

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

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the Dialogue

2011 | VOLUME 8 | ISSUE 2



We must help shield our most vulnerable from the impact of disaster.

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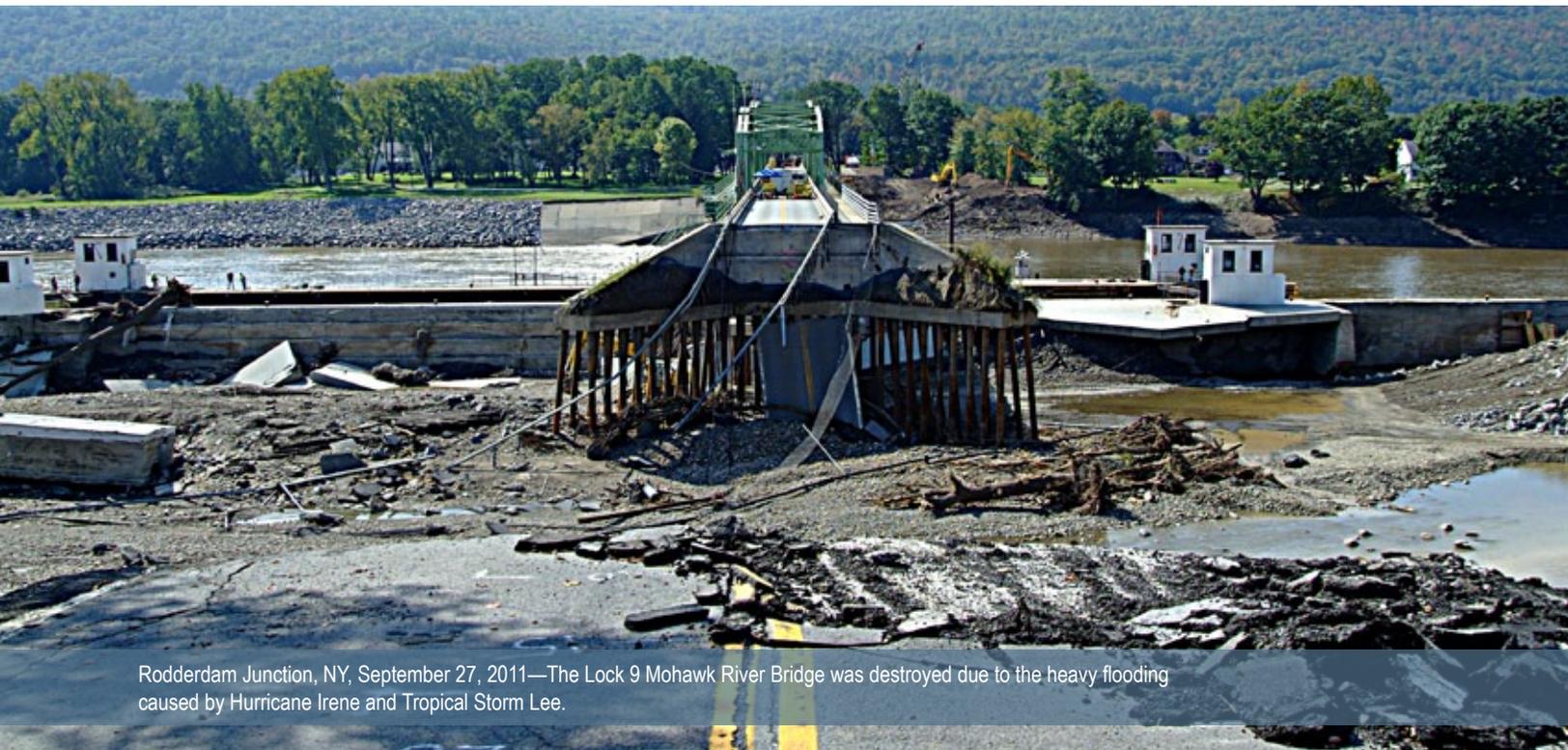
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The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The 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. In each volume, two special-focus issues are devoted to key topics in disaster behavioral health. To receive *The Dialogue*, please go to SAMHSA's homepage (<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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Rodderdam Junction, NY, September 27, 2011—The Lock 9 Mohawk River Bridge was destroyed due to the heavy flooding caused by Hurricane Irene and Tropical Storm Lee.

