

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

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It's Been 10 Years
Since 9/11/01
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the Dialogue

2011 | VOLUME 8 | ISSUE 1

10th Anniversary of 9/11: **Celebrating Recovery and Resilience**



We are all part of the 9/11 community.

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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 an effective behavioral health (mental health and substance abuse) response to disasters. In each volume, two special-focus issues are devoted to key topics in disaster behavioral health. To receive *The Dialogue*, please go to SAMHSA's homepage (<http://www.samhsa.gov>), enter your email 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, email DTAC@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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Federal Corner

2011 marks 10 years since the unconscionable events of September 11, 2001. That day and the heroic actions of the first responders and others will forever be a part of our memory. Since 9/11, the peril of terrorism and disaster has become an increasing struggle for our country and the world. As a result, local and regional response systems are often overwhelmed by the magnitude of disasters. These local and regional stakeholders have a partner in preparedness. The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) helps prepare States, Territories, and Tribes to deliver an effective behavioral health response to disasters. Funding and technical assistance for disaster behavioral health response services following a Presidential disaster declaration is made available through the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) and is administered by SAMHSA. For more than 30 years, the FEMA CCP has played a pivotal role in supporting local crisis response systems in the wake of disasters such as September 11. For over 8 years, SAMHSA DTAC has been a partner in that effort.

One of the vital ways in which SAMHSA DTAC assists service stakeholders is through the dissemination of important information. *The Dialogue*, a quarterly journal of articles



written by disaster behavioral health professionals, provides practical and down-to-earth information for State and Territory behavioral health coordinators, local service providers, Federal stakeholders, and nongovernmental organizations. We are proud to unveil the latest edition of *The Dialogue*. It has taken on a whole new look but it still reflects the compassionate work of our partners.

Sincerely,

CDR Maryann Robinson, M.S., M.A., RN
Chief, Emergency Mental Health and Traumatic Stress
Services Branch

