



The Dialogue

A QUARTERLY TECHNICAL ASSISTANCE BULLETIN ON DISASTER BEHAVIORAL HEALTH

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SAMHSA DTAC Director's Corner

We are all aware of the numerous Presidential disaster declarations issued in these past few months as a result of wildfires, tornadoes, torrential rainstorms, and flooding. Our thoughts go out to all those affected by these disasters. The SAMHSA Disaster Technical Assistance Center (DTAC) would like to remind emergency management staff and disaster behavioral health professionals of the special populations that are often impacted, yet overlooked, in ways that the general public might not be.

Therefore, we have dedicated this issue of *The Dialogue* to one such special population: persons with disabilities and other access and functional needs. We have recently created an installment focused on this population in our Disaster Behavioral Health Information Series; this work is part of our overall effort to support the disaster behavioral health field with tools and resources for disaster preparedness and response. You can find these important resources by visiting us at <http://www.samhsa.gov/dtac/resources.asp>. As always, you may reach our training and technical assistance staff by

emailing us at DTAC@samhsa.hhs.gov or by calling us toll-free at 1-800-308-3515. We encourage you to forward this issue to others you think would benefit from learning more about helping special populations prepare for and recover from disasters.

Warmest Regards,

Amy R. Mack, Psy.D.
SAMHSA DTAC Project Director

Effective use of peer crisis counseling in the wake of Hurricanes Andrew and Floyd

Contributed by Roger Williams, M.S.W.¹

Disasters are equal-opportunity events. Individuals who are deaf or hard of hearing are impacted by the initial event without regard for their hearing status. Unfortunately, the same cannot be said of the response to their behavioral health needs. These individuals face significant barriers to service delivery arising from the shortage of qualified providers and a community often isolated from mainstream media and wary of intervention efforts which are not culturally or linguistically accessible. The initial response to this dilemma has often been to utilize sign language interpreters to provide access to services.

However, this approach has not been effective in reaching the individuals most in need and does not make the most of existing resources. If no one who is deaf knows to watch the announcement, an interpreter is of little benefit. All too often, individuals who are deaf feel, at best, overlooked and, at worst, deliberately ignored, by the providers of disaster relief services. An alternative approach, the use of specially trained peer counselors, has been shown to be an effective tool to address the substantive needs of this community, providing access that is both effective and efficient.

Peer counseling provides a way to utilize individuals who have the trust of the community and are familiar with local resources. This allows for relationships to be developed between agencies which have historically served the Deaf community and agencies which are at the forefront of providing disaster relief services. As with other marginalized groups such as linguistic minorities or immigrant populations, peer counselors provide access to individuals who will not otherwise come forward and seek services.

A Case Example

Following Hurricanes Andrew and Floyd, in Florida and North Carolina respectively, the South Carolina Department of Mental Health sent in a team of three clinicians fluent in American Sign Language, or ASL, and an interpreter, all trained in both disaster response and behavioral health. This group was able to reach out to traditional deafness services agencies such as regional service centers and to the agencies which had been tasked with providing disaster behavioral health services.

Meetings were held with “gatekeepers” in the Deaf community, which then led to community meetings with the support of both the community and the agencies already serving deaf individuals. Peer



A peer counselor using American Sign Language to meet the needs of the Deaf community following a disaster.

counselors were recruited, identified, and trained to provide basic Psychological First Aid and triage/referral to more extensive services if warranted. Finally, Orientation to Deafness training was then provided to those agencies that had the resources to provide disaster behavioral health services but had not had experience working with deaf individuals.

