A Quarterly Technical Assistance Journal on Disaster Behavioral Health
Produced by the SAMHSA Disaster Technical Assistance Center
the Dialogue

Tama, IA - August 9, 2014 - Jason and Dara Jefferson watch the Tribe's 100th Annual Pow Wow which took place at an alternate location due to flooding at the historical Pow Wow grounds. Since the 100th annual Pow Wow is critical to Meskwaki culture and economy, FEMA was able to support the relocation of the temporary Pow Wow Facility with its Public Assistance program. Photo: Steve Zumwalt / FEMA

Cultural Competency in Disaster Behavioral Health Preparedness and Response

Contributed by Randal Beaton, Ph.D., *Research Professor Emeritus, University of Washington, Schools of Public Health and Nursing*

Over the years as a university faculty educator, researcher, volunteer EMT, and clinical psychologist, I have developed an increasing appreciation of the importance of cultural competency in every phase of disaster management. Especially when planning and offering a disaster behavioral health intervention, it is imperative to understand—and respect—the culture of those you are hoping to assist. Culture includes core values, beliefs, traditions, customs, and language, as well as historical context, the roles of faith and family, and "ways of knowing." The latter refers to how members of a culture group acquire knowledge and, for example, may rely upon an authority or leader for guidance and information. It is definitely not enough to "just want to help." Without an adequate understanding of cultural factors, or cultural competency, any disaster behavioral health intervention will likely be less effective—and possibly even counterproductive.

My work over the years with the Northwest Tribal Emergency Management Council (**http://nwtemc.org**) has impressed upon me the centrality of cultural competency in disaster behavioral health. Working closely with numerous northwest tribal representatives and consultants, we began to modify, adapt, and incorporate the principles of Psychological First Aid (PFA) as part of northwest Indian tribal disaster preparedness and response.

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I soon came to the realization that many of the principles and core actions of PFA (access *Psychological First Aid Field Operations Guide* at **http://www.ptsd.va.gov/professional/materials/manuals/psych-first-aid.asp**) had been embraced and practiced by local northwest Indian tribes for centuries. For example, members of northwest Indian tribes were already quite adept at providing social support as well as safety and comfort to one another in the aftermath of any crisis or disaster. I also learned the importance of embedding any disaster behavioral health intervention within the existing social structure of northwest tribal members—for example, understanding and taking into account the crucial roles of their tribal elders. I also learned from my work with the Northwest Tribal Emergency Management Council that efforts to practice and instill cultural competency in disaster preparedness and response must be ongoing and can never truly be considered complete, as each American Indian tribe has its own relatively unique culture—and there are currently well over 500 officially recognized American Indian tribes (U.S. Department of the Interior, Bureau of Indian Affairs, 2012).

"[…] efforts to practice and instill cultural competency in disaster preparedness and response must be ongoing and can never truly be considered complete […]"

All ethnic groups, institutions, organizations, and even occupations possess defining cultures that are important to consider when developing or offering disaster behavioral health preventive or remedial interventions. As an example of the latter, fire service

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GUIDING PRINCIPLES
for Cultural Competence in Disaster Mental Health Programs

- PRINCIPLE 1: Recognize the importance of culture and respect diversity.
- PRINCIPLE 2: Maintain a current profile of the cultural composition of the community.
- PRINCIPLE 3: Recruit disaster workers who are representative of the community or service area.
- PRINCIPLE 4: Provide ongoing cultural competence training to disaster mental health staff.
- PRINCIPLE 5: Ensure that services are accessible, appropriate, and equitable.
- PRINCIPLE 6: Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks.
- PRINCIPLE 7: Involve as "cultural brokers" community leaders and organizations representing diverse cultural groups.
- PRINCIPLE 8: Ensure that services and information are culturally and linguistically competent.
- PRINCIPLE 9: Assess and evaluate the program's level of cultural competence.

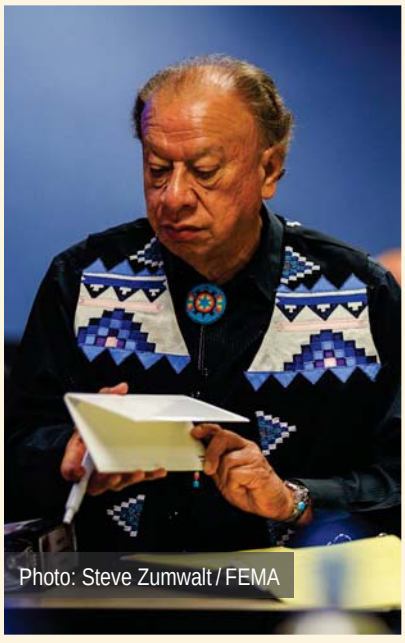
Photo: Steve Zumwalt / FEMA

Source: *Developing Cultural Competence in Disaster Mental Health Programs,* SAMHSA, 2003