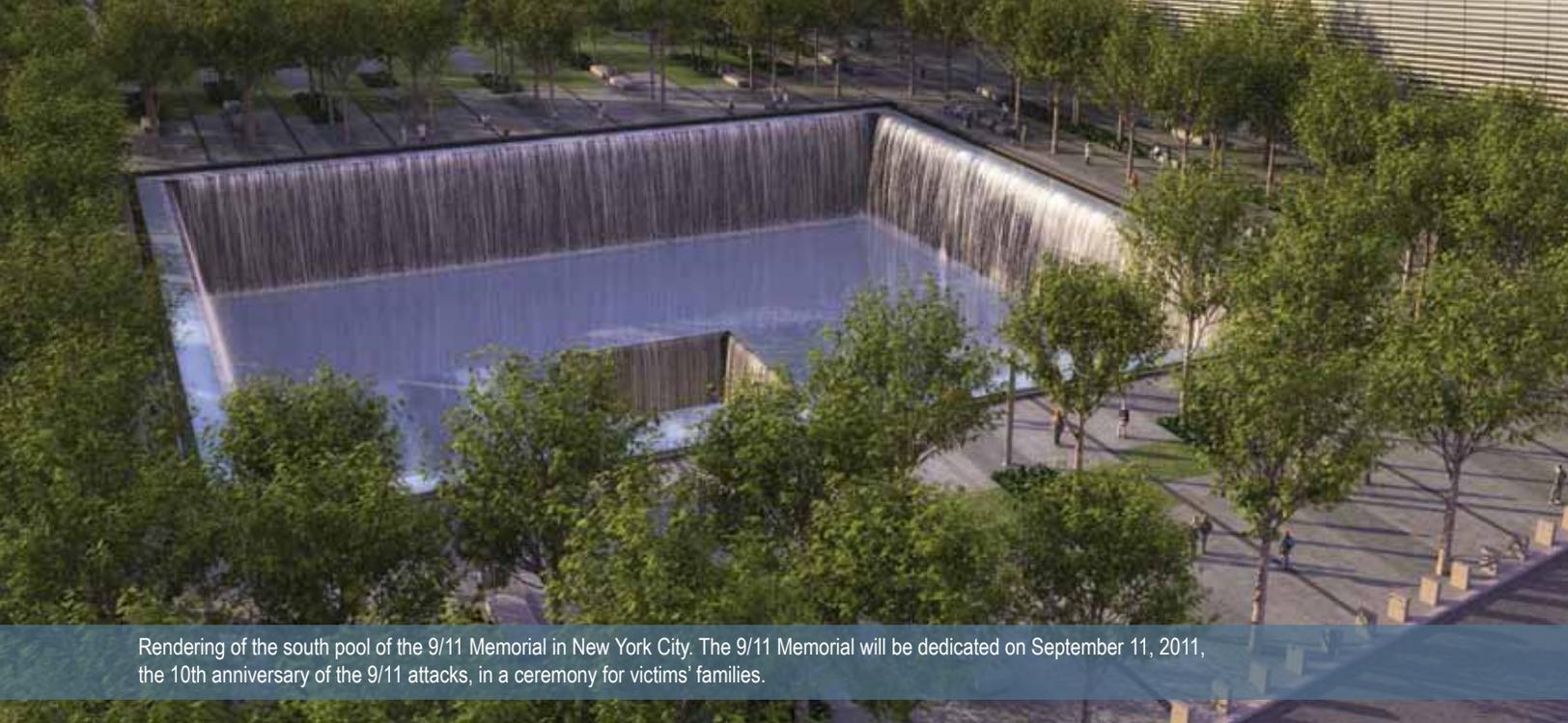
SAMHSA DTAC Director's Corner

It is hard to imagine that 10 years have passed since the terrorist attacks that took place on September 11th. I can still remember standing in silence and shock as I watched from a distance in New York City as the beloved Twin Towers collapsed. I can still hear the never-ending wave of sirens, smell the burning fire, and see the faces of my fellow New Yorkers covered with black soot as they walked home in shock. During these past 10 years, as the country and families of victims have been healing, we have seen amazing strength and resilience, and the field of disaster behavioral health has grown exponentially. So it seemed only fitting as we commemorate the 10-year anniversary of September 11th that we launch this redesigned version of the quarterly electronic journal from SAMHSA DTAC, *The Dialogue*.

Contained within the pages of this issue are articles from other disaster behavioral health professionals who are offering us reminders not only about the events of September 11th, but also about the emotions that might resurface as we honor this anniversary. Please remember to visit our website at <http://www.samhsa.gov/dtac/resources.asp> for free resources on stress and resilience and other materials you might find useful.

Warmest Regards,

Amy R. Mack, Psy.D., SAMHSA DTAC Project Director
AMack@icfi.com



Rendering of the south pool of the 9/11 Memorial in New York City. The 9/11 Memorial will be dedicated on September 11, 2011, the 10th anniversary of the 9/11 attacks, in a ceremony for victims' families.

SPECIAL FEATURE

It's Been 10 Years Since 9/11/01

Contributed by April Naturale, Ph.D.

Director of Disaster Services, Mental Health Association of New York City

The concept of “anniversaries” is a global one, as evidenced by the existence in most cultures of specific ceremonies and rituals for acknowledging special events and the recurrence of their dates in future years. These events might be joyful ones, such as celebrations of birthdays or the passage into spring. Others might acknowledge a change or a loss as it happens—for example, funeral ceremonies following a death—or as the date of the change or loss returns in another year, like the anniversary of a disaster that impacted a community. The 10th anniversary of 9/11/01 is a landmark anniversary in this last category. It is associated with an event that was experienced not only by those who lost loved ones in Arlington, VA, New York City, NY, or Shanksville, PA, but by the entire Nation—and so the entire United States is part of the 9/11 community. This article features tips for coping

with the emotions likely to reemerge for some people at the anniversary of this national tragedy. Many of these tips come from the 9-11 Healing and Remembrance program (<http://www.9-11HealingandRemembrance.org>), funded by a grant from the Office for Victims of Crime of the U.S. Department of Justice and administered by the Mental Health Association of New York City.

Anniversaries Can Evoke Strong Emotions

The 10th anniversary of 9/11/01 is an important date for individuals and for the Nation as a whole for many reasons. First, as mentioned above, cultures around the world have ceremonies and rituals to remember anniversaries, and so it seems that engaging in these ceremonies and rituals—and recognizing anniversaries of pivotal events as important—may be

in our nature as human beings. Ten is also a number that represents transition, and the Nation is moving through a significant change in our collective “psyche”—our center of thought, feeling, and emotion—especially with the death earlier this year of Osama bin Laden, the Al Qaeda leader who was responsible for the deaths of those lost on 9/11. During this anniversary period, we may expect a wide range of emotional responses from victims’ family members, rescue and recovery workers, survivors, and all of those throughout the country, even the entire globe, who are a part of the memory of this tragic event.

Anniversaries of losses, as well as holidays and other special days that call the loss to mind (e.g., the birthday of a loved one who has passed away), may involve a mix of sad memories and joy over new reasons to celebrate—even

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Night view of the National 9/11 Pentagon Memorial in northern Virginia. The Pentagon Memorial was dedicated on September 11, 2008 in a ceremony attended by thousands at the Pentagon.

10 YEARS *continued from page 2*

after a tragedy. Over the course of the last 10 years many who lost loved ones on 9/11 have found ways to honor the memory of their loved ones while also continuing to participate in what life offers them. Many have found some way to make meaning of their losses. A number of victims' families have started not-for-profit organizations that support needy causes, and some have even become advocates for a more peaceful globe, facilitating productive conversations among people of varied ethnicities, religions, and belief systems.

Still others have chosen to quietly adjust to living without those they lost and to find strength in relationships with close family and friends. One of the most important things about anniversaries is just knowing that these times may be difficult—and that sometimes renewed distress symptoms may appear—almost as strongly as right after the event. It's not unusual for this to happen. With a little help from friends and family, most people get through these times and, if they

experience difficult feelings, get back to feeling a bit better once the anniversary or special day passes.

