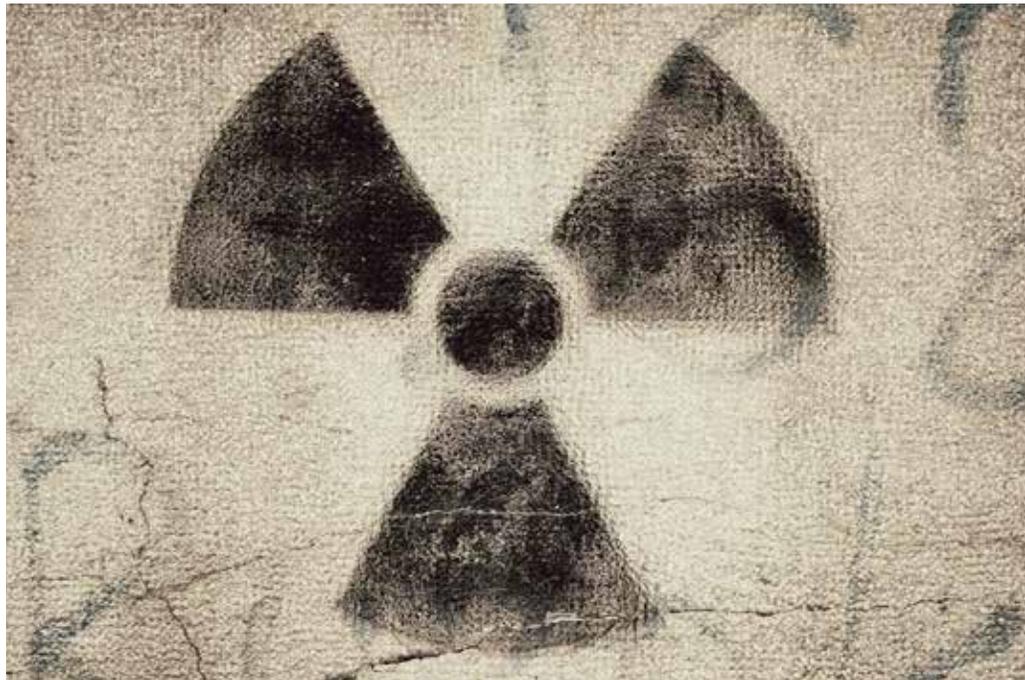
From Radiological Incidents to Nuclear Calamities: Social, Behavioral, and Risk Communication Issues in Radiation Emergencies

Contributed by **Steve Moskowitz**

Director, NYS Office of Mental Health, Office of Emergency Preparedness and Response

This article is based on a keynote address delivered by Steven M. Becker, Ph.D., Professor of Community and Environmental Health at Old Dominion University's College of Health Sciences, and member of the congressionally chartered National Council on Radiation Protection and Measurements. Dr. Becker has been involved in disaster response around the globe, including the ongoing response to Chernobyl and the 2011 Fukushima Dai-ichi nuclear disaster in Japan that resulted from a magnitude 9.0 earthquake and tsunami. He discussed the major types of radiological incidents, both accidental and intentional, and identified two key lessons he believes apply across the spectrum of radiological events:

1. Social and behavioral factors, including how people react to the situation, are critically important in determining how a radiation emergency will unfold.
2. The single most important way to prevent and reduce negative effects including deaths,



injuries, and illnesses is by providing people with timely, clear, credible, responsive, and actionable communication.

Because most people have limited understanding of radiological events, they find them more threatening than other types of hazards; these types of events can produce widespread fear, vulnerability, and continuing alarm and dread. Fear, when coupled with a lack of accurate

information, can produce a host of social, psychological, and behavioral effects. This was observed after Chernobyl when those in affected areas displayed deep and long-lasting anxiety about radiation, fears about health in general, and a strong sense of a lack of control over their lives. Extreme fear, when compounded by unclear or conflicting information, makes

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radiological events more likely to lead to “population flight,” where residents evacuate unnecessarily. The Three Mile Island accident was such an example; for every person who was advised to leave, 45 actually did. Unclear instructions after Fukushima Dai-ichi led members of some communities to actually flee into the path of the fallout plume, causing exposure they could have avoided had they stayed in place. Dr. Becker stated that, in the event of a nuclear detonation, communicating protective orders to the public is the single most effective lifesaving action authorities can take in the first hour.

