

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

the Dialogue

2014 | VOLUME 10 | ISSUE 3

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

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

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

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In This Issue

In this issue of *The Dialogue*, we highlight the importance of cultural awareness in disaster response. Our first article presents summary research from a longitudinal study looking at the long-term effects of Hurricane Katrina on more than 650 children and 100 adults who lived in New Orleans prior to the storm. The author of the next article explains how older Americans can be an asset to disaster planning and response, and highlights the special assistance that some of them may need during all phases of a disaster. In our final article, the author shares how Hurricane Sandy affected people living with HIV/AIDS and how the community-based organization Gay Men's Health Crisis continued operating despite the challenges brought about by the storm. We hope that the information shared by these well-informed authors helps you in your own planning, response, and recovery efforts.

Warmest regards,

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North Bay (Louisiana) Elementary School students return to school after Hurricane Katrina. Photo: Mark Wolfe/FEMA

SPECIAL FEATURE

Post-Disaster Decline: Understanding Children's Vulnerability Before, During, and After Katrina¹

Contributed by **Lori Peek, Ph.D.**, *Department of Sociology, Colorado State University*,
and **Alice Fothergill, Ph.D.**, *Department of Sociology, University of Vermont*

We spent 7 years after Hurricane Katrina studying more than 650 children and youth as well as approximately 100 adults, including family members, neighbors, disaster relief workers, and teachers, among others. The children and youth whom we observed and interviewed lived in New Orleans and surrounding areas and were between 3 and 18 years old at the time of the storm. It was our goal to understand their experiences, identify how others assisted in their recovery, and document how they helped themselves and other children after Katrina.

We identified three distinct post-disaster patterns among the children whom we studied over time. These patterns, which are presented in our forthcoming book, *Children of Katrina*, included the following: (1) Declining Trajectory, where children and youth experienced simultaneous and ongoing disruptions in their families, schooling, housing, health and health care, friendships, and



Hurricane Katrina survivors search through donated items. Photo: Ed Dah/FEMA

other key areas of their lives, (2) Finding Equilibrium Trajectory, where after an initial period of disruption and minor decline, children were able to attain and maintain stability with mobilization of resources and social support, and (3) Fluctuating Trajectory, where children had a mixed pattern of post-Katrina stable moments followed by unstable periods in one

or more key areas of their lives. Of the three post-disaster trajectories that we identified, the Declining Trajectory represents the children who were most susceptible to an array of negative outcomes. In this brief article, we present the factors external to the child that played the most substantial roles in shaping this pattern.

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¹ Portions of this article are excerpted from Fothergill, A., and Peek, L. (2015). *Children of Katrina*. Austin, TX: University of Texas Press.

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What explains the Declining Trajectory? First and foremost, social location—such as social class, race, family structure, neighborhood location, resources, and networks—prior to the disaster determined, at least in part, many of the children’s post-disaster outcomes. While this may not sound surprising, it is worth underscoring how and why a child’s social location makes so much difference, especially because disasters are often depicted as events that affect everyone indiscriminately, regardless of social status. Contrary to this popular belief, we identified myriad ways that a child’s social location shaped his or her pre- and post-Katrina experiences, ultimately influencing, directly and indirectly, various emotional and psychological outcomes.

Prior to Hurricane Katrina, for example, 38 percent of the child residents of New Orleans were living in poverty. These children’s lives were characterized by severe difficulties prior to the storm: their households had serious financial troubles, often involving at least one parent who was unemployed and unable to find a good job; their housing situations were insecure and their neighborhoods unsafe; and their families had unreliable or no access to health care or nutritious food. In addition,

between one-quarter and one-third of New Orleans households had no access to a car before Katrina, and these households were disproportionately poor and black. When compared to their middle-class counterparts, children from low-income families were much more likely to be exposed to dire and life-threatening situations when the levees broke and New Orleans flooded. Furthermore, poorer children were more likely to be evacuated to mass shelters, which can be overwhelming and frightening, while children with more resources stayed with their families in hotels or with extended family or friends outside the Gulf Coast. The level of exposure to the disaster and the memories of what they witnessed were correlated with subsequent struggles among these children, such as challenges concentrating in school, higher anxiety levels, and more behavioral problems.

Before Katrina, more than half of New Orleans families with children under the age of 18 were headed by single mothers, many of whom were already struggling to find resources for their children. Many of these low-income single mothers were African American and relied on kin networks (Galea, Tracy, Norris, & Coffey, 2008). After the disaster, these mothers were among those who had little control over where they ended up, and many were displaced without their



networks, leaving them without much-needed economic and social support (Jones-DeWeever, 2008).

After Katrina, children from low-income and working-class families were the ones most likely to be displaced furthest from home and subsequently to endure multiple displacements over time. We interviewed children who attended three or four new schools in the first year after the storm, and these repetitive displacements continued as the months and years passed. With each new move came more disruption. And although some of the children received a warm reception at their new schools, many encountered bullying and discrimination as a result of their race, class, city of origin, and/or status as a Katrina survivor.

Our work demonstrates how pre-existing disadvantage—the crisis before the crisis—and the profound disruption caused by a disaster like Katrina can send already vulnerable children on a downward spiral.

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But these were not the only children who were at risk for decline after Katrina. We also observed children and youth who were in more stable situations before the hurricane whose post-disaster lives were marked by rapid increases in instability and cumulative vulnerability. This group, while smaller in number than the previous group, is also noteworthy. These children experienced a similar accumulation of risk factors and lost many of the protective support systems that provided a cushion before the storm. Their emotional and physical health and educational attainment suffered as a consequence. For these children, the decline was a shock, as their lives had been characterized (mostly) by stability prior to the storm. Many of them were doing well in school and had post-high school educational plans. Their parents had steady employment and access to working vehicles, and their families did not struggle with food insecurity. The parents were achieving a small measure of upward mobility, and they hoped to give their children opportunities they did not have. Yet, for these families, their pre-disaster lives were much more fragile than they realized, and indeed, they were one disaster away from serious instability and decline. For many, they could not regain their footing after they lost housing or jobs due to Katrina.

For both groups of children—those more vulnerable before and those with more stability—the level of exposure to the disaster as well as how their recovery unfolded also made a tremendous difference. When children experienced life-threatening evacuations; when they were displaced multiple times to faraway places; when they were forced into unfamiliar and hostile new school and peer environments; and when their caregivers, siblings, or other family members began to struggle emotionally, economically, or otherwise after the storm, so too did the children. Moreover, the children whose lives were most disrupted and whose social support systems and family networks were shattered were left with few tools or resources to pick up the pieces. During the recovery period, many of these children and their families had trouble returning to New Orleans, as affordable rental units were scarce, several large housing projects had been torn down, and the few who had been homeowners prior to Katrina did not have the resources for repairs.

The lives of these children, and the many others whom we studied who fit the Declining Trajectory, shed light on the situational and social structural conditions that make children and youth vulnerable before a disaster strikes. Indeed, there are tens of thousands of children on the Gulf Coast who endured similar experiences to the

children whom we feature in our book. It is important to note that we found that the children and youth of the Declining Trajectory were often strong, hardworking, resilient, and proactive. Many used creative problem-solving skills to cope and find solutions for themselves and their families. Moreover, the vast majority of the parents loved and cared for their children tremendously, and certainly no less than parents of the other trajectories. Thus, we found that structural disadvantages—not individual or personal factors—were what mattered most in determining a child's downward trajectory. In the United States, middle-, working-, and lower-class and poor children lead very different lives from each other. And, indeed, after a disaster, unequal circumstances may become amplified and more life-altering and, in many ways, more cruel. ■

References

- Galea, S., Tracy, M., Norris, F., & Coffey, S.F. (2008). Financial and social circumstances and the incidence and course of PTSD in Mississippi during the first two years after Hurricane Katrina. *Journal of Traumatic Stress, 21*(14), 357-368.
- Jones-DeWeever, A. (2008). *Women in the wake of the storm: Examining the post-Katrina realities of the women of New Orleans and the Gulf Coast*. Washington, DC: Institute for Women's Policy Research.



An American Red Cross volunteer talks with an older hurricane survivor. Photo: Andrea Booher/FEMA

Meeting the Mental Health Needs of Older Adults in Disasters

Contributed by Lisa Furst, LMSW, M.P.H., *Director of Education for the Geriatric Mental Health Alliance of New York and Director of Public Education for the Mental Health Association of New York City*

Older adults are a diverse group of people who possess a range of strengths and skills, vulnerabilities, and challenges. They are not, simply by virtue of age, necessarily more psychologically vulnerable during and after disasters than are younger people. In fact, many older people have survived significant challenges throughout their lives and have developed resilience and an array of coping strategies that help them deal successfully with distressing situations. As we work with older adults who have experienced disasters, we should expect to see and manage the same predictable emotional distress that we would expect to see in

younger populations, including fear, confusion, despair, and anger. Meeting concrete needs, providing necessary medical care, and re-establishing safe housing and life routines can help to alleviate some of these common distress responses and can help forestall more serious emotional reactions in the future.