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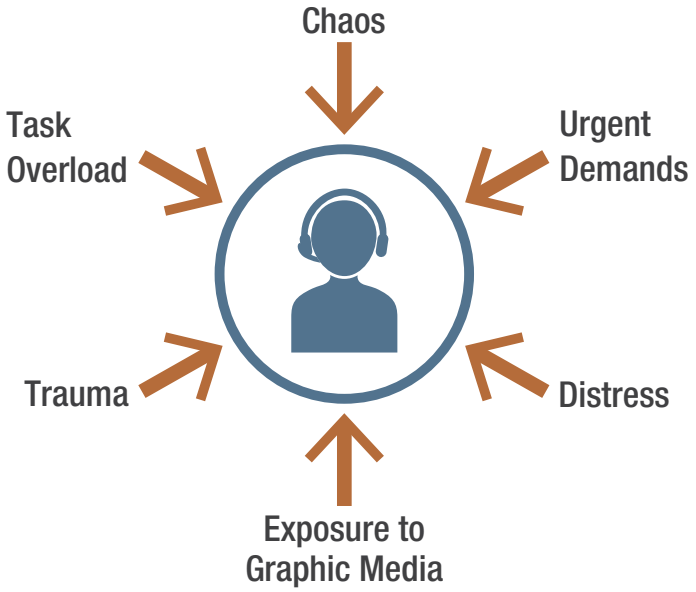
personnel, with whom I have conducted research for decades, have an occupational culture that values tradition, service, teamwork, and the firefighter "family" (Beaton, 2012; Beaton & Murphy, 1995). And while we have developed and refined disaster behavioral health interventions for fire personnel and field rescue personnel that recognize their unique organizational cultures, our efforts lag in conceptualizing, implementing, and evaluating disaster behavioral health interventions for 911 telecommunicators.

The "First" First Responders

Community 911 call receivers and emergency dispatchers are responsible for communicating and responding under task overload conditions that often prevail in the immediate aftermath of any emergency—and especially in the aftermath of a community-wide disaster. People working as 911 telecommunicators may vicariously experience the chaos, distress, and trauma of community members calling for assistance and are burdened with the time-urgent demands and responsibilities associated with dispatching field personnel. One indication of the effects associated with 911 telecommunicator duties and responsibilities are their documented rates of posttraumatic stress disorder, which are comparable to those of fire service personnel (Corneil, Beaton, Murphy, Johnson, & Pike, 1999; Pierce & Lilly, 2012).

Furthermore, as the next generation of telecommunicator technology is rolled out, 911 telecommunicators will be increasingly exposed to remote images and potentially gruesome real-time streaming videos of disaster scenes. We need to challenge our own culture as disaster behavioral health specialists to recognize and include 911 telecommunicators as the "first" first responders in any disaster. At the University of Washington, with funding from the National Institute for Occupational Safety and Health (NIOSH), we are currently developing and planning to evaluate culturally competent interventions designed to augment and facilitate resilience in 911 telecommunicators.

Impacts Associated With 911 Telecommunicator Duties



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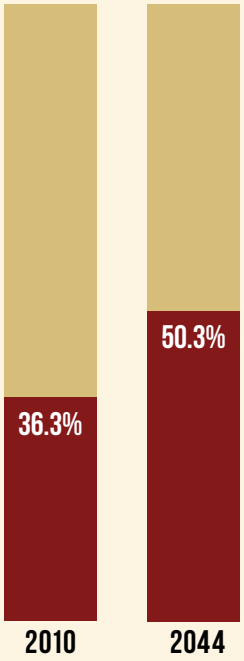
Support

Dr. Beaton is currently a research consultant to a NIOSH-funded project (1 R01OH010536) at the University of Washington, "Multi-tasking to Hyper-tasking: Investigating the Impact of Next Generation 9-1-1." Principal Investigator: Dr. Hendrika Meischke (School of Public Health). ■

Why Cultural Competency Is Important to Disaster Management

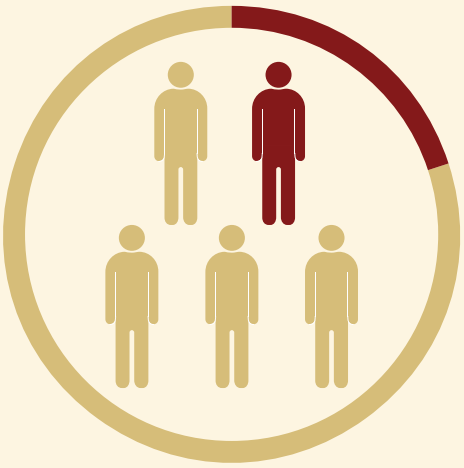


More than half of all Americans are projected to belong to a minority group* by 2044

compared to 36.3% reported in 2010.

*Minority group is defined as any group other than non-Hispanic white.

Source: 2014 National Projections, *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*



By 2060, **1** in **5** of the nation's total population is projected to be foreign born.

Source: *Projections of the Size and Composition of the U.S. Population: 2014 to 2060*, issued March 2015

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IN THIS ISSUE

The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective behavioral health (mental health and substance abuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (http://www.samhsa.gov), enter your email address in the "Mailing List" box on the right, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance abuse needs following a disaster.

To learn more, please call 1-800-308-3515, email DTAC@samhsa.hhs.gov, or visit the SAMHSA DTAC website at http://www.samhsa.gov/dtac.