However, he added that characteristics of radiological incidents produce major communication challenges:

- The event would likely occur suddenly and without warning;
- Communication infrastructure near the epicenter could be destroyed, damaged, or overloaded;
- Changing conditions such as wind direction may make it necessary to qualify or update information, leading to confusion; and
- Radiation terms (such as the difference between contamination and irradiation) are confusing and many people express little sense of confidence

in being able to protect themselves—which may become a self-fulfilling prophecy if it leads to inaction.

When describing his experiences in Japan following the 2011 events, Dr. Becker noted that entire cities and towns were destroyed by the earthquake and tsunami and the casualties were high: 15,883 were killed during the event, 6,000 were injured, and 2,681 are still missing.¹ The additional panic caused by the nuclear plant’s malfunctions worsened the chaos and hampered the recovery efforts. In the immediate aftermath the need for evacuation from affected areas was complicated by difficulty in predicting the location of the radioactive gas plume. Responder efforts to communicate timely and accurate information were challenged, with the confusion leading some residents to evacuate from a safe area and move inadvertently to an area that had plume exposure.

Another challenge in this experience was that no one had ever considered what would happen if three different types of disasters occurred at once. The shelters intended for a nuclear accident had been largely destroyed by the earthquake and tsunami, so the 150,000 people who evacuated were forced to live in abysmal conditions. The imposed social isolation and lack of support from other residents

hindered people’s ability to access the social support needed to manage trauma.

Recognition of these challenges has led to extensive research in the United States in risk communication around radiological incidents including work sponsored by the Centers for Disease Control and Prevention and the Association of Schools of Public Health. Three main findings that can guide messaging are:

- People’s primary concerns and information needs centered on health issues such as symptoms to look for and where to seek help;
- Fatalistic attitudes were more pronounced in minority populations; and
- Television meteorologists were viewed as a trustworthy and apolitical source of information and could be enlisted in information dissemination.

Dr. Becker concluded by stressing the need for responders to familiarize themselves with the threat associated with radiological accidents and highlighted the importance of improving emergency plans to incorporate social and behavioral issues and effective risk messaging. ■

Reference

¹Becker, S. (2013). From radiological incidents to nuclear calamities: Social, behavioral, and risk communication issues in radiation emergencies. Paper presented at 10th Annual Institute of Disaster Mental Health Conference, New Paltz, NY.

RECOMMENDED RESOURCE

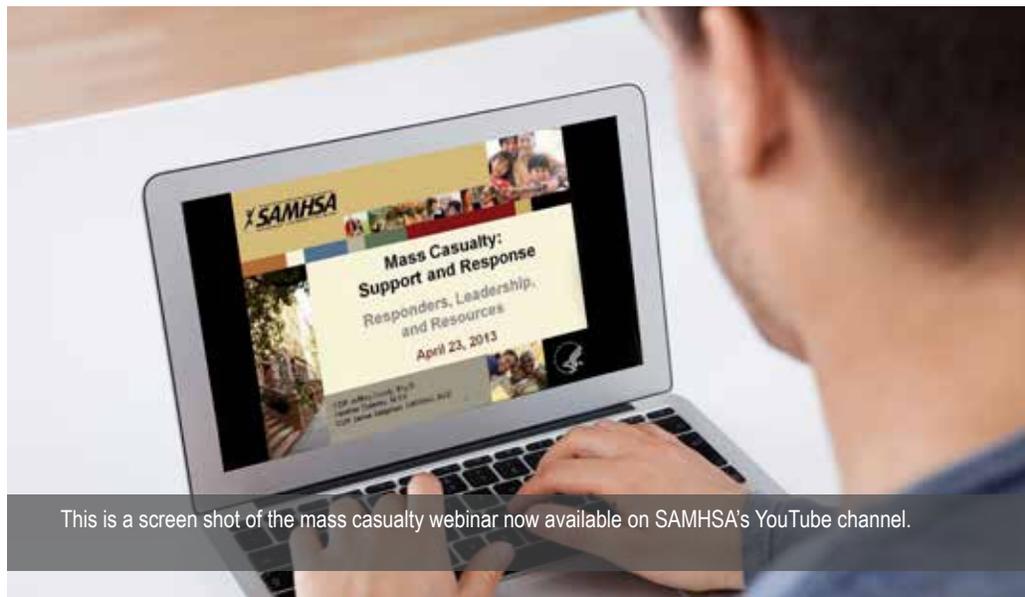
Learn about opportunities to serve in communities affected by disasters