While it is certainly possible that a disaster could trigger the onset of a diagnosable mental disorder in some older individuals, it is more likely that the symptoms of serious mental illness will be experienced by older adults who already have histories of mental disorders, such as long-term psychiatric disabilities, dementia,

major depressive disorder, and anxiety disorders. A past history of trauma or posttraumatic stress disorder (PTSD) will also increase the likelihood of older adults experiencing clinically significant symptoms, as will a history of past or current substance abuse.

While mental health services and supports are typically provided in settings such as crisis centers, emergency shelters, and other programs set up to meet immediate needs in the initial aftermath of a disaster, most older adults are unlikely to immediately seek out tailored mental health services or supports.

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It is usually only after concrete needs are met and routines are re-established that older adults may begin to attend to their emotional reactions. While some older adults will seek help from established mental health providers, others may not feel comfortable seeking help from providers in traditional clinical settings. For this reason, it is useful to be able to provide mental health supports in settings where older adults are likely to congregate, including community centers, senior centers, naturally occurring retirement communities, senior case management services, houses of worship, and other elder-serving programs.

Older adults will benefit from a variety of mental health interventions following a disaster, including: (1) Psychological First Aid to address immediate concerns and needs, (2) psycho-education about expected emotional distress reactions and when to seek help for more significant distress, (3) information and referral services for mental health services when indicated, and (4) clinical interventions for symptoms of depression, anxiety, PTSD, substance abuse, or other troubling symptoms. Research indicates that older adults benefit as substantially from evidence-based psychosocial and pharmacological treatments as younger people do, particularly if

these treatments are provided by geriatric mental health specialists.

Older adults are especially diverse when it comes to ability and functional status. Some may not have any disability at all, some may be living in the community with disabilities and some loss of function, and some may be living with disabilities that require care in congregate settings, such as rehabilitation centers or nursing homes. While disaster planning is vital for all communities and organizations, it is especially important for congregate care settings to have active disaster plans in place and to establish linkages with providers who can administer Psychological First Aid and clinical services as needed. The often co-morbid physical illnesses and functional disabilities that require care in congregate settings increase older adults' risk for depression and anxiety; experiencing a disaster is likely to compound that risk significantly. Access to mental health services is critical for these older adults, although we should not automatically assume a pathological response to disaster, even among seniors with disabilities.

It is important to note that older adults can also serve as a resource to help meet the mental health needs of their peers after a disaster. For example, older adults can play a leading role in providing social support and

DISASTER RESPONSE TEMPLATE TOOLKIT

The Disaster Response Template Toolkit from the SAMHSA DTAC Disaster Behavioral Health Information Series features public education materials that disaster behavioral health response programs can use to create resources for reaching people affected by a disaster. The Toolkit includes print, website, audio, video, and multimedia materials that programs can use to provide outreach, psycho-education, and recovery news for disaster survivors. Many of the links contain sample materials and online tools that have been used in previous disaster situations across the country. The templates can also be adapted for future use as desired.

http://archive.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp

mutual aid and can even be trained to offer Psychological First Aid in the community, particularly in the settings where older adults typically gather and receive services. In this way, older adults can be active participants in their communities' recovery as well as a supportive supplement to traditional geriatric mental health services, which are in short supply. ■

All Hands on Deck for People Living With HIV and AIDS After Hurricane Sandy

Contributed by Janet Weinberg, *Chief Operating Officer, Gay Men's Health Crisis (GMHC)*¹

It happens almost every four weeks: A surge of clients comes to Gay Men's Health Crisis (GMHC) in pursuit of meals and bags of groceries. For people living with HIV and AIDS whose main source of income is their Social Security disability checks, money often runs out near the end of the month. At that point they are not able to buy food, and they come in for help.

