



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Mental and Behavioral Health
Topic Collection
3/16/2017

Topic Collection: Mental and Behavioral Health

Disasters can have tremendous mental and behavioral health consequences that will directly impact healthcare systems in the short and long term. The resources below can help healthcare systems enhance their ability to prepare for and respond effectively to the mental and behavioral health complications that may arise during an emergency. This Topic Collection addresses the impact of post-disaster mental and behavioral health-related challenges on the healthcare system. For additional information regarding disaster mental and behavioral health as it relates to the general public please contact ASPR's [Division for At-Risk Individuals, Behavioral Health & Community Resilience](#) or the [Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center](#).

Though this topic collection includes information about diagnoses and interventions that planners should be aware of, it is *not* designed to be a comprehensive resource for treatment information. Mental health professionals should refer to other sources or contact the agencies noted above for specific questions. ASPR TRACIE updated this Topic Collection in March 2017.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

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Must Reads

American Academy of Child & Adolescent Psychiatry. (2015). [Disaster Resource Center](#).

This webpage provides links to: factsheets for families written by child/ adolescent psychiatrists; frequently asked questions about a variety of topics; and links to resources for healthcare professionals. Resources include PowerPoint presentations, news and research articles, video clips, and book summaries.

Berkowitz, S., Bryant, R., Brymer, M., et al. (2010). [Skills for Psychological Recovery: Field Operations Guide](#).

This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid; links to related resources are provided.

Centers for Disease Control and Prevention. (2014). [Coping With a Disaster or Traumatic Event](#).

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2010). [Disaster Behavioral Health Capacity Assessment Tool](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This tool can help state and local agencies and healthcare provider organizations measure their disaster behavioral health capacity and its integration into all phases of emergency management efforts. As users complete the assessment, gaps will emerge, highlighting opportunities for further research and local collaboration.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2014). [Disaster Behavioral Health Coalition Guidance](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral healthcare efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.

Hodge, J.G., Rutkow, L., and Corcoran, A.J. (2010). [Mental and Behavioral Health Legal Preparedness in Major Emergencies](#). Public Health Reports. 125(5): 759–762.

The authors discuss the importance of preparing to address mental and behavioral health problems in affected populations and emergency responders following a major disaster, both programmatically and legally.

Meredith, L., Eisenman, D., Tanielian, T., et al. (2010). [Prioritizing “Psychological” Consequences for Disaster Preparedness and Response: A Framework for Addressing the Emotional, Behavioral, and Cognitive Effects of Patient Surge in Large-Scale Disasters](#). Disaster Medicine and Public Health Preparedness. 4(E1-E8).

The authors share guidance for healthcare facilities on how to manage the psychological aspects of large-scale disasters that might involve a surge of psychological casualties.

Missouri Department of Mental Health. (2013). [The Behavioral Health Emergency Plan Template for Healthcare Organizations.](#)

This template was developed to assist hospitals and healthcare providers in integrating behavioral/mental health functions into their emergency plans. This document can serve as a template/checklist.

National Association of State Mental Health Program Directors and National Technical Assistance Center for State Mental Health Planning. (2003). [Mental Health All-Hazards Disaster Planning Guidance.](#) Substance Abuse and Mental Health Services Administration.

This is an instructional guide and template for state disaster mental health planners.

National Child Traumatic Stress Network. (2009). [Psychological First Aid Online.](#)

This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.

National Child Traumatic Stress Network. (2013). [PFA Mobile™](#)

This mobile app can help responders who provide Psychological First Aid (PFA). It features a review of the core functions of PFA, helps users match interventions to survivors' reactions, provides mentoring tips, helps users assess their readiness to conduct PFA, and helps track survivors' needs.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). [Disaster Distress Helpline.](#)

This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). [Disaster Planning Handbook for Behavioral Health Treatment Programs: Technical Assistance Publication \(TAP\) Series 34.](#)

The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2015). [SAMHSA Behavioral Health Disaster Response Mobile App](#).

This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.

U.S. Department of Veterans Affairs, National Center for PTSD. (2007). [Working with Trauma Survivors: What Workers Need to Know](#).

This website provides information on the importance of learning about traumatic stress and how approaching survivors with genuine respect, concern, and knowledge about their process can help move them towards recovery.

Education and Training

* Berkowitz, S., Bryant, R., Brymer, M., et al. (2010). [Skills for Psychological Recovery: Field Operations Guide](#).

