

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

the Dialogue

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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, or visit the SAMHSA DTAC website at <http://www.samhsa.gov/dtac>.

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In This Issue

Welcome to a new year of SAMHSA's newsletter, *The Dialogue*. In this first issue of 2015, we are highlighting disaster preparedness and recovery efforts in two areas of the country. Our first article gives a glimpse into how the community of Aurora, Colorado, is doing 2 years after the tragic theater shooting. A SAMHSA Emergency Response Grant outreach team describes the efforts it made from 2013 to 2014 to support residents, many of whom still experienced stress and anxiety reactions a year after the event. The article emphasizes the importance of the intermediate phase of recovery and shows that providing people with an explanation of why they continue to feel stress responses can help the healing process. The second article focuses on New York State's experience preparing for a unique challenge: responding to the mental health needs of those quarantined for Ebola. It describes why providing training and materials specific to Ebola were essential to preparing responders to

support the unique dynamics involved in this event. 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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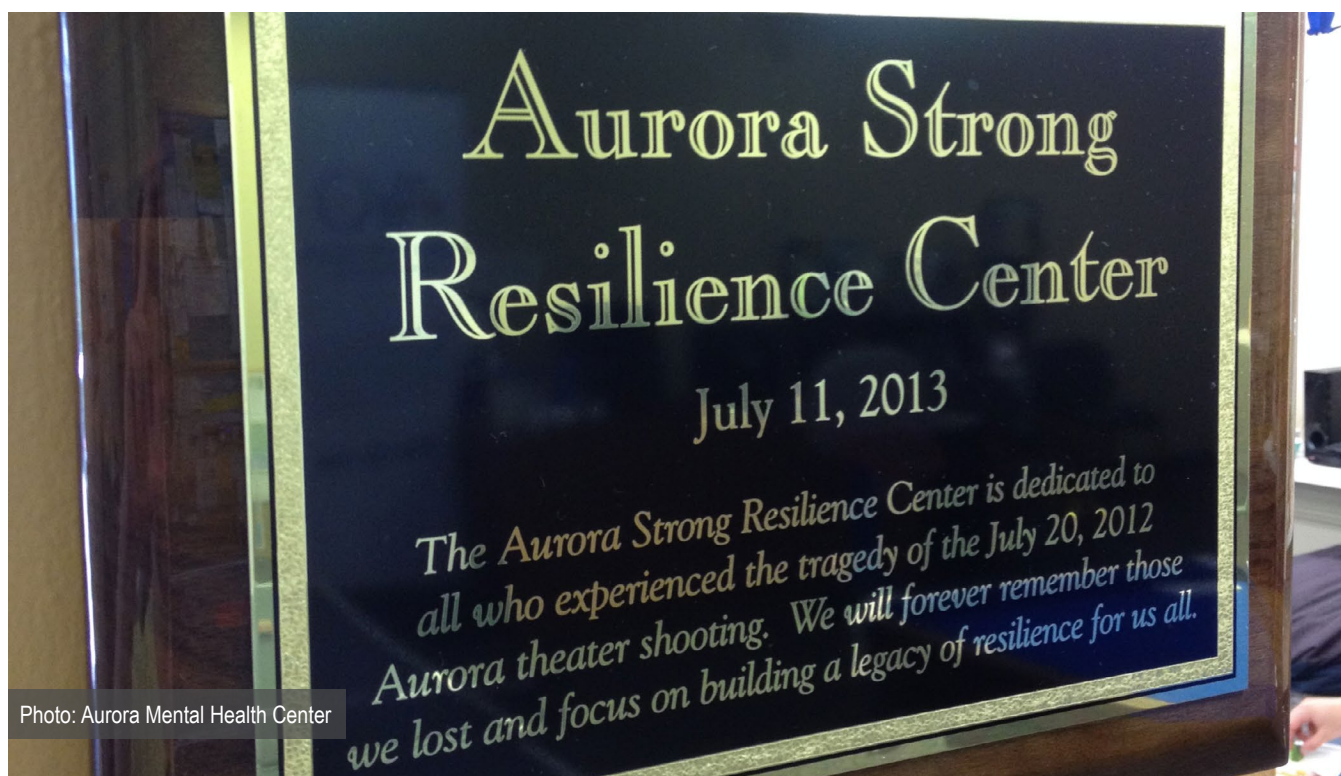


Photo: Aurora Mental Health Center

SPECIAL FEATURE

Aurora Strong: A Colorado Community's Experience With the SAMHSA Emergency Response Grant

Contributed by **Melissa Tucker, M.A.**, and **Matthew McGuire, M.A.**, *SERG Outreach Crisis Counselors, Aurora Mental Health Center*; and **Colin Martin, M.A.**, *SERG and Federal Emergency Management Agency Crisis Counseling Assistance and Training Program Coordinator, Colorado Department of Public Health and Environment*

More than 2 years have passed since the July 20, 2012, Aurora theater tragedy that killed 12 and injured 70 individuals. In the early hours following the shooting, first responders acted quickly and heroically, and many lives were saved thanks to the immediate response during which injured people were sent to local hospitals or ad hoc first aid sites for acute treatment. The city of Aurora immediately came together to support affected individuals and families through donations, prayers, and remembrance.

The nation followed suit. Within 48 hours, President Barack Obama arrived to speak with the community and the survivors. The Aurora Mental Health Center established a 24-hour hotline and walk-in center to address the acute concerns and needs of the community. Nearly a year later, the Aurora Strong Community Resilience Center opened its doors, providing free therapy to all Aurora residents who have been affected by trauma or who want to learn resilience and coping skills



to prepare for unexpected trauma. While these services were essential in the first days and months beyond, Aurora's story has many layers that go beyond the theater shooting.

As a state, Colorado has experienced several tragedies over the past 3 years:

- Drought conditions have led to devastating wildfires; the burn scars of these wildfires have abetted major flooding and erosion, leading to fatalities, displacement, and significant loss.

- The Denver metro area was shocked by the abduction and murder of 10-year-old Jessica Ridgeway in 2012.
- In 2012, Colorado's suicide death rate was at its highest in the state's recorded history¹.
- Most recently, in December 2013, another public shooting occurred at Arapahoe High School, 15 miles from Aurora's Century 16 Theater.

¹ Colorado Department of Public Health and Environment, Office of Suicide Prevention. (2014, February). *Suicide in Colorado, 2008–2012*. Retrieved from <https://www.colorado.gov/pacific/sites/default/files/Suicide-in-Colorado-2008-2012.pdf> [PDF - 625 KB].

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SERG outreach team members assemble materials
Photo: Aurora Mental Health Center

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The frequency of these events, combined with the small geographic area in which they have occurred, has shaken a community that also experienced the Columbine High School shooting of 1999.

Compounding the impact of these local events is the shadow cast by traumatic events in cities such as Newtown, Fort Hood, Pittsburgh, and Boston, and the events of 9/11, all of which serve as a constant reminder that the world we live in is an unpredictable and potentially unsafe place. While the nation as a whole suffers from the injustices of mass violence, each of these events has affected the Aurora community to some extent.

Following the Aurora theater tragedy, the Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response, along with the Aurora Mental Health Center,

received a SAMHSA Emergency Response Grant (SERG), paving the way for a community-based outreach team to connect with businesses, schools, faith-based organizations, and residents through an ongoing public awareness campaign. The collaboratively designed campaign took a response and recovery approach, as the team was tasked with educating community members about their own response and recovery, and with connecting individuals with available mental health services. The program educated the community on ways to facilitate healing and growth, and informed people on how to identify others' needs for additional support.

A Community Needing Support

Given that the immediate response to the community after the theater tragedy was so extensive, the SERG outreach team anticipated encountering individuals who had

COMMON RESPONSES TO TRAUMA

Everyone reacts differently to traumatic experiences, and many common reactions exist. Some examples include:

- Extreme anxiety or fear
- Numbness and detachment
- Denial
- Anger, sadness, or guilt
- Physical reactions like shaking, nausea, or elevated heartbeat
- Sleep disturbances or persistent fatigue
- Difficulty concentrating
- Avoidant behaviors
- Intrusive thoughts or memories
- Strong identification with the victims
- Flashbacks

been inundated with information and would no longer want more. Accompanying this anticipation was the fact that the team did not begin work until 16 months after the tragedy, in December 2013. The team encountered, however, a highly interested, information-seeking community that was receptive to its presence and services.

The team offered counseling and education services in schools to students, staff, and parents, and they contacted many businesses and faith-based organizations in the area. Through these services, the team quickly learned that in

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the intermediate stage of recovery, individuals were no longer as overwhelmed as they might have been during the immediate stage of response. Yet, the team still encountered many people who were “not over” the theater shooting. More surprisingly, the theater shooting is no longer a singular event in the minds of residents, but part of a collection of events.

