

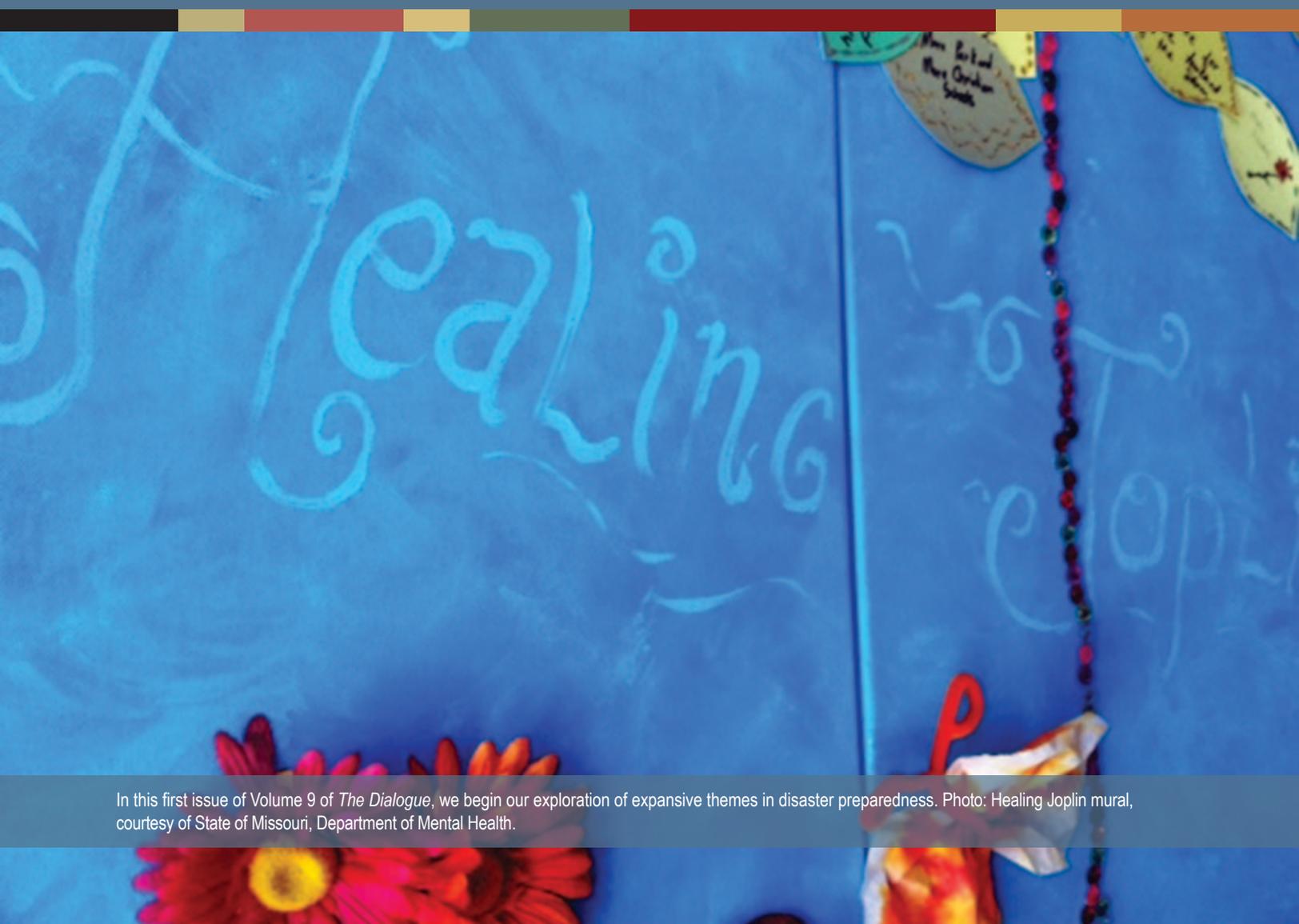
A Quarterly Technical Assistance Journal on Disaster Behavioral Health
Produced by the SAMHSA Disaster Technical Assistance Center

the Dialogue

2013 | VOLUME 9 | ISSUE 1

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In this first issue of Volume 9 of *The Dialogue*, we begin our exploration of expansive themes in disaster preparedness. Photo: Healing Joplin mural, courtesy of State of Missouri, Department of Mental Health.

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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 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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The American Red Cross helps disaster victims by providing safe shelter, food, medical care, and essential relief supplies. Photo: Gene Dailey/
American Red Cross

In This Issue

In this first issue of Volume 9 of *The Dialogue*, we begin our exploration of expansive themes in disaster preparedness. We will be looking at several different topics that at first may seem unrelated, but that can all be quite significant in helping communities be more prepared for the behavioral health impact of disasters. The first article discusses the effect of cultural knowledge, skills, and awareness, and the critical need for staff to be well trained in these areas prior to a disaster. We also hear from the American Red Cross about how its *Shelter Field Guide* can play an important role in preparing a community to provide necessary shelters during a disaster. And in the final article, Missouri's Crisis Counseling Assistance and Training Program (CCP) shares how it created the Healing Joplin mural to memorialize the community's resilience following a terrible tragedy, and how this mural has helped them prepare for and commemorate the anniversary of the disaster. We believe you will find each of these articles informative and as meaningful as the work conducted in each of the affected communities.

