

**NCDMPH-Disaster Behavioral Health Education: Education Fact Sheets to  
Enhance Preparedness and Response Webinar**  
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(Music)

(Standing by)

>> JOSHUA MORGANSTEIN: Good morning. Can you hear me?

>> Yes, sir.

>> JOSHUA MORGANSTEIN: Great. Good morning everyone. Thank you for dialing in. I'm excited to be here and thank you to the NCDMPH for the opportunity to share a little bit with you about disaster behavioral health and our use of education fact sheets to enhance disaster response. I would like to share a little bit about what we do and the value of what we do in this process.

This is my disclaimer slide. These are my ideas and thoughts and they do not reflect those of other organizations from which I'm affiliated.

The Uniformed services University Of the health sciences is in Bethesda, Maryland. Within the school of medicine is our Department of Psychiatry, and our affiliated center for traumatic stress.

It was established by a federal mandate. And at time this was in part due to increased concerns regarding the emerging threat of chemical and biological agents produced by terrorists and other weapons of mass destruction. There's also growing interest in studying other traumatic events. And this was with respect to military and non-military operations. And since that time, the centers had involved in disaster mental health

consultation, training, and research, for nearly every U.S. disaster, and many of the large-scale international disasters, as well, over the past three decades. I hope that provides information about the role of the center, as well as our areas of ongoing interest.

So these are objectives that I would like to have for our presentation today. Psychological and behavioral effects of disasters nearly always exceed often by orders of magnitude the physical injuries that occur during a disaster. And they often last long after infrastructures are repaired and injuries are healed. Communication plays an important role in behaviors, and this affects how people respond and subsequently recover. Having timely information is an important aspect of communication. And this can help individuals and agencies more effectively prepare and respond to disasters.

It's useful to consider briefly the range of disasters and emergency events for which this type of education might be helpful both in preparation, response, and recovery phases. The general range of issues about which individuals and communities can benefit from education is very similar across different types of disasters. However, some disaster events can raise unique questions and concerns. So for example, pandemics and infection outbreaks like Ebola virus can cause fear. And potential violence. And this can lead to questions about underlying beliefs that people hold about fellow human beings and the world in general.

As a result, public health education is most effective when it's tailored to address unique event-related disaster concerns. This graphic shows data from the international center on research of epidemiology disasters. I think many of our participants are familiar with that organization. The costs are standardized in U.S. 2012 dollars. And as you can see clearly climate related events are occurring with increased frequency and coming with escalating costs.

In the United States as well as Europe the incidence of events frequently termed mass shootings have also been on the rise in recent decades. Certainly there's been different terminology out there. Mass murder, mass shootings. And there's different definitions of how we identify and consider a cutoff for some of these events. There's certainly debate about how you measure and monitor these types of things.

Regardless of how you slice and dice some of that, particularly in Europe and in the United States, most estimates of these kinds of events indicate that there's an increase in frequency.

So as we see both natural and human-generated disasters increasing globally, being prepared means in part enhancing our efforts to educate the public so they can respond in the most effective manner possible.

The psychological and behavioral responses to disasters, particularly natural disasters and those that affect large numbers of individuals throughout a community tend to occur

in well-established phases. Understanding these phases and their unique characteristics can inform on the content and designing of disaster of mental health education. For instance, the honeymoon phase of disaster response is often indicated by increased in collaboration and helpfulness by community health organizers. Anniversary reactions are common and typically very predictable in phases of disaster response and recovery. They offer an important opportunity to educate leaders in ways in which communication can further help healing in a community. But also caution for failure of using these well-established plans of communication may enhance community distress.

For many people, disasters are synonymous with post-traumatic stress disorder. In addition, those of us who are clinicians are frequently trained to make diagnoses and look for illness and pathology. PTSD can follow a disaster event. But it's important to think when you're planning your disaster health education that these tend to be less common than what we term disaster stress behaviors. Difficulty with sleep, social isolation, increasing use of alcohol and tobacco and other stress responses in these behaviors can further the bulk of disaster and public health burden following disasters. You can consider the range of adverse impacts to the community, which is largely underslept, irritable, isolated, and people becoming increasingly isolated and dependent on tobacco. Increased vehicle, intimate partner violence, decreased work productivity, and other adverse events. It's important that disaster health education convey to communities the range of potential effects, and also to recognize where to go for assistance and help.

