

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

# the Dialogue

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**Weathering the Storm:** Building Resiliency, Stability, and Cultural Competency in Response to Environmental Disasters



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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. To receive *The Dialogue*, please go to SAMHSA's home page (<http://www.samhsa.gov>), enter your email address in the "Mailing List" box on the right, and 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](mailto:DTAC@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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## In This Issue

For this edition of *The Dialogue*, we turn our attention to environmental disasters. Our first article revisits the Gulf Coast and examines the effects from the Deepwater Horizon Oil Spill, 5 years later. Namely, it relates how integrating community organizations into resilience trainings can aid in long-term recovery. It also notes that because cleanup and recovery workers can experience significant mental health effects, resilience training should be incorporated into training programs.

Our second article reflects on how the looming threat of climate change can affect everyone—those living in directly affected areas as well as those who feel anxiety at the prospect of our planet changing in a long-term way. It sheds light on how the feeling of helplessness in the face of climate change can cause distress and how having strategies for attending to one’s “internal environment” (i.e., distressing thoughts, anxiety) is essential.

The final article examines another group of responders—the “first” first responders—in need of culturally competent support and resilience training: 911 telecommunicators. This group of dedicated

workers face unique and powerful stressors every day at their job. The article provides insight into their experiences and emphasizes the need to take their environment into account when providing support.

If you have stories about disaster preparedness, response, or recovery that you would be willing to share in upcoming issues, please contact us!

Warmest regards,

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Photo: Cheryl Casey / Shutterstock.com

SPECIAL FEATURE

## Post-Disaster Resilience and Recovery in the Gulf of Mexico: Integrating Communities in the Design and Delivery of Resilience Trainings

Contributed by **Betsy Eagin, M.P.H.**, *Public Health Specialist, National Clearinghouse for Worker Safety and Health Training*; and **Joseph Hughes, M.P.H.**, *Director, NIEHS Worker Training Program*

Research from repeated disasters in the Gulf—ranging from hurricanes to the Deepwater Horizon Oil Spill—has shown that all have had significant mental health effects on disaster workers and communities.

In response to the mental health effects seen after the Deepwater Horizon Oil Spill, SAMHSA and the National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP) joined forces to develop training interventions for disaster workers and communities.

In each training response to Gulf disasters, the NIEHS WTP emphasized the importance of collaboration with Gulf-area communities and organizations. During the spring of 2012, NIEHS held a community listening session to explore unaddressed needs within Gulf communities. During this meeting, community members underscored the need for mental health training for workers, communities, and even area health care providers. To address this need, SAMHSA and NIEHS established the Gulf Responder Resilience Training Program.

Following community discussions, the program was developed to focus on three target audiences: (1) workers and communities involved in disasters, (2) supervisors who oversee a team of workers, and (3) health care providers who may see community members. Because these audiences face unique challenges following a disaster, a unique training was required for each.

After a disaster, cleanup and recovery workers face many stressors in both their professional and personal lives. The Worker Resilience Training program

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Resilience Training participants celebrate completion of a pilot course with certificates. Pilot trainings of the courses were held at Make the Road New York (MTRNY) in the fall of 2014 in support of communities affected by Hurricane Sandy. Participants noted similar needs and excitement about the training as their counterparts in the Gulf. MTRNY participants included English-as-a-second-language speakers.

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was created to help address the difficulties faced by these workers. The 4-hour program uses materials and activities to engage participants in open discussion related to self-care, help seeking, and recognition of symptoms. This predisaster training is intended to build coping skills, knowledge of mental health symptoms, and resources available in communities.

Supervisors who oversee recovery efforts face challenges similar to cleanup and recovery workers. However, supervisors can experience added stress, as they often work long hours and attend to the needs of other workers. Therefore, the Supervisor Resilience Training program incorporates lessons in coping skills, knowledge of mental health systems, and ways to seek help. Hands-on activities further explore how a supervisor can support a worker who exhibits signs of stress while balancing workplace demands. The supervisor course follows a format similar to the worker course, with additional emphasis on leadership in health and safety.

Finally, health care providers were identified as a third group in need of training on mental health after disasters. Since there are limited numbers of mental health professionals in the Gulf region, the Healthcare Practitioner's Training, which is currently in development, will serve as a 2-hour briefing for

general practitioners and health providers who may have limited disaster experience. This course will detail mental health issues commonly seen following disasters, other associated conditions, and guidance on referrals and recovery.

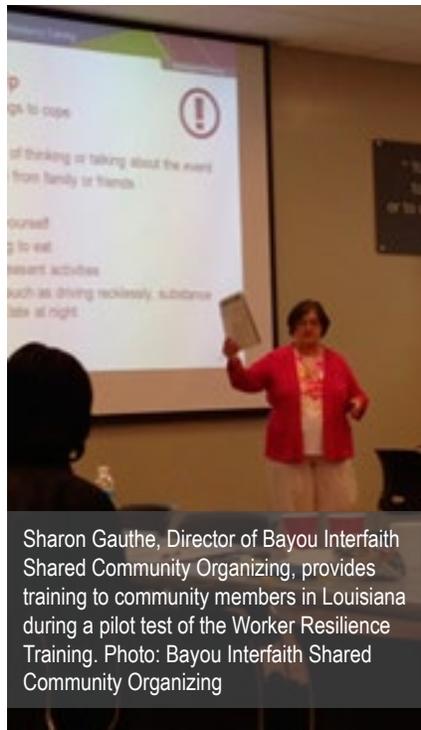
From the program's beginning, community input and feedback has been a cornerstone of its development. Before curriculum development began, NIEHS WTP met with community participants from labor unions, volunteer and community organizations, neighborhoods, businesses, and universities to receive feedback on the project plan. Community members provided valuable insight regarding terminology used, delivery methods, and content. For instance, the term "mental

health" was removed and replaced with "resilience," as participants noted the stigma carried by the term "mental health." In contrast, resilience implies strength and the ability to "bounce back," a characteristic of which Gulf communities are proud.

Delivery of the course is provided by community members who have a unique ability to connect with participants, share resources, and understand the cultural context of mental health in their location. To train community members to deliver the course, a unique "train-the-trainer" module was created for each course, and materials are customizable for each community's specific context. This customizable format allows trainers to provide accurate, up-to-date lists of resources in the community.

Involving affected communities in the design and pilot testing process has ensured that terminology, case studies, and examples are relevant and useful to the target audience and that communities' needs are addressed.

*To learn more, visit the NIEHS Resiliency web page at <http://tools.niehs.nih.gov/wetp/index.cfm?id=2528>. Instructor and participant manuals, PowerPoint presentations, and an abbreviated worker training podcast are now available. A Spanish-language version of the worker course will be available soon. ■*



Sharon Gauthé, Director of Bayou Interfaith Shared Community Organizing, provides training to community members in Louisiana during a pilot test of the Worker Resilience Training. Photo: Bayou Interfaith Shared Community Organizing



## Special Commentary: Coming to Terms With Climate Change: The Multiple Benefits of Psychological Preparedness and Taking Action

Contributed by Joseph Reser, Ph.D., *Research Fellow, Behavioural Basis of Health Research Centre; Adjunct Professor, School of Applied Psychology, Griffith University, Queensland, Australia*

When one is confronted with what the reality of climate change actually means for our planet and ecosystems, it is not surprising that personal and collective concern levels—and, for many, genuine distress—increase appreciably. It is difficult to pick up and read any of many current and very credible popular science accounts of climate change and projected human and environmental impacts without being overwhelmed (e.g., *Time* magazine’s special issue in

2006 and more recent editorial, *Global warming: Be worried. Be very worried*, 2006; *Briefing: Countdown to Apocalypse*, 2015).

The 24/7 presentation of the risk of climate change, including disturbing scenarios of apocalyptic losses and human hardship, begin to focus serious attention on the cumulative psychological impacts of such coverage. Recent research findings suggest that public acceptance and concern

about climate change, contrary to much media coverage, has been consistently high in North America, and many other exposed countries, for the past decade. Associated psychological responses to the intensity of the media coverage include anxiety, distress, pessimism, eroded self and collective efficacy, and an appreciable measure of helplessness and hopelessness (e.g., Clayton et al., 2013).

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Perceived personal encounters with “climate change”—such as local coastal erosion due to rising sea levels, noticeably altered growing seasons, or unusual weather events—also appear to be significantly increasing. In the United States, 39% of national survey respondents report directly experiencing what they perceive to be the unfolding impacts of climate change (Leiserowitz et al., 2013); in Australia, this corresponding figure is 45% (Reser et al., 2014). Such personal experience of environmental changes and events attributed to climate change in one’s local environment not only “brings the biosphere home,” but makes real the daily news bulletins and multimedia coverage. It is important to underscore the salience and significance of direct experience here as the personal witnessing and experience of “being there” created by continuous coverage of this ongoing global change.

A question increasingly raised, and one which requires careful consideration, is the extent to which our collective knowledge of natural disaster preparedness and response can be applied to the threat of climate change. The recognition that extreme weather events are becoming more frequent and intense as the environmental impacts of climate change unfold bring to light important differences that should give us pause. These

differences include the chronic versus acute nature of climate change and its cumulative stress impacts; the “anthropogenic” (relating to human-caused alteration of natural systems) character of these changes; and the reality that while extreme weather events are a normalized and familiar part of human experience, “climate change” can feel to some people like an overwhelming, worldwide problem that they are helpless to stop, which can increase feelings of anxiety and stress.

In the context of natural disaster preparedness and response, being prepared includes *psychological preparedness* as well as being situationally ready for what might be a life-threatening emergency (Reser & Morrissey, 2009). This requires being mindful of one’s own “internal environment” with respect to anticipated thoughts, feelings, and general arousal, and having strategies for managing psychological responses such as anxiety and felt helplessness, should they occur. This is very helpful in terms of not necessarily reducing, but effectively managing distressing thoughts and emotions. Similarly, engaging in necessary emergency actions, both before and during a threatening situation, is not only adaptive in very practical ways, but confers multiple benefits in terms of emotion management, felt control, and self-regulation.

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Tama, IA - August 9, 2014 - Jason and Dara Jefferson watch the Tribe's 100th Annual Pow Wow which took place at an alternate location due to flooding at the historical Pow Wow grounds. Since the 100th annual Pow Wow is critical to Meskwaki culture and economy, FEMA was able to support the relocation of the temporary Pow Wow Facility with its Public Assistance program. Photo: Steve Zumwalt / FEMA

## Cultural Competency in Disaster Behavioral Health Preparedness and Response

Contributed by **Randal Beaton, Ph.D.**, *Research Professor Emeritus, University of Washington, Schools of Public Health and Nursing*

Over the years as a university faculty educator, researcher, volunteer EMT, and clinical psychologist, I have developed an increasing appreciation of the importance of cultural competency in every phase of disaster management. Especially when planning and offering a disaster behavioral health intervention, it is imperative to understand—and respect—the culture of those you are hoping to assist. Culture includes core values, beliefs, traditions, customs, and language, as well as

historical context, the roles of faith and family, and “ways of knowing.” The latter refers to how members of a culture group acquire knowledge and, for example, may rely upon an authority or leader for guidance and information. It is definitely not enough to “just want to help.” Without an adequate understanding of cultural factors, or cultural competency, any disaster behavioral health intervention will likely be less effective—and possibly even counterproductive.

My work over the years with the Northwest Tribal Emergency Management Council (<http://nwtemc.org>) has impressed upon me the centrality of cultural competency in disaster behavioral health. Working closely with numerous northwest tribal representatives and consultants, we began to modify, adapt, and incorporate the principles of Psychological First Aid (PFA) as part of northwest Indian tribal disaster preparedness and response.

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I soon came to the realization that many of the principles and core actions of PFA (access *Psychological First Aid Field Operations Guide* at <http://www.ptsd.va.gov/professional/materials/manuals/psych-first-aid.asp>) had been embraced and practiced by local northwest Indian tribes for centuries. For example, members of northwest Indian tribes were already quite adept at providing social support as well as safety and comfort to one another in the aftermath of any crisis or disaster. I also learned the importance of embedding any disaster behavioral health intervention within the

existing social structure of northwest tribal members—for example, understanding and taking into account the crucial roles of their tribal elders. I also learned from my work with the Northwest Tribal Emergency Management Council that efforts to practice and instill cultural competency in disaster preparedness and response must be ongoing and can never truly be considered complete, as each American Indian tribe has its own relatively unique culture—and there are currently well over 500 officially recognized American Indian tribes (U.S. Department of the Interior, Bureau of Indian Affairs, 2012).

“[...] efforts to practice and instill cultural competency in disaster preparedness and response must be ongoing and can never truly be considered complete [...]”

All ethnic groups, institutions, organizations, and even occupations possess defining cultures that are important to consider when developing or offering disaster behavioral health preventive or remedial interventions. As an example of the latter, fire service

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## GUIDING PRINCIPLES

### *for Cultural Competence in Disaster Mental Health Programs*

- **PRINCIPLE 1:** Recognize the importance of culture and respect diversity.
- **PRINCIPLE 2:** Maintain a current profile of the cultural composition of the community.
- **PRINCIPLE 3:** Recruit disaster workers who are representative of the community or service area.
- **PRINCIPLE 4:** Provide ongoing cultural competence training to disaster mental health staff.
- **PRINCIPLE 5:** Ensure that services are accessible, appropriate, and equitable.
- **PRINCIPLE 6:** Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks.
- **PRINCIPLE 7:** Involve as “cultural brokers” community leaders and organizations representing diverse cultural groups.
- **PRINCIPLE 8:** Ensure that services and information are culturally and linguistically competent.
- **PRINCIPLE 9:** Assess and evaluate the program’s level of cultural competence.

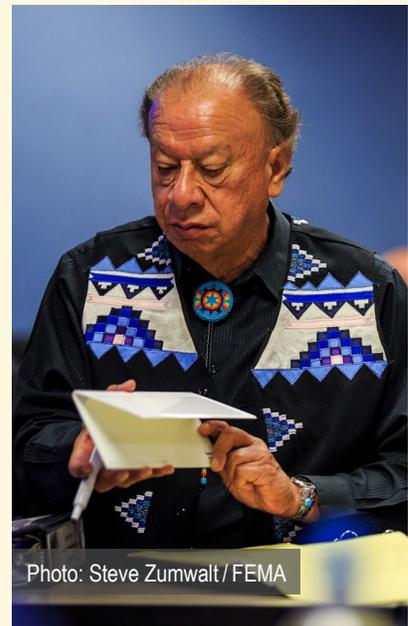


Photo: Steve Zumwalt / FEMA

Source: *Developing Cultural Competence in Disaster Mental Health Programs*, SAMHSA, 2003

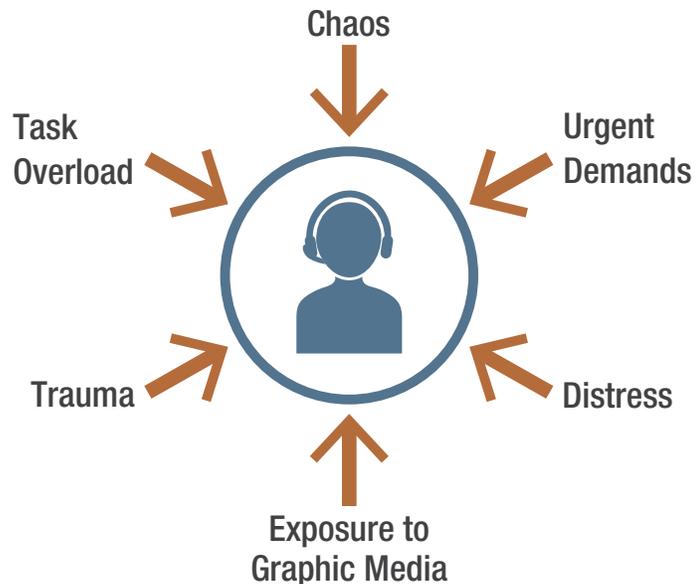
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personnel, with whom I have conducted research for decades, have an occupational culture that values tradition, service, teamwork, and the firefighter “family” (Beaton, 2012; Beaton & Murphy, 1995). And while we have developed and refined disaster behavioral health interventions for fire personnel and field rescue personnel that recognize their unique organizational cultures, our efforts lag in conceptualizing, implementing, and evaluating disaster behavioral health interventions for 911 telecommunicators.

## The “First” First Responders

Community 911 call receivers and emergency dispatchers are responsible for communicating and responding under task overload conditions that often prevail in the immediate aftermath of any emergency—and especially in the aftermath of a community-wide disaster. People working as 911 telecommunicators may vicariously experience the chaos, distress, and trauma of community members calling for assistance and are burdened with the time-urgent demands and responsibilities associated with dispatching field personnel. One indication of the effects associated with 911 telecommunicator duties and responsibilities are their documented rates of posttraumatic stress disorder, which are comparable to those of fire service personnel (Corneil, Beaton,

## Impacts Associated With 911 Telecommunicator Duties



Murphy, Johnson, & Pike, 1999; Pierce & Lilly, 2012).

Furthermore, as the next generation of telecommunicator technology is rolled out, 911 telecommunicators will be increasingly exposed to remote images and potentially gruesome real-time streaming videos of disaster scenes. We need to challenge our own culture as disaster behavioral health specialists to recognize and include 911 telecommunicators as the “first” first responders in any disaster. At the University of Washington, with funding from the National Institute for Occupational Safety and Health (NIOSH), we are currently developing and planning to evaluate culturally competent interventions designed to augment and facilitate resilience in 911 telecommunicators.

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stress symptomatology in urban firefighters in two countries.

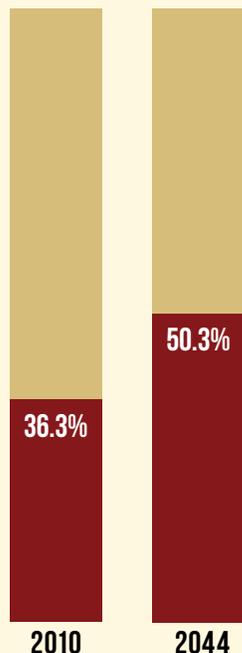
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## Support

Dr. Beaton is currently a research consultant to a NIOSH-funded project (1 R01OH010536) at the University of Washington, “Multi-tasking to Hyper-tasking: Investigating the Impact of Next Generation 9-1-1.” Principal Investigator: Dr. Hendrika Meischke (School of Public Health). ■

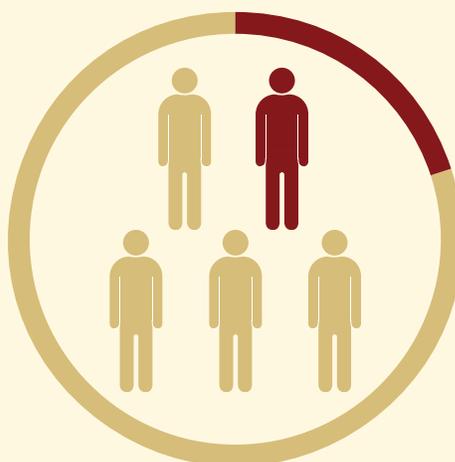
## Why Cultural Competency Is Important to Disaster Management



More than half of all Americans are projected to belong to a minority group\* by 2044 compared to 36.3% reported in 2010.

\*Minority group is defined as any group other than non-Hispanic white.

Source: 2014 National Projections, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*



By 2060, **1 in 5** of the nation's total population is projected to be foreign born.

Source: *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, issued March 2015

## RECOMMENDED RESOURCES

### TIP 59: Improving Cultural Competence

This guidance defines and describes cultural competence and explains its importance in behavioral health (mental health and substance use disorder) treatment and services. It covers core areas of cultural competence for counselors and others who provide behavioral health services, ways for individual practitioners and organizations to be more culturally aware and competent, and information about counseling people of specific cultures (e.g., African American, Hispanic and Latino, white American).

Read and download the guidance at <http://1.usa.gov/1yTZCrN>

### Applying Cultural Awareness to Disaster Behavioral Health Webinar

This webinar covers key principles of cultural awareness and how people of different cultures interact around the time of a disaster. It also provides suggestions for more culturally aware disaster preparedness, response, and recovery.

View the webinar at <http://bit.ly/1d1Ozmh>

### Understanding Historical Trauma When Responding to an Event in Indian Country: Tips for Disaster Responders

This tip sheet helps disaster response workers better understand historical trauma in the Native American culture and how it may affect disaster preparedness and response efforts, and offers strategies for providing disaster response assistance with cultural sensitivity.

Download the tip sheet at <http://1.usa.gov/1Hsf7tD>



*Webinars*



*Trainings*



*E-Learning*



*Conferences*



## UPCOMING EVENTS

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### **NACCHO Annual 2015; July 7–9, 2015; Kansas City, Missouri**

This conference of the National Association of County and City Health Officials (NACCHO) will cover topics relevant to work as a local public health professional. NACCHO Annual regularly attracts approximately 1,000 attendees. Conference tracks will include Assess and Investigate; Policies, Plans, and Public Health Laws; and Evidence-Based Practices. Sessions will cover topics such as the Medical Reserve Corps, lessons learned from responses to disease outbreaks, using social media to support emergency preparedness, and mapping to ensure inclusion of at-risk populations in emergency plans.

<http://www.nacchoannual.org>

### **123rd APA Annual Convention; August 6–9, 2015; Toronto, Ontario, Canada**

Each year, the American Psychological Association (APA) Convention attracts more than 10,000 attendees, including psychologists in research, practice, and policy, and psychology students. The convention features over 1,000 sessions. This year's main program will include sessions on health disparities, uses of technology in psychology, and trauma. Continuing education sessions will address areas such as telepsychology, self-care for psychologists, suicide prevention, treatment for trauma and posttraumatic stress disorder, and military psychology.

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

### **Second Annual National Tribal Emergency Management Conference; August 10–14, 2015; Spokane, Washington**

Hosted by the Northwest Tribal Emergency Management Council, this event will focus on emergency management for tribes and best practices in disaster preparedness, response, and recovery in Indian Country. In its registration materials, the event is described as “the largest gathering of tribal disaster preparedness, recovery, hazard mitigation, and homeland security professionals in the nation.”

<http://nwtemc.org/default.htm>

## SAMHSA DTAC WEBCASTS AND WEBINARS

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**Great news!** All SAMHSA DTAC webcasts and webinars can now be found on SAMHSA's YouTube page (<http://www.youtube.com/user/SAMHSA>) and the SAMHSA DTAC playlist (<http://bit.ly/DTACVideos>). On the following pages, we provide summaries of and links to all SAMHSA DTAC webinars and podcasts.

### **Post-Disaster Violence Against Women**

This webcast describes how disasters can disrupt individual, family, and community routines, leading to stress and an increase in all types of violent crime. The purpose of this webcast is to share recent research on post-disaster violence against women with disaster responders and disaster behavioral health service providers.

<http://bit.ly/ViolenceWomen>

### **Disaster Substance Abuse Services: Planning and Preparedness**

This podcast helps disaster substance abuse coordinators and others who work with people who have substance abuse issues understand the importance of disaster planning and preparedness.

<http://bit.ly/DisSubAbuse>

### **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://bit.ly/introDBH>

### **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://bit.ly/cultureDBH>

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WEBCASTS AND WEBINARS *continued from page 11*

## **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://bit.ly/YouthInDisaster>

## **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://bit.ly/DBHresponders>

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

This webcast informs 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://bit.ly/HelpingYouthCope>

## **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://bit.ly/DBHplan>

## **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 webcast.

<http://bit.ly/DBHselfcare>

## **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://bit.ly/MassCasualty>

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

Participants in 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://bit.ly/DBHpractices>

## **Promising Practices in Disaster Behavioral Health 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://bit.ly/EffectivePartnerships>

## **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://bit.ly/FinanceAndAdmin>

## **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://bit.ly/DBHPimplementation>

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WEBCASTS AND WEBINARS *continued from page 12*

### **Promising Practices in Disaster Behavioral Health 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://bit.ly/PlanScalability>

### **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://bit.ly/AssessingServices>

### **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://bit.ly/LogisticalSupport>

### **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://bit.ly/LegalAuthority>

## **ADDITIONAL WEBINARS AND PODCASTS**

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### **FEMA Law Talk**

This series of audio podcasts covers the legal authorities that guide the work of the Federal Emergency Management Agency (FEMA), including disaster preparedness and response. The collection covers authorities such as the Stafford Act and the Post-Katrina Emergency Management Reform Act. Access the podcasts online or subscribe through iTunes.

<http://www.fema.gov/media-library/multimedia/collections/261>

### **Preparedness Summit 2014: Video Podcasts**

Access footage from Preparedness Summit 2014, one of NACCHO's major annual events. Podcasts cover the roles Medical Reserve Corps members play in preparedness, how social media can be used in public health emergencies, and SAMHSA's Disaster Distress Helpline.

[https://live.blueskybroadcast.com/bsb/client/CL\\_DEFAULT.asp?Client=354947&PCAT=7365&CAT=8499](https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=354947&PCAT=7365&CAT=8499)

### **Integrating Behavioral Health To Strengthen Health Care Preparedness Capabilities and Coalitions**

This webinar is part of a series for the Hospital Preparedness Program (HPP) managed by the federal Office of the Assistant Secretary for Preparedness and Response. It covers ways to make sure behavioral health is part of overall health care preparedness for public health emergencies such as disasters. In the webinar, HPP grantees relate their experiences with efforts to integrate behavioral health into overall health care preparedness and response. Topics covered include disaster behavioral health, resilience at the community level, and planning templates.

<https://www.youtube.com/watch?v=Lqyqio2z7Bw&feature=youtu.be>

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WEBINARS AND PODCASTS *continued from page 13*

## **Strengthening Personal and Community Resilience To Mitigate the Impact of Disaster Trauma**

Produced by the National Council for Behavioral Health, this webinar covers the Adverse Childhood Experiences (ACE) Study and what its findings suggest about the effects of childhood trauma on lifelong health. Presenters also identify common reactions to disasters, risk and protective factors in post-disaster behavioral health, ways that individuals and communities can become more resilient, and how behavioral health organizations can help communities increase resilience.

<https://attendee.gotowebinar.com/register/10000000065135080;jsessionid=abcu2W5CYfzAghGJV-dZu>

## **TRAININGS**

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### **Disaster Mental Health: Introduction**

This free, 30-minute online course is designed to prepare licensed or certified professionals (psychiatrists, psychologists, clinical social workers, marriage and family therapists, psychiatric nurses, professional counselors, school counselors, or school psychologists) to provide disaster mental health services through the American Red Cross. The course explains how disaster mental health figures into the full array of services that Red Cross chapters and disaster relief operations provide. It also identifies the psychological effects of disasters, differences between what people do as Red Cross disaster mental health workers and as mental health professionals, and next steps for people who would like to become Red Cross disaster mental health volunteers.

<http://www.redcross.org/take-a-class/disaster-training>

### **Disaster Planning and Disaster Response Trainings From the North Carolina Institute for Public Health**

These online trainings cover a range of topics in disaster preparedness and response, and disaster behavioral health. Trainings and training modules that may be of interest include:

- Assisting Persons With Disabilities During an Emergency
- Disaster Behavioral Health

- Emergency Preparedness and the Need To Include Persons With Disabilities: Basic Issues for Organizations To Consider
- Equipment and Resources To Assist Persons With Disabilities During an Emergency
- Introduction to Mental Health Preparedness
- Mental Health Interventions in Disasters
- Preparing for a Hurricane
- Responder Health and Safety
- Self-Care for Disaster Responders
- Working With Community Partners

[https://nciph.sph.unc.edu/tws/training\\_list/?mode=view\\_kw\\_detail&keyword\\_id=2088](https://nciph.sph.unc.edu/tws/training_list/?mode=view_kw_detail&keyword_id=2088)

[https://nciph.sph.unc.edu/tws/training\\_list/?mode=view\\_kw\\_detail&keyword\\_id=2089](https://nciph.sph.unc.edu/tws/training_list/?mode=view_kw_detail&keyword_id=2089)

### **Building Workforce Resilience Through the Practice of Psychological First Aid—A Course for Supervisors and Leaders**

This 90-minute course from NACCHO provides training in Psychological First Aid (PFA), including an overview of PFA, how leaders in emergency management and other fields can use PFA, and exercises to help leaders learn how to use PFA in real-world situations.

[https://live.blueskybroadcast.com/bsb/client/CL\\_DEFAULT.asp?Client=354947&PCAT=7365&AT=9403](https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=354947&PCAT=7365&AT=9403)

### **CERC Basic Online Training**

Crisis and Emergency Risk Communication (CERC) is an approach to communicating during crises and emergencies in ways that lead to the best possible outcomes for those affected. This online training covers CERC principles, audience needs during crises, customizing messages for specific audiences, the roles of media and social media, and relationship building with partners and stakeholders.

<http://emergency.cdc.gov/cerc/training/basic/index.asp>

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TRAININGS *continued from page 14*

## **CERC Pandemic Influenza Training**

Building upon CERC Basic Online Training, this course covers the psychological effects of a pandemic, how to craft effective messages to help the public cope with these effects, stigmatization and how it can be dealt with through official communication, and the importance of resilience in individuals and communities in laying the foundation for recovery from a pandemic crisis.

<http://emergency.cdc.gov/cerc/training/panflu/index.asp>

## **University of Minnesota School of Public Health's Online Courses**

These free online courses address many topics in disaster preparedness and response and disaster behavioral health. Available courses include the following:

- Crisis Intervention During Disaster (Public Health Emergency Training Series)
- Dirty Bomb! After the Blast
- Disaster 101: An Immersive Emergency Preparedness and Crisis Leadership Workshop

- Global Outbreak: A Public Health ICS Simulation
- Introduction to Business Continuity Planning for Disasters and Emergencies
- Isolation and Quarantine (Public Health Emergency Training Series)
- NIMS (National Incident Management System) and ICS (Incident Command System): A Primer for Volunteers
- Personal and Family Emergency Preparedness
- Planning for and Engaging Special Populations in Emergency Preparedness
- Preparing Employees for a Disaster in the Workplace
- Road to Resilience: Building Community Resilience to Disasters
- Road to Resilience: Protecting Animals in Disaster
- Special Populations (Public Health Emergency Preparedness Series)

<http://sph.umn.edu/ce/online>

# Behavioral Health is Essential To Health Prevention Works

# Treatment is Effective People Recover

## SUBSCRIBE

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

## SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [DTAC@samhsa.hhs.gov](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 email address in the "SAMHSA DTAC Bulletin" section of the home page of our website at <http://www.samhsa.gov/dtac>.

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-collections> to access these materials.

## CONTACT US

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