The outreach team’s initial approach was to gauge the “temperature” of the community. Mindful that revisiting the past might stir up severe or acute reactions, the team was unsure how to frame their response to the shooting. The team was also concerned that it might be perceived as “just another entity” offloading information. The team

discovered that recent traumatic events, local and national, have been linked in the minds of individuals. Because of this, the weight of impact has intensified. The immediate response to the theater shooting offered acute care and psychiatric stabilization for what some had experienced, but there was no way to anticipate the fallout this “collection of multiple events” would have on Aurora in the intermediate recovery stage. As a result, the SERG team bore witness to a variety of individual responses to these events: Some people required ongoing specialized mental health care, some became desensitized and “shut down,” some avoided the community or the news out of fear of what they might see or encounter, and others became hypervigilant.

Relief Grounded in the Medical Model of Trauma

These discoveries about the Aurora community became the team’s “in.” Outreach workers talked about individual reactions to trauma on a much wider scale. Several educational events helped the team navigate conversations to inform, educate, and provide resources while not activating or further harming individuals still struggling with mental health issues related to the events. The team also discovered that presenting information on the biology of trauma made people more open to learning about the effects of trauma and mental health.

Where there was no prior explanation or understanding of the disorienting and negative changes people were

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Aurora community members gather at the Aurora Strong Resilience Center on the annual Day of Remembrance.
Photo: Aurora Mental Health Center

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experiencing daily, the team was able to educate, normalize, and inform individuals about what was happening within their body and mind. Using the medical model opened the doors to jump-start a dialogue around current levels of distress and individuals' understanding of mental health (see "What Is the Medical Model of Trauma?"). The team then openly discussed topics such as the psychobiology of trauma, suicide within the community, how trauma affects relationships, and how to foster growth and resilience.

Schools gave the team an amazing platform to gauge the community's current level of functioning. Many students, teachers, and school administrators have felt profound fear knowing that gunmen have entered more than one of Colorado's schools and murdered unarmed, vulnerable, unsuspecting people. There was a commonly reported heightened awareness, and the team found that explaining the biological sources of this heightened awareness and other survival mechanisms of the body provided incredible relief.

The team also hosted parent groups in local schools. Presenting at these informal and interactive meetings provided an opportunity for parents to ask questions about normal child development, ways to identify if a child or teen had been severely affected by these events or other stressors, ways of communicating with children, and an opportunity to

WHAT IS THE MEDICAL MODEL OF TRAUMA?

The team presented information on how traumatic experiences and stress affect the brain and body. When the brain experiences trauma, it defaults to operating under the exclusive direction of the limbic system. With this system in control, chemicals such as adrenaline and cortisol are released, the body is put into a heightened state of arousal, and the individual feels stressed until he or she once again begins to feel "safe."

gain a better understanding of how their own stress can affect children. Parents have the desperate desire to know how to protect their children from these events, and if they can't, they want resources that will facilitate growth and healing.

The team offered tools to help residents manage increased stress. Simple breathing exercises gave individuals something to take from presentations, adding another component of relief. For the first time, individuals realized they could change some of the unhelpful

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AURORA STRONG

Overcoming Trauma
Build your resilience skills

If you or a loved one is dealing with trauma of any kind, we're here to help. Our interactive website includes information on:

- Helpful and Unhelpful Coping
- Self Talk
- Social Support
- Relaxation
- Memories
- Professional Help

Aurora Mental Health Center
Live Life to the Fullest

712 Recovery COMMITTEE
promoting community healing

Photo: Aurora Mental Health Center

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stress responses they developed. Learning about the neurological and biological processes of the limbic system's "fight-flight-freeze-faint" response provided important insight into how a person's biology operates after a traumatic event.

This normalizing helped people regain an element of control as they came to realize that they were not doing anything wrong. Instead, people understood that their bodies and minds simply reacted naturally to a situation they had no control over in order to survive. Letting people know that their body did this incredible thing to keep them from shutting down helped reduce the pressure and anxiety around newer trauma responses. Informing people that their bodily adaptation is not permanent but a built-in mechanism that is no longer beneficial encouraged people to seek additional care for healing.

During these discourses, individuals began drawing upon personal examples of traumatic experiences. Residents of all kinds began to speak about the impact that past tragedies like 9/11 and Columbine had on them. These experiences have become a common, shared history that has changed the community's view of the world and its response to community violence.

