

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

the Dialogue

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Supporting U.S. Territories and
Island Populations After Disasters

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Cover photo provided by Brian Beck.

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

Island populations face unique challenges preparing for, responding to, and recovering from disasters. Island communities tend to be isolated and more reliant on their own resources and community members for daily needs. Assistance in the form of supplies, materials, and personnel may take more time to arrive after a disaster due to logistical difficulties after an incident. Cultural and societal roles and values differ between islands even if they are in close proximity to each other. Disaster planners and responders need to keep this in mind when working with island populations.

According to the Federal Emergency Management Agency website, since 2010 American Samoa, Guam, Hawaii, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands had a total of 45 disaster declarations including emergency declarations, major disaster declarations, and fire management grant declarations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) has several planning and responding resources for disaster behavioral health professionals working with island populations:

- ***The Dialogue: Cultural and Population Sensitivity in Disaster Behavioral Health Programs***
- ***Helping Older Adults After Disasters: A Guide to Providing Support***
- ***Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health***

This issue of *The Dialogue* focuses on programs delivered to island populations after disasters. We start the issue with an interview from a Crisis Counseling Assistance and Training Program (CCP) staff member in the Commonwealth of the Northern Mariana Islands. He shares his experiences working with the survivors



after Super Typhoon Yutu. Our next article focuses on training efforts undertaken in the U.S. Virgin Islands after Hurricanes Irma and Maria. The concluding article was submitted by a clinician working in Puerto Rico after Hurricanes Irma and Maria.

Do you have any experience responding to disasters affecting island populations? Other disaster responders can learn from your efforts. We encourage you to contact us to share your stories. ■

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Contributors



Brian Beck, M.S. is the Program Manager for the CCP Y.U.T.U. (You, Us, Together, United) within the Commonwealth Healthcare Corporation's Community Guidance Center. This CCP provides services

to Super Typhoon Yutu survivors on the islands of Saipan and Tinian, two of three inhabited islands in the U.S. Commonwealth of the Northern Mariana Islands. Mr. Beck holds a B.S. in psychology from the University of Pittsburgh, an M.S. in management from Colorado Technical University, and has spent a large part of his career in collegiate academic advising and management consulting for small businesses. From Denver, Colorado, he moved to Saipan alone to start a new chapter in life just 12 days prior to Super Typhoon Yutu making landfall—the strongest typhoon to hit U.S. soil since 1935. Mr. Beck is a survivor himself and gratitude and humility form the foundation of his flexibility after a disaster. He spends his free time kayak fishing, scuba diving, and swimming with his dog, Cato.



Jonathan Maldonado, Psy.D. is a licensed clinical psychologist who works as a Clinical Supervisor of the SAMHSA Emergency Response Grant Project of La Administración de Servicios de Salud Mental y

Contra la Adicción (ASSMCA), the Mental Health and Anti-Addiction Services Administration in Puerto Rico. Dr. Maldonado obtained his Psy.D. at The Carlos Albizu University, where he got certified and trained to work with survivors of domestic violence.

Dr. Maldonado completed his internship at the Office of Rehabilitation and Treatment of the Department of Correction and Rehabilitation of Puerto Rico, where he offered individual therapy, group therapy, and personality assessment services to the inmates. Dr. Maldonado

also worked as a research assistant with the Carlos Albizu University and the Department of Justice, for the identification of the psychosocial characteristics of sex offenders in Puerto Rico.

After the passage of Hurricanes Irma and María, Dr. Maldonado worked as a mental health services facilitator and as a team leader of the ASSMCA “Anímate” Project, offering the first psychosocial assistance to community members.



Jenny Wiley, M.S.W., LCSW brings 16 years of disaster mental health experience, including overseeing the Missouri disaster mental health response to disasters, administering the mental health portion of the

