

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

the Dialogue

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Building Individual and Community Resilience



Resilience is the ability to 'bounce back', to cope with difficult challenges, and adapt to stressful situations or crises.

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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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In This Issue

This issue of *The Dialogue* focuses on the topic of resilience in the context of disaster behavioral health. We think of the many survivors and disaster responders in States recovering from the spring storms in 2011—and how many of these same States have yet again had to deal with tornadoes and storms that hit throughout the early part of 2012. Resilience is key to their recovery, and we hope that the information contained in this issue will be helpful to them and to all of us involved in disaster behavioral health preparedness and response.

In the pages that follow, disaster behavioral health professionals share their thoughts about topics such as self-care and tools for building individual resilience. Also, insights and suggestions about community resilience and national health security are offered by the Division for At-Risk Individuals, Behavioral Health, and Community

Resilience, part of the Office of the Assistant Secretary for Preparedness and Response of the U.S. Department of Health and Human Services (HHS).

The issue also highlights and recommends as a resource a document that HHS released in December 2011: the *HHS Disaster Behavioral Health Concept of Operations*. This document provides the overarching conceptual framework that HHS will use to improve the coordination of Federal preparedness, response, and recovery efforts concerning behavioral health in order to promote individual and community resilience.

As always, please be sure to visit our website, <http://www.samhsa.gov/dtac>, for free downloadable handouts, tip sheets, and materials about disaster behavioral health preparedness and response. Our Disaster Behavioral Health Information Series features an installment dedicated to resilience and stress management: http://www.samhsa.gov/dtac/dbhis/dbhis_stress_intro.asp. Also, please go to our Education and Training page, <http://www.samhsa.gov/dtac/education.asp>, for links and information for online trainings and webinars, as well as upcoming meetings and conferences. Please contact us at DTAC@samhsa.hhs.gov or toll free at 1-800-308-3515 if you have questions about disaster behavioral health preparedness or response.

Warmest Regards,

Nikki Bellamy, Ph.D.

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

Nikki.bellamy@samhsa.hhs.gov

CDR Erik Hierholzer, B.S.N.

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

Erik.hierholzer@samhsa.hhs.gov

Amy R. Mack, Psy.D.

SAMHSA DTAC Project Director

Recognizing and having gratitude for the beauty of a new day can build optimism, one of the characteristics that can help people become more resilient.





Regular consultation, supervision, and support with and from colleagues can help people avoid compassion fatigue.

SPECIAL FEATURE

Practicing What We Preach: Answering the Call for Responder Self-Care and Resilience

Contributed by **Tai J. Mendenhall, Ph.D., LMFT**

*Faculty Member and Behavioral Health Clinician, Department of Family Medicine and Community Health, University of Minnesota (UMN) Medical School
Director, Mental Health Division, UMN Medical Reserve Corps*

A great deal of our training as first responders is oriented to the care that we offer to surviving victims of disaster and trauma. This orientation is indicated on the grounds that much of what we do and say in the acute context(s) of fieldwork is different from what our baseline training has prepared us for (i.e., the comparatively routine care that we provide everyday on our own turf, usually within the comfort of our own offices and clinics). However, attention to the manners in which we care for ourselves is also essential. Unfortunately, many training programs and disaster-response organizations

neglect serious, purposeful, and focused regard for this important topic.

Why Is Attention to Responder Self-Care and Resilience Important?

Attention to these areas is important for many reasons, and the principal ones at play for any given provider within any given deployment can vary. Broadly speaking, we should focus on these areas because of the potentially unstable and precarious combination of responders' common nature(s) and characteristics vis-à-vis the common nature(s) and

characteristics of the contexts in which they are mobilized to work.

Responders are already a high-risk group. We providers often function in ways that position us to be “at risk” before we even deploy. Our high capacities for empathy make us very good at caring for others, but we are generally not very good at caring for ourselves. Indeed, providers in health care—across both mental health and biomedical disciplines—do not tend to practice what they preach. While charging through our days after being on call, living on caffeine and fast

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Stress involves a buildup of hormones that can become toxic. Exercise is one of the best ways to get rid of stress and strengthen both our minds and bodies.