In This Issue

The summer is officially behind us and autumn has already provided us with a strong reminder that winter is around the corner. The huge storm that dumped several feet of snow all over the Northeast States—before the end of October—is just one more reminder about the importance of disaster preparedness: the better prepared, the better the response efforts. Many of these same States are still recovering from Hurricane Irene’s impact. Hopefully the articles and information contained within this issue will be helpful to everyone in the field of disaster behavioral health.

In this issue, we invite you to think about the impact disasters have on children, disaster planning for people experiencing homelessness, and addressing issues of pets and disasters. We also include a listing of upcoming disaster behavioral health conferences, as well as relevant and useful webinars. 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. The website also now provides details of previous issues of *The*

Dialogue so you can more easily find articles and topics that interest you. 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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Talking to children in age-appropriate ways, and engaging them in art projects and games, can be vital in helping children cope with their experiences after a disaster.

SPECIAL FEATURE

Benign Neglect Imperils Children after a Disaster

Contributed by **Judy Bezon**

Associate Director, Children's Disaster Services

The Plight of Children after a Disaster

Disasters happen. The news is filled with stories about loss of homes, of jobs, of family members. Interviews document the heroic courage of the survivors and rescue workers, but do we hear about the children? There are no stories about their experience of the disaster.

Parents are scrambling to cope with their feelings about the destruction they have experienced and meet their family's rudimentary needs. Did our family and friends survive? What will we eat? How will we replace our clothes? Where will we live? Do I still have a job? With such essential tasks ahead of them there is little emotional

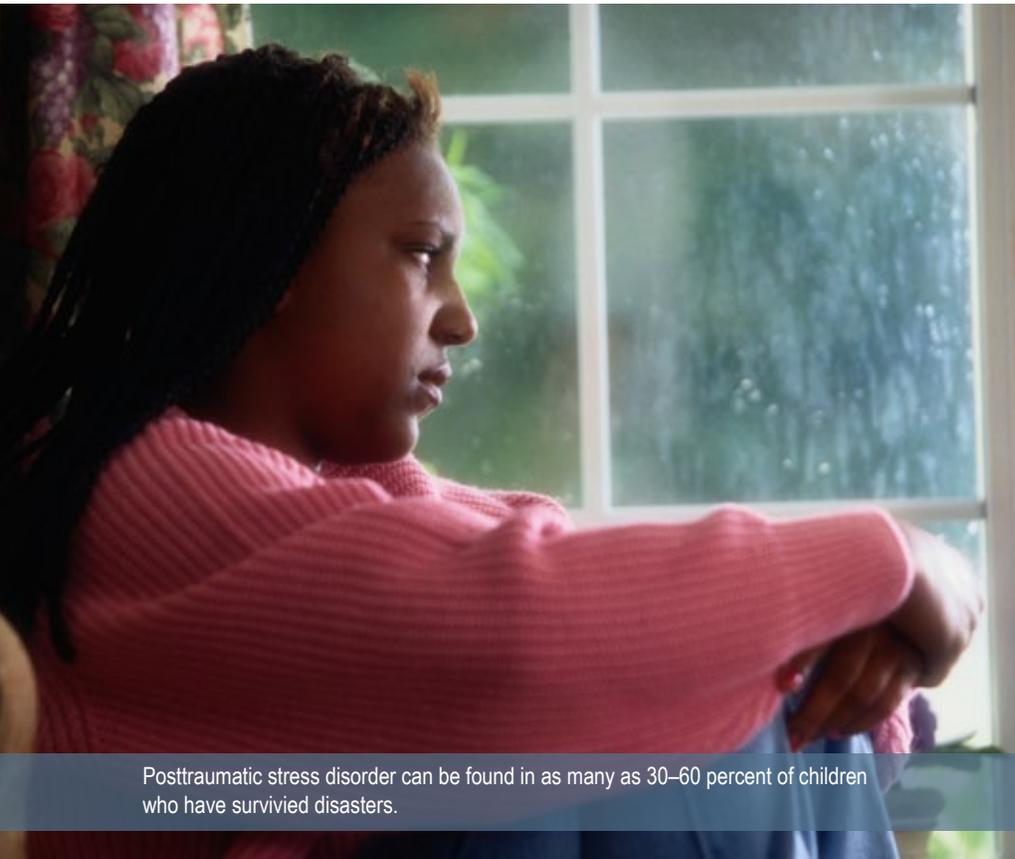
energy left to notice or address the needs of their children.