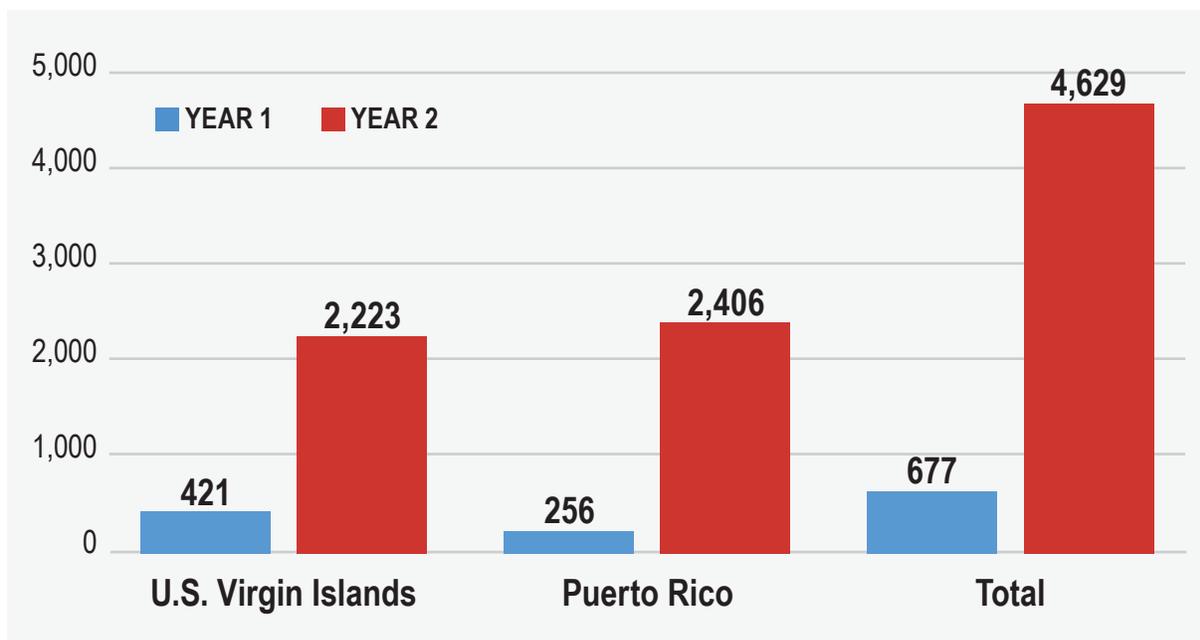
Centers for Disease Control and Prevention public health grant and the Hospital Preparedness Program. Ms. Wiley has completed numerous Federal Emergency Management Agency (FEMA) incident command courses and works collaboratively across agency boundaries in the completion of plans and guides including the *Behavioral Health Emergency Template for Health Care Agencies*. She led three CCPs for Missouri.

Ms. Wiley now consults and teaches throughout the United States and its territories. She is certified to teach the FEMA CCP required curriculum and in 2017 co-taught the Train-the-Trainer CCP course. She also teaches Skills for Psychological Recovery (SPR), Psychological First Aid (PFA), the FEMA Planning for the Needs of Children (G366) course, and children's disaster mental health courses. In 2017, Ms. Wiley was a facilitator and presenter for the SAMHSA All-Hazards Disaster Behavioral Health State Planning Meeting. Between 2017 and 2019, Ms. Wiley made eight trips to the U.S. Virgin Islands teaching the CCP courses, PFA, and SPR.

TECHNICAL ASSISTANCE SNAPSHOT

SAMHSA Support After Hurricanes Irma and Maria

Clinical Services in U.S. Virgin Islands and Puerto Rico by Year



SAMHSA funded additional support to help Puerto Rico and the U.S. Virgin Islands after Hurricanes Irma and Maria. Funding was made available for disaster behavioral health, trauma, and other capacity-building trainings, as well as clinical disaster behavioral health treatment services for remote and underserved areas affected by hurricanes. The trainings and services were offered during 2018 and 2019.

Types of Natural Disasters Experienced in Island Communities



INTERVIEW

Island CCP Draws on Close-knit Community in Support of Typhoon Recovery

An interview with **Brian Beck, M.S.**

In October 2018, Super Typhoon Yutu swept over the Commonwealth of the Northern Mariana Islands (CNMI), with major effects on the islands of Saipan and Tinian. With winds reaching 180 miles per hour, Yutu was the strongest tropical cyclone to hit the United States since 1935 (Masters, 2018; Dwyer, 2018; Mooney, Eilperin, & Chiu, 2018). Yutu took 2 lives, injured more than 130 people, knocked out water and power, and damaged or destroyed significant portions of the island's buildings and critical infrastructure (FEMA 2018; Eugenio, H., 2018; Eugenio, H. V., 2018; Fortin, 2018).

A CCP grant was established to help the CNMI recover from Yutu. *The Dialogue* recently spoke with its program manager about the program and challenges it has faced, as well as strengths the program has built upon in enhancing the local area's ability to endure difficult conditions.

What was your experience of Yutu?

I moved to Saipan on October 12, 2018, 12 days before Yutu hit. I had been planning to teach at Northern Marianas College, but it was destroyed in the typhoon. I helped bring water to villages and clear

debris off roads. We did that almost until Christmas, and during that time most of us didn't have a place to live. Most of us were without water or power for at least 2 months.

Resilience is built into the culture here. Everyone tried to pitch in to help, and no one was really sad or complaining.

Many Americans know very little about the CNMI, even though it's part of the country. What are the islands like?

The CNMI consists of 14 islands. Saipan is the capital. The CNMI

Photo provided by Brian Beck.



was part of the Trust Territory of the Pacific Islands before becoming a commonwealth.

Previously, the CNMI has been part of Spain, Germany, and Japan.

Saipan is about 200 miles north of Guam, and about 45 square miles in size. The 2017 census said that approximately 48,000 people live in Saipan. I would guess that there are fewer now. Tinian has about 1,500 people.