SELF-CARE *continued from page 2*
food, we talk to our patients about the importance of a balanced lifestyle and a healthy diet. While we neglect our own health and relationships in favor of work priorities, we advocate exercise, good sleep hygiene strategies, and date nights to those who seek our care. We often underreport our own symptoms (broadly defined) and are reluctant or resistant to seeking help when we are hurting. As overachievers by nature, we live lives that are overscheduled with self-imposed pressures and commitments. And when a disaster occurs and an ensuing deployment is called, we somehow integrate the effort with everything else that we are already doing.

Fieldwork is a high-risk context.
Fieldwork itself represents an environment and context that is

highly conducive to breaking down anyone's mental—or physical—health. Deployments are often unpredictable, the hours are long, and the work can be physically and emotionally exhausting. Living and working conditions can be uncomfortable (and even unsafe). Tensions related to institutional and organizational turf battles can be maddening. Balancing fieldwork and day-job responsibilities can be complex and challenging. Disconnects and inconsistent availability to one's own spouse, children, and/or other family members can be difficult and painful.

It is better to prepare than it is to repair. We know (because we tell our patients this!) that it is easier to engage in healthy behaviors now so as to avoid potential problems later on than it is to work to restore health after it has been lost. And because first responders, as a high-risk group, are engaging in work in high-risk contexts, the call to prepare (versus repair) is a call that we must observe if we are to avoid problems that would keep us from continuing to serve people after disasters.

Practical Strategies toward Self-Care and Resilience

Many of the best ways to ensure one's own health and functioning in fieldwork align with what we already tell our own patients to do. To practice what we preach within the contexts of fieldwork, it is important to honor our own needs and humanness across the biopsychosocial continuum of good baseline/general care.

Take time for yourself. As clichéd as it sounds, this is one of the first things that responders who eventually

burn out have stopped doing. This time can encompass a variety of things, but it usually is non-work related. Outside of the context of deployment, this time involves the "little" things in life that can enrich and reenergize us: participating in sundry hobbies; engaging in religious or other community activities; exercising; reading for pleasure; or even just taking a few moments with our morning coffee and newspaper. Within fieldwork contexts, we can work to bring some of these things along, in exact—or modified—forms (e.g., taking walks by oneself or with a colleague, meditating and re-grounding oneself for a few minutes, reading or going through relaxation sequences before sleeping, writing in a journal or reading during breaks).

Consult with colleagues and friends.
Supervision and consultation should not stop when we have finished our formal training or when we achieve a supervisory role. We are never finished learning, and we should always be working to improve the effectiveness, quality, and humanness of our efforts. Regular consultation, supervision, and support with and from colleagues (whether formally arranged as a group or spontaneously occurring in simple, informal hallway conversation) will help us eschew the professional isolation that can contribute to compassion fatigue. It also provides a forum in which we can call on each other if the need for self-care is evident to others before it reaches our own awareness.

Attend to your own physical health.
You know the drill, because you talk to your patients about it! In everyday

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SELF-CARE *continued from page 3*

practice, ask yourself: Am I living on candy bars and espressos, or am I drinking lots of water and eating well? Am I getting into bed at night with the television turned on, or am I following what I know to be patterns of good sleep hygiene? Within fieldwork contexts, it can be easy to work so hard that we suddenly realize that it has been several hours since we took a break to rest, eat something, hydrate, or even urinate. If we can simply remember, or if we need to ask each other for reminders (or even set our cell phone alarms to get our periodic attention), it is essential to attend to our most basic needs along the way.

Be social. In our everyday lives and care that we provide, we know that the social support that other people offer (and that we offer them) is a huge resource in protecting against depression and any host of other struggles. People need people. Go out to lunch with colleagues at work. Go to dinner with a friend. Connect with people in ways that engender laughter, sharing, and friendship. In fieldwork, this isn't too hard to do if we consciously make the effort to do it. During breaks and mealtimes, at the end of the day—whenever we can—we should seek out and visit with colleagues, talk, and/or make new friends. Everybody wins.