Many organizations have put together some outstanding collections of resources to help people to deal with the behavioral effects of disasters and anniversaries of disasters. The National Center for Posttraumatic Stress Disorder (<http://www.ptsd.va.gov>) and the U.S. Substance Abuse and Mental Health Services Administration (or SAMHSA, online at <http://www.samhsa.gov>) both provide educational materials for dealing with the emotional effects of disasters. One way that these materials are distributed is through the SAMHSA Disaster Technical Assistance Center Bulletin, so sign up to receive this publication and check on the resources it mentions. You can also visit <http://www.9-11HealingandRemembrance.org> to download tips or learn more about the 10th anniversary events in Arlington, VA, New York City, NY, and Shanksville, PA, or call the 9-11 Healing and Remembrance Hotline at

1-866-212-0444 for crisis counseling, information, or referral services.

As the director of New York's 9/11 mental health response (Project Liberty) and as a disaster response worker in many of the U.S. States, I've had the opportunity to hear from survivors what helps them to cope. The following is a compilation of tips for managing the 9/11 anniversary and occasions like it that you might find helpful.

Tips for Coping with the 9/11 Anniversary and Other Triggers

Be aware that special days may be difficult. It's pretty common for some stress and other emotional responses you had to the original event to come back around anniversary time. Recognizing this fact may help you not to be so hard on yourself. For many people, anniversaries and special days remind them of the impact a disaster such as 9/11 has had on them. You may start anticipating the anniversary (or a birthday or other day of special significance in the life of a loved one you have lost) for several days, weeks, or even months before. Not having your loved one or friend to share the day, your old home, apartment, neighborhood, job, or coworker—all can be difficult. It's normal to have fears and concerns about how the anniversary or special day will make you feel.

Don't worry if you are not experiencing any difficult feelings or emotions. This is normal too. Some people feel increased emotions pre-anniversary while others feel more emotions after the day, or not at all. Just remember that whatever you are feeling is okay.

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Artist's rendering of the Flight 93 Memorial Wall of Names and Ceremonial Gateway at the crash site in Shanksville, PA.

© bioLINIA and Paul Murdoch Architects

10 YEARS *continued from page 3*

It's only when your emotions start to interfere with your day-to-day functioning that you may want to consider reaching out for help.

Be gentle with yourself during difficult times. These times include not only the anniversary of the event itself, but other dates that are related, such as birthdays of friends you have lost, anniversaries of your wedding to a spouse you have lost, etc. Treat yourself with the same kindness you give to others.

Participate in rituals that may provide soothing comfort. Whatever those rituals are—exercise; lighting candles; mind and body activities such as meditating, yoga, acupuncture, or getting a massage; going to a movie; sharing a meal; going to a spiritual service; getting together with friends—try doing things that have meaning for you.

Plan activities. It is likely to be more helpful to plan what you are going to do (and with whom) before the special

date arrives. Plan your activities so that you know what to anticipate and are not disappointed if something you wanted to do is not possible because you didn't reserve the place or invite whomever you wanted to be with ahead of time. Don't set yourself up for disappointment. To plan ahead, start checking the website <http://www.9-11HealingandRemembrance.org> for listings of commemorative activities in your community that might interest you.

Reach out to family and friends. There is no need to be alone, and isolation is not helpful. Invite friends or family, or accept their invitations, to participate in rituals or social events, or even just to be in their company. Be with people who understand and accept your feelings.

Talk about how you're feeling if you need to. Everyone has a story of how 9/11 has impacted him or her, and

some people really need to talk about how their lives have changed. This is normal and may continue beyond the anniversary and special days. Find someone who will listen and understand. And if you prefer to think and talk about the future rather than what's happened in the past, then that is what you should do. There is no need to talk about distressing events unless you want to.

Do things that might help you with overwhelming emotions. If you are the type of person who likes to exercise or even simply take a walk, make sure to do so around the anniversary time. Try writing in a notebook as if you are telling someone a story, or just write your thoughts down. Maybe write a letter or email to reconnect with people you haven't seen in a while telling them you miss them or even just telling them how you are doing. Talk to others you trust to understand.

Do what you would like to do rather than what you think you should do. Try not to put the needs of others before your own needs on anniversaries, holidays, and other special days. Each person should spend these days in the ways that will be most helpful to him or her. Trying to make things better for others may result in misunderstandings ("I thought that's what they wanted to do; they thought it was what I wanted to do."). Allow for self-care.

Remember, we're still all in this together. ■

Visit our website at <http://www.9-11HealingandRemembrance.org> or call the Healing and Remembrance Hotline at 1-866-212-0444.

Remembering Flight 93

Contributed by Margaret Pepe, Ph.D.

American Red Cross

The crash site was at the base of a large sloping field, a small, dark crater ringed at the end by a grove of tall trees that were charred and smoldering. There was no visible debris in the field. The land was part of an active strip mining operation. Surrounded by a beautiful landscape, the small dark crater with the smoldering trees looked more like a grave than a scene of violent destruction.

