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The Crisis Counseling Assistance and Training Program (CCP): Addressing Diverse Needs



Those who have the most need after a disaster often don't ask for help. CCP services are designed for diverse settings, to proactively reach out to the general public as well as the most vulnerable groups. Photo: FEMA/Andrea Booher.

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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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In This Issue

Funded by the Federal Emergency Management Agency (FEMA) and administered by SAMHSA, the Crisis Counseling Assistance and Training Program (CCP) has assisted U.S. States and Territories in their disaster recovery efforts for close to 37 years. CCP administrators, supervisors, and crisis counselors have shared feedback and stories from the field that have endowed the program over time with a wealth of lessons learned and best practices and helped build cross-community support. With the past decade's increase in natural disasters, mass violence, cluster suicides, and terrorism, the CCP has never been more critical to the behavioral health of the Nation.

The mission of the CCP is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based outreach and psycho-educational services.



Crisis counselors work to understand and respect the community and the cultures within it, and to demonstrate positive regard when interacting with survivors. Photo: FEMA/Andrea Booher.

Authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, the CCP requires a Presidential disaster declaration for Individual Assistance which includes short-term behavioral health support when disaster response needs are beyond States' capacity. Supplemental funding for crisis counseling is available to State or Territory Mental Health Authorities through two grant mechanisms: (1) the Immediate Services Program, which provides funds for up to 60 days of services immediately following a disaster declaration; and (2) the Regular Services Program, which provides funds for up to 9 months following a disaster declaration.

In this issue of *The Dialogue*, we have asked current CCP staff to share their experiences from recent disasters, each bringing a different perspective and highlighting how their teams have adapted their CCPs to meet the needs of a range of communities. We appreciate their efforts to do so in the midst of disaster response activities and hope that you find their articles informative as well as inspiring.

For more information about the CCP, please visit <http://www.samhsa.gov/dtac/proguide.asp>. And as always, please feel free to contact us at DTAC@samhsa.hhs.gov or toll-free at 1-800-308-3515 if you have questions about any issues in disaster behavioral health preparedness and response.

Warmest Regards,

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Crisis counselors meet disaster survivors out in the community where they already feel comfortable, rather than waiting for them to come to the CCP.
Photo: FEMA/Patsy Lynch.

Meeting Diverse Needs within the Hard-to-Reach Communities of New Jersey

Contributed by Julia Wimmer

Project Administrator, Project Recovery CCP

In August 2011, Tropical Storm Irene came and went, leaving an utter mess of damaged homes, schools, businesses, and lives in her wake. Towns and cities all across New Jersey—particularly communities in Northern and Central New Jersey—were suddenly islands as overflowing rivers rushed in and displaced thousands of residents. It is estimated that Irene caused more than \$1 billion in damages throughout New Jersey; according to the *Star-Ledger* (Goldbert, 2011), more than 31,000 residents filed claims with FEMA to help pay for damages. Furthermore, it is well known from past experiences responding to

multiple disasters that these events have an adverse impact on people physically, financially, and emotionally.

According to the latest census data, a little over 20 percent of New Jersey residents were born outside the United States to non-U.S. citizens (U.S. Census, 2010). While our State hosts immigrants in urban centers, rural areas, and suburban communities, there are also undocumented people in communities across New Jersey. As such, it was important for our disaster response outreach efforts to connect with the State's hard-to-reach immigrant populations, including

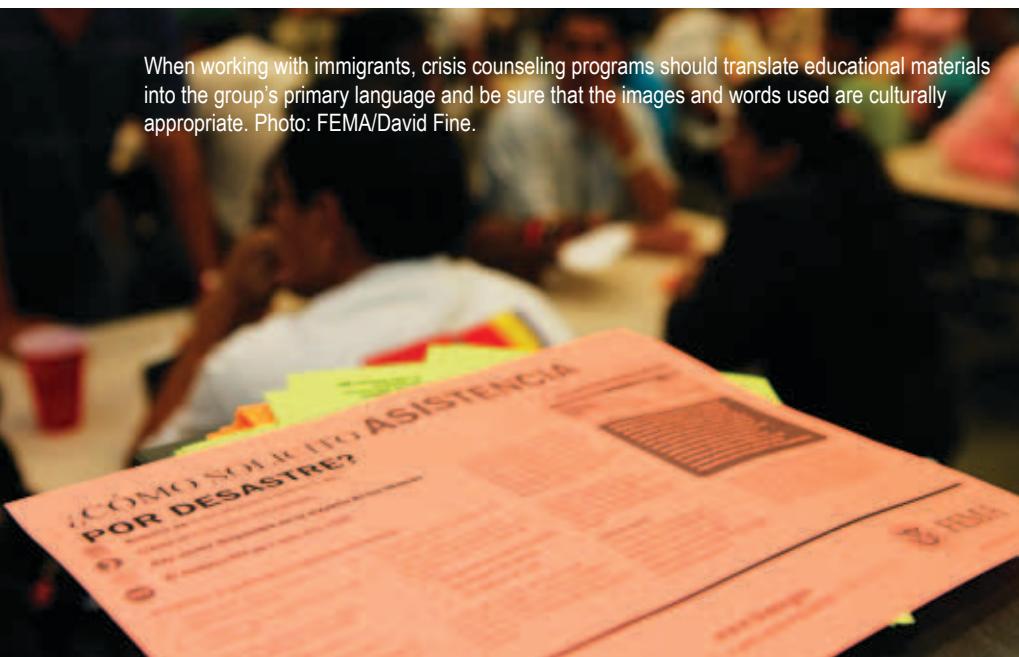
individuals who do not speak English, who may or may not be documented, and who are living on limited incomes.

Key Strategies in Outreach to Immigrant Communities

As with everyone else adversely impacted by Irene, individuals' lives in these communities were turned upside down by the floods, yet many were afraid to accept help or reach out for help. New Jersey's Project Recovery CCP crisis counselors outreach to immigrant communities and have identified the following key strategies as effective:

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When working with immigrants, crisis counseling programs should translate educational materials into the group's primary language and be sure that the images and words used are culturally appropriate. Photo: FEMA/David Fine.



DIVERSE NEEDS *continued from page 2*

» A Cadre of Bilingual Counselors:

In New Jersey, the same geographic areas tend to flood repeatedly. A successful strategy in serving immigrant populations has been to maintain contact with counselors that previously have served these geographic areas and to employ them to work in those same areas, or with the same populations in other areas, whenever possible. We maintain a roster of counselors and invite them to training and best practice forums to keep them interested and up to date on federally accepted best practice models of service provision.