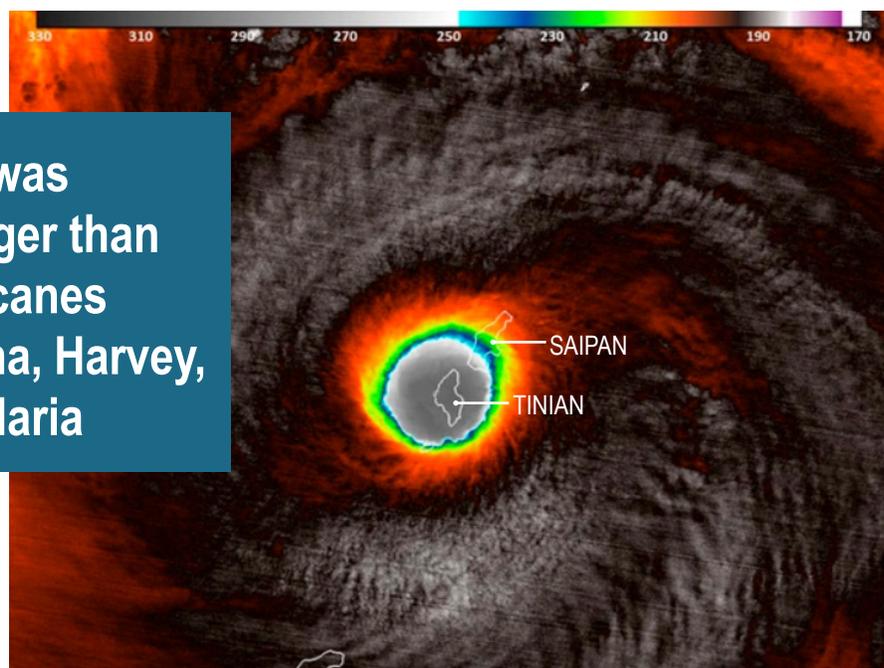
The CNMI is fascinating culturally. Chamorros trace evidence of their ancestry back to 3500 BC, and Carolinians arrived in the mid to late 1700's. Both cultures are officially considered to be the only indigenous people of the CNMI. In addition to Chamorros and Carolinians, people here are Filipino, Chinese, Korean, Russian, and Japanese.

Have you faced challenges in your CCP? If so, how have you addressed them?

It's not easy to plan outreach work on Saipan and Tinian, because the islands have no house or lot numbers. To help with this, we've partnered with Central Statistics to get aerial maps and draw deployment plans.

We do not have many mental health and substance use treatment professionals on the islands. I've had to do a lot of homework and networking. I have been fortunate

Yutu was stronger than Hurricanes Katrina, Harvey, and Maria



Super Typhoon Yutu passes over Tinian on October 24, 2018. Satellite image by National Oceanic and Atmospheric Administration (NOAA).

to make a couple of good friends here and in Guam who are licensed clinicians. I get good technical assistance from them, and from SAMHSA DTAC.

We have undergone pretty severe economic austerity. The central government lost revenue from tourism, and this has affected just about everyone in the CNMI from the businesses sustained by tourism, to the employees in both the public and private sector who've lost their jobs or had their hours cut. It has been challenging, but everyone is pointed in the right direction, toward recovery and building local capacity.

There is a huge stigma around asking for help here. Many don't seem to want to ask for help because they don't want to appear to be a burden to others. We have had to get creative in how we help survivors.

When we work with survivors, we often arrange for after-hours appointments or use back-door entrances to homes or temporary shelters. We have met survivors in third party, neutral locations as well.

We have been careful in our messaging to be culturally appropriate. We try to get away from the term "mental health." "Mental" doesn't have a good connotation. We replace that with "behavioral health." It is important that our messaging is congruent with normalizing the common reactions these survivors may have.

What should disaster workers keep in mind when working with island populations?

The most important thing is to be sincere and respectful. You may not understand the nuances of the



culture, but if you approach people with an open mind, they will be glad. People are warm and accepting of outsiders here. It's a collectivist culture that revolves around respect and family.

It's difficult to find marginalized communities on islands. Although we identified special populations for our CCP grant application, we discovered another one: unemployed contract workers in immigration limbo who have been fired or laid off and overstayed visas. They were hesitant to interact with us. They

are largely Mandarin-speaking Chinese and Taiwanese people. To reach them, we had our materials translated into Mandarin, worked with a local Falun Dafa group, and networked with Chinese private schools.

What are some unique strengths of residents in the CNMI?

I would say that respect and gratitude form the practical basis of most local capacity here. Lifestyle also plays a role. Living without running water or electricity literally is the baseline for some survivors on our islands. There is an idea in the field of disaster behavioral health that survivors don't make good first responders. Here survivors make the best first responders, because of how integrated the community is. Our team has varying levels of education in disaster behavioral health, but they can be very effective because they show sincere empathy, and because they come across not as clinicians, but more as neighbors or concerned friends or relatives. This by itself helps break down the cultural stigma of asking for and receiving help.

Have you worked on building a program legacy?

We're doing our best through messaging campaigns to break down the stigma that keeps people from asking for help. We've created a pre-typhoon messaging protocol to let people know that it's okay if

they need help and that, to be strong enough to help others, they need to first take care of themselves.