As always, please be sure to visit our website, <http://www.samhsa.gov/dtac>, for free downloadable handouts, tip sheets, and materials about disaster behavioral health preparedness and response. Please contact us at DTAC@samhsa.hhs.gov or toll free at 1-800-308-3515 if you have questions about disaster behavioral health preparedness or response.

Warmest Regards,

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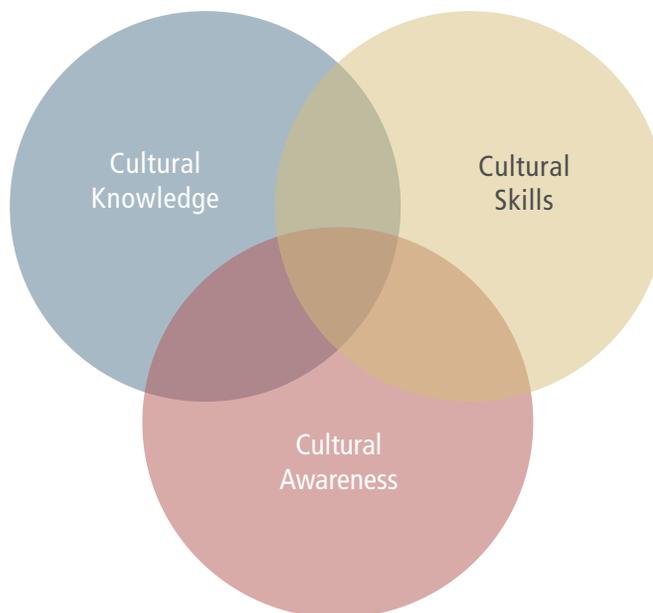
SPECIAL FEATURE

Cross-Cultural Disaster Behavioral Health

Contributed by Shamaila Khan, Ph.D.

Clinical Director, Resilience Training Program, Center for Multicultural Mental Health, Boston University Medical Campus

Research has repeatedly demonstrated the important role that culture plays in behavioral health response in the aftermath of disasters and mass violence. Disaster behavioral health response services are most effective when survivors receive assistance that is in accord with or sensitive to their cultural beliefs and consistent with their expressed needs (deVries, 1996; Sanchez & Katz, 2006; Purnell, 2002). To respond effectively to the behavioral health needs of all disaster survivors, programs should incorporate sensitivity to the unique experiences, beliefs, norms, values, traditions, customs, and language of each individual. As a faculty member and Director of the Resilience Training Program at the Center for Multicultural Mental Health (CMMH) at the Boston Medical Center, I am committed to the mission of providing culturally competent training and behavioral health interventions leading to more cross-culturally appropriate and effective outcomes. Given the multiple recent natural disasters occurring locally and around the world (e.g., floods, earthquakes, and hurricanes), I have had the opportunity to provide disaster behavioral health responses or training for individuals across a variety of these contexts. I have become acutely aware of the necessity of integrating culture-based consideration into all aspects of response. Crawford, Bennisar, and Mizock (2012) view this competence as a process rather than an endpoint and as stemming from the conceptual



Integrating the three components of culturally competent care into disaster behavioral health response ensures culturally appropriate and effective outcomes.

framework of Sue, Ivey, and Pedersen (1996) for providing culturally competent care, which includes the components of (1) cultural knowledge, (2) cultural skills, and (3) cultural awareness.

It is crucial for providers to acquire information and knowledge across racial, ethnic, and cultural groups they serve, researching specific characteristics of the group and community while maintaining a stance of humility and openness to learning from others. Regarding cultural

skill, a responder is to function in a culturally sensitive, congruent, and relevant manner. Skill sets are based on acquisition of both knowledge and experience; are developed over time; and include active listening, acknowledgement of differences, tolerance, objectivity, and ability to integrate multiple sources of knowledge and experience. In addition to cultural knowledge and cultural skill, a responder also ought to have cultural awareness, the third area highlighted by Sue et al. (1996), which focuses on their own biases, stereotypes, and held

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CROSS-CULTURAL *continued from page 2*

values, and how these could possibly affect the perceptions of the disaster survivor and the survivor's perceptions of the responder. It is important for responders to focus on self-exploration. They also should work to build their awareness of their own ways of seeing the world, how these ways relate to the worldviews of those they assist, and the interaction of these worldviews. Knowledge alone is not sufficient; the skills and awareness are also needed. In tandem, these three factors can lead to provision of culturally competent and effective services. Herein I briefly highlight some of my experiences within this framework, as well as what I have observed to be the benefit of each component in enhancing the effectiveness of disaster behavioral health interventions.