» **Messaging and Media Usage:** Prior to a disaster, it is essential to translate written materials into the appropriate languages for individuals who do not speak or read English. When possible, our crisis counselors, many of whom are bilingual, presented materials in person to survivors. Many of these survivors welcomed the opportunity

to talk about what they were going through in the language of their choice. In addition, understanding survivors' culture and language helped build trusting relationships within immigrant communities.

» Provision of Community-Based Services:

The importance of having a presence in the affected communities and not waiting for people to come to the CCP crisis counselor cannot be stressed enough. In many of the hard-to-reach immigrant communities, individuals rely on social and family networks for information about services and resources. Counselors need to go into settings where people affected feel comfortable, such as bodegas (small grocery stores that sell ethnic products), Laundromats, soccer games, community centers, faith-based settings, schools, and other locations that counselors find out about in the course of their contacts

Prior to a disaster, it is essential to translate written materials into the appropriate languages for individuals who do not speak or read English. When possible, our crisis counselors, many of whom are bilingual, presented materials in person to survivors.

with the community. They also should use local ethnic media such as newspapers and radio stations and make connections with community leaders to get the word out about services, as these media outlets and leaders are trusted sources. In addition, local school systems are a crucial and reliable link to reaching immigrant communities. Our teams were deployed to local schools, where crisis counselors engaged school personnel and students in small groups. Bilingual age-appropriate disaster-related information was given to the students to take home. Students were encouraged to share this information with their families or with the people who care for them.

» Existing Human Service, Faith-

Based, and Other Community Organizations: We found that leaders of faith often play an active role in the lives of many people in immigrant

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communities and thus are considered one of the more credible and trusted sources of information. As a result, our crisis counselors spent time developing relationships with faith-based leaders. This led to a number of well-attended public education meetings held in local places of worship. Another key strategy included developing and/or strengthening relationships with existing human service providers, community centers, and businesses. In one area, our crisis counselors

It is important for crisis counselors to get to know the diverse populations in their community.

enlisted the help of a store owner who was seen as a trusted messenger in the community to help disseminate disaster-related information and coping strategies.

Lessons from the Field: Reaching Everyone in the Service Area

Hard-to-reach immigrant communities are not identical. Regardless of the particular CCP, it is important for crisis counselors to get to know the diverse populations in their community, preferably before disaster strikes, to determine effective ways to engage people in the helping process. However, in providing Project Recovery services, we found some fairly universal barriers

to effectively providing CCP services to hard-to-reach immigrant communities. Challenges include limited English proficiency, cultural differences, and mistrust of people outside social networks. To help overcome these barriers, our program hired staff members who were culturally competent and bilingual and then deployed them into local communities; crisis counselors approached individuals speaking their native language as a strategy to build trust. In addition, we employed local media outlets and provided them with disaster-related information, and we translated written materials into multiple languages. Finally, we developed networks and coalitions within the existing human service and faith-based infrastructure. Together, these strategies help our teams meet the diverse needs within our State's hard-to-reach immigrant communities. ■

Hiring bilingual staff is an essential step in building trust among hard-to-reach immigrant populations. Photo: FEMA/Michael Medina-Latorre.



Goldberg, D. (2011, September 12). Bill to provide Hurricane Irene relief fails in U.S. Senate. *The Star-Ledger*. Retrieved from <http://www.nj.com/news/index.ssf?/base=local&coll=1315700811111>

Cubit Planning. (2010). U.S. census 2010 data: New Jersey census data 2010. Retrieved from <http://www.uscensus2010data.com/34-new-jersey-household-education-immigration-demographics>

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Children and youth often welcome the opportunity after a disaster to talk about and understand what they are experiencing. Photo: FEMA/Andrea Booher.

Reaching New American Youth Post-Disaster

Contributed by Sarah Gaer, M.A.

Team Leader, MassSupport Network CCP

On June 1, 2011, a devastating tornado tore through Hampden and Worcester Counties in Massachusetts. This led to the rebirth of the MassSupport Network CCP. Two agencies, Riverside Trauma Center and Behavioral Health Network, built a partnership from opposite sides of the State and hit the streets, literally. The following is just one of many stories of our team's experiences.

Stories of the Disaster: Understanding across Languages and Cultures

It was a cold and rainy day in the Merrick District of West Springfield, and I was on my way to meet with three Nepali families sharing a home in the

middle of the tornado path. Radha, a crisis counselor who had resettled in the United States after having lived in refugee camps in Nepal, felt that a team leader was needed, as she had been told that the children in this home had been alone at the time of the tornado. Our minds were racing. How will it be to have to meet with this many people using translation? How old are these children and are we going to have to call in Child Protective Services because they were left home alone? Are we going to be able to connect them to the services they may need?

As we climbed the stairs to the second floor apartment, someone's dinner aroma's filled our senses. It was an

unrecognizable and yet delicious scent. We were welcomed into a small living room and politely took our seats on the couch. We were served the customary and scrumptious coffees and waited as several people came in the room, looked around, and left. We became more and more uncertain until about 45 minutes after our scheduled time, when the room suddenly filled with 13 people, five parents and eight children. To our relief, none of the children was under 12, and all of them were together at the time of the tornado.

We listened to their stories of that day, of parents being separated from their children and the tornado tearing through their neighborhood. We

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learned that until June 1st, they did not know what a tornado was or how to take cover. It was evident that the parents were far more upset at having been separated from their children than the children were. The children had been with each other. It was also evident that the way to maintain a connection with these distressed parents was going to be through their children. At somewhat of a loss as to what to do, we asked the children what they felt they needed. They replied, "We need a group." My initial response was shock as, in 14 years of working in the human service field, I had never heard teens request a group.

"What kind of group do you need?" I asked.

A beautiful young girl responded, "We need a group to learn what it is to be American."

Radha and I exchanged puzzled looks and asked them to explain. They told us that knowing English was not enough—they wanted to understand the culture, to know American history that was not in their textbooks, to know how to play games, and to be in mainstream education.

While I was excited by the possibilities, I was also concerned that the parents might not want their children to become assimilated and risk losing some of their own culture. Radha explained to the parents what the youth were requesting. As she spoke to them in words I did not know, I waited, understanding how this is their life, never being able to speak directly to someone other than each other. Once she had finished and I

explored their faces for a response, which I could not find, Radha asked them how they would feel about this. One of the fathers in the room, who appeared to be in charge, stated, "Our children are our only possessions. We want them to succeed here." It was in this moment that MassSupport Network's crisis counseling acculturation group for Nepali refugee youth was born.

