



UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

Curriculum Recommendations for Disaster Behavioral Health (DBH) Professionals

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Center for the Study of Traumatic Stress



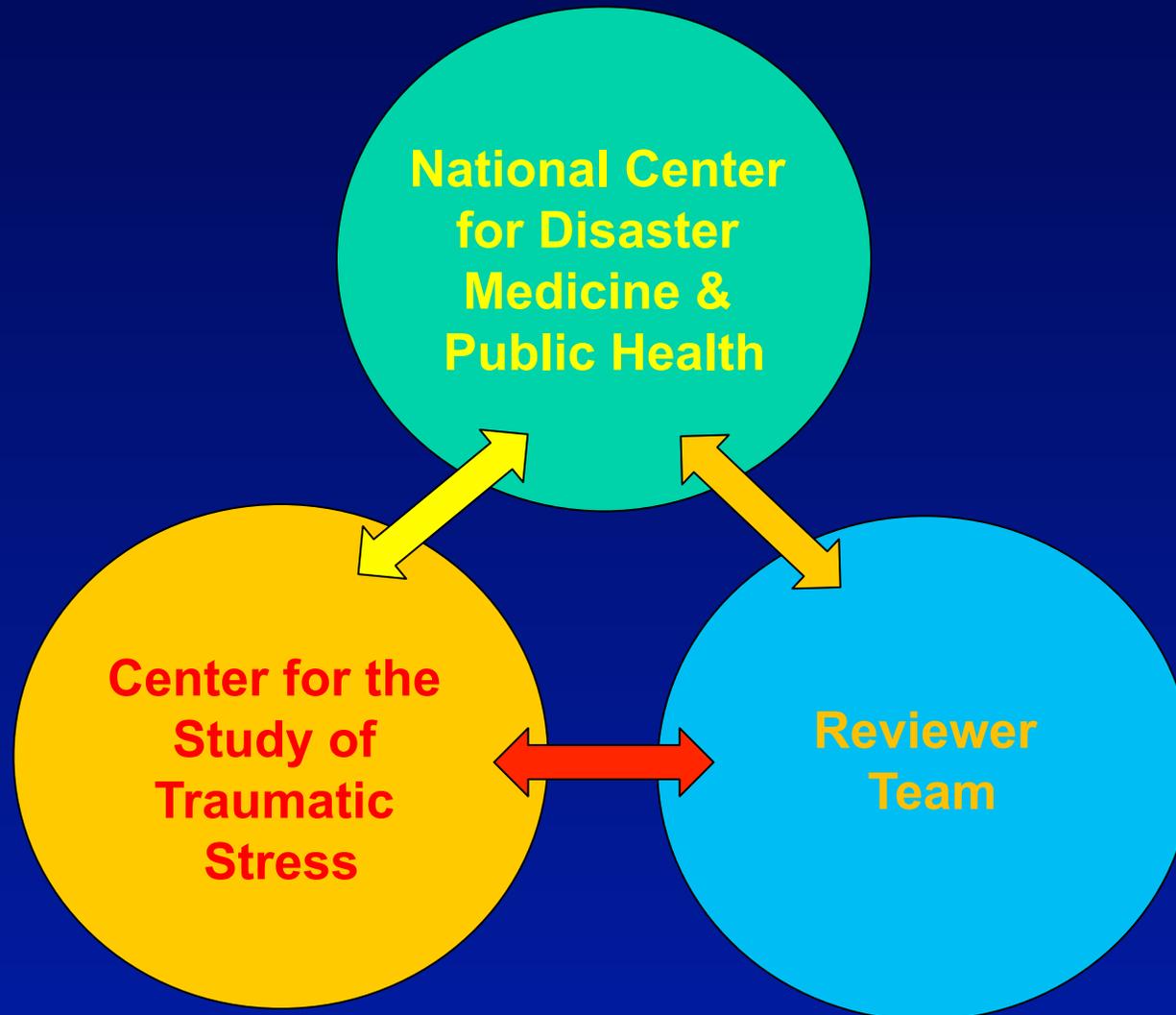
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Disclaimer

Ideas, attitudes, and opinions expressed herein are my own and do not necessarily reflect those of the US Public Health Service, the Department of Defense, or other branches of the US government.



