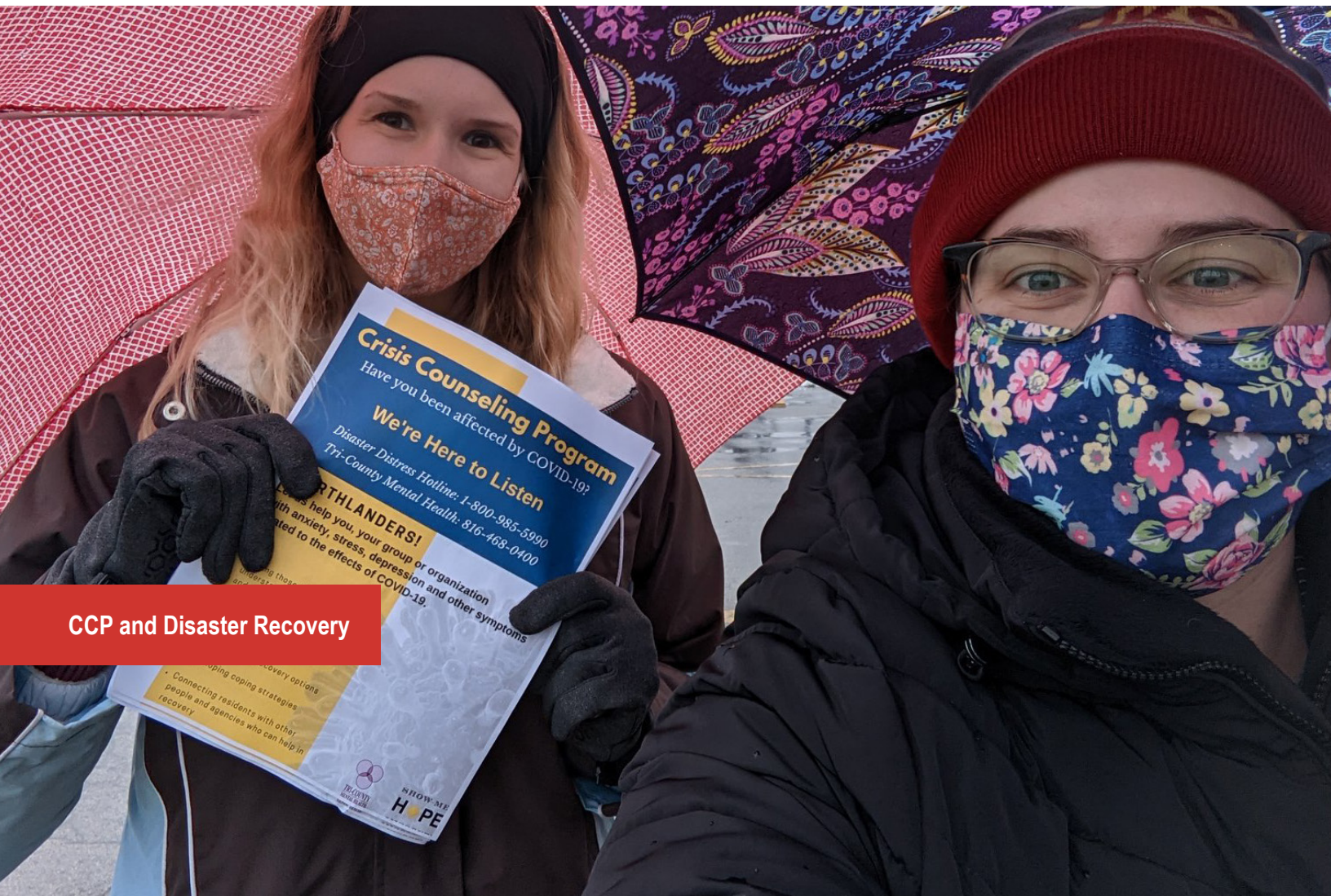


A Quarterly Technical Assistance Journal on Disaster Behavioral Health
Produced by the SAMHSA Disaster Technical Assistance Center

the Dialogue

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CCP and Disaster Recovery

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Cover photo: Missouri Show Me Hope CCP staff hand out materials at a community COVID-19 testing event.

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 disaster behavioral health response.

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 misuse needs following a disaster.

To learn more or receive *The Dialogue*, please call 1-800-308-3515, email dtac@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

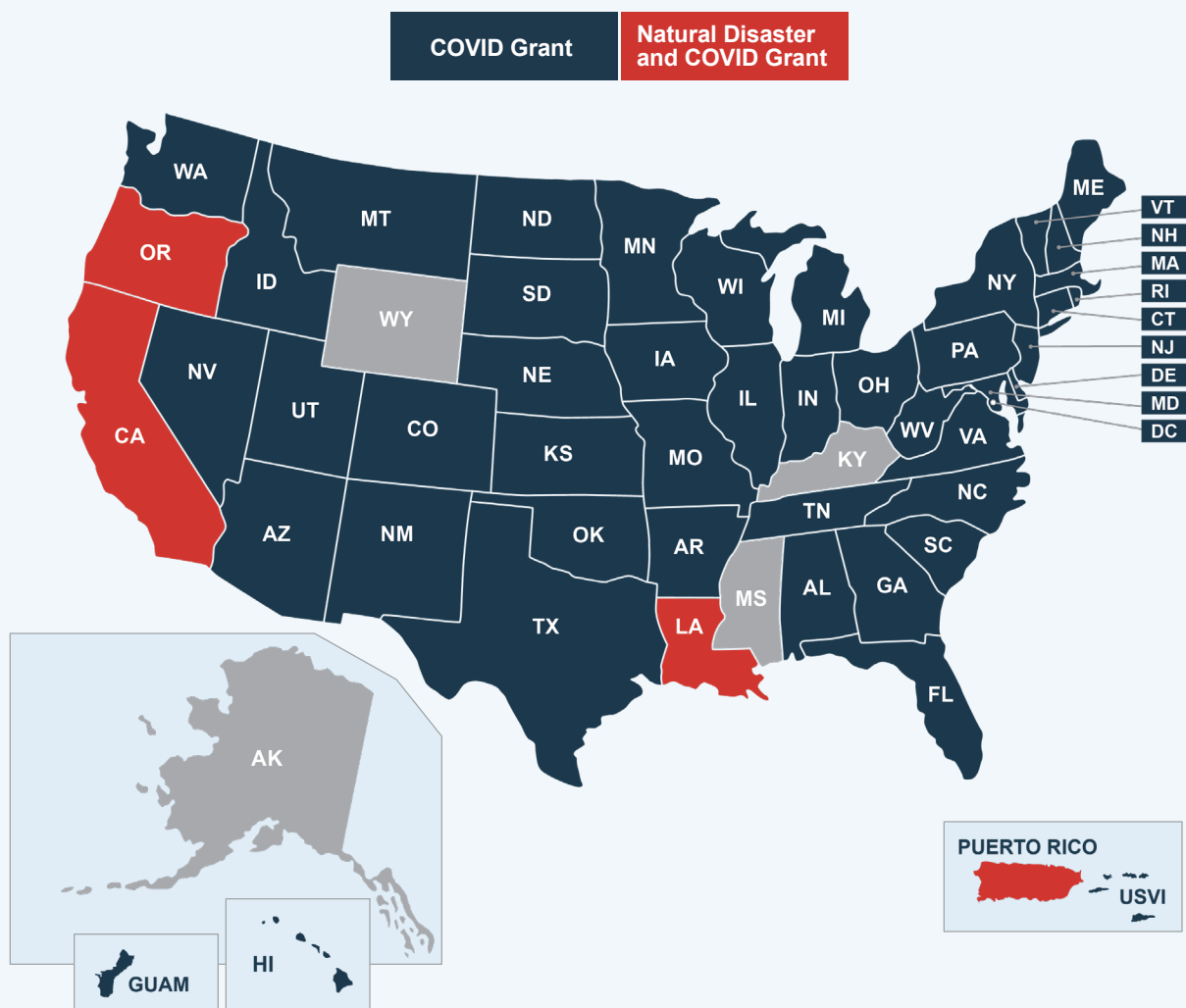
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In This Issue

The Crisis Counseling Assistance and Training Program (CCP) helps individuals and communities recover from natural and human-caused disasters through community outreach, psycho-educational materials, and facilitating access to mental health services when needed. CCPs work to reach large numbers of people affected by disasters through face-to-face outreach at convenient

locations such as shelters, homes, faith-based organizations, and local community events. Teams work to identify tangible needs and link survivors to community resources and disaster relief services. CCP activities are designed to leave behind a permanent legacy of improved coping skills, educational and resource materials, and enhanced community linkages

States and Territories With Active CCP Grants as of January 2021



to improve community and individual resilience in the event of future disasters.