Healthcare providers are also important stakeholders for disaster mental health education. If individuals seek medical care for these disaster responses and health behaviors, these are typically going to be through primary care managers and emergency departments. Education can help these healthcare providers screen appropriately, provide guidance and education, as well as when to refer individuals for additional services.

So it's helpful to sort of think about the principle that people are really more likely to fear things they don't understand and feel unprepared to manage. So information is a critical tool for combating fear and anxiety. Disseminating timely and accurate information to people is an extremely important public health intervention, and behavioral health intervention. And it has the potential to have significant psychological and behavior effects on a population.

A crisis situation such as an emergency or disaster markedly increases stress response. And stress response alters cognition, so how people think. And this affects how people are thinking through in their capacity for receiving information. Some of the research following 9/11 and Hurricane Katrina and numerous disaster experts has sort of helped us better understand what people care about and are able to focus on following a disaster event.

It's also important to be aware of this altered cognition when we provide education to affected populations. In the wake of the disaster, people focus on these three things in this order: Am I okay, are my loved ones okay? And what should I do? Disaster education can be an important tool in specifically addressing the question "What do I do?"

Why is communication again -- sort of to emphasize this aspect of communication and education through that -- why is it so important? Because what we say, how we say it, and when we say it, the information we provide to people will ultimately affect the choices people make in disaster situations, and these end up being real life or death situations. So ensuring that the public is educated about what to do in the event of a disaster impacts critical disaster behaviors.

There's a wide range of stakeholders that can benefit from education about the behavioral health aspects of disaster preparedness recovery. So parents can better understand how to meet the developmental needs of their children. Community leaders can gain an education for how to get broad-based support. First responders and emergency workers might benefit from an enhanced understanding of reactions. Exposure to mass death. This exposure can help to normalize people's reactions and what to do and where to go to get help for themselves and other people. Ultimately the goal is making people more prepared and enhancing their ability to respond and recover.

I'll share a little bit about our center, the Center for Traumatic Stress and our knowledge dissemination practices. We have a wide range of venues and avenues by which we disseminate knowledge and information on different topics related to traumatic stress, including disasters. We develop both general presentations as well as those targeted to more specific audiences and tailored to certain issues. The center has staff that provide those formal consultation as well as informal ad hoc consultation to government and private entities. We also have an extensive list of publications. This year the second edition of our textbook for Disaster psychiatry will be in print. We host conferences and symposia. And last year we hosted one on family safety and firearm violence. We also develop and disseminate disaster mental health fact sheets.

For over 15 years our center has developed and disseminated disaster mental health fact sheets tailored to a wide range of stakeholders that I mentioned previously that may be impacted by disasters, including families, healthcare providers, first responders, and emergency workers, and community workers. The fact sheet development process steps listed here represent it graphically on the next slide.

This is a graphic representation of the steps involved in the development of our disaster mental health fact sheets. This was part of a poster presentation was done at the disaster health education symposium sponsored by the NCDMPH back in this past September. We start by reviewing initial news and social media reports about the event. We then reach out to local regional and national partners to obtain additional details from those who have specific information about the disaster event. We develop

our preliminary set of fact sheets and we use existing content from our repository of fact sheets where appropriate and tailor it to the current event. And then we have our internal subject matter experts in areas such as child and family, international disasters, war and combat, forensics, public health, and other areas. Review the fact sheets and make recommendations for finalizing the file version. The final PDF versions are developed and we disseminate them to local and/or international leaders who may benefit from this content. It's designed to support them and their target or their populations that they work with and help. It may be their own organization or people that they are providing services to.

An example of some of the ways in which we tailor our fact sheets occurs during for instance the earthquakes in Haiti. We realize that healthcare providers and responders and other responses that were going into Haiti would probably need to understand about the role that voodoo plays in how information is received and accepted. And we actually developed a fact sheet for that for folks who are involved in that activity to help healthcare providers give them a primer on how aspects of voodoo might play into how they communicate information and interact with people to whom they're providing care. So that was one of the one examples. It's a little bit more of a highly-tailored or customized approach that involved unique cultural issues in an area that had been affected.