Beginnings: The New American Youth Group

After much thought, planning, and networking we were prepared for our first group. The children arrived about a half hour late. This was our first lesson in working with Nepali youth: we learned they have a different understanding and value around time. We would have to plan for this. The group was asked to create ground rules,

which they did thoughtfully. They were also asked to provide us with ideas about what they wanted to learn in our group, which they did enthusiastically. We found that they were very excited

"Our children are our only possessions. We want them to succeed here."

that our group was being held at the Boys and Girls Club. One youth said, "We always walk by here and look, but we do not have the money to come in." And so another task fell in front of us. How do we get these kids access to this wonderful resource, which may help them in their recovery? Our group grew and grew, and by the third week the kids were bringing friends from other cultures. Our group was no longer going to be only for Nepali youth, but rather for any newly

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Support groups and recreational activities can provide youth the opportunity to make social connections and can also include hands-on learning activities on stress and coping during difficult times.

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American youth. The children taught us about the “we go” of their culture versus the American “I go” way. And we embraced it.

I cannot stress enough the importance of having Radha on our MassSupport CCP. She made the original contact with these youth through her door-to-door canvassing and has maintained all contact with the parents. She has been an invaluable resource in teaching our team the history of the culture, the norms, the threats to refugees, and the experience of leaving your friends and family in a refugee camp while moving to a new country and starting over. Because of our learning from her, we experienced a direct understanding of how disaster stress can add to the previous experiences of immigrant groups, thus creating a higher risk of developing emotional disorders. We were intent on hiring other new Americans for our team and now have the language capacities of Nepalese,

Bhutanese, French, Arabic, and several African languages.

Group Development: Ongoing Support and Response

Our group was originally scheduled to meet for 12 weeks, but the youth have requested that it continue. In fact, they have asked us to meet twice a week, which we unfortunately cannot do. However, in the past 3 months we have played ping pong, football, and dodge ball (which, it turns out, when working with new Americans, you should describe in clear terms, as people new to the country may be unfamiliar with the game, and our group did not seem to enjoy having things thrown at them or having to throw things at others). We have had discussions about going to college, Walt Disney, and the real experiences group members have faced with bullying. We have learned that not everyone has had a brownie, but loving pizza appears universal. We have learned the power of human resilience and of trusting people to know what they need, even youth. Our group members are learning what it means to be American, and we are learning the struggles new Americans face and their incredible courage and dedication, especially in the aftermath of a disaster. We have all learned that from the most devastating events, which initially caused feelings of despair, hopelessness, isolation, and fear, can come an amazing sense of courage, strength, hope, and community. Due to the need for youth and child services identified by the MassSupport Network team, a partnership has been established with Boston Children’s Hospital Center for Refugee Trauma and Resilience to continue providing treatment to the new American youth. ■



Identifying children's feelings, normalizing their responses, and providing a sense of safety are important activities for crisis counselors working with children after a disaster.

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- » **Tanya Stevenson**, Federal Emergency Management Agency Headquarters
- » **Jonathan Boltz**, SAMHSA DTAC

Resources in Languages Other than English

SAMHSA DTAC offers an installment of its Disaster Behavioral Health Information Series (DBHIS) on languages other than English. This installment provides links to disaster preparedness and response materials in various languages, including Arabic, Chinese, German, Haitian Creole/French, Hmong, Japanese, Korean, Lao, Spanish, and Vietnamese.

http://www.samhsa.gov/dtac/dbhis/dbhis_loe_intro.asp

Cómo ayudar a los niños a confrontar una catástrofe



Reaching Out to School-Aged Children in Alabama

Contributed by Lisa Turley

State Director, Project Rebound CCP

On April 27, 2011, 62 tornadoes badly damaged or destroyed almost 14,000 homes across the State of Alabama, and we lost 248 citizens. Those communities not directly impacted by the storms watched the television coverage of the aftermath and recovery efforts for days and weeks following the outbreak. April 27, 2011 was a day that impacted communities across our State. All citizens of Alabama are survivors of April 27, 2011.

The Alabama Department of Mental Health partnered with community organizations to initiate Project Rebound to provide relief and assistance in the aftermath of the disaster. Project Rebound began after Hurricane Ivan and has been reactivated after subsequent disasters have hit the State. One of the primary goals of Project Rebound at this stage was to reach out to all the children in the 25 counties we were serving during the most recent Regular Services Program (RSP). We felt it was imperative to reach out to the children of Alabama to allow them the opportunity to verbalize their emotional reaction to the events of April 2011.

During the Immediate Services Program (ISP) phase of the CCP grant, we were fortunate to partner with Camp Noah, a day camp designed especially for children who



Research suggests that children are at higher risk for post-disaster distress than adults. CCPs should work with local children's programs and school systems to integrate their support into existing programs.
Photo: FEMA/Robert Kaufmann.

have experienced disaster. Created by Lutheran Social Service of Minnesota, Camp Noah projects served children attending the local weeklong camps that were held throughout the State. We also had the opportunity to speak one to one with numerous families in the community as we assisted them with completing a FEMA application, navigating insurance red tape, and accessing local community-based services. During these individual encounters and camp work, we had a chance to allow children to share their feelings, fears, and frustrations, but we knew that the children we reached were just the tip of the iceberg of those in need.

During the ISP, Project Rebound teams made contact with local school systems with limited success. Our team serving Tuscaloosa, Bibb, and Pickens Counties was successful in reaching out to the school system of the City of Tuscaloosa and was invited to be present on the first day of school in the elementary, middle, and high schools. Team members were present in the hallways at the schools and had opportunity to speak with students, faculty, and staff on a one-to-one basis. Project Rebound's presence and availability were promoted in the back-to-school materials distributed to families prior to the first day of classes. The team then worked with the

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various school counselors to schedule classroom presentations over the next 2 months.

Working to Reach More Children through Schools and School-Based Programs

As a State team, we made a commitment to ourselves and our 10 project teams that we would outreach to as many children as possible during our RSP. It was a task easier said than done. The big question was how to gain access to the children. The systems that care for children are protective and cautious—schools, Head Start programs, day care centers, church/civic youth groups, and most protective of all, parents. As a State project, we made a decision to reach out to all children through schools and school-based programs.