Many have to survive the "in-between days" until their next Social Security check arrives. I expected the end of October to be no different, but then Hurricane Sandy arrived in its cataclysmic fury. As a tragic result, many people in NYC living with or affected by HIV and AIDS were hit hard. Our clients are among the poorest and most vulnerable New Yorkers, and the outcome of the hurricane continues to have a disproportionate impact on them. These men, women and families continue to be without housing, food, electricity, clothing and HIV medications and need basic humanitarian support and someone with whom they can talk. In fact, on Monday, Oct. 29, despite the



severe storm warnings and the rain, several clients braved the weather to walk from as far away as the Bronx and Brooklyn to our offices on West 33rd Street for a hot meal. This was their only meal of the day, and for some the only meal

until GMHC was able to reopen the following Wednesday. Well over 400 meals were served in the heart of the crisis, even when subways had not resumed service, with clients walking long distances to receive food and support.

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¹ Originally published November 13, 2012; republished with permission from GMHC.



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HIV-positive clients haven't been the only ones in crisis. One high-risk, HIV-negative client needed to see three staff persons—our psychologist, our attorney and our benefits advocate—because the crises he was experiencing seemed insurmountable. The rest of that week hundreds more came through our doors needing urgent care. Our Meals Program's food supplies, including items such as bread and salad ingredients, began to dip because trucks had stopped delivering. Though our chef, Wilson Rodriguez, is very creative, worrisome feelings started to set in about what could happen during the week of Nov. 5 if deliveries did not resume. When a person living with HIV or AIDS does not have food to eat, there are serious consequences, particularly if their HIV medications have to be taken with food. Therefore, adhering to treatment becomes jeopardized,

and anxiety about food takes root. Each day we were reminded how critical it is that we are here for our clients, providing meals and bags of groceries, linkages to housing and crisis counseling.

Even with the emotional intensity of the week, there were heartwarming, inspiring moments. I was deeply moved when board members, volunteers and staff members found ways to travel to our offices, pitched in to cook and serve meals and distributed bags of groceries from our Keith Haring Food Pantry Program. This was a significant, "all-hands-on-deck" situation. Several clients told us how appreciative they were that we remained open. "If you weren't open today, I would have eaten nothing but peanut butter," shared one gentleman.

Close to the end of that week, our Meals Program finally received a food delivery. At the same

time we were even able to host a wedding ceremony at GMHC! Two of the agency's friends were married in my office. Their wedding faced cancellation due to the hurricane. I took photos, and my spouse, the Hon. Rosalyn H. Richter, an associate justice of the appellate division of the New York State Supreme Court, officiated. It was a touching event. GMHC provided yet another safe space in the aftermath of Hurricane Sandy to this couple.

During the second week after the hurricane, we made a decision to cancel our annual fundraiser, Fashion Forward, in order to continue focusing on our core mission: providing direct support to people living with and affected by HIV and AIDS. A new relief fund, Hurricane Relief Forward, was launched to continue our disaster relief work, as our efforts increase daily with the growing demand for immediate services.

It is clear that the recovery from the hurricane has only begun, and it will be a long journey to heal and rebuild. Yet what is even clearer is the importance of all of us pulling together to be of service to each other. Our hands and our hearts are on deck. ■

RECOMMENDED RESOURCES

Cultural Awareness: Children and Youth in Disasters

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

This podcast can be found at

http://www.youtube.com/watch?v=bsaImMbgkh8&index=12&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6. ■

Helping Youth Cope With Disaster

This podcast can help parents, caregivers, teachers, and other school staff identify common reactions of children and youth to disaster and trauma, and discover helpful approaches to support immediate and long-term recovery.

This podcast can be found at

http://www.youtube.com/watch?v=O4GftUhGAtc&index=15&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6. ■

Post-Disaster Retraumatization: Risk and Protective Factors

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

This podcast can be found at

https://www.youtube.com/watch?v=1O7w6pu4BdI&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6. ■

The SAMHSA Disaster Behavioral Health App

SAMHSA recently released a behavioral health disaster app that can help responders provide quality support to survivors. Users can share resources and learn about pre-deployment preparation, on-the-ground assistance, and post-deployment resources, all from one button on the home screen.

The SAMHSA Disaster App can be found at

<http://www.store.samhsa.gov/apps/disaster/>. ■



Upcoming Events

CONFERENCES

International Critical Incident Stress Foundation Regional Conference

July 17–20, 2014; San Antonio, Texas

This regional conference will enable disaster behavioral health professionals to attend up to three courses and earn continuing education units. Course options include group crisis intervention, individual crisis intervention and peer support, emotional and spiritual care in disasters, and working with victims of individual and mass crimes.