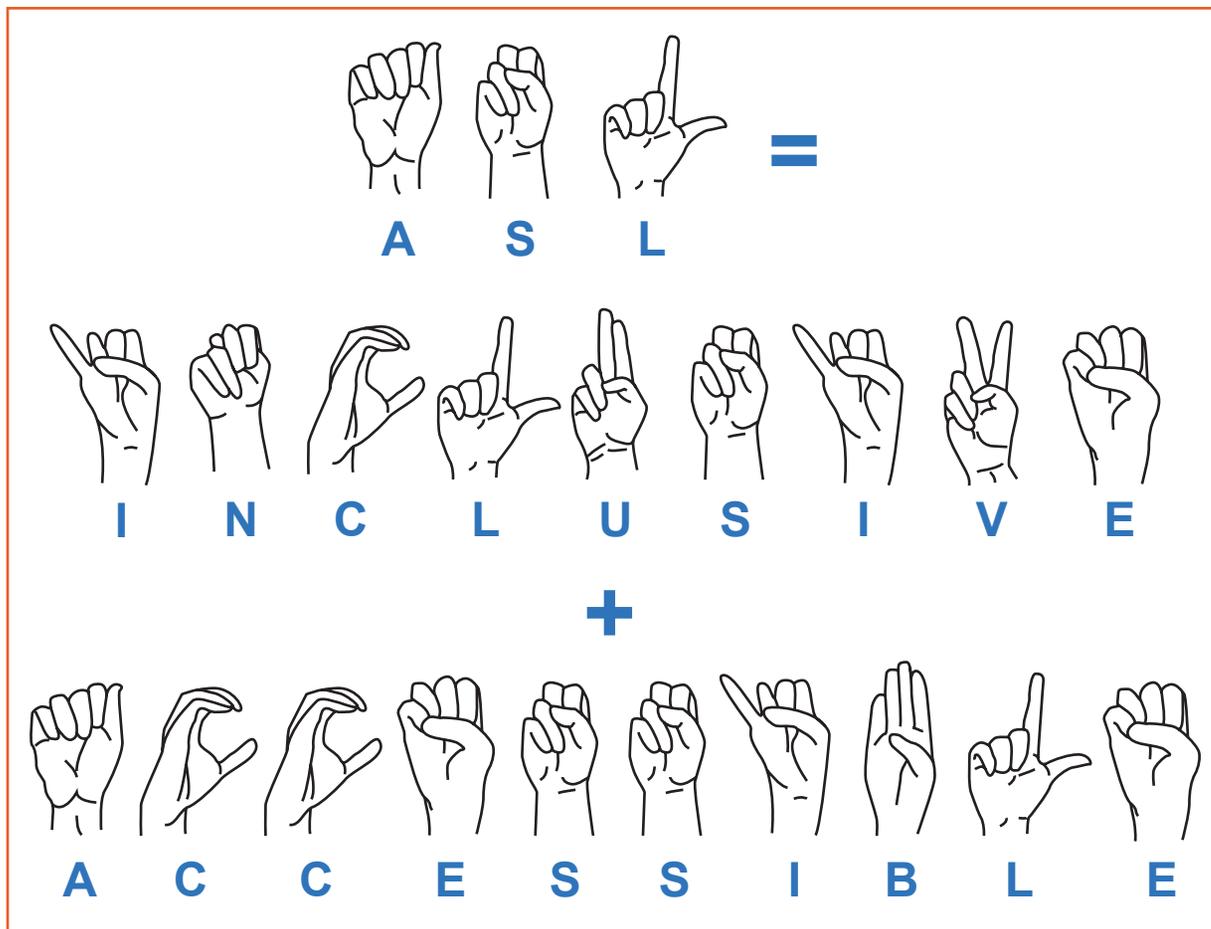
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¹ Director, Deaf Services, South Carolina Department of Mental Health, Columbia, SC

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To prepare for future disasters, those involved in disaster behavioral health should follow the steps listed below, a framework for providing culturally and linguistically accessible services:

- > *Involvement of the Deaf community in planning and preparedness activities.* This step will include inclusion of representatives of the Deaf community on committees established to meet the need of individuals with functional needs, as well as ensuring that these meetings are accessible through the provision of interpreter services.
- > *Identification of agencies which have historically served the Deaf community and the establishment of linkages between these resources and emergency management agencies.* While these vary by State, they are likely to be a mix of State and private agencies, both not-for-profit corporations and businesses.
- > *Identification of a qualified resource to provide the training for peer counselors, either within the State or in another State, available through the Emergency Mutual Assistance Compact.* Several States have specialized behavioral health services for individuals who are deaf and also have training in disaster response.
- > *Identification of resources which can assist in the provision of more extensive behavioral health services.* The availability of these resources vary greatly from location to location but, even if



none is available, it is essential to at least identify agencies willing to hire qualified interpreters to provide services to this population.

In the event of a major disaster, providing crisis counseling and disaster psychosocial services to the Deaf community can be a challenge for the

State behavioral health system charged with that responsibility. Meeting the needs of the Deaf community in an effective and efficient manner necessitates creativity and the development of new relationships. As shown by experiences in previous disasters, peer counseling can be an integral part of the response. ■

Special Feature

People with Access and Functional Needs Will No Longer Be Left Behind in Emergencies

Contributed by Audrey Pullman, M.D.¹



FEMA's Disaster Medical Assistance Team attends to an evacuee with special needs from Hurricane Katrina. Photo: Liz Roll/FEMA

During Hurricane Katrina, Benilda Caixeta, a New Orleans resident with quadriplegia, was trapped in her home and tried for two days to seek refuge at the Superdome. Despite repeated phone calls to authorities, help never arrived for Ms. Caixeta. Days later, she was found dead in her apartment, floating next to her wheelchair.