During the transition training held in late September 2011, the State Director and State Liaison brainstormed with each team regarding outreach to children and youth. Each of the teams was encouraged develop a classroom presentation outline, information about Project Rebound, educational materials for school counselors and educators, and general handouts for parents on coping tips. We then encouraged teams to distribute these packets to the various school systems in their communities. Teams sent the materials via email to many schools, and other teams set up formal meetings with a school administrator. Some teams dropped by school offices unannounced. Our goal was to provide school faculty with a variety of materials and offer our services in the manner that best suited their needs

and time constraints. Each team was asked to outreach to all public, private, and parochial school systems in their targeted counties in this manner.

By utilizing this initial approach, we were attempting to avoid putting pressure on school administrators to make an immediate decision to engage with Project Rebound. School administrators were able to read over the proposed classroom presentations and obtain additional information about Project Rebound via our website, the Alabama Department of Mental Health website, or the FEMA.gov website, and/or by contacting collateral programs in the community that had partnered with Project Rebound during the previous months.

Taking Stock and Changing Strategies

Following our initial round of outreach to the school systems across the State, we had a mixed bag of results. We had school systems that had had past experience with CCPs and readily scheduled classroom presentations or group services. Other school systems chose to distribute materials to parents, connect Project Rebound to the parent-teacher organization/Parent-teacher association officers, or simply post Project Rebound contact information on their websites. Many school systems across the State simply accepted the materials with no commitment of further engagement and did not encourage a continued dialogue with the local Project Rebound team.

During discussion with team coordinators regarding school outreach, the State team realized that the

Federal Coordinating Officer Tony Russell teaches a 4-year-old girl about the FEMA for Kids website at the Mobile Public Library Holiday Open House. Photo: FEMA/Amanda Bicknell.



philosophy of the CCP was the key to gain entry to school systems. Our staff is made up of a variety of persons from a wide range of professional and paraprofessional backgrounds. A number of our teams that serve more rural counties have hired staff members that have a long family lineage in the community. Many of our team members are active with a range of community organizations—civic, professional, faith based, and informal. Teams were challenged to develop a strategy to find a foothold in at least one school as an initial goal. We knew that if we were successful with classroom presentations in one school in each community, the word would spread and our team would be asked to serve more schools in the area. We reassured the teams that

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perseverance was key and we, Project Rebound, would not accept no as a final answer without some creative “door knocking.”

Teams decided to take a variety of approaches to access the local schools. Some of the approaches the teams used included the following:

- » Utilizing personal contacts to literally get in the door
- » Contacting both the Board of Education and each local school faculty
- » Offering public education or support groups for staff
- » Distributing lesson plans/group work outlines for use
- » Promoting collaboration with other youth/child organizations
- » Allowing parents to advocate for Project Rebound services

Tapping into Connections for Success

By far the most successful strategy for our teams was utilizing personal contacts via connections through family, church, and professional organizations. Our team members simply asked their friends, family, and colleagues to put in a word of encouragement with staff at the local school system. It was as simple as that. The “personal touch” allowed our team in the door. The teams then produced a quality product and provided needed counseling services to students, faculty, parents, and staff. Contacting the school counselors often resulted in the counselor’s scheduling Project Rebound staff to provide services via their scheduled counseling hour on several different days. More often than

not, these opportunities manifested into a series of scheduled classroom presentations to various grade levels over a week or several weeks. The positive response that Project Rebound was receiving from local youth organizations and programs filtered back to the local schools, and our teams were invited into the school system based on other successful community services. With some schools, parents were the driving force behind Project Rebound’s obtaining access to the schools. The crisis counseling work taking place in the community led parents to request that the team be present in the school.

By far the most successful strategy for our teams was utilizing personal contacts via connections through family, church, and professional organizations.

Our teams were also interested in reaching out to younger children via the Head Start programs and local day care providers. Our team serving Marshall and Jackson Counties developed a presentation outline and submitted it to the Head Start State Administration for approval. The proposed presentation was approved, and Project Rebound was given permission to work with all Head Start programs in the State. An interactive skit was developed as part of the outreach. As a result of the counseling provided to the Head Start preschoolers, teams were also asked to present at the Head Start parenting classes.

Through the efforts of CCP outreach, our teams connected to many youth through a variety of community groups and activities—4-H clubs, church youth groups, community youth programs, Friday night high school football games, and other community-sponsored sporting events. But through our work with schools we have been most successful. As of March 31, 2012, we have reached 56,900 children via schools and school-based programs with our disaster response education groups. We have provided counseling groups to 5,577 children in these same venues. Our teams are continuing to serve the area school systems and have presentations scheduled through the rest of the CCP. ■

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Resources for Children and Youth

The SAMHSA DTAC Children and Youth DBHIS installment focuses on the reactions and behavioral health needs of children and youth after a disaster and contains resources from both the child trauma and disaster behavioral health fields.

http://www.samhsa.gov/dtac/dbhis/dbhis_children_intro.asp



Rural communities impacted by a disaster experience many geographical challenges, such as lack of accessible resources and sense of isolation. Each condition requires a creative plan and response. Photo: FEMA/David Valdez.

North Dakota Crisis Counseling Program Addresses the Needs of Rural Communities

Contributed by Eric Upton

Program Administrator, Project Renew CCP

North Dakota experienced severe flooding in the spring and early summer of 2011. Most areas in the State were affected as many rivers, streams, and lakes were swollen with floodwater. Project Renew, a CCP in North Dakota, began in early August of 2011. After gaining the skills necessary to get the program up and running by taking the Core Content Training, the crisis counselors realized there were several challenges they would have to overcome if the program were to be successful. These challenges included the rural nature of some of the flooded areas, as well as Mother Nature. North Dakota is

known for its extreme weather, with highs in the summer reaching to over 100 degrees and temperatures falling well below 0 degrees in the winter. When coupled with the snow, ice, wind, and rain, which were sure to occur over the course of the grant period, these conditions made for a formidable challenge for the outreach workers.

As the program began there was a lot of standing water, not only in Minot, one of the hardest hit cities, but in the rural areas as well. Many roads had been washed out or were still underwater, and it was not unusual

It was important to have counselors with local knowledge to help minimize drive time and maximize face time.

to have to drive 30 miles in order to get to a house to see. Because of this, it was important to have counselors with local knowledge to help minimize drive time and maximize face time. To accomplish this, the CCP in North Dakota at times sent larger numbers of counselors to the smaller towns in an “outreach blitz,” with some covering the morning and another

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group in the afternoon, in order to make initial contact with those in the towns and free up those with local knowledge to cover the farmers and ranchers. This helped identify the survivors who could use followup visits in an efficient manner and allowed the outreach workers to more quickly make initial contact with and reach those in the rural areas. The counselors from the area were then able to follow up at a later date as needed. In the winter when snow and ice are common, many roads leading to farmsteads remained unplowed and frozen over with ice. The counselors in the rural areas made sure to encourage neighbors to check on one another and, with the help of a good pair of winter boots and warm clothing, did a lot of walking and checking on those areas where people were still believed to be living on site but had not been seen by neighbors.

