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Disaster Behavioral Health: A Critical Response Volunteer Training

Friday - November 22, 2019 | Bangor, Maine

Disaster Behavioral Health: A Critical Response is a training curriculum for behavioral health, spiritual care, and substance use disorder professionals as well as disaster responders and natural community helpers that provides knowledge and skills training to respond to the behavioral health and spiritual needs of individuals and their families in the aftermath of disasters and other critical incidents.

Note: To be eligible for the Maine Disaster Behavioral Health Response (DBH) Team, participants must complete this training.

More Information and Registration

**AdCare Staff Support
Maine CDC Public Health Response
to Asylum Seekers**

June 14th marked the start of the
Maine CDC Public Health Emergency

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from the Southern US Border to Portland.

All four AdCare staff embedded with Maine CDC Public Health Emergency Preparedness have been engaged in the response. The most significant operational role that AdCare staff has fulfilled has been the identification, screening, and deployment of Public Health Volunteers. To that end we have registered about 75 new Public Health Volunteers during the course of this response!

A total of 150 volunteer shifts have been staffed with roles ranging from administrative to behavioral health and medical screening/vaccinating. Medical screening/vaccinating volunteers have augmented Public Health Nurses in the administration of basic preventative vaccines and the identification of health concerns requiring referral.

Behavioral health volunteers provided services to shelter clients, totaling 300 “encounters” (defined by SAMHSA as interactions of 15+ minute duration), breaking down to roughly 1/3 adult, 2/3 pediatric.



The PHEP team's response augmented the services the City of Portland provides when welcoming asylees. In this case the City of Portland received 450 asylees fleeing nations shattered by decades of warfare. As they arrived the PHEP team's response supported the provision of basic vaccine protection, behavioral health support and assessment for further health care services as appropriate.

“For the PHEP team, the response to the arrival of asylum seekers has required a lot of coordination and hard work. It was a crazy couple of months, but the most fulfilling and worthwhile since I began in this position! We have a good team, and I am proud to be a part of it,” said Edward Molleo, Medical Volunteer Coordinator, Public Health Emergency Preparedness.

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Maine's Healthcare Coalitions Launch a New Website

The Healthcare Coalitions of Maine are regional consortiums made up of key partners from across the state that support the purpose of the coalition. Current members include hospitals, emergency medical services, emergency management, public health, behavioral health, and ancillary healthcare providers. The Healthcare Coalitions of Maine work intentionally to:

- **PLAN, TRAIN, EXERCISE** to strengthen community resiliency, surge capacity, and response capabilities.
- **COLLABORATE** to prevent, mitigate, prepare, respond, and recover from disasters.
- **COORDINATE** with local agencies, hospitals, health departments and other Coalition partners on projects that will increase Maine's readiness capabilities.
- **FOSTER COMMUNICATION** between local, regional, and statewide partners to enhance community preparedness.

Visit the new Healthcare Coalitions of Maine website for more information and to contact your regional Healthcare Coalition Coordinator using the link below.

www.maineccs.com



*The 2019 Institute for Disaster Mental Health at SUNY New Paltz conference, **Supporting Children after Trauma and Disaster: Protecting New York's Future**, yielded many great topics and speakers. Gilbert Reyes, Ph.D., a world-renowned clinical psychologist whose research and response work focuses on trauma and community response to crisis, was the keynote speaker and provided a workshop titled, *Communicating Effectively with Victims and Families*. What follows is a synopsis of the workshop as reported in the 2019 Spring/Summer issue of the NY DMH Responder.*

The workshop Dr. Reyes provided focused on an essential aspect of disaster response work that often doesn't receive enough attention or training: the importance of compassionate and effective communications with survivors. He began with a powerful analogy, comparing disaster survivors to burn victims. When people get burned, he said, they need to be treated very delicately. Their skin can be easily damaged; they're in a lot of pain; and their pain can be expressed emotionally. It's similar for families in the wake of major disaster and loss: They're hurting, they're slow to heal, and we must be very careful in how we treat them in order to provide effective support. And, he reminded the audience, pain really gets your attention. You can't ignore it, and you can't focus on anything else.