“Benilda need not have drowned,” testified Marcie Roth before the U.S. House of Representatives Bipartisan Disabilities Caucus in November 2005. Ms. Roth, Director of the Federal Emergency Management Agency (FEMA) Office of Disability Integration and Coordination (ODIC), had personally placed calls to prompt Ms. Caixeta’s evacuation. “People with disabilities were not in good hands,” said Ms. Roth, who, though she did everything within her powers to help Ms. Caixeta, is still haunted by the memory of her 6 years later.

The People Left Behind During a Disaster

Hurricane Katrina revealed that some cities lack emergency preparedness for all their citizens during a disaster, especially people with disabilities and other access and functional needs. According to the Disability Rights Advocates newsletter, at least 1,000 people lost their lives due to Hurricane Katrina. The elderly, children, and people with disabilities were among the most at risk. Of those individuals who died during Katrina, almost half were 75 or older, and many had disabilities. People died in nursing homes and medical centers, and many more died in their own homes or on the streets. There were no warnings or emergency instructions to prompt both the hearing and visually impaired to evacuate.

The persons who rely on electricity to breathe or charge power wheelchairs face grave danger in a power outage. Those with mobility impairments need unimpeded access to shelter and services.

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¹Office of Disability Integration and Coordination, Department of Homeland Security/FEMA

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People with disabilities are disproportionately low income and are more likely to use emergency shelters because they do not have other options. Yet many cities have not planned for emergency shelters to accommodate people with medical challenges and those with access and functional needs.

The Federal Response to Hurricane Katrina: Lessons Learned

After Hurricane Katrina, President George W. Bush ordered a comprehensive review of the Federal response to the disaster. In his September 15, 2005 address to the Nation from Jackson Square in New Orleans, the President made it clear that the Federal Government would learn the lessons of Hurricane Katrina so we as a Nation could make the necessary changes to be, as he put it, “better prepared for any challenge of nature, or act of evil men, that could threaten our people.” The 228-page *Lessons Learned Report* exposed significant flaws in national preparedness, including a lack of coordination of all departments and agencies on the State, local, and private-sector levels.

President Bush also signed a 2004 Executive order to strengthen preparedness plans to serve people with disabilities. By the time of the signing, the American with Disabilities Act of 1990 already required that emergency preparedness and

“There isn’t ownership clearly defined by the Federal Government as to who is responsible for disability planning”

response programs be accessible to people with disabilities. However, critics say, recent disasters illustrate how people with disabilities and other access and functional needs are still being left out of evacuation plans. They also point out that there is currently no standardized Federal preparedness plan for persons with disabilities, and many State and local emergency management offices do not have appropriate plans in place to support people with and without disabilities.

“There isn’t ownership clearly defined by the Federal Government as to who is responsible for disability planning,” Hilary Styron, Director of the Emergency Preparedness Initiative for the National Organization on Disability, told *The New Standard* newspaper in June 2010.

Disabled-rights advocates say that people with disabilities have a host of concerns that non-disabled people may not consider during



emergencies. Groups said that many people with disabilities in New Orleans were evacuated without their medicine, medical equipment, wheelchairs, and even guide animals. “What happens if you lose your wheelchair and then you’re placed in a shelter?” asked Cat Rooney, project coordinator for a 2003–2006 University of Kansas study on emergency response plan support for people with mobility impairments. “You can no longer get up to go to the bathroom by yourself. People lose their independence.”

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Dr. Glen White, principal investigator for the University of Kansas study, also stressed the needs of people with mental health impairments. “If someone has schizophrenia and they’re put in a great big shelter with all these other people around them, and they don’t have medication, that causes a lot of problems,” Dr. White told *The New Standard*.

What Has Changed 5 Years After Katrina

The Post-Hurricane Katrina Emergency Management Reform Act of 2006 included many reforms to provide FEMA with the necessary tools and leadership to ensure integration of needs-related issues. For example, the Act directed the FEMA Administrator to appoint a disability coordinator to ensure that the needs of individuals with disabilities are being properly addressed in emergency preparedness and disaster relief.