In working with a Haitian community following the earthquake, the CMMH

team researched and learned about the cultural norms: practices, beliefs, and values that this community attaches to various issues of life. It meant learning not only about the culture of Haitians as a group but also about the history of the Haitians within Boston, where many were being assisted. We learned about Haitian health beliefs from people on the team from within the Haitian culture, that there are natural and supernatural causes of illnesses, where and how help is typically sought, and what the common cultural metaphors and expressions of illness are. As such, when a man who had lost his house in the earthquake spoke of the disaster as a "maladi Bondye" (disease of the Lord) and stated that "God is in charge, and may have been upset with us as a nation, to have done this to us," we operated and offered assistance out of a more informed stance.

We learned that 33.4 percent of the Haitians in Boston are bilingual (English and Creole/French), and 16.3 percent speak very little English. As such, an effective approach for us was to train, consult with, and have responders on the team who spoke Creole/French and were already immersed in the culture. Cultural skill and awareness brought to the fore how individuals were perceived differently when conversing in Creole versus French, as it highlighted a class issue.

Similarly, when working with the Pakistani community following the floods in 2010, we learned that more than 90 percent of Pakistani-origin immigrants in the U.S. speak a language other than English at home, and about a third of the foreign born of Pakistani origin have limited English proficiency. Recognizing that associated with each language are cultural ways of being and relating that surpass mere translation, we ensured that services were offered in Urdu, the national language of Pakistan.

It is important to recognize that mere translation of Western educational concepts and materials is not sufficient, and an imposition of Western diagnoses and treatment approaches may harm those they are intended to help. Assistance ought to be provided in a manner that takes into account the individual's culturally normative ways of healing. These points were emphasized for us when we realized that, although individuals were being provided with food, many were not receptive and declined the offer, as it was during the holy month of Ramadan, in which one ought to refrain from food and liquid intake from sunrise to sunset. People also had certain

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Anite Delice, FEMA Community Relations Specialist and Michel Desrosiers, Limited English Proficiency Coordinator, speak to grocery store owner Ernst Destine about placing Creole language pamphlets in his business to help inform members of the Haitian American community of FEMA's registration and application process. Photo: Howard Greenblatt/FEMA.

CROSS-CULTURAL *continued from page 3*

culturally and religiously specific ways of making sense of why the floods may have happened during the holy month of Ramadan. It was useful for the behavioral health responders to have awareness of that meaning.. Similarly, it was noted that when people in Springfield, Massachusetts, were not eating the food served at the shelters following the tornadoes, it was because it included pork, and many at the shelter were Muslims, for whom this intake is forbidden.

Additionally, in the Haitian, Pakistani, and Japanese cultures, seeking mental health services is stigmatizing, and having this cultural knowledge made it more apparent, when cultural skill was applied, that within each community, individuals were seeking services from their faith-based organizations/ healers. This led to us collaborating with religious, faith-based, and community entities toward service provision, which was highly effective. When the behavioral health response training for the Haitian population in Boston was held in collaboration with the local faith-based Nazarene Community Center, attendance tripled. People were more receptive of, and saw as more trustworthy, services provided in a community setting with which they were familiar.

The responder should also keep in mind any history of oppression, as well as the sociocultural and sociopolitical history of the group(s) being served, and how this affects their receptivity to behavioral health services. Individuals belonging to certain groups and countries with a history of oppression may be apprehensive about obtaining help from certain social and government

groups. For instance, the Haitian people have a historical tendency to distrust their government, which is quite understandable given the country's history of dictatorships and corruption. Following the earthquake, there were corruption allegations, escalating violence, and forced evictions. Reintegration policies for internally displaced individuals failed to provide them with adequate alternatives to camps. These factors certainly came to the fore as we assisted the Haitian community within Boston, where some wondered about the government assistance being provided and made comparisons to their past experience with government assistance.

In contrast to this, the Japanese delegation we trained in provision of effective behavioral health response exhibited high levels of trust of their government, which was very well prepared for the disaster that struck their nation. Japan had strict building codes and ongoing safety drills for the entire population to ensure that the country was earthquake resilient. In Haiti, on the other hand, building codes were anarchic at best, the government retained very little by way of disaster response capabilities, and the populace had no meaningful preparation for what to do in a quake. The two examples are basically night and day in terms of preparedness due to a multitude of factors.