Currently, nearly all states, several territories, and tribal nations have CCPs running for disasters including flooding, wildfires, hurricanes, and the COVID-19 pandemic, just to name a few. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the SAMHSA Disaster Technical Assistance Center (DTAC) work with states, territories, and tribes to apply for, set up, and run the CCP grant.

This double issue of *The Dialogue* focuses on topics that may help current and future CCPs. The issue provides helpful tips and lessons learned on several topics that may be useful during a CCP or other disaster recovery effort. We start with background information on what a CCP is and who can apply for the grant. We then move on to an article that talks about the importance of the initial needs assessment and continued needs assessments to help guide disaster recovery programs. Our next several articles touch on topics that all CCPs usually address at some point during service delivery.

These topics include working with rural and tribal communities, how to address disaster anniversaries, as well as an interview discussing the challenges of running a CCP during the COVID-19 pandemic. This issue also features a helpful self-care poster for outreach workers. Please share it with your team.

Have you recently worked on or run a CCP or other disaster recovery program? Other disaster responders can learn from your efforts. We encourage you to contact us to share your stories and lessons learned. ■

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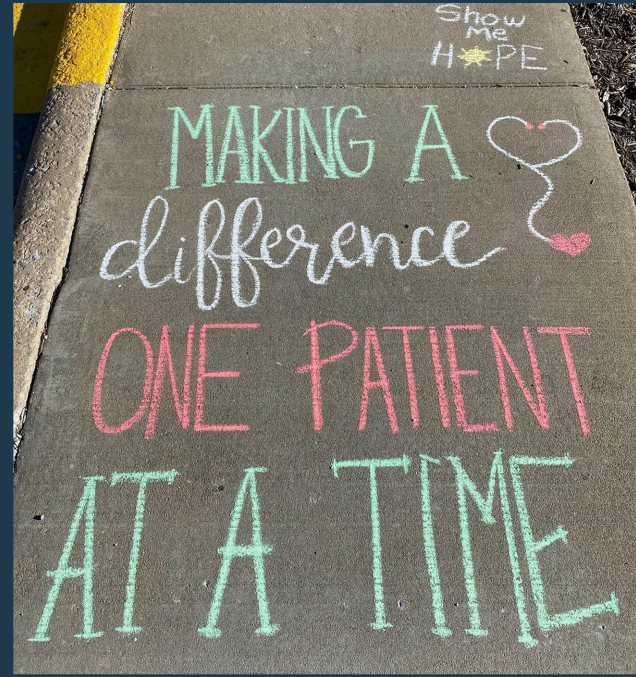
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CCPs Across the Nation



Images from upper left, clockwise: Nebraska Strong CCP staff conducting outreach with children. Arkansas Promoting Positive Emotions CCP staff and children at an art event. Missouri Show Me Hope CCP staff at a community vaccination event. Arkansas CCP staff in a nursing home blanket drive. Nebraska CCP staff conducting physically distant outreach.



Images in collage from top to bottom, left to right, row by row: Arkansas CCP honors child mask challenge winners. Missouri CCP staff offer messages of gratitude to hospital workers. Missouri CCP spotlights staff member Hajal Patel on Facebook. Missouri CCP distributes Super Bowl COVID-19 survival kits. Puerto Rico's Proyecto Conéctate CCP offers a virtual workshop about emotional self-care for young children. Missouri CCP staff visit testing site with Missouri National Guard to provide resources to families.

Contributors



Beckie Gierer, M.S. is the Director for Continuity of Operations Planning with the Missouri Department of Mental Health (DMH) Office of Public and Legislative Affairs/Office of Disaster Services (ODS). She has an M.S. from the University of Central Missouri and has worked with the State of Missouri for 18 years. Gierer started her career with the Department of Public Safety and worked for the Department of Social Services, but she has spent the majority of her years of service (13) with the DMH. She also serves as grants manager for the Hospital Preparedness Program and Public Health Emergency Preparedness grants with ODS and supervises Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) grants. Gierer is also a contracted trainer with SAMHSA for the FEMA CCP and has trained crisis counselors in Missouri, North Carolina, and California.



Denise Bulling, Ph.D., LIPC is a Senior Research Director with the University of Nebraska Public Policy Center. She joined the university in 2003 after an over-20-year career as a mental health practitioner. Her Ph.D. is in human science with her dissertation focusing on exploration of training needs for disaster chaplaincy. Bulling uses her extensive field experience in mental health to create bridges between practitioners, academicians, and policymakers. She is a leader in Nebraska's development of disaster behavioral health response capacity, consults and speaks about the role of disaster behavioral health within an integrated response and recovery system, and is a national trainer for the FEMA CCP. She has served as lead for several CCPs including one of the first projects in the nation conducted on tribal land. Bulling is a licensed independent professional counselor (LIPC) and a Certified Threat Manager through the Association of Threat Assessment Professionals. She has numerous publications related to mental health, disaster, and violence.



Jane Gaffney is an Independent Contractor with the State of Wisconsin, Wisconsin Community Action Program Association, Inc. (WISCAP). She has been involved in crisis counseling for over 20 years with roles in crisis intake, refugee resettlement, domestic violence, and disaster crisis counseling. She started her career working for Sauk County Human Services in Wisconsin as a crisis intake worker. Gaffney has worked with Project Recovery, a grant-funded CCP, after the disasters in Wisconsin in 2007, 2008, 2010, and 2018. Gaffney is a trainer for the CCP and for the Dementia Friendly program in Wisconsin. Her training has included topics such as trauma, self-care and team care, disaster preparedness, Skills for Psychological Recovery, and suicide prevention. Gaffney is currently working with WISCAP to develop a community-based statewide crisis counseling program for survivors of disasters, small or large.



Karen Hyatt, M.S.W. is the Emergency Mental Health Specialist for the Division of Mental Health and Disability Services within the Iowa Department of Human Services and serves as the Disaster Behavioral Health Coordinator for the State of Iowa. Hyatt attended the University of Iowa for her undergraduate degree and Iowa State University for her master's degree. She is a licensed social worker in the State of Iowa and a Certified Resource Specialist and holds certifications as a Mental Health First Aid and Youth Mental Health First Aid Instructor. Hyatt administers the state's Disaster Behavioral Health Response Team and provides training for the FEMA CCP and in areas including Psychological First Aid, compassion fatigue, and disaster behavioral health. Hyatt serves on the Iowa Council of Homelessness, ESF 6 Derecho Council, and Preparedness Advisory Council for the Iowa Department of Public Health. She has work emphases in crisis stabilization services, peer support, and the Office of Consumer Affairs.

Crisis Counseling Assistance and Training Program (CCP)

What is the CCP?

The CCP is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes designed to help individuals and communities recover from natural and human-caused disasters through community-based outreach and psycho-educational services. These entities may apply for a CCP grant after a Presidential disaster declaration.

The Emergency Mental Health and Traumatic Stress Services Branch of the SAMHSA Center for Mental Health Services (CMHS) and the Federal Emergency Management Agency (FEMA) work together to provide technical assistance, consultation, and training for state and local mental health personnel involved in the CCP.

How does the CCP help disaster survivors?

The CCP helps people recover and rebuild their lives after a disaster. The CCP supports short-term interventions that involve the following counseling goals:

- Helping disaster survivors understand their current situation and reactions
- Reducing stress and providing emotional support

- Assisting survivors in reviewing their disaster recovery options
- Promoting the use or development of coping strategies
- Connecting survivors with other people and agencies who can help them in their recovery process

The CCP follows key principles that make it different from other survivor support programs. The CCP is:

- Strengths-based: CCP services promote resilience, empowerment, and recovery.
- Anonymous: Crisis counselors do not classify, label, or diagnose people. No records or case files are kept.
- Outreach-oriented: Crisis counselors deliver services in the communities rather than wait for survivors to seek their assistance.

- Conducted in nontraditional settings: Crisis counselors make contact in homes and communities, not in clinical or office settings.
- Designed to strengthen existing community support systems: The CCP supplements, but does not end or replace, existing community systems.