In February 2010, FEMA Administrator Craig Fugate established ODIC and appointed Marcie Roth, U.S. Senior Advisor on Disability Issues and Acting Disability Coordinator, to the role of ODIC Director. ODIC provides guidance, tools, methods, and strategies to integrate and coordinate emergency management efforts to meet the access and functional needs of all citizens, including children and adults with disabilities. ODIC works actively to engage

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Several program initiatives have been enacted to provide FEMA with the tools and leadership needed to ensure the special needs of people with disabilities are integrated into emergency response.



Marcie Roth, Director of Disability Integration and Coordination (FEMA) speaks to the Inclusive Hurricane Preparedness Conference about FEMA's outreach and coordination with the disability community. Photo: David Fine/FEMA

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emergency management stakeholders and coordinates internal FEMA program offices and relevant external parties to achieve inclusive, community-wide emergency planning and disaster response and recovery.

Recent Program Initiatives

There are many other notable Federal initiatives:

- > FEMA is adapting traditional human resource practices to hire a more diverse workforce that looks like the communities we serve, including recruiting qualified applicants with disabilities.
- > FEMA has begun to hire disability integration specialists for each of the 10 regional offices to increase Agency-wide capacity to serve all citizens.
- > In July 2010, FEMA Administrator Craig Fugate signed a memorandum of agreement with the National Council on Independent Living which allows the Centers for Independent Living to access FEMA Disaster Recovery Centers in order to better assist people with disabilities impacted by a disaster.
- > FEMA also recently developed guidance and provided training for emergency managers and shelter planners on functional needs

support services in all 10 regions. This curriculum provides tools and strategies for accommodating individuals with disabilities in general-population shelters during emergencies, as required by law.

- > In September 2010, FEMA hosted the Getting Real: Inclusive Emergency Management National Capacity Building Conference. It brought together hundreds of disability community leaders, emergency managers, and other key stakeholders to optimize limited resources, improve inclusive emergency management practices, and ensure equal services for everyone during emergencies.
- > In addition, the people-first language guidelines are currently under review by FEMA for approval. These guidelines will provide inclusive language for people to use when referring to a person with a disability. The Disability Working Group (DWG) was established on August 3, 2010, to support the overall efforts of FEMA's ODIC in two key areas. First, the DWG will work to align policy and practices with the various applicable laws. Second, it will identify limitations of authority under the Robert T. Stafford Disaster Relief and Emergency Assistance Act that prohibit FEMA from providing the appropriate level of service

to individuals with disabilities and others access and functional needs. The DWG will meet on a bimonthly basis, offering a platform to allow Department and Agency components the ability to collaborate and communicate more effectively.

ODIC is also collaborating with internal and external partners in order to strengthen relationships and address other disparities. Examples include the following:

- > SAMHSA is working to address the needs of those with both mental and physical disabilities and to increase accessibility of housing, transportation, employment, and civil rights for all people, including those with disabilities and other access and functional needs.
- > The U.S. Department of Housing and Urban Development (HUD) and ODIC are working together on the Housing Recovery Support Annex, which will provide guidance for facilitating post-disaster housing recovery.
- > The U.S. Department of Health and Human Services (HHS) and ODIC are collaborating on the National Health Security Strategy in order to build community resilience and to

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strengthen and sustain health and emergency response systems.

- > In support of President Obama's "Year of Community Living," Kathleen Sebelius, Secretary of HHS, and Shaun Donovan, Secretary of HUD, jointly announced that they would support and encourage their Departments to work more closely on policies and programs that would increase community living opportunities for persons with disabilities.

Filling in the Gaps

As the fifth anniversary of Hurricane Katrina has come and gone, we must heed the lessons of past failures and look to engage in integrated preparedness planning that meets the needs of all our citizens, including the mentally ill, physically impaired, the poor, the elderly, children, individuals with limited English proficiency, and culturally diverse communities, to name just a few. When it comes to disaster planning, our most vulnerable populations should no longer be left as a secondary consideration of an annex to an emergency operations plan. ■

Reference List

"Caring for Special Needs during Disasters: What's being done for Vulnerable Populations?" *Hearings before the House Committee on Homeland Security, Subcommittee on Emergency Communications, Preparedness, and Response*, 111th Cong. (2010) (testimony of Marcie Roth). Retrieved from https://www.fema.gov/pdf/about/odc/written_statement_roth.pdf

Disability Rights Advocates Newsletter. (2009, October). Retrieved from http://www.dralegal.org/downloads/pubs/DRA_Briefcase-10-09.txt

HUD and HHS announce joint effort to assist nearly 1,000 non-elderly persons with disabilities to move from institutions to independence. *U.S. Department of Health and Human Services Office on Disability: Disability Topics*. Retrieved from http://www.hhs.gov/od/topics/community/hud_hhs_announce.html

Stough, L. M., Sharp, A. N., Decker, C., & Wilker, N. (2010). Disaster case management and individuals with disabilities. *Rehabilitation Psychology*, 55(3), 211–220.

