American Psychological Association's

Disaster Response Network News

Public Relations & Communications, Practice Directorate, 750 First Street, NE, Washington, D.C. 20002

Volume 8, Issue 1 ❖ Spring 2002

What DRN Members Do in Disaster Response

Letter from the DRN Advisory Committee

In the wake of the September 11 terrorist attacks, considerable attention has been focused on this country's disaster response efforts and, in particular, on the mental health component of those response efforts. As the Advisory Committee to the American Psychological Association (APA) Disaster Response Network, we are writing to provide information and clarification concerning the APA DRN and its activities.

Historically, the American Red Cross has been heavily engaged in disaster response services. Until about a decade ago, the Red Cross disaster response capability did not formally include a mental health component. Following Hurricane Hugo and the San Francisco earthquake occurring in close proximity, the Red Cross specifically identified a need to manage the stress experienced by Red Cross relief workers. As a result, it sought licensed mental health professionals to complement its existing disaster response capability. Professional licensure for disaster response mental health workers was considered critical to ensure that participating individuals were qualified to provide mental health services on an independent level, were bound by an ethical code, and were accountable to a state licensing board.

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Honorees with President Norine G. Johnson, Ph.D. (clockwise from upper left): John Northman, Ph.D., President, New York State Psychological Association accepting citations for June E. Feder, Ph.D. and Gayle O'Brien, J.D.; Rosemary Schwartzbard, Ph.D., Virginia DRN Coordinator; Lorryn Wahler, New Jersey Psychological Association Executive Director; Jackie Lapidus, Psy.D., DC DRN Co-Coordinator. Other honorees (see article) were not on hand to personally accept citations.

Psychologists and State Execs Honored for Response to 9/11

In October 2001 at APA's Fall Consolidated Board and Committee meetings, then APA President Dr. Norine Johnson recognized all psychologists who responded to the September 11 terrorist attacks. In particular, she acknowledged responders from states that were most

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APA commends and thanks all who provided disaster assistance and who continue to offer services to victims and families in response to the terrorist attacks.

Psychologists and State Execs Honored for Response to 9/11,
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directly impacted by the incidents, predominantly where the planes departed, crashed, or were scheduled to land. The DRN coordinators and association executive directors from those states worked collaboratively to mobilize psychologist responders, facilitate communication with relief-agencies, and manage the outpouring of volunteers.

The following DRN coordinators and state psychological association executive directors were awarded presidential citations in gratitude and appreciation for their work and the work of their psychological association members:

June E. Feder, Ph.D.
New York DRN Coordinator

Gayle O'Brien, J.D.
New York Psychological Association
Executive Director

Rosemary Schwartzbard, Ph.D.
Virginia DRN Coordinator

Joan G. Smallwood
Virginia Psychological Association
Executive Director

Simone Gorko
Pennsylvania DRN Coordinator

Thomas H. DeWall, CAE
Pennsylvania Psychological Association
Executive Director

Suzan M. Stafford, Ed.D.
District of Columbia DRN Co-Coordinator

Jacqueline G. Lapidus, Psy.D.
District of Columbia DRN Co- Coordinator

Deborah A. White, M.P.A.
District of Columbia Psychological Association
Executive Director

Kathryn L. Dardeck, Ed.D.,
Massachusetts DRN Co-Coordinator

Martin Krugman, Ph.D.
Massachusetts DRN Co-Coordinator

Elena J. Eisman, Ed.D.
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Executive Director

Meline Karakashian, Ph.D.
New Jersey DRN Coordinator

Lorryn Wahler
New Jersey Psychological Association
Executive Director

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The American Psychological Association was among the first to enter into partnership with the Red Cross for purposes of helping the Red Cross to develop a mental health capability to supplement its existing disaster response resources. As a part of this partnership, the APA established a state-based network of psychologists in an effort to aid the Red Cross' system, which relies heavily on recruiting local volunteers to respond to disasters. In this regard, the network has helped the Red Cross to recruit licensed psychologists around the country.