The counselors involved in rural outreach also had to gather additional resources that were not necessarily required in the cities and towns that were flooded, but that were essential for those involved in agriculture. They had to familiarize themselves with Federal farm programs and contact the local farmers' unions and cooperatives. North Dakota State University (NDSU) Extension Service offices proved invaluable with their willingness to help and familiarity with the types of programs and resources that would benefit farmers and ranchers. NDSU Extension was also willing to give presentations about mold in buildings and in the field, offering solutions to problems many hadn't had in the

A disaster can be devastating to agricultural communities, threatening not only crops but livelihoods. Crisis counselors in North Dakota familiarized themselves with Federal farm programs and developed a relationship with local farmers' unions and cooperatives. Photo: FEMA/Patsy Lynch.



past. Information and resources were kept up to date and posted in local elevators, cafes, farmers' unions, and gas stations. A presence was also maintained at rural community events and regional agricultural shows.

The delivery of services during the CCP in North Dakota has not been without challenges. The rural nature of the State coupled with the sometimes harsh climate and conditions on the ground could have made the program services difficult to provide. The crisis counselors overcame those obstacles by working together, having local knowledge, encouraging neighbors to get involved, and using resources of the rural communities. Overall the rural communities of North Dakota have been well served by the CCP and the counselors who provide its services. ■

PROJECT RENEW STATE AND FEDERAL PARTNERS

- » **Lauren Sauer**, North Dakota Division of Mental Health and Substance Abuse Services
- » **Nikki Bellamy**, SAMHSA Center for Mental Health Services
- » **Bonnie Furey**, Federal Emergency Management Agency Headquarters
- » **Ilona Wolfe**, SAMHSA DTAC

Resources for Rural Populations

The SAMHSA DTAC Rural Populations DBHIS installment presents information about rural communities that should be considered in the development and implementation of behavioral health preparedness and response plans.

http://www.samhsa.gov/dtac/dbhis/dbhis_rural_intro.asp

The Process of Emotional Recovery through the Arts

Contributed by Monserrate Allende Santos, M.D.
Director, Proyecto RESCATE Crisis Counseling Assistance and Training Program (CCP)

In August and September 2011, Puerto Rico was affected by Hurricane Irene and Tropical Storm Maria. These storms caused severe damage due to landslides and flooding, destroying highways, homes, and bridges. Schools were closed in 78 municipalities. The Proyecto RESCATE CCP—its full name can be translated from Spanish to English as Recuperating Effectively after an Emergency with Counseling and Assistance Services—is focusing on emotional support for the recuperation and psychological stability of the survivors.

It is important to provide services for emotional recovery, to reduce future risk and provide the opportunity for improvement.

A disaster causes damage and losses and disrupts routine and essential functions, causing stress. The recovery process involves restoring people's routines and their normal functioning. In children and adolescents, the process of emotional recovery involves an interaction of individuals, family, and community. It is important to provide services for emotional recovery, to reduce future risk and provide the opportunity for improvement. We provide children and adolescents with the tools to meet these challenges,

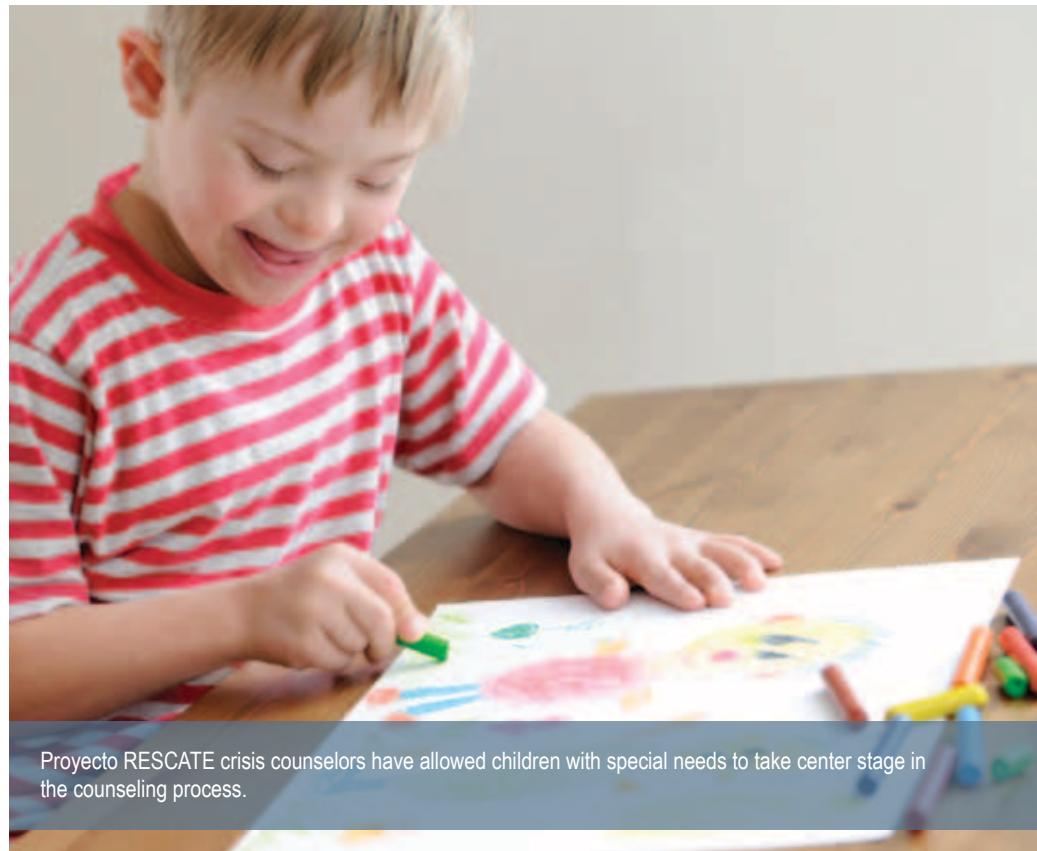
focusing on helping them build their internal capacity, resources, and skills.