Center for the Study of Traumatic Stress



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NCDMPH UNIFORMED SERVICES UNIVERSITY
National Center for Disaster Medicine & Public Health of the Health Sciences
Center for the Study of Traumatic Stress

**Curriculum Recommendations for Disaster Health Professionals
Disaster Behavioral Health**

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Target Audience: Educators and trainers working with health professionals
Purpose: To plan education and training activities on behavioral health factors in disasters

Introduction
The world has long been aware that a wide variety of extreme events produce psychological, social, and biological sequelae that today we label with terms such as stress, trauma, grief, and bereavement. These consequences are visited upon individuals, families, workplaces, schools, communities, and nations. They can result from a wide variety of causal factors that are both natural, human-generated or a combination of both.
For the purposes of this document, focus will be on the general topic of exposure to disasters. Disasters are defined as extreme events in which needs of the impacted population and/or area exceeds the local response and recovery resources and external resources must be utilized. Disasters can include such naturally occurring events such as floods, hurricane, fires, tsunamis, epidemics, and pandemics. They can also be human generated in terrorism, war, community unrest, mass shootings, and industrial accidents. Some disasters involve both natural and human-generated elements. Examples include a plane crash caused by wind shear, a flood caused by a dam collapse, or a wildfire sparked by an arsonist.
The field of disaster behavioral health continues to evolve following the classic paradigm of synergistic interactions among research, training, and services (Figure 1). Fundamentally the questions driving the field are:

- What do we know about the individual and collective impact of disasters?
- What approaches and interventions, to accomplish what, provided by whom, and in what contexts are most efficacious?
- How can we ensure that those involved in disaster preparedness, response, and recovery have the knowledge and skills necessary to produce optimal results?

Figure 1

1

Audience:

**Educators, trainers
working w/ health
professionals**

Purpose:

**Plan education &
training activities
on behavioral health
factors in disasters**

<http://ncdmpm.usuhs.edu/Documents/BehavioralHealthRecommendations-201401.pdf>





Core Competencies

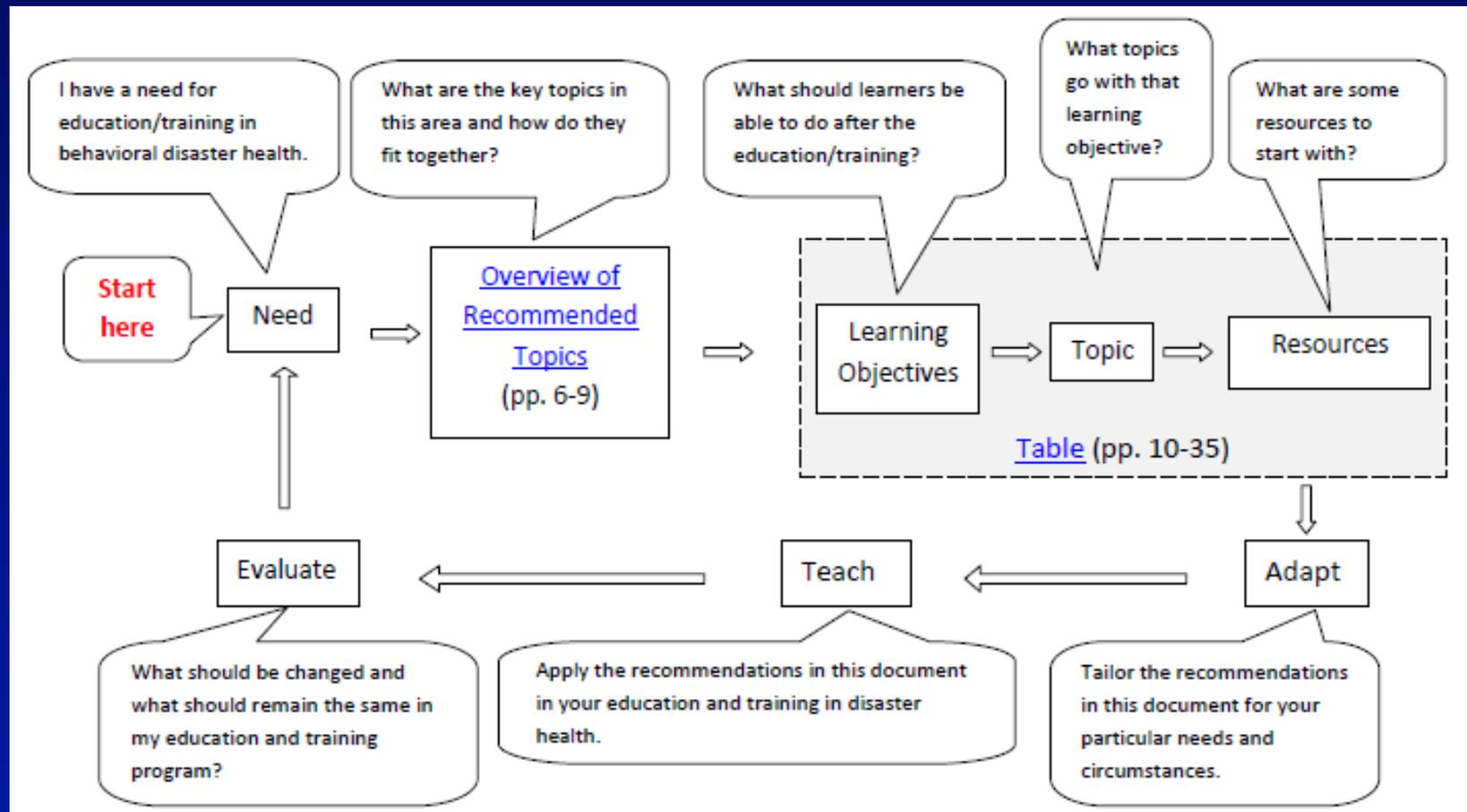
1.0 Demonstrate personal and family preparedness for disasters and public health emergencies
2.0 Demonstrate knowledge of one's expected role(s) in organizational and community response plans activated during a disaster or public health emergency
3.0 Demonstrate situational awareness of actual/potential health hazards before, during, and after a disaster or public health emergency
4.0 Communicate effectively with others in a disaster or public health emergency
5.0 Demonstrate knowledge of personal safety measures that can be implemented in a disaster or public health emergency
6.0 Demonstrate knowledge of surge capacity assets, consistent with one's role in organizational, agency, and/or community response plans
7.0 Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice
8.0 Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies
9.0 Demonstrate knowledge of ethical principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
10.0 Demonstrate knowledge of legal principles to protect the health and safety of all ages, populations, and communities affected by a disaster or public health emergency
11.0 Demonstrate knowledge of short- and long-term considerations for recovery of all ages, populations, and communities affected by a disaster or public health emergency

Please note that there have been efforts by the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health (ASPH) to identify more specific behavioral health core competencies. A detailed summary of their findings can be found at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430653/> and in Appendix 1.³





Design Process





Overview of DBH Topics

1. Defining Disaster Behavioral Health

- a. Primary Concept: Understand key terminology used in the field.
 - i. Disasters compared to emergency and crisis—Understand how disasters (when needs exceed resources and external assistance is needed) are different than emergencies (can be handled within existing resources), crisis (where existing resources are at capacity but still functional).
 - ii. Defining Behavioral Health (BH) - Understand the history and current use of terms such as mental health, behavioral health, substance use/abuse, stress, resilience, etc. Behavioral health is newer and more inclusive term that has increasingly replaced the term mental health when referring to topics that go beyond more limited issues of mental illness and health.
 - iii. Compare and contrast BH factors in disaster and non-disaster situations— Understand how psychosocial, family, and community characteristics are similar and different in normal circumstances as compared with during and following disasters.