When a disaster occurs, responders ought to keep in mind that survivors react to and recover from crisis within the context of their individual backgrounds, viewpoints, and values. The expression of emotion and description of psychological symptoms;

help-seeking behavior; natural support networks; and customs in dealing with trauma, loss, and healing clearly vary by culture. It is also important to consider historical influences such as racism and discrimination, and war, as well as social and economic inequality, when preparing a response. As highlighted, these factors may cause groups to distrust offers of assistance, and thus limit access to resources. Our ongoing team training when preparing for disaster response includes the three components of cultural knowledge, awareness, and skills. These components incorporate awareness of cultural values and traditions, linguistics and literacy, immigration experiences and status, help-seeking behaviors, cross-cultural outreach techniques and strategies, community networking, and avoidance of stereotypes and labeling, all aiming towards provision of a culturally competent response. ■

Crawford, K., Bannasar, M. C., & Mizock, L. M. B. (2012). Cultural competence in behavioral health disaster response: The challenge, the opportunity. In J. L. Framingham & M. L. Teasley (Eds.), *Behavioral health response to disasters* (pp. 175–187). Boca Raton, FL: Taylor & Francis Group.

deVries, M. W. (1996). Trauma in cultural perspective. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 398–413). New York, NY: Guilford Press.

Purnell, L. D. (2002). Transcultural diversity and health care. In L. D. Purnell & B. J. Paulanka (Eds.), *Transcultural health care: A culturally competent approach* (2nd ed., pp. 1–7). Philadelphia, PA: F A. Davis.

Sanchez, S., & Katz, C. L. (2006). A survey of international disaster mental health services. *Psychiatric Services*, 57(3), 420–421.

Sue, D. W., Ivey, A. E., & Pedersen, P. B. (1996). *A theory of multicultural counseling and therapy*. Pacific Grove, CA: Brooks/Cole.



Shelter residents need a broad range of services, such as health and mental health care, access to consumable medical supplies and durable medical equipment, and safe food handling and provisions for special dietary requirements. Photo: William Pitts/American Red Cross.

The Shelter Field Guide: A New Resource for Spontaneous Disaster Shelters

Contributed by Kam Kennedy and Arthur Vliet

Kam Kennedy is the American Red Cross Special Representative to Federal Emergency Management Agency (FEMA) Region VII. Arthur Vliet is the FEMA Headquarters Mass Care Section Program Specialist

Imagine you've moved to a different state to take a new job. The moving van is just pulling away when you hear loud sirens blaring. You head for the basement and what happens next is the stuff of nightmares. After the storm passes, you open the basement door and see daylight. Where your home once stood, nothing is there. Not a single box is left. No roof, no clothes, no shoes, not even your driver's license remains. A tornado has carried it all away and you are in a new place with no friends or family nearby, no cash, no credit cards, and no phone.

Every year in the United States disasters such as this occur. Whether

because of tornadoes, fires, floods, earthquakes, or hurricanes, people find themselves in need of the basic necessities—food and shelter.

For more than 130 years the American Red Cross has provided shelter services to disaster survivors. In fact, the Red Cross is congressionally mandated to do so. While the Red Cross may be the largest shelter provider, it is by no means the only agency that offers disaster sheltering and support. Every disaster is unique. In some disaster events, a church or school may spontaneously become a shelter that can provide a safe place for those affected by the disaster.

Local governments may open shelters to provide life-sustaining services for their citizens, and a number of faith-based and community-based organizations may act on a humanitarian imperative to respond by offering their facilities as shelters.

The incidence of spontaneous sheltering is increasing, and while spontaneous shelter providers are well intentioned, sometimes they are unaware of expectations and do not have the sheltering expertise and knowledge necessary to provide the services required by disaster survivors. Shelter residents need a broad range of services, such as

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health and mental health care, access to consumable medical supplies and durable medical equipment that may have been lost in the disaster, and safe food handling and provisions for special dietary requirements, to name just a few. Because of the need for specialized services, spontaneous shelter operations can quickly tax an organization's capabilities and inadvertently result in additional hardships.



Hygiene supplies for residents at a Red Cross Shelter in Colorado. Photo: Cesar Rodriguez/American Red Cross.

Recognizing a need to support spontaneous shelter operations more effectively, the Red Cross and FEMA collaborated to create the *Shelter Field Guide*. A comprehensive workgroup of subject matter experts from the Red Cross and all levels of government was formed. Their brainchild became a pocket-sized guide containing a wealth of information on emergency sheltering that can be used for guidance and training, and as a job aid.