We try to create an environment where it will be easier for folks to endure future typhoons. Yutu was stronger than Hurricanes Katrina, Harvey, and Maria. We had another typhoon in February of this year, a super typhoon, and then three more after that. We'll have more; it's part of life here. We're working on our messaging, videos, teaching coping skills, and normalizing reactions, all as much as possible in native languages.

What would you recommend disaster workers new to the community do before working with island populations?

Obviously, try to get as well versed as you can in the local culture. When I was planning on moving here, I did a lot of research. But even if you know nothing, if you come with an open heart and mind and respectful approach, people here are very warm and generous and will treat you very well.

A lot of love is shown through food here. The best I was ever fed was doing cleanup work right after Yutu. That was one of the first things I noticed about my team. We were at a buffet, and several of them made plates of food to share with the rest of the table. It's a very automatic thing for residents here to take care of each other. It makes you feel so grateful. ■

A Holistic Approach to Supporting Survivors After Disasters

By Jonathan Maldonado, Psy.D.

After Hurricanes Irma and María hit Puerto Rico in 2017, I worked as a Mental Health Services Facilitator and as Team Leader of the San Juan region of the Mental Health and Anti-Addiction Services Administration (ASSMCA) “Anímate” Project, offering the first psychosocial help to members of the community. After several months conducting relief and crisis intervention sessions in the community, I began providing additional clinical treatment and services in mental health, as part of the recovery efforts for Puerto Rico.

At first, the idea was to work in collaboration with the ASSMCA, which would provide us with office space in which to offer these mental health services to the community members who were referred to us. Because of the experience gained during the months of community service through the “Anímate” Project, we knew that many people affected by the hurricanes did not have access to transportation or the ability to reach an office due to advanced age, lack of financial resources, or lack of a family support network.

Because of these factors, we realized that our services would have a greater reach and provide more benefits if we could take them



Photo by Yuisa Ríos/FEMA.

directly to the community. We agreed to cover the entire island, including Vieques and Culebra Islands, which are accessed by ferry. We directed all Mental Health Services Facilitators of the “Anímate” Project teams and the ASSMCA Social Assistance Program line to refer to us those participants who needed clinical mental health interventions. Soon, we began receiving referrals from other agencies, community leaders, social workers, and case managers

We realized that our services would have a greater reach and provide more benefits if we could take them directly to the community.

located in FEMA Disaster Recovery Centers and Community Recovery Centers.

Although in general, Hurricanes Irma and María resulted in many cases of posttraumatic stress, the greatest effect we saw in the participants we helped was the

exacerbation of symptoms of preexisting conditions, such as major depression, panic disorder, and generalized anxiety. Issues

such as the separation of the family due to emigration and Puerto Rico's political and social situation caused emotional instability among

the survivors. Some of the most concerning social problems were the loneliness and lack of a family support network in older adults and the difficulty in accessing FEMA assistance for reconstruction. For many participants, it was very hard to reach the FEMA Disaster Recovery Centers due to transportation problems or lack of knowledge about the centers, while others had difficulty in providing ownership title of their properties, giving up on the process. Situations like these resulted in feelings of hopelessness, sadness, and frustration in many people.

Bringing our clinical services to the community opened our eyes to the social needs many survivors faced. I often felt that the psychotherapy fell short of the pressing needs of people who did not have a

Photos provided by Dra. Monserrate Allende Santos.

Hurricane Maria resulted in the longest blackout in U.S. history— it took 328 days for power to be restored in all neighborhoods in Puerto Rico (FEMA, 2018).