Be intentional about your personal relationships. So often our spouses and partners are at the bottom of our to-do lists because we take them for granted. We presume that they will still be there after we have attended to all of the other “more important” things in our lives. But our personal

relationships *are* more important than our work, and attending to them (going out on dates, communicating “I love you” with our words and our actions, etc.) is not something that should occur only in courtship or on birthdays or deathbeds! Do not take your spouse or partner for granted. Schedule (if you cannot do it spontaneously) times that you can anticipate. Knowing that, no matter how busy you are, you've got a dinner and candlelight evening coming up, will make it all worth it. Talk about things other than just a rundown of the day's events. Embrace (literally and figuratively) the people that mean the most to you.

Set and be firm with your boundaries.

Many of us want all of our colleagues, bosses, and friends to like us—and thereby find it difficult not to sign up for everything that they ask us to take on. However, it is okay to say no to doing something extra when you are feeling overextended. Indeed, it is better to do 100 things well than it is to do 101 things poorly because we are overloaded. And contrary to what you may think, people will usually not perceive us negatively for it.

If you are hurting, seek help. If you are feeling overwhelmed and it is not getting better, if you are feeling

depressed and cannot shake it, if you are feeling burned out, chronically anxious, emotionally fragile, irritable, or anything else that is taking away your personhood and affecting your work—you must take pause. Whether it's within the contexts of our everyday efforts or fieldwork, all of us are bound by our respective codes of ethics to do this. Talk to your supervisor. Go to a therapist. See a doctor. There is nothing shameful about seeking help. Just like the people that we care for, you too are human. If you need help, it is important to reach out for it. Take care of the vehicle; take care of you.

Closing Thoughts

Sometimes the very things that make us good at what we do are also the things that lead us to experience burnout or compassion fatigue. We are passionate about helping others in their journeys out of pain and suffering, and we are driven to work hard. But we need to be careful because many of us also have a tendency to neglect ourselves as we take care of others. Maintaining consciousness about the importance of self-care (and regularly acting on this consciousness) is key to doing our jobs well, and achieving and preserving our own sense of wellbeing along the way. ■

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers several support options for those in need:

SAMHSA's Treatment Referral Routing Service

Toll-Free: 1-800-662-HELP (4357) ■ <http://samhsa.gov/treatment>

National Suicide Prevention Lifeline

Toll-Free: 1-800-273-TALK (8255) ■ <http://www.suicidepreventionlifeline.org>

Building Individual Resilience: Three Essential Tools

Contributed by Jackie Crawford, M.S., LP

Chair, Red River Resilience, Licensed Psychologist, State of Minnesota

As I sat on my couch and watched the televised 9/11 10th anniversary memorials, I silently marveled at the ways in which our Nation continues to heal. Ten years later we seem to have reached the other side of this life-changing event not only with our resilience intact but, in many cases, also enhanced. How have we done so? It seems to me that we have done so through practice (doing what we know works for us and what others expect us to do), sharing our experiences (personal stories confided intimately or in the media), instruction (learning from and teaching others), and self-discovery (finding meaning in the midst of our pain).

It is one of the paradoxes of humanity that resilience—the ability to persevere, to grow and adapt—often comes in the midst of distress or tragedy. Distressing and tragic events are, individually and collectively, opportunities for us to act adaptively, to be resilient.

If this is so, then the question that next comes to mind is “How do we become more resilient?” My response (perhaps your response too) is that, like language, resilience is something toward which we are genetically predisposed, and, like language, something we can learn and upon which we can improve. We acquire knowledge most effectively and permanently when what we are learning is easy to remember. We most need



Minot, ND, Oct. 20, 2011—Federal Emergency Management Agency staff survey a flood-damaged neighborhood. The owner recently moved back into the home.

knowledge to be easy to remember when our brains have been stressed with the work of meeting the needs of physical survival and preservation. So, for individuals to actively build their resilience, limiting the amount of information to be remembered is not only important, it is essential. Three effective and easily remembered ways to enhance emotional resilience are as follows: (1) be mindful, (2) use symbols, and (3) employ the FACTS mnemonic.

