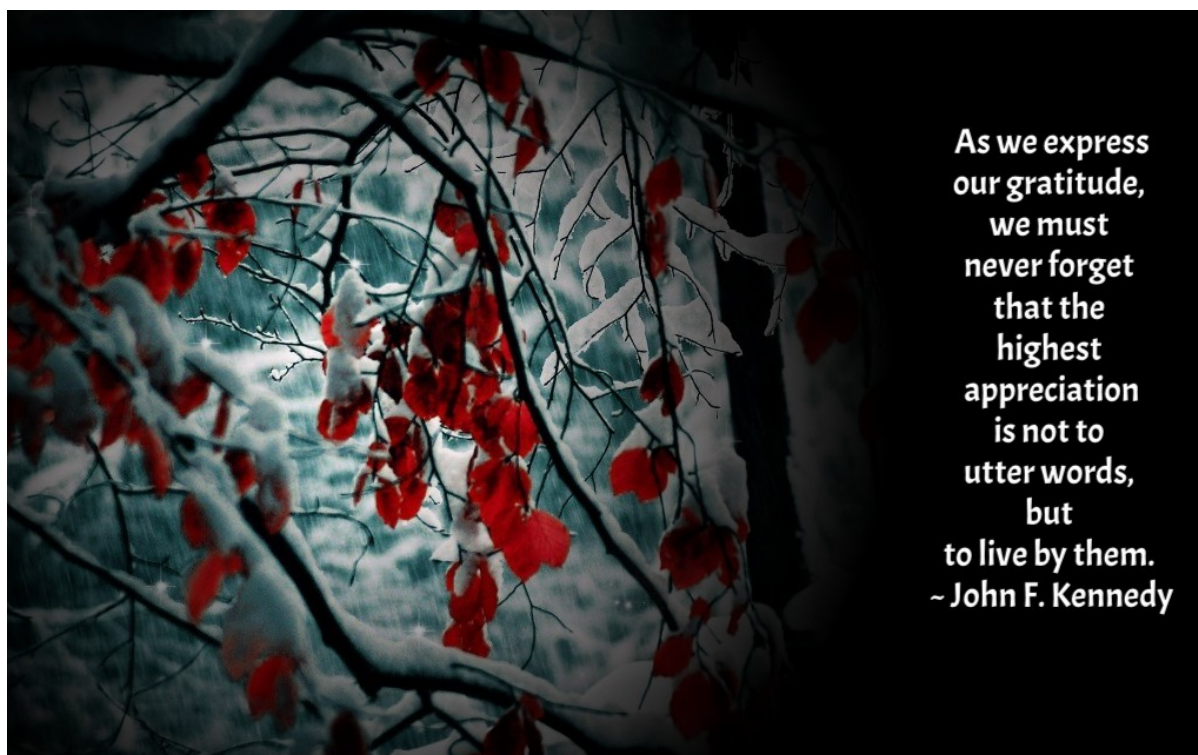


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## Preparing for the Holiday Season

As the holiday season approaches, many of us begin to look forward to spending time with family and friends, and to sharing in the joys of the season. However, for people who have been exposed to a traumatic event, the holiday season may bring up negative feelings. Especially at this time of year, thinking about loved ones who have died can be painful—particularly for those who have recently lost someone.

Even for people who have not been exposed to trauma, the holidays can be a stressful time. Besides the stressors of buying gifts, travel expenses and hassles, and family interactions, the short days and lack of sunlight in winter can trigger bouts

of depression and seasonal affective disorder (SAD). Findings from a 2008 poll on holiday stress conducted by the [American Psychological Association](#), revealed that eight out of ten Americans anticipated stress during the holiday season. In the [APA's 2012 Stress in America survey](#) it was found that 69 percent of Americans attribute their stress to money related concerns and 61 percent attributed stress to the economy.

To help people cope with grief, stress, and depression during the holiday season, the National Child Traumatic Stress Network (NCTSN) offers the following resources for educators, families, and mental health professionals <http://www.nctsn.org/resources/public-awareness/holiday-stress>

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## NEWS, UPDATES and RESOURCES



### Resiliency In Disaster Behavioral Health

Listen to a discussion of specific behavioral health interventions across the stages of disaster response that also focus on the needs of specific populations. The goal of the podcasts included in this collection are to inform local behavioral health agencies about strategies for building resiliency in individuals and the community before, during, and after a disaster. [Click here to view the collection](#)

Episode 1: What is Community Resilience?

