Partnerships for Disaster Mental Health Preparedness

FAQs

What’s the Background of this Project?

A series of federally-funded training-research projects conducted over the past 5 years with Christian-, Jewish-, and Muslim faith communities have confirmed that an exceptional potential for effective preparedness planning and response lies in collaborations involving faith organizations, working in partnership with local health departments, and supported by faculty of academic health centers – in this instance, faculty of the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Preparedness and Emergency Response Research Center. Specifically, these projects have shown that a particular form of training in psychological first aid followed by training and technical assistance workshops in guided preparedness planning can enhance a community’s willingness and ability to participate in effective emergency preparedness planning and response efforts.

What’s the Purpose of the Project?

In September 2008, the Johns Hopkins Preparedness and Emergency Response Research Center (JH^3-PERRC) was established by a 5-year grant from the Centers for Disease Control and Prevention (CDC) to study ways to enhance the capacity and capabilities of the public health emergency preparedness system, with an emphasis on meeting the challenge of disaster-caused surges in mental and behavioral health problems.

The current project embraces principles of Community-Based Participatory Research (CBPR), an approach to psychosocial science that emphasizes two-way learning, and seeks to ensure that benefits accrue not only to researchers but also to the communities being studied. Although key aspects of the study design are more or less set through prior collaborations with communities, Johns Hopkins continues to be interested in ways to improve the approach, and encourages program improvement input from both faith and government partners. The roots of this research philosophy are grounded in a commitment to compatible goals, ongoing communication, and shared credit among partners.
Who from My Faith Community Should Participate?

It will be most beneficial for your faith organization to identify participants who are, or who are likely to become, interested in playing key roles as disaster responders, or disaster planners, or both. Two training sessions will be offered to participants. Prospective responders, and others interested in crisis-intervention skills, will have an opportunity to learn the principles and practices of the Johns Hopkins Model of Psychological First Aid. Prospective planners, ie, those community members selected to serve on disaster planning teams on behalf of their parish, will receive a basic training program in Guided Preparedness Planning. [Ideally, these designated planners will know the organization’s leaders and members well.]

How Much Time Is Required of Me/My Community Members?

The amount of time required of you and other community members depends on your level of participation. The following description of the training assumes participation in both Psychological First Aid training and Guided Preparedness Planning.

Psychological First Aid training is structured as a one-day session from 9:00 am to 4:30 pm. The training content includes such topics as Disaster Mental Health Surge; Characteristics of the Effective Helper; Psychological First Aid: The Skills; and Self Care for the Caregiver. The training format involves the use of slides, lecture material, discussion, small group exercises, and program-evaluation methods.

Guided Preparedness Planning is also structured as a one-day training session titled, How to Create a Community Disaster Plan. The purpose of this session is to provide an introduction to community disaster planning – planning that covers generic preparedness content and strategies to safeguard the emotional, mental, and spiritual well being of community members during and following catastrophic events. The training day involves lecture, discussion, and focused exercises to initiate the disaster planning process on behalf of one’s community, using a structured workbook. Historically, the majority of participants leave the training-day with a (‘skeleton-’) draft of a basic disaster preparedness plan for their parishes.

Following the day-long training session, up to two technical assistance (TA) sessions, 2 ½ to 3 hrs in length, can be scheduled during which members of your local health department and Johns Hopkins meet with you and two or three other representatives of your faith community [in either face-to-face workshop format, or via telephone conference calls] to guide you in efforts to advance and complete the plans begun on the first day of training.
## What are the Essential Elements of the Training Program

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<th>Training Name</th>
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<th>Time/Place</th>
<th>Topics Covered</th>
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| Psychological First Aid Training (PFA)            | Preparedness training with the potential both to raise concern about, and instill confidence in, planning for/responding to the mental health impacts of public health emergencies.                                       | One day training session composed of three, 2 hour modules. Held at regional locations on mutually agreed upon dates/times. | Introduction to Disasters and Population Mental Health  
Basics of Psychological First Aid (PFA)  
Ensuring Effectiveness in the Field  
Self Care for the Caregiver |
| Guided Preparedness Planning (GPP)                | Joint planning sessions between faith and government leaders to facilitate the type of complementary information exchange and synergism that would not be possible with individual planning.                        | One day training session.  
Two half-day technical [TA] assistance workshops. Each type of meeting to be scheduled at regional locations on mutually agreed upon dates/times. | Defining the Target Community  
Disaster-Relevant Resource Surpluses and Deficits  
Opportunities for Preparedness Alliances, etc  
Threats to Plan Completion (and How to Overcome Them)  
Roles and Responsibilities  
Risk Communication  
Preparedness Tools and Resources |
What Are the Responsibilities of Your Faith Organization?

An important responsibility of the faith organization is to be sure that designated participants in Guided Preparedness Planning, clergy members or laity, fully understand and accept their role as a planning representatives of their faith community. This role acceptance is absolutely vital to the success of the program. A key objective for “role induction” of all planning participants is to make sure that they understand that, while they may not have authority for ultimate plan-content decisions, they will have been authorized to provide input about plan content, eg, to recommend individuals for key leadership roles. The proposed ideas would then be accepted, as is, or possibly revised at higher administrative levels, as appropriate.

What Are the Responsibilities of Your Local Health Department?

Project participants representing health departments, often holding the title, Emergency Planner, and sometimes designees and other support personnel, are expected to participate in all training and TA sessions. Although Johns Hopkins faculty will lead the day-long training sessions and will co-lead TA sessions with health department representatives, a key aim of the program is to establish and maintain durable relationships between faith and government leadership in each jurisdiction following the eventual disengagement of the Johns Hopkins collaborators. [To be consistent with this aim, it is ideal if the health department representative will agree to open (welcome, introduce, etc) and close each day’s training event.]

What Are the Responsibilities of the Academic Health Center?

Johns Hopkins representatives will provide overall guidance in the planning and administration of the project, including the conduct and evaluation of training workshops in Psychological First Aid and Guided Preparedness Planning.

How Does Participation Benefit the Non-Academic Partners?

Faith Organizations: Traditionally, faith communities have been extraordinarily responsive in the aftermath of disasters and public health emergencies by providing tangible material resources, such as food, clothing, and shelter, as well as human services, such as prayer leadership, death notification, and general fellowship. However, faith organizations are rarely incorporated into formal preparedness and response operations of government, nor are members optimally trained to provide crisis-intervention or effective psychological first aid services to trauma survivors. This program is an opportunity for individual faith members to be trained in psychological first aid skills, and for such training to qualify participants as official, paraprofessional members of their state professional volunteer corps (if that option is available in the state in which the training is conducted). Additionally, organizational leadership will
have an opportunity to participate directly, or through designees, in collaborative
meetings with health department leaders to develop formal disaster preparedness plans
for their communities -- plans that will identify disaster-related community strengths
and weaknesses, leadership roles and responsibilities, crisis communication strategies,
and other key elements of a public health emergency preparedness plan.

**Local Health Departments:** Following participation in this program, emergency
planners of local health departments will know that selected communities in their
jurisdictions will have grassroots-generated, completed disaster preparedness plans,
and will have developed new relationships for sustaining ongoing preparedness
planning in the future.

**How Does My Organization Sign Up to Participate?**

For questions and/or to sign up to participate, please contact Felicity Marum at 410-
614-4773, or [fmarum@jhsph.edu](mailto:fmarum@jhsph.edu)