This was what I encountered when, just after 2 p.m. on September 11, 2001, I had the privilege of responding to the crash of United Airlines Flight 93 (FL 93) outside of Shanksville, PA as the disaster mental health (DMH) lead for the American Red Cross. Earlier that day, the remarkable will and courage of 40 ordinary Americans brought down this flight, the fourth plane hijacked on September 11, in the Pennsylvania countryside, preventing it from destroying our Nation's Capitol Building.

At the top of the slope was a small flat area that contained several small buildings and a trailer where the command center was established.

Four hours after the incident, the Pennsylvania State Police controlled the site. Local emergency responders were sent back to their stations because there was virtually no fire to contain and no survivors, but local county commissioners were present offering support, and the Federal Bureau of Investigation (FBI) was en route. There were no crowds. The media were restricted to a field out of view of the crash site along a country road with a few houses along the sides. The rural isolation and the relatively small number of responders, together with the absence of any local casualties, injuries, or major damage, generated a recovery operation that moved rapidly without any logistical or political challenges.

Overshadowing all these factors was an intense atmosphere of awe that the passengers had successfully revolted against their attackers. Nearly 10 years later I continue to feel that awe and feel honored to have witnessed their bravery. I have been asked to write about lessons learned from the FL 93 family support operation. In doing so, it is also important to honor the passengers and crew who sacrificed their lives.

The Family Support Operation

Family support services after a mass casualty disaster are a combination of interviews with medical examiners or their representatives regarding the identification and return of the victims' remains, briefings by the incident command about the cause of the fatal event and recovery efforts, and compassionate mental health care. It has also become a tradition to hold a memorial service soon after the event for the benefit of the families and friends who are mourning the victims.

Several factors surrounding FL 93 restricted the scope and delivery of family support services. First, none of the passengers or crew of FL 93, or their families, lived near the crash site, and in the immediate aftermath of the hijackings all domestic air travel was halted. United Airlines sent representatives to Shanksville to establish a Family Assistance Center (FAC) with the support of the National Transportation Safety Board (NTSB) Family Office and the American Red Cross. The FAC was established at the Seven Springs Resort about 40 minutes

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Artist's rendering of the Flight 93 Memorial Field of Honor in Shanksville, PA.

FLIGHT 93 *continued from page 5*

from the site of FL 93. However, because domestic air travel had been halted, families did not begin arriving at the FAC until Friday, September 14.

Also, there were no briefings for family members because the results of the recovery operation generated evidence relevant to the investigation of the terrorist attack, and the FBI was unwilling to provide information. As a result, family members received limited information about the flight and the recovery operation.

United Airlines team members and American Red Cross DMH workers provided compassionate support for the families, while the Somerset County mental health agency provided support to the Shanksville elementary school and the community. Disaster Mortuary Operational Response Teams and members of the FBI Office of Victims Assistance gathered information and provided technical assistance.

The American Red Cross, United, and NTSB collaborated on planning memorial services for the families. The FBI permitted short visits to the crash site before each service. The visits were powerful and intense grieving experiences. Families brought personal items and tributes. Several people played audiotapes of their loved ones' phone calls to them from the plane after it was hijacked. Grief and sorrow were tempered by awe and reverence for the courage and determination of the passengers. The services were held on September 17 and again on September 19 and attended by 337 family and friends as well as then-First Lady Laura Bush on September 17 and

Lynne Cheney (then Second Lady) on September 19.

Significant Aspects of the FL 93 Recovery Operation

FL 93 was part of a catastrophic event, but it differed in many ways from the incidents at the World Trade Center and the Pentagon. The number of casualties was smaller. There were no injuries, casualties, or major damage on the ground. The surrounding community did not experience feelings of threat, fear, or trauma, and they were not exposed to horrific sights. No powerful political leader assumed a public role in influencing the recovery operation or advocated on behalf of the victims. The number of services available at the FL 93 FAC was extremely limited, and only four agencies were present compared to the over 90 agencies at the New York City FAC. Another practical difference was the brevity of the operation. The Federal recovery operation ended on September 20. The FAC was operated for only 8 days. Families were present for 6 days.

There are important lessons to be learned from these significant differences. First, when a mass casualty disaster occurs in a non-metropolitan area with no local casualties or damage, the local government expects external agencies to establish and perform recovery operations and provide victim support.

Also, in cases of disasters like this one, disaster response plans often lack a protocol for identifying the lead family support agency. During the FL 93 response, family support from the FBI

Office of Victims' Assistance focused on communicating about how families could stay informed in the future about the criminal investigation of the terrorist attack. United Airlines, the American Red Cross, and the NTSB Family Office provided family support utilizing victim support protocols from response to aviation accidents. If an airline had not been involved, would support have occurred as smoothly as it did in FL 93? Transportation accidents are the only mass casualty disasters that have a lead agency (NTSB) specified for family support. In other mass casualty incidents, the site of the incident or shared characteristics of the victims result in a "major stakeholder" assuming the lead role in providing support. Local, State, and Federal emergency plans should include a uniform family support protocol as an adjunct to the existing uniform incident command structure protocol in these plans.