The CCP offers services to disaster survivors in their homes, shelters, temporary living sites, or houses of worship. Funded CCP services include the following:

- Individual and group crisis counseling
- Basic supportive or educational contact
- Community networking and support
- Assessments, referrals, and resources
- Development and distribution of educational materials
- Media and public service announcements

To learn more about the CCP, visit the CCP toolkit at <https://www.samhsa.gov/dtac/ccp-toolkit>. ■



Needs Assessment in the Crisis Counseling Program

By Denise Bulling, Ph.D., LPC

Conceptualizing and conducting mental health and substance use-related needs assessments after a disaster can be daunting. This is particularly challenging for state level personnel who are charged with determining the need for a Crisis Counseling Assistance and Training Program (CCP) grant. The current CCP needs assessment schemas are guided by research (Norris, Friedman, & Watson, 2002; Norris et.al., 2002; North & Pfefferbaum, 2013). The literature points to individual and community level indicators of need related to mental health after a disaster. Much of our CCP needs assessment activities center on understanding who is in the community and is most vulnerable to the effects of disaster, and what resources and capacities for response are accessible after the disaster. Individual level needs assessments for the CCP focus on identifying psychosocial stressors, individual connections, and vulnerabilities. An entire special issue of the *Journal of Psychiatric Research* (Volume 17, Issue S2) focuses on post-disaster mental health needs assessments for individuals at the clinical level. From all of these sources we know there are key activities that state-level personnel can take early to ensure mental health and substance use-related needs in the affected area are



assessed and monitored.

Assessing Needs Before a Disaster Declaration

Many disasters never rise to the level of receiving a Presidential disaster declaration. Each state has its own disaster behavioral health plan to guide how local- and state-level mental health resources respond to the disaster. Most states have capabilities for immediate outreach but few can sustain it over time. Building needs assessment in all smaller disaster behavioral health outreach activities will make it easier to pull together data for large responses that are eligible for the CCP application. The most basic data to collect is the **number of**

disaster mental health responders deployed, and their **impressions of what is going on** in the community. If possible, ask these responders to count the number of people they talk to and the materials they distribute. Some states and localities are organized enough to ask deployed mental health responders to collect additional data about the type of reactions they are seeing in the field. Set the stage early and expect local providers to use incident command principles where deployed personnel report up to a team leader who can collect and report data to the state lead. Asking deployed personnel to write a short paragraph about what they experienced in the field can paint a picture of what survivors

Needs Assessment



The following are helpful resources for conducting a needs assessment:

- [Community Assessment for Public Health Emergency Response \(CASPER\)](#)
- [Federal Emergency Management Agency Damage Assessment Manual](#)
- [Comprehensive Disaster Assessment and Readiness Tools \(CDART\)](#)
- [Rapid Environmental Assessment Tool \(REA\)](#)

are experiencing. These paragraphs can sometimes be more informative than check boxes on a form for risk factors or reactions. Ask for the same information from the lead of the American Red Cross Disaster Mental Health function or other agencies that have deployed mental health in the disaster area.

State leaders should be simultaneously asking someone to **collect news stories** from and about the disaster area. Pull out information from the articles that illustrates the effect on individuals and communities and cite the source. This will position you to write the CCP application if needed and you will be better informed about the potential strain on survivors, responders, and the mental health and substance use disorder treatment workforce. Cultivate good relationships locally and at the state level with emergency management

ahead of any disaster so they know who you are when you call and ask for information about the disaster (e.g., damage, areas affected).

Assessing Needs for the CCP Immediate Services Program (ISP) Application

We all know the hallmark of disaster is chaos. Responders and emergency managers are busy keeping people safe and assessing damage so they may not prioritize assessment of social or emotional issues when you need it the most. State mental health program directors often experience challenges getting meaningful data in the days immediately following a disaster (Elrod, Hamblen, & Norris, 2006). You are ahead of the game if you started collecting news stories at the disaster onset and have a system for collecting basic data from mental health personnel who are already in the field. If you have not been collecting this data, now is the time

to start.

There is no single formula that captures all of the mental health needs after a disaster. In the past the CCP application included tables that helped organize effects by reporting losses such as the number of deaths, injuries, and homes destroyed. The most recent application form for the ISP is less prescriptive. Instead, applicants are asked to describe current services and explain why they can't meet the disaster-related mental health needs caused or aggravated by the disaster. There is also a box to describe any special circumstances affecting the need for crisis counseling services. In the early days after a disaster, it is often difficult to get exact numbers and data that illustrate these needs. However, you can often get ballpark estimates of how many communities are affected from the state, Federal Emergency Management Agency (FEMA), and via news reports.

Identify census information for each county in your area ahead of any disaster, or be ready to have someone look up census information using the Census Data website (<https://data.census.gov/cedsci>). This website provides community-, county-, or state-level data about the population in the disaster area. Consider pulling out data about groups most vulnerable to the effects of disaster (e.g., number of youth, seniors, households in poverty, renters, people with limited English proficiency, different cultural groups, veteran status). This data coupled with the narratives you have from the field and news reports will help you tell the story about the social, emotional, and psychological needs of survivors and responders.

Estimating the population to be served by your ISP starts with the overall census numbers for the disaster areas. Estimate the effect in each area you intend to serve by reviewing (1) the characteristics of the disaster (e.g., warning, displacements, damage, deaths, and injuries) side by side with (2) the census information about the populations most vulnerable to the influences of disaster and (3) the impressions or data you have from those in the field. Describing the interplay of these factors is especially important for rural areas with low population numbers but high effects. A fourth (4) consideration is to realistically describe the capabilities of mental health providers to do extended outreach and psychosocial education



CCP staff conduct outreach, identify local needs. Photo provided by Puerto Rico Proyecto Conéctate CCP.

in the affected areas. Usually this capacity is limited to the immediate response period. Project how many outreach workers you need to serve an area, recognizing that two people are deployed together for safety reasons. If you propose to fund one full-time equivalent (FTE) or less, be ready to describe how you plan to meet this safety standard. Consult with your proposed provider of CCP services during the writing of the grant so they can give you information about their local area, its disaster related needs, and their staffing capabilities. Local providers can also add to the needs assessment by describing how damage to local gathering places and culturally important places may affect community cohesion and recovery.

Regrouping for the CCP Regular Services Program (RSP) Application

It is not unusual for the ISP training

to coincide with due dates for the RSP grant. Ideally, you will have ISP outreach data to substantiate your need for the RSP. However, this data may not yet be available to you. Between the ISP and the RSP applications, you should continue to monitor news sources and focus on strengthening your connections with emergency management and voluntary organization partners who are still in the field. The FEMA joint field office will likely be set up by now and there will be a lead identified for individual assistance. This person will have access to information that can help you direct local mental health outreach activities to areas most affected by the disaster. You should be getting regular reports from any local mental health assets still responding to the disaster. SAMHSA and the SAMHSA Disaster Technical Assistance Center will likely be working with the state contact now