Although the Red Cross does provide training to its recruited licensed psychologist volunteers, it relies on the fact that psychologists, through their doctoral education, internship and post-doctoral supervised experience, have already been adequately trained in the assessment and treatment of individuals with mental-health-related problems and disorders. The training provided by the Red Cross to psychologist volunteers focuses primarily on a comprehensive overview of Red Cross disaster operations and on the identification of the various ways for the psychologists to put their already existing mental health expertise to use in a disaster response effort. Each volunteer is required to complete a brief Introduction to Disaster Services Course (offered regularly at most local Red Cross chapters) and a two-day Disaster Mental Health Services course. It is not unusual for DRN participants to obtain additional disaster mental health services training through continuing education courses offered by outside organizations (e.g. the National Organization for Victims Assistance offers a 40-hour course) or even through some graduate programs that offer graduate-level mental health disaster training. This additional training, however, is recommended but not required by the Red Cross.

As a part of the Red Cross training, volunteer psychologists are required to know the extensive regulations and procedures pertaining to disaster mental health services codified in Disaster Mental Health Services (ARC 3043). This document articulates, among other things, the purpose of the Red Cross' disaster mental health services function (DMHS). In pertinent part, it reads:

"DMHS provides emergency and preventive mental health services to people affected by disaster and to Red Cross workers assigned to a disaster relief operation. Such assistance includes education about stressors, their effects, and methods of coping; and advocacy, crisis intervention, and referral services for resources to meet mental health-related problems." (p3)

Of particular relevance are the DMHS Intervention Standards, which are also included in the ARC 3043 document. Accordingly, "the DMHS intervention standards are to be followed by anyone providing disaster mental health services as an agent of the Red Cross . . . (and any) clients in need of treatment beyond that permitted under these Intervention Standards should be referred to their own mental health care providers or other usual care facilities." (p A-1)

According to the Standards, there are three general types of permitted interventions – "defusing," "debriefing" and "crisis intervention". Defusing is specifically defined as a discussion of feelings and relations in an atmosphere of mutual support, in an individual or group setting, with one or two trained disaster mental health services personnel. According to the Standards, it is limited to dealing only with feelings and emotions related to an individual's disaster relief experience; is not exploratory, intensive or individual therapy; and focuses on immediate stress reduction.

Crisis intervention is considered to be a one-on-one intervention used to reduce or minimize the extreme emotional distress of a disaster victim or worker. It, too, is not intended to be exploratory therapy, deals with the "here and now" rather than intrapsychic issues, and primarily focuses on problem solving and strengthening constructive coping efforts.

Debriefing is considered to be a relatively more formal and structured process than the previous two, which can occur on the spot. A debriefing is a scheduled discussion, most typically among disaster workers, intended to bring closure to the disaster experience. By and large, it is an attempt by DMHS volunteers to help Red Cross workers make sense and put into perspective their overall experience. Its purpose is also to provide education about normal and abnormal stress responses and about methods for identifying and practicing coping strategies. As with the other interventions, the Red Cross considers debriefing not to be intensive or individual therapy. Also similar to defusing and crisis intervention, participation is not mandatory.

It is important to distinguish between the debriefing activity described as a part of the Red Cross Disaster Mental Health Services function and the specific activity referred to as "critical incident stress debriefing" or "CISD". The debriefing activity incorporated in the Red Cross DMHS is a relatively general and comprehensive process that relies heavily on the training, experience and clinical judgment of the psychologist to conduct the debriefing

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discussion. CISD, on the other hand, is a specific model of psychological debriefing which is part of a larger "critical incident stress management" intervention system developed by Mitchell in 1983. CISD articulates very specific phases of intervention. It is also specifically designed to be conducted by a combined team of mental health professionals or clergy and trained peer support personnel drawn from the same occupation as those being debriefed, such as emergency workers, fireman or police. The point to be made here is that this is a different model than that employed in the context of the Red Cross-APA DRN.