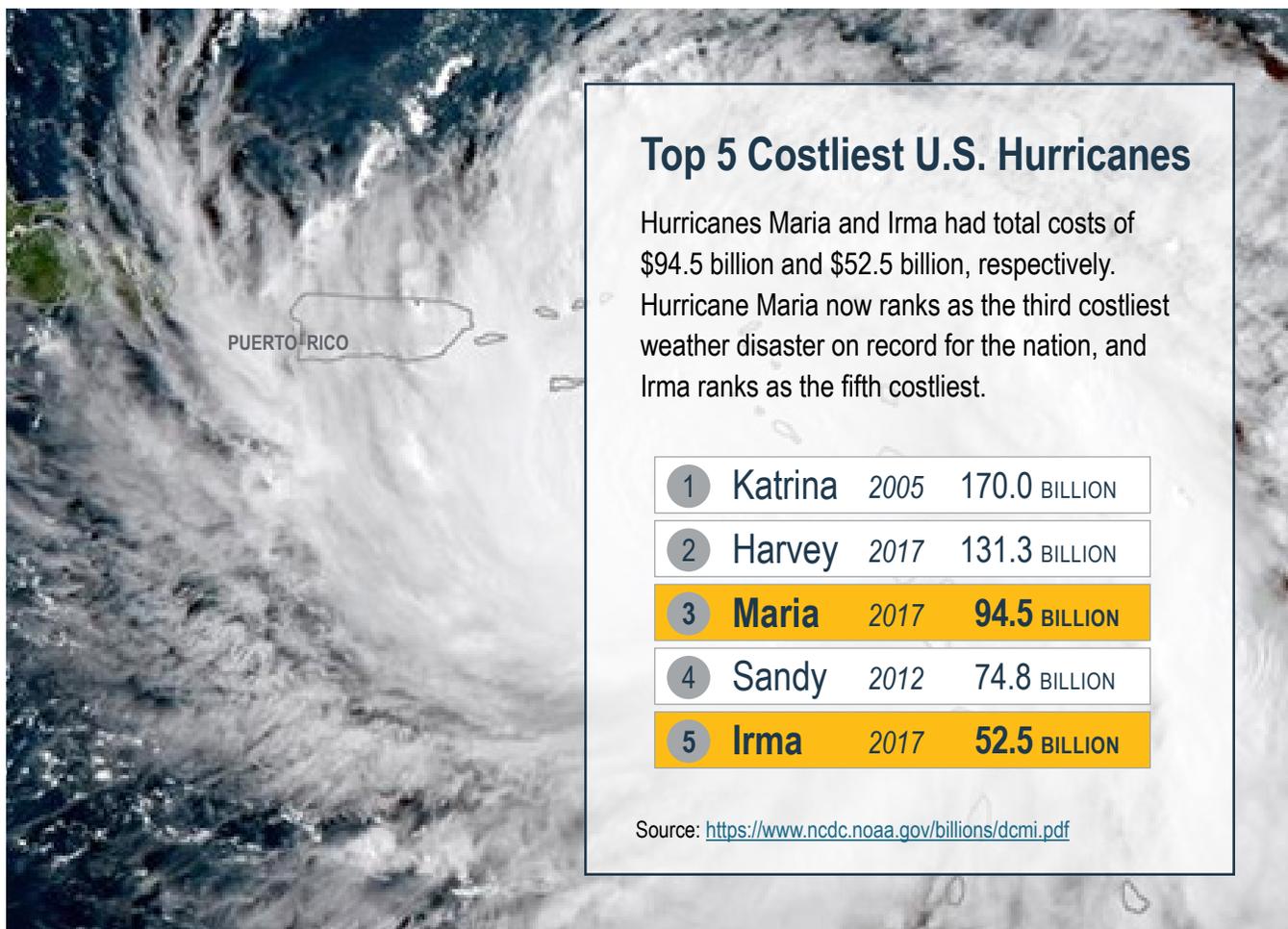
family support network, economic resources, or transportation to obtain medical services, in addition to the deterioration of their residences, which in many cases only had a blue awning as a ceiling. On many occasions, as a clinical psychologist, I also had to perform the role of a social worker and refer several older adults living in unsafe conditions to the appropriate agencies, for relocation to a safer home. We encountered other needs in patients that went beyond a major problem at the psychological level. In the work we carry out in the community,

we cannot ignore the more pressing needs, and we have committed ourselves to intercede.

The challenge of our own physical security also arose. On many occasions, we visited areas with a high incidence of crime or that were very remote and hard to reach. For these cases, we accompanied social workers of the zones or sought the support of the work team of the “Animate” Project.

During this transformative experience, I was able to reaffirm

the importance of seeing the human being in a holistic way, with a biopsychosocial approach. Hurricanes Irma and María uncovered a preexisting social reality in Puerto Ricans and aggravated it by destroying their residences and separating many families. A survivor’s mental health needs could not be adequately addressed separate and apart from the physical and social needs such as lack of adequate housing. It is only when treating the whole person can true progress be made. ■



Hurricane Maria approaching Puerto Rico. Photo by NOAA GOES-16. Retrieved from <https://www.climate.gov/news-features/understanding-climate/hurricane-marias-devastation-puerto-rico>.

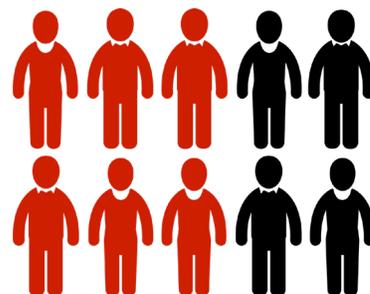
Preparing to Train Island Populations

By Jenny Wiley, M.S.W., LCSW

The U.S. Virgin Islands experienced back-to-back category 5 hurricanes in September 2017. On September 6, St. Thomas and St. John had a direct hit from Hurricane Irma while St. Croix had less damage from the 185 mile per hour winds. However, on September 19, 2017, St. Croix was also battered by the 165 mile per hour winds from Hurricane Maria. After Hurricane Irma, St. Croix had responded to St. Thomas and St. John with supplies including food and water leaving them ill-equipped to deal with a devastating hurricane 2 weeks later.