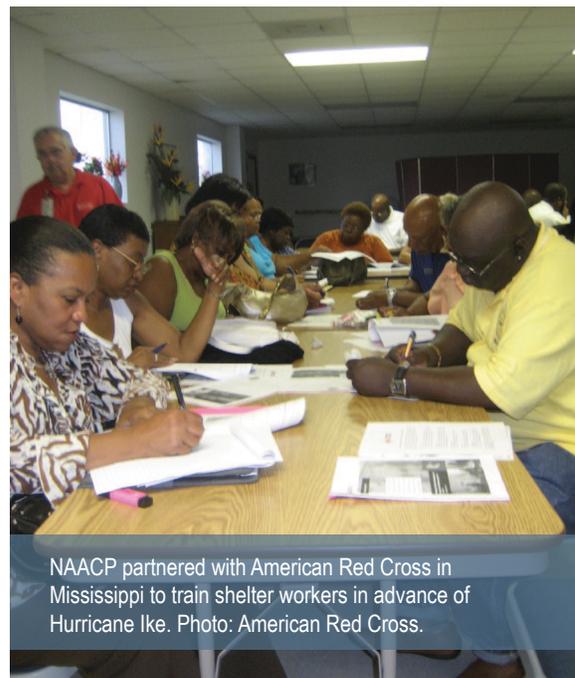
The *Shelter Field Guide* has eight sections that cover standard activities and tasks occurring during the pre-opening, opening, ongoing, and closing phases of shelter operations. Each section contains information

for workers in registration, feeding, dormitory management, health and mental health care, staffing, logistics, and shelter management. Additionally, the guide provides position checklists and training outlines for each position so that spontaneous shelter managers can use the guide to train their personnel.

To support the implementation of the *Shelter Field Guide*, the Red Cross and FEMA designed several tiers of training. Before a disaster, Red Cross and FEMA trainers facilitate disaster tabletop training in teams, keyed to the guide, for organizations interested in sheltering. Numerous pre-disaster trainings have already been conducted around the country with audiences ranging from local and state emergency managers to faith-based organizations to community organizations interested in providing disaster sheltering in their communities.

During disasters, a just-in-time training can be provided to spontaneous shelter staff, or the guide can be used as a "leave behind" resource for visiting shelter assessment teams of FEMA or Red Cross workers.

No matter the mode of training delivery, the goal of the *Shelter Field Guide* is to connect spontaneous shelter providers with the support resources and the community shelter network they'll need. Often these resources will come through the Red Cross, which, after locating spontaneous shelters, works closely with them and local emergency management to ensure adequate and consistent service delivery. In some instances, the Red Cross will assist spontaneous



NAACP partnered with American Red Cross in Mississippi to train shelter workers in advance of Hurricane Ike. Photo: American Red Cross.

shelters in transitioning their residents to a Red Cross shelter. In other cases, the spontaneous shelter may wish to continue operations augmented by Red Cross feeding, staffing, health and mental health, or client casework support.

Ultimately the Red Cross, FEMA, and the spontaneous shelter provider want to provide a safe haven and life-sustaining services for disaster survivors. By using the *Shelter Field Guide*, the Red Cross, FEMA, and spontaneous shelter operators have a new resource to further promote and expand effective response partnerships and help disaster survivors along their disaster-recovery path. ■

For more information about the *Shelter Field Guide*, you may contact Kam Kennedy at kam.kennedy@usa.redcross.org or Arthur Vliet at Arthur.Vliet@fema.dhs.gov.



The Tree of Hope will remain a visual legacy of the work of the Healing Joplin FEMA CCP teams and the Boys and Girls Club. Photo: State of Missouri, Department of Mental Health

The Healing Joplin Mural: Tree of Hope

Contributed by Jenny Wiley, M.S.W., LCSW

Disaster Services Coordinator, Missouri Department of Mental Health

The Healing Joplin FEMA CCP found creative ways to engage children and their families after a devastating F-5 tornado destroyed one-third of Joplin and the nearby community of Duquesne. The tornado destroyed 7,000 homes and apartments; nine school buildings, displacing 3,500 students; 23 day care centers; and 17 churches; deeply affecting children and their families in all areas of their lives. Approximately 1,150 people were injured, and 161 people, including many children, lost their lives.

As part of the CCP grant, the Healing Joplin teams completed Skills for Psychological Recovery training. The

children's teams received additional training specific to the needs of this high risk population. During the training, a plan was formulated to "grow" a Tree of Hope. As a visual reminder of the community's resilience, this mural was created to help the community prepare for the anniversary of the tornado, as well as to prepare the community for the phasing down of the CCP.

The team worked with the Boys and Girls Club so that the Mosaic Tree could be created in the club's entry area. It would also honor the three young members of the Boys and Girls Club who lost their lives in the tornado.

The children's team sketched the draft with great care and attention to the composition, imagery, and symbols, and they included details that could promote healing for the storm survivor children and their families.

