NCDMPH Workshop Report

Breakout Session B: *Disaster Behavioral Health: Highlights in Education and Training*

Presenters:
Moderator - Rachel E. Kaul, LCSW, CTS, Senior Public Health Analyst, Office of the Assistant Secretary for Preparedness and Response, Office of Policy and Planning, Division for At-Risk, Behavioral Health & Community Resilience
Gerard A. Jacobs, Ph.D., Professor and Director, Disaster Mental Health Institute, University of South Dakota
Joseph A. Barbera, MD, Associate Professor of Engineering Management (Crisis & Emergency Management), Clinical Associate Professor of Emergency Medicine, Co-Director, Institute for Crisis, Disaster, and Risk Management, George Washington University
Joshua C. Morganstein, MD, CDR, USPHS, Scientist, Center for the Study of Traumatic Stress, Assistant Professor, Department of Psychiatry, Uniformed Services University of the Health Sciences

Session summarized and reported by:
Lauren Walsh, MPH, Senior Research Associate, NCDMPH

Overall Key Session Points:

1. The evolution of available education and training in the Disaster Behavioral Health (DBH) space has been significant.
2. The *Curriculum Recommendations for Disaster Health Professionals: Disaster Behavioral Health* document is available online at ncdmph.usuhs.edu.
3. Issues for guiding education in the Disaster Behavioral Health space were raised, with a focus on responder self-care and the role of response leadership.
4. The final panelist presented the available degree programs and certificates at the University of South Dakota, as well as the customized community-based Psychological First Aid training available to local response personnel.

Session Summary:

The *Disaster Behavioral Health: Highlights in Education and Training* session consisted of four brief Panelist presentations followed by a moderated discussion and question and answer session from the audience. Each panelist gave a brief description of their training, background, and experience in disaster behavioral health, and in doing so gave the audience an idea of the evolution of the field over the last few decades. All panelists described the advancements in knowledge that have been achieved, as well as the successful integration of disaster behavioral health into the overall disaster health agenda.

The moderator described the evolution of available education and training in the disaster behavioral health space. She pointed out the advancements made in prioritizing this topic and suggested that while there are now many trainings available for both professionals and community members, there is no consensus on who should be targeted for training and what the best educational approaches may be.

Speaker 1 described the *Curriculum Recommendations for Disaster Health Professionals: Disaster Behavioral Health* document, which is available online at ncdmph.usuhs.edu. This tool is an overview of the topics, learning objectives, and trusted resources that educators may wish to integrate into a training curriculum on disaster behavioral health.

Speaker 2 discussed issues for guiding education in the disaster behavioral health space, with a focus on responder self-care and the role of response leadership in helping to manage stress and recognize symptoms in response workers. He described the origins of responder stress as being a combination of insecurity of doing the job well and being exposed to life-threatening conditions and posited that pre-event intervention and expectations management could help to establish realistic expectations of self and avoid the ad hoc action that introduces uncertainty and stress.

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The final panelist presented the available degree programs and certificates at the University of South Dakota, as well as the customized community-based Psychological First Aid training that is available to local response personnel.

The first topic of the moderated discussion was about how best to evaluate the programs and trainings that are offered. Multiple panelists used simulations and exercises, including "full stress" exercises, as a way to get students and response workers to demonstrate knowledge and capability. The discussion then turned to current evidence gaps in disaster behavioral health and where to prioritize resources. Panelists agreed that disaster research is a challenge because of the heterogeneity of each situation that makes it difficult to come to consensus across the field. There is a growing notion about what is encompassed within disaster behavioral health, and one panelist suggested that certain concepts lend themselves well to clinical mental health workers who could be dually trained to provide services in disasters. Another Panelist pointed out the lack of funding for preventive research also stymied progress, as researchers are often trying to stretch empirical research done on just a few people per disaster event.

The session continued with a hearty discussion of critical incident stress debriefing (CISD). The panelists seemed to agree that while CISD is still used in practice, it is more due to the indoctrination of the technique into certain response cultures than it is due to evidence to support its effectiveness. It was also clarified that CISD is *not* equivalent to after action reporting and information sharing post-event, which were highly recommended. The discussion closed on the topic of reaching individuals whose culture may stigmatize accessing mental health care and reaching care providers who are unfamiliar with concepts of disaster behavioral health. One panelist described the value of educating care providers early in their careers about the importance of preparing for care provision in a catastrophic event. Another panelist suggested finding individuals in leadership positions who have been personally affected by disaster and using them as a conduit into local communities. Another panelist cautioned that we must also recognize who may be affected beyond the obvious, as it is not infrequent for people to feel partially responsible or in some way insecure about their own actions relative to the event; effects also extend to the family of the response workers.

Overall, the session was a comprehensive introduction to the history and current state of disaster behavioral health and included rich discussion on many of the most pressing needs for the field, including a greater evidence base, increased inclusion of training and education into the health professions, reduced stigma in local communities, and greater professionalization of the disaster behavioral health workforce.

Supplementary material

To view supplementary material for this article, please visit http://dx.doi.org/10.1017/dmp.2014.140