They see their children playing, as do the relief workers. Often we, as adults, watch them at play and wish that we were as carefree as they are. The play makes it seem that they are not impacted by the disaster, and it makes us wish that we were young again and were blissfully unaware of the real-life and long-term consequences of the disaster and what it will take to recover our former way of life.

But are the children really carefree and blissful? It is obvious that carefree bliss is not their state of mind when we take a look at their play and listen to what they have to say about it. A baby bed looks like typical doll play, but a year

and a half after Katrina, a girl told the Children's Disaster Services (CDS) volunteer that she'd "built it up high to stay out of the water." A couple of days later, boys started using the toy tools and "fixing" all the tables and chairs in the CDS center. It makes sense. Their world is broken and they are emulating all they see around them—people attempting to fix their world. During a stay in an American Red Cross evacuation shelter for Hurricane Gustav, a 5-year-old girl made a three-sided box of Lego Duplo blocks. Again, it looked like pretty typical play until she put a sign on it that said, "Homeless Shelter" and another with "Welcome, Come In." It doesn't take much imagination to figure out that she was feeling homeless, but welcome.

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Posttraumatic stress disorder can be found in as many as 30–60 percent of children who have survived disasters.

NEGLECT *continued from page 2*

Parents' failure to notice the needs of children is understandable, as they attempt to cope with the crisis. Relief workers and others are working as hard as they can to care for the survivors and give the community what it needs to get up and running.

Even though adults think they are doing well, children have worries and concerns that shake them to the core, but they do not have the language to ask questions about their situation or voice their worries about the future. Will the disaster happen again? Will someone I love be hurt? Who will take care of me? These are a child's typical concerns and they have no experience with such devastating events to be able to look forward to a time when their situation will improve.

They believe that the situation they are in is permanent. In addition, they do not realize that sharing their concerns with an understanding adult could ease their fears and improve their outlook.

The Risks to Children

Posttraumatic stress disorder (PTSD) can be found in as many as 30–60 percent of children who have survived disasters. This is 10 times higher than the incidence of PTSD in teens who have survived the same disaster (3–6 percent), clearly indicating that children develop this disorder at a significantly higher rate.¹ When an event is unexpected and uncontrollable, as a disaster is, children who have previously experienced a traumatic

event have an even greater risk of developing PTSD.

Common Measures that Promote a Child's Recovery

Young children need to reconnect with familiar things. A consistent routine or schedule goes a long way to helping restore a sense of normalcy. Reassurances of safety and the family's cohesion are helpful, as are explanations of the disaster and the family's situation that are appropriate to the child's age. Children also need honest, age-appropriate answers to their questions that do not scare them, opportunities to play, and someone that understands their needs and can pay attention to their concerns.

For some young children a process called magical thinking creates the feeling that they are responsible for the disaster. If I did something before the disaster (for example fighting with a sibling or disobeying parents) the disaster is my fault. If these thoughts are present, children need reassurance that the disaster was not their fault. For these thoughts to be discovered, children need time with an adult they trust who understands their needs and can listen. At times, these concerns are expressed indirectly through play.

As children grow into teens, their needs and concerns shift. They need an opportunity to express their concerns and information from reliable sources at a level they can comprehend. For teens, their peer group is of primary importance, which makes time with peers critical to their recovery. An empathic listener is of vital importance at this age, too.

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A volunteer plays with a child at an emergency shelter.

NEGLECT *continued from page 3*

As teens mature into adults, they need to feel useful. Forming a supervised workgroup that includes their peers can engage them in meaningful work related to disaster recovery and meet two of their needs through one activity. Although peer time is important, if groups of teens cannot be arranged, teens could work with adult groups at disaster cleanup, construction, or other recovery tasks. It is important that this work is not “make work” such as picking up litter around a shelter, but work that is genuinely needed, that others would have to do to help the community recover. ■

¹Barnett, E., & Hamblen, J. (2009). *PTSD in children and adolescents*. Retrieved from http://www.ptsd.va.gov/professional/pages/ptsd_in_children_and_adolescents_overview_for_professionals.asp

Services Available for Children after a Disaster

After a disaster, just when children need them most, parents are consumed with the tasks of recovery for the safety of the entire family and have little time to tend to the emotional needs of their children. Could a program that uses carefully trained and certified volunteers from outside the devastated area help these children? Children's Disaster Services (CDS) has over 30 years of experience that says it can help. It helps the children, it helps the parents, and it helps the relief workers.