Great Plains Disaster Behavioral Health Conference

July 25, 2014; Omaha, Nebraska

Attendees at this conference will participate in workshops and discussions on creating a disaster plan, learning self-care techniques for responders, understanding lessons learned for crisis communications, and reviewing ethical considerations and challenges in providing disaster behavioral health services. This conference is cosponsored by the University of Nebraska Public Policy Center and PsychContinuingEd.com.

SAMHSA DTAC WEBINARS AND PODCASTS

Great news! All SAMHSA DTAC webinars and podcasts can now be found on SAMHSA's YouTube page (<http://www.youtube.com/user/SAMHSA>) and the SAMHSA DTAC playlist (http://www.youtube.com/playlist?list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6). Below, we provide summaries of and links to all SAMHSA DTAC webinars and podcasts.

Introduction to Disaster Behavioral Health

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

http://www.youtube.com/watch?v=pwqlHAMO19U&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Applying Cultural Awareness to Disaster Behavioral Health

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

http://www.youtube.com/watch?v=ngozeGfBOW8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=2

Cultural Awareness: Children and Youth in Disasters

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

http://www.youtube.com/watch?v=bsalmMbgkh8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=12

Deployment Supports for Disaster Behavioral Health Responders

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

http://www.youtube.com/watch?v=apQuQm5pQOk&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6&index=4

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WEBINARS AND PODCASTS *continued from page 10*

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

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

http://www.youtube.com/watch?v=O4GftUhGAtc&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6&index=15

Disaster Planning: Integrating Your Disaster Behavioral Health Plan

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

http://www.youtube.com/watch?v=Ipg0_5IOgOg&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

Self-Care for Disaster Behavioral Health Responders

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

http://www.youtube.com/watch?v=G957P6w1Xfs&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6&index=13

Mass Casualty: Support and Response

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

http://www.youtube.com/watch?v=CDUqKO8XdLM&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

Introduction to Promising Practices in Disaster Behavioral Health Planning

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

http://www.youtube.com/watch?v=_tpsxB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships

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

http://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

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

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

http://www.youtube.com/watch?v=LkNGb_HIo0&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

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

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

http://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI_zqfRcTt9ndxkbbieQ-pQsIk-R6

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WEBINARS AND PODCASTS *continued from page 11*

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://www.youtube.com/watch?v=osqghXH7Bbo&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

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

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

http://www.youtube.com/watch?v=TaqQjgLinM&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Logistical Support

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

http://www.youtube.com/watch?v=TJpUlxoA4s8&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

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

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

http://www.youtube.com/watch?v=sRL3Fbo9kHI&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

ADDITIONAL WEBINARS AND PODCASTS

State of All Hazards Preparedness for Children: Partnerships & Models for Merging Emergency Department & Disaster Preparedness Efforts Nationwide

This webcast by the Maternal and Child Health Bureau within the Health Resources and Services Administration features resources and tools for pediatric disaster planning, lessons learned from the H1N1 pandemic, and perspectives from national stakeholders and partners in planning.

<http://learning.mchb.hrsa.gov/archivedWebcastDetail.asp?id=222>

TRAININGS

Early Responders Distance Learning Center

The Early Responders Distance Learning Center of Saint Joseph's University creates and administers accredited courses for the emergency response community on preparing for and responding to terrorist incidents. The courses offer a specialized focus on psychological perspectives and issues.

<http://erdlc.sju.edu>

FEMA Online Courses

FEMA offers free independent study courses that can be completed for continuing education units. Courses cover topics such as emergency preparedness, development and management of volunteers, and the Incident Command System.

<http://training.fema.gov/IS>

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TRAININGS *continued from page 12*

Johns Hopkins Public Health Preparedness Programs: Mental Health Preparedness Trainings

The Johns Hopkins Preparedness and Emergency Response Learning Center has developed a variety of mental health preparedness trainings that are available online:

- Disaster Mental Health Intervention
- Disaster Mental Health Planning
- Introduction to Mental Health and Disaster Preparedness
- Mental Health Consequences of Disaster
- Psychological First Aid Competencies for Public Health Workers
- Psychology and Crisis Response
- Psychology of Terrorism
- Roots of Terrorism
- Self-Care

http://www.jhsph.edu/preparedness/training/online/mentalhealth_trainings

Massachusetts Environmental Health Association Disaster Behavioral Health Training

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

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

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

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

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

<http://learn.nctsn.org>

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

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

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

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

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

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

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

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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 e-mail address in the "SAMHSA *DTAC Bulletin*" section of our website at <http://www.samhsa.gov/dtac/resources.asp>.

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

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

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