Sometimes Red Cross disaster mental health volunteers with additional non-Red Cross training are requested by outside agencies to help augment local emergency services personnel peer-based fire, police and military debriefing teams. Some psychologists choose to participate in this work, which is outside of the APA-Red Cross DRN program and not covered by the Red Cross procedures and intervention standards.

Interestingly, the Red Cross estimates that the type and percentage of activities of their experienced disaster mental health professionals breaks out to be, on average, 30% education, 25% problem solving, 30% interventions (crises intervention, defusing, debriefing), 10% advocacy for services and 5% referrals. In reality, however, no two disasters are alike, as dramatically demonstrated by recent events, and disaster responding cannot be approached in a "cookbook" fashion. DRN psychologists must remain flexible in order to be optimally useful to the Red Cross disaster response efforts. While DRN psychologists may be deployed to the actual disaster site, they may also be asked to participate in a wide range of community venues, from shelters to family service centers, or anywhere else where they will come in contact with victims or family members or emergency workers.

At the disaster site itself there is no "one size fits all" response. As a practical matter, DRN psychologists typically engage in generalized relief efforts such as handing out blankets, delivering food and beverages to emergency workers, or providing information about other available community resources. In this manner, DRN psychologists make themselves available, visible and accessible to those individuals — both victims and rescue workers —who may need and want the help of a licensed mental health professional to cope with disaster-related emotional stress or difficulty. In doing so, the psychologist must rely on his or her training, experience, knowledge and professional judgement to make necessary on-the-spot evaluations of individuals to determine how best to help those individuals better cope with extreme and disastrous circumstances.

The disaster mental health services area continues to develop and evolve in light of additional disasters and a growing body of research to better understand the impact of disasters and to better understand what can be most helpful to people affected by disasters. Without a doubt, we will know more in ten years than we know now about responding to disasters. Yet, the reality is that we must respond now, using our best professional judgement to draw on existing research, knowledge and our understanding of the psychological strengths of people to cope with extremely stressful and often tragic circumstances.

December 2001

Kathryn L. Dardeck, Ed.D.
Northeastern DRN Advisory Committee Member

Richard A. Heaps, Ph.D. ABPP
Western DRN Advisory Committee Member

Rosemary Schwartzbard, Ph.D.
Southeastern DRN Advisory Committee Member

Susan D. Silk, Ph.D.
North Central DRN Advisory Committee Member

John R. Tassey, Ph.D.
South Central DRN Advisory Committee Member

If you have colleagues interested in disaster mental health who did not receive this newsletter, please ask them to contact us. We would like to include them on our mailing list for future newsletters and information.

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State News...

The **Arizona** Psychological Association (AzPA) mobilized its Disaster Response Committee immediately following the 9/11 terrorist attacks. Committee members recruited volunteers to staff and promote a hotline, receive expedited training in disaster mental health services from the Red Cross, and make presentations to local organizations and media outlets. Some psychologists who were already Red Cross trained went to New York City and Washington to provide on-scene disaster mental health services. The response from AzPA members was overwhelming and immediate. Many volunteered without knowing what assignment they would receive.

In the months following the attacks, the AzPA Disaster Response Committee has recruited more volunteers to receive Red Cross Disaster Mental Health Services training, has established a permanent list of psychologists available to staff a hotline and/or provide pro bono services to clients in distress, and has made presentations at the state psychological convention and other local organizations on an ongoing basis. The committee continues to recruit volunteers for upcoming Red Cross training sessions and meets monthly to plan for the future.

The AzPA has responded enthusiastically to Dr. Zimbardo's call to APA-members nationwide to get involved, help our local communities, and provide for the mental health needs of our citizenry in this time of national emergency.