Finally, our family support models have been based on the needs of family members who come to a disaster site. We establish assistance centers near the site of a disaster where services are provided. Many family members did not travel to Shanksville. More attention needs to be devoted to developing support services to be delivered remotely by call centers that tie into local resources in the family's home community.

On September 11, 2011, we need both to honor the passengers and crew of FL 93 by remembering them and sharing their story with others and to focus on improving service delivery plans for future comparable events. ■

A Look at Commemorating the Anniversary of 9/11

Contributed by Steven Moskowitz, LMSW

Director, Emergency Preparedness and Response, New York State Office of Mental Health

Several months ago, I had the privilege of participating in the 8th Annual Institute for Disaster Mental Health Conference sponsored by the Institute for Disaster Mental Health (IDMH) at the State University of New York at New Paltz. This year's event, *Lessons from Adversity: Strengthening Preparedness with Reflections from 9/11*, brought together a few of the people who possess an intimate familiarity with the mental health responses to some of the more traumatic incidents of our times. They came to share their knowledge and experiences in an effort to examine the mental health response to the various acts of violence perpetrated on September 11, 2001 through the lens of a decade's perspective.

My goal today, as it was then, is to offer a reflection not on what occurred on 9/11 but on some of the practices that we as a field have learned as a result of the those tragedies and, more specifically, how the insights we've gained about anniversary reactions can inform the support provided for the 10th anniversary of 9/11.

In discussing disaster, we often look at the course of response over time as a movement on a continuum; this model is frequently referred to as phases of disaster (see diagram to the right). This perspective places markers of emotional highs and lows relative to the passage of time from pre-disaster (moderately high) through the event itself (lower),

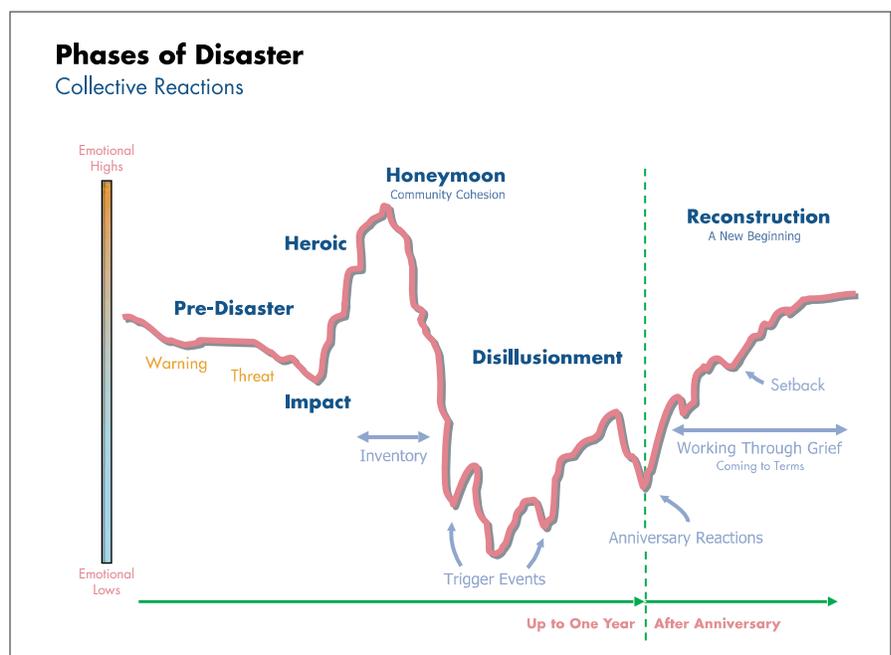
including a number of periods of wide emotional swings linked to trigger events. Occasions such as anniversaries or other public occurrences that remind an individual of the trauma he or she has witnessed often bring a flood of memories that can cause emotions to fluctuate significantly.

Key concepts relative to anniversary reactions parallel many of those that we know from basic disaster response. For example, anniversary reactions include what bereavement expert Therese Rando has called subsequent temporary upsurges in grief, or STUG, typical of mourning. Such emotional upsurges are a reasonable reaction not only to the actual loss of a loved one, but also

to being reminded of loss, a response to be expected when surrounded by the multitude of reminders that are part and parcel of an anniversary event.

In basic disaster behavioral health response work we also know that the size, scope, and nature of the precipitating event will have much to do with the types of responses we might encounter. In light of this idea, it makes sense that anniversary responses to the 9/11 anniversary may be especially pronounced. On 9/11 the catastrophic scale and enormous loss of life were compounded by the uniquely intimate relationship those affected by the disaster had to the victims it claimed and the landmarks

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Amel Group 2006 & Tiles for America Project, Contemporary Ceramic Studio Association

Following the events of 9/11, an organization called Tiles for America coordinated a worldwide effort to create an artistic memorial for the heroes and victims of this tragedy. According to the Tiles for America website, “Thousands of tiles reflecting patriotism, heroes, courage, unity, poetry, and other positive themes arrived in NYC, and more continue to arrive. The ‘artists’ are represented worldwide and have been families, children, schools, churches, scouts, and senior groups. Each tile reflects the artists’ thoughts of sadness and hope in the face of this American tragedy and, once again, shows that the American people will pull together in times of national disaster.” The first New York City memorial shown here is in the West Village at the corner of 7th Avenue and 11th Street. For more information, visit <http://www.tilesforamerica.com>.

COMMEMORATING *continued from page 7*

it obliterated—and by the existential challenge to the sense of safety and security so many felt in its wake.

While the anniversary of any disaster brings with it the reminder of loss, the 10th anniversary of 9/11, because of its nature and scale, amplifies those challenges. Before the event, people predicted that 9/11 victims, survivors, and responders would be exposed to a possibly unprecedented level of media coverage. At the IDMH *Lessons in Adversity* conference, guest speaker Juan Williams, then a

correspondent with National Public Radio, told participants that he thought that the media would repeatedly play recordings of the graphic sights and sounds of the tragedy of that day as its anniversary drew near. Also before the anniversary, people predicted that the degree of emotional challenge created by the news coverage reality would vary and be mitigated by such dynamics as how little or how much exposure to the coverage an individual encountered and the degree to which he or she had completely processed the loss and grief of that day.

The sheer numbers of victims, survivors, and responders to the events of 9/11 are enormous. Ensuring emotional support and assistance for such a broad and diverse group of individuals, groups, and communities is daunting. However, those who support people affected by 9/11 will benefit from the many lessons learned, as well as resources such as the Mental Health Association of New York City’s 9-11 Healing and Remembrance program, in helping people through this meaningful occasion of remembrance. ■

RECOMMENDED RESOURCE

VOICES of September 11th

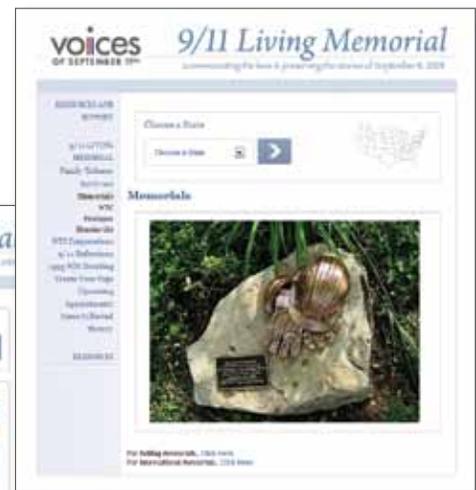
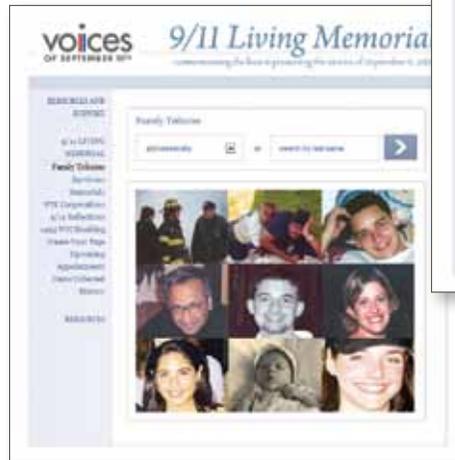
Contributed by Mary Fetchet, LCSW

Co-Founding Director, VOICES of September 11th

In 2001 I co-founded VOICES of September 11th following the death of my 24-year-old son Brad in the World Trade Center. VOICES' mission is guided by my background as a clinical social worker and educator and my professional commitment to providing continuity of care and creating programs that promote resilience. VOICES offers information and support programs to meet the evolving, long-term needs of 9/11 families, rescue workers, and survivors and promotes public policy reform on prevention, preparedness, and response to terrorism.

VOICES' experienced staff members provide a wide range of support services, including case management, teleconference groups, special events, psychoeducational programs, workshops, and annual Day of Remembrance Information forums in New Jersey, New York, and Washington, DC. VOICES' mental health professionals conduct telephone screenings and teleconference support groups for individuals living throughout the United States and abroad, connecting members of the 9/11 community with each other to minimize feelings of isolation by removing the obstacle of geographical distance.

In 2006, VOICES launched the 9/11 Living Memorial Project to commemorate the nearly 3,000 lives lost and document the inspirational



Screenshots of the 9/11 Living Memorial section of the Voices of September 11th website, <http://www.voicesofseptember11.org>.

stories of rescue workers and survivors at the World Trade Center, the Pentagon, and Shanksville, PA. VOICES staff members assist families through the emotional but therapeutic process of creating a meaningful tribute to their loved one by digitizing photographs and written materials and photographing fragile personal mementos. The project also documents hundreds of memorials that were built around the world and foundations that were established in memory of those who perished. The 9/11 Living Memorial is currently online and contains over 60,000 images shared by the families. It will become a core component of the exhibits at the National September 11 Memorial at the World Trade Center site. The 9/11 Living Memorial will expand over time to include audio and video.