Both hurricanes caused significant destruction and affected the lives of all residents of the U.S. Virgin Islands. Electricity was knocked

out on all the islands forcing many to depend on generators for months or go without power. There were long lines to get water, food, and medicine. Pregnant women about to give birth were evacuated from St. Thomas to St. Croix and, unfortunately, endured the wrath of both hurricanes. The most serious patients from the damaged hospitals were evacuated to Alabama without family support. For most island residents, evacuation before the storm was not an option and therefore going to shelters or sheltering in place were their only choices. At the beginning of 2019, some families still had blue tarps on their roofs and belongings stored in plastic bags for protection from the elements.



One study found that following Hurricane Maria and Hurricane Irma, **6 in 10 adults had depressive symptoms.**

Source: Michael et al., 2019



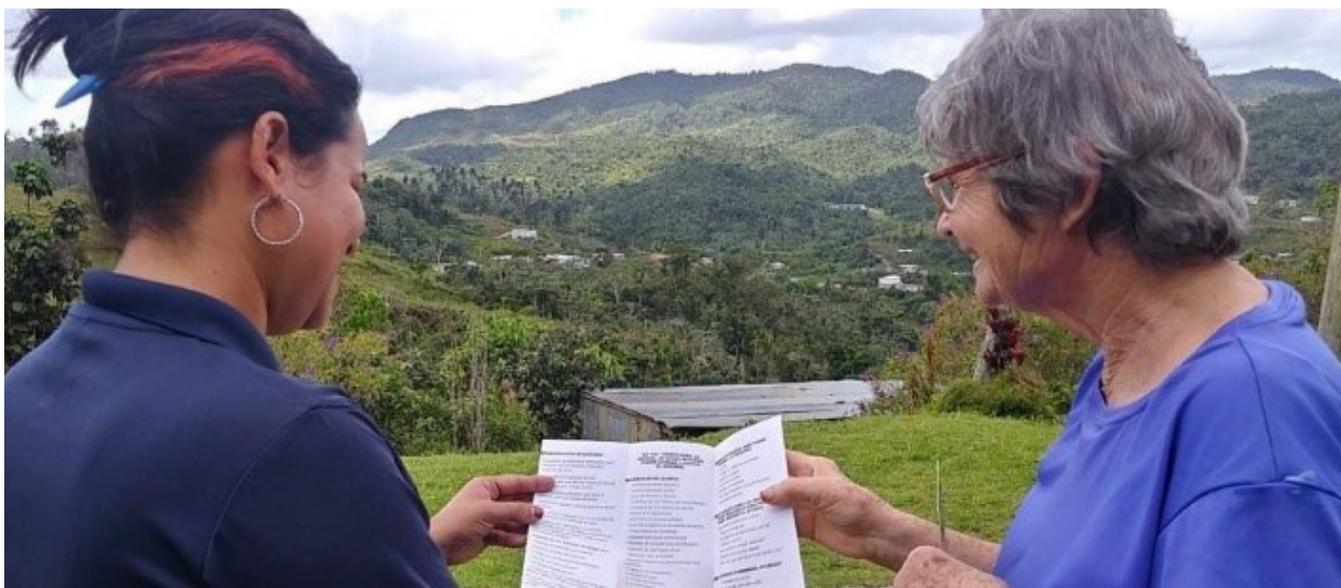
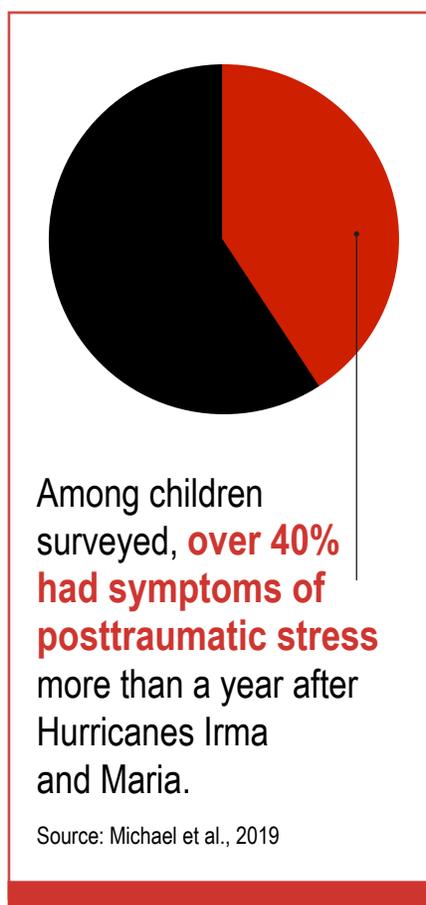


Photo provided by Dra. Monserrate Allende Santos.

The level of damage to the islands was such that St. John, St. Thomas, and St. Croix received major disaster declarations allowing them to be eligible to apply for a CCP. I was invited to provide all the required CCP trainings as well as Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR). The first of the required CCP trainings, Core Content Training, occurred in December 2017. Two providers, Beautiful Dreamers serving St. Thomas and St. John, and Island Therapy Solutions serving St. Croix, were engaged by the government of the U.S. Virgin Islands to provide crisis counseling services to the residents. The grant was managed through Lutheran Social Services (LSS) of the U.S. Virgin Islands.