United We Serve is President Obama's nationwide service initiative. On Serve.gov, a website managed by the Corporation for National and Community Service, the President calls "on all Americans to participate in our nation's recovery and renewal by serving in our communities."

Several current initiatives are related to disaster response and behavioral health:

- Hurricane Sandy Response (<http://www.serve.gov/?q=site-page/sandy>)
- 9/11 National Day of Service and Remembrance (<http://www.serve.gov/?q=site-page/september-11th-national-day-service-and-remembrance>)
- Toolkit: Preparing Your Community for Disasters (<http://www.serve.gov/site-page/toolkits?q=site-page/toolkits/disaster/index-started>)

This website can be found at <http://www.serve.gov>. ■



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

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

Upcoming Events

CONFERENCES

Annual Akron-Urban Minority Alcoholism Drug Abuse Outreach Program, Inc. Conference

October 9–11, 2013; Richfield, Ohio

The theme for the conference this year is “Strengthen Families through Family-Centered Practices.” The conference will provide a forum for allied professionals to discuss current research and best practices for alcohol and other drug prevention and treatment services. Workshop sessions include “Prevention and Response to Mass Trauma and Disaster: How Trauma-Informed Organizations Mitigate Harm and Promote Health” and “A Prepared Community: Recipe for Disaster Preparedness and Response.”

<http://www.akronumadaop.com/conference.htm>

American Public Health Association (APHA) 141st Annual Meeting and Exposition

November 2–6, 2013; Boston, Massachusetts

The theme for this annual conference is “Think Global, Act Local: Best Practices Around the World.” According to the website, the 2013 APHA Annual Meeting “offers professionals and practitioners the opportunity to enhance their knowledge and exchange information on best practices, latest research, and new trends in public health.”

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

International Society for Traumatic Stress Studies 29th Annual Meeting

November 7–9, 2013; Philadelphia, Pennsylvania

This year’s annual conference theme is “Resilience After Trauma: From Surviving to Thriving.” This conference aims to inform participants about definitions of resilience as used in the traumatic stress field, innovations in research on individual and population-level risk, and resilience factors and strategies for fostering resilience.

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

WEBINARS

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 and 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>

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WEBINARS *continued from page 10*

Deployment Supports for Disaster Behavioral Health Responders

The goal of this 30-minute podcast is to prepare disaster behavioral health 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. The podcast aims to accomplish the following:

- Increase awareness of the unique issues disaster behavioral health responders face, especially with numerous or long-term assignments.
- Provide pre-deployment guidelines to assist disaster behavioral health responders and their family members as they prepare for deployment.
- Assist the disaster behavioral health 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 and 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 Gurwitch, Ph.D., and Russell Jones, Ph.D.

<http://www.samhsa.gov/dtac/podcasts/children-trauma/index.asp>

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>

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WEBINARS *continued from page 11*

Promising Practices in Disaster Behavioral Health Planning Series

This SAMHSA DTAC 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>

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>

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>

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>

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>

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TRAININGS *continued from page 12*

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. 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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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.

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