With offices in Connecticut, New Jersey, and Washington, DC, VOICES membership has grown to over 13,000 members living in the United States and abroad. In 2010, the VOICES website had over 10 million hits. My vision is to create a longstanding organization that will provide ongoing services to meet the long-term needs of all those impacted by the attacks on September 11, 2001, and to address the needs for generations to come. In advance of the 10th anniversary, VOICES launched an initiative to provide services to the thousands of survivors, many of whom are coming forward for the first time.

For more information on VOICES of September 11th and the 9/11 Living Memorial Project, please visit <http://www.voicesofseptember11.org> or call 203-966-3911 or 732-543-2300. ■

CONFERENCE HIGHLIGHTS

Lessons from Adversity: Strengthening Preparedness with Reflections from 9/11

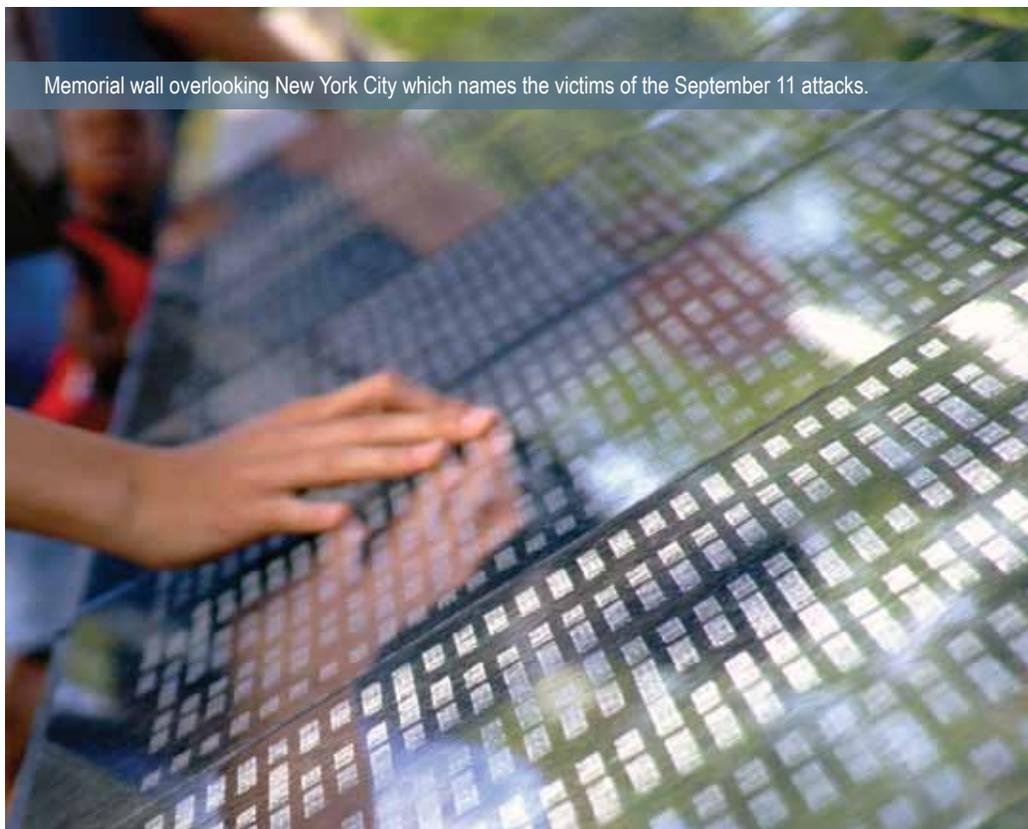
Held April 7 and 8, 2011, at the State University of New York at New Paltz (SUNY New Paltz), this Institute for Disaster Mental Health (IDMH) conference examined the mental health response to the tragedies of the terrorist attacks on September 11, 2001. By reviewing the specific challenges created by each attack and the lessons learned in responding to them, conference planners hoped to facilitate preparation of the mental health community for the next mass casualty disaster. The conference had two goals:

- » Communicate insights learned from the attacks to those who will be involved in providing assistance after future disasters
- » Recognize and prepare individuals for the emotional and logistical challenges of commemorative events

The IDMH at SUNY New Paltz is offering a professional recording of the recent 2-day conference. The DVD-ROM set uses a split-screen view of both PowerPoint slides and video featuring expert speakers who share insights gathered from response and recovery efforts and address recommended practices for the upcoming 10-year anniversary of the attacks of 9/11.

The presentations available on the DVD-ROM include the following:

- » “The Attack on the World Trade



Memorial wall overlooking New York City which names the victims of the September 11 attacks.

Center: Pathways to Healing for Victims and Their Families”
Monica Indart, Psy.D.