Despite the presentations' inherent gravity, there was often an observed, collective sigh of relief at the end. This public education campaign



SERG Outreach Crisis Counselor Matthew McGuire performing community outreach
Photo: Aurora Mental Health Center

OUTREACH BY THE NUMBERS

The SERG Outreach Team reported the following number of contacts with individuals by project end:

- In-person brief: 161
- Telephone: 379
- Email: 735
- Community networking: 64
- Group encounters: 1,424
- Total number of contacts with individuals: 2,763

was the only outreach and recovery initiative to help intermediate mental health recovery from the theater shooting. Residents expressed that having this basic, previously unknown information allowed them to move forward with their lives and understand the type of healing required to reestablish feelings of safety and security within the community.

The Importance of Intermediate Response

As the team continued to engage the community, they found that people began to understand how these events compound over time. Some gained greater awareness of the goings-on within their community, some noticed increased stress or problems within their relationships, and some experienced much graver problems, such as a lasting traumatic stress response. The question, then, is why did some

people not use resources made available during the immediate stage of response?

One answer is that at the time, because of overwhelming shock and fear, people no longer had the capacity to absorb information. The SERG team found that months later, some people's lives continued on, but others still struggled with new or chronic trauma responses. As people encountered challenges resolving mental health problems on their own, individuals appeared more open to learning about the impact traumatic experiences can have on their physical and mental health. They came to understand that some of these issues will not resolve themselves without help.

The dialogue opened up many people to discussing challenges in their lives outside the scope of mass violence, and allowed them to think in new ways about other stressful or

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traumatic events that have affected them. People discussed surviving house fires, witnessing domestic violence, or losing loved ones through deportation. Parents talked about their children's responses, and how they, as parents, struggle with what to say, or how to react to their children and their constantly changing community. Through the SERG, the outreach team created a legacy of open dialogue on "taboo" topics that are heavy on the minds of Aurora residents.

A Lasting Impact

Although the SERG ended in October 2014, and the Aurora theater shooting trial that is still yet to begin may re-trigger reactions in the community, it has been the outreach team's sincerest hope that individuals will reflect on the growth they have experienced, and that the community will feel

reassured about its ability to react to, respond to, and recover from future events.

Most community members welcomed the team's information on access to mental health services. Parents expressed many thanks to the team for providing them a community support phone number and encouragement regarding service acquisition during a time of helplessness and hopelessness. The community as a whole expressed gratitude and relief at having had someone from the Aurora Mental Health Center SERG team reach out to them to provide a bridge to mental health services because one of the largest barriers to gaining services had been not knowing what services exist. The outreach team was in the perfect position to provide the community with the information that led to psychiatric stabilization and mental health support. By using the medical model of trauma in

the intermediate phase of recovery, the team directly mitigated the potential for long-term, complicated, psychiatric conditions.

The team's hopeful legacy will be one of ongoing community support. They operated under the understanding that being aware of available help and gaining an explanation of the unknown decreases levels of stress. The team aimed to become a more integral part of the community support and response network by using their psycho-education and outreach campaign to drive that point home. Their initiative was a model of community outreach that connected individuals to community entities, and community entities to other entities, creating a well-developed and supportive foundation for a community that has been exposed to large-scale traumatic events for over a decade. ■



SERG Outreach Crisis Counselors Melissa Tucker and Matthew McGuire
Photo: Aurora Mental Health Center



Passenger being screened for Ebola at an airport
Photo: Melissa Maraj/U.S. Customs and Border Protection

Planning for a Disaster Mental Health Response to Ebola in New York State

Contributed by **Steven N. Moskowitz, LMSW**, Director, Bureau of Emergency Preparedness and Response, New York State Office of Mental Health

Our disaster response training reminds us that “no two events are the same.” This maxim had special meaning as my bureau at the Office of Mental Health prepared for a potential mental health response to the Ebola health challenge in New York State. The particular dimensions of this event included very specific direction regarding the public health response on both the federal and state levels, included the identification of a limited number of regional hospitals for treatment and the screening process at John F. Kennedy International Airport in New York City—a

major arrival point for health care personnel returning from work in West Africa. These actions, in turn, began to shape a role for our mental health response.

Typically, when a disaster leads to the utilization of our state disaster mental health (DMH) resources, the event is large in scale and affects significant numbers of people across numerous communities. As we began planning our DMH response efforts for Ebola in November 2014, however, it was already becoming clear that the Ebola public health crisis would not

lead to large-scale DMH activity or deployments. Given the small number of infected individuals and the public health strategies being instituted, we identified individuals in isolation or quarantine as being the primary population in need of mental health support. Through our preparation for pandemic flu we were aware that the highly restricted environment of isolation and quarantine can lead to considerable distress, and those placed under such constraints may struggle with feelings of anger, depression, anxiety, loneliness, fear, and grief. In those instances, DMH

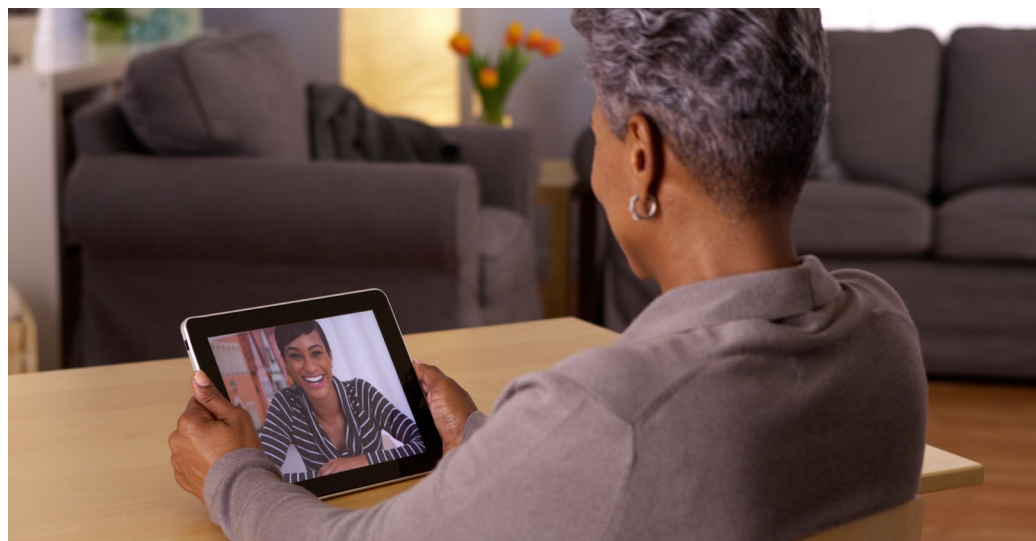
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counselors may be of great value in providing mental health assistance to individuals or small groups. To respect the infection controls in place for this virus, we planned for counseling to be delivered remotely via telephone or Skype.

Support for Quarantined Individuals

Under the New York State enhanced screening guidelines,¹ individuals who have had direct contact with people infected with the Ebola virus but are asymptomatic are asked to self-quarantine in their homes for up to 21 days. In most cases, quarantined individuals are able to receive support for food and personal care items, which helps with maintaining emotional stability. However, such support may not be sufficient to overcome the high degree of fear, anxiety, and stress associated with being quarantined. In addition, there may be situations in which some individuals will not have sufficient support networks or have other vulnerabilities or challenges that may lead to greater emotional or mental health impacts. Prior emotional or psychological challenges, the lack of social supports, or even trauma experienced in the setting that led to the quarantine may all be



exacerbated by the combination of both physical and social isolation experienced during quarantine.

Over the past 3 years, New York State has responded to major tropical storm and hurricane events and, as such, our cadre of DMH responders is fairly well practiced in their basic mental health response skills and the mechanics of deployment. We were mindful, however, that the Ebola response would include dynamics not encountered when assisting in sheltering in place following storm damage or supporting a Disaster Recovery Center in the days and weeks after flooding. Among the most prominent differences that we took into consideration was that many of the potential individuals in quarantine would be health care professionals who were subject to an unusual degree of stress and anxiety because of their experiences in Africa addressing a disease with a high mortality rate and one that exposed them to a high degree of risk in carrying out their professional

duties. Such experiences could be expected to generate a wide range of concerns from fear for their own health to the safety of colleagues, friends, and family.

To ensure that our counselors were prepared to respond to this event, we constructed a toolkit of information and resources built to fill some of those gaps. We sought to enhance their understanding of the Ebola outbreak by providing credible information about the virus: how it is contracted, its spread, and what was (and was not) being done by federal and state authorities to address the outbreak. We included material that described the psychosocial challenges faced by individuals in quarantine and isolation, along with a review of ways to address potential presentations of fear, anxiety, loneliness, anger, and stigma. We also strongly encouraged counselors to assess their own personal preparedness—to consider thoughtfully the impact

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¹ Office of Governor Andrew M. Cuomo. (2014, October 26). New York State releases fact sheet on state screening protocols at JFK International Airport. <http://www.governor.ny.gov/news/new-york-state-releases-fact-sheet-state-screening-protocols-jfk-international-airport>

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participating in this response might create for themselves and their families.

Our toolkit was not built from scratch. Instead, we sought the knowledge and experience of disaster behavioral health directors in other states to help us stitch together a comprehensive collection of straightforward information on the Ebola virus, additional sources for reference on the psychological and emotional challenges individuals faced in isolation or quarantine, and supplemental sources for training material that they could tap to enhance their skills and knowledge in advance of a possible deployment.

Key elements of our toolkit included the following:

- SAMHSA's Ebola-related resources: http://samhsa.gov/dtac/ebola_intro
- A summary of mobile apps for disaster behavioral health and emergency responders, including:
 - > SAMHSA Disaster App: <http://store.samhsa.gov/apps/disaster>
 - > Responder Self-Care: <http://sph.umn.edu/ce/perl/mobile/selfcare>
- *Pandemic Influenza: Quarantine, Isolation, and Social Distancing* produced by the Colorado Disaster Behavioral Health Response

Elements from the New York State Office of Mental Health's Ebola toolkit



System, which offers guidance regarding psychological and social ramifications of implementing large-scale quarantine and isolation within a community:

https://www.colorado.gov/pacific/sites/default/files/OEPR_Influenza-quarantine-isolation-Field-Guide-2010.pdf

- Centers for Disease Control and Prevention information sheets:
 - > *Facts About Ebola in the U.S.:* <http://www.cdc.gov/vhf/ebola/pdf/infographic.pdf>
 - > *Ebola:* <http://www.cdc.gov/vhf/ebola/pdf/ebola-factsheet.pdf>

With the knowledge that our crisis counseling interventions would most likely be done remotely, we also sought resources that could be accessed by counselors trained in disaster mental health, but not necessarily experienced in offering remote support. Once again, we reached out to those who already

had experience in providing training in such skills to identify resources our responders could use to gain additional knowledge. In this regard, our colleagues at SAMHSA's Disaster Distress Helpline and the Colorado Office of Emergency Preparedness and Response provided both background and direct training material that we passed along to our counselors.

The initial feedback from counselors on their preparation has been positive. While no formal evaluation of our response has taken place, we already can appreciate both the value of providing our DMH responders with event-specific briefings prior to mobilizing and the effectiveness of reaching out to the disaster behavioral health field to take advantage of the practice wisdom and expertise others have accumulated and are willing to share. ■

Disaster Distress Helpline

PHONE: 1-800-985-5990

TEXT: "TalkWithUs" to 66746

WEB: <http://disasterdistress.samhsa.gov>

RECOMMENDED RESOURCES

Coping With Grief After Community Violence: Tips for Survivors

This tip sheet offers information on coping with grief after an incident of community violence. It introduces some of the signs of grief and anger, provides useful information about how to cope with grief, and offers tips for helping children deal with grief.

Download this tip sheet at <http://store.samhsa.gov/product/Coping-With-Grief-After-Community-Violence/SMA14-4888>.

Mass Casualty: Support and Response Webinar

This 45-minute webinar shares information about emotional reactions to mass casualty events; addresses what Medical Reserve Corps team members, United States Public Health Service 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 from SAMHSA.

Watch this webinar at <http://bit.ly/MassCasualty>.

Taking Care of Your Behavioral Health During an Infectious Disease Outbreak: Tips for Social Distancing, Quarantine, and Isolation

This tip sheet explains social distancing, quarantine, and isolation in the event of an infectious disease outbreak, such as Ebola. It discusses feelings and thoughts that may arise during this time and suggests ways to cope and support oneself during such an experience.

Download this tip sheet at <http://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-During-an-Infectious-Disease-Outbreak/SMA14-4894>.

New Webcast Post-Disaster Violence Against Women

Disasters can disrupt individual, family, and community routines, leading to stress and an increase in all types of violent crime. The podcast shares recent research on post-disaster violence against women.

Watch this webcast at <http://bit.ly/ViolenceWomen>.



UPCOMING EVENTS

Call for Papers and Reports on Long-Term Effects of Disaster

Professor Dean Ajdukovic with the Department of Psychology at the University of Zagreb, Croatia, and his team are looking for published and unpublished papers and reports that provide data on the long-term effects of disasters using any psychosocial or/and mental health indicator of people's functioning. They are interested in individual, community, and societal-level effects that can be reasonably attributed to disasters. "Long term" is defined as at least 6 months after an event at the individual level, and at least 18 months after an event at the community and societal levels. Professor Ajdukovic's team is especially interested in accessing studies that use pre-post or comparative groups designs, and repeated measures over time. The study should have been produced between 1980 and 2013. Such studies will be included in a systematic review by the team and, if possible, in a meta-analysis of the long-term effects of disasters.

Please submit materials to Professor Ajdukovic via email at dajdukov@ffzg.hr.

International Disaster Conference & Expo; February 10–12, 2015; New Orleans, Louisiana

The primary goal of this event is to reduce loss of life and property to the greatest extent possible when disasters occur around the world. It will involve plenary and breakout sessions about lessons learned from disasters and responses to them, best practices, and policy. Attendees will include professionals in a broad range of fields and sectors, including emergency management; federal and local government; resiliency and business continuity; police, fire, and rescue; and nonprofits.

<http://internationaldisasterconference.com>

National Emergency Management Agency (NEMA) 2015 Mid-Year Forum; March 13–17, 2015; Alexandria, Virginia

This event will take place soon after the President releases the budget request for the next fiscal year. It

will feature NEMA's analysis of the proposed budget and opportunities to learn about the budget and its potential effects on emergency management. It will also involve decision-making about NEMA affairs, including its organizational structure and finances, as well as discussions of how emergency managers from across the country can support disaster preparedness, response, and recovery.

http://www.nemaweb.org/index.php?option=com_content&view=article&id=97&Itemid=453

Disaster Recovery Journal Spring World 2015; March 22–25, 2015; Orlando, Florida

This annual event focuses on business continuity in the event of a disaster or other emergency, as well as disaster response. In 2015, it will include a session on a joint information center, or place that communications professionals within an organization can use to plan and manage messages and provide information about disasters and other emergencies. It will also include other sessions, hands-on exercises, workshops, courses, and networking events.

<http://www.drj.com/events/spring-world-2015/homepage.html>

Preparedness, Emergency Response, and Recovery Consortium; March 24–26, 2015; Orlando, Florida

This event attracts health care, public health, and volunteer emergency management personnel involved in disaster preparedness, response, mitigation, and recovery. It will focus on cooperation across industries, professions, and sectors to ensure the best possible preparation, response, and recovery from disasters. Professionals who may find this event beneficial include those in emergency management, fire services, hospital emergency administration and management, law enforcement, local government, housing and human services, the military, health care, social work, nonprofits, and volunteer management.

<http://www.perrc.org>

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UPCOMING EVENTS *continued from page 12*

National Hurricane Conference; March 30–April 2, 2015; Austin, Texas

This 3-day conference will feature sessions on preparedness, response, and recovery from hurricanes. It will cover topics such as lessons learned, model programs, and new ideas in the field of hurricane emergency management. People who may be interested in attending include emergency management officials, city and county managers and commissioners, armed forces disaster preparedness officials, emergency medical services personnel, and public health professionals.

<http://hurricanemeeting.com>

12th Hawai'i Training Summit: Preventing, Assessing, and Treating Child, Adolescent, and Adult Trauma; March 31–April 2, 2015; Honolulu, Hawai'i

This summit will focus on current research and practice related to trauma, long-term effects of trauma experienced early in life, and techniques for helping individuals and families recover from trauma. Workshops and breakouts will be offered within nine training summit tracks that include prevention and early intervention; trauma in military personnel, veterans, and their families; criminal justice; and health care professionals dealing with abuse and trauma.

<http://www.ivatcenters.org/Hawaii.html>

Partners in Emergency Preparedness Conference; April 14–16, 2015; Tacoma, Washington

Attended by almost 700 people each year who work in emergency management, emergency medical services, government, and other areas, this conference covers topics such as planning for business continuity in the event of a disaster, homeland security, and public health preparedness. In 2015, the event will include presentations about various recent disasters, using computer simulations in reviewing emergency management plans, and urban flood management, as well as a neighborhood mapping tabletop exercise. Anyone whose work involves emergency management and planning may benefit from this conference.

<https://www.cm.wsu.edu/ehome/peipc/Program>

Preparedness Summit; April 14–17, 2015; Atlanta, Georgia

Sponsored by the National Association of County and City Health Officials, this annual summit's theme is "Global Health Security: Preparing a Nation for Emerging Threats." Topics will include infectious disease, health effects of climate change, and cybersecurity threats. The most recent annual Preparedness Summit attracted more than 1,600 attendees from across the United States and around the world.

<http://preparednesssummit.org>

National Council Conference; April 20–22, 2015; Orlando, Florida

Sponsored by the National Council for Behavioral Health, this conference will benefit people who work for community mental health and substance use treatment organizations. Conference tracks include crisis response, trauma-informed care, clinical practices, addictions and co-occurring disorders, and other topics in behavioral health and organizational management.

<http://www.thenationalcouncil.org/events-and-training/conference>

SAMHSA DTAC WEBCASTS AND WEBINARS

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.

NEW! 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>

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WEBCASTS AND WEBINARS *continued from page 13*

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>

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 podcast was designed to inform parents and other caregivers, teachers and other school staff,

and behavioral health professionals about the kinds of responses to expect in children and youth in the aftermath of disasters, such as school shootings, and to help determine when a child or youth exposed to a disaster may need mental health services.

<http://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 podcast.

<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

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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>

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/AccessingServices>

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

A Culturally Competent Preparedness Model for Reaching Limited English Proficient Communities

This 1-hour webinar provides an overview of how to reach limited English proficiency populations as part of public health preparedness. It reviews the conceptual framework of cultural competency and the need to understand diversity and differences as well as adapt to them.

<http://www.nwcphp.org/training/opportunities/webinars/a-culturally-competent-preparedness-model-for-reaching-limited-english-proficient-communities>

Mental Health and Preparedness: Are We Ready?

This 1-hour webinar talks about how frontline public health practitioners can help respond to the mental health needs of the community following a disaster. Knowing what to plan for and what types of adaptive behaviors follow disasters is essential. Promoting community resilience and mitigating maladaptive behavior are the goals of such a plan.

<http://www.nwcphp.org/training/opportunities/webinars/mental-health-and-preparedness-are-we-ready>

Responding to Disasters: Mental Health Crisis Management

This 1-hour webinar describes how first responders may assist with the emotional needs of disaster survivors by being able to anticipate the reactions of

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disaster survivors, identify those at risk, and connect survivors to appropriate resources.

<http://www.nwcphp.org/training/opportunities/online-courses/responding-to-disasters-mental-health-crisis-management>

Children's Disaster Mental Health and Child Mental Health Screenings

This two-part webinar session is made up of two 1.5-hour webinars that assist participants in understanding child mental health issues related to trauma, disaster, and terrorism to establish a foundation for disaster mental health research. They also provide a rationale for child mental health screenings and consider some limitations and problems with screening.

<http://www.nwcphp.org/training/opportunities/webinars/childrens-disaster-mental-health-and-child-mental-health-screenings>

Coping and Resilience for Youth in Traumatic Events

This two-part webinar session is made up of two 1.5-hour webinars intended to identify and define key concepts related to stress, coping, and resilience. They also help participants understand the transactional nature of coping and resilience processes.

<http://www.nwcphp.org/training/opportunities/webinars/coping-and-resilience-for-youth-in-traumatic-events>

Early Interventions and Psycho-Educational Group Interventions With Children

This two-part webinar is made up of two 1.5-hour webinars that consider key components of early (post-disaster) interventions such as Psychological First Aid as well as outcomes studies of psycho-educational and group interventions with children.

<http://www.nwcphp.org/training/opportunities/webinars/early-interventions-and-psychoeducational-groups-interventions-with-children>

Disaster Research Ethics: Gaps, Challenges, and Team Sustainability

This two-part webinar is made up of two 1.5-hour webinars that identify significant gaps in knowledge

about harmful effects of disasters on children's psychosocial functioning.

<http://www.nwcphp.org/training/opportunities/webinars/disaster-research-ethics-gaps-and-challenges-and-team-sustainability>

Disaster Research for Children and Families: Universal Training Module

This webinar series is made up of two 1.5-hour webinars intended to enhance the infrastructure and to provide the skills, information, and resources needed to conduct disaster mental health research with children and families. The overall goal is to enhance the capacity and infrastructure to conduct rigorous disaster mental health research on children and families.

<http://www.nwcphp.org/training/opportunities/webinars/universal-training-module-disaster-research-for-children-and-families>

TRAININGS

Disaster Behavioral Health

This 1-hour online course discusses the psychological phases of a community-wide disaster, common patterns of immediate and long-term public response, mental health risks that rescue workers and victims face, signs that might indicate that a survivor needs a mental health evaluation, and the importance of local preparedness. The course bases its case studies on Washington State agencies and plans.

<http://www.nwcphp.org/training/opportunities/online-courses/disaster-behavioral-health>

During and After a Disaster

This 45-minute online course provides information about individual and organizational resiliency in the face of stress, emergencies, and disasters. It details steps that organizations can take to maintain and restore resiliency during and after a disaster or emergency.

<http://www.nwcphp.org/training/opportunities/online-courses/during-and-after-a-disaster>

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.

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.

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