With special populations, including children with special needs and disabilities or other access and functional needs such as autism, deafness, mild and moderate mental retardation, Down syndrome, and others, we allow them to take center stage in the counseling process. The counselor organizes the process and takes time to understand the needs of each child. This process focuses

on self-esteem and sense of personal integrity, and it allows the child to create dependency within the counseling relationship from which he or she can grow.

We have seen that children and adolescents have a great capacity for adaptation and learning, allowing them to deal with crisis situations. They understand the situation and the danger, and they react, but they also learn from what they see and live. Their understanding depends on their age,

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Crisis counselors can engage children in performing and visual arts to allow them to express disaster fears and build coping skills.

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maturity level, and network of family and community support. In the children and adolescents that were most affected you may notice a lack of protection and family safety. For the survivor to start the process of emotional recovery, Proyecto RESCATE has used different strategies and activities, including the following:

- » Educational workshops
- » Narrative and dramatized stories
- » Puppet theater
- » Games, dynamic drawings, and expressive writing
- » Crafts
- » Music and dance
- » Theater
- » Educational films

For the work in groups, it is important to organize the group's time, secure

an ample workspace, and use flexible techniques that help motivate group participants to make a new start in life. The groups should support the socialization of children and their interaction with others, as well as helping them to overcome their losses and return to normal routine.

Children with special needs require services tailored to their unique needs. Like other children who have survived disasters, they have suffered the loss of their toys, furniture, home school supplies, and other possessions. In this situation they express fear and sadness. In adolescents the experience of the disaster and its aftermath affects their self-esteem, as it interrupts their social activities, and they lose contact with friends. The experience at the

shelter provokes anger, disorientation, irritability, loss, and interest in returning to school.

The role of family, teachers, and counselors is important for the emotional recovery process. To equip crisis counselors to work with the population we serve in Proyecto RESCATE, we provide them with the tools necessary for appropriate management of children and adolescents in difficult situations. ■

PROYECTO RESCATE STATE AND FEDERAL PARTNERS

- » **Monserrate Allende Santos**, Administración de Servicios de Salud Mental y Contra la Adicción
- » **Heather Oglesby**, SAMHSA Center for Mental Health Services
- » **Bonnie Furey**, Federal Emergency Management Agency Headquarters
- » **Jonathan Boltz**, SAMHSA DTAC

Resources for Persons with Disabilities and Other Access and Functional Needs

The SAMHSA DTAC Persons with Disabilities and Other Access and Functional Needs DBHIS installment focuses on the behavioral health needs of persons with functional and access needs who have experienced disasters.

http://www.samhsa.gov/dtac/dbhis/dbhis_pfam_intro.asp

Nibthaska Strong: Umoⁿhoⁿ Flood Recovery Project

Contributed by Denise Bulling, Ph.D., Marcella S. Clark, Rachel Harlan, Jim Harvey, Stacey Hoffman, Joseph Jackson, Matthew Nykodym, and Francine Thomas

Members of the Nibthaska Strong: Umoⁿhoⁿ Flood Recovery Project CCP in the State of Nebraska

This story is about how the CCP is serving the Omaha Tribe of Nebraska and Iowa after 120 days of flooding in the summer of 2011 left many people on the Reservation without jobs or homes. The CCP has long incorporated storytelling as a way of healing, which is also part of the tradition of the Omaha Tribe. The Omaha stories often contain symbolism that connects to the culture and the land. Effective storytelling requires good listeners. Each family has a story that we take the time to hear. It unfolds over time and requires us to be patient and comfortable with silence. Some of the stories are literal and some dotted with symbolism. It was important for us to connect the project to people with both symbolism and service.

The logo and name of the CCP for the Omaha is an example of this connection. It was developed by a member of the Tribe to incorporate the purpose of the program with the symbols that have meaning for the survivors on Reservation land. Our project had to be part of the story of the Omaha (UmoⁿHoⁿ) Nation.

A young man was given a vision by the creator. And he showed him that the creator had many places in his creation to live. He gave the Umoⁿhoⁿs a special place—it was called the “hu’thaga,” the sacred place.



The name Nibthaska is the traditional Omaha language name for the Missouri River—it means “long flat water.” In the background of the logo you see the State of Nebraska with the star symbol representing the homelands of the UmoⁿHoⁿ Nation. In the foreground is the earth lodge—the traditional home of the UmoⁿHoⁿ people that was used primarily in the winter months to keep both families and war ponies protected from the winter elements.

The circular border is the “sacred life circle” (Hutha’ga) with all 10 clans represented and positioned in their order of tribal role and responsibility. The top half of the circle represents the two sides of the Hutha’ga—the Sky People on top and the Earth People on the bottom. This was also the traditional order and structure of the UmoⁿHoⁿ Nation and how they would set up their village. In the center is the “Wa’sha’ba” (sacred staff) which is

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UMOⁿHOⁿ *continued from page 15*

the leadership symbol of the UmoⁿHoⁿ Nation, and its leadership feathers, which depict each tribal clan. These symbols represent our everyday life and the sacredness of our people.

The logo is a powerful symbol that is on our media materials and at the forefront of our effort to assist UmoⁿHoⁿ Tribe members in healing and recovering from the 2011 floods. It is a way for us to symbolically communicate the concepts of resilience and healing while promoting connections with other people and resources. The logo can be used as a way to start conversations and allow survivors to find their place and clan on the circle. It is a strong link to the past and symbol that their culture has endured through time and other hardships.

We are also asked to respect ceremony as another part of healing when working within the UmoⁿHoⁿ Nation. For example, our journey began with the Tribe welcoming SAMHSA,

Following the 2011 floods, the CCP serving the Omaha Tribe of Nebraska and Iowa has sought to respect tribal traditions and symbolically communicate the concepts of resilience and healing.

FEMA, and State officials with a sacred cedar smoke ceremony and meal that blessed and honored all who were present. We all formed a circle while a tribal elder used a sacred feather to waft the smoke from burning cedar upward, to four corners and over the food that sat in the middle of the circle. The ceremony freed the survivors to share their stories and provided a blessing that empowered them on their path to healing. The power of ceremony is similarly reflected in stories we hear from survivors when they talk about the chaos of the shelter and how they longed for the smell of burning cedar to reassure and calm them. The anniversary of the floods was recently observed through another ceremony in the community, and healing will continue as the Tribe gathers with relatives and friends for a powwow in August.