Episode 2: Behavioral Health Reactions and Ways to Enhance Resilience

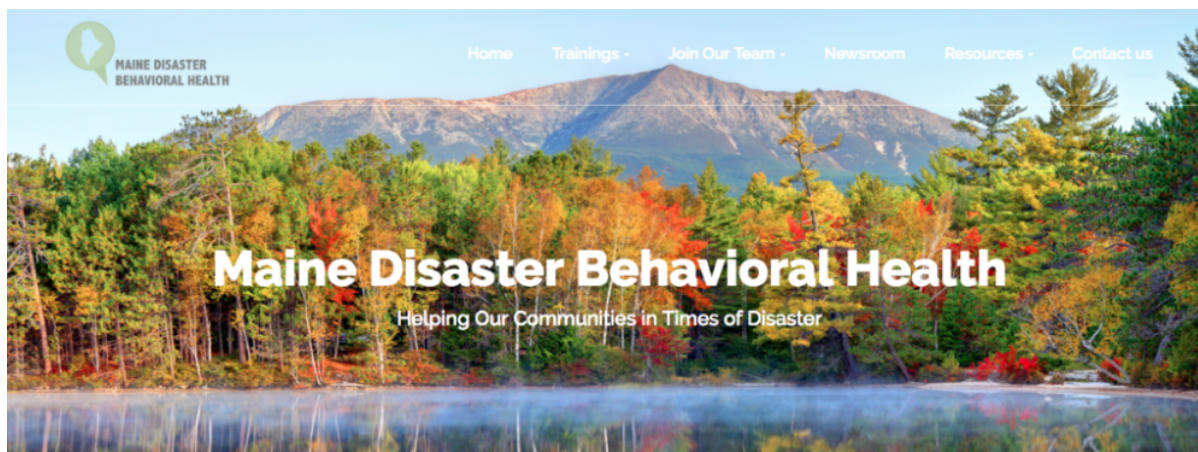
Episode 3: Pre-Disaster Organizational Resilience

Episode 4: Resiliency Among First Responders

Episode 5: Persons with Substance Use Disorders

Episode 6: Long-Term Recovery





## Fresh New Design Coming for Maine's DBH Website

We're in the process of redesigning the Maine Disaster Behavioral Health website with you in mind. The website focuses on increasing visibility of the Disaster Behavioral Health Response Team and a searchable resource directory. The new design also allows for streamlined menus, clear navigation, and a responsive layout for tablets, cell phone devices, and computers. The site will launch in late January!

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## Public Health Preparedness Exercises: From Design to Evaluation

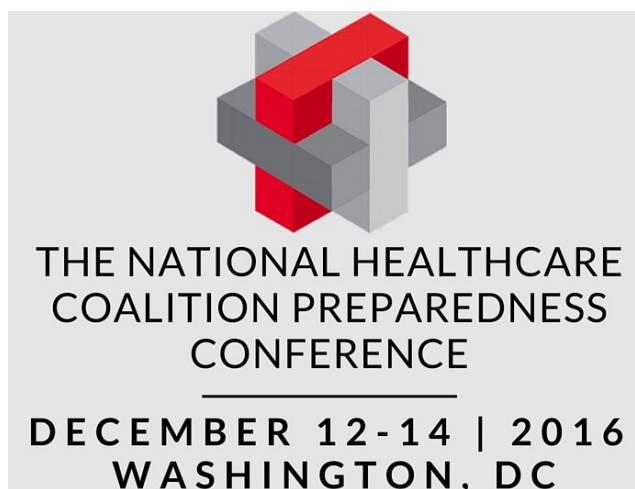
**As more Behavioral Health Agencies work collaboratively to develop and refine preparedness and continuity of operations plans, it is essential to test those plans through exercise.**

This presentation, made available from the John Hopkins Center for Public Health Preparedness at no charge, provides a practical overview of design, implementation, and evaluation of public health emergency preparedness exercises. The three basic types of exercises – tabletop, functional, and full-scale – are described, along with challenges to be addressed in choosing an appropriate exercise scenario and pitfalls to be avoided in the evaluation process. The guidance provided is consistent with an all-hazards approach to public health emergency readiness exercise activities.

[Click here to view this training resource.](#)

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## Ensuring Readiness, Building Resilience

Kathleen Wescott, LMTF-C

Director, Maine Disaster Behavioral Health

These were the central themes for the National Healthcare Coalition Preparedness Conference that I participated in last week in Washington D.C. *Yes, I got to see the White House Holiday Tree...* but also got to learn with 1000 participants from across the United States on “Leadership in a Time of Crisis” by Governor Tom Ridge, First Secretary of the U.S. Department of Homeland Security. The session focused on the work of a Blue Ribbon Study conducted on international threats of Biodefense Indicators. The study revealed that experts believe some terrorist groups will develop biological weapons that could contaminate our food, water, and air. At the same time, global public health responses to naturally occurring infectious diseases cause concern. Ebola arose in West Africa, and took the lives of more than 11,000 people. The U.S. public watched Zika spread from South America to Puerto Rico and Florida, and how our insufficient responses to these events revealed weaknesses in our public health system. The new CMS rules of participation in Emergency Preparedness were highlighted as an opportunity to build and strengthen healthcare and public health organizations.

