

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

# the Dialogue

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- 7 Impact of the Deepwater Horizon Oil Spill on Louisiana
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*The Dialogue* is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver effective behavioral health (mental health and substance abuse) responses to disasters. To receive *The Dialogue*, please go to SAMHSA's homepage (<http://www.samhsa.gov>), enter your e-mail address in the "Mailing List" box on the right, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance abuse needs following a disaster.

To learn more, please call 1-800-308-3515, e-mail [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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## In This Issue

This year, we complement last year's newsletter theme ("Preparedness") by highlighting "Response." In this issue, we focus on community resilience in the aftermath of disaster. First, we learn about the coordinated, collaborative response and recovery to the Boston Marathon bombing. We then share information on trauma reminders, the effect they can have on survivors, and how to cope with them. Our final article shows how disaster behavioral health responders adapted to community needs after the Deepwater Horizon Oil Spill, which occurred in the midst of the region's long-term recovery from Hurricane Katrina and economic downturn. We hope that the experiences shared by these well-informed authors can help with your own response and resilience efforts.

Warmest regards,

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Plan

Prepare

Respond

SPECIAL FEATURE

## The Public and Mental Health Response to the Boston Marathon Bombing

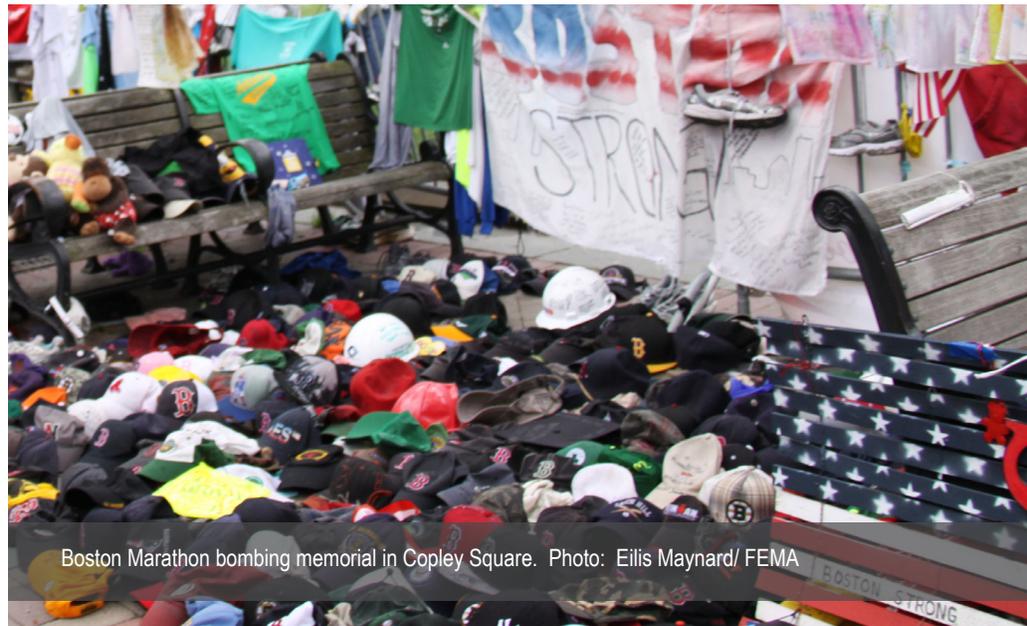
Contributed by **Richard H. Beinecke** and **Emily Beinecke**

*Richard H. Beinecke, Professor and Chair, Suffolk University Institute of Public Service*

*Emily Beinecke, Boston Marathon bombing survivor and graduate student, Tufts University*

The response to the Boston Marathon bombings was extraordinary. Sadly, three spectators were killed in the blast, but of the 264 injured, all survived as a result of rapid and competent treatment. From response to recovery, networks of local, state, and federal organizations provided effective crisis intervention. Many people and organizations—from local residents to the Boston Red Sox—assisted survivors, donated to The One Fund Boston, and contributed to community resilience. These efforts exemplified the effectiveness of integrated behavioral health response services as a critical component of all hazard planning and services. This article highlights the roles of the agencies involved in the response and recovery phases.

The **Boston Public Health Commission Office of Public Health Preparedness** was the lead agency in the response to the bombing, and its Stephen M. Lawler Medical Intelligence Center



Boston Marathon bombing memorial in Copley Square. Photo: Ellis Maynard/ FEMA

(MIC)—the only such center in the country—was the central hub for managing, organizing, monitoring, and providing information for health and mental health services. Representatives from nearly every Boston-based public and mental health entity helped survivors at the MIC. More than 120 teams of grief counselors were deployed, and more than 207 crisis intervention contacts were conducted in approximately 600 hours, serving more than 1,500 people.

### **Federal Agencies.**

Regional emergency coordinators from the **Boston Office of the Assistant Secretary for Preparedness and Response** (ASPR, an agency under the U.S. Department of Health and Human Services) supported local organizations with identifying and addressing community needs. ASPR deployed an Incident Response Coordination Team with two experts in disaster behavioral health.

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Both the SAMHSA Regional Administrator (SRA) and the Supervisory Regional Emergency Coordinator from ASPR provided expert technical assistance and educational materials to help local organizations access and disseminate resources easily and rapidly. The SRA organized a team of 20 mental health professionals from the U.S. Public Health Service who worked for 10 days, providing approximately 1,100 contacts with survivors that included psychological first aid, education, and promotion of community resilience. Disaster behavioral health responders shared information about the SAMHSA Disaster Distress Helpline with survivors and other first responders. Survivors were able to call and text the Helpline to share their experiences and learn about other common reactions and tips for coping with stress after a disaster. Crisis counselors also helped survivors locate local call centers for follow-up care and additional support.

### **State Agencies.**

The **Massachusetts Department of Mental Health's (DMH)** Director of Program Implementation and Emergency Management was the lead for the behavioral health response to the bombing. The DMH Disaster Behavioral Health Committee comprises members

from DMH, Riverside Trauma Center (the department's contracted emergency response service), the American Red Cross, and faith-based and voluntary agencies active in disasters. The Office of Communications and Community Engagement disseminated educational materials from SAMHSA and other sources to educate survivors about common emotional responses to disaster and direct them to helpful resources. After many agencies stood down, DMH continued to communicate with key responder groups to address unmet needs and handle requests for continued crisis counseling and referrals for mental health services. Staff at the **Massachusetts Department of Public Health's** Marathon Operations Center coordinated public health activities, organized medical supplies, gathered and provided situational awareness, monitored patient movement, and provided shelter and meeting locations for runners and their families.

### **Medical Agencies.**

Staff from the **Riverside Trauma Center**, coordinators of the statewide Trauma Response Network, provided crisis intervention counseling. For 3



weeks, 34 responders spent nearly 500 hours serving 600 people in individual and group contacts. Together with the community, the responders planned presentations, meetings, and vigils. They supported schools and businesses and were a helpful presence at the Armory of the First Corps of Cadets (a Boston landmark also referred to as "The Castle"), where runners and their families gathered. They also accompanied local business owners to their blood-stained locations, provided outreach to the Muslim community, and cared for retraumatized survivors.

Ten Massachusetts hospitals attended to survivors. Those with more serious injuries were treated at **Massachusetts General Hospital's Burns and Trauma Psychiatry Consultation**. This department dealt with new patients, continued caring for existing psychiatric patients, and connected survivors to psychiatric services at **Spaulding Rehabilitation Hospital**.

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The social workers at **Beth Israel Medical Center's Center for Violence Prevention and Recovery** provided individual and group supports for survivors who remained in the hospital, as well as for outpatients and their families.

### **Support Services for Responders.**

The **Boston Police Department's** Peer Support Unit, staffed by five officers who are trained crisis counselors, was supported by 30 **New York Police Department** stress counselors. Counselors identified officers in need, provided short-term care, and referred officers and their families to treatment as appropriate. They also bolstered the assistance that the **Watertown Police Department** received from its employee assistance program and from a Bureau of Alcohol, Tobacco, Firearms and Explosives team. The **Cambridge Police Department's** Peer Support Team worked with its officers who were involved in the response efforts. Support was also provided to other first responders.

**The American Red Cross** provided a one-stop service center for survivors. They supplied 47,000 meals, shelter for those evacuated from the Cambridge and Watertown areas, and financial aid

for survivors' families; and linked injured survivors and their families to follow-up care in the United States and abroad. Additionally, the Red Cross assigned 75 mental health professionals to provide individual counseling and support groups and to participate in 84 community vigils, as well as many memorial services.

### **Informal Supports.**

The great outpouring of support from the community contributed greatly to survivors' mental health recovery. The formal response and recovery efforts were complemented by the founding of The One Fund Boston, numerous tributes and memorials, and support from the area's professional athletic teams, as well as assistance from individuals and groups in the city, the country, and even other parts of the world.

Boston's experience shows that supporting community resilience after a disaster requires extensive, coordinated planning and implementation on formal and informal levels. We learned many lessons from this tragedy, including:

- Mental health services are as essential as primary and public health services after disasters.
- Providers should be proficient in crisis intervention and have skills for determining when

and how to refer individuals for more formal assessment and treatment services.

- Family reunification, meals, housing, financial assistance, and other practical supports remain the primary and most salient immediate interventions.
- A network of clear and coordinated relationships developed pre-event can ensure an effective response.
- Previous collaborative planning, training, and exercising helps establish trust and can reduce turf wars.
- Access to accurate information and educational materials and appropriate use of all forms of media can greatly influence the community's recovery path.
- The use of informal networks and social supports remain primary ways that individuals and communities heal.

The services and care that continue for many individuals have added to the increased resiliency in the Boston area. Plans and preparations for the 2014 marathon are already underway. ■



Disaster response volunteers help clean homes after a flood. Photo: Michael Rieger/ FEMA

## Traumatic Reminders: Overcoming What You Can't Erase From Experience

**Contributed by Melissa Riley, Ph.D.**  
*Wilderness Emergency Medical Technician*

Everything that we have owned or touched since we were born has been or will be replaced by something else. However, we retain memories throughout most of our lives, easily recalling things we loved—a first pet, our grandmother's cooking, a favorite toy. How do we bring up such cherished memories? By using what are known in the disaster behavioral health field as “triggers.” These are reminders that are the gateway to remembering or reliving an emotional experience. If you look around your office or home you

will likely find a photo or keepsake that has meaning—something that brings you a grounded, happy emotional response.

Reminders are also associated with life-threatening events such as disasters or other traumatic incidents. These experiences are often unexpected, dangerous, and one of the most intense emotional experiences you may ever have. Most people will retain the memory of that disaster for the rest of their life, and, for some, that memory may cause intense emotional pain. We refer to that

type of memory as a “traumatic trigger.” Anything associated with the traumatic experience, such as a smell, sight, certain weather condition, sound, dream, person, photo, or even a particular word, can quickly remind you of the experience. This makes it difficult to detect what can act as a trigger and when it may occur. A survivor can experience a traumatic trigger many times throughout the day, often without warning, reliving the intensity that he or she experienced during the actual disaster.

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These reminders can trap some survivors in a state of hyper vigilance, fueled by fear and anxiety. If this state isn't understood and interrupted, the survivor can develop depression; post-traumatic stress and other anxiety-related disorders, such as different types of phobias; or other emotional and physical illnesses.

Tennessee experienced four federally declared disasters between 2010 and 2012, including a historic “thousand-year flood,” record-breaking Mississippi River flooding, and two rounds of deadly tornadoes. In my various roles as crisis counselor, team leader, and state coordinator for these events, I witnessed firsthand and heard stories about the traumatic triggers in Tennessee residents:

- Rain: Anytime it rained, one survivor pulled his car over to the side of the road and donned his life jacket.
- Sleeping location: A child slept by the front door, so that she could warn her family if water entered her home.
- Billboard: A hospital placed an ad about disaster survival directly (and unknowingly) over a trailer park where a disaster survivor had committed suicide. The sign reminded those who knew him, including first responders, of his suicide.

- Wind: Whenever it was cloudy and windy, a survivor would immediately drive home, go to her basement, and listen to her weather radio until the weather cleared.

Traumatic triggers can feel like an emotional gut punch. You can be going about your day and, out of nowhere, become overwhelmed by terrifying memories because you smelled, saw, or heard something that reminded you of the original trauma.

How can we combat such an innate, ingrained process that is critical to our survival? In a disaster zone, visual reminders like damaged homes and mangled trees can remain for years. Therefore, it is important for disaster behavioral health providers to explain to survivors what triggers are, how they affect the psyche, and how to recognize or anticipate them. Knowing about potential triggers ahead of time can lessen their impact. You may consider giving survivors a list of possible reminders related to the disaster and ask survivors to circle the ones they experienced or add new ones. You can also consider adding information about traumatic triggers to written materials, ads, and social media posts.

Survivors are not the only ones who are affected by these reminders. Disaster recovery workers often live in the area they

## 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](http://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp)

serve, have survived the disaster themselves, and can experience secondary trauma from helping survivors. Ensuring that recovery workers remain healthy and resilient is a key component to a successful recovery process. Reminders of traumatic events will always exist—anticipating and coping with them can make a significant difference in a survivor's emotional recovery. ■

# Impact of the Deepwater Horizon Oil Spill on Louisiana

Contributed by **Anthony H. Speier, Ph.D. (Retired)**, **Danita LeBlanc**, **Cassandra Wilson**, and **Garcia Bodley**  
*Louisiana Department of Health and Hospitals, Office of Behavioral Health*

“Here we go again,” thought many people as the Deepwater Horizon oil spill unfolded in Louisiana in April 2010. This disaster had a huge impact on individuals and communities along the Gulf Coast, which was previously ravaged between 2005 and 2008 by Hurricanes Katrina, Rita, Gustav, and Ike. Eighteen percent of the population in this area lives below the poverty level, and those at highest risk of personal, economic, and environmental challenges from the spill included the fishermen and small business owners who lived along the coastal parishes, children, older adults, and tribal communities.

Affected communities faced the destruction of environment, property, marine life, and the area’s economy. Oil industry workers lost jobs, the impact of the spill on marine life was a concern, and fishermen were not allowed to trawl in affected areas. In addition, fears about contaminated fish, crab, and shrimp contributed to a huge drop in seafood consumption, and local economies suffered. No one was allowed to use the beaches due

to fears about the immediate and future effects of human exposure to the toxins. All of these factors contributed to a significant loss in the sense of community.

Outreach and counseling contacts after the spill revealed that:

- Eighty-three percent of individuals contacted experienced some type of adverse reaction.
- Seventy-six percent experienced problematic emotional responses of anxiety, fearfulness, anger, and irritability.
- Fifty-five percent experienced physical symptoms, such as difficulty sleeping and fatigue or exhaustion.
- Forty-four percent experienced extreme changes in activity level and hypervigilance.
- Thirty-seven percent had difficulty concentrating and making decisions.

Residents felt uncertainty and anxiety about the long-term impact of the spill, and many experienced retraumatization due to associations with Hurricane Katrina.



Louisiana’s populations along the coast include Native Americans, Vietnamese, Creole, Cajun, Laotians, Cambodians, Hispanics, Guatemalans, and Croatians; and culturally diverse staff reflected the population of the areas they served.

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“ The hurt of Katrina is still very fresh. The oil spill adds a monstrous new dimension to the prospect of more loss. It’s beginning to look endless. ”

- A Plaquemines Resident

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Translation services were provided, and the program worked closely with the Houma Indian tribal council as well as with three groups that work with Vietnamese residents. Local providers partnered with the school system to help children and worked with children and their families in their homes.

The Louisiana Department of Health and Hospitals provided case management, help with job-seeking skills, and direct financial assistance. Providing help with basic needs was a major factor in gaining trust and opened the door for more intensive treatment services. Our services also encompassed clinical treatment for substance abuse and mental health and assistance with prescription medications. Staff from local programs taught responders what to look for and how to handle incidents of domestic violence and how to provide services to victims.

Two anecdotal accounts of issues and interventions follow:

*Issue:* “A” was a 50-year-old married fisherwoman; she and her husband lost their boat and were forced to take up residence on another boat with their grandchildren. *Interventions:* The couple was educated on common stress reactions and introduced to stress reduction techniques and alternate coping strategies. They were connected to sources for emergency food, assistance with unpaid docking fees, and boat repairs. They were also provided with the tools needed for fishing and trawling. *Outcome:* “A” began sharing coping strategies with other fishermen; she became an active advocate for the local fishermen and participated in local recovery events.

*Issue:* The “B” family made their living from the Gulf, the husband as an oyster fisherman and his wife as an oyster shucker. They lived in a trailer with their daughters and eight grandchildren. After the spill, they experienced financial

hardship and marital problems, and the husband’s alcohol usage increased. *Interventions:* The couple was linked to financial support to assist with school uniforms, utility payments, and food. Individual and group counseling sessions were provided at home and at school. The family received help with developing skills in stress management, problem solving, anger management, and financial management. *Outcome:* Communication improved within the family unit. The father was willing to get counseling for substance abuse issues. School reports highlighted positive changes in attendance and behavior.

This model of outreach services addressing basic needs as an engagement and empowering technique proved beneficial to the implementation of behavioral health responses to the BP oil spill. This model combined the best crisis counseling strategies and, along with other beneficial services, made for a more effective behavioral health response focused on building resiliency in the affected areas. ■

## RECOMMENDED RESOURCES

### New Webinar! Post-Disaster Retraumatization: Risk and Protective Factors

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

This podcast can be found at

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

### New Webinar! The Behavioral Health Response to Mass Violence

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

This podcast can be found at

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

### New Webinar! Understanding Compassion Fatigue and Compassion Satisfaction: Tips for Disaster Responders

This podcast can help disaster behavioral health professionals learn about the positive and negative effects of helping disaster survivors.

This podcast can be found at

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



## Upcoming Events

### CONFERENCES

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#### **International Disaster Conference and Expo**

**January 7–10, 2014; New Orleans, Louisiana**

The purpose of this conference is to bring together professionals from the public and private sectors to discuss disaster recovery, lessons learned from responding to disasters, and best practices. The 4-day event engages participants from emergency management, homeland security, and other disaster preparedness, response, recovery, and mitigation professions in panel discussions, plenary sessions, round table meetings, and policy debates around issues related to manmade and natural disasters.

<http://internationaldisasterconference.com>

#### **Long-Term Care Disaster Conference**

**January 28–29, 2014; San Diego, California**

Presented by the California Department of Public Health, this conference will offer information to long-term care providers who have leadership responsibilities during a disaster or emergency (administrators, directors of nursing, emergency planners) on how to recover from emergency events. The conference theme is Really Ready 4 Resiliency: Survive and Thrive. Speakers representing national, state, and local governments and organizations will address key topics including disaster mental health, disaster recovery and repopulation, crisis communications, and mutual aid planning and local networking.

<http://cahfdisasterprep.com/Events/RR4.aspx>

#### **National Social Services and Disaster Management Conference**

**March 25–28, 2014; Orlando, Florida**

The theme of this conference is “The Power of One Army: Transforming Our World.” Conference participants will include American and international delegates working as social service and disaster service managers, case managers, frontline social workers, teachers, and other staff who serve and advocate for vulnerable and low income populations. The conference will feature exhibits,

workshops, institutes, keynote sessions, and forums on trends in social work and disaster management from a macro and micro perspective.

<http://www.nssdmc.org/>

#### **American Counseling Association 2014 Annual Conference**

**March 27–30, 2014; Honolulu, Hawaii**

This annual conference will provide a forum to present and discuss the latest techniques, theories, research, and best practices in the counseling field. Sessions will focus on individual trauma and disaster mental health, including presentations on Hurricane Katrina 7 years later and disaster mental health intervention following a terrorist event.

<http://www.counseling.org/conference/hawaii-aca-2014>

### SAMHSA DTAC WEBINARS AND PODCASTS

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**Great news!** All SAMHSA DTAC webinars and podcasts can now be found on SAMHSA's YouTube page (<http://www.youtube.com/user/SAMHSA>) and the SAMHSA DTAC playlist ([http://www.youtube.com/playlist?list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/playlist?list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)). Below we provide summaries of and links to all SAMHSA DTAC webinars and podcasts.

#### **Introduction to Disaster Behavioral Health**

The goal of this webinar is to educate participants about the mental health, substance abuse, and stress management needs of people who have been exposed to human-caused, natural, or technological disasters.

[http://www.youtube.com/watch?v=pwqIHAmO19U&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=pwqIHAmO19U&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

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WEBINARS AND PODCASTS *continued from page 10*

## **Applying Cultural Awareness to Disaster Behavioral Health**

Participants in this webinar will learn more about tools that they can use to assess and strengthen cultural awareness practices in disaster behavioral health services.

[http://www.youtube.com/watch?v=ngozeGfBOW8&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6&index=2](http://www.youtube.com/watch?v=ngozeGfBOW8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=2)

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

Information provided in this 60-minute podcast can help disaster behavioral health (DBH) responders provide culturally aware and appropriate DBH services for children, youth, and families affected by natural and human-caused disasters.

[http://www.youtube.com/watch?v=bsalmMbgkh8&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6&index=12](http://www.youtube.com/watch?v=bsalmMbgkh8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=12)

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

Disaster behavioral health responders and their family members can use the guidelines in this podcast to help prepare for the stress of deployment and reintegration into regular work and family life.

[http://www.youtube.com/watch?v=apQuQm5pQOk&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6&index=4](http://www.youtube.com/watch?v=apQuQm5pQOk&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=4)

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

This podcast was designed to inform parents and other caregivers, teachers and other school staff, and behavioral health professionals about the kinds of responses to expect in children and youth in the aftermath of disasters, such as school shootings, and to help determine when a child or youth exposed to a disaster may need mental health services.

[http://www.youtube.com/watch?v=O4GftUhgAtc&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6&index=15](http://www.youtube.com/watch?v=O4GftUhgAtc&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=15)

## **Disaster Planning: Integrating Your Disaster Behavioral Health Plan**

The speakers explain how states, territories, and tribes can update and integrate their disaster behavioral health plans with their overarching disaster response plans.

[http://www.youtube.com/watch?v=lpq0\\_5IOgOg&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6](http://www.youtube.com/watch?v=lpq0_5IOgOg&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6)

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

Disaster behavioral health responders can learn about best practices and tools that could enable them and their supervisors to identify and effectively manage stress and secondary traumatic stress in this 60-minute podcast.

[http://www.youtube.com/watch?v=G957P6w1Xfs&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6&index=13](http://www.youtube.com/watch?v=G957P6w1Xfs&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=13)

## **Mass Casualty: Support and Response**

This webinar shares information about emotional reactions to mass casualty events, addresses what Medical Reserve Corps team members, Commissioned Corps officers, and other responders may encounter in the field during a crisis event, and familiarizes participants with related disaster behavioral health resources available through SAMHSA.

[http://www.youtube.com/watch?v=CDUqKO8XdLM&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6](http://www.youtube.com/watch?v=CDUqKO8XdLM&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6)

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

Participants of this webcast will learn about promising practices in disaster behavioral health planning, and speakers will share successful examples that have been implemented in the field.

[http://www.youtube.com/watch?v=\\_tpsxPB0UoA&list=PLBXgZMI\\_zqfRcTt9ndxkbieQ-pQslk-R6](http://www.youtube.com/watch?v=_tpsxPB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6)

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## WEBINARS AND PODCASTS *continued from page 11*

### **Promising Practices in Disaster Behavioral Health (DBH) Planning: Building Effective Partnerships**

Participants in this webcast will learn about building effective working relationships with federal, state, and local government, as well as nongovernment partners, when developing a comprehensive disaster behavioral health plan.

[http://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health Planning: Financials and Administration Operations**

The speakers in this webinar identify policies, procedures, and promising practices in financial and administrative operations in disaster behavioral health before, during, and after a disaster.

[http://www.youtube.com/watch?v=LkNGb-\\_Hlo0&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=LkNGb-_Hlo0&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health Planning (DBHP): Implementing Your DBHP**

The speakers explain how states, territories, and tribes can update and integrate their disaster behavioral health plans with their overarching disaster response plans.

[http://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health (DBH) Planning: Plan Scalability**

In this webinar, speakers provide information and examples about the elements of a scalable disaster behavioral health plan and identify promising practices in process development, standard operating procedures, and instructions that should be in place before a disaster.

[http://www.youtube.com/watch?v=osqghXH7Bbo&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=osqghXH7Bbo&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health Planning: Assessing Services and Information**

Participants will learn about promising practices in assessing services, resources (e.g., equipment and personnel), and information before, during, and after a disaster.

[http://www.youtube.com/watch?v=TaqQjgLtinM&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=TaqQjgLtinM&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health Planning: Logistical Support**

This webinar features a presentation on effective logistical support systems, including identification of training mechanisms for response personnel and utilization of volunteers.

[http://www.youtube.com/watch?v=TJpUIxoA4s8&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=TJpUIxoA4s8&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

### **Promising Practices in Disaster Behavioral Health Planning: Legal and Regulatory Authority**

Participants will learn about the elements of legal and regulatory authority at the federal, state, and local levels, including issues of responders' liabilities, informed consent, confidentiality, development of memoranda of understanding, and/or mutual aid agreements.

[http://www.youtube.com/watch?v=sRL3Fbo9kHI&list=PLBXgZMI\\_zqfRcTt9ndxkbbieQ-pQslk-R6](http://www.youtube.com/watch?v=sRL3Fbo9kHI&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQslk-R6)

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WEBINARS AND PODCASTS *continued from page 12*

## ADDITIONAL WEBINARS AND PODCASTS

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

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

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

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

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

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

### **Psychological First Aid: The Role of MRC 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

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### **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>

### **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/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/mentalhealth\\_trainings](http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/mentalhealth_trainings)

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## TRAININGS *continued from page 13*

### **Massachusetts Environmental Health Association Disaster Behavioral Health Training**

The Massachusetts Environmental Health Association has developed several disaster behavioral health trainings that are available online:

- Disaster Behavioral Health
- Psychological First Aid: Helping People Cope During Disasters and Public Health Emergencies
- Psychological First Aid in Radiation Disasters
- Psychological Issues Following Disasters

<http://www.mehaonline.net/member-services/training-resources-videos/56-disaster-behavioral-health-training>

### **The National Child Traumatic Stress Network (NCTSN) Psychological First Aid Online Course**

The NCTSN Learning Center is an online training center geared toward professionals and families seeking to learn more about child traumatic stress. Many resources specifically focus on disaster-related trauma and grief. The NCTSN Learning Center also features Psychological First Aid (PFA) Online, a 6-hour course in which the student plays the role of a provider working in a scene after a disaster. According to the online course description, “this professionally narrated course is for individuals who are new to disaster response and want to learn the core goals of PFA, as well as for seasoned practitioners who want a review. The course features innovative activities, video demonstrations, and mentor tips from the nation’s trauma experts and survivors. PFA Online also offers a learning community where participants can share experiences of using PFA in the field, receive guidance during times of disaster, and obtain additional resources and training.”

<http://learn.nctsn.org>

### **Office of Minority Health Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**

These four online courses build knowledge and skills for disaster and crisis personnel and volunteers to “provide culturally and linguistically appropriate services to diverse communities during all phases of disaster.” The curriculum is grouped into three themes: culturally competent care, language access services, and organizational supports.

<https://cccdpcr.thinkculturalhealth.hhs.gov>

### **University of North Carolina (UNC) Center for Public Health Preparedness Training Website**

This site “offers free short Internet-based trainings developed by the UNC Center for Public Health Preparedness on public health preparedness topics such as disease surveillance, basic epidemiology, bioterrorism, and new/emerging disease agents.”

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

# Behavioral Health is Essential To Health Prevention Works Treatment is Effective People Recover

## SUBSCRIBE

*The Dialogue* is a publication for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. To receive *The Dialogue*, please go to SAMHSA's homepage (<http://www.samhsa.gov>), enter your e-mail address in the "Mailing List" box on the right, and select the box for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*."

## SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov).

## ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The SAMHSA *DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. To subscribe, please enter your e-mail address in the "SAMHSA *DTAC Bulletin*" section of our website at <http://www.samhsa.gov/dtac/resources.asp>.

The SAMHSA DTAC Discussion Board is an online discussion forum for disaster behavioral health stakeholders. Become a member of this community by visiting <http://dtac-discussion.samhsa.gov/register.aspx> and completing the brief registration process. Within 2 business days, you will receive your login and password via e-mail, along with further instructions on how to access the site.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac/dbhis> to access these materials.

## CONTACT US

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