The project navigates the UmoⁿHoⁿ traditions and culture seamlessly because the outreach workers are tribal members. Those of us in the project who are not part of the UmoⁿHoⁿ Nation have learned many valuable lessons in this journey, including the value of silence, the solace of symbols, the importance of ceremony, the need to work within a culture rather than imposing from the outside, recognizing that outreach styles or approaches must be tailored to

the population, and understanding that a people's history impacts resilience or recovery even today.

Helpful Tips

Our recommendations for working with other Tribes include the following:

- » Work with a cultural broker and don't be afraid to ask questions
- » Recognize the sovereignty of Tribes and work through their leadership structures
- » Be flexible and don't hesitate to adapt the CCP to fit the culture
- » Create opportunities for survivors and communities to participate in their own recovery using their words, symbols, and rituals

Wibthahon! Thank you! ■

NIBTHASKA STRONG: UMOⁿHOⁿ FLOOD RECOVERY PROJECT STATE AND FEDERAL PARTNERS

- » Jim Harvey, Nebraska Department of Health and Human Services
- » Julie Liu, SAMHSA Center for Mental Health Services
- » Tanya Stevenson, Federal Emergency Management Agency Headquarters
- » Courtney Dawson, SAMHSA DTAC

Resources for Tribal Organizations

The SAMHSA DTAC Tribal Organizations DBHIS installment focuses on working with tribal organizations. The resources are organized into four categories: (1) disaster recovery for tribal organizations, (2) traditional healing in disaster behavioral health response, (3) suicide preparedness and response information, and (4) cultural competence when working with tribal populations.

http://www.samhsa.gov/dtac/dbhis/dbhis_tribal_intro.asp



Stress Relief Strategies with Disaster Recovery Workers

Contributed by Cathy Aikman and Ellia Cohen

Project Director and Team Leader, respectively, for Starting Over Strong (SOS) Vermont CCP

As we all know so well, working on disaster relief can be highly stressful—not only for the survivors, but for the myriad of people who work tirelessly to assist with the recovery. Recovery workers are often known to put their entire selves into doing their job well. Because the needs are so massive after a disaster, recovery workers are susceptible to high stress levels during the effort of finding solutions and providing support to everyone around them. These high stress levels can take a significant toll and over time create an overwhelming burden. So who takes care of the recovery workers who are so busy taking care of everyone else? SOS Vermont, a CCP implemented in response to the destruction caused by Tropical Storm Irene, decided to take care of the recovery workers we saw needing support.

The Need

As SOS Vermont moved from its Immediate Services Program grant into the Regular Services Program grant, our astute crisis counselors noticed that the recovery workers they worked closely with day in and day out needed a place where they could come together and simply share their experiences, their stress, and what their needs were. Team One, which covers the northwestern part of the State, decided the best way for recovery workers to share was through a support group structure. They established a monthly



Programs should take a proactive role in helping staff manage their stress by providing regular supportive supervision and staff support groups and encouraging other self-care strategies.

support group solely for recovery workers where they could safely, and in confidence, express freely the reality of their jobs and the immense stress they were enduring with others who might be experiencing the same emotions.

The Process

Using the format in place for flood survivor support groups, the recovery worker support group included an afternoon timeframe of an hour meeting where the participants had a forum in which to talk, but also to learn about a specific topic that would help them in their work. Such topics included nonviolent communication, mindfulness exercises, and breathing

exercises. The idea was that there is time to share and support each other, but that certain skills can be taught and reinforced to help reduce stress levels among group members. These skills then could be practiced on the job and incorporated as needed to promote an ongoing practice of stress reduction that would ultimately also benefit flood victims.

Designing the group for recovery workers only and not for others affected by the flood was deliberate, as other populations may not understand the unique issues with which a recovery worker deals. The natural bond that is created as support group members share with each other helps

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the overall support each member feels. Teaching stress reduction skills and reinforcing ways to work in a more stress-reduced way builds camaraderie amongst the recovery workers and a natural, sustainable support system for each participant. Knowing that they were not alone in enduring high stress levels and realizing there was someone else to talk to and go to was a huge relief when coping with the daily requirements of the job.

Demonstrating mindfulness exercises has also been an integral and purposeful part of the recovery workers' group. Mindfulness is about taking the time to "be" in the present moment to step away from all the problems, worries, and stress of life—and be aware of emotions, thoughts, and physical sensations, which can help one come back to his/her center with more ease and clarity. An example of a mindfulness exercise used with the recovery workers is called the 6 Senses. A facilitator would talk through the 6 Senses by speaking the following instructions and question:

- » Start with your feet on the ground.
- » Close your eyes, and notice your breath.
- » Now in your head name six things you can **hear**, then six things you can **feel**, and then six things you can **smell**.
- » Now open your eyes and name six things you can **see**.
- » Participants are then asked, "Did you think once about the flood/money/fixing the house?"

This exercise is very useful for interrupting our habitual thoughts, when emotions become overwhelming

or when one needs to come back to one's center and find balance.

Crisis counselors have also handed out worry stones during the recovery workers support group, explaining this is a very soothing and easy way to take your mind off stressors. The tactical sensation of the stone helps to soothe the mind and focus on the positive. It appeared that mindfulness activity was very helpful for this group, and provided some hope for them in moving forward in a positive way. The basic flow of the group is structured, but the group discussion varies depending on the needs of its members. If a particular recovery worker needs additional support, the group may focus the conversation to that one person's story to assist him or her in working through his or her particular needs. The structure included four main parts:

1. At the beginning of the meeting each person introduced him- or herself (where he or she was from and an interesting fact about him- or herself). The meeting would progress to the goals and intentions of the group and a verbal note that the meeting was a safe space to share. A discussion about the monthly format of the group was addressed as well.
2. Time then would be given for each member to discuss the answer to the question "What brought you here tonight?" At each meeting a new and different probing question was asked in order to help recovery workers reflect, witness, normalize, validate, and draw connections between their experiences.
3. Mindfulness exercises would then be demonstrated (6 Senses, worry stones, meditations, etc.).

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SOS Vermont CCP crisis counselors used worry stones during their support group meetings to help the workers take their minds off stressors.





SOS Vermont CCP staff found imaginative ways to network and collaborate with local businesses to support self-care. One such way was Yoga Night, donated by local businesses to support our program with regards to self-care. Photo: CDC/Amanda Mills

STRESS *continued from page 18*

4. The closing included each recovery worker's naming something he or she felt grateful for or something positive that could help him or her move forward. Time was then taken to remind everyone of the next meeting date and to ask people if they knew of anyone else who could benefit by attending the meeting.