Disaster Behavioral Health sessions were held every hour, too many to choose from, which is a welcome change from previous conferences. My favorite sessions included “Building a Behavioral Healthcare Coalition” that helped to identify roles where DBH’s can be beneficial throughout all emergency management phases.

Arizona State University discussed their simulated mass shooting exercise around setting up a local Family Reunification Model with a hospital reception, patient tracking and emergency call center. The session “Behavioral Health Response to the Flint Water Crisis” focused on the ongoing response to the contaminated water crisis and was presented by the local behavioral health agency in partnership with the State of Michigan, and national academics. This partnership developed a multi-

partner, multi-intervention model with key local behavioral health and spiritual care “anchors” to establish an effective behavioral health response to vulnerable populations. This is a model that can work in Maine, as evidenced by Evergreen Counseling Services, Tri-County Mental Health Services, Community Health and Counseling Services, AMHC, Acadia, ARC and other behavioral health organizations participating in training exercises held at Eastern Maine Medical Center, Southern Maine Health Center, UM at Farmington, and Franklin Hospital.

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## The Choice is Yours!

Jared McCannell, Volunteer Management Coordinator  
Maine CDC, Division of Public Health Operations

Maine



It has never been a question whether or not people will respond during a crisis. It is in our nature as humans to help one another in times of need. It is also very much part of our culture in Maine; we are a resilient people, used to taking care of ourselves and each other. So when disaster strikes, there is no doubt that Mainers will step up to the challenge.

A new development, that has just been introduced to many communities in Maine, in our public health emergency preparedness toolbox is the Medical Reserve Corps (MRC). With the addition of six new MRC units we now have a team of volunteers in each of the 8 public health districts (and units adjacent to Tribal Public Health areas ready to serve if need be). While most states in the Union have MRC units associated with County Public Health, Maine has a very different public health landscape which has made volunteer engagement and coverage across the State a challenge in the past. With individual MRC units in each of Maine's Public Health Districts we now have the ability to ensure coverage with qualified volunteers able to fold into any public health crisis. As the needs of a volunteer response differ from event to event, the types of volunteers needed “on call” range from lay volunteers (non-medical) to help support an event to licensed healthcare professionals and other healthcare personnel. Essentially, anyone that is interested in supporting a public health emergency is welcome to join their local MRC unit and start building a better prepared community close to home. If you are interested in learning more

about joining your local MRC unit please contact Jared McCannell at [jared.mccannell@maine.gov](mailto:jared.mccannell@maine.gov).



## UPCOMING EVENTS & TRAININGS

### Ethics: Life is Messy (Web Course)

Presented by Rachel Cyr Henderson, Hosted by AdCare Maine

This four-hour course is divided into **two parts**:

The first part includes a three-hour, self-paced online training that explores ethics in the middle of a real life practice. If asked nearly all clinicians would say that they behave in an ethical way. But what does this mean in the face of difficult work situations, difficult clients, and all that goes on in a person's life? Think of those 'thick files' cases - the cases that feel as though there will never be an adequate resolution. What is ethical behavior in the face of these cases? How do you behave in a defensible ethical way in the face of difficulty? How does supervision play into ethical behavior? Is self-care part of ethical behavior? What can you do when the workplace is untenable? All this and more is covered in this training.

The **second part** involves participation in a one-hour live webinar. Following your completion of the online course you will be given the opportunity to submit your comments, questions, and thoughts to the presenter, Rachel Henderson. Ms. Henderson will develop the follow up session to personally address your interests and answer your questions. The webinar, "Ethics Afterthoughts", is scheduled a couple of times in the new year:

-March 1, 2017 from 12:00-1:00pm

-June 21, 2017 from 12:00-1:00pm

### What a Clinician Needs to Know about New Technologies: Managing Use, Misuse and Abuse

January 13, 2017

Hilton Garden Inn Auburn River Watch, Auburn ME

This workshop orients clinicians to current technology and the potential for use, misuse or abuse, as well as offers policies/practices to improve safety for clients and clinicians in the behavioral health workplace. We will help the clinician and the agency identify management strategies for social media, texting, sexting, cyber

stalking, computer safety and more, as well as to respond safely when violence, exploitation or abuse are possible. We will also address documentation, confidentiality and communication with clients via emerging technologies.

Participants will be provided tool kits and materials for prevention and response strategies, as well as links to additional resources or referrals. There will be opportunity for dialogue among clinicians faced with complicated, clinical scenarios that require emerging policy/practice guidelines. This workshop is appropriate for clinicians who are preparing to meet Maine licensing requirements for family and interpersonal violence education.



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