Tady, M. (2006, August 21). Disabled people left behind in emergencies. *The New Standard*. Retrieved from <http://www.alternet.org/story/40443>

U.S. Department of Homeland Security. (2006). *The Federal response to Hurricane Katrina: Lessons learned*. Retrieved from <http://library.stmarytx.edu/acadlib/edocs/katrinawh.pdf>

Feel Safer, Be Safer: Using Plain Language in Disaster Preparedness

Contributed by Mark Starford, M.Ed.¹, Charlene Jones, M.Ed.²

In the early years of the 21st century, there was a moral summons to act and do the right thing for persons with disabilities and their families, as well as for other groups whose needs were underrepresented in disaster preparedness and response. The aftermath of recent natural disasters in the U.S. demonstrated the need to mitigate the extent of human devastation. With few resources on hand, community members, particularly persons with disabilities, the elderly, and families, were ill equipped to prepare themselves for disasters. Even today, while public officials promote personal planning as a good measure of readiness, most individuals remain unprepared in the event of a natural disaster or other community emergency—and in California the question is no longer if but when a disaster or emergency will occur.

In response, the California Department of Developmental Services (DDS), with U.S. Department of Homeland Security funding, developed Feeling Safe, Being Safe, a collection of multimedia training and preparation tools with wide utility. In 2006 after small emergency events in the State, the DDS Consumer Advisory Committee (CAC) began discussions after learning that very



Feeling Safe, Being Safe disseminated materials designed in accessible formats that enhanced independence and self-directed planning. Its plain language and pictorial approach employed easy-to-use strategies successful with children, adults, and families because of its adaptability and straightforward learning strategy, Think-Plan-Do.

few people were prepared, including themselves. Members were afraid to think about a disaster in their own communities. Families with children with disabilities and others shared worries about not knowing what to do or how to be better prepared in their homes. Interviews and community meetings revealed a collective dependence on the belief that “someone will rescue me.” Wanting more individuals

with disabilities to feel and be safe, the CAC created a mechanism for raising awareness and increasing personal planning that could be shared with peers, families, neighbors, and community agencies. Their approach served not to panic individuals, but to empower them to be ready, feel safer, take action when needed, and reach out to fellow community members.

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¹Director, The Board Resource Center

²Editor, The Board Resource Center

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Feeling Safe, Being Safe disseminated materials designed in accessible formats that enhanced independence and self-directed planning. Its plain language and pictorial approach employed easy-to-use strategies successful with children, adults, and families because of its adaptability and straightforward learning strategy, Think-Plan-Do.

Feeling Safe, Being Safe served two purposes: improving personal preparedness for thousands of Californians and creating openings for persons with disabilities to be viewed as community assets able to assist others in their preparations. The keys to success of Feeling Safe, Being Safe were its accessible materials and basis in the idea that “being in charge” is essential to personal emergency planning.

Feeling Safe, Being Safe also emphasized the significance of community and neighborhood relationships during emergencies. Through statewide field tests, community presentations, and meetings, it was learned that only 20 percent of participants knew simple information about neighbors, such as phone numbers and family names. Even fewer were connected with community organizations (Neighborhood Watch, or housing or community associations). The planning team learned that emergency preparedness tools are not as viable without basic connections to people who live and work nearby. Social connections created within neighborhoods build community that ensures mutual safety. Feeling safe and being safe in an emergency

necessitates interdependency and demands outreach to community members.

Reaching out in urban areas doesn’t happen effortlessly due to a variety of factors, such as unsafe neighborhoods, mobility limitations, and overdependence on paid staff for support. Making connections and feeling at ease exchanging information takes time, trust, and a belief that one’s personal safety is intertwined with that of others. With important planning information distributed by local authorities and first responders, community members must be self-reliant and neighborly to each other. Persons with disabilities, families, and neighbors can learn how to be prepared and support each other side by side.