- » “Supporting First Responders and Their Families Following the Attack on the World Trade Center”
Dianne Kane, D.S.W.
- » “The 9/11 Attack on the Pentagon”
Col. (Retired) Elspeth Cameron Ritchie, M.D., M.P.H.
- » “Flight 93: The Attack that Failed”
Margaret Pepe, Ph.D.
- » “Memories and Milestones in the Oklahoma City Bombing

Recovery: Lessons from the 10 Year Anniversary and Beyond”
John Tasse, Ph.D.

- » “Lessons Learned from the Spiritual Care Response to the 9/11 Attacks”
Rev. Earl E. Johnson, M.Div.

To order a DVD-ROM (compatible with both PC and Mac) for \$35, you may call the IDMH office at 845-257-3477. Or, for more information about the conference, please visit <http://www.newpaltz.edu/idmh/conference.html>. ■

Upcoming Events

CONFERENCES

International Disaster Conference and Exposition

January 17–19, 2012; New Orleans, LA

The purpose of this conference is to provide a forum to discuss disaster preparation, response, recovery, and mitigation techniques.

http://www.supplyht.com/Calendar_of_Events/Meetings_and_Shows/BNP_GUID_9-5-2006_A_1000000000001005901

American Counseling Association 2012 Annual Conference

March 21–25, 2012; San Francisco, CA

This event will feature pre-conference learning institutes and conference education sessions. The conference itself will focus on disaster mental health, social media, military members and their families, and the revised edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), DSM-V.

<http://www.counseling.org/Convention>

2012 Integrated Medical, Public Health, Preparedness, and Response Training Summit

May 21–25, 2012; Nashville, TN

This summit will provide an opportunity for attendees to advance their knowledge, skills, and abilities in disaster preparedness and response in order to improve their capability to deliver public health and medical care services during disasters.

<http://www.integratedtrainingsummit.org>

Disaster Response & Recovery Exposition 2012

May 23–24, 2012; Nashville, TN

This event will provide a forum for local, State, and Federal public health and emergency preparedness practitioners and policy makers to work with and discuss the latest equipment, technologies, and services available for disaster response and recovery.

<http://events.jspargo.com/drre12/public/enter.aspx>

2012 Disaster Assistance Response Training Conference

June 2012 (location and date to be announced)

This conference will cover topics in disaster assessment, disaster medical training, and preparedness and planning. It is designed to help train missionaries, relief workers, churches, nongovernmental organizations, and military members.

<http://www.swi.org/dart.html>

Fourth International Disaster and Risk Conference Davos 2012: Integrative Risk Management in a Changing World

August 26–30, 2012; Davos, Switzerland

This conference will cover topics in risk reduction and disaster management, emergency risks, urban risks, health risks, ethics, and other disaster-related risk management topics.

<http://www.idrc.info>

WEBINARS

Building Awareness of Disaster Behavioral Health

The goal of the 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 utilized 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 featured nationally known mental health and substance abuse experts in mental health and substance abuse, as well as representatives from the fields of public health and emergency management.

<http://www.samhsa.gov/dtac/education.asp#webcasts>

Integrating All-Hazards Preparedness with Public Health

This webcast by the National Association of County & City Health Officials (NACCHO) features four 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 NACCHO 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>

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WEBINARS *continued from page 11*

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 (DBH) 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 DBH plans.

<http://www.samhsa.gov/dtac/education.asp#webcasts>

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

This NACCHO webcast provides an overview of the disaster mental health field and the role and evolution of PFA.

<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://www.mchcom.com/liveWebcastDetail.asp?leid=414>

TRAININGS

Early Responders Distance Learning Center

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

<http://erdlc.sju.edu>

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, developing and managing volunteers, and the Incident Command System.

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

The National Child Traumatic Stress Network (NCTSN) Psychological First Aid (PFA) 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 the PFA 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. 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 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>

University of North Carolina (UNC) Center for Public Health Preparedness (CPHP) Training Web Site

This site offers free Internet-based trainings developed by the UNC CPHP on public health preparedness topics such as disease surveillance; basic epidemiology; bioterrorism; diverse populations; disaster planning, response, and recovery; and emerging and reemerging diseases.

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

Additional Resources



Anniversaries of disaster events can trigger stressful reactions for survivors. The SAMHSA **Disaster Behavioral Health Information Series (DBHIS)** contains themed resource collections and toolkits that are pertinent to the disaster behavioral health field. One such installment is the Resilience and Stress Management

resource collection, which provides a knowledge base for understanding the concepts of stress and stress management and emphasizes stress management as a promoter of resilience. To view this DBHIS installment, please visit http://www.samhsa.gov/dtac/dbhis/dbhis_stress_intro.asp. This installment also includes a tip sheet, which offers self-help tips for coping with the aftermath of trauma, and discusses the long-term impact of trauma.

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 home page (<http://www.samhsa.gov>), enter your email 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 to the SAMHSA *DTAC Bulletin*, please contact SAMHSA DTAC at DTAC@samhsa.hhs.gov.

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 email, 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/resources.asp> to access these materials.

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