Ellen W. Williams, Ph.D.
Arizona DRN Coordinator

Connecticut was greatly impacted by the terrorist attacks of 9/11. At least 84 CT residents died; 40% of them were between 35 and 45 years old. 45 of them were fathers. Many other persons lost wages and businesses as a result of the attacks. The ramifications of these losses for health care providers, schools, businesses, agencies, and communities were widespread. Approximately 50 psychologists volunteered to provide pro bono services and signed on with CPA's DRN. The roles that these psychologists filled included the following:

Independent practitioner activities Understandably, many people reacted with anxiety and depression and eagerly sought professional assistance. Psychologists volunteered their time to participate on a telephone bank at a local television station, write educational newspaper articles, and speak to organizations and schools. One example is Dorothy Singer, Ph.D., who was invited by Senator Lieberman to conjointly meet with children in the local schools. Another example is Barbara Bunk, Ph.D., who organized DRN volunteers for the telephone bank, which was held on two evenings and one morning.

Cooperation with the CT Department of Mental Health and Addiction Services (DMHAS) Since CT is next to NY, the state government began plans to address the needs of CT citizens in NY and here in both an immediate and in a long-term sense. At the time of the attacks, CT prepared for the care of injured victims in NYC and/or in hospitals in CT. 20 psychologists responded to a call from Arthur Evans, Ph.D., Assistant Commissioner at DMHAS, and spent one day in an educational workshop on crisis interventions during the immediate impact phase of the disaster. DMHAS subsequently made some referrals to DRN members for follow-up with family victims. Currently, DMHAS is training local Behavioral Health Crisis Response and Recovery Teams in conjunction with UConn and Yale, and DRN members are part of that training and preparation.

Cooperation with the American Red Cross (ARC) The ARC has been eager to incorporate psychologists into its services. DRN members contacted individual chapters, consulted with local agencies, assisted in family visits, and became available at anniversary and commemorative events. Some DRN members participated in ARC's two-day Disaster Mental Health Services training and subsequently volunteered to work in NYC and Virginia.

The mission of CPA's DRN has been to support, educate, and develop meaningful roles for psychologists. Promotion of educational opportunities was paramount after 9/11. As a result of this work, training documents were placed on the website, workshops in disaster response were offered, and a presentation was given at the October CPA Convention by John Ehrenreich, Ph.D., who presented on psychosocial aspects of disaster response. The www.connpsych.org website is ably managed by Randolph Lee, Ph.D. Currently he has posted a file of Disaster Response Literature, including stories, interviews, and reports. In support of psychologists who might travel across state lines to work in NYC, CPA solicited from their legal counsel a legal opinion about emergency professional services.

Alma Elder, Ph.D.
Connecticut DRN Coordinator

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In the days following 9/11/01, members of the **Massachusetts** DRN worked with the American Red Cross at the Family Assistance Center at Logan Airport providing emotional support and a compassionate presence for airline flight attendants and personnel who needed to return to their work while mourning their colleagues and confronting their own fears of flying again. Others worked with the New York Fire Dept's EAP personnel in helping to both plan and provide services to the families of the fallen firefighters, and provided a compassionate presence at Ground Zero. The outpouring of support from the Massachusetts Psychological Association's office staff and Executive Director combined with that of the many psychologists who volunteered their time to offer aid and comfort was outstanding!

Martin Krugman, Ph.D. and Kathy Dardeck, Ed.D.
Massachusetts DRN Co-Coordinators

George Watson, Ph.D., and his wife Karen Watson of Bozeman, **Montana** volunteered for two weeks at the American Red Cross DC National Call Center in Virginia. Katina Mendis, Ph.D., of Billings worked with the ARC New York Disaster Response. James English, Psy.D., of Great Falls is an Air Force Reserve officer whose fighter wing unit has been involved in the disaster response effort. He functions as medical commander and psychologist for his unit. Mike Nash, Ph.D., of Anaconda has been active within the state, addressing disaster response issues through a publication and participating in a broadcast seminar.