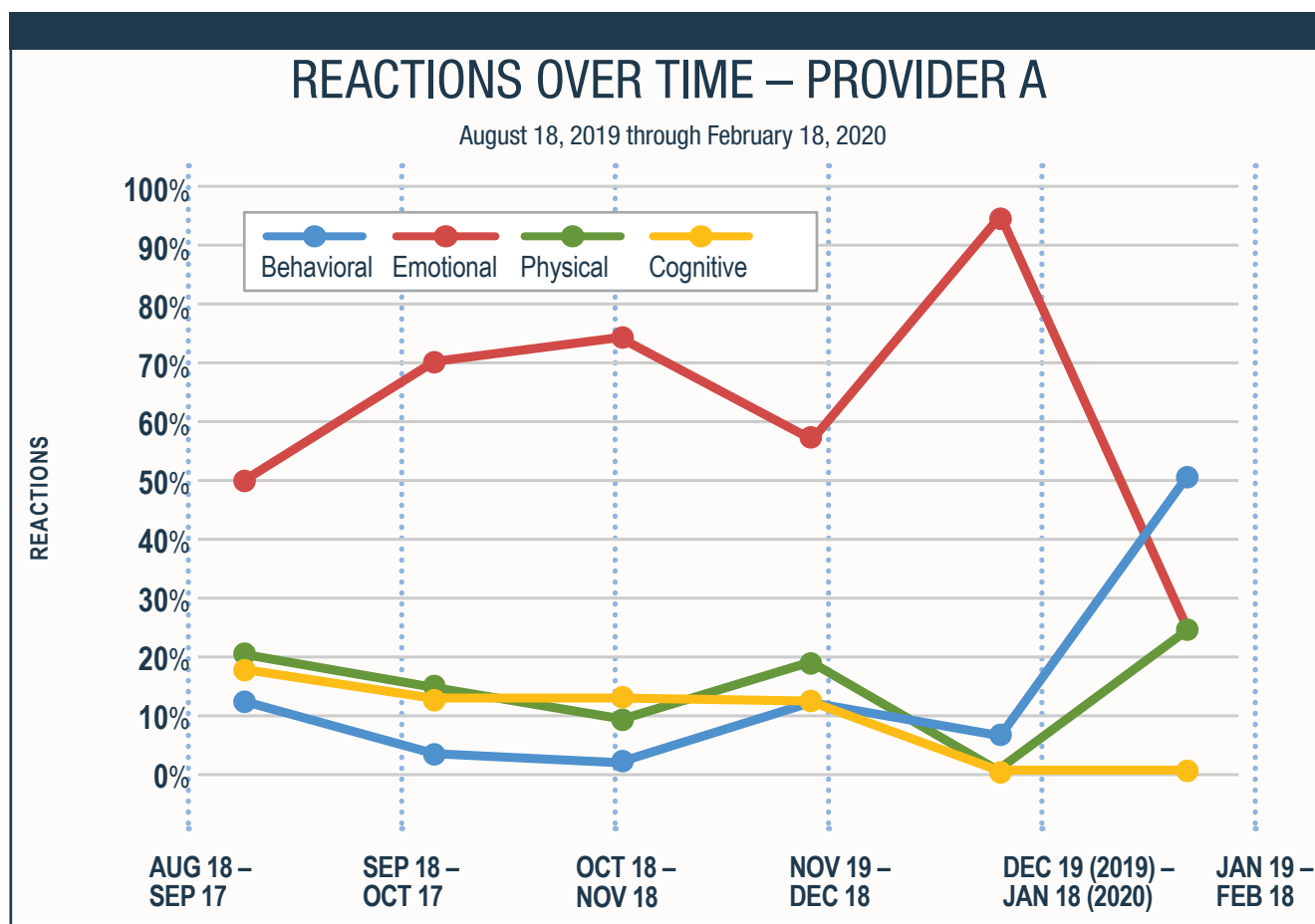
as the next grant is taking shape. The RSP grant package contains supplemental instructions about the needs assessment including a worksheet to help you consider how the impacts of the disaster affect the risk of trauma for the population. I recommend revisiting the four factors you considered in the ISP application and updating it as new information comes in. Damage assessments will be done or in progress, so emergency management contacts should be able to provide more precise information about which neighborhoods or areas were hit the hardest. This enables you to describe the mental health influences on facilities and populations with

more detail.

Using CCP Data to Adjust Programming

Needs assessment never stops. The CCP data collection tools provide a wealth of information to help you adjust programming as the program unfolds. The reports generated by the data system are helpful, but not the only way to view data. Consider downloading the data into an Excel spreadsheet so you can view it in different ways. For example, you can create graphs showing the trajectory of the four reaction types tracked in individual and group crisis counseling contacts to show how reactions change over time. Program

managers and team leads can respond by creating different types of educational materials based on emerging trends or guide training for crisis counselors. Consider asking crisis counselors in the field to supplement the data with regular, brief paragraphs about their experiences in the field. This helps provide context for the numbers and simultaneously helps identify situations that are stressful and rewarding for the CCP workforce. All of the data helps the state and local providers identify next steps and crucial partners to move the community through recovery when the CCP ends. ■



An example of how a CCP might illustrate reactions over time to understand community needs and guide programming.

Staying Connected: CCP Fosters Community During COVID-19

By Karen Hyatt, M.S.W.

In 2020, a historic number of states launched Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) grants related to the COVID-19 pandemic. At the same time, to reduce the spread of the disease, states and localities implemented physical distancing guidelines and orders, and much of the nation spent a lot more time at home. The CCP is based on in-person contact, as well as helping communities tap into and strengthen existing social networks. What does such a program look like during a pandemic?

To find out, *The Dialogue* recently spoke with Karen Hyatt, Iowa's State Disaster Behavioral Health Coordinator, who leads the COVID Recovery Iowa CCP. Since 2008 Hyatt has worked on six Iowa CCPs, many branded as Project Recovery Iowa. She described how COVID Recovery Iowa is different, including innovations in staffing, virtual services, and creative ways the program has found to reach disaster-affected communities.

How is your current COVID-19 grant structured?

We have five providers and 105 staff members. As in past CCPs, we have tried really hard to hire people from

all over the state, and with all kinds of different backgrounds, so we can honestly say to people across the state that we're just like you.

Many of our staff have worked on a Project Recovery Iowa CCP from 2008 to today. I'm proud of that, that they have such a good association with the grant.

How have you adapted typical CCP services to a virtual environment?

I recruited our social media liaison, who has done wonderful things. She held Zoom sessions with staff to teach them to use social media. Even if staff said they didn't like Facebook, we told them to like our program page (<https://www.facebook.com/covidrecoveryIowa>)

and the groups we set up there.

We have a website (<https://www.covidrecoveryiowa.org>) with information in over 60 languages and materials about our program. The website includes a contact form. When someone fills it out, the request comes to me. I send requests to team leaders and we disseminate them to staff, so no request sits for more than 2 hours, except overnight.

We have over 20 groups on social media. The Media page of our website (<https://covidrecoveryiowa.org/media-center>) links to a lot of the Facebook groups. We have groups on meditation and yoga, music, and a book club for older adults.

Select language:
English

COVID Recovery IOWA

IOWA
Department of HUMAN SERVICES

COVID Recovery Iowa offers free virtual counseling and assistance for all Iowans affected by COVID-19.

CALL OR SUBMIT FORM BELOW. COUNSELORS AVAILABLE 24/7.

IOWA WARM:
1-844-775-9276

IOWA CONCERN:
800-447-1985

SPANISH LINE:
531-800-3687

Have there been other staffing changes for the CCP during the pandemic?

We have the social media staff member I mentioned on this grant, along with a great graphic designer, who is also a high school teacher. He has taken our print material and given it a really strong, consistent, professional look.

We added a layer to our CCP that's unique; it's the only one in the country right now with specialty coordinators, who are subject matter experts in six categories: agriculture and rural mental health; domestic violence, homelessness, and urban mental health; children and families; military families and veterans; older adults and individuals with developmental disabilities; and workforce. Also, one person works exclusively on self-care for staff. The specialty coordinators don't supervise—we have team leads who do that—but we ask all of our staff to select a specialty area when they are hired. The specialty coordinators come up with programming and guide and give assignments to other staff.

Special populations are groups who may be at greater risk in and after a disaster. Special populations vary by disaster. They may include:

- ➔ Children and youth
- ➔ Older adults
- ➔ People with past trauma
- ➔ Public safety workers
- ➔ People experiencing homelessness

This structure is new, and it's worked so well that I think I will do it again. The specialty areas help staff focus. Staff are not limited to one specialty area; they can serve people outside of their area. The reality is that a lot of families have members who fall into all of the categories.

What have staff done in the specific specialty category areas?

In the area of older adults and individuals with developmental disabilities, we have a pen pal program. Since the program started a few months ago, staff have sent well over 400 handwritten letters, and people in nursing homes have started writing back. One of our staff has legacy training, which helps with asking questions to get a person to tell his or her story, and then they transcribe it and give it back to the individual. Especially for people who are isolated, this work gives them a purpose, reminding them that their life has meaning and someone wants to hear about it.

We have a book club focused on older adults. We partnered with the library association to send copies of the first book to nursing homes. Out of that group came a lot of discussion that kind of turned into a support group. It's a Zoom group, and people can also attend by phone. They have met several times.

The developmental disabilities area has a program, Chat Buddies, that has really taken off. Staff

communicate, mainly by text, with people with developmental disabilities who are isolated because of the pandemic from their normal support groups or work clubs. Our staff had to set limits on how much time they spent, because participants really wanted to interact with them. We had to bring in additional staff and train them, because staff we had couldn't handle all the requests. We put together a training on adaptive technologies to help our staff in this area.

We also have song-o-grams, where a person can ask for someone's favorite song. We recently had a request from a gentleman for a song-o-gram for his wife, who was in a nursing home and on a ventilator, for their 63rd anniversary. A phone was brought to the woman on the ventilator, and our staff sang the song that the woman and her husband had danced to at their wedding.

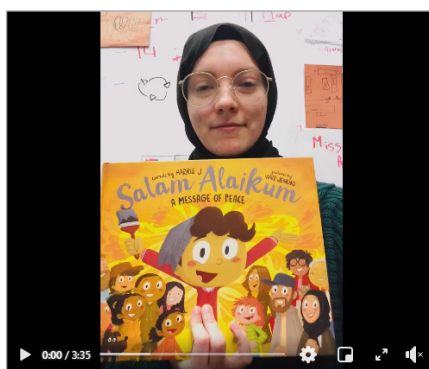
In agriculture and rural mental health, we have support groups for families of farmers. Staff have done a lot of work with suicidal ideation in farming. We partner with Iowa State University Extension and Outreach, including hiring some of their staff to help with rural programming, such as Stress on the Farm sessions.

Staff in this area have done a lot of work with the meat packing plants, where high numbers are testing positive for COVID, and the majority of workers do not speak English. It's been hard to reach this population. Many don't have internet access, and

they're not going to do something other than work while they're at work, so we try to go to places they naturally would go for information, like laundromats and small grocery stores. The staff that work there are in the know, and they get in over their head because people come to them for everything. We tried at first to work through the two big employers in the state, and we didn't make an impact at all. By partnering with other agencies we have done more, and we have hired people from Somalia and other countries that plant workers also come from.

In the area of children and families, we have a series of readings of children's books by our staff and others. The readings are recorded and posted each day at 10 a.m. (<https://www.facebook.com/groups/1581970971987124>). We have had famous people in Iowa, or with a connection to the state, including Ashton Kutcher, reading children's books. His first cousin is married to one of the executive directors of a provider organization for our grant. Miss Iowa has read, and all the university coaches, and now we're moving on to mascots.

We're offering virtual visits with Santa through Facebook. In two weeks we served 248 kids, and another 100 are already scheduled for the upcoming week and a half. Both Santas are staff, counselors with backgrounds in disaster, and both are married to wives who are also counselors for us. The kids tell Santa the real deal about their



Video posted to Facebook by COVID Recovery Iowa of a reading of *Salam Alaikum* by Harris J.

families. One child said, "I don't want anything for me, but if you could bring my mom a box of Kleenex, because she cries every night, that would be good." The mom didn't know the child knew that, but kids do know. One of the wives and the mom separately from Santa had their own conversation. Out of the Santa visits, we have gotten 40 requests for one-on-one counseling for parents.

In the military families and veterans category, two people share the specialty coordinator position—one with a husband in the military, the other a Vietnam War veteran. A lot of veterans with disabilities and older veterans are involved, and they participate in the pen pal and legacy programs, as well as some Facebook groups. We found that military families didn't always know about resources available to them outside of the military. We've been letting them know about community-based services where they are.

In the workforce category, staff have been holding 1- to 1.5-hour sessions on self-care and anxiety reduction.

We started these sessions because Homeland Security and Emergency Management staff asked for them, and they really liked them. We have had sessions for staff in other state departments. We have also developed sessions for nursing home staff, breaking the full session into 10-minute recordings that staff can listen to over six to eight days to cover the material. These sessions have been well-received, and some are reaching out in their private time to schedule counseling sessions.

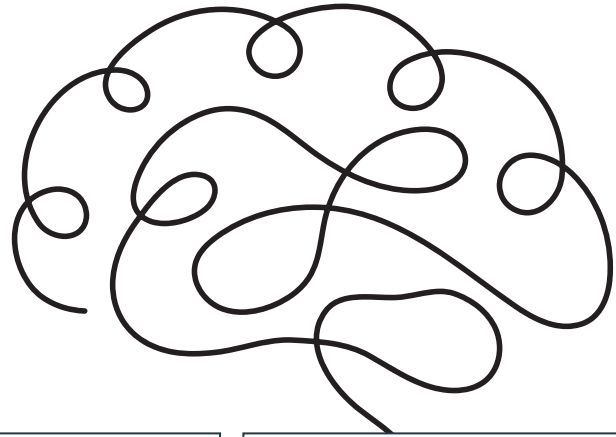
How have you gotten the word out about your CCP?

We have engaged the media in some of our groups. Then they promote our program on the radio for free. Celebrity involvement has also been helpful.

The Governor has regular press conferences. She recently invited me to one, held at the Iowa public television station, to talk briefly about our work. By the time I got to my car after the press conference, I already had calls from five agencies wanting more information. By the time I got back to my computer, 45 people had gone to our website and asked for one-on-one counseling, and by the next morning it was 212. I emailed the Governor's Office staff and told them what had happened and how many people had contacted me. Later the Governor mentioned our CCP again, and I noticed an increase in requests through our website. She said they would have us back after the holidays, in February. ■

CCPs Get Creative!

Across the country, CCPs are coming up with creative ways to provide outreach and services to people struggling during the COVID-19 global pandemic. The virtual nature of the current programs has encouraged CCP leadership to explore new ways to reach their target audience. Here are a few of their strategies.



Start or participate in a pen pal program between CCP staff and residents in nursing homes and assisted living facilities.

Partner with utility companies to include program information in their customer communications such as billing statements or payment receipts.



Partner with state department of transportation (DOT) divisions to include program messaging on DOT electronic billboards.

Convene collaborative conference calls with other states in the region to discuss best practices, brainstorm, and share resources.



Identify warming locations for individuals who are homeless during the winter months and use those sites to distribute resources and connect with them.

Coordinate with an in-state emergency rental assistance program to distribute resources and reach out to individuals and families served by the program.



Offer resources, a hotline number, and virtual groups as needed for department of corrections staff in places where COVID-19 cases have spread rapidly within these environments.

Collaborate with retired educators to establish response teams that can be deployed to schools affected by COVID-19, taking help directly to educators and school support staff.



Partner with professional sports teams to mention the program or promote the program when airing games.

Crisis Counselors Support Communities and Individuals through Disaster Anniversaries

By Beckie Gierer, M.S.

In every disaster, there comes a time to commemorate the event that led an individual or community to where they are in their recovery journey. Anniversaries are met with many emotions, celebrated in a variety of ways, and held at various points. In Missouri, there have been several federally declared disasters in the last 8 years. Missouri has seen tornadoes in 2011, severe flooding in 2015, 2017, and 2019, and tornadoes in 2019.

In 2011, one of the deadliest tornadoes (an EF-5) went through Joplin. On the same day, 8 years later, in 2019, a storm system went through Missouri that produced several tornadoes. Three tornadoes went through communities right outside of Joplin that took the lives of three people and brought back many painful emotions and memories on the disaster anniversary. Anxiety was already at a heightened state when the storm system pushed through the area in the late evening. Loved ones were frantically texting each other to check on their safety and people were rushing to their safe locations; the fear and anxiety was evident as the storm system mounted. While response was happening in these



Crisis Counseling Assistance and Training Program (CCP) staff participate in a required disaster anniversary training that focuses on helping crisis counseling staff anticipate and respond to possible individual and community reactions, including adapting public education and media messaging to match changing needs.

areas on the eighth anniversary, some 143 miles away, another round of tornadic activity was starting in central Missouri. That same storm system produced a tornado in Eldon and Jefferson City that left a trail of damage in those communities.

What is an anniversary event?

When thinking about anniversaries, an important thing to remember is that it can mean different things to different people. The community may decide to host an event to remember what happened or the community may decide to let the anniversary pass with each person doing their own unique thing. An anniversary event may be held at different times depending on the community and the disaster. One community may choose to not do anything formal for an anniversary

Examples of anniversary events include:

- ➔ Anniversary unity walk
- ➔ Children's block party
- ➔ Neighborhood lunches
- ➔ Fish fry event
- ➔ Anniversary riverfront event

while another community may do multiple events over the course of several days.

Events range in size, location, type, and formality. The type of event a community holds depends on what works for that community. Crisis counselors participate in anniversary events by providing much needed emotional support. This is done in a variety of ways and often requires crisis counselors to think outside the box. For example, in Joplin, crisis counselors participated in the anniversary unity walk where staff were stationed at several locations along the walking route to offer water and emotional support to both volunteers and citizens participating in the event. Crisis counselors have also participated in less formal events like a fish fry where a community just wanted to come together to be in a central location during a hard time. Missouri CCP staff have also been a part of anniversary riverfront events, children's block parties, and neighborhood lunches. These events present a unique opportunity for the crisis counselors to become a part of the event without actually

hosting. This can create challenges for the counselors as they determine how to best reach the community members at an anniversary event. As most mental health professionals will tell you, people don't typically walk up to a mental health table and reach out for assistance. However, if the crisis counselors are standing or walking in the crowd, among the survivors and community members, they are more likely to be able to reach that population.

How can outreach staff help during an anniversary event?

When communities start planning the anniversary events, crisis counselors should start brainstorming ideas for how they will reach out to the community members attending. This could be something as simple as doing games or activities, giving away information on reactions while walking around the crowd, giving a presentation, or setting up a table with information about

anniversary reactions. During one of the Joplin anniversary events, CCP staff collaborated with other organizations to provide assistance at a children's block party. The children talked about the school they lost, their memories, and shared stories while having a fun time on what was a sad day for many of the parents. The crisis counselors handed out pinwheels and bubbles to the kids to help ease the stress of the anniversary and the reactions by the adults. The pinwheels and bubbles were used to help promote positive thoughts about wind and weather.

Another area that CCP staff need to consider is what types of reactions they may see around an anniversary. In Joplin, referrals and calls to the hotline increased when storm systems moved through the area and when the anniversary approached. As the anniversary passed, staff began to see a decrease in contacts and referrals. As anniversaries approach, survivors may have more

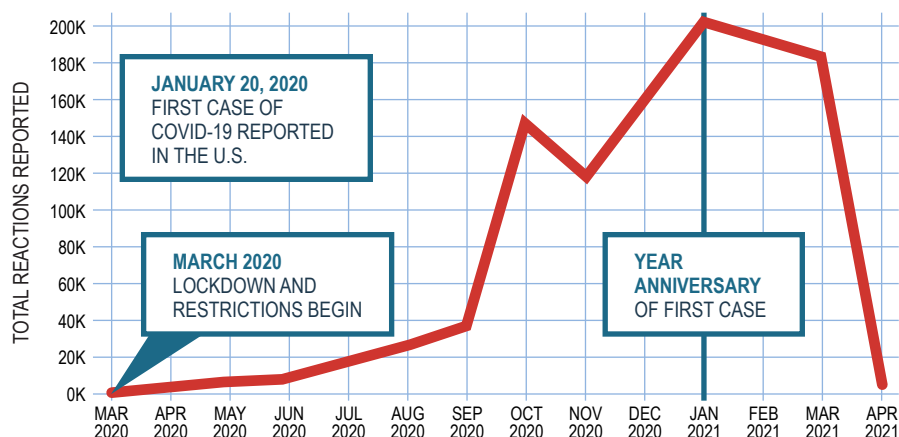


startled reactions and an increase around fear. The anniversary may also bring back memories around possessions or loved ones that were lost during the event. Depending on the time of the anniversary (1 month, 6 months, 1 year, etc.), these reactions may be more difficult depending on where the survivor is in their recovery journey. For someone who isn't fully recovered emotionally, anniversaries can be more difficult. Other survivors may use the anniversary as a time to reflect and remember what they have lost, what they experienced, and look at where they are at now. As anniversaries approach in

Missouri, we see reactions around fear, anxiety, and frustration in the survivors. Community members

and partners remain sensitive to these reactions in the survivors and themselves. ■

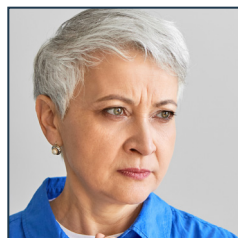
Total Reactions Reported Across CCPs During COVID-19 Pandemic



A spike in disaster reactions in early 2021 corresponds to the anniversary of the start of pandemic impacts in different parts of the country.

Disaster anniversaries

Coping strategies to help people through traumatic anniversaries include the following:



Recognize and acknowledge feelings you may experience.

Understand that your feelings are part of the recovery process.



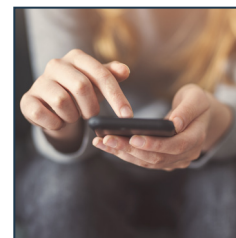
Find healthy ways to cope with your distress.

Share memories and feelings with someone you trust or just spend time with friends and family. Avoid negative ways to cope such as drinking or using drugs.



Remember and celebrate the lives of your loved ones.

Anniversaries of a lost loved one can be a difficult time for friends and family, but it can also be a time for remembrance and honoring them.



Use your support system.

Reach out to friends and family. Don't isolate yourself.

Source: <https://www.apa.org/topics/anniversary-traumatic-event>

Tips for Working With Tribal Communities During a Disaster Response

By SAMHSA Tribal Training and Technical Assistance Center

Applying cultural considerations is recommended when working with American Indian and/or Alaska Native (AI/AN) communities.

Cultural considerations are especially important when responding to emergency or disaster situations affecting AI/AN people.

Five Principles of Cultural Proficiency

Cultural Competency for Emergency Management (EM) and Consequence Management (CM) (Bergeron) defines the following five

principles of cultural proficiency:

1. Culture is the predominant force in people's lives.
2. The dominant culture serves people in various ways.
3. People have both personal identities and group identities.
4. Diversity within cultures can be vast and significant.
5. Each individual and each group have unique cultural values and needs.

This information is important for disaster behavioral health coordinators, disaster technical assistance providers, and/or anyone providing support or working with AI/AN communities before, during, or after a disaster or emergency. Keeping these principles in mind, the following considerations can be helpful when working with AI/AN communities.

Engage and request support from tribal governments and leadership.

There are 573 federally recognized and 63 state-recognized tribes in the United States:

- Each tribe is a sovereign government.
- Each tribe is different, even if there are similarities in culture or cultural values.
- Engage tribal leadership first, especially for EM or when responding to disaster.
- Tribal leadership may be an elected chairperson and/or board of directors.
- Develop a relationship with leadership prior to a disaster or emergency.



Image courtesy of SAMHSA Tribal Training and Technical Assistance Center.

- Inquire if the tribe has a current EM plan or needs support developing one.
- Many tribes have various departments, programs, and resources to assist with emergency response and/or crisis management.

Engage in effective communication, using multiple methods.

One of the most important areas to address is effective communication. Emergency responders and other CM officials must be prepared to use multiple communication methods and consider different levels of literacy:

- Information should be conveyed in languages other than English, including sign language, as needed.
- EM and CM officials may need to quickly identify key leaders and communicators who are able to deliver culturally appropriate messages (in the correct language and cultural context) to inform the affected population and prompt desired actions and results.
- Education and literacy, as well as socio-economic status, may play a role in effective CM, particularly in the mid- to long-term recovery phases.

Remember the importance of culturally specific funeral rituals and/or ceremonies.



Funeral ceremonies help people cope with the loss of their family members. These practices have been developed and refined over generations. Dealing with casualties and death can be where cultural proficiency has the most effect:

- Religious and cultural beliefs and death practices will be important to survivors.
- There may be a strong psychological need to quickly identify lost loved ones and to grieve for them in specific cultural ways.

There may be conflicts concerning the following:

- Autopsies, timeframe, and handling of the body

- Ceremonial washing of the deceased and other customs or rituals
- Cultural items left or placed with the dead

Understand the importance of family roles, responsibilities, and support structures.

Traditional cultures may use matriarchal or patriarchal decision-making methods and include extended family or clans:

- Officials may need to specifically engage these individuals or familial leaders.
- During a mandated evacuation or emergency shelter situation, keeping all members of extended families together may prove to be

a critical component in families' compliance with CM official's instructions.

- Ask or rely on tribal leadership to share the importance of these practices.
- Each AI/AN community may be different or have varying cultural values.

Learn how others define “household” and gender roles.

AI/AN communities may have differing or opposing definitions depending on culture. These definitions can affect the following:

- Distribution of relief supplies in the immediate aftermath of the incident and/or the disbursement of longer-term recovery funds.
- Culturally, “household” may be defined by family ties related to the eldest male member, depending on AI/AN tribe:
 - This can be problematic when considering single mothers with children or newly widowed women, with no remaining male family ties.
 - Example influencing resource support: The “Household Rule” and the aftermath of Hurricane Katrina.
- Cultural gender roles may also cause additional complications. Female survivors may not feel comfortable receiving treatment from male first responders.

- Work directly with individual tribes to address these topics and ask questions.

In summary, consider the following:

- Encourage incorporating cultural considerations into everyday efforts and interactions, as well as crisis response operations.
- Include crisis responders and cultural brokers (e.g., community leaders) from the affected cultural groups before, during, and in the aftermath of any crisis.
- Community-based groups can provide an important communication link with the cultural groups they represent.

- EM and CM officials may have the ability to enhance the readiness and flexibility of the populations they protect and serve through a culturally appropriate dialogue.

Cultural considerations allow individuals and organizations to interact effectively. It is an approach for addressing the issues that emerge in diverse environments. Taking cultural considerations into account in your approach is proactive and can provide framework for seamless sustainable interactions and partnerships. ■



Crisis Counseling in Rural Wisconsin

By Jane Gaffney

In Wisconsin, residents have a bootstrap mentality, meaning that they “pull themselves up by their bootstraps”—an old saying, but very applicable today. Rural Wisconsinites take care of what needs to be done and continue to try to make a living, no matter how challenging the times. The State of Wisconsin applied for Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP) grant funding in 2007, 2008, 2010, and 2018 due to severe storms and flooding. In 2020, the state applied for a grant

for assistance in coping with the COVID-19 pandemic. The CCP was implemented to help all residents of Wisconsin, with a focus on areas that had a surge in cases of the disease. The CCP in each of the disasters was branded as Project Recovery. In all of the CCPs, crisis counselors have been hired, trained, and deployed to the areas included in Presidential disaster declarations for storms and the pandemic.

Storms Hit Hard

Flooding, straight-line winds, and tornadoes have severely affected rural communities in Wisconsin.



According to the U.S. Census Bureau in 2017, **1 in 5 Americans lives in a rural area.**

Source: U.S. Census Bureau, Population Division, 2018

The COVID-19 pandemic has further broken down the fabric of communities in the state. Resources have been depleted. In rural communities, many roads were washed out, homes flooded,



and animals stranded when storms hit. Some survivors were trapped in their homes for days because of road closures. Vehicles and possessions were washed away in the floodwaters. Wisconsinites now face isolation, depression, and anxiety due to the need for physical distancing and risk of infection during the pandemic.

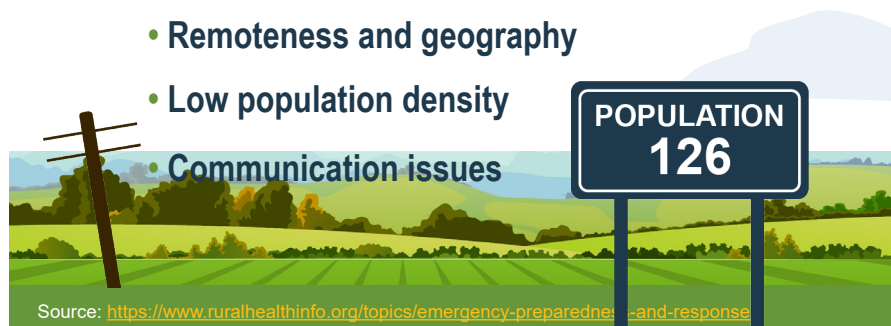
Survivors often tell crisis counselors, “I’m fine, but my neighbor got a lot of damage.” Since the pandemic hit, we are hearing “I’m fine, but my friend/relative/coworker is really depressed or has the virus.” Crisis counselors are trained to listen to each person’s story. As crisis counselors spend time with survivors, they hear more about the struggles survivors are facing. The crisis counselors help with goal setting and suggest ways to handle stress. Crisis counselors have learned that listening to the survivor’s story is crucial to emotional healing. With patience and diligence, crisis counselors are able to correct misinformation and give survivors a sense of hope.

Challenges Faced in Rural Areas

Although survivors are flexible and resilient in Wisconsin, storms and flooding have continued to affect the same areas of the state. Crisis counselors report that survivors are worn out physically, emotionally, and financially. Following are some of the major challenges crisis counselors have faced and worked to overcome:

Rural residents, communities, local governments, and others involved in emergency preparedness and response face challenges that can include:

- Resource limitations, such as equipment and supplies, training, and infrastructure
- Access to health care for higher levels of care
- Remoteness and geography
- Low population density
- Communication issues



Weather. One of the biggest challenges in Wisconsin has always been the weather. Winters can be very harsh. In November 2018, crisis counselors deployed in response to late August flooding faced low temperatures and heavy snowfall, making outreach very difficult. In January 2019, the polar vortex hit Wisconsin. Crisis counselors were unable to perform canvassing for over a week with windchill factors of -30 to -60 degrees. The threat of flooding in the spring and summer of 2019 was also daunting.

Distrust. At times, survivors will not answer the door due to mistrust. Crisis counselors connect with local and county law enforcement to introduce themselves to the area where they are working to help build trust. Crisis counselors in Wisconsin became very resourceful in reaching out to survivors prior to

the pandemic. They attended church services and talked to survivors before and after services. They went to feed mills and co-ops where farmers regularly gathered. Flyers were put in bags at food pantries, grocery stores, and thrift stores. The crisis counselors attended local events, including “coffee with a cop” gatherings; county fairs; town, city, and county meetings; and anniversary events. They reached out to schools and libraries to perform puppet shows that focused on hope and flexibility after a disaster. They held after-school programs as well as day camps in the summer and fall.

Difficulty in contacting survivors. Farmers and rural survivors were sometimes very difficult to reach. Two crisis counselors attended a farm auction to try to connect with as many farmers as they could.

Though this was very resourceful, there was only one farmer at the auction. The crisis counselors engaged with the businesspeople attending and were able to make connections with those survivors. When reaching out to farmers in the spring, the crisis counselors found many were out working in the fields. Crisis counselors held a Farmer Appreciation Day in 2019 in conjunction with the University of Wisconsin Division of Extension (UWEX) in two rural areas. The UWEX is a resource that helps to connect people in and across rural communities. Local high school students volunteered to help serve food from the agriculture department.

Financial difficulties and unmet needs. Crisis counselors came upon flood survivors that had mold in their homes and had not dealt with the cleanup for many reasons. At times, the survivors were not willing to give out financial information and did not apply for assistance from FEMA. Survivors did not apply for Small Business Administration loans, even when they might have qualified and could not afford another loan payment. Many farmers in Wisconsin have had to file for bankruptcy. Numerous small farms are unable to continue to “weather the storm.” Renters face threat of eviction due to being laid off and the lack of jobs available.

Lack of cell phone and internet service. As part of the CCP, grantees collect non-personally identifiable

data on disaster survivors and the services they receive. This supports ongoing evaluation of the CCP and tailoring of programs to meet local needs. In rural areas, it is difficult to enter data electronically because of lack of cell phone and internet service. The lack of service means having to duplicate work—crisis counselors have to use paper forms and then enter the information into the CCP data collection website or mobile app. The lack of service for crisis counselors was difficult, and the survivors they worked with faced challenges in applying online for needed resources.

Although there have been many challenges in Wisconsin, the crisis counselors have done an amazing job of reaching out and connecting to as many survivors as possible. Should another disaster hit in Wisconsin, we have many dedicated individuals who are ready and willing to serve as crisis counselors to help survivors recover and build resilience. ■

The following page is an informational pullout poster that you can print and post. It provides examples of stress reduction techniques.



Having a hard time facing your work responsibilities?

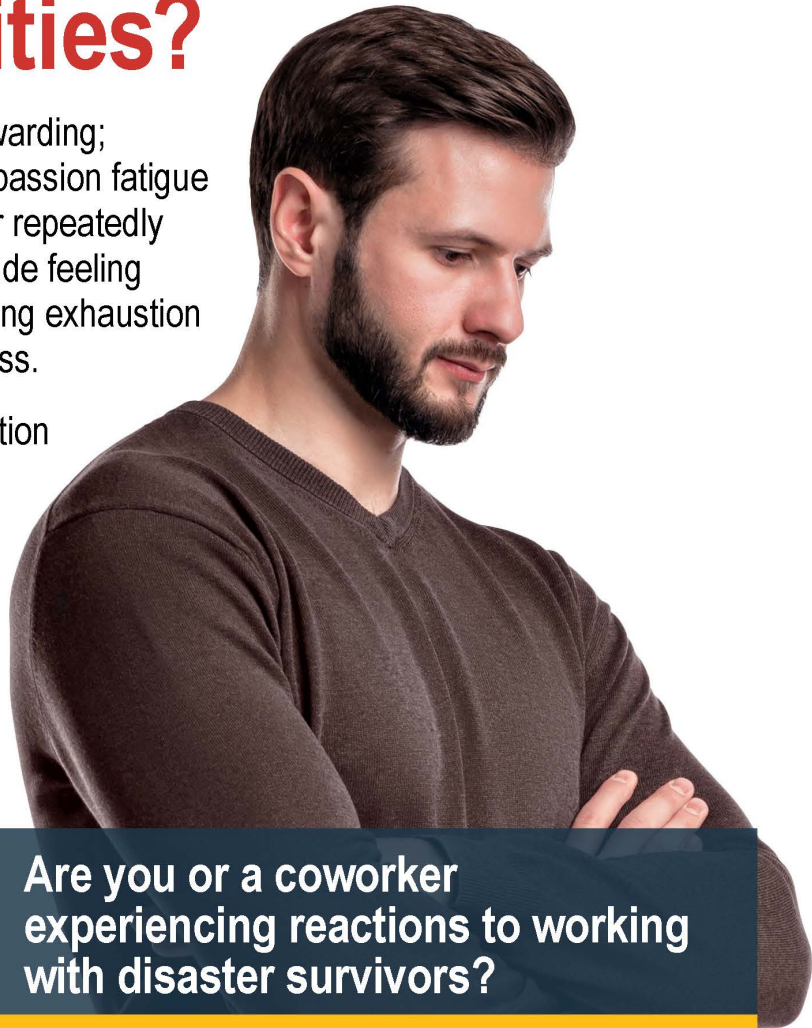
Disaster response and recovery work can be rewarding; however, it can also have negative effects. Compassion fatigue is the stress that outreach workers may feel after repeatedly helping traumatized people. Symptoms can include feeling as though you are failing at your job, overwhelming exhaustion or depression, cynical thoughts, and hopelessness.