Addressing this group's pain requires the helper to develop appropriate attitudes, knowledge, skills, and habits that help ensure compassionate, sensitive, respectful, and functionally effective communication with victims and their families. That includes delivering death notifications – which, Dr. Reyes emphasized, should never be done by anyone who is not authorized and qualified – as well as supporting survivors through family assistance centers, Psychological First Aid, and recovery-oriented counseling.

One common issue that can impair effective helping, he noted, is our human tendency to be judgmental. We all carry around a set of values about how people should behave and react, and we measure others by our own expectations, which can really get in the way of helping. Instead of this judgmental attitude, helpers need to cultivate a compassionate attitude. Compassion is not pity, Dr. Reyes specified, which involves looking down on someone. Instead, compassion is based on the belief that the helper and survivor are in this together, and the helper is willing to share the survivor's suffering. That is not easy to do, so helpers need to practice getting into the "compassion zone," which is analogous to an athlete or musician getting into their peak performance zone. It encompasses knowledge, skills, and habits that are so practiced that one can stay in that zone without getting distracted and making a mistake. However, one challenge with training in Disaster Mental Health and Psychological First Aid (PFA) is that most people aren't involved in responses frequently enough to reinforce their skills and make them habitual, which is why it's so important to keep training in these practices, and to view PFA in particular as a general compassionate way of being with people rather than something reserved for disaster response.

After outlining the various consequences disaster survivors face (traumatic stress, traumatic loss, and cumulative stressors including direct and vicarious exposure, secondary adversities, and reminders/ triggers), Dr. Reyes noted that responders from all disciplines also face stressors related to the need to balance professionalism with personal reactions, and the need to balance following legal procedures and

pain because they don't want to deal with the cost of confronting their losses. They may experience "memory flooding," an overflow of intense memories, or the amplification of a particular memory or aspect of an experience, like an intense focus on the last conversation or interaction with a deceased loved one, particularly if that involves regrets. While they're in this state, survivors' cognitive processing of information is often impaired because they're too preoccupied to absorb much information.

Beyond the actual loss or traumatic experience, survivors may suffer from multiple secondary adversities related to the main disaster, including: mishandling of the death notification, the victim identification process, testifying in court or participating in legal system interviews, financial losses, health issues, "fishbowl effects" (overwhelming deluge of sympathy; news and social media exposure; voyeurs). and opportunistic exploitation by people taking advantage of survivors. Dr. Reyes also described a common source of vicarious trauma as "the virtual reality of the mind" which leads survivors to ruminate about details of the death, especially imagining what the loved one went through and wondering whether they suffered. That is constantly retriggered by places, events, media, and all other reminders that further expand the trauma reaction.

Dr. Reyes then outlined key principles for responding to crime victims, from a federal Office for Victims of Crime guide (see link below). Victims need:

- To feel safe
- To express their emotions
- To know what comes next
- To feel respected and dignified
- To be protected from further traumatic stimuli
- To be protected from further indignities and exploitation

Victims also benefit immensely from working with an insider-advocate to help navigate the complex and unfamiliar system, very much like the "cultural brokers" Dr. Reyes described partnering with in his keynote address. He also emphasized the need to limit survivors' exposure to reminders of the event and other distressing stimuli, as well as coaching them to avoid news and social media reminders as much as possible. Overall, responders' focus should be on helping survivors feel safe and preventing any avoidable secondary adversities, so they can begin to process the primary loss or traumatic stress exposure.

[Click here](#) to view a video of Dr. Reyes' workshop presentation, including a detailed plan for delivering death notifications.

RESOURCES

Psychological First Aid Guide for Schools (PFA-S)

This National Child Traumatic Stress Network field operations guide provides guidance on responding to disaster, violence, or terrorism events using the *Psychological First Aid* intervention. This version gives school administrators, educators, and staff practical assistance to meet immediate needs and concerns, reduce distress, and foster adaptive coping in the wake of a disaster. The manual includes in-depth information about each of the eight core actions and accompanying handouts for administrators, school staff, educators, students, and parents and caregivers.

PFA-S Field Operations Guide

Teens Coping After Mass Violence

Mass violence incidents, where several people are injured and killed, affect everyone in the community. Coping with mass violence can be very stressful. This two-page document provided by the National Child Traumatic Stress Network (NCTSN) offers information for teens about common reactions to mass violence, as well as tips for taking care of themselves and connecting with others.

NCTSN - Teens Coping After Mass Violence



School Safety and Security

Volume 9 of the School Safety and Security Bulletin focused on "Children Healing After Crisis". Psychological First Aid for Schools is an evidence-informed intervention to assist students, families, and school staff in the immediate aftermath of a crisis or disaster. It assumes that everyone may experience a broad range of reactions; physical, cognitive, psychological, behavioral, spiritual, following a crisis. Some reactions affect student's academic and social achievement, but support from informed, compassionate and caring professionals can help healing and recovery efforts. To view this issue: [click here](#).

Learning opportunities for behavioral health, spiritual care, substance abuse professionals as well as disaster responders and natural community helpers.

Psychological First Aid Training

Friday - October 4, 2019 | Belfast, Maine

Friday - November 1, 2019 | Freeport, Maine

A full-scale public health response to disasters must attend to both the physical and mental health needs of affected groups. The latter set of needs is especially important because most authorities agree that far more individuals will report psychologically related complaints than will report physical symptoms directly stemming from the injury-causing agent or event. Because a large-scale emergency will overwhelm existing mental health response resources, psychological first aid - the provision of basic psychological care in the short-term aftermath of a traumatic event - is an important skill set that all public health workers, emergency responders and natural community helpers should have.

About This Training ~ This program is a six-hour, interactive, face-to-face training that provides public health professionals, emergency responders, and natural community helpers without formal mental health education with the concepts and skills associated with psychological first aid. Additionally, this training is applicable to public health settings, the workplace, the military, mass disaster venues, and even the demands of critical incidents, e.g., dealing with the psychological aftermath of accidents, robberies, suicide, or community violence.

More Information and Registration



Trainings Supported by AdCare

Mindful Recovery After Complex Traumatic Stress, Violence and Abuse: How Do I Feel Better?

Thursday - October 17, 2019 | Brewer

Friday - October 18, 2019 | Augusta

Monday - October 21, 2019 | Portland

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Clients come to us to heal from complex traumatic stress and the associated health, behavioral health and social problems. Exposure to intimate partner violence presents particular challenges for the therapeutic process, as well as ethical considerations.

This workshop approaches traumatic stress through healing-centered engagement, using an integrated body-mind response. We will address strategies for physiological repair, improved emotional regulation and cognitive change, including recommended accommodations for evidence-based treatment models such as CBT when violence and abuse are present. We will also expand our focus to share a mindful exploration of pathways toward calm and joy, responding to our clients' simple wish to feel better.

Exposure to violence and abuse also has implications for the healers, including safety concerns and compassion fatigue. We will consider personal and ethical systemic support for professional resiliency.

At the end of the day, participants will have strategies to address these questions:

Mind: What best practice accommodations are recommended for cognitive treatment models when exposure to interpersonal violence exists?

Body: How do we integrate physiological healing into our work, building a mindful awareness of trauma-driven emotional and attachment patterns and promoting a joyful presence in the moment?

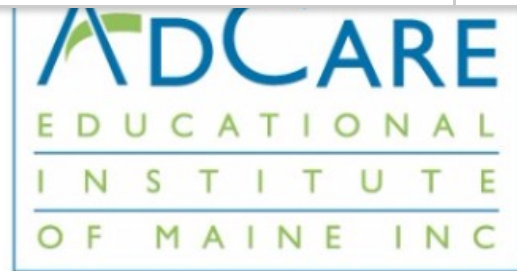
Self-care: How do we create trauma-informed self-care: not what we do after work, but how we do the work itself?

Systems and safety: How do we move toward a trauma informed, safer, healing system that emphasizes strength and resilience for client and caregiver? We will review the need for ethical risk management strategies.

This workshop has content relevant for clinicians who are preparing to meet Maine licensing requirements for ethics and for family and intimate partner violence education.

This workshop is most helpful for clinicians who have a basic understanding of the dynamics of intimate partner violence and are interested in deepening their clinical skills.

More Information and Registration

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