1. Defining DBH
2. Disaster Environment
3. Key Partners
4. Individual & Collective Response to Disasters
5. Populations w/ Special Needs & At Risk Individuals
6. Providing Care
7. Playing Additional Important Roles
8. Impact on Workers/ Responders





Learning Objective & Resources

Table 2: Recommended Learning Objectives and Resources

1. Defining Disaster Behavioral Health		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Define key terms and be able to compare behavioral health factors in various events. [Core Competency 1, 8]</p>	<p>Comparing disasters, emergencies, and crises</p> <p>Defining behavioral health</p> <p>Understanding the history and current use of terms</p> <p>Comparing and contrasting behavioral health factors in disaster and non-disaster situations</p>	<p>Journal Articles</p> <p>Pfefferbaum B, Flynn BW, Schonfeld D, Brown LM, Jacobs GA, Dodgen D, Donato D, Kaul RE, Stone B, Norwood AE, Reissman DB, Herrmann J, Hobfoll SE, Jones RT, Ruzek JI, Ursano RJ, Taylor RJ, Lindley D. The integration of mental and behavioral health into disaster preparedness, response, and recovery. <i>Disaster Med Public Health Prep.</i> 2012 Mar;6(1):60-6. http://tinyurl.com/no7jxqd.</p> <p>Books/Chapters</p> <p>Flynn BW. Mental Health Response to Terrorism in the United States: An Adolescent Field in an Adolescent Nation. In: Danieli Y, Brown D, Sills J, eds. <i>The Trauma of Terrorism: Sharing Knowledge and Shared Care, an International Handbook</i>. Hawthorn Press; 2005.</p> <p>Institute of Medicine. <i>Preparing for the Psychological Consequences of Terrorism: A Public Health Strategy</i>. Washington, D.C.: National Academies Press; 2003. http://tinyurl.com/kjof55</p> <p>McFarlane A, Norris F. Definitions and concepts in disaster research. In: Norris F, Galea S, Friedman M, Watson P, eds. <i>Methods for Disaster Mental Health Research</i>. New York, NY: The Guildford Press; 2006: 3-19.</p> <p>Ursano RJ, Fullerton CS, Weisaeth L, Raphael B, eds. <i>Textbook of Disaster Psychiatry</i>. London: Cambridge University Press; 2007.</p>
2. The Disaster Environment		
Learning Objective	Topics	Resources
<p><i>At the end of this unit the learner will:</i></p> <p>Discuss how governance, system function, and the nature of behavioral health services typically operate differently following disasters [Core Competency 2]</p> <p>Describe how disaster preparedness, response, and recovery operations and</p>	<p>Disaster declaration process</p> <p>Who has what authority and requirements at various stages in the event process</p> <p>Key government structures and guidance</p>	<p>Websites/Online Reports</p> <p>Community Preparedness. Federal Emergency Management Agency Web site. http://www.ready.gov/community-preparedness.</p> <p>Critical Infrastructure Sectors. U.S. Department of Homeland Security Web site. http://www.dhs.gov/critical-infrastructure-sectors.</p> <p>Disaster-related competencies for healthcare providers. Disaster Information Management Research Center (DIMRC). National Library of Medicine Web site.</p>





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Center for the Study of Traumatic Stress

Behavioral Health in Disasters: Issues for Guiding Education

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Medical Team Manager position, VATF1

Institute for Crisis, Emergency and Risk Management

- Interdisciplinary chartered Institute since 1994.
- Based in Engineering Management & Systems Engineering
- Wide-ranging research program including PH and Healthcare Systems
- Graduate Education Program

Crisis, Emergency & Risk Management Education

- Graduate Certificates:
 - ❑ Homeland Security Emergency Prep & Response
 - ❑ Emergency Management & Public Health
- Masters of Science in Eng. Management
- PhD in Engineering Management

Alumni include emergency physicians, PH professionals, DHHS personnel, many others

Behavioral Health Education & Training: *An Academic & Responder Perspective*

Presentation outline

Behavioral Health DURING the Emergency Response

- The Emergency Context...
- Responder Behavioral Health Management
- Patient & Family Behavioral Health Mgmt
- Guidance Development
- Education & Training



United States Department of

Health & Human Services

Office of the Assistant Secretary for Preparedness and Response



National Health Security and You

Learning in Disaster Health Workshop

Fort Myer, VA

September 9, 2014

Disclaimer...