Practicing self-care, such as simple stress reduction activities, can help you feel better while working with disaster survivors.

The following are examples of stress reduction techniques you can try:

- Listen to music.
- Use aromatherapy.
- Play with a pet.
- Take a nap.
- Take a walk.
- Meditate.
- Write in a journal.
- Do deep breathing exercises.
- Do tai chi or yoga.
- Do other kinds of exercise.

For more on compassion fatigue, check out *Tips for Disaster Responders: Understanding Compassion Fatigue* and other disaster behavioral health resources on the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center website at <https://www.samhsa.gov/dtac> or call 1-800-308-3515.



Are you or a coworker experiencing reactions to working with disaster survivors?

THERE ARE PLACES TO GO FOR HELP.

SAMHSA Behavioral Health Disaster Response Mobile App
WEBSITE: <https://store.samhsa.gov/product/samhsa-disaster>

SAMHSA Disaster Distress Helpline
TOLL-FREE OR TEXT: **1-800-985-5990** (English and español)
TTY: **1-800-846-8517**
TEXT: "TalkWithUs" (or "Hablamos" for español) to **66746**

SAMHSA's National Helpline
TOLL-FREE: **1-800-662-HELP (1-800-662-4357)**
TTY: **1-800-487-4889**

National Suicide Prevention Lifeline
TOLL-FREE: **1-800-273-TALK (1-800-273-8255)**
TTY: **1-800-799-4TTY (1-800-799-4889)**

Substance Abuse Treatment Facility Locator
TOLL-FREE: **1-800-662-HELP (1-800-662-4357)**
(24/7 English and español)
TTY: **1-800-487-4889**

RECOMMENDED RESOURCES

Helping Older Adults After Disasters: A Guide to Providing Support

This guide was developed by SAMHSA to help outreach workers, crisis counselors, and other workers or volunteers providing support to older adults after a disaster. It can help you prepare for encounters and common disaster reactions, including emotional, cognitive, and physical reactions. The guide also provides tips and resources.

Find the guide at the SAMHSA Store at <https://bit.ly/2v32zLv>.

Tips for Disasters Responders: Cultural Awareness When Working in Indian Country Post Disaster

This tip sheet from SAMHSA is for disaster response workers supporting American Indians and Alaska Natives before, during, and after a disaster or other traumatic event. It reviews several general cultural values that are shared by a majority of Native American communities, how to support and respect the values of a tribe, possible reactions after a traumatic event, and more.

Find the fact sheet at <https://bit.ly/32nUIV1>.

Anniversary Reactions to a Traumatic Event: The Recovery Process Continues

This tip sheet is from the New York State Office of Mental Health. It discusses the emotions that can come with the anniversary of a disaster or traumatic event. These emotions can include anxiety, anger, fear, or flashbacks. However, a disaster anniversary can also provide an opportunity to heal emotionally.

You can download the tip sheet at <https://on.ny.gov/2T31ufu>.

We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters

This guide from AARP was developed with the goal to better protect older adults during a disaster. It reviews important vulnerabilities to consider in the population, including chronic illnesses, prescription medicines, various levels of physical functioning, and more. It also provides additional resources.

Find the report at <https://bit.ly/3a2nLjw>.

MGT 415: Disaster Recovery in Rural Communities

This course, developed by the Rural Domestic Preparedness Consortium, teaches outreach workers and emergency managers in rural communities how to effectively plan and execute disaster recovery efforts. This course aims to help rural communities improve their recovery efforts.

The course is available at <https://bit.ly/3p9RPBC>.



Recent Technical Assistance Requests

In this section, read about responses SAMHSA Disaster Technical Assistance Center (DTAC) staff have provided to recent technical assistance (TA) requests. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: SAMHSA requested resource letters in response to a shooting at the Molson Coors campus in Milwaukee, Wisconsin.

Response: The resources below are a sample of those sent. For the complete resource list, please contact SAMHSA DTAC at 1-800-308-3515.

- *Coping With Grief After Community Violence*—This SAMHSA tip sheet introduces some of the signs of grief and anger after an incident of community violence, provides useful information about how to cope with grief, and offers tips for helping children deal with grief. Find the tip sheet at <https://store.samhsa.gov/product/Coping-With-Grief-After-Community-Violence/SMA14-4888>.
- *Mass Violence/Community Violence*—This SAMHSA Disaster Behavioral Health Information Series (DBHIS) installment is a collection of resources about common reactions to incidents of mass violence, community violence, and terrorism; tips for coping with such incidents; and ways to support children and youth in coping. Find the installment at <https://www.samhsa.gov/dbhis-collections/mass-violence?term=Mass%20Violence%202017-DBHIS>.
- *The Impact of Disaster and Mass Violence Events on Mental Health*—This online article from the National Center for Posttraumatic Stress Disorder (PTSD) describes common reactions that disaster survivors may experience. While most reactions lessen over time, some may turn into long-term and severe responses, such as PTSD. Find the article at https://www.ptsd.va.gov/professional/treat/type/violence_trauma_effects.asp.

Request: SAMHSA DTAC received a request from a staff person in a state senator's office. They were looking for TA regarding support for a state fire department initiative to create a regional mental health resource for first responders.

Response: The resources below are a sample of those sent. For more information, please contact SAMHSA DTAC at 1-800-308-3515.

- *First Responders and Disaster Responders Resource Portal*—Learn more about signs of stress and stress management including additional resources and online trainings. Find the portal at <https://www.samhsa.gov/dtac/disaster-responders>.
- *SAMHSA DBHIS Online Disaster Behavioral Health Trainings*—This installment of the SAMHSA DBHIS focuses on online disaster behavioral health training opportunities available to people interested



in expanding knowledge and skills pertaining to psychological disaster response. Find the installment at <https://www.samhsa.gov/dbhis-collections/online-trainings?term=Online%20Training%202018-DBHIS>.

- SAMHSA DBHIS Disaster-related Funding Opportunities—This installment of the SAMHSA DBHIS focuses on the disaster-related funding opportunities available to state, territory, tribal, and local governments, as well as some nonprofit organizations. Find the installment at <https://www.samhsa.gov/dbhis-collections/funding-opportunities?term=Funding%20Opportunities%202018-DBHIS>.

- Department of Homeland Security Grants Resource web page—This web page from the Department of Homeland Security lists resources where first responders can obtain grants for a range of needs,

including firefighter grants, emergency medical service grants, and pre-disaster mitigation grants. Find the web page at <https://www.dhs.gov/science-and-technology/frg-grants>.

- Emergency Responders: Tips for Taking Care of Yourself—This Centers for Disease Control and Prevention web page provides information for emergency responders on taking care of their mental health as well as logistics before, during, and after a disaster response. Find the web page at <https://emergency.cdc.gov/coping/responders.asp>.

- Gary Sinise Foundation—The Gary Sinise Foundation’s First Responders Outreach provides critical funding for emergency relief, training, and essential equipment to ensure these first responders are equipped to perform to the best of their abilities. Learn more at <https://www.garysinisefoundation.org/first-responders-outreach>.

Are you looking for disaster behavioral health resources?

Check out the new and updated
SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.



<https://www.samhsa.gov/dtac/dbhis-collections>

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As a subscriber to this newsletter, you are invited to participate in a short, web-based survey to provide the SAMHSA Disaster Technical Assistance Center (DTAC) with feedback about your experiences with our products and services. The survey should take no more than 15 minutes. Complete the survey by clicking on this [link](#), or copy and paste the URL https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3 into your web browser.

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SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at dtac@samhsa.hhs.gov.

ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. Contact SAMHSA DTAC to be added to the *SAMHSA DTAC Bulletin* subscription list.

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 <https://www.samhsa.gov/dtac/dbhis-collections> to access these materials.

CONTACT US

SAMHSA Disaster Technical
Assistance Center

Toll-free: 1-800-308-3515
dtac@samhsa.hhs.gov
<https://www.samhsa.gov/dtac>