What We Learned

- > It is effective to approach emergency preparedness planning from a “being safe” perspective rather than from a perspective founded in fear.
- > Tested and accessible multimedia formats with plain language are comfortable for people to follow.
- > Incorporating preparedness conversations at home, in school, and with neighbors eases tension and brings people together.
- > Reaching out to neighbors creates community.
- > Connecting with community associations is an indispensable bridge to increased personal safety.

“People should not rely solely on government or others; they need to be prepared themselves.”

The American National Standards Institute's Homeland Security Standards Panel (ANSI-HSSP) Report

Standardization for Emergency Communications, April 2008

Resources

Feeling Safe, Being Safe materials and video are available on the Board Resource Center website, http://brcenter.org/lib_library.html.

Feeling Safe, Being Safe sequenced webcast training is available at no charge online at the California DDS’s website. Click on the Feeling Safe, Being Safe icon on the home page at <http://www.dds.ca.gov>. ■

RECOMMENDED RESOURCES

Emergency Communication 4 ALL: A Picture Communication Aid

Communication during disasters is critical for conducting life-saving response activities, increasing safety, and decreasing stress and anxiety. Increased stress from disasters can often make existing challenges to communication more difficult to overcome. Emergency responders and crisis counselors encounter a variety of people during a disaster and are likely to encounter people with access and functional needs. These may include:

- > Those who have difficulty understanding spoken communication
- > Those who are deaf and have hearing difficulties
- > Those who are blind and have difficulty with sight

Emergency Communication 4 All, which was developed by Diane N. Bryen and Rachel Ravitch through a grant from the National Institute on Disability and Rehabilitation Research, can be used by persons with disabilities and other access and functional needs following a disaster. This communication aid is aimed at increasing each survivor's understanding of what responders and crisis counselors are trying to communicate

Emergency Communication 4 ALL **Picture Communication Aid**

FREE SPACE (for your custom message)

I can't speak but I can hear and understand you. My vital information is on the back on this page. My technology needs to be charged. Please contact my family.

Ask me questions if you need to, but please wait patiently for my replies.

I will point to where I hurt.

13. EQUIPMENTSUPPORT NEEDED FOR INDEPENDENCE

Personal Assistance Services

Name _____

Phone _____

Allotted Hours _____

Mobility/Transferring _____

Communication _____

Hygiene/Toileting /Vision _____

Telephone Use _____

Finances/Writing _____

Cooking _____

Eating and Diet _____

Transportation _____

Service Animals _____

SUPPLIER

Institute on Disabilities
TEMPLE UNIVERSITY
College of Education

Policy Number _____
Date Issued _____

The Picture Communication Symbols
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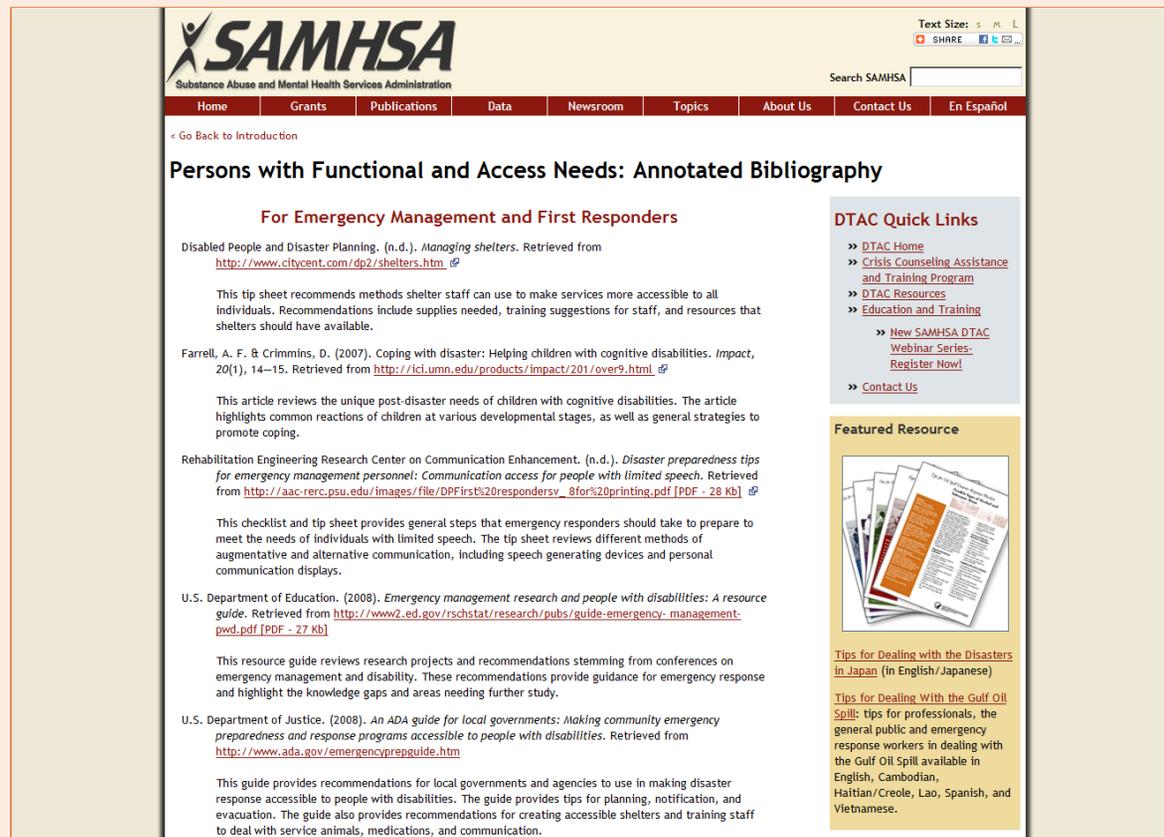
and to ease responders' and counselors' work in communicating their messages. This tool can be carried by both service providers and persons with disabilities, and it helps those with communication challenges to communicate more effectively with disaster response workers and crisis counselors. The communication aid includes a personal information sheet with which survivors can keep track of their own emergency information, including contacts, medications, allergies, and equipment and support needed for independence.