Challenges to Providing Training on the Islands

Prior to delivering training, it was important to consult with the



CCP management staff and local disaster behavioral health leadership regarding the conditions on the islands and their citizens. Power was restored in the main areas, but brown outs still occurred and preparing to proceed without PowerPoint projection was essential. SAMHSA DTAC supplied the handout materials as even making copies was challenging.

Providing disaster behavioral health support and training meant continually being aware of the conditions in which the crisis counselors found themselves. Their homes were damaged or destroyed. Some had family members living with them or they were living with others. Many were living in their damaged homes. They had to adjust hours for the beginning and ending of school as students went to school in shifts. A few developed health conditions. Recovery is drawn out due to the dynamics of island living. Everything must be shipped in and

“Compared with 2016, the number of suicides in Puerto Rico was **16% higher 4 months after** these hurricanes and **26% higher 6 months after** Hurricane Maria. Specifically, 26 people—nearly one a day—took their own lives in November 2017.”

Source: Ramphal, 2018

getting the supplies necessary for repairs has taken months and for some nearly 2 years. And yet, the empathy and flexibility displayed by the crisis counselors for others while living in the same conditions was remarkable. All exercises within the CCP training have purpose and meaning, but it emerged that the crisis counselors appreciated those that demonstrated self-care, particularly the visualization activity in Section 4 of the CCP Disaster Anniversary Training Guide. This visualization exercise was designed to promote relaxation and identify some things that would be helpful to enhance personal stress management. Feedback regarding the PFA and SPR courses indicated that the skill building within the courses would immediately help the participants in their various fields and these courses were highly valued.

Lessons Learned When Training on the Islands

Call on the experts. I had never been to the U.S. Virgin Islands so I learned as much as I could about the makeup of the islands,

culture, and customs before going. Island culture is different from living in the states and each island is unique in its history, religious, ethnic, and cultural makeup. In St. Thomas, Dr. Vincentia Paul-Constantin graciously taught a segment about the culture of the islands. She and Carla S. Perkin were interviewed about culture awareness by SAMHSA DTAC for an article in Volume 14, Issue 3–4 of *The Dialogue*, available at <https://www.samhsa.gov/dtac/disaster-behavioral-health-resources/dialogue>. Another invaluable resource was the CCP teams who were community members and reflected the languages, culture, and religions in the islands.

Don't pretend to be who you aren't. As disaster behavioral health professionals, we appreciate the importance of being genuine. CCP teams related that some responders desiring to be accepted would try to speak the lingo or use island accents. Unfortunately, it only served to make relationships more difficult to establish. Social graces such as saying good morning or good

evening value respect and the island culture.

Be prepared to adjust presentation times. Depending on the audience, agenda start times and the commencement of the training may be different. Although some audiences are timely, others are more laid back and training may be delayed as much as 30 minutes to an hour. Food is also an important part of the U.S. Virgin Islands' culture. The CCP does not provide food but LSS, the providers, and crisis counselors generously shared their local dishes despite their hardships. Knowing this helps one to adequately prepare.

Flexibility is always needed by trainers. Through no fault of the providers, things happen such as equipment failure, materials not arriving, last minute room and/or complete location changes. The ability to adjust on the fly is crucial when training in any disaster affected area.

Lift the mood with humor and activities. Lightening the atmosphere with humor, appropriate fun activities, candy, and small prizes also assisted in lifting the mood. Again, it was the astute local leadership that brought it to my attention. I think I resisted adding activities due to having to carry extra supplies as things are not readily available on the islands. It was a lesson learned: just don't carry chocolate to a warm island. ■

RECOMMENDED RESOURCES

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations

This manual from the SAMHSA Store gives guidance, recommendations, and additional resources for developing a disaster mental health response that is culturally appropriate and effective. Taking the time to properly understand an area's culture can help strengthen communication and support the efforts of a disaster recovery plan.

Find the manual at <https://bit.ly/33MJzgp>.

U.S. Virgin Islands Territorial Emergency Management Agency: Tsunamis

This web page from the U.S. Virgin Islands Territorial Emergency Management Agency covers information on tsunamis and the importance of acting quickly in the event of one. The page provides links to evacuation maps for St. Croix, St. John, and St. Thomas. It also includes a link to an alternate resource where you can learn to understand the difference between various terms that identify a tsunami hazard.

Find the web page at <https://bit.ly/2ph9eib>.

Psychological First Aid Field Operations Guide: 2nd Edition

The *Psychological First Aid (PFA) Field Operations Guide* provides guidance on how to assist children, adolescents, adults, and families in the aftermath of a natural or human-caused disaster. This downloadable guide from the National Child Traumatic Stress Network provides more in-depth information, handouts for survivors, and handouts to distribute and copy.

Download the guide at <https://bit.ly/2Q2fLZ7>.