When children are provided with toys that promote imaginative play and with a calm, nurturing volunteer who listens to them, they can begin to process their disaster experience through the safety of play.

CDS prevents children from being left alone or in unsafe environments and can help expedite recovery efforts by ensuring that children are safe while parents visit damaged property, access public benefits, and make other efforts to rebuild their lives.

Since 1980, CDS has been meeting the needs of children by setting up childcare centers in shelters and disaster assistance centers across the nation. Specially trained to respond to

traumatized children, volunteers provide a calm, safe and reassuring presence in the midst of the chaos created by tornadoes, floods, hurricanes, wildfires—any natural or human-caused disaster.

Volunteers from across the country participate in specialized experiential training that includes an overnight stay in a simulated staff shelter, information and activities that help them understand how children change after a disaster, how child-led play can draw children out, and how to engage with children through play while maintaining a safe environment for them. The workshop culminates with the workshop participants setting up a hypothetical CDS center.

If workshop participants decide to become CDS volunteers they undergo a rigorous screening process that includes references, a criminal background check, and a sex offender check. They are then capable of mobilizing rapidly and responding both locally and nationally. CDS's training is open to anyone over 18 years old.

For more information about Children's Disaster Services or hosting a workshop, call 800-451-4407, ext. 5, or go to <http://www.childrensdisasterservices.org>.

Disaster Planning for People Experiencing Homelessness

Contributed by Sabrina Edgington, M.S.S.W.

Program and Policy Specialist, National Health Care for the Homeless Council

People experiencing homelessness are at increased risk of injury, illness, and further displacement during disasters. Inadequate access to tangible risk-reduction resources (e.g., shelter) is compounded by disproportionate rates of disability. Limited access to media outlets commonly used to disseminate emergency information, local laws that prohibit remaining in public places, and program policies that prevent daytime access to homeless shelters make people without homes harder to reach, thus creating additional obstacles during emergencies.

The Federal Emergency Management Agency's (FEMA's) National Incident Management System (NIMS) relies on local agencies to take responsibility for emergency management efforts before State and Federal assistance is deployed. Community-based organizations (CBOs) are specifically integrated into the NIMS framework for their role in meeting the health and human service needs of their communities. However, in recent disasters, CBOs have struggled to meet the needs of people experiencing homelessness. In most cases, it is only after a disaster that health and human service agencies have mobilized to assist people experiencing homelessness. Indeed, poor coordination and preparedness prior to a disaster increases disaster vulnerability for service-reliant individuals and families much more than for the general population. Hence, it is particularly



The impact of a disaster can be devastating to those who are experiencing homelessness.

important for these local agencies to be proactive in developing homelessness assistance strategies in the event of an emergency.

The following four strategies will improve CBOs' readiness and ability to meet the disaster-related needs of people experiencing homelessness:

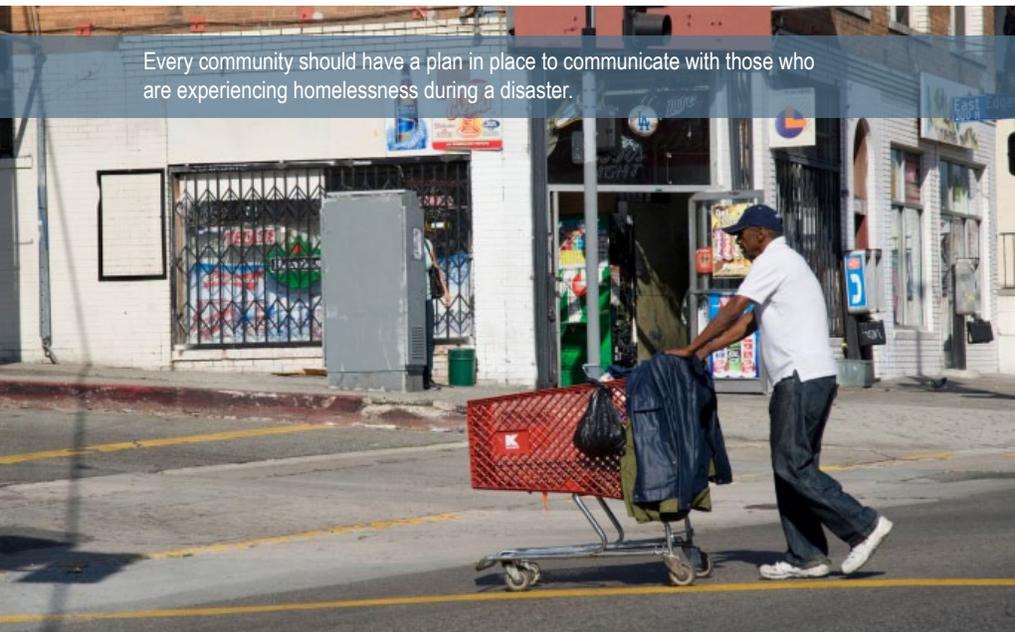
Develop a cross-sector, interagency plan for assisting people who are experiencing homelessness.

Most CBOs do not work within the world of emergency management

and can become overwhelmed when handed an emergency operations plan with little targeted direction. Homeless-serving agencies can work together through a task force to discuss specific roles and responsibilities that can be taken before, during, and after an emergency or disaster. Task forces should include appropriate emergency management representatives who can provide guidance and ensure that roles and responsibilities are formally recognized and supported through mutual aid agreements or memoranda of understanding.

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Every community should have a plan in place to communicate with those who are experiencing homelessness during a disaster.



HOMELESSNESS *continued from page 5*

Establish a formal communication chain to reach homeless service agencies and those they serve.

An effective cross-sector, interagency plan will include a formal communication chain to get timely and accurate emergency information to homeless service agencies and those they serve. One or more representatives from the homeless service community can act as a liaison between emergency management agencies and other homeless service agencies. Homeless service agencies that have outreach workers can be assigned to designated areas where they can provide timely emergency information to people experiencing homelessness. Outreach workers are particularly helpful as they have established relationships with many isolated individuals, know about physical and behavioral health needs (especially when under duress), and may be able to communicate potentially stressful information in a trauma-informed manner.

Provide targeted emergency preparedness trainings to people experiencing homelessness.

Despite the lack of tangible resources to take risk reduction measures, people experiencing homelessness can benefit from appropriate emergency preparedness trainings. Such trainings focus on the types of disasters that are likely to occur in the area, how emergency information will be communicated, what to expect from first responders, which shelters will be open during inclement weather warnings, how to complete an emergency medical information card, and evacuation pickup points. These trainings can also help prevent further injury by educating about precautions to take when stranded in severe

weather (e.g., do not seek shelter under an overpass during a tornado, etc.).

Know how to access recovery resources available to people experiencing homelessness.

A common frustration of CBOs is finding disaster recovery assistance that is available to people experiencing homelessness. Many of FEMA's primary recovery assistance programs are targeted to people who lost their housing due to a disaster. People experiencing homelessness prior to the disaster are generally not eligible for monetary disaster assistance and loans. Some individuals experiencing homelessness may qualify for assistance if they lived in a non-traditional living quarter (e.g., an encampment) that received some support from local government. For example, in Nashville, TN, individuals who lived in the city's largest homeless encampment received local sanitation services, so the residents qualified for 2 months of rental assistance and compensation for lost personal property. The U.S. Department of Housing and Urban Development (HUD) also allows local communities affected by disasters to request a waiver to better utilize HUD resources to meet the disaster-related needs of people who are homeless or unstably housed. Homeless service providers can also learn how to use Federal disaster case management, prescription replacement, and food stamp assistance programs. ■

More information about the disaster planning for people experiencing homelessness can be found on the National Health Care for the Homeless Council's Emergency Preparedness website: <http://www.nhchc.org/resources/clinical/tools-and-support/emergency-preparedness/>.