Andrea Fischer, Ph.D.
Montana DRN Coordindator

The **New Hampshire** DRN has been busy responding to the terrorist attacks. On September 12th, I was activated by the Red Cross to set up a Compassion Center at Newark Airport in New Jersey. I called APA's DRN office and got numbers for both the New Jersey and New York Psychological Associations and their DRN Coordinators. With those numbers, I had a referral network in place. The Center opened the morning of the 14th with Tri County Mass Care workers, a local Disaster Services Human Resources Health Service person, and 31 local mental health volunteers.

Many thanks to our NY and NJ colleagues who have done so much. We know you've been working incredibly hard and we'd like to do all we can to support you.

In New Hampshire, we have had a few referrals from affected persons. I've been teaching the Disaster Mental Health course in Philadelphia, New York, and Maine and wrote an article for the NHPA Newsletter.

Donna Hastings, Psy.D.
New Hampshire DRN Coordinator

New Jersey Psychological Association's Committee on Trauma Response and Crisis Intervention met its challenge on September 11 when America was attacked. New Jersey's proximity to New York presented an advantage to provide intervention, at the same time deep pain to see so many suffer so close to home. In fact, all New Jersey communities were impacted by the World Trade Center disaster, since thousands commuted to New York to work at the WTC or to attend meetings that day.

The Committee chair worked collaboratively with the NJPA central office and the American Red Cross to coordinate interventions; make referrals; provide consultation to psychologists, the media and industry; disseminate information; and provide support to psychologists who worked with victims' families. Committee members worked with the CISM network or the ARC family support programs. The wonderful packet of information sent by the APA DRN Office was forwarded to the New Jersey School Psychology Association for distribution.

In the initial days, more NJPA members volunteered services than there were systems in place. The chair in an e-mail asked members to be creative and initiate programs in their own communities, since the injured, victims' families and the survivors lived in the same communities as the psychologists. Survivors felt comfortable attending intervention programs that were held in their houses of worship and in local schools. Wonderful intervention programs ensued.

Considering the need for psychologists to learn about disasters of catastrophic proportions, Meline Karakashian, Nina Thomas, and Ray Hanbury offered training seminars and peer supervision to 200 members and students. The intervention work continues today on individual, family and group basis. The work was painful and hard, yet it was satisfying that we joined efforts and had the privilege to help.

Meline Karakashian, Ph.D.
New Jersey DRN Coordinator

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Although the **New York** Psychological Association's DRN has actively intervened in every major disaster in New York State for more than a decade, the events of 9/11 presented unprecedented challenge. We sent dozens of psychologists to disaster sites around the city where they worked tirelessly, often around the clock. We provided short-term pro bono in-office crisis counseling for hundreds of victims as part of DRN's aftermath care component.

Four months after the disaster, needs for service remain extraordinarily high. The DRN continues to be very active on number of levels. They include the following:

Intervention with union members and their families
As a result of NYSPA's affiliation with the New York State United Teachers (NYSUT), we have been working closely to help union members and their families. In conjunction with New York City's Central Labor Council, DRN psychologists have worked with various unions. These have included Local 100 (Hotel and Restaurant Employees Union), which lost 100 members in the attack; Local 94 (Operating Engineers); Local 32 BJ (building maintenance workers); UFT (United Federation of Teachers); and several other unions as well.

Counseling with New York City Police and Firefighters
NYSPA psychologists have been working with police and firefighters affected by 9/11. Psychologists are providing services for groups of police officers, working in firehouses that have sustained serious losses and counseling individuals and families.

Project Liberty activities
Through Project Liberty, counseling has been made available for the many thousands traumatized by this disaster. NYSPA, with the support of NYSUT, has met with city and state officials to work out ways that Project Liberty funding could support NYSPA training and intervention activities related to this disaster.