- The term **Keynote Speaker** is one of the most misunderstood in the meetings industry. Many people confuse the term **Keynote Speaker** with motivational speaker, inspirational speaker, plenary speaker, breakout speaker, industry expert, closing speaker, business speaker, juggler, ventriloquist, illusionist, and any former Miss North Dakota or Miss Rhode Island.
 - I am none of the above
 - Runner-up for Mr. Pennsylvania (1993)



What is National Health Security?



National health security is a state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences



What is the National Health Security Strategy (NHSS)?

Improves the Nation's ability to protect people's health in the case of incidents with potentially negative health consequences.



Creates an outline to guide the nation and facilitate collaboration among stakeholders to achieve national health security.

Informs policies, resources, programs, and activities to improve national health security.





Congressional Mandate



- The NHSS is required by federal law:
 - ❑ **Pandemic and All Hazards Preparedness Act (PAHPA) of 2006**
Section 2802 of the Public Health Service Act (42 U.S.C. § 300hh-1) requires the Secretary of the HHS to submit, every four years, a Strategy, an implementation document, and an evaluation of progress.
 - ❑ **Pandemic and All Hazards Preparedness Act Reauthorization (PAHPRA) of 2013** Reauthorized the NHSS program to strengthen national preparedness and response for public health emergencies.



Evolution of U.S. Policies that Shape the NHSS



2014



2015 – 2018 National Health Security Strategy 2015-2018

2013



Pandemic and All-Hazards Preparedness Reauthorization Act-PAHPRA (HHS)

2012



National Strategy for Biosurveillance (White House)

2011



Presidential Policy Directive 8 National Preparedness: (White House) Calls for NPG

2010



National Security Strategy (White House): Stronger links between health & security

2010



2010 – 2014 National Health Security Strategy (HHS/ASPR)

2009



National Strategy for Countering Biological Threats – PPD-2 (NSC): Global health security and capacity building, timely information, communications

2008



HSPD-21 – Public Health and Medical Preparedness (White House): Links biosurveillance (both domestic and global) to security

2007



Pandemic and All-Hazards Preparedness Act - PAHPA (HHS)

2006



National Security Strategy (White House): Links health to national security

2005



International Health Regulations (WHO): Public Health Emergencies of International Concern and building country core capacities – DoD as part of overall federal effort

2002



Public Health Security and Bioterrorism Preparedness & Response Act

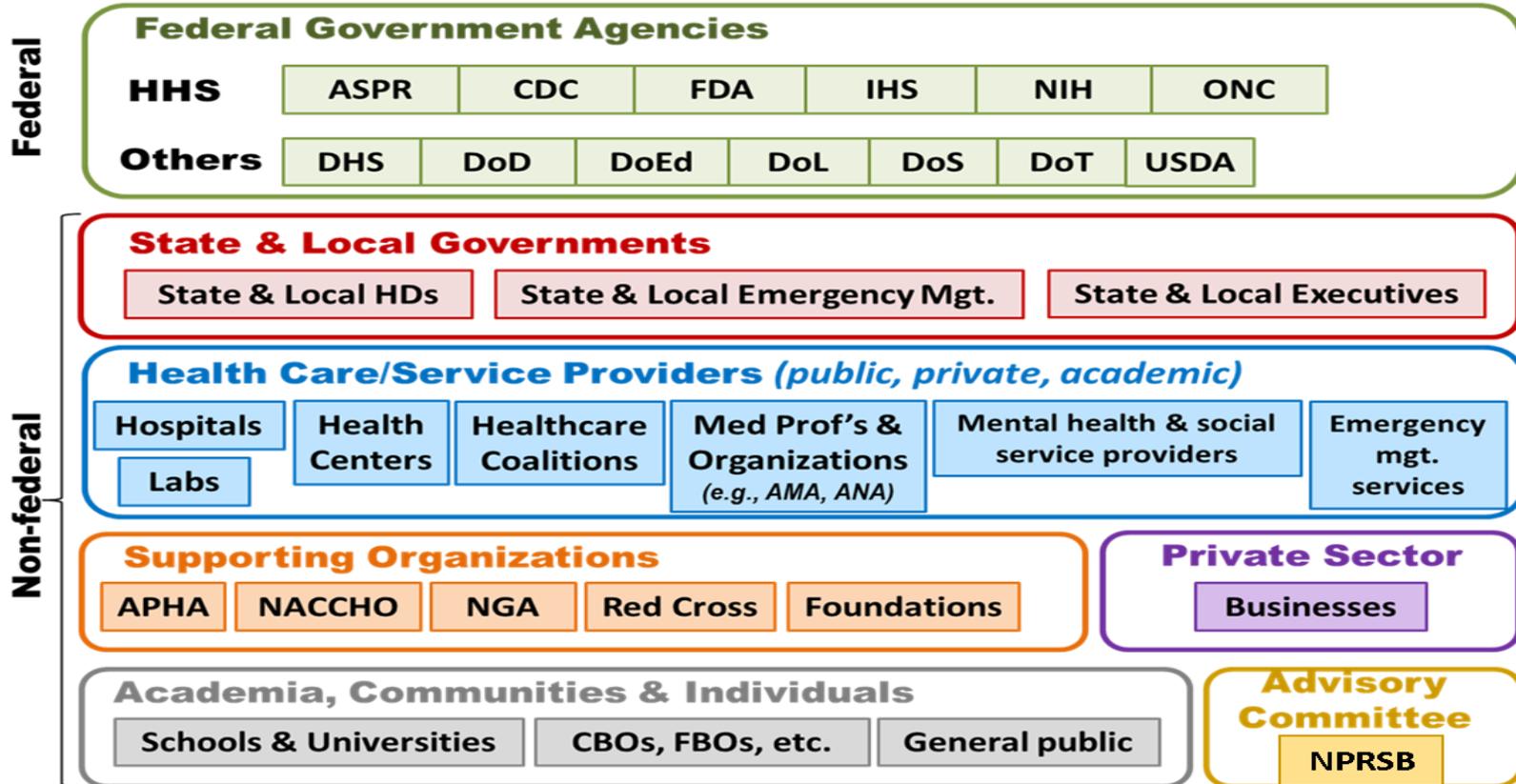
9/11

2001

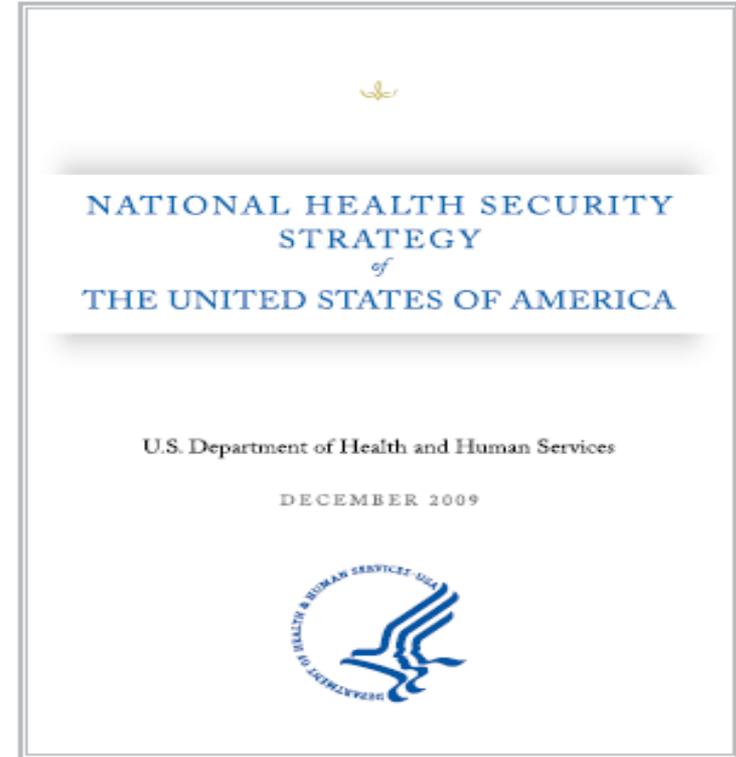
ASPR: Resilient People. Healthy Communities. A Nation Prepared.



National Health Security Stakeholders



- **Strategy:** National Health Security Strategy (NHSS, 2010-2014)
 - Defined national health security
 - Established a vision and two goals for national health security and ten strategic objectives
 - Suggested 50 draft operational capabilities
- **Implementation Plan:** NHSS Implementation Plan (IP, 2012-2014)
 - Specified activities to achieve desired outcomes consistent with goals and objectives identified in the NHSS





Evolution of NHS



2010 – 2014 NHSS (2012 IP)

Vision

National health security is achieved when the nation and its people are prepared for, protected from, respond effectively to, and able to recover from incidents with potentially negative health consequences.

Goal 1: Build community resilience

Goal 2: Strengthen and sustain health and emergency response systems



2015 – 2018 NHSS/IP

Vision

A nation that is secure and resilient in the face of diverse incidents with health consequences.

Goal

To strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health consequences.

Guiding Principles

Strategic alignment ● Fidelity to the evidence base ● Continuous quality improvement ● Community involvement ● Maximum benefit



Similarities and Differences Between the First and Second Quadrennial NHSS/IP?



Publication Year	2009 NHSS	2014 NHSS
Cycle	2010-2014	2015-2018
Definition of National Health Security	Same in both	
Vision	Present in both, updated for 2015-2018	
Goals	2	1
Guiding principles	No	Yes (5)
Objectives	10	5
Priorities	No	Yes (~3-6 per objective)
Implementation plan	Federal-led activities	Multi-sector activities



2015 – 2018 NHSS Guiding Principles



The following five principles guided decision making for strategic direction, selection of priorities, and implementation approach for the NHSS 2015-2018:

- Strategic alignment
- Fidelity to the evidence base
- Continuous quality improvement
- Community involvement
- Maximum Benefit

NHSS Strategic Objectives

1
Build and sustain healthy, resilient communities.

2
Enhance the national capability to produce and effectively use both medical countermeasures and non-pharmaceutical interventions.

3
Ensure health situational awareness to support decision-making before, during, and after incidents.

4
Integrate public health, health care, and emergency management systems, based on a highly competent workforce, to improve system-wide scalability within communities.

5
Strengthen global health security.

NHSS Implementation Plan

The Implementation Plan (IP) elaborates on the priorities introduced in the NHSS by describing specific implementation activities on which stakeholders might collaborate in order to address those priorities over the next four years.

Addresses full range of stakeholders

All levels of government

Community & Faith-based organizations

Academia

Private sector

Individuals and families

Addresses full range of implementation activities approaches

Guidance

Capacity-building

Services

Incentives



How has the Nation Benefitted from the Current NHSS?

- Established a common approach to national health security.
- Reflected focus areas for improving the Nation's health security efforts.
- Through its implementation plan, focused Federal action to achieve strategic objectives.
- Advanced the national discussion on health resilience.
- Raised attention to the Recovery mission.
- Promoted the consideration of at-risk individuals from a functional perspective.
- Sharpened the purpose and understanding of situational awareness to support decision-making.



How can YOU use the NHSS?



Promote a culture of resilience

Help inform policies and programs, including those that fund state and community efforts

Prioritize investments at all levels of government and across sectors

Coordinate health security initiatives across sectors

Encourage routine evaluation and reporting of progress through a quadrennial process

Communicate a commitment to quality improvement



Strategic Objective 4 Priorities



4.1. Strengthen competency- and capability-based health security workforce education.

4.2. Ensure that sufficient numbers of trained workers and volunteers with appropriate qualifications and competencies are available when needed.

4.3 Effectively manage and use nonmedical volunteers and affiliated, credentialed, and licensed (when applicable) healthcare workers.

4.4. Define and strengthen healthcare coalitions and regional planning alliances across all incident phases.

4.5. Build upon and improve routine systems and services as a foundation for incident response and risk reduction, focusing on common elements that leverage the alignment of routine capabilities with those needed during an incident.

4.6 Ensure that the integrated systems can scale to meet the needs of at-risk individuals, including children and senior citizens.



National Health Security and a Highly Competent Workforce



- National health security depends on a competent and sizable workforce
- Competent:
 - staff and volunteers are trained to perform their roles and responsibilities safely, efficiently, and effectively
- Sizeable:
 - communities have an adequate number of staff and volunteers, can mobilize additional personnel as needed, and have a systematic approach to coordinate and manage volunteers during an incident

2015-2018 NHSS IP Notional Activities

- State and local governments can work with schools of higher education to reach and involve student volunteers after graduation.
- State and local governments and the private sector can identify sources of surge staff outside of health department before incidents, and assign them to likely response tasks suited to their skills and competencies.
- Federal partners will work with all relevant stakeholders to develop a master plan for disaster health education and training, including core content, a scope of practice model, educational standards, educational program accreditation, and individual provider certification.
- Federal partners will incentivize the implementation of existing tools that promote the coordination of care in an event.



Opportunities to Enhance the National Health Security “Workforce”?



- **Youth Engagement:** Develop new programs and projects to engage youth (e.g., 4-H)
- **Bystander Response Training:** Bystanders are first to respond during emergency incidents
- **Develop and Leverage Subject Matter Expert Networks:** Clinical, scientific, academic and other SME networks can be leveraged for emergency preparedness, response, and recovery
- **Urban/Rural Workforce Disparities:** Urban and rural workforces challenges are different requiring different solutions
- **Affordable Care Act:** Opportunities may exist to enhance and/or train the health security workforce

Optimal NHS Workforce

Competent

Trained

Resilient

Informed



Flexible

Healthy

Mobile

Connected

Prepared

Diverse

Incentivizing is a Challenge....HELP!

Guidance	Incentives	Services	Capacity-Building
<ul style="list-style-type: none"> • Communicate vision and goals • Develop/ disseminate strategies and policies • Articulate principles • Define objectives and priorities • Develop plans • Develop and promote standards and measures • Develop laws and regulations 	<ul style="list-style-type: none"> • Issue grants • Enact taxes and tax credits • Offer prizes, awards • Create subsidies • Support R&D, tool development dissemination <div data-bbox="585 682 846 936" data-label="Image">  </div>	<ul style="list-style-type: none"> • Provide technical assistance • Provide training • Develop and run certification programs • Develop and run credentialing programs 	<ul style="list-style-type: none"> • Support system infrastructure and process improvement • Provide public information • Engage stakeholders • Create and sustain partnerships • Build and maintain coalitions • Support communities of practice • Partner effectively (e.g., MOUs)



How can we Reward you for Being a National Health Security Collaborator?



- Individual Awards (e.g.: NHS Healthcare Champion, NHS Educator Champion, etc.)
- Community Awards (e.g.: NHS Rural Community of the Year, Academic Institution of the Year, Association and/or Coalition of the Year, etc.)
- Achievement Inclusion (e.g.: Boy Scouts, Girl Scouts, School-required Community Service, etc.)



Do you have ideas on how to incentivize collaborators and/or volunteers in support of national health security?

TWEET YOUR IDEAS! #NHSS



Collaboration



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www.phe.gov/nhss

Contact Us:
NHSS@hhs.gov

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