1. Be mindful. Mindfulness comes from Buddhist philosophy. It has been researched and popularized by Dr. Marsha M. Linehan in her work with dialectical behavior therapy. Mindfulness means paying attention to what you are doing, thinking, and feeling in the here and now. Mindfulness also means more fully experiencing each moment, to more fully know yourself and what you need. The opposite of mindfulness is reactivity or impulsiveness. If you are

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ignoring either your own emotions or the situation in which you find yourself, it is unlikely that you are being mindful. If you are worrying, focusing on problems or mistakes you made in the past or on the potential for problems in the future, you are likely not being mindful. Being mindful can include pondering past and future events and experiences, as a way of considering our current needs, as long as it is not perseverative, like a hamster in a wheel, running and getting nowhere. The opposite of mindfulness, reactivity, is like the wind in a storm; we change directions, whipping around without pausing to assess how effective we are. Resilience is fostered through

mindfulness. If you stay in the moment and do those things that keep you grounded, then you are more likely to be effective. Then you are mindful and also more resilient.

2. Use symbols. Symbols are objects or signs of things that are personally meaningful. They can be individually meaningful, such as a belonging of a loved one who has died, or they can be communally meaningful, such as the 9/11 memorial sites. In North Dakota, following the 2011 spring and summer flooding, “FloodStrong” bracelets were created by Dr. Andy McLean, a member of Red River Resilience. These bracelets have been embraced by members of

many disaster-affected communities as a symbol of individual and community resilience.

3. Employ the FACTS mnemonic.

FACTS is a simple yet powerful mnemonic that summarizes research-based, effective strategies for improving resilience. The five action steps encapsulated by FACTS are as follows:

- » Foster hope.
- » Act with purpose.
- » Connect with others.
- » Take care of yourself.
- » Search for meaning.

Remembering the FACTS mnemonic helps individuals remember and build their resilience. It is deceptively simple and can therefore be dismissed as a “cute” resilience device. However, this simplicity serves us well when we are overwhelmed and need to remember how to care for our own and others’ emotional needs.

These three tools are simple, familiar, and easily remembered. If we can incorporate these three tools in our daily lives, especially in times of crisis and adversity, then both individual and communal resilience can be enhanced. This is how we build resilient communities. This is how resilient communities become a resilient Nation. ■

Taking time to focus on ourselves and what is important to us, or clearing our minds through meditation or mindful exercise, can increase our confidence and help us find meaning.



Red River Resilience is an ad hoc group partnering with agencies and individuals in Minnesota and North Dakota to build resilient communities, one person at a time. For more information, please visit <http://www.RedRiverResilience.com>.

Community Resilience and National Health Security: An Overview

Contributed by **Melanie Dollar**

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC), Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS)

Increased emphasis on individual and community resilience has begun to influence and shape the direction of health policy and emergency response. The U.S. Department of Health and Human Services is dedicated to fostering community resilience through implementation of the National Health Security Strategy (NHSS) and integration of resilience-building practices into pertinent policies and response and recovery plans. However, definitions of community resilience differ according to the sector or context in which they are applied. In the NHSS, resilience is understood to be the sustained ability of individuals and communities to withstand and recover from adversity. Resilient communities include healthy individuals, families, and communities with access to health care, both physical and psychological, and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations. Working to build communities with these components prior to an emergency is understood to benefit the community's resilience during and after a disaster.

Characteristics of Resilient Communities

Resilient communities have robust social networks and health systems that support recovery after adversity. If government and nongovernment



Leveraging the diverse resources of the community through public and private sector collaboration is vital when building community resilience.

entities have been integrated and involved in a community's planning, response, and recovery, then that community is more able to take deliberate, collective action in the face of an incident. The development of material, physical, social, and psychological resources buffers negative effects of these incidents and helps protect people's health. When a community's members are socially connected, the community itself is more resilient and also more able to marshal resources, communicate with all residents, and plan for infrastructure and human recovery. These characteristics together bolster the overall wellbeing of the community and enhance a community's ability to respond and recover in the event of a disaster.

The Role of Public Health Preparedness, Response, and Recovery

Community resilience is only possible with strong and sustainable public health, medical, and behavioral health care and emergency response systems. This means that the health care infrastructure is all of the following:

- » Ready to prevent or mitigate the spread of disease, morbidity, and mortality
- » Capable of meeting anticipated needs and surging to meet unanticipated ones
- » Able to mobilize people and equipment to respond to emergencies
- » Capable of accommodating large numbers of people in need during an emergency

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Joplin, MO, August 6, 2011— Members of Boy Scout Troop 393 of Carthage, MO washed school buses at Junge Stadium in Joplin. Nearly 1,000 Boy Scouts volunteered to clean debris around Joplin's schools.