We are proud of the work of our DRN psychologists. This network, 350 strong, has demonstrated the highest level of professionalism and service.

June Feder, Ph.D.
New York DRN Coordinator

Dozens of **Ohio** psychologists have provided volunteer services immediately following the 9/11 terrorist attacks and since that time. Though many went directly to New York and Washington, far more worked locally to address the needs of those distressed by the events and/or concerned about significant others onsite. We are currently developing a comprehensive, integrated disaster plan in concert with the Ohio Department of Mental Health and Red Cross chapters throughout the state. OPA's mailings and listserv have been used to inform members of ARC trainings throughout the state and opportunities to become more involved in disaster response services.

Kurt Jensen, Psy.D.
Ohio DRN Coordinator

The **Pennsylvania** DRN has been very busy since 9/11. We were contacted by over 300 Pennsylvania psychologists who wanted to help. These volunteers have now been organized into a database for future emergency response. Members of the DRN responded to both the crash site in Somerset County, PA and to New York and Washington through the Red Cross. Other members responded in their local communities, working with individuals, groups, businesses and community organizations. Additionally, we were interviewed for television, radio, and the print media on topics related to the September tragedy and its effects. We have also developed a closer working relationship with both local chapters and the state Red Cross. At our upcoming convention in June, we will be offering our second DRN training, as well as two Red Cross courses: Introduction to Disaster and Disaster Mental Health Services. For information on any of these activities, please contact Simone Gorko at sgorko@netreach.net or 610-667-7999.

Simone Gorko
Pennsylvania DRN Coorindator

Utah DRN members were called through the Red Cross Disaster Services Human Resources System to assist with response efforts in New York; Washington, DC; and Dallas. We also offered support here at home for people seeking assistance. The terrorist attacks brought increased attention and concern to the safety of the Olympics to be hosted in Salt Lake. Fortunately, we have been working actively on preparations to address any possible disaster for over two years. In December 2000, UPA executive officers and the DRN coordinator met with the Utah state Olympics officers to begin developing a comprehensive mental health coalition. The coalition included the U.S. Department of Veterans Affairs, Intermountain Health Corporation, the American Red Cross, the Utah CISM team, the U.S. Attorney's Office Victim's Assistance Coordinator, the University of Utah hospitals and clinics, the Utah State Department of Human Services, Division of Mental Health, and other organizations. In the months

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preceding the Olympics, we offered several large Disaster Mental Health Services 1 courses and a pilot DMHS in Mass Casualty Disasters course, and trained about 200 psychologists and other mental health professionals. The coalition worked together to prepare for mental health needs during the Olympics at two levels: (1) daily stressful events, accidents, etc. and (2) natural or man-made disasters or emergencies. First Aid stations and shelters with disaster mental health volunteers were set up within each of the Olympic venue cities.

Richard A. Heaps, Ph.D., ABPP
Utah DRN Coordinator

The DRN in **Virginia** came through in a very strong and professional manner since September 11. Our members have been on call to help whenever needed. Besides working on around-the-clock shifts at the Pentagon those first few weeks, they have worked at phone banks and family service centers, conducted structured discussion groups for both governments and private industry, and continue to be on call to see victims of the terrorist attacks who are just now asking for help. The DRN in Northern Virginia is working closely with the Arlington Chapter of the American Red Cross and the District of Columbia DRN to better coordinate activities and develop procedures in case of future terrorist attacks or other disaster in the area. A huge thanks to all DRN participants.

Rosemary Schwartzbard, Ph.D.
Virginia DRN Coordinator

Beginning early in the afternoon of September 11, the **District of Columbia** Disaster Response Network co-coordinators contacted crisis-response trained clinicians to assist the American Red Cross. We provided licensed clinicians to work at the Pentagon and at the nearby hotels where family members were beginning to gather. Every clinician called was willing to help out. Over the next days and weeks, members provided mental health and psycho-educational services to those immediately affected by the airplane and anthrax terrorist attacks at the Pentagon and at a variety of other locations including private businesses, airline and airport personnel, government offices and schools. Members also staffed television hot lines, airline hotlines, Red Cross hotlines and drop in centers.

Crisis Response at the Pentagon

At the Pentagon, our work was primarily with firefighters, rescue and recovery workers, military personnel, construction crews, government investigators and other Red Cross volunteers. We listened actively to whatever people wanted to say, on their terms and in their time. Some workers wanted to talk about their experiences, if only for moments at a time. Sometimes we worked in silence, accompanying a survivor close to the attack area. But often recovery workers needed to closely contain whatever reactions -- physical and emotional -- in order to continue their work. For them, we provided a quiet presence or attended to their physical needs. Sometimes we could simply bring a sense of normalcy -- respite from their grisly task. We helped people connect with appropriate resources as needed.

Long-term Services and Training for Responders

The DRN co-coordinators are currently involved in a coalition of leaders from government organizations and private industry to meet the long-term psychological needs of the victims of terror. These include not only family members and employees who were directly affected, but may others in our communities affected by the events. DRN members and other local clinicians will be providing these longer-term services without any guarantee of reimbursement. We are also working with the American Red Cross to obtain training for licensed clinicians. We are planning to offer a 40-hour crisis response training program, a repeat of a highly successful training program we have offered in the past in a joint program with the Capital Area Crisis Response Team with which we are affiliated. We are also working with other local DRN colleagues to coordinate the services throughout the metropolitan Washington area.

Suzan Stafford, Ed.D. and Jackie Lapidus, Psy.D.
Washington, D.C. DRN Co-Coordinators

Got News?

Report it in the *DRN News*. We'd like to consider including your stories and announcements. The deadline for the next issue September 9, 2002. Contact Margie Schroeder at mschroeder@apa.org.

DRN Workshop

Pictured above from left to right: June E. Feder, Ph.D.(NY), Richard Heaps, Ph.D., ABPP (UT), John Tassey, Ph.D. (OK), and Rosemary Schwartzbard, Ph.D., (VA), and Margie Schroeder, DRN Director

At the Practice Directorate's annual State Leadership Conference held in March, DRN State Coordinators pictured above hosted a workshop on "Developing and Strengthening Your State's Disaster Response Network." Other DRN State Coordinators attending the conference were: Bruce D. Nystrom, Ph.D. of Kansas, Kit O'Neill, Ph.D. of North Dakota, and Nell Ryan, Ph.D. of Illinois, and Red Cross Disaster Mental Health Associate Susan E. Hamilton, Ph.D.

2002 APA Convention Highlights

- **Symposium Session**: *Responding to Disaster: Insights from APA's Disaster Response Network Advisory Committee*. Check convention program for time and location.
- **Red Cross Disaster Mental Health Services training** -- offered Tues. 8/20 and Wed. 8/21 prior to the start of convention. Contact Margie Schroeder to register.
- **Annual DRN Reception**: Thursday, August 22, 6:30-8:00pm. Please mark your calendar and plan to attend. Location will be announced closer to the event.
- Please check your convention program for other disaster programming. Several sessions are planned.

Resources

We hope you have a copy of the **DRN Member Guidelines**. If not, please request a copy from Georgia Sargeant (gsargeant@apa.org) or download the text from www.apa.org/practice/drnguide.html. Developed by the Advisory Committee in spring 2000, this document offers guidance on a variety of issues that can arise in providing disaster services (e.g. confidentiality, media inquiries, etc.).

***Disaster Response Network News* is published by the Practice Directorate of the American Psychological Association:**

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American Psychological Association's

Disaster Response Network News

Public Relations & Communications, Practice Directorate, 750 First Street, NE, Washington, D.C. 20002

Volume 8, Issue 1 ❖ Spring 2002

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Washington, DC 20002-4242

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