The Benefits of Collocating Companion Animals during Disasters

Contributed by **Diane Robinson**

Emergency Services Training Manager, American Humane Association

On August 29, 2008, disaster responders gathered in New Orleans for the dedication of the Katrina Animal Memorial. It had been 3 years since Hurricane Katrina changed everything—not only for the victims, but for government agencies, responder organizations, and the general public watching the disaster unfold. On this day, our thoughts were split between what had been and what might be, as we monitored a new threat—Hurricane Gustav.

This Time There Was a Plan

After the Katrina tragedy, people were expecting the worst from Gustav. But officials, agencies, and organizations had been preparing for this type of event over the past few years, so this time there was a plan.

The next day, I arrived in Shreveport, LA, to help implement that plan, which was to house the people and their companion animals in collocated shelters. The people would be housed in one facility and their animals would be housed in another, nearby facility—right across the street. American Humane Association was one of the many groups that came together to assist owners in the sheltering and care of their companion animals. I was one of the fortunate members of the American Humane Association Red Star Animal Emergency Services team who served on this very important mission.



New Orleans, LA, September 8, 2005—Some residents fled so quickly when Hurricane Katrina hit that pets were left behind on locked porches.

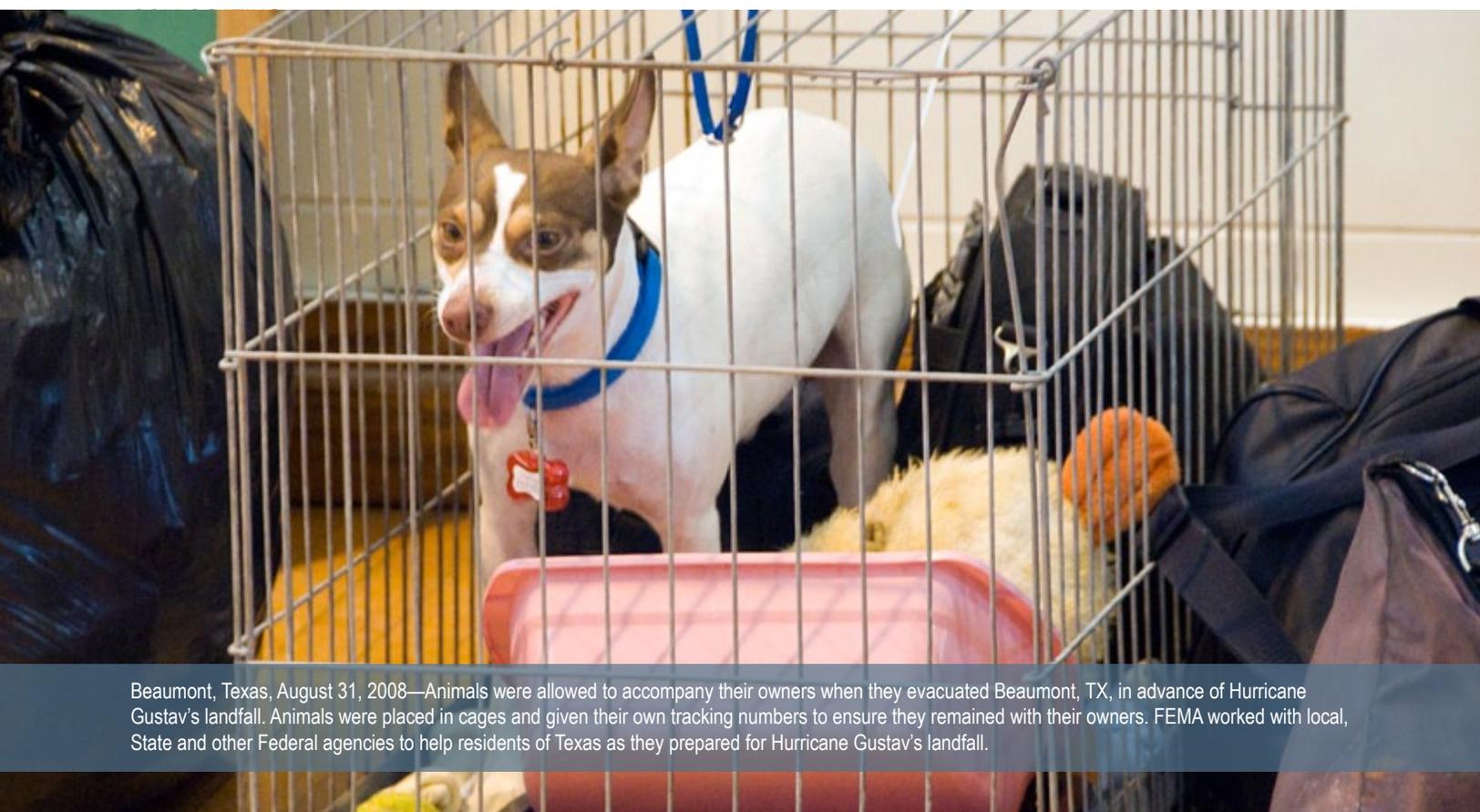
In 2005, when Hurricane Katrina struck, many companion animals were denied shelter. Some people refused to evacuate without their animals, while others were forced to retreat to safety and leave their companion animals behind. It was not the first time this type of situation had occurred, but due to the disaster's scope and the extensive news coverage, it was the first time the general public paid attention to the heartbreaking separation of people and their beloved pets on such a large scale. The human-animal bond (the emotional connection between an animal and a person) has always been strong between pet owners and the animal members of their families. For years, people have refused to evacuate

without their pets, or they have risked their own lives to go into danger zones, such as behind fire lines, to rescue the animals left behind.

Keeping the Entire Family Together

The response to Hurricane Gustav was different. As Gustav approached, people evacuated on a large scale, and this time they took their entire “family” with them. Sixty-two percent of American households include at least one companion animal. At the “mega shelter” established for Hurricane Gustav, we housed nearly 1,200 of them.

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Beaumont, Texas, August 31, 2008—Animals were allowed to accompany their owners when they evacuated Beaumont, TX, in advance of Hurricane Gustav's landfall. Animals were placed in cages and given their own tracking numbers to ensure they remained with their owners. FEMA worked with local, State and other Federal agencies to help residents of Texas as they prepared for Hurricane Gustav's landfall.

ANIMALS *continued from page 7*

At least twice a day, pet owners from the human shelter would cross the street, find their dogs, and take them outside for a walk. Often, they would spend most of the day in the yard, frequently with their children, just being together with their pets. If passersby didn't know better, they might have thought it was a gathering of families spending a day at the park.

The time evacuated pet owners spent walking, cleaning, and caring for their pets took their minds off of the events happening beyond their control. The animal shelter became their escape. Despite all the barking and the various smells of the shelter, this temporary home brought a peace and calmness to the hurricane victims. Research finally supports what animal lovers have

known for years—there are emotional and physical benefits involved in playing with a cat or walking a dog or simply cuddling with them.

A Sense of Control, a Feeling of Comfort

I have responded to disasters where temporary shelters were used, in which the animals were cared for by disaster responders, and some where collocated shelters were used, in which the owners were involved in providing care for their own pets. Despite the logistical, administrative, and safety concerns that need to be addressed when having owners care for their pets, both the animals and the owners benefit from remaining together.

From talking to pet owners and from my own observations, I have found that providing care gives the owners a routine and a responsibility that may be lacking from their lives during a disaster. When they have no control over anything else in their lives during that time, they can care for their pets.

In a disaster, the human-animal bond can be easily broken by the stress of the situation and through the trauma of separating owners from their pets. Collocating human and animal shelters enables daily interaction between people and their pets, which helps keep the bond strong and provides the comfort and companionship that both people and pets need—especially in stressful times. ■

RECOMMENDED RESOURCE

Ready to Remember: Jeremy's Journey of Hope and Healing

The National Child Traumatic Stress Network has developed *Ready to Remember: Jeremy's Journey of Hope and Healing*. Written by Judy Cohen, Danny Miller, and Robin Goodman, this children's book tells the story of a 10-year-old boy's experience following the tragic death of his father. This illustrated book follows Jeremy, who is having difficulty coping with the loss, and although the book is not specific about the cause of his father's death, the lessons can be applied to any disaster or traumatic loss when grief is involved.