This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid support and provides skill-based interventions to the affected individual; links to related resources are provided.

* Centers for Disease Control and Prevention. (2010). [Psychological First Aid in Radiation Disasters](#).

This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.

Chandra, A. and Acosta, J. (2014). [Building Resilient Communities: An Online Training](#). RAND Corporation.

This course is geared towards community organizations (including healthcare agencies) and can help them understand and strengthen resilience. Materials include checklists, action lists, transcripts, and other support files. The two basic modules take about an hour each to complete.

Illinois Emergency Medical Services for Children. (n.d.). [Disaster Mental Health Response for Children: Educational Module](#). (Accessed 3/15/2017.) Loyola Medicine.

This course can be used as just in time training to prepare emergency healthcare providers to identify the mental health needs of pediatric disaster survivors. Links to the PowerPoint presentation and a narrated version of the module are provided.

National Association of County and City Health Officials. (2015). [Building Workforce Resilience Through the Practice of PFA- L: A Course for Supervisors and Leaders](#).

This self-paced 90-minute course was developed by the U.S. Department of Health and Human Services and the National Association of County and City Health Officials to introduce the concept of Psychological First Aid (PFA) as a leadership tool to build workforce resilience. The course uses scenario-based exercises to teach participants about the core components of Psychological First Aid for Leaders.

* National Child Traumatic Stress Network. (2009). [Psychological First Aid Online](#).

This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.

Prepare Iowa. (2007). [Effect of Disasters on Mental Health: Technical Level](#). (Prerequisite: Effect of Disasters on Mental Health: Awareness Level.)

This course is designed for those who come into contact with disaster survivors, including first responders and healthcare providers. Participants will learn more about assessment and intervention both right after a disaster and in the weeks and months afterwards. A module on cultural awareness is also provided.

Prepare Iowa. (2015). [Effect of Disasters on Mental Health: Awareness Level](#).

This course is designed for those who come into contact with disaster survivors, including first responders and healthcare providers. It is designed to help these professionals learn more about the effects of disaster-related trauma, and includes practice exercises and review questions.

Schonfeld, D.J. (2011). [Supporting Children's Mental Health Needs in the Aftermath of A Disaster: Pediatric Pearls](#). Alabama Department of Public Health. (Requires Real Player or Windows Media Player.)

This 90-minute video includes information on how healthcare providers can help children cope with stress in the wake of a disaster. The target audience includes clinical staff (e.g., pediatricians and family physicians), and mental health professionals and social workers who work with children and their families. A link to the slides and reading list are also available.

Schonfeld, D.J. (2013). [Psychosocial Impacts of Disasters on Children](#). Uniformed Services University of the Health Sciences, National Center for Disaster Medicine and Public Health.

This online training can help health professionals learn more about the unique psychosocial needs of children in disasters. Continuing education credits are available.

* Sood, A., Prasad, K., Schroeder, D., and Varkey, P. (2011). [Stress Management and Resilience Training Among Department of Medicine Faculty: A Pilot Randomized Clinical Trial](#). *Journal of General Internal Medicine*. 26(8): 858-861.

This study measured the effect of the "Stress Management and Resiliency Training (SMART)" program which was designed to mitigate physician stress. The authors found improvement in resiliency and overall quality of life in subjects who were assigned the intervention.

Stoddard, Jr., F., Pandya, A., and Katz, C. (2011). *Disaster Psychiatry: Readiness, Evaluation, and Treatment*. (Book available for purchase.)

The authors discuss readiness, response, and intervention, and provide an overview of the evidence base for psychiatric evaluation for disaster survivors.

University of Minnesota, School of Public Health. (2014). [Psychological First Aid: A Minnesota Community Supported Model](#). (Free registration required). U-SEEE Preparedness and Emergency Response Learning Center (U-SEEE PERL).

This course provides an overview of the concepts and applications of Psychological First Aid and is intended for Medical Reserve Corps volunteers, hospital personnel, disaster responders, and first-responders.

Ursano, R., Fullerton, C., Weisath, L., et al. (2011). *Textbook of Disaster Psychiatry*. (Book available for purchase.)

This book can help disaster responders learn more about the disaster psychiatry and includes chapters on the neurobiology of disaster exposure, socio-cultural issues, workplace policies, and implications for public health planning at the level of the individual and the community.

General Resources

Centers for Disease Control and Prevention, Emergency Preparedness and Response. (2012). [Disaster Mental Health Primer: Key Principles, Issues and Questions](#).

This page illustