SAMHSA

Substance Abuse and Mental Health Services Administration

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

the Dialogue

2024 | VOLUME 19 | ISSUE 2

SAMHSA
Substance Abuse and Mental Health Services Administration

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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 disaster behavioral health response.

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 or receive *The Dialogue*, please call 1–800–308–3515, email **dtac@samhsa.hhs.gov**, or visit the SAMHSA DTAC website at **https://www.samhsa.gov/dtac**.

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In This Issue

The field of disaster behavioral health (DBH) has increasingly recognized the critical importance of diversity, equity, inclusion, and accessibility (DEIA). DEIA in DBH refers to the intentional efforts and strategies aimed at ensuring that individuals from diverse backgrounds, with varying abilities, and across different demographic groups receive fair and equitable access to mental health and substance use services and support during and after disasters. This approach recognizes the unique vulnerabilities and needs of diverse populations, emphasizing the importance of cultural humility, accessibility, and inclusivity in disaster response and recovery efforts.

Improving DEIA in DBH is a multifaceted process that can look different from community to community. Efforts should be tailored to the needs, current and anticipated, of the population to be served. By addressing DEIA considerations in DBH, communities can enhance their resilience and better support the mental well-being and behavioral health of all individuals affected by disasters.

In this issue of *The Dialogue,* we explore various perspectives and experiences of DEIA in DBH. The authors who have contributed to this issue have shared their challenges, humbling moments, and lessons learned. It is not always easy to examine one's personal privilege and implicit biases for the good of the whole. To pursue improved DEIA in DBH, however, one must view their community and its needs through a lens of historical trauma, expose weaknesses in processes that may have been established under systemic racism, and reflect on one's own inherent prejudices. This can be hard work, and we thank the authors who shared their experiences here.

In the first article of this issue, personnel from the State of Michigan share their experiences reaching diverse communities during the COVID-19 pandemic, and a number of strategies for successful outreach to those populations. Next, Dr. Kermit Crawford, Clinical Associate Professor Emeritus from the Boston University Chobanian & Avedisian School of Medicine, reflects on his role in the DBH response to 9/11, and the need for continuous quality improvement in DBH efforts. The final article, from staff at the State University of New York at New Paltz that were part of the DBH response to the Buffalo, New York, supermarket shooting in 2022, is a special feature in this issue. This slightly longer piece is a "deep dive" into the immediate DBH response to a racially motivated act of mass violence, and includes the authors' experiences determining how to best serve the needs of a diverse community and learning the lessons of cultural humility that emerged with that process.

If you have experience with pursuing improved DEIA in DBH, other planners and responders can learn from your efforts and experience. Please contact us to share your stories and lessons learned.

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Contributors

Kermit A. Crawford, Ph.D., is Clinical Associate Professor Emeritus from the Boston University Chobanian & Avedisian School of Medicine, also formerly Associate Professor and the Avalon Endowed Chair of Psychology at Hampton University. He is a licensed psychologist, teacher, researcher, and consultant. He was Principal Investigator and Executive Director of a $17.7 million Reimagine Workforce Preparation Grant from the U.S. Department of Education (2020) until October 31, 2022. Crawford is formerly Director of the Center for Multicultural Mental Health (CMMH) at Boston University School of Medicine and Boston Medical Center and Executive Director of the Massachusetts Marathon Bombing Victims/Survivors Resiliency Center. He has done extensive work in multicultural behavioral health disaster response, trauma, addictions, and culturally informed practices across the nation. Crawford is the recipient of several national, state, and local awards, citations, and recognitions. He is a former member of the National Center for Injury Prevention and Control's Board of Scientific Counselors for the Centers for Disease Control and Prevention (CDC) and the Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders of the Institute of Medicine. He is currently a member of the Disaster Behavioral Health Response Cadre of the Substance Abuse and Mental Health Services Administration (SAMHSA) and others. In addition to his earned doctorate from Boston College, he is recipient of an honorary doctorate from William James College. Crawford is a former psychologist for the National Football League, assigned to the New England Patriots.

Paula Detwiller, M.A., is a Writer/Editor at the Michigan Department of Health and Human Services. When the COVID-19 pandemic began, Detwiller was enlisted to help write a proposal for the Federal Emergency Management Agency (FEMA)/SAMHSA Crisis Counseling Assistance and Training Program (CCP) grant that resulted in Michigan's Stay Well program. Over the past 4 years, she has been Stay Well's Communications Specialist, editing public-facing educational content and coordinating marketing and promotions. A former radio news reporter and anchor, Detwiller earned a B.A. in journalism from Michigan State University and an M.A. in communication from California State University, Sacramento. Her career in journalism and marketing has taken her to six states and strengthened her appreciation of this nation's growing diversity.

Robin Jacobowitz, Ph.D., is the Director of Education Projects at the Benjamin Center for Public Policy Initiatives at the State University of New York at New Paltz (SUNY New Paltz). Her expertise is in research and program evaluation, with a substantive focus on education policy and public schools. Her most recent research includes analyses of the New York State assessment program in grades 3–8, work-based learning in public schools, and mental health challenges faced by first responders. Recent program evaluation work includes analyses of the effects of mental health awareness training on participants' abilities to support mental health needs of youth following a disaster event and a countywide initiative to address the opioid crisis. In addition to her research, Jacobowitz works with regional school

districts on a variety of initiatives, including the Science Lab Initiative, which supports the creation of science labs and science-related project-based learning.

Prior to SUNY New Paltz, Jacobowitz worked at New York University's (NYU's) Institute for Education and Social Policy and University of Chicago's Chapin Hall Center for Children. She holds an M.Ed. in education policy from the Harvard University Graduate School of Education and a Ph.D. from the Robert F. Wagner Graduate School of Public Service at NYU. She is a trustee of the Kingston City School District Board of Education.

Jody Lewis, M.A., LLP, has worked in public behavioral health at the Michigan Department of Health and Human Services for the past 45 years. In early 2020, she led the pursuit of a FEMA/SAMHSA CCP grant as part of a comprehensive behavioral health response to the COVID-19 pandemic in Michigan. The grant became the basis for Michigan's Stay Well program, with Lewis serving as Director. Lewis is the state's Disaster Behavioral Health Coordinator and the Behavioral Health Liaison for Michigan's Community Health Emergency Coordination Center. Her work in disaster behavioral health response began with assisting survivors of Hurricane Katrina when they were evacuated to Michigan. During the Flint water emergency in 2016, Lewis provided leadership for the development and implementation of a SAMHSA Emergency Response Grant (SERG) and the SAMHSA Resiliency in Communities After Stress and Trauma (ReCAST) grant. She was also instrumental in developing behavioral health approaches to Michigan's hepatitis A outbreak and environmental polyfluoroalkyl substances (PFAS) contamination. Most recently, she led the development and implementation of Michigan's Tri-County Strong CCP grant to mitigate the impact of Michigan's 2021 flooding disaster in metropolitan Detroit.

Amy Nitza, Ph.D., is the Executive Director of the Institute for Disaster Mental Health at SUNY New Paltz. She is a psychologist who specializes in providing mental health training in academic and nonacademic settings both nationally and internationally, with an emphasis on disaster mental health and trauma recovery. As a Fulbright Scholar at the University of Botswana, she trained mental health and school counselors and studied the use of group counseling interventions in HIV/AIDS prevention among adolescents. She has collaborated with the University of Notre Dame in Haiti to develop trauma-related interventions for children in domestic servitude, and to provide training for teachers in dealing with traumatized children in the classroom. She is also currently collaborating with UNICEF USA to develop and implement a program of mental health support for children impacted by Hurricane Maria in Puerto Rico. Nitza is the author and editor of numerous publications, including the recent book *Disaster Mental Health Case Studies: Lessons Learned from Counseling in Chaos.* She is a Fellow of the Association for Specialists in Group Work and serves on the Executive Board of the Society for Group Psychology and Group Psychotherapy (Division 49) of the American Psychological Association. She holds a Ph.D. in counseling psychology from Indiana University.

Price Pullins, M.A., is a Chief Behavioral Psychologist and Consultant with the Michigan Department of Health and Human Services. In this capacity, he has been a trusted advisor to the Stay Well program throughout its pandemic lifespan. Trained in clinical psychology and applied behavior analysis at Western Michigan University, Pullins is a subject matter expert in disaster

behavioral health. He has worked in many areas of the Michigan public mental health system, including serving as the Director of the Mount Pleasant Regional Center for Developmental Disabilities and Assistant Director of Psychology for the Kalamazoo Psychiatric Hospital. Pullins is credited with developing and implementing State of Michigan public policy for autism treatment and is recognized internationally for his work in developing the largest psychosocial rehabilitation program for patients needing long-term care in psychiatric hospitals.

Karla Vermeulen, Ph.D., is an Associate Professor of Psychology at SUNY New Paltz, where she also serves as the Deputy Director of the Institute for Disaster Mental Health. In addition to training disaster responders and trauma workers from diverse backgrounds, including mental health and healthcare professionals, educators, first responders, museum professionals, and librarians, she teaches undergraduate and graduate courses on disaster mental health, grief counseling, and lifespan developmental psychology. Her research on the impact of multiple stressors on emerging adults is the subject of her third book, *Generation Disaster: Coming of Age Post-9/11,* which was published in 2021 as part of the Oxford University Press Emerging Adulthood series.

Erin Wallace is the Founder and Managing Director of Bright Leaf Consulting Services in Grand Rapids, Michigan. She has over 20 years of experience working in program development, creation, and implementation. Wallace joined the Michigan Stay Well program in 2020, assisting with its evolution and eventually serving as Project Manager until the program ended in 2023. She earned her B.S. in interdisciplinary health services and gerontology from Western Michigan University. Much of her career has been spent providing education and support to healthcare administrators and staff, particularly in community-based and residential organizations for the aging. She exhibits an immense passion for individual and organizational wellness, coupled with a realistic and hands-on approach to improving services to often-underserved populations.

How Michigan's "Stay Well" Program Supported Diversity During the COVID-19 Disaster

By **Paula Detwiller, M.A.,** Stay Well grant program, Michigan Department of Health and Human Services (MDHHS); with contributions from Stay Well program colleagues and MDHHS disaster behavior health specialists **Jody Lewis, M.A., LLP, Erin Wallace,** and **Price Pullins, M.A.**

Typical disasters such as floods, fires, or hurricanes occur at a moment in time and then recede as victims reconstruct their lives. But as we all know, the COVID-19 pandemic did not behave like that. It rolled along for months like a runaway train—speeding up, slowing down, speeding up again—and altering the lives of diverse populations along the way.

In retrospect, it was a good thing disaster behavior health personnel at the Michigan Department of Health and Human Services (MDHHS) wasted no time applying for the Crisis Counseling Assistance and Training Program (CCP) grant offered by the Federal Emergency Management Agency with technical support from SAMHSA. Awarded in March 2020, the grant allowed the team to quickly build what became known as the "Stay Well" program with a critical mission: to provide emotional support to vulnerable groups throughout the state struggling with COVID-19-related distress.

"We knew from the start that the people most vulnerable to distress were going to be the historically marginalized groups—racial and ethnic minorities, non-English speakers, low-income residents, people with disabilities, people with a history of mental health challenges, and members of the LGBTQIA+ community," said Jody Lewis, original Director of the Stay Well program. "And with the strict public health orders in place, we couldn't meet people face to face like we had in previous disasters.

This image was used in a social media post to promote the Stay Well counseling line in 2020.

The first thing Lewis' grant team did was launch—and promote—the Stay Well counseling line. Anyone in Michigan could call in anonymously, any time of the day or night, and receive emotional support or referral information.

We would need to find other ways of connecting."

Laying the Foundation

The first thing Lewis' grant team did was launch—and promote—the Stay Well counseling line. Anyone in Michigan could call in anonymously, any time of the day or night, and receive emotional support or referral information. Calls were fielded by experienced crisis counselors who received additional training in disaster behavioral health (a SAMHSA requirement). Interpretation was available in 120+ languages.

The next step was to hire outreach specialists who would each support one of the vulnerable populations identified in the grant proposal: seniors, children and families, healthcare professionals, those with racial/ethnic health disparities, the unemployed, the housing insecure, people with disabilities, people with substance use disorder, and immigrants with limited English skills. The team looked for specialists with expertise in meeting the unique mental health needs of their designated population group, along with knowledge of the systems and organizations in place to serve that group. That way, they could reach individuals through those organizations.

This print ad ran in January 2021 in the Detroit-based *Latino Press Newspaper,* recognized as the largest Hispanic media outlet in Michigan.

The team quickly set up a website and posted brochures with COVID-19 coping tips for adults, older adults, and kids—available for download in English, Spanish, Arabic, Chinese, and German.

As COVID-19 cases spread throughout the state, outreach specialists went to work creating psycho-educational webinars for their assigned population groups. Through education, these webinars were designed to validate, normalize, and humanize people's emotional responses to the pandemic (i.e., "you are experiencing a normal response to an abnormal situation") as well as offer practical strategies for coping. To ensure inclusivity, American Sign Language interpreters were made available.

Gaining Momentum

The Stay Well program relied on two things to attract the right virtual audiences for these webinars: targeted marketing and selective networking. With the help of Brogan and Partners, a metro Detroit-based creative marketing firm, Stay Well rolled out a comprehensive media campaign with the tagline "Be Kind to Your Mind." The campaign included TV and radio spots; social media; animated mobile ads; signage for buses and bus shelters; and print ads for African American, Arab American, Asian American, and Hispanic publications.

The other method of drawing audiences was to enlist the help of community organizations that were already a trusted resource for their constituents. Partnerships were formed with family services, local health departments, homeless shelters, advocacy groups, school districts, trade associations, emergency medical services organizations, and addiction counseling centers, as well as the State of Michigan departments of civil rights, education, aging adult services, and rehabilitative services. Through these connections, Stay Well got brochures distributed at COVID testing sites in low-income neighborhoods (one of the few places people were visiting in person at the time). Later, Stay Well connected with emergency preparedness coordinators across Michigan, requesting that vaccination clinics also hand out Stay Well brochures.

Always Evolving

As the pandemic "runaway train" zigged and zagged, Michiganders experienced different pain points. There was sickness, death, and grief. Large-scale unemployment. Postponed funerals, weddings, and sporting events. Political skirmishes—even death threats—erupted over mask-wearing and the timeline for sending kids back to school. Hope emerged as vaccines became available, businesses reopened, and stimulus checks were issued. Then came the arrival of COVID variants, vaccine refusals, and shocking evidence of how deeply the pandemic affected youth mental health.

"The Stay Well team was watching the impacts of all these pain points and constantly adapting their programs to address them," said Dr. Debra Pinals, the state's Medical Director for Behavioral Health and advisor to the Stay Well program.

By design, the program hired outreach specialists who were themselves diverse, coming from different racial and ethnic backgrounds and bringing real-world experience with traumatized individuals from all walks of life. Many of the outreach specialists were licensed clinical social workers. Over the years the team included a paramedic, a school social worker for at-risk kids, an addiction counselor, a police officer, a youth mental health counselor, and an eldercare manager, among other community-based positions.

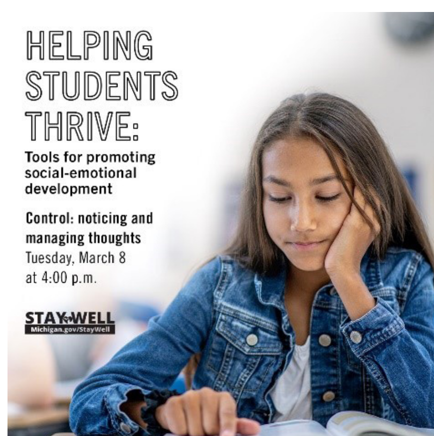
"Most of our team members had second jobs in their respective fields, so they knew where, when, and how emotional support was needed," said Erin Wallace, Stay Well's Program Manager. "We met as a group every week to brainstorm ideas for programming that would hit the mark."

Here are examples of programs and tools they developed for diverse groups.

Older adults

People in nursing homes were among the first U.S. victims of COVID-19. That fact caused older adults across Michigan to suffer tremendous anxiety along with loneliness from forced isolation. Stay Well offered an emotional lifeline by forming a virtual support group (on Zoom) for older adults. As proof of its effectiveness, a handful of participants who met in the group became friends who continue to socialize to this day. In addition,

the Stay Well counseling line supported a large number of older adults residing in long-term care facilities throughout the state. Many expressed gratitude for a friendly voice and listening ear, at any time of day, to help them feel connected again.



This social media post promoted a three-part Stay Well webinar series for K–12 educators in the winter of 2022.

School-age children

When students returned to classrooms after missing a year of academics and socialization, they often had trouble focusing and managing their emotions. Teachers were becoming overwhelmed trying to manage student behavior. In response, Stay Well created a three-part webinar series for teachers called *Helping Students Thrive: Tools for Promoting Social-Emotional Development.* Educators from around the state expressed their enthusiasm and thanks.

Essential workers

As the pandemic created a divide between employees who could work from home and those who could

Throughout the pandemic, as studies documented increasing rates of anxiety, depression, and suicide among young people, Stay Well offered a number of resources to help.

not, professional burnout became commonplace, especially among overburdened essential workers. Stay Well responded with a public webinar called Addressing Burnout, which helped employees cope with the burnout, compassion fatigue, and secondary traumatic stress they were feeling while performing their duties. The webinar attracted a total of 1,901 Zoom attendees. It was later renamed Beyond Burnout and customized specifically for first responders, healthcare workers, teachers, and beleaguered public health officers, helping these groups understand their stress and regain positive perspective.

Teens and young adults

Throughout the pandemic, as studies documented increasing rates of anxiety, depression, and suicide among young people, Stay Well offered a number of resources to help. Two free brochures, *Tips for Teens* and *Tips for LGBTQ Youth,* provided ideas and links for coping with pandemic restlessness and stress. A webinar called Friends Helping Friends explained what a panic attack looks like, how anxiety can change a friend's behavior, and how to best offer support. (A companion webinar with similar content was developed for parents.) Staying Well: An Emotional Health Workshop for Teens supported adolescents struggling with big emotions. And a series of 5-minute videos called *Take a Pause* demonstrated mindfulness and meditation techniques that teens could access online when needed.

People struggling with grief

A recurring webinar series called *Coping with Grief and Loss* became, sadly enough, the Stay Well program's most frequently attended series. Launched in late 2021, it ran repeatedly for 2 years, gaining a loyal following. Attendees reported being comforted by the camaraderie and support of others, whether they were grieving the loss of loved ones, jobs, or a former way of life. The multipart series was led by an outreach specialist instrumental in attracting members of her predominantly Arabic-speaking community in metro Detroit—adults who would not traditionally seek emotional support outside of their families.

Mental health maintenance for all

When winter turned to spring in 2021, the Stay Well team wanted to acknowledge that everyone had been touched in some way by the

This slide promoted the variety of guest speakers in Stay Well's *Summer Resilience Series,* July–August 2021.

turmoil, fear, and sadness COVID brought, and could perhaps use some mental health maintenance. The result was the *Summer Resilience Series,* consisting of eight weekly webinars featuring guest speakers on mindfulness, art, music, exercise, and other optimism-restoring practices. The speakers were all from Michigan, and selecting presenters from various backgrounds was intentional to encourage a diverse group of attendees.

"It was a time for healing, and people let us know how much they appreciated it," said Wallace.

That project led to more ideas for helping to build emotional resilience. A new webinar series was started for parents and their kids called *Draw Your Feelings! Helping Your Child Grow Emotionally Through Art.* As more and more families joined in, the series was renamed *Creative Coping* and repeated every couple of months.

Another webinar series, *Beyond the Plate,* explored emotional issues around eating and the pandemic's impact on our diets and self-image. Stay Well also produced a set of animated videos called *Cultivating Joy,* using sketch imagery and narration to demonstrate the therapeutic value of positive psychology, joyful activities, and an attitude of gratitude. The videos were posted to the Stay Well website and ultimately received more than 3,400 total views.

As the pandemic began to recede in 2022, Stay Well captured a societal yearning for calm by starting a giveaway program called "Create Your Calm." They designed and produced educational items branded with that motto and made them available free of charge to schools, libraries, businesses, and other community organizations across the state. The collection included posters demonstrating chair-yoga poses, posters and stickers for kids illustrating the "square breathing" technique, magnets imprinted with a simple grounding exercise, and squeezy "stress balls" to relieve tension in the body. Hardcopies of multi-language brochures could also be ordered. At last count, 1,200 orders were placed for a total of 670,000 items.

Takeaways and Lessons Learned

It's only fitting that a prolonged disaster with widespread mental health impacts warranted a prolonged response—and Stay Well was able to keep operating for more than 2 years after the CCP grant funding was exhausted, using state and federal funding sources. The official end of the COVID-19 public health emergency, however, reduced opportunities for continued funding and the program had no choice but to sunset at the end of 2023. Stay Well's legacy of impactful programming is still available, in recorded form, on the MDHHS website. Meanwhile, the team was happy to share a few takeaways for behavioral health professionals interested in creating similar programs for future disaster response:

- **Find ways to destigmatize.** Mental health remains a touchy subject in the national conversation, particularly for some racial and ethnic groups. To bypass the stigma attached to seeking mental health services, try positioning programs as

"enrichment" rather than outright mental health support. *Stay Well's Summer Resilience Series* and *Beyond the Plate* were examples of this approach. They sparked interest in residents who may have needed our services, but probably would not have sought them otherwise.

- **Create incentives for participation.** Certain vulnerable populations will not readily accept offers of emotional support. For example, first responders and healthcare workers who witnessed daily life-and-death COVID drama were in desperate need of support but had little time to access it. Along with time and energy constraints, these professionals have an others-come-first mindset, which runs counter to the self-care mindset needed to heal. Stay Well found that one way to reach these professionals, however, was to offer continuing education credits for attending the webinars.

- **Allow time for interaction.** Stay Well discovered that scheduling discussion time following certain psycho-educational webinars, such as *Coping with Grief and Loss,* added to the participant experience. Some people find it difficult to share their inner fears and worries with loved ones but will open up in the company of like-minded strangers. Unburdening in that way can create a sense of relief. ■

"By engaging with the whole community during nonemergency times, organizations can develop relationships over time and become trusted messengers for all populations. . . . Some best practices for building trust in disaster planning and response include the following:

Lead with humility. Go into every encounter with an open mind and an understanding that survivors may be experiencing trauma and hardship. It's also important to understand the historical trauma experienced by the communities you are serving, their resilience, and the environmental injustices they may be facing.

Use a mix of outreach strategies and channels. To engage and build rapport with multicultural populations, use a variety of communication methods so that survivors are more likely to become aware of your program. Communications should be culturally appropriate and use language familiar to your audiences" (Emergency Partners Information Connection, 2023).

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DEI: A Legacy in Action

By **Kermit Crawford, Ph.D.,** Department of Psychiatry, Boston University Chobanian & Avedisian School of Medicine

I have practiced my profession of psychology for more than 30 years. Diversity, equity, and inclusion (DEI) was always a consideration, whether as an individual contributor or as a leader. Each succeeding year, I am reminded of the gravity of the term "practice" as I continue to learn and grow, hopefully becoming an even better practitioner. Years of practice enable more effective integration of knowledge and experience. The combination contributes to enhanced wisdom and, theoretically, yields better results. Lessons from times past can, and often do, have application in current times. In this regard I am reminded of such a lesson that elucidated the importance of DEI for a lifetime of learning and practice.

This example takes me back to March of 2001. I was working as Director of the Center for Multicultural Mental Health (CMMH) in the Department of Psychiatry at Boston University School of Medicine. In that month I was asked if my team of clinicians (mostly psychologists and doctoral-level psychology interns) would agree to join the Metro-Boston Emergency Mental Health Response Team. We were a multicultural, multiracial, multiethnic, multilingual, multigender, and multigenerational team. We explicitly centered valuing differences; equitable, quality services delivery; innovation; and creative thinking within the ethical framework of our respective trainings and profession. It was an easy "yes" responding to the request, although in that moment I had no idea of how profound that decision would ultimately be to my program and to my career. None of us could have predicted the seminal event that would happen 6 months later which would change the course of U.S. history and of our lives. While this event happened more than 22 years ago, the lessons learned shaped the careers of many who were involved, and the lessons remain relevant today.

On Tuesday, September 11, 2001, upon arriving at work at 9 a.m., my assistant informed me of "an accident" that happened as a "small plane had flown into the World Trade North Tower in New York City." At that point, we turned on a television in our conference room to watch the aftermath of what had just taken place in NYC. Soon after, and to our horror, another jet plane flew into the second tower (South Tower). At that point, it became clear that this was an intentional act and was devastating. We soon learned that the two jets had flown from Boston's Logan International Airport and that other apparently hijacked planes originating from other locations remained in flight.

Within an hour, the Metro-Boston Emergency Mental Health Team was mobilized as part of the Unified Incident Command System (UICS). Mobilization included the CMMH team. As we had drilled (full-scale and tabletop), we were asked to immediately come to the airport with awareness of our responsibilities and duties. Upon arriving at Logan we were assigned to our positions. I was assigned to coordinate staff and direct activities in the adult behavioral services room of the Family Assistance Center (FAC). The FAC was the first congregate station, after intake, registration, vetting, and clearance, where all family members and significant others of the victims who lost their lives on the ill-fated flights were assembled. All family/significant others after vetting who chose to join us were accommodated and, by far, it was a majority.

The FAC was part of the UICS, which included law enforcement (e.g., Federal Bureau of Investigation, Massachusetts State Police), members of the National Transportation Safety Board, uniformed responders, hospital personnel, and other agencies, such as the Medical Examiner's Office. This was the nerve center of all that happened at Logan over the next week plus. It was surreal, and the memories remain so vivid.

In addition to the family members and significant others, we provided trauma behavioral health services to airline personnel, including ground crew, counter staff, grounded flight crews from around the nation and world, and other airport personnel. We organized ourselves, along with partnering agencies, to provide services 24 hours a day, 7 days a week.

The importance of DEI was patently evident. The beneficiaries were the many individuals that we helped in this crisis situation.

As mentioned previously, there were many lessons learned and/or reinforced from this unique, and hopefully never to be repeated, event. One such lesson was that the success of crisis intervention correlates to a high degree with prior preparation. This related to the notable benefit of prior drills (communication approaches, emergency planning, and strategic partnerships). The strength, commitment, trustworthiness, and competence of colleagues was also indispensable in this novel, fast-moving, critical incident.

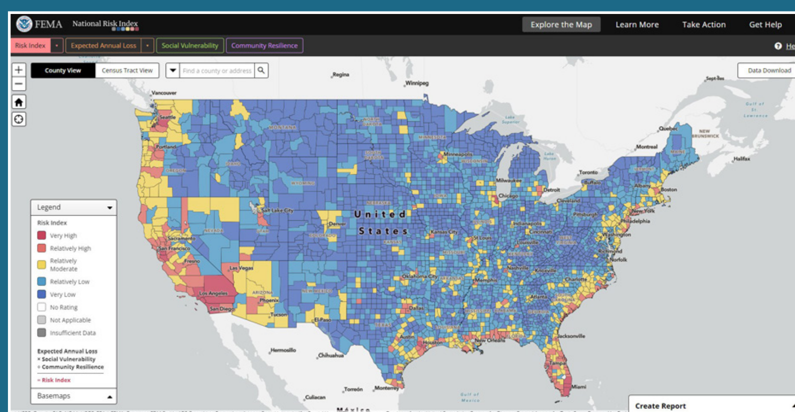
This was a real-life example of much of what we previously learned in trauma response and of our commitment to all aspects of our service. The importance of DEI was patently evident. The beneficiaries were the many individuals that we helped in this crisis situation.

More than 40 years of research and numerous implementation efforts related to DEI have taken place (Washington, 2022). Organizations, such as CMMH, progress through predictable steps toward reaching efficacy and effectiveness with DEI (ranging from skill building to role-modeling to problem-solving to camaraderie and mutual respect and support). The five associated stages are awareness, compliance, tactical implementation, integration, and sustainment. An organization's DEI work is ideally conducted pre-crisis and integrated into daily operations, decision-making, and organizational culture.

Implementation of DEI is a systematic developmental process progressing from the foundational stages through to the final stage. Foundational to our CMMH Crisis Response Team (CRT) was a collective vision of values and a commitment to what was essential to manifest these values. The vision centered on a keen awareness and understanding of the importance of inclusion and diversity, both individually and collectively in our operations, services, activities, and organizational culture. Awareness included a demonstrable commitment to recruiting and including staff from different races, ethnicities, languages, genders, religions, sexual orientations, countries of origin, and other important identities. This was shown to be essential as many of the flight victims' families and significant others were from several countries

and cultures of origin. While a daunting task, it would have been even more challenging had we not studied and practiced the DEI principles and orientation prior to the 9/11 emergency. It was not simply knowing our professional expertise, but also knowing our roles and the transcendent aspects of what we were attempting to accomplish. It was about serving traumatized families and individuals in the most effective way possible (to the best of our abilities) and about individual and collective accountability. The CRT was in compliance with governmental regulatory direction and guidelines (e.g., Federal Emergency Management Agency, Massachusetts state guidelines, and other agencies). This meant staying within the bounds of assigned duties and responsibilities, appropriately utilizing the UICS, and following up. With this understanding, we conducted our assigned duties.

There were multiple examples of the effective implementation and execution of our tactical DEI approach. All families that entered the FAC were greeted, screened, and assigned to an individual clinician unless they requested otherwise.

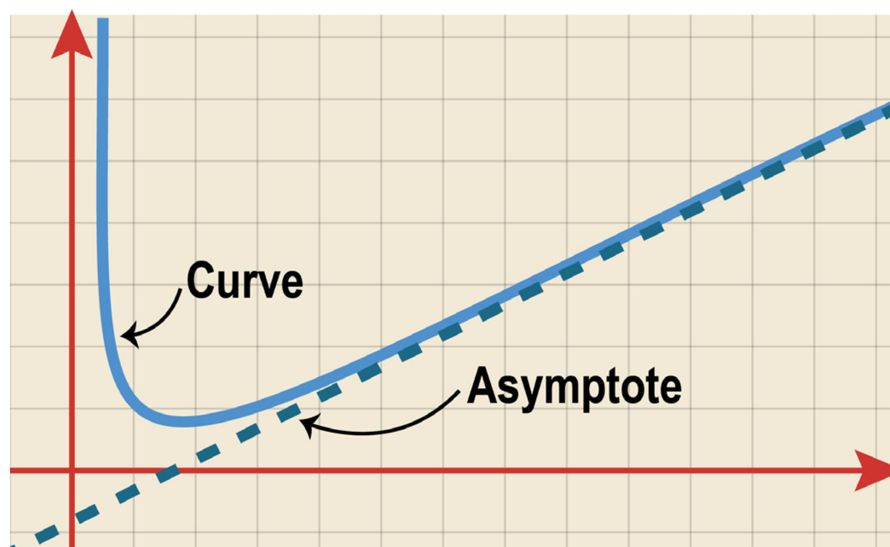


The Federal Emergency Management Agency uses a measure called the National Risk Index (NRI) to identify levels of risk from natural hazards in locations across the United States. Using NRI and other federal data, the *U.S. News & World Report* found that risk levels varied by race and ethnicity, and people of almost all races and ethnicities other than non-Hispanic white faced greater risks posed by natural hazards than white people (Johnson, 2022).

We paired families with culturally matched and language-matched clinicians, where feasible. However, all clinicians were versed in the multicultural approach to behavioral health and DEI principles. Among the first families to enter the FAC was a Spanish-speaking family from a Central American country. Two Spanish-speaking members of our staff greeted the family (about 15 members) and escorted and supported them (including food) throughout their stay. Trauma therapy, initially, was typically secondary to vigilance and a compassionate presence. Soon after, an Italian family entered the FAC and preferred just to be with family. Their request was honored, and they were informed of available services, should they desire them. For families with specific religious practices, we would honor their preference as they worked with allied professions. Similar stories were repeated over and over. We were prepared for differences, including having a Russian-speaking clinician and cultural guide for a Russian-speaking family. While not all individual circumstances could be so thoroughly addressed, the needs of a vast majority of traumatized individuals were met.

The CRT's inclusion and diversity efforts were integrated throughout the CMMH organization from "top-to-bottom and bottom-to-top." DEI was integrated into all aspects of decision-making, policies, practices, and accountability measures. The impact of DEI on

key stakeholders was incorporated into our deliberations. This was done through frequent discussions, open and authentic communication, information sharing, observation, and other activities to support our collective values and orientation.



In the steps toward reaching effectiveness with DEI, the final stage is that of sustainment. This should emerge from the foundation of the other four stages and is done when inclusion and diversity are fully integrated into organizational operations and culture. This commitment was even reflected in our name, "The Center for Multicultural Mental Health." With a strong leadership team in place, we made efforts to track progress, review actions, provide feedback, hold each other mutually accountable, and engage in continuous quality improvement. Our organizational structure, based on inclusion and diversity values, had been in place in 2001 for 29 years prior. It remains today and continues with its commitment to inclusion and diversity now for 51 years. The organization continues its legacy and to build an inclusive culture.

One other point. In my opinion, an overarching component of inclusion and diversity, or any behavioral health services for professionals, is to do our best. As mentioned above, what we do is called "practice" of our profession and, again, the more we practice the better we should get. We are making successive approximations to being our best selves and professionals. There is an analogous statistics term that would say that we are striving to achieve an asymptote (i.e., our best). As with an asymptote, our best is admittedly aspirational. Still an asymptote is a value that, through successive striving, gets us closer and closer to the goal. This is despite our inability to achieve it. This implies both the challenge and the virtue of the concept. This should not be discouraging as the more we strive, the better we become and—theoretically—the closer we will get to being "the best we can be." This is our conception of continuous quality improvement.

Finally, we acknowledge that it took a village to provide the services and meet the challenge that CMMH and others met on 9/11/2001. A devastating event happened that was met with an even greater good by so many. Despite the challenge, we managed and were honored for excellence in service by several external organizations. There were other nuanced aspects of operations that were accounted for but not mentioned here. We were not perfect, although we collectively and individually aspired toward doing our best every moment of every day. There were lessons learned from our work, as we discovered during debriefing sessions. However, the importance of the concepts and values of DEI were evident from the outset.

Although the example is somewhat dated, DEI principles and values continue to support effective behavioral health operations and interventions, and it is hoped that, despite political and other "winds to contrary," this paragon of excellence for behavioral health services will sustain. The principles and values of DEI in action are as relevant and beneficial in 2023 as they were in 2001. ■

Stress, Resilience, and Psychological First Aid for Buffalo: An Exercise in Cultural Humility

By **Karla Vermeulen, Ph.D.,** Institute for Disaster Mental Health at the State University of New York at New Paltz (SUNY New Paltz), **Amy Nitza, Ph.D.,** Institute for Disaster Mental Health at SUNY New Paltz, and **Robin Jacobowitz, Ph.D.,** the Benjamin Center at SUNY New Paltz

On May 14, 2022, an 18-year-old white male walked into a Tops Friendly Markets store in Buffalo, New York, and opened fire, killing 10 people and injuring 3 more. Two of the injured were white; the rest of the victims were Black. The shooting was labeled a racially motivated act of domestic terrorism (New York State Division of Homeland Security and Emergency Services, 2023). The shooter targeted that particular store due to its location in East Buffalo, where 72.5 percent of the population in the ZIP code of the attack is Black. The store where the attack occurred played an important role in the East Side neighborhood. Centrally located in the community, it was the only full-service grocery store within a 3-mile radius. Residents relied on it not only for the purchase of fresh food but also to fill prescriptions, pay utility bills, and access a 24/7 ATM.

Psychological First Aid (PFA) is an approach to help survivors, witnesses, and responders to disasters and other traumatic incidents. Designed to address needs in the immediate aftermath of an incident, PFA offers mental health workers and other responders an organized method to help people meet their needs, cope with their reactions, and improve adaptive functioning over time. PFA was created by the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder (PTSD) in collaboration with experts in disaster research and response. It is informed by evidence about how disasters and other collective traumas impact communities. Learn more at NCTSN's About PFA web page and the National Center for PTSD's web page about PFA.

The immediate response of New York State (NYS) included mobilization of Office of Victim Services staff to provide direct services on the ground, the provision of $2.8 million to support victims and their families with immediate needs like funeral expenses, and the establishment of a Family Resource Center in coordination with the FBI. Within 2 weeks, an NYS interagency team was established to coordinate the short-term response, with the goal of identifying and addressing the main needs of the community and identifying areas where the

state could best support the local response.

The initial mental health response was established at the Johnnie B. Wiley Sports Pavilion, a community location within the impacted area. The response was coordinated by the Erie County Department of Mental Health and included key community mental health providers, including BestSelf Behavioral Health, Spectrum Health Services, Endeavor Health Services, and Crisis Services of Buffalo and Erie County. Many of the mental health responders onsite were white. The presence of white outsiders, sent in to offer “help” in response to a racially motivated attack by a white outsider, was not welcomed or experienced as helpful by the local community, revealing a gap in preparedness which the current project sought to address as one part of a SAMHSA grant awarded to NYS Office of Mental Health (OMH).

Chris Marcello, M.P.A., Director of the Buffalo-based OMH Western New York Field Office, is serving as the grant’s Project Director. According to Chris, “When the shooting happened, there was the opportunity to apply for funding through a SAMHSA Emergency Response Grant (SERG). The SERG program is specifically designed to fund mental health services in the wake of a disaster, often a natural disaster, but in this case it was a racially motivated massacre. . . . Based on our relationship with the Institute for Disaster Mental Health, part of the $2.35 million grant was to include Psychological First Aid training.” Two other grant program components funded nontraditional mental health services through community arts and social services organizations, and traditional mental health counseling provided for the African American community by African American clinicians through BestSelf.

OMH turned to the Institute for Disaster Mental Health (IDMH) at SUNY New Paltz for the training component of the grant based on our longtime partnership. IDMH has developed and taught disaster mental health training curricula across NYS for well over a decade, including creating the disaster-focused Psychological First Aid Train-the-Trainer (PFA TTT) curriculum that was the original focus of our part of this broader project. The plan was for IDMH to provide 10 PFA TTT deliveries in spring and summer 2023, with a goal of training 150 Buffalo residents who would then teach PFA in their communities. The intention was to shift future mental health response to include significantly more people of color than OMH was able to mobilize after the Tops shooting.

In January 2023, Jennifer Lewis Johnson, Ph.D., was brought in by OMH as the Program Coordinator,

Website of a grantee that provided nontraditional mental health services and helped shape other services in Buffalo.

relocating from her home in Texas to develop and oversee all activities, and Vanessa Jones, B.S.W., M.Div., was hired as the Program Crisis Counselor. Both women are African American. Vanessa is a native of the region and brought 30 years of experience in community social service work to the grant, while Jennifer contributed extensive training and project management skills. Jennifer also renamed the project *"Reimagine, I am the Change"* and created a butterfly logo to emphasize the community's capacity for growth and renewal.

Initial concerns among the OMH staff—which were very much shared by the IDMH staff, who are all white—were about the race of the trainers. Original plans were for the IDMH Executive Director, Amy Nitza, Ph.D., and Deputy Director, Karla Vermeulen, Ph.D., supported by Project Coordinator Andrew O'Meara, M.S., to deliver the initial sessions and then to bring in experienced co-trainers we had previously worked with who live in the region, but who are also white. While we have worked with trainers of color in local communities in different parts of the world, we were embarrassed to realize that we had no one to bring in here in New York. So, once we all started openly discussing those concerns, we pivoted to begin with Karla co-training with a Black Buffalo resident, André J. C. Stokes, M.S.W., CASAC. André had been involved in the shooting response through his role at BestSelf, which he had presented on at a recent IDMH conference, so he added firsthand understanding of the event and the community. André also consulted on the training content and participated in two focus groups with community members. As we were preparing for the first deliveries, Jennifer raised the idea of Vanessa becoming a co-trainer for the later deliveries, which worked beautifully.

Listening to the Community

The next step in the process, after multiple internal conversations among the OMH and IDMH staff members, was to hold two virtual focus groups/listening sessions in May with representatives from the grantee organizations who were receiving funding for nontraditional mental health activities and who would be some of the eventual trainees. Among them were leaders from the Pappy Martin Legacy Jazz Collective, which uses jazz concerts and music lessons as a source of healing and connection, and the Galactic Tribe, which uses Afrofuturism and the Black Panther story to inspire African American youth to explore science, technology, engineering, and mathematics field activities.

These discussions were intense. Participants were very honest about their justified displeasure with the idea of people from outside the community coming in and thinking they knew how to help—which was precisely what they had experienced immediately after the shooting, and really throughout their lives. As Chris Marcello observed, "I think the individuals that were part of these focus groups were hurt. There is a historic level of distrust of the state and of something that refers to itself as an institute like IDMH. There was so much work to be done, and part of this work was recognizing that we were starting from a place of mistrust and needed a trusting partnership, both

in developing and delivering the training."

Jennifer echoed that point about trust, and the need to tailor the training content to the specific crime as well as the underlying cultural factors: "We had a Caucasian young man go into a predominantly Black community and murder 10 Black people. It was straight racism. So cultural competency came up in our conversations. How does that look? How do we reframe it? How do we word it? How is it relatable and applicable? Systematic injustices that lend themselves, of course, to racism, to social injustices—how do you talk about these things in the framework of Psychological First Aid? What is it that we're endeavoring to say to the community about good mental health practices without talking about poverty, drugs, racism, and all of the other social detriments or determinants impacting this community? How do you come into a predominantly African American community and not talk about faith, religion? How do we talk about anger? And displacement or microaggressions? We needed real words, real conversations."

As Jennifer's comments demonstrate, these listening sessions made it clear that while the Buffalo community was still suffering emotionally from the shooting, that event was layered on top of multiple chronic stressors and sources of trauma that were not acknowledged in the standard PFA curriculum, particularly the impact of racism. There were underlying issues with both the original trainers and the training materials that needed to be addressed if there was any chance of the program achieving the intended goals.

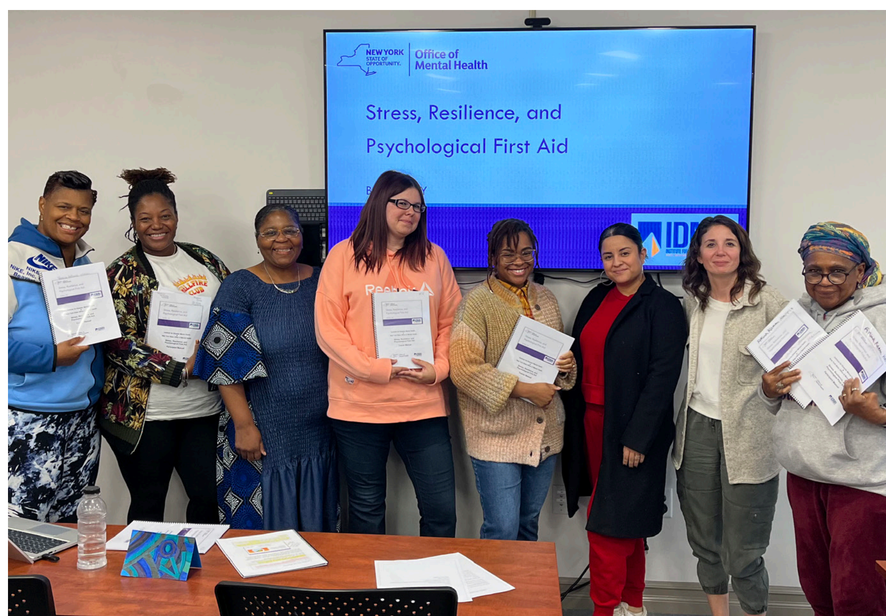
Throughout these discussions, the IDMH staff members did our best to listen openly and non-defensively, and to avoid taking these very fair critiques of the original PFA curriculum personally, though that was challenging at times. The real transformational shift in our perspectives came after Karla attempted to acknowledge the limits of PFA, saying it's the equivalent of cleaning a wound so natural healing processes can begin, but it's not sufficient to treat a broken leg. One of the participants, John Washington, Director of Training and Operations at the Galactic Tribe, responded that "some people in our community have been walking around on two broken legs their entire lives." That statement became our guiding principle in reshaping the rest of the project.

Revision Phase

After that listening session ended, the three IDMH staff members agreed that a significant curriculum overhaul was needed. That effort wasn't funded in the grant subaward, but it was so clearly necessary, we decided to proceed anyway. Based on notes from the focus groups and other discussions with the OMH staff, we began revising the slides and manuals with these main goals:

- Reduce the focus on traditional disasters.
- Add content on stress reactions, including the chronic and intergenerational stressors many Buffalo residents experience.

SERG Program Crisis Counselor and project co-trainer Vanessa Jones, third from left, with training participants.



- Add a section on the many forms of racism and their physical and mental health impacts.
- Expand material on maintaining helper resilience.
- Emphasize the role of faith and spirituality throughout.
- Increase interactivity and opportunities for discussion.
- Change slide images to reflect the Black population.

We also wanted to be very clear about the *limits* of PFA, including adding Mr. Washington's quote (with his permission) followed by a slide noting that "No training or basic intervention can change the source of these chronic problems, but using Psychological First Aid and other methods we'll discuss, you may be able to provide your community with some tools for coping with their own reactions. That ***might*** help to:

- Validate the inequities they're living with
- Give them new approaches for managing their emotional distress
- Give them energy to keep fighting to change the system

Each draft was reviewed and commented on by Amy and Andrew at IDMH, Jennifer and Vanessa at OMH, and André as a Buffalo-based consultant. Once all were reasonably satisfied with the new version, Jennifer and Vanessa organized three pilot deliveries in August 2023, delivered by Karla and André to a total of 22 participants. These trainees were informed that

Co-trainer Karla Vermeulen, left, with a group of training participants (including Ms. Odessa, in a black hat, who returned the next day with framed photos and catfish lunches for the trainers).

the curriculum was still a work in progress and their feedback was very much wanted for a final round of revisions, and they fully delivered on that request. Karla returned home with pages of notes about additional changes—some structural, like areas to reorganize or clarify, as well as many valuable points about content additions. That led to expansion of sections on the mental health impacts of racism on children and adults, the exhaustion caused by code-switching, the role of social determinants of health on urban residents, and many other improvements. Those changes were made; everyone did a final review; and the slide and manual content were then locked down for the remaining deliveries, which were held from September through November. Vanessa stepped into the role of co-trainer as well as organizer for these training cohorts, and Jennifer attended sessions to provide context and inspiration about next steps for each cohort.

In the view of the grant Principal Investigator (PI), New York State OMH Associate Commissioner Christopher W. Smith, Ph.D., "I think the changes make it a more adaptable training in general, because the effects of trauma and these traumatic community events are widespread. Not only were the content and the examples made more specific to the African American community, but they were more embedded. The training now addresses not only the traumatic event, but also ways the response is complicated by historical, personal, environmental, and community factors. The shift to make the training more applicable

and culturally competent for the African American population also makes it more appropriate for other underserved populations as well."

Jennifer and the OMH team are now in the process of creating a "training hub" where participants will be able to access all materials and get support in planning deliveries, to ensure they feel prepared to roll the material out to their communities.

Train-the-Trainer Results

Ultimately, Karla, André, and Vanessa delivered 12 PFA TTT sessions between August and November 2023. A total of 142 community members participated. Among the 102 participants who completed a post-training assessment conducted by OMH, 75 percent identified as Black/African American and 17 percent as white. Four-fifths were female, and ages varied widely: 1 percent were 18–21 years old, 18 percent were 22–30, 36 percent were 31–49, 33 percent were 50–64, and 12 percent were 65 or older. Community roles varied as well:

- Community Leader: 36 percent
- Community Member: 13 percent
- Community Advocate: 8 percent
- Reimagine Grantee: 11 percent
- Faith-based Leader: 14 percent
- Other Role: 19 percent[1]

Several of the assessment questions asked specifically about cultural issues, and we were relieved to receive high mean ratings on all points:

Post-training Evaluation Question	Mean Score*
The training staff was representative of my community.	3.6
The training staff was respectful of my culture/ ethnicity.	3.7
The course content was culturally appropriate.	3.7
The course content incorporated cultural values and beliefs shared in my community.	3.6

*Participants used a 4-point Likert scale to indicate their agreement with each statement: 1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Strongly agree

Anecdotally, we also received many positive comments at the end of each session, and were gratified to see many people networking and making connections about future collaborations. We were particularly honored that several participants in the focus groups, including Mr. Washington, attended later trainings and expressed satisfaction with the way we responded to their concerns. One attendee, a retired police officer, even returned the next day with gifts of framed photographs of her cohort plus catfish lunches for Vanessa and Karla!

Key Takeaways for DEIA-conscious Trainings

Be humble about what you don't know. The IDMH staff members have expertise in PFA, disaster mental health, and related topics, but we did not know the Buffalo community, and we have not experienced the lifelong effects of racism and inequality. While we recognized that at the intellectual

[1] Because these percentages are rounded to the nearest whole number, total percentages exceed 100 percent.

Participants mid-session, in the BestSelf Behavioral Health training room.

level from the start, it didn't make it any easier to be told so—politely but directly—by our partners at OMH and by members of the original focus groups. At times it was a real challenge not to get defensive about our qualifications and motivations, but sitting back and absorbing the critiques was essential, both in terms of building trust from the community and in terms of being open to modifying the materials appropriately.

Be transparent. Building on that lesson in humility, as Vanessa and Karla introduced themselves at the start of each training, Karla would openly acknowledge that she was an outsider who looked like the people whose presence was not welcome after the Tops shooting, and that the whole point of the project was to build community capacity so that kind of mismatched response didn't happen again. Putting that point out into the room seemed to open the door for some direct conversations about racism and the Black experience that we suspect might not have occurred if Karla's whiteness hadn't been acknowledged.

Find complementary training partners. It was absolutely essential that Dr. Lewis Johnson served as the face of the project for OMH, and that one of the co-trainers for each session be African American and a longtime member of the Buffalo community. We were also very intentional in dividing the content sections so the discussions about the impacts of racism, how Black anger is often misperceived, and the role of faith as a source of both generational blessings and "church hurt" were led by André or Vanessa, while Karla sat quietly on the sideline. There's no way those very powerful conversations would have occurred if Karla were presenting those sections, and those discussions were probably the most impactful part of the experience for the participants (and for the trainers).

These important lessons were learned through the lived experience of this partnership between the NYS OMH and the Institute for Disaster Mental Health over the past year. As our earliest conversations with community members revealed, the project ran the risk of going catastrophically wrong and simply reinforcing existing mistrust of Buffalo's African American communities toward the mental health profession, in general as well as in times of disaster. We hope we not only avoided that outcome, but collaboratively succeeded in starting to build PFA capacity in the city, as the new trainers now plan to roll out the curriculum in their neighborhoods, churches, and organizations.

In the words of the project PI at OMH, Chris Smith, "The work that we did here, I think, is going to have national implications. . . . It's one piece, but I think it's a really important piece, and I'm sure it opened up IDMH to think about things differently as well. Because, you know, we all need that push sometimes—we all need that perfect storm to make us figure out how to change the standard and set a new standard, and that's also what we did here." Our IDMH staff members agree fully, and are grateful we had the opportunity to collaborate with OMH on this SAMHSA grant. ■

RECOMMENDED RESOURCES

Diversity, Equity, and Inclusion in Disaster Planning and Response

The SAMHSA Disaster Technical Assistance Center (DTAC) has a page on the importance of diversity, equity, and inclusion (DEI) in disaster planning. It shares best practices and lists resources to help you incorporate DEI into your disaster planning and response. Resources include guides, tip sheets, and newsletters.

https://www.samhsa.gov/dtac/disaster-planners/diversity-equity-inclusion

Cultural Competence in Preparedness Planning Webinar

The Centers for Disease Control and Prevention held a webinar in April 2019 that discussed the disproportionate effects a disaster can have on people of various cultures. Learn more about why cultural competence matters in disaster planning and resources available to help you build on your understanding.

https://bit.ly/3TeSEKYp

Guide to Cultural Awareness for Disaster Response Volunteers

This guide developed by the American Psychological Association provides tips for disaster response volunteers on communicating effectively with people from cultures different from their own. The guide goes into detail on tips, including how to tune in to nonverbal behaviors, learn by asking, and more. It also has a page explaining what different words mean, including culture, race, ethnicity, diversity, and multiculturalism.

https://www.apa.org/topics/disasters-response/cultural-awareness-guide.pdf

Action Toolkit—In the Eye of the Storm: A People's Guide to Transforming Crisis & Advancing Equity in the Disaster Continuum

This guide from the NAACP can help organizations build equity into the different phases of emergency management, including prevention, preparedness, response, and recovery. Each module can stand alone, allowing you to utilize what is most relevant to your community.

https://naacp.org/resources/eye-storm-peoples-guide-transforming-crisis-advancing-equity-disaster-continuum

Disaster Recovery Guidance Series: Disability-Inclusive Disaster Recovery

This resource from the Global Facility for Disaster Reduction and Recovery provides direction for people who work in disaster recovery, including government officials. It offers data on people with disabilities that may be helpful in planning for post-disaster needs, key principles for making disaster recovery inclusive, and the various barriers that individuals with disabilities may experience and how to address them.

https://documents1.worldbank.org/curated/en/265011593616893420/pdf/Disability-Inclusive-Disaster-Recovery.pdf

E-Learning
Webinars
Conferences
Trainings
https://www.samhsa.gov/dtac

Recent Technical Assistance Requests

In this section, read about responses SAMHSA Disaster Technical Assistance Center (DTAC) staff have provided to recent technical assistance requests. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA DTAC received an email from an individual describing mental and physical health challenges after experiencing a disaster and falling ill with COVID-19. The individual further asked SAMHSA DTAC for housing and financial assistance resources.

Response: SAMHSA DTAC provided the individual with resources, including federal web pages to assist in finding resources within the individual's state. Below are some of the resources shared:

- **Benefits.gov**—This federal web page provides access to a wide range of government benefit programs and resources, including unemployment assistance, healthcare resources, and COVID-19 resources. Visitors to this web page are also provided with hotline support for assistance with their benefit-related inquiries.

  https://www.benefits.gov/help/faq/Coronavirus-resources

- **DisasterAssistance.gov**—This web page is an official resource provided by the U.S. Department of Homeland Security to assist individuals in the aftermath of disasters. It offers guidance on applying for Federal Emergency Management Agency disaster assistance, finding open shelters, accessing resources for disaster recovery, and checking the status of disaster assistance applications.

  https://www.disasterassistance.gov

- **Need Housing Assistance?**—This U.S. Department of Housing and Urban Development web page offers resources for individuals seeking assistance with housing, food, health, safety, disaster relief, employment, and other kinds of support. It provides links to local agencies, helplines, and programs, making it a valuable tool for those in need of various types of assistance and support.

  https://www.hudexchange.info/housing-and-homeless-assistance

- **SAMHSA Disaster Distress Helpline**—The Disaster Distress Helpline is a national 24/7 crisis support service offering toll-free and multilingual assistance to individuals experiencing emotional distress related to natural or human-caused disasters. The helpline connects callers with trained counselors who provide crisis counseling, information on recognizing distress, and referrals to local crisis call centers.

  https://www.samhsa.gov/find-help/disaster-distress-helpline

Request: SAMHSA DTAC received a call from an individual seeking a list of substance use-related research and resources to aid in completion of their certified alcohol and drug counselor credential.

Response: To assist the individual in identifying topical information, SAMHSA DTAC arranged a list of various resources. A sample of the provided resources is included below:

- **People With Substance Use Disorders and Disasters**—Several subsections within the SAMHSA Disaster Behavioral Health Information Series (DBHIS) collection feature resources on including and supporting people with substance use disorders through processes of disaster planning, response, and recovery. These collections include tip sheets, guides, and other resources that can help with disaster preparedness, response, and recovery for people with substance use disorders, people in recovery,

and people at risk of substance use disorders. The following are parts of the SAMHSA DBHIS focused on people with substance use disorders:

- People with substance use disorders
- People with alcohol use disorder
- People with opioid use disorder
- People with co-occurring disorders (one of which is a substance use disorder)

- ***Substance Misuse Prevention for Young Adults***—This guide is designed to assist healthcare professionals, systems, and communities in their efforts to deter substance misuse among young adults. It encompasses research findings, explores best practices, and provides an array of resources for reference.

  https://store.samhsa.gov/product/Substance-Misuse-Prevention-for-Young-Adults/PEP19-PL-Guide-1

- ***TIP 33: Treatment for Stimulant Use Disorders***—This guide reviews evidence regarding the management of medical, psychiatric, and substance use disorder issues linked to the use of cocaine, methamphetamine, and the improper use of prescription stimulants. It provides suggestions for treatment methods, including involvement in treatment optimization and continuity.

  https://store.samhsa.gov/product/treatment-for-stimulant-use-disorders/PEP21-02-01-004

- ***TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services***—This guide assists readers in learning about the essential elements, roles, and applications of peer support services as part of the recovery process for people with substance use disorders. It is designed to aid peer workers, as well as substance use disorder treatment professionals and treatment program administrators, in understanding the roles peer support workers can play in recovery and in involving peer support workers more completely in recovery programs.

  https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001

- ***Treating Concurrent Substance Use Among Adults***—This guide provides insight to clinicians and other professionals regarding three evidence-based practices for treatment involving people with concurrent substance use disorders (CSUDs). It provides an overview of approaches and challenges involved in connecting people with CSUDs who are interested in treatment to available resources, as well as exploring the three evidence-based practices, offering guidance for selection among practices, and describing examples of treatment programs that include the practices.

  https://store.samhsa.gov/product/treating-concurrent-substance-use-among-adults/PEP21-06-02-002

Are you looking for disaster behavioral health resources?

Check out the new and updated SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.

https://www.samhsa.gov/resource-search/dbhis

- **PFA: Alcohol, Medication, and Drug Use after Disaster**—Part of the *Psychological First Aid (PFA) Field Operations Guide* developed by the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder, this handout provides information that disaster survivors can use to avoid increased use of alcohol and misuse of prescription medications and other drugs after a disaster. It also provides tips for survivors in recovery from substance use disorders to avoid restarting substance use after a disaster.

  https://www.nctsn.org/resources/pfa-alcohol-and-drug-use-after-disasters

- **Recovery Is Possible for Everyone: Understanding Treatment of Substance Use Disorders**—This web page, developed by the Centers for Disease Control and Prevention (CDC), offers useful information on substance use disorders, as well as the available treatment and recovery options. These options include medication, outpatient counseling, and behavioral health care. The web page highlights the significance of reducing the stigma that comes with substance use disorders by promoting treatment.

  https://www.cdc.gov/drugoverdose/featured-topics/recovery-SUD.html

- ***Reducing Stigma: Understanding Addiction and Supporting Recovery***—This CDC-developed fact sheet highlights how common substance use disorders are, the fact that substance use disorders are illnesses, and options for treatment. It details the effects of drug use on the brain, the treatability of addiction as a disease, and the importance of supporting individuals in their recovery journey.

  https://www.cdc.gov/stopoverdose/stigma/pdf/Stigma_Fact_Sheet_508c.pdf

Request: SAMHSA DTAC received an emailed inquiry from a St. Louis behavioral health therapist about available training courses to aid in the support of victims of mass violence and natural disasters. The therapist reported hoping to share any provided training with their team of professional mental health therapists and social workers.

Response: In response to the inquiry, SAMHSA DTAC suggested the therapist visit the National Mass Violence Victimization Resource Center's website, as the organization holds town hall meetings of potential interest. SAMHSA DTAC further provided a list compiled of trainings and resources on mass violence for disaster behavioral health professionals. The following resources are a sample of those sent:

- **Resilience and Coping Intervention (RCI)**—This intervention can be used to help children and adolescents cope with disasters and other forms of community trauma. RCI is designed for groups of 5 to 10 people and can be delivered in one or several sessions. RCI groups can be implemented in programs based in schools and other settings and led by teachers, counselors, or other professionals who have been trained in the intervention.

  https://dcc.missouri.edu/rci.html

- **Helping Victims of Mass Violence & Terrorism Toolkit**—Available through the website of the Office for Victims of Crime Training and Technical Assistance Center, this toolkit includes information and resources to help communities prepare for and respond to incidents of mass violence and terrorism. While some parts of the toolkit focus on steps to take before an incident, other sections are designed to support responders in participating in and managing effective response and recovery processes.

  https://www.ovcttac.gov/massviolence/?nm=sfa&ns=mvt&nt=hvmv

- **Improving Community Preparedness to Assist Victims of Mass Violence and Domestic Terrorism: Training and Technical Assistance (ICP TTA) Program**—Funded by the Office for Victims of Crime within the U.S. Department of Justice, the ICP TTA program works to equip U.S. communities to respond

effectively to incidents of criminal mass violence and domestic terrorism. The program's website features a resources page, which offers vetted resources to help emergency managers, victim service professionals, and others make victim services part of emergency operations plans, as well as a trainings page, which includes freely available trainings to help build local capacity.

https://icptta.com

- **Psychological First Aid (PFA) Online,** offered by the NCTSN, is a free course that includes a 5-hour interactive training.

  https://learn.nctsn.org/enrol/index.php?id=596

- **Skills for Psychological Recovery (SPR)** is an intervention to help survivors gain skills to manage distress and cope with post-disaster stress. The NCTSN offers SPR Online training.

  https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr

- ***Tips for Survivors: Coping With Grief After a Disaster or Traumatic Event***—In this tip sheet, SAMHSA defines and describes grief, discusses ways of coping with grief, and explains complicated or traumatic grief. The tip sheet also offers relevant resources for additional support.

  https://store.samhsa.gov/product/tips-survivors-coping-grief-after-disaster-or-traumatic-event/sma17-5035

- **Mass Violence/Community Violence**—This part of the SAMHSA DBHIS resource collection focuses on incidents of mass violence, community violence, and terrorism and their effects. Resources discuss common reactions to incidents of mass violence, tips for coping, and ways to support children and youth in coping.

  https://www.samhsa.gov/resource-search/dbhis?rc%5B0%5D=type_of_disaster%3A21219

- ***Unexpected Challenges for Communities in the Aftermath of a Mass Violence Incident***—This tip sheet from the National Mass Violence Victimization Resource Center lists some unexpected issues a community may encounter after experiencing a mass violence incident. The document also provides suggested solutions for managing these challenges and prioritizing a community's safety and recovery.

  http://nmvvrc.org/media/301cm3if/tipsheet2.pdf

- ***Recovery From Large-Scale Crises: Guidelines for Crisis Teams and Administrators***—In this tip sheet, the National Association of School Psychologists (NASP) describes what to expect in schools after disasters and other crises and how school crisis teams and administrators can support the school community in coping and recovery. NASP identifies steps administrators and crisis teams can take at different points after the crisis, from immediately after the crisis to more than a year later.

  https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/recovery-from-large-scale-crises-guidelines-for-crisis-teams-and-administrators

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