Included is a caregiver guide, which details suggestions for how caregivers can use this story to engage the children they care for in a discussion about their own traumatic experiences. The guide discusses signs and symptoms of childhood traumatic grief, including:

- » Intrusive memories
- » Feeling responsible for the death
- » Avoidance and numbing
- » Physical reactions
- » Emotional reactions
- » Loss reminders
- » Trauma reminders

The guide also provides recommendations on ways to help children who may be experiencing childhood traumatic grief, including the importance of seeking support from mental health professionals, obtaining stress reduction tips, and developing healthy coping skills.

Ready to Remember: Jeremy's Journey of Hope and Healing can be found at http://www.nctsn.org/sites/default/files/assets/pdfs/ctg_book_09_09_11a.pdf. ■



Additional Resources



The *Disaster Behavioral Health Preparedness and Response Resources* booklet lists SAMHSA disaster preparedness and recovery resources for disaster survivors and professionals who assist individuals and communities in coping with disaster. Topics include emergency preparedness, training, disaster response, stress prevention and management, and suicide

prevention. To view, download, or order this booklet, please visit <http://store.samhsa.gov/product/Disaster-Behavioral-Health-Preparedness-and-Response-Resources/DTAC11-CATALOG>.

Upcoming Events

CONFERENCES

International Disaster Conference and Exposition

January 17–19, 2012; New Orleans, LA

The purpose of this conference is to provide a forum to discuss disaster preparation, response, recovery, and mitigation techniques.

http://www.supplyht.com/Calendar_of_Events/Meetings_and_Shows/BNP_GUID_9-5-2006_A_10000000000001005901

American Counseling Association 2012 Annual Conference

March 21–25, 2012; San Francisco, CA

This event will feature pre-conference learning institutes and conference education sessions. The conference will focus on disaster mental health, social media, military members and their families, and the revised edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), DSM-V.

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

The 9th Annual Institute for Disaster Mental Health Conference

April 20, 2012; New Paltz, NY

This conference will provide training on effective stress management and self-care strategies, and a forum to discuss disaster response, emergency management, and the stress of trauma work.

<http://www.newpaltz.edu/idmh/conferences.html>

Disaster Response & Recovery Exposition 2012

May 21–25, 2012; Nashville, TN

This event will provide a forum for local, State, and Federal public health and emergency preparedness practitioners and policy makers to work with and discuss the latest equipment, technologies, and services available for disaster response and recovery.

<http://events.jspargo.com/drre12/public/enter.aspx>

2012 Integrated Medical, Public Health, Preparedness, and Response Training Summit

May 21–25, 2012; Nashville, TN

This summit will provide an opportunity for attendees to advance their knowledge, skills, and abilities in disaster preparedness and response in order to improve their capability to deliver public health and medical care services during disasters.

<http://www.integratedtrainingsummit.org>

2012 Disaster Assistance Response Training Conference

June 2012 (location and date to be announced)

This conference will cover topics on disaster assessment, disaster medical training, and preparedness and planning. It is designed to help train missionaries, relief workers, members of churches, nongovernmental organizations, and military members.

<http://www.swi.org/dart.html>

Fourth International Disaster and Risk Conference Davos 2012: Integrative Risk Management in a Changing World

August 26–30, 2012; Davos, Switzerland

This conference will cover topics in risk reduction and disaster management, emergency risks, urban risks, health risks, ethics, and other disaster-related risk management topics.

<http://www.idrc.info>

WEBINARS

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, as well as representatives from the fields of public health and emergency management.

<http://www.samhsa.gov/dtac/education.asp#webcasts>

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WEBINARS *continued from page 10*

Integrating All-Hazards Preparedness with Public Health

This webcast by the National Association of County & City Health Officials (NACCHO) features four 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

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 disaster behavioral health (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/education.asp#webcasts>

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.

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

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://www.mchcom.com/liveWebcastDetail.asp?leid=414>

TRAININGS

Early Responders Distance Learning Center

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

<http://erdlc.sju.edu>

Federal Emergency Management Agency (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) Psychological First Aid (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 the PFA 6-hour interactive course that puts the participant in the role of a provider in a post-disaster scene. 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 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 (CPHP) Training Web Site

This site offers free Internet-based trainings developed by the UNC CPHP on public health preparedness topics such as disease surveillance; basic epidemiology; bioterrorism; diverse populations; disaster planning, response, and recovery; and emerging and reemerging diseases.

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

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 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 email, 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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