The designers envisioned the tree as a symbol of a positive healthy model for unfolding development of both mental and physical consciousness. The tree was also designed to represent wisdom, protection, strength, bounty, and beauty. The tree trunk is anchored in thick green grass. On each blade of the grass, children and adults wrote how they felt when the tornado struck. They wrote phrases such as

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“that we always remember”
to “rebuild Joplin”

“prepared and confident”
“for everyone to have a home”

Photo: State of Missouri, Department of Mental Health

HEALING JOPLIN *continued from page 7*

“couldn’t believe,” “tired,” “crushed,” and “shocked.” But the tree grew with strong limbs and a swing. It was sheltered in leaves that told a healing story written by the children, staff, and other adults who came to the center. Each leaf had a handwritten word of hope on it, a feeling of expectation and a desire for future circumstances or emotional well-being. Two-year-olds drew pictures, and “kids” up to the age of 82 wrote their hopes in phrases such as “that we always remember,” “for everyone to have a home,” to “rebuild Joplin,” “prepared and confident,” and “to never hear the word ‘tornado’ again.” Several ladybugs appear “flying in the wind” on the mural as well. Each

was created by a different child artist, using red and black paint thumbprints, carefully placed on its own special spot in the mural. Perched on one branch of the tree, an eagle—the Joplin High School mascot—symbolizes community pride. A kite flying high in the sky shows that fun that can come with wind, making breezy weather a bit less frightful. The children around the tree represent the future for Joplin. On the trunk of the tree are three red hearts that represent the three Boys and Girls Club members lost in the storm. The mural’s dimensions are 5 feet 22 inches by 5 feet 41 inches, numbers that coincide with the date (May 22) and the time (5:41 p.m.) that the tornado

touched down—the day, hour, and moment that changed Joplin forever.

The mural has been encased in Plexiglas and will become a permanent part of the historical display about the 2011 tornado. It will remain a visual legacy of the work of the Healing Joplin teams and the Boys and Girls Club, and it will hopefully help the community prepare for and strengthen itself for recovery, beyond the life of the CCP. In the words of Lori Kay, one of the crisis counselors: “The mural told the stories, the feelings, and all the hopes of Joplinites.” ■

RECOMMENDED RESOURCE

Disaster Response Template Toolkit

In November 2012, SAMHSA DTAC released a new Disaster Behavioral Health Information Series installment, the Disaster Response Template Toolkit. The Disaster Response Template Toolkit is a special installment that contains a comprehensive collection of online resources and toolkits pertinent to disaster behavioral health, as well as editable templates that can be easily tailored to any disaster response program to help reach survivors.

The first part of the installment is a **Printed Materials** section. These customizable public education materials can be used by disaster behavioral health response programs to provide outreach, psycho-education, and recovery news for disaster survivors. They have been designed to provide information about common disaster responses and ways of coping and are intended for members of the general public who may be experiencing disaster distress. Within each section of this installment, “do-it-yourself” templates are provided in various formats including newsletters, wallet cards, and postcards, with space provided for each program to incorporate its own logo, or details on contact information.

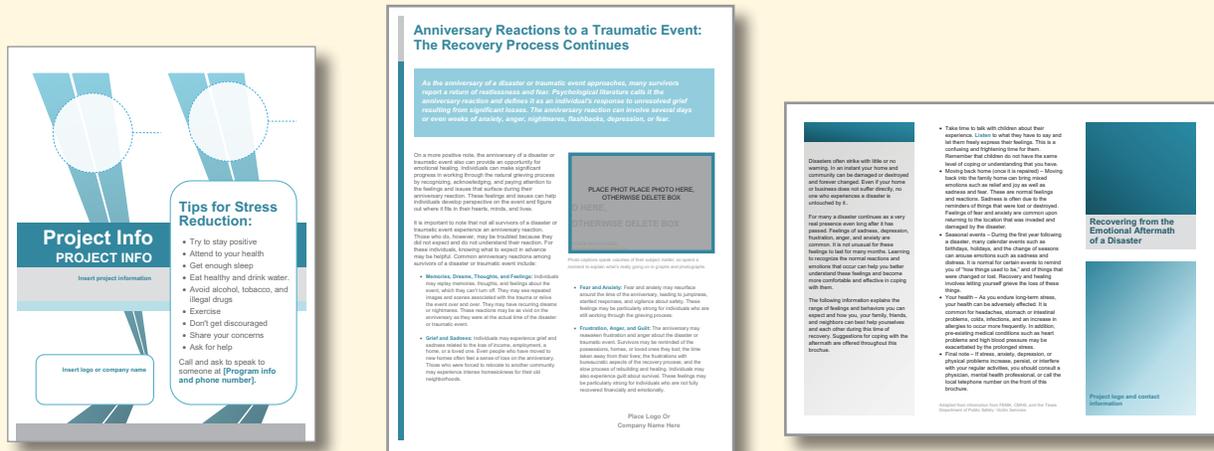
» Brochure templates have been developed to provide information specifically for adults, older adults, or children about common disaster responses and ways of coping.

- » Door hanger templates can be used to explain common signs of disaster stress, ways to reduce stress, and common reactions to trigger events such as the holidays.
- » Editable tip sheets are included, providing information on managing stress, coping with disaster anniversaries, and helping children cope with the disaster.

Since there are many different communication vehicles that disaster behavioral health response programs can use, this installment also includes a **Messaging through Other Media** section. Included in this section are tips for writing television, radio, and newspaper public service announcements (PSAs), as well as samples of print and radio PSAs. There are also links and examples of disaster response program websites, social networking pages, and blogs.