The Result

SOS Vermont has seen great success in running the recovery workers' support group. The fact that these integral players on the road to recovery for so many Vermonters have a safe and nurturing space to share their stress and stories and get some relief is success bar none. In the spirit of creativity, other events have been formulated in

order to support our recovery workers. SOS Vermont staff found imaginative ways to network and collaborate with local businesses to support our program with regards to self-care. Our staff benefitted from and appreciated free therapeutic services which were donated by these businesses such as Yoga Night, complete with healthy snacks, tea, yoga instruction by a renowned local yoga instructor, and mindfulness exercises. Also, a Spa Day was created where recovery workers enjoyed a foot bath and massage to help reduce their stress. In addition to the support group model, we have found that these additional and imaginative ways to support our recovery workers make for a successful comprehensive stress reduction model. As recovery workers learn to reduce

their stress levels and manage their work responsibilities, they are better equipped to support the ultimate long-term needs of flood survivors, one of SOS Vermont's main objectives. ■

STARTING OVER STRONG VERMONT STATE AND FEDERAL PARTNERS

- » **Frank Reed**, Vermont Department of Mental Health
- » **Yesenia Flores Díaz**, SAMHSA Center for Mental Health Services
- » **Naomi Johnson**, Federal Emergency Management Agency Headquarters
- » **Courtney Dawson**, SAMHSA DTAC

Resources for Disaster Responders

The SAMHSA DTAC Disaster Responders DBHIS installment focuses on the behavioral health effects of responding to a disaster. It contains a variety of disaster behavioral health materials designed to directly benefit disaster responders and the people who provide them with behavioral health assistance.

http://www.samhsa.gov/dtac/dbhis/dbhis_responders_intro.asp

RECOMMENDED RESOURCE

CCP Application Toolkit

Developed by the Center for Mental Health Services and SAMHSA DTAC, the CCP Application Toolkit is designed to assist States, U.S. Territories, and federally recognized Tribes with preparing a comprehensive ISP or RSP grant application.

This interactive resource provides material on the CCP from the application process to program operation and management. It contains all application forms, guidance materials, a timeline of program milestones and deadline dates, supplemental instructions, reporting templates, and tools for States to use throughout a CCP. The toolkit also provides five separate training modules that review the basics of crisis counseling activities, addressing concerns around disaster anniversaries, staff stress management, and other issues that may be encountered within the first year of a disaster. In addition, the toolkit features data collection

forms and reporting templates that can help program administrators document and evaluate service provision.

The toolkit allows users to view materials and the following information:

- » A typical CCP timeline—Application deadlines, programmatic requirements, and other milestones throughout the CCP's ISP, RSP, and closeout phases
- » CCP materials—CCP application forms, supplemental instructions, and other important guidance materials
- » Phases of disaster—General progression of the behavioral health effects of a disaster, from the warning to reconstruction phases

This toolkit is available for download at <http://www.samhsa.gov/dtac/proguide.asp>. A hardcopy (via CD-ROM or thumb drive) can also be requested by calling 1-800-308-3515.

NEW FOR VERSION 3.4:

CCP Job Aid for Crisis Counselors

New in Version 3.4 of the CCP Application Toolkit, the *CCP Job Aid* for crisis counselors is a brochure that can assist crisis counselors in providing outreach to survivors. This brochure includes:

- » Tools for survivors that promote self-reliance
- » Outreach strategies to reach target populations and community organizations
- » Intervention skills for working with individuals, groups, and communities
- » Stress management signs and tips
- » Dos and don'ts of crisis counseling

The *CCP Job Aid* for crisis counselors can be found at http://www.samhsa.gov/dtac/CCPtoolkit/pdf/JobAid_Final_04_2012_508.pdf.

Excerpt from *CCP Job Aid for crisis counselors*

STRESS MANAGEMENT

Typical stressors:

- Repeatedly hearing survivors' stories
- Approaching survivors who may reject help
- Feeling overwhelmed by the sadness of others
- Feeling helpless to alleviate the pain of others
- Working long hours
- Personal experience with the disaster

Warning signs of excessive stress:

- You cannot shake distressing images from your mind.
- You experience increased substance use or abuse.
- You are excessively irritable and impatient.
- You exhibit other serious or severe reactions.

Manage stress through:

- Self-awareness.
- Managing workload.
- Balanced lifestyle.
- Stress-reduction techniques.
- Feeling competent and confident about work.

Upcoming Events

CONFERENCES

National Emergency Management Association 2012 Emergency Management Policy & Leadership Forum

October 5–10, 2012; TBD

The purpose of this conference is to provide a forum where experts and professionals in emergency management can discuss concerns in their field, policy development, and legislative issues.

http://www.nemaweb.org/index.php?option=com_content&view=article&id=96&Itemid=211

Third Western Conference on Behavioral Health and Addictive Disorders

October 11–13, 2012; Newport Beach, CA

This conference will provide a forum to explore the physical, emotional, social, and spiritual dimensions of mental illness and addictive disorders.

<http://www.usjt.com/2012/pdfs/TRG2012Schedule.pdf>

International Association of Emergency Managers (IAEM)-USA 60th Annual Conference

October 26–November 1, 2012; Orlando, FL

The IAEM-USA Annual Conference will provide training workshops and breakout conference sessions on the conference theme "Resiliency: Building a Better Tomorrow" and will focus on the following topics: long-term recovery and mitigation, mission continuity, emerging technologies, case studies, and partners in practice—emergency management community.

<http://www.iaem.com/events/annual/intro.htm>

American Public Health Association 140th Annual Meeting and Exposition

October 27–31, 2012; San Francisco, CA

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

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

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 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>

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/webinars/webinars.asp>

Self-Care for Disaster Behavioral Health Responders Podcast NEW

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.

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WEBINARS *continued from page 21*

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/selfcareDBHResponders/lib/playback.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 consequences.

<http://erdlc.sju.edu>

FEMA Online Courses

FEMA offers free independent study courses that can be completed for continuing education units. Courses cover topics such as emergency preparedness, 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 (CPHP) Training Web Site

This site offers free short Internet-based trainings developed by the UNC 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>

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

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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 the Substance Abuse and Mental Health Services Administration's (SAMHSA's) homepage (<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 Disaster Technical Assistance Center (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 Resources web page 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.

CONTACT US

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