COMMUNITY *continued from page 7*

- » Knowledgeable about its population—including needs, culture, literacy, and traditions—in order to communicate effectively with the full range of affected populations, including at-risk individuals

Promotion of Community Resilience

Although it is difficult to determine the resilience of a community until after an incident, the foundation of community resilience is established before adversity strikes. To promote their own resilience, communities can identify, develop, and enhance plans and resources necessary for mitigating vulnerabilities, reducing negative health consequences, and rapidly restoring community functioning. This work involves the following measures:

- » Strengthen social and cultural networks before a disaster strikes, establish pre-disaster relationships with nontraditional partners in disaster preparedness and response activities, and promote social reengagement activities after a disaster. Such networks include faith-based organizations, nongovernmental social support organizations, consumers of mental health services, family and child advocacy organizations, non-English-speaking communities, and drug and alcohol abuse agencies, among others.
- » Integrate key capabilities into disaster planning, such as economic development, social capital, community competence, and information and communications; enlist community members in planning at all levels.
- » Develop a range of communications tools appropriate for the community's health literacy and cultural diversity.
- » Leverage the diverse resources of the community through public-private sector collaborations and partnerships.
- » Address the psychological health of the community by fostering adaptive coping responses to adversity.

- » Develop and implement community-level public education plans detailing how individuals, families, and households should prepare for health incidents and highlighting information for and about at-risk individuals.

Community Resilience in Practice

Just 86 days after a deadly tornado ripped through Joplin, MO, on May 22, 2011, schools were able to reopen for the new school year in August. The community prioritized the timely reopening of schools and used deliberate strategies to accomplish this feat. Federal, State, and local resources were effectively leveraged to innovatively convert vacant retail stores into temporary classrooms. Citizens of Joplin also contributed to the recovery process by coming out and helping to clear debris. Students said that the quick restoration of their schools fostered relief as they were able to return to their normal routine. The successful effort to get students back in school on time can be attributed to the presence of many of the core characteristics of community resilience discussed in this article. ■

For more information

Within HHS ASPR, ABC works to ensure that the functional needs of at-risk individuals and behavioral health issues are integrated in public health and medical emergency preparedness, response, and recovery activities in order to promote individual and community resilience.

ASPR: <http://www.phe.gov/preparedness/pages/default.aspx>

NHSS: <http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

ABC: <http://www.phe.gov/preparedness/planning/abc/pages/default.aspx>

Email: abc.info@hhs.gov

RECOMMENDED RESOURCE



HHS Disaster Behavioral Health Concept of Operations

Contributed by Melanie Dollar

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC), Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS)

In December of 2011, HHS released a new document of particular interest to disaster responders and behavioral health stakeholders: the *HHS Disaster Behavioral Health Concept of Operations*, or *HHS DBH CONOPS*. This document provides the overarching conceptual framework that HHS will use to improve the coordination of Federal preparedness, response, and recovery efforts concerning behavioral health in order to promote individual and community resilience. The *HHS DBH CONOPS* describes a multitude of preparedness, response, and recovery activities that would enhance individual and community resilience across the Nation. For example, one strategy described is how the ABC within HHS ASPR will partner with the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish and convene quarterly Disaster Behavioral Health and Community Resilience Preparedness Forums. Agencies participating in these forums will foster the principles of individual and community resilience in preparedness and ensure that special topics with a role in overall wellbeing and safety are included in preparedness materials and training. The *HHS DBH CONOPS* details how HHS transitions from normal day-to-day operations to a coordinated, department-wide response to address the behavioral health elements of a public health and medical emergency. The plan comes as the result of extensive work facilitated by ASPR with HHS agencies and partners including SAMHSA, the Centers for Disease Control and Prevention, and the Administration for Children and Families. The document was created in alignment with the goals and objectives of other national plans such as the NHSS, the National Disaster Recovery Framework, and the Federal Emergency Management Agency's Whole Community initiative.

The *HHS DBH CONOPS* forwards a holistic view of disaster behavioral health. This view incorporates mental health, stress, trauma, and substance abuse issues. It also includes elements more commonly considered to be part of disaster behavioral health: the psychological, emotional, cognitive, developmental, and social influences on disaster survivors, responders, and recipients of behavioral health services. The array of activities in the *CONOPS* ranges from planning, operational coordination, communication, education, and basic support to promoting access to behavioral health treatment.