In addition to editable templates, each section of this installment also provides numerous examples of printed materials and online messaging tools that have been used in other disaster response programs. To view this installment, please visit http://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp. ■

Examples of Customizable Materials for your Disaster Response Program



Door Hanger Template

Tip Sheet Template

Trifold Brochure Template

Upcoming Events

CONFERENCES

Annual Public Health Preparedness Summit

March 12–15, 2013; Atlanta, Georgia

The theme for the annual Summit is “Strengthening Public Health and Healthcare Preparedness through Innovation, Integration, and Implementation.” The conference sessions will cover topics such as community resilience, administrative preparedness, volunteer management, mass prophylaxis and catastrophic preparedness, biosurveillance, public health law, and crisis standards of care.

<http://www.phprep.org>

Disaster Recovery Journal—Spring World 2013

March 17–20, 2013; Orlando, Florida

The theme for Spring World 2013 is “Charting the Course to True Resiliency.” The purpose of this conference is to bring together professionals in public and private sectors to discuss business continuity, including crisis communication, crisis management, risk management, risk assessment, and lessons learned. The conference will also include a special session on lessons learned from Hurricane Sandy.

<http://www.drj.com/events/spring-world-2013>

American Counseling Association 2013 Conference & Expo

March 20–24, 2013; Cincinnati, Ohio

This conference will provide a forum to present and discuss the latest techniques, theories, research, and best practices in the field. Conference attendees can focus on a specific area of interest by attending sessions within one of the 22 tracks, including individual trauma/disaster mental health; counseling lesbian, gay, bisexual, transgender, and queer people; military counseling; and multicultural and international counseling.

<http://www.counseling.org/Convention>

2013 National Hurricane Conference

March 25–28, 2013; New Orleans, Louisiana

The conference brings together federal, state, and local officials to discuss and recommend new policies to improve emergency management. The purpose of this conference, according to its website, is to “improve hurricane preparedness, response, recovery and mitigation in order to save lives and property in the United States and the tropical islands of the Caribbean and Pacific.”

<http://www.hurricanemeeting.com>

2013 Partners in Emergency Preparedness Conference

April 2–4, 2013; Tacoma, Washington

According to its website, this conference will provide a forum for professionals working in businesses, schools, government, the nonprofit sector, emergency management, and volunteer organizations to present and discuss “business continuity planning, school safety, public health preparedness, homeland security, and public information.”

<https://www.cm.wsu.edu/ehome/index.php?eventid=25597&>

43rd National Council for Community Behavioral Healthcare Conference

April 8–10, 2013; Las Vegas, Nevada

The purpose of this conference, according to its website, is to “explore healthcare’s greatest innovations in behavioral health practice improvement, financing, integrated healthcare, technology, policy and advocacy, social justice, and professional development.” Conference tracks will include Trauma-Informed Care, Children and Youth, and Addictions and Co-Occurring Disorders.

<http://www.thenationalcouncil.org/cs/conference2013>

WEBINARS

Cultural Awareness: Children and Youth in Disasters

The goal of this 60-minute podcast is to assist disaster behavioral health responders in providing culturally aware and appropriate disaster behavioral health services for children, youth, and families impacted by natural and human-caused disasters. The podcast aims to accomplish the following:

- Define cultural awareness.
- Demonstrate the importance of cultural awareness in disaster services, particularly with children and youth.
- Identify common reactions of children to disaster and trauma.
- Present helpful approaches to working with children impacted by a disaster.

Featured speakers include April Naturale, Ph.D., of SAMHSA DTAC and Russell T. Jones, Ph.D., of Virginia Tech University. Dr. Naturale is a traumatic stress specialist with a 25-year history in health/mental health administration. Dr. Jones is a professor of psychology at Virginia Tech University and a clinical psychologist who specializes in trauma psychology in the areas of natural and technological disasters as well as interpersonal violence.

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WEBINARS *continued from page 10*

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response activities who are interested in learning more about working with children and youth following a disaster or need a refresher about the disaster response issues specific to this population.

<http://www.samhsa.gov/dtac/podcasts/cultural-awareness/register.asp>

Deployment Supports for Disaster Behavioral Health Responders

The goal of this 30-minute podcast is to prepare disaster behavioral health (DBH) responders and their family members for deployment by reviewing pre- and post-deployment guidelines and ways to prepare oneself and one's family members for the stress of deployment and reintegration into regular work and family life. This podcast aims to accomplish the following:

- Increase awareness of the unique issues DBH responders face, especially with numerous or long-term assignments.
- Provide pre-deployment guidelines to assist DBH responders and their family members as they prepare for deployment.
- Assist the DBH responder and family members by providing post-deployment guidelines and practices that enable reintegration with family members and routine employment.

The featured speaker is April Naturale, Ph.D., of SAMHSA DTAC. Dr. Naturale is a traumatic stress specialist with a 25-year history in health/mental health administration. She directed New York's disaster mental health response following the terrorist attacks of 9/11 and spent several years in the Gulf Coast after the large-scale hurricanes that devastated the area.

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response.

<http://www.samhsa.gov/dtac/podcasts/deployment/register.asp>

Building Awareness of Disaster Behavioral Health

The goal of this SAMHSA DTAC webinar series 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. The webinars help build awareness about preparedness and response efforts in this area. The content of both webinars can be utilized by non-mental health professionals who are involved in emergency management/disaster response and interested in learning more about mental health and substance abuse issues. Both of these webinars featured nationally known mental health and substance abuse experts in mental health and substance abuse, as well as representatives from the fields of public health and emergency management.

<http://www.samhsa.gov/dtac/webinars/webinars.asp#table2>

Integrating All-Hazards Preparedness with Public Health

According to its online description, this webcast by the National Association of County & City Health Officials (NACCHO) "feature[s] four NACCHO demonstration sites that integrate all-hazards preparedness into traditional public health activities."

<http://webcasts.naccho.org/session-archived.php?id=684>

Planning for Pandemic Influenza: Issues and Best Practices

According to its online description, this webcast by NACCHO features discussions of "local challenges relating to vaccine distribution, isolation and quarantine, risk communication, hospital and personnel surge capacity, and community engagement."

<http://webcasts.naccho.org/session-archived.php?id=505>

Promising Practices in Disaster Behavioral Health Planning

This SAMHSA DTAC webinar series consists of nine webinars addressing promising practices in integrated mental health and substance abuse DBH planning. These free webinars are meant to assist state and territory disaster behavioral health coordinators, disaster mental health coordinators, and disaster substance abuse coordinators, as well as emergency management/behavioral health coordinators for tribes, with the development and implementation of their DBH plans.

<http://www.samhsa.gov/dtac/webinars/webinars.asp#promising-practices>

Psychological First Aid: The Role of Medical Reserve Corps Volunteers in Disaster Response

This NACCHO webcast provides an overview of the disaster mental health field and the role and evolution of Psychological First Aid (PFA).

<http://webcasts.naccho.org/session-archived.php?id=823>

Self-Care for Disaster Behavioral Health Responders Podcast

The goal of this 60-minute podcast is to provide information, best practices, and tools that enable DBH responders and supervisors to identify and effectively manage stress and secondary traumatic stress through workplace structures and self-care practices. The podcast will do all of the following:

- Define the stressors unique to DBH responders, including secondary traumatic stress.
- Present best practices in self-care for DBH responders.
- Provide tools that can be used to promote self-care.
- Identify supports that can be provided by supervisors and management to assist DBH responders.

continued on page 12

WEBINARS *continued from page 11*

Featured speakers include April Naturale, Ph.D., of SAMHSA DTAC and Jeannette David, Georgia Disaster Mental Health Services Coordinator.

SAMHSA DTAC encourages participation by behavioral health, public health, and other professionals involved in emergency management/disaster response who are interested in learning more about self-care best practices.

<http://www.samhsa.gov/dtac/podcasts/selfcareDBHResponders/register.asp>

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 created 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://erdic.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, developing and managing volunteers, and the Incident Command System.

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

The National Child Traumatic Stress Network (NCTSN) PFA 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 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. It 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>

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

According to this site, it "offers free short Internet-based trainings developed by the UNC Center for Public Health Preparedness (CPHP) on public health preparedness topics such as disease surveillance, basic epidemiology, bioterrorism, and new/emerging disease agents.

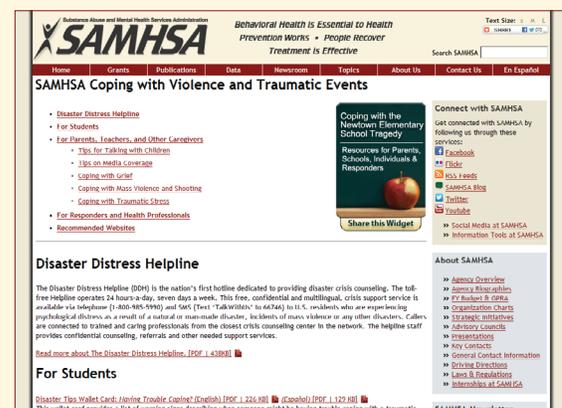
<http://cphp.sph.unc.edu/training/index.php>

ADDITIONAL RESOURCE

SAMHSA Coping with Violence and Traumatic Events

In light of the terrible tragedy of the school shooting in Newtown, Connecticut, SAMHSA has updated its trauma resources page with an extensive listing of helpful materials for children, school administrators, parents, and others coping in the wake of this traumatic event.

These resources are available online at <http://www.samhsa.gov/trauma>.



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 homepage (<http://www.samhsa.gov>), enter your e-mail 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 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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