Effective Coordination of Recovery Resources for State, Tribal, Territorial and Local Incidents

This resource from FEMA was developed for state, tribal, territorial, and local government officials to better understand their role in the recovery process after a natural or human-caused disaster. This guide highlights the various tasks of the recovery process that are often challenging and how coordination can be better developed and recovery plans enhanced.

This resource is available at <https://bit.ly/2PL3eck>.



<https://www.samhsa.gov/dtac>

Recent Technical Assistance Requests

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

Request: SAMHSA DTAC received a TA request from a member of the New York City Police Department (NYPD) interested in suicide awareness and prevention resources and trainings to help train the civilian members of the NYPD.

Response: SAMHSA DTAC provided the following resources:

- **Suicide Prevention Resource Center**—Developed by SAMHSA, this website offers several trainings for any professional interested in improving their knowledge and skills in suicide prevention. Their trainings are free, self-paced, and open to anyone. You can find them at <https://www.sprc.org>.

- **Applied Suicide Intervention Skills Training (ASIST)**—This 2-day training program teaches participants how to assist those at risk for suicide. Although many healthcare professionals use ASIST, anyone 16 years or older can use the approach, regardless of professional background. Find the training program at <https://www.livingworks.net/asist>.

- **QPR (Question, Persuade, Refer)**—This suicide prevention training helps participants to recognize the warning signs of suicide and question, persuade, and refer people at risk for suicide for help. Individuals do not need particular educational or professional background to complete QPR training and use QPR. Learn more at <https://qprinstitute.com>.

- **SafeTALK**—This half-day training teaches individuals steps to identify people with suicidal thoughts and connect them to resources for help and support. Learn more about the training at <https://www.livingworks.net/safetalk>.

Request: SAMHSA DTAC received a TA request from a disaster behavioral health professional requesting resources on working with children during the anniversary of Hurricane Michael.

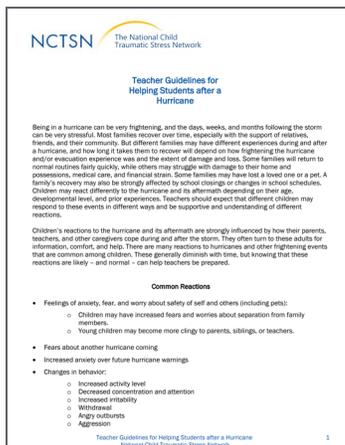
Response: In addition to sending information for the CCP currently operating in Bay County, Florida, SAMHSA DTAC provided the following resources:

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>



■ **Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers**—

This fact sheet helps parents and teachers recognize common reactions and highlights helpful ways to respond. The fact sheet is available at <https://store.samhsa.gov/product/sma12-4732>.

■ **Tips for Families on Addressing Anniversaries**—This tip sheet developed by the National Child Traumatic Stress Network (NCTSN) offers parents and caregivers ways to help children cope with the anniversary of a disaster or traumatic event. The tip sheet is available at <https://www.nctsn.org/resources/tips-families-addressing-anniversaries>.

■ **Teacher Guidelines for Helping Students After a Hurricane**—This tip sheet developed by the NCTSN offers guidance to teachers on how to help students recover and cope after a hurricane. The tip sheet is available at <https://www.nctsn.org/resources/teacher-guidelines-helping-students-after-hurricane>.

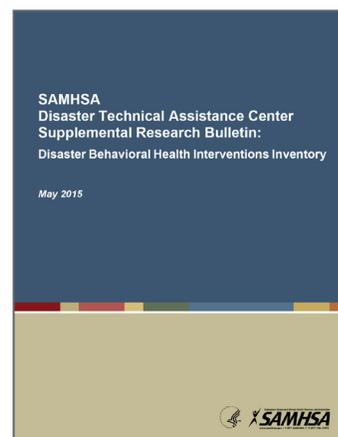
Request: SAMHSA DTAC received a TA request for resources and tools to assist in providing disaster behavioral health services in emergency shelters.

Response: SAMHSA DTAC provided the following resources:

■ **Disaster Behavioral Health Interventions Inventory**—This SAMHSA DTAC *Supplemental Research Bulletin* includes Psychological First Aid as an important disaster behavioral health model as well as specific assessment instruments such as Screening, Brief Intervention, Referral to Treatment (SBIRT), and Psychological Simple Triage and Rapid Treatment (PsySTART). Find it at <https://www.samhsa.gov/sites/default/files/dtac/supplemental-research-bulletin-may-2015-disaster-behavioral-health-interventions.pdf>.

■ **Psychological First Aid (PFA) Field Operations Guide**—Developed by NCTSN and the National Center for PTSD, this guide provides core actions of PFA and handouts for survivors. It can be found at https://www.nctsn.org/sites/default/files/resources/pfa_field_operations_guide.pdf.

■ **Helping Survivors: Early Interventions Following Disaster and Mass Violence**—This National Center for PTSD web page provides early interventions following disaster and mass violence. The web page is available at https://www.ptsd.va.gov/professional/treat/type/disaster_earlyintervention_tx.asp. ■



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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.

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