The *HHS DBH CONOPS* recognizes that the majority of disaster behavioral health response and recovery activities are carried out by State, local, and community behavioral health providers and responders. The document encourages collaboration among volunteer groups, State and local governments, academia, and behavioral health care and professional organizations. Indeed, this whole-community and interdisciplinary approach to disaster behavioral health is vital in addressing the behavioral health needs of disaster survivors, responders, and at-risk individuals (including children) and continuing to promote integration of behavioral health into overall public health and medical preparedness, response, and recovery. Toward that end, the *HHS DBH CONOPS* is a living document, and its developers and others will review and revise it annually as policy and operational approaches are enhanced and best practices are developed or identified. ■

The *HHS DBH CONOPS* is available online at <http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops.pdf>.

Upcoming Events

CONFERENCES

World Conference on Disaster Management

June 25–27, 2012; Toronto, Ontario, Canada

This conference is designed for those in emergency management, risk management, health and safety management, public health, information technology related to disaster recovery, military, and other related disaster management disciplines. Attendees will discuss innovations in the disaster and crisis response field, challenges in creating a resilient culture, and pilot programs that offer lessons applicable to future disaster preparation.

<http://www.wcdm.org>

National Association of County & City Health Officials (NACCHO) Annual 2012

July 11–13, 2012; Los Angeles, CA

The purpose of the NACCHO Annual 2012 conference is to provide an opportunity for local health officials to discuss building disaster resilience for communities; responding to public health emergencies; preventing, controlling, and treating chronic disease; and providing assistance to local health departments that have limited resources.

<http://www.nacchoannual.org>

Training Institutes 2012: Improving Children's Mental Health Care in an Era of Change, Challenge, and Innovation; The Role of the System of Care Approach

July 25–29, 2012; Orlando, FL

This conference is designed for professionals at the State, tribal, territorial, and local levels to learn how to improve mental health services for children and families.

<http://gucchd.georgetown.edu/training/88504.html>

120th Annual Convention of the American Psychological Association

August 2–5, 2012; Orlando, FL

This convention will feature internationally known presenters and the latest research findings in the field of psychology.

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

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 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, as well as representatives from the fields of public health and emergency management.

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

Integrating All-Hazards Preparedness with Public Health

According to its online description, this NACCHO webcast “will feature four NACCHO demonstration sites that integrate all-hazards preparedness into their traditional public health activities.”

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

Planning for Pandemic Influenza: Issues and Best Practices

According to its online description, 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 10*

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/webinars/webinars.asp>

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 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://www.mchcom.com/archivedWebcastDetail.asp?id=222>

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. The courses offer a specialized focus on psychological perspectives and issues.

<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 Psychological First Aid (PFA) Online, a 6-hour interactive 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 about experiences using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training."

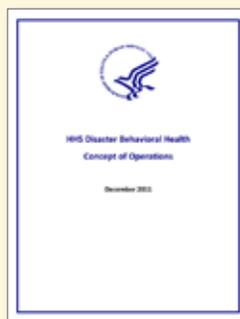
<http://learn.nctsn.org>

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

According to this site, it "offers free 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>

Additional Resource



The *U.S. Department of Health and Human Services (HHS) Disaster Behavioral Health (DBH) Concept of Operations (CONOPS)* provides the overarching conceptual framework that HHS will use to improve the coordination of Federal preparedness, response, and recovery efforts concerning behavioral health. The *HHS DBH*

CONOPS describes a multitude of preparedness, response, and recovery activities that would enhance individual and community resilience across the Nation. The *HHS DBH CONOPS* is available online at <http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops.pdf>.

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 the Substance Abuse and Mental Health Services Administration's (SAMHSA's) homepage (<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 Disaster Technical Assistance Center (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 email address in the "SAMHSA *DTAC Bulletin*" section of our Resources web page 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 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/dbhis> to access these materials.

CONTACT US

SAMHSA Disaster Technical
Assistance Center

Toll-Free: 1-800-308-3515

DTAC@samhsa.hhs.gov
<http://www.samhsa.gov/dtac>