Here's a sample of some of our fact sheets. As I mentioned leaders are often overlooked but a critical stakeholder in disaster education. We do have a handful of our fact sheets that are specifically geared in helping leaders understand how to understand things like how to lead people through times of grief. How to manage your own stress as a leader. Particular principles of communication that leaders might benefit from knowing to help them more effectively communicate information in ways that reduces the distress and enhances the wellbeing of the populations that they serve.

I'll share over the years we've received a considerable amount of feedback that's helped us refine our disasters fact sheets. In short, it's been highly valued and we try to avoid medical jargon and make them as understandable and readable as possible, anticipating a wide target audience. They're also designed to be actionable with the goal of answering that question "What do I do," which ultimately can help increase feelings of efficacy or self-empowerment that are helpful for recovery following a disaster.

The content is based on best-available evidence, which we feel increases the credibility of the information, and we also welcome anyone to take the content from our fact sheets and repurpose them for any organization. We've seen our fact sheets over the years with other people's banners on them. And from our perspective, the important thing is that information is being made available. It's certainly nice to have our work acknowledged, but if repurposing the or repackaging the content allows your audience to be more receptive, then we welcome people to do that.

The process over the years certainly has not been without challenges. One issue is sort of the fact sheet development process itself. And challenges there. It's not always a pretty sight. So things like who is involved in this process, how and when do

we receive information from different resources, which specialty subject matter experts do we involve in the development of which fact sheets. This is an ongoing process. It needs to be refined over time. And by its very nature, it needs to sort of evolve and be not a static, it needs to not be a static process for sure.

Another challenge has been organizing fact sheets. We have over 100 of them at this point in time. How to organize them has been another problem that's been revisited over time. Do we organize them by disaster event? Do we organize them by target population? Or perhaps by general content areas? We've partly addressed this in a new iteration of our website through the use of a fact sheet search engine. And the search engine allows users to search fact sheets by keywords. People can also select their role. If you select that you're a first responder or a parent or one of the other several roles that are available you can get content tailored to that role. There are also a range of topics you can use to limit or refine your search results. And people can incorporate a variety of those things. A keyword, their role, and different topics, could all be used to sort of refine down their search. I think this has certainly been helpful for the aspect of information that involves people pulling information. It's not as much a part of our initial acute disaster response, but for the bulk of the time which involves maintaining the repository between disaster events, I think it's been helpful. But our goal is to make it as helpful as possible for users to search through your available content.

There are a variety of organizations that provide disaster mental health resources. And a few of them are listed here. I encourage participants to familiar themselves with the resources that are available at these and other organizations. There is some outstanding information that can be helpful provided by some of these different organizations. Natural and human made disasters are increasingly frequent and increasingly costly. The psychological and behavioral health reactions are relatively well established. And communication may impact how people prepare and respond. And disaster mental health fact sheets can be a value resource in disaster management and the overall larger picture of disaster management.

And with that, I will take any questions. I see a chat window here. I will hang on if folks have any other questions. I may or may not see them. But I'll see if there are any on the screen.

>> People are typing right now, sir.

>> JOSHUA MORGANSTEIN: I will stand by. Thank you. I see a question. I will just read these out loud for folks. How do we order fact sheets? The website that is here on this page, this last slide, you can feel free to go to the site and our fact sheets are available there. We don't have a mechanism for ordering copies, hard copies of fact sheets, but you can download for free as many or any fact sheets as you would like and feel free to print those out using your organization's facility to do that or disseminate them electronically. Hopefully that answers that question.

I have a question here. Will I make the presentation available? Victoria has copies of the slide and is welcome to post those. She and I will chat before to make sure she has the most up to date version of the slides that I would want disseminated.

Another question. What are some of the topics by keyword that you have in the repository. I actually encourage folks to just pull up the search engine there. But there are issues such as community violence or terrorism, war, family issues, intimate partner violence. There are a lot of other resources on the website, as well, that are related to different aspects of traumatic stress and touch on areas of disaster. But those are a handful of the topics that we have on the website. We even have issues, you know, you can look up simply PTSD or psychological first aid and other topics, some information on firearms, intimacy, body handling, which is an area of research that our center has done mortuary affairs, and the effects of being exposed to death and dying and individuals who work in that field.

Another question about the slide and transcripts to participants. And I'll let Victoria. I'll let her respond about the transcript. Some of the content will be put on the slides. But certainly the slides will be available.

I have a question here saying that DHS monitors the integration of shelters. Do we integrate mental health counseling? If we're talking from a disaster perspective what sort of mental health support and things that people provide, I think things like shelters may be an underserved area. I don't know a lot about the resources that are provided or made available to shelters. But certainly educating staff and individuals who reside in shelters about the behavioral health effects of disasters would be very helpful. How to respond, how to support people in the aftermath of these types of events I certainly think would be a helpful thing to do.

If someone feels I haven't answered the question adequately, you can also feel free to e-mail me offline. I'm seeing questions come through. So I'll do my best here. You can also sort of rephrase a question or say you're following up on the initial ask of the question and, you know, you have more to it that you're hoping we can address. Another question. Are there fact sheets to help first responders to cope with disaster? Yes. And if you go to our fact sheet search engine on the website, for anybody who is on the site, there is a link for resources. There's several drop downs at the top of the site. And if you drop down resources and fact sheets will pop up. We're going to be featuring fact sheets probably more prominently as we update our website here. But you can click on your role being first responder. And then anything we have tagged as being specific for first responders, even if you just click to search with that as your only delimiter there and then search everything that is related to first responder may come up. It doesn't mean things that aren't useful to first responders, but anything that we feel directly addresses that are under the first responder tag.

Thanks for all the questions thus far. I'll stand by for others.

Somebody here made a comment about a good app. Interesting. I'm trying to remember. I think I actually did a review of that in an article in the Journal of Psychiatry. There is a wonderful psychological first aid application which was developed out of the handbook that a number, Melissa Brimer, and several others, who are very well respected folks in the field of disaster and mental health put together. And they created a fantastic app between the VA and the National Child Traumatic Stress Center, which I believe is how that came about. It has great information about first aid as a primer for folks who are learning it or as a refresher for people who are reengaging in it. So thank you for mentioning that. Very important in the disaster behavioral health world.

I have a question here about my availability to do webinars for other groups. Please feel free to e-mail me offline and we'll do the best we can to help out and support your organization. Thank you for that question.

Someone is asking about resources for children and families of individuals who are managing or dealing with PTSD. That's an interesting question. We had a series. And these are still part of our fact sheet on the fact sheet search engine that we did called Courage to Care that was for healthcare providers and families. And some of the questions looked at when you have a family member dealing with PTSD or traumatic brain injury, or other traumatic conditions. If you select the children or family's role in our search engine, I think you'll get a good handful of information, or PTSD. You can try both of those avenues for a quick search and I think there will be a good handful of resources there for children and families to provide some guidance on helping and supporting your family and directing them to care resources or helping them encourage them to get to care resources when needed.

I'll stand by here if there are folks who have any other questions.

>> VICTORIA KLIMCZAK: Can you hear me, sir?

>> JOSHUA MORGANSTEIN: I can, yes.

>> VICTORIA KLIMCZAK: I just wanted to let everyone know that a few people have been asking about certificates of attendance. Unfortunately we will not be providing continuing education credits for this webinar. Hopefully in the near future we will be for future webinars, but unfortunately not for this one.

All right. Does anybody else have any final questions they would like to type in real quick before we sum this up? All right! Well I would like to thank everyone for attending. We will be sending out a link with the recording, slides, and transcript. And if you would like to also be added to our Google e-mail group in order to receive future notifications on future webinars and events, please feel free to e-mail me. I will type my e-mail address in the chat box. And that concludes our webinar today! I would like to thank Dr. Morganstein for joining us and doing this on behalf of the National Center

for Disaster Medicine and Public Health. I hope everyone has a great rest of their week and a good day! Bye!