Emergency Communication 4 ALL: A Picture Communication Aid is available in PDF at <http://disabilities.temple.edu/aacvocabulary/e4all/EprepPictureAid.pdf>. It is also available in Spanish at <http://www.temple.edu/instituteondisabilities/aacvocabulary/e4all/EprepPictureAidES.pdf> and Haitian Creole at <http://www.temple.edu/instituteondisabilities/aacvocabulary/e4all/EprepPictureAidCREOLE02010.pdf>.

Online Resources Available for Persons with Disabilities and Other Access and Functional Needs

The SAMHSA Disaster Behavioral Health Information Series (DBHIS) contains themed resource collections and toolkits that are pertinent to the disaster behavioral health field. Our newly updated installment focuses on the behavioral health needs of persons with disabilities and other access and functional needs who have experienced disasters. This installment contains an annotated bibliography with links to resources, organizations, and agencies that address issues for persons with disabilities. Resources are included for the following groups:

- > Emergency management and first responders to ensure that services and disaster response activities include persons with disabilities
- > Service providers to increase their understanding of appropriate ways to communicate with persons with disabilities
- > Persons with disabilities who are preparing for or have survived a disaster ■



The screenshot displays the SAMHSA website's annotated bibliography page. The header includes the SAMHSA logo and navigation links: Home, Grants, Publications, Data, Newsroom, Topics, About Us, Contact Us, and En Español. The main content area is titled "Persons with Functional and Access Needs: Annotated Bibliography" and is divided into two columns. The left column, "For Emergency Management and First Responders," lists several resources with brief descriptions and links. The right column, "DTAC Quick Links," provides links to DTAC Home, Crisis Counseling Assistance and Training Program, DTAC Resources, Education and Training, and a New SAMHSA DTAC Webinar Series. Below this is a "Featured Resource" section with an image of a booklet and links to "Tips for Dealing with the Disasters in Japan" and "Tips for Dealing With the Gulf Oil Spill".

Persons with Functional and Access Needs: Annotated Bibliography

For Emergency Management and First Responders

Disabled People and Disaster Planning. (n.d.). *Managing shelters*. Retrieved from <http://www.citycent.com/dp2/shelters.htm>

This tip sheet recommends methods shelter staff can use to make services more accessible to all individuals. Recommendations include supplies needed, training suggestions for staff, and resources that shelters should have available.

Farrell, A. F. & Crimmins, D. (2007). Coping with disaster: Helping children with cognitive disabilities. *Impact*, 20(1), 14–15. Retrieved from <http://ici.umn.edu/products/impact/201/over9.html>

This article reviews the unique post-disaster needs of children with cognitive disabilities. The article highlights common reactions of children at various developmental stages, as well as general strategies to promote coping.

Rehabilitation Engineering Research Center on Communication Enhancement. (n.d.). *Disaster preparedness tips for emergency management personnel: Communication access for people with limited speech*. Retrieved from http://aac-rerc.psu.edu/images/file/DPFfirst%20respondersv_8for%20printing.pdf [PDF - 28 Kb]

This checklist and tip sheet provides general steps that emergency responders should take to prepare to meet the needs of individuals with limited speech. The tip sheet reviews different methods of augmentative and alternative communication, including speech generating devices and personal communication displays.

U.S. Department of Education. (2008). *Emergency management research and people with disabilities: A resource guide*. Retrieved from <http://www2.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf> [PDF - 27 Kb]

This resource guide reviews research projects and recommendations stemming from conferences on emergency management and disability. These recommendations provide guidance for emergency response and highlight the knowledge gaps and areas needing further study.

U.S. Department of Justice. (2008). *An ADA guide for local governments: Making community emergency preparedness and response programs accessible to people with disabilities*. Retrieved from <http://www.ada.gov/emergencyprepguide.htm>

This guide provides recommendations for local governments and agencies to use in making disaster response accessible to people with disabilities. The guide provides tips for planning, notification, and evacuation. The guide also provides recommendations for creating accessible shelters and training staff to deal with service animals, medications, and communication.

DTAC Quick Links

- » [DTAC Home](#)
- » [Crisis Counseling Assistance and Training Program](#)
- » [DTAC Resources](#)
- » [Education and Training](#)
- » [New SAMHSA DTAC Webinar Series: Register Now!](#)
- » [Contact Us](#)

Featured Resource



[Tips for Dealing with the Disasters in Japan](#) (in English/Japanese)

[Tips for Dealing With the Gulf Oil Spill](#): tips for professionals, the general public and emergency response workers in dealing with the Gulf Oil Spill available in English, Cambodian, Haitian/Creole, Lao, Spanish, and Vietnamese.

To view this DBHIS installment, please visit SAMHSA DTAC's website at <http://www.samhsa.gov/dtac/resources.asp#dbhis>.

Upcoming Meetings

Emergency Management Exposition & Conference Europa 2011

October 11–13, 2011; Munich, Germany

This conference will provide an opportunity for attendees to meet and discuss airport disaster preparedness, social media for emergency management, and emergency management and crisis response.

<http://www.emec-europa.com/>

Contingency Planners of Ohio 2011 Business Survival and Recovery Conference

October 24–25, 2011; Dublin, OH

This conference will provide an opportunity to discuss continuity of operations, disaster recovery, information security, and resiliency for professionals and planners in both the public and private sectors who are dedicated to educational and shared experiences in contingency planning.

<http://www.cpohio.org/conference.asp>

American Public Health Association 139th Annual Meeting and Exposition

October 29–November 2, 2011; Washington, DC

The purpose of this conference is to unite the public health community in order to enhance their knowledge and exchange information on best practices, latest research, and new trends in public health.

<http://www.apha.org/meetings/AnnualMeeting>

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_1000000000001005901

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>

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>

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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, 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 and 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 and responding to terrorist incidents with a specialized focus on psychological consequences. The training can be accessed at <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. The training can be accessed at <http://training.fema.gov/IS>.

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. This webcast has been archived at <http://webcasts.naccho.org/session-archived.php?id=684>.

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

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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. The training can be accessed at <http://learn.nctsn.org>.

Planning for Pandemic Influenza: Issues and Best Practices

This webcast by NACCHO features discussions on local challenges relating to vaccine distribution, isolation and quarantine, risk communication, hospital and personnel surge capacity, and community engagement. This webcast has been archived at <http://webcasts.naccho.org/session-archived.php?id=505>.

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. This webcast has been archived at <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. This webcast has been archived at <http://www.mchcom.com/liveWebcastDetail.asp?leid=414>.

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. The training can be accessed at <http://cphp.sph.unc.edu/training/index.php>.

CALL FOR INFORMATION

The Dialogue is an arena for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. Readers are invited to contribute profiles of successful programs, book reviews, highlights of State and regional trainings, and other news items. If you are interested in submitting information, please contact SAMHSA DTAC at DTAC@samhsa.hhs.gov.

ABOUT SAMHSA DTAC *Established by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare States, Territories, and local communities to deliver an effective mental health and substance abuse (behavioral health) response to disaster. SAMHSA DTAC provides disaster behavioral health preparedness and response consultation; develops resource collections addressing disaster behavioral health planning, special populations, and emergent topics; and supports collaborations between Federal entities, States, local communities, and non-governmental organizations. To learn more about SAMHSA DTAC, please call 1-800-308-3515, email DTAC@samhsa.hhs.gov, or visit us on the web: <http://www.samhsa.gov/dtac/>.*