

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

the Dialogue

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Public Health Emergencies

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Cover photo: Veronica Acevedo (left) and Manuel Amador (right), biologists from Dengue Brach at the Centers for Disease Control and Prevention (CDC), participated at a municipality fair in Salinas. They provided guidance about mosquito reproduction, zika virus and prevention against different illnesses that mosquitoes carry. Photo: Yuisa Rios/FEMA.

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 misuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (<http://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, 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 misuse 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

In disasters and other emergencies, everything is in short supply—most of all time. To expedite and coordinate our work, we all rely to some degree on organizational structures, relationships, and chains of command, as well as emergency operations plans and broader approaches. All of this is good. Disasters—including public health emergencies, the focus of this issue—are by their nature disorganized and chaotic, and approaches to increase organization and efficiency of response are indispensable. But a key lesson of this issue is that they are not necessarily where we as responders should begin.

[W]e should start by assessing the community, its strengths and challenges, its history, and, most importantly, where it is now.

Instead of beginning with what we have done and with the tools we know and structures we have, it is crucial to begin with finding out where the community is and meeting them there. As we work to ensure the best possible physical and behavioral health for communities following disasters, we should start by assessing the community, its strengths and challenges, its history, and, most importantly, where it is now.

This theme is woven through all of this issue's articles, which cover several public health emergencies: an outbreak of HIV and hepatitis C in Indiana associated with oxycodone dependence; the water crisis in Flint, Michigan; and the Zika virus and the risk of contracting it among particular groups in the United States. In behavioral health responses to community needs—in Indiana, Michigan, and across the United States among pregnant women and people who work outdoors—professionals dedicated time to seeking or tapping into an in-depth understanding of the issues communities faced; the strengths they possessed as well as barriers



Wyoming Office of Homeland Security Director Guy Cameron Attends Mile High DICE in Aurora, Colo with Aimee Binning of Albany County, Wyoming.
Photo: Cynthia Hunter/FEMA

confronting them; and the systems of care, information, and community they interacted with. From there, they developed plans for helping people take positive steps toward ensuring their own health, responding to mental health and substance use needs, working with external entities, and building community capacity to meet physical and behavioral health needs in the future.

Have you taken a community-centered approach to emergency response? Are there unique aspects of public health emergencies, and important lessons learned, that we can highlight in future issues of this newsletter? Please let us know. And if we can support your response processes, we welcome your input on that front as well.

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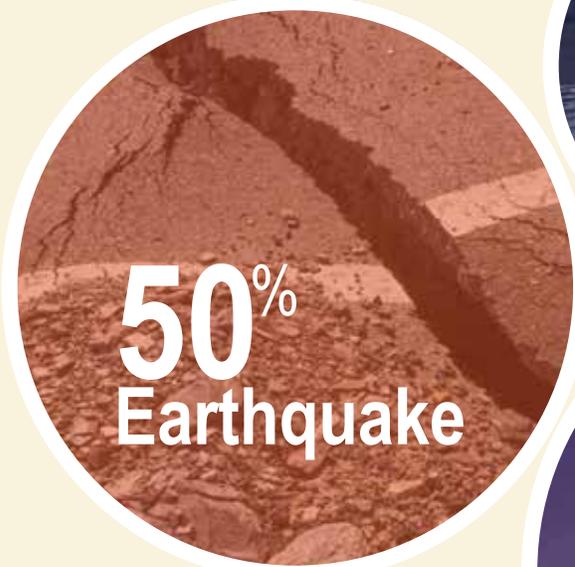
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DATA SNAPSHOT

Awareness of Preparedness Information

Within the past 6 months, these are the percentages of people who have read, seen, or heard information on how to better prepare for a specific disaster:



50%
Earthquake



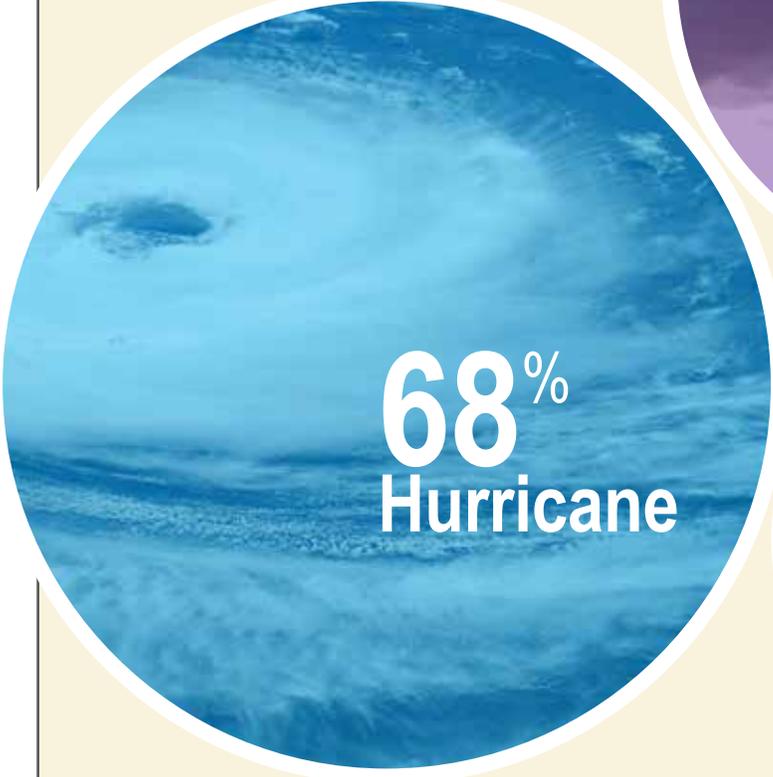
34%
Flood



30%
Wildfire



53%
Tornado



68%
Hurricane



42%
Winter Storm

Source: U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA), 2016.

Contributors



Jody Lewis, M.A., LLP is the Behavioral Health Liaison for Michigan's Community Health Emergency Coordinating Center (CHECC) and Specialist in the Behavioral Health and Developmental Disabilities Administration of the Michigan Department of Health and Human Services. She had been part of a team effort to assist with the Flint water emergency, to developing a comprehensive behavioral health response to the emergency. The other members of this team include Price Pullins, M.A., LLP, Chief Psychologist Consultant, Office of Medical and Psychiatric Services, Behavioral Health and Developmental Disabilities, Michigan Department of Health and Human Services, and Kenyetta Jackson, M.P.H., Analyst, Behavioral Health and Developmental Disabilities Administration, Michigan Department of Health and Human Services.



Sara K. Cozad, M.S.W., LCSW is the Assistant Deputy Director of Adult Services with the Indiana Division of Mental Health and Addiction. In her role, Mrs. Cozad works to oversee programming areas including serious mental illness and co-occurring disorders, problem gambling services, older adult services, housing assistance, emergency preparedness, and forensic treatment services including the Recovery Works program.



Stephanie L. Spoolstra, LCSW is the Director of Addiction Recovery Services for the Indiana Department of Correction. She was the lead representative from the Division of Mental Health and Addiction during the Scott County HIV outbreak. She joined the Department of Correction in March 2015 and oversees all department initiatives related to the provision of addiction recovery services.



Kristin Blank, M.F.A. is the Materials Development Manager for SAMHSA DTAC. She is a writer and editor who has worked in the public health field for nearly 10 years.

The Dialogue Reader Responses

In this section, read selected responses from readers about their thoughts on previous issues of The Dialogue. Find past issues at <http://www.samhsa.gov/dtac/resources/dialogue>. If you have a comment about an article, send it to dtac@samhsa.hhs.gov.

In response to the previous issue, “Stress Management and Self-Care,” Debra S. writes:

I’m self-employed but share office space with a psychiatrist/energy healer. Meditation, meals, liters of water are part of every day. Also have a therapy dog wandering the office spaces. We all get over the top

sometimes but we are lucky to have others around to help decompress. ■

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To read more tactics for self-care, visit <https://www.samhsa.gov/sites/default/files/dtac/dialogue-vol-12-issue-3.pdf>.



TIPS FOR EFFECTIVE

Risk Communications

- **Use simple messages** and provide updates regularly.
- **Release information in a timely manner.** Late release of crucial information could cause mistrust in the community.
- **Be honest and open.** Address any rumors that may be going around.
- **Show expertise.** It will help reduce anxiety and uncertainty in the community.
- **Express empathy** to build trust and rapport in the community.

Source: SAMHSA DTAC, 2016. Behavioral health resources on Zika. <http://www.samhsa.gov/dtac/zika>

Recent Technical Assistance Requests

In this section, read about recent questions SAMHSA DTAC staff have answered, technical assistance (TA) requests received, and responses to past articles in The Dialogue. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA DTAC received a TA request from a behavioral health professional dealing with an active wildfire. The individual inquired about the Crisis Counseling Assistance and Training Program (CCP) and requested resource materials for wildfire survivors.

Response: SAMHSA DTAC explained the CCP grant process, mentioning that the state must receive a Presidential disaster declaration with individual assistance in order to be eligible. SAMHSA DTAC connected the requestor with the state disaster behavioral health coordinator as well as providing a list of resources related to wildfires, including the following.

Wildfire-Specific Information

- **Disaster-Specific Resources Disaster Behavioral Health Information Series Installment**

This installment is a collection of resources focused on preparedness and response for specific types of disasters, including wildfires.

<http://www.samhsa.gov/dbhis-collections/disaster-specific-resources?term=Disaster-Specific-Resources-DBHIS&filter%5b0%5d=Wildfire>

- **Centers for Disease Control and Prevention (CDC): Wildfires**

The CDC Emergency Preparedness and Response website provides information on a host of hazards, including wildfires.

<https://www.cdc.gov/disasters/wildfires/index.html>

General Disaster Response and Recovery Information

- **Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress**

This SAMHSA tip sheet gives stress prevention and management tips for dealing with the effects of disasters. It lists tips to relieve stress, describes how

to know when to seek professional help, and provides accompanying resources.

<http://store.samhsa.gov/shin/content/SMA13-4776/SMA13-4776.pdf>

Spanish version: <http://store.samhsa.gov/shin/content/SMA13-4776SPANISH/SMA13-4776SPANISH.pdf>

- **Psychological First Aid (PFA)**

Developed jointly by the National Center for Posttraumatic Stress Disorder and the National Child Traumatic Stress Network, PFA is an evidence-informed approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning.

<http://www.ptsd.va.gov/professional/materials/manuals/psych-first-aid.asp>

Request: A state disaster behavioral health coordinator contacted SAMHSA DTAC to request trainer recommendations. The state was planning a training for employees on self-care and compassion fatigue as well as Psychological First Aid.

Response: SAMHSA DTAC sent the state a list of potential trainers who have the requested skills and are capable of conducting a training class. The state selected a trainer and scheduled the training. ■

The Flint Water Crisis: Q&A About the Behavioral Health Response Efforts

SAMHSA DTAC interviewed **Jody Lewis, M.A., LLP**, Behavioral Health Liaison, Community Health Emergency Coordinating Center and Behavioral Health and Developmental Disabilities Administration, at the Michigan Department of Health and Human Services (MDHHS) about the status of the Flint water crisis, behavioral health effects seen among affected residents, and lessons learned during the public health response efforts to help.



DURING APRIL 25, 2014–OCTOBER 15, 2015, approximately 99,000 residents of Flint, Michigan, were affected by changes in drinking water quality after their water source was switched from the Detroit Water Authority, sourced from Lake Huron, to the Flint Water System, sourced from the Flint River.

Source: CDC. (2016, July 1). *Morbidity and Mortality Weekly Report*.



Left to Right: Price Pullins, M.A., L.L.P.; Jody Lewis, M.A., L.L.P., and Kenyetta Jackson, M.P.H.

Early in the emergency, there was a lot of focus on the behavioral health needs of children and families. As the crisis continued, the needs of adults—especially those who were underserved and vulnerable—began to emerge.

SAMHSA DTAC Questions:

- How has the behavioral health response changed over the course of the crisis, from the immediate phase to the long-term response?
- At what point during the crisis did behavioral health responders become involved?
Did pre-existing trauma play a role in behavioral health responses that some people experienced?
Did behavioral health responders face any barriers when trying to work with community members?
- Were responders able to successfully work with the diverse cultures and communities in Flint? If so, what strategies did they use to reach specific populations?
- How has your team worked to foster resiliency in the community?
- What long-term behavioral health effects, if any, are you seeing in Flint residents?
- What lessons learned would you communicate to other responders who may face a similar crisis in the future?
- From your experience, is there anything you would recommend communities do to better prepare for a disaster from a behavioral health response perspective?

MDHHS Response:

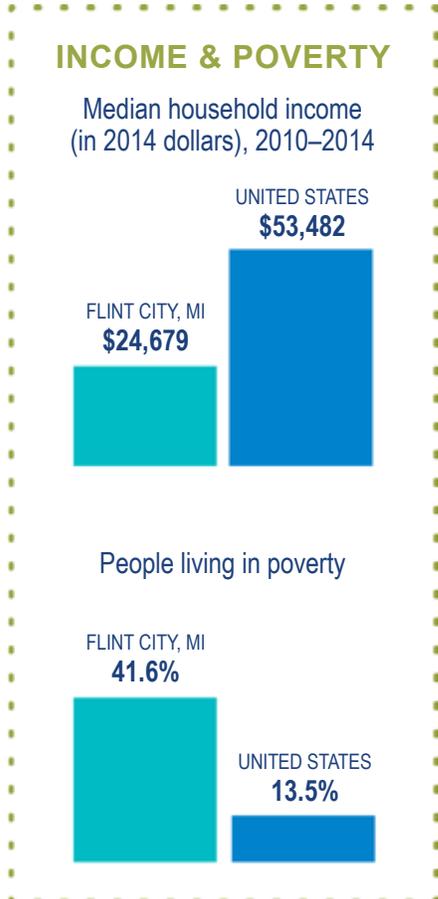
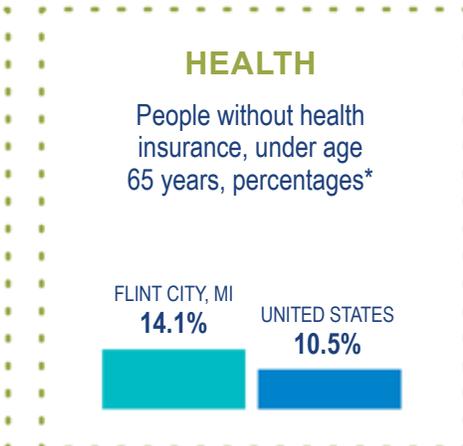
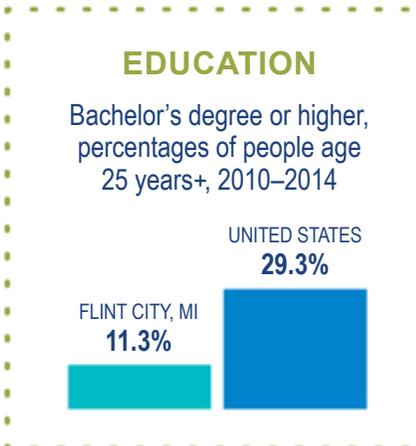
Early in the response to the Flint water crisis, much of the effort focused on providing information to residents about obtaining and using safe bottled and filtered water, and setting up crisis hotlines and crisis counseling to address immediate

behavioral health needs. Over time, as the immediate need to provide safe, clean water was addressed through filtered and bottled water, the response transitioned into one where the Michigan Department of Health and Human Services focused on ensuring resources and services were in place for the long-term support of the community. From our perspective, those services included things such as expanding health care under Medicaid to all residents under age 21, pregnant women and their children, and those under 400 percent of the federal poverty level. This health care expansion included the extension of behavioral health services to a greater percentage of the population, both through

additional Child and Adolescent Health Centers, and direct support to primary care physicians and pediatric offices. We continue to provide Psychological First Aid and crisis counseling, and provide support to those with behavioral and developmental disabilities. We have also expanded efforts to test for and abate lead, provide individual medical and psychological support to children with elevated blood lead levels, and provide nutrition support to the community both through education and the delivery of millions of pounds of healthy food. We have also increased the number of Pathways to Potential social workers in Flint’s schools.

In addition, the newly developed Flint Community Resiliency Group has helped MDHHS develop direct community dialogue and establish an open, collaborative relationship with local leaders. Additionally, we have focused on increasing our outreach efforts to underserved and vulnerable populations. For example, the Michigan School for the Deaf is located in Flint, and many students and their families have settled there. Although some individuals who are deaf or hard of hearing have closed-captioning available on their televisions and media devices, many of those who do not read well rely on

Importantly, the community has preexisting trauma—movement of the well-paying auto industry jobs out of the community, the financial crisis, increasing poverty, racial tensions, and the accompanying complex traumas that occur as a result.



* This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates.

Source: United States Census Bureau, 2016. Quick facts for Flint city, Michigan, 2010–2015. <http://www.census.gov/quickfacts/table/PST045215/2629000>

sign language interpreters for communication. So we have worked with the community to increase the number of interpreters and produce video with interpretation.

Based on what we have learned so far, we recommend that any community faced with a declared emergency or disaster utilize SAMHSA as an excellent resource for experienced subject matter expertise, grant opportunities, and even moral support. Thanks to SAMHSA, we had solid additional resources and tools available to us to help navigate our response. Other national organizations and centers have been helpful as well, such as the Centers for Disease Control and Prevention, National Child Traumatic Stress Network, National Center for Trauma-Informed Care, and National Center for Posttraumatic Stress Disorder.

This experience, from a state perspective, shows the importance of working with the local community mental health agencies on basic disaster preparedness, training, and exercises to address the immediate aftermath and consequences of a crisis. This includes establishing partnerships and policies; using formal memoranda of understanding; and assisting local agencies in developing a roster of local, state, and federal resources and subject matter expertise. ■

FEDERAL RESPONSE

Up to **106** federal staff at the height of the response were on the ground in Flint working with residents, community leaders, and officials from state and county agencies. **Federal staff continue to support the community.**



In Flint **100%** of residents have access to bottled water and water filters.

More than **26.9 million** liters of water were provided to the state of Michigan by FEMA, plus **50,000+ water and pitcher filters**, and **243,842 filter replacement cartridges** between January 19 and August 14, 2016.

A **\$1 million grant** is helping Genesee Health System increase patient capacity and provide additional comprehensive primary and preventive health services. **The grant is one of 10** in Michigan totaling **\$10 million.**

FEDERAL BEHAVIORAL HEALTH RESPONSE

With an additional **\$500,000** in emergency funding from the **U.S. Department of Health and Human Services (HHS)**, two Flint health centers were able to hire more people and provide the following:

- **10,000+** people with information about preventing lead exposure
- **3,100+** people with lead testing
- About **1,200** people with behavioral health services in the first few months of the funding

A SAMHSA Emergency Response Grant is providing **\$475,194** in funding for behavioral health and other services including special outreach to people with limited English proficiency or hearing or vision impairments.

U.S. Public Health Service Commissioned Corps officers taught basic Psychological First Aid (PFA) skills training to **183** members of the community.

These officers also taught a **Train the Trainers** course to **32 providers** so that they, in turn,

can **provide PFA** training to over **500** community members in Flint.

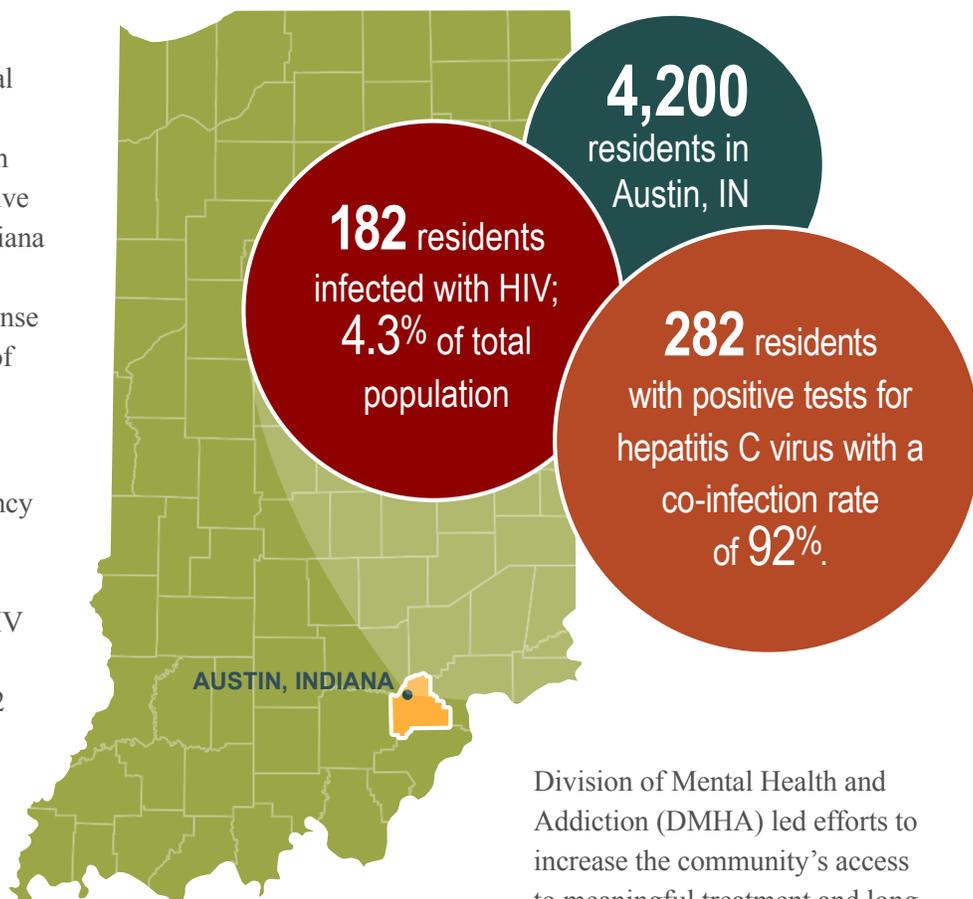
Source: HHS, 2016. Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Rural Indiana Town Responds to HIV Cluster Driven by Drug Abuse

By **Sara K. Cozad, M.S.W., LCSW**, Assistant Deputy Director of Adult Services, Indiana Division of Mental Health and Addiction and **Stephanie L. Spoolstra, LCSW**, Director of Addiction Recovery Services, Indiana Department of Correction

In December 2014, the small rural town of Austin, Indiana, realized they had a problem after a sudden uptick of individuals tested positive for HIV. By March 23, 2015, Indiana Governor Mike Pence declared a public health emergency in response to the rapidly growing numbers of HIV positive tests in the town of approximately 4,200 people.

By the conclusion of the emergency response, led by the Indiana State Department of Health, 182 individuals were diagnosed as HIV positive, 282 individuals were positive for hepatitis C (with a 92 percent co-infection rate), and there existed a network of at least 500 people who injected prescription drugs within the town. Further outreach efforts revealed the spread of HIV was directly correlated to the injection drug use of the opioid prescription pain reliever oxymorphone (trade name: Opana). The ease of access to the prescription opioid resulted in oxymorphone becoming the substance of choice. The high experienced from abusing oxymorphone through intravenous use is similar to heroin; thus, Austin saw an increase in needle use. Without access to clean needles, people who inject drugs will reuse



and share needles, potentially resulting in the rapid transmission of communicable diseases. As opposed to the HIV outbreaks of the 1980s, which were linked to unsafe sexual practices, Austin’s outbreak demonstrated the impact of overprescribing of opioids and the overwhelming consequences of prescription drug abuse.

In conjunction with the public health response, the Indiana Family and Social Services Administration’s

Division of Mental Health and Addiction (DMHA) led efforts to increase the community’s access to meaningful treatment and long-term addiction recovery. While many articles have been written about the efforts to stop the spread of infectious disease and the causes (both economic and cultural) of this outbreak, little has been documented about the long-term interventions to help people recover from drug addiction. The following represents key lessons learned by Indiana’s Single State Agency for Substance Abuse—Indiana DMHA—in combating an outbreak of this magnitude.

During the emergency response, DMHA provided subject matter expertise to the Indiana State Department of Health to address the behavioral health needs of the community in the following ways:

- Providing training for the disease intervention specialists on culturally relevant treatment information
- Working with preventionists and treatment providers to create a continuum across interventions, programming, and initiatives
- Providing financial and technical assistance to local treatment providers to increase access to immediate detoxification services, as well as long-term coordinated physical and behavioral health care

These efforts did not come without significant barriers, which resulted in key lessons learned about working with rural communities to both address and prevent behavioral health crises. During the time of response, it is important to keep the following in mind:

1. The primary role of the state in a crisis is to remove unnecessary barriers and bring stakeholders together.
2. Well-coordinated, collaborative efforts that use a whole-person framework and encourage person-centered recovery are essential.
3. It is critical to empower the local community by listening to their concerns and letting them take the lead in decisions.

Link the community together for support and sustainability. The state response will end—the community must continue the work together.



For those hoping to increase community resilience and prevent future health/behavioral health crises, consider these takeaways:

- Remember to apply micro-level social work principles at the macro-level: Meet the community where it is. A community-centered approach recognizes where the community is despite where you think they need to be. Start there.
- Build the capacity of local service providers and coalitions before, during, and after a crisis happens.
- Take a critical look at the available data and what it's telling you.
- Link the community together for support and sustainability. The state response will end—the community must continue the work together.
- Remember to make room for all opinions at the table.
- Don't just address the substance use—there are often critical mental health needs to address at the same time.

Here are some key questions you should ask yourself to help you determine the state of your state or community:

- What is the level of communication with rural communities and are their needs clear?
- What is the status of the communication amongst key organizations (state and local level)?
- What does your local/area/regional data tell you? Does it make sense?
- Who is the local leadership? What are the local leadership agencies?
- Do you know who provides prevention efforts? Treatment services?
- Do your local health department(s), treatment providers, and preventionists have the capacity to meet the community's needs?
- Is there a local coalition/collaboration that brings the key people together to strategize needs/intervention regularly?

By the end of the behavioral health response efforts, key stakeholders in Austin had received two leadership summits to bring them together, a site for integrated behavioral and physical health care within the town, and a better understanding of the impact of behavioral health on the entire community. The local community members continue to move toward a collaborative plan, and the spread of HIV has slowed significantly. ■

Zika Behavioral Health Resources: Turning Anxiety Into Action

By Kristin Blank, M.F.A., Materials Development Manager, SAMHSA DTAC

When I found out I was pregnant with my second child in February 2016, one of the earliest thoughts I had was “Great, now I have to worry about Zika.” I’m prone to anxiety in the best of circumstances, and pregnancy, with all of its unknowns and what-ifs, raises my anxiety level on a good day. Throw in the threat of a little-understood infectious disease that causes devastating birth defects and you’ve got a recipe for stress.

My anxiety over Zika dovetailed with my work with SAMHSA DTAC. Our team aimed to create resources that could help alleviate some of the fear and stress that news about Zika may cause pregnant women, people who work primarily outdoors, and their families. As our team developed messaging, we saw my situation as a pregnant person during mosquito season as an opportunity to make our resources stronger—I am part of the target audience we hoped to reach. It also was helpful to me on a personal level; I channeled some of my own anxiety to help others.

In brainstorming sessions, I let team members know tips that helped me and those that did not. Here are some examples:

Helpful: Research safe and effective mosquito repellents and wear them whenever you are outside.

Not Helpful: “Stay indoors as much as possible.” In the summer, with an active 5-year-old at home? Nope.

Helpful: Stay informed, but limit the amount of time you spend reading media reports about Zika.

Not Helpful: “When you go outside, wear pants and long-sleeved shirts.” In 95-degree heat? Not going to happen.

While the not-helpful examples are valid ways to avoid mosquito bites, they can increase anxiety in several ways. Not only would they disrupt my daily life, but they

STRATEGIES FOR PREGNANT WOMEN TO MANAGE STRESS AND WORRY RELATED TO ZIKA

- **Take a break** from hearing or reading about news and media coverage of Zika.
- **Find activities that bring you joy.**
- **Manage stress with online tools**, such as mobile apps available for stress management, meditation, and healthy pregnancy tips such as [Breathe2Relax](#).
- **Reach out** to family and friends.



- **Be proactive.** Consider utilizing preventive measures from the Centers for Disease Control and Prevention (CDC) for Zika for the whole family.
- **For additional information**, visit trusted sources such as [CDC’s Zika website](#), [Mother to Baby](#), [March of Dimes](#), [SAMHSA DTAC: Behavioral Health Resources on Zika](#), and [text4baby](#) (Text BABY to 511411).

would lead to overthinking, self-doubt, and blame—if I don't do x or y, then I obviously don't care enough to prevent myself from getting Zika. The reality is, even doing all of the things recommended by public health officials will not guarantee that I will not be bitten by a mosquito, or that that mosquito will not have the Zika virus. I, and every other pregnant person out there, can only stay informed and do our best to set realistic expectations for our behavior.

Our team kept all of these factors in mind as we developed a robust suite of resources that brings together the most helpful and reliable information from SAMHSA and other institutions, such as the Centers for Disease Control and Prevention. They include the following:

Behavioral Health Resources on Zika

<http://www.samhsa.gov/dtac/zika>

Zika Virus Resources Disaster Behavioral Health Information Series Installment

<http://www.samhsa.gov/dbhis-collections/zika-virus?term=Zika%20Virus-DBHIS>

Coping With Stress During Infectious Disease Outbreaks

<http://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/SMA14-4885>

Spanish version: <http://www.store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks-Spanish-/SMA14-4885SPANISH>

As professionals in the field, we may be more effective in reaching our target audiences if we reflect on what would be most helpful to us and our own families in a given situation. Using our own personal experiences and tapping into our capacity for empathy can lead to stronger resources and a greater sense of understanding of what disaster survivors and responders experience. If you have a story about or tip for helping to relieve anxiety in people at risk for Zika, please let us know. Email dtac@samhsa.hhs.gov. ■

To reduce stress and anxiety specifically related to Zika,

TRY THESE TIPS

Stay informed.

Get your information from reliable sources.

- Talk to your health care provider for accurate health information.
- Turn to knowledgeable, trustworthy sources, such as a state or local health department; U.S. government agencies, such as the **CDC**; or a global organization like the **World Health Organization**.
- If the media coverage raises your stress and anxiety, take time away from the news to focus on things in your life that are going well and that you can control.

Know the symptoms of Zika, and speak to a health care provider immediately if you believe you may have contracted the virus.

Take action to protect yourself and others from possible Zika exposure.

- Use insect repellent and wear clothing that covers your arms, legs, and feet to protect yourself from mosquito bites.



- Get rid of sources of standing water, which are breeding areas for mosquitoes.

Source: SAMHSA DTAC. (2016). Behavioral health resources on Zika. <http://www.samhsa.gov/dtac/zika>

RECOMMENDED RESOURCES

Public Health Emergencies Resource Collection

Part of the SAMHSA Disaster Behavioral Health Information Series, this collection includes resources to help individuals and communities to cope with infectious disease outbreaks, contamination crises, and other emergencies that can compromise public health. Materials relate to pandemic influenza preparedness and response; the response to the Ebola outbreak in Africa; water crises like the one in Flint, Michigan; and best practices in public health emergency communication.

View the installment at <http://www.samhsa.gov/dbhis-collections/public-health-resources?term=Public%20Health%20Emergencies-DBHIS>.

Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships

Partnerships are crucial to successful behavioral health planning—especially for public health emergencies, which may be handled by several departments and divisions within a state, territory, or tribal or local government. This SAMHSA DTAC webcast covers key elements of effective partnerships, steps to take in creating and strengthening partnerships, and a real-world example of partnerships in disaster preparedness and response in the state of Colorado.

View the webcast at <http://bit.ly/2cpYphL>.
Access the presentation at <http://bit.ly/2clBLbK>.

CERC Online Training

Developed by the CDC, Crisis and Emergency Risk Communication (CERC) is an evidence-based approach to communicating with individuals, leaders, and communities during crises, including public health emergencies. CERC Online Training covers CERC principles and provides guidance for successful communication during emergencies with government organizations, community leaders, and the general public.

Access the training at <http://bit.ly/2cCjIhu>.

Pandemic Flu Fact Sheet: A Parents' Guide to Helping Families Cope With a Pandemic Flu

The National Child Traumatic Stress Network describes different types of influenza (flu) and lists effects these types may have on communities. It also offers tips for flu outbreak preparedness and coping, and for supporting children and teens of various ages in dealing with a flu outbreak.

Access the fact sheet at <http://bit.ly/2cnPNgX>.
The fact sheet is also available in Spanish at <http://bit.ly/2c9mCYT>. ■



Behavioral Health is Essential To Health

Prevention Works • Treatment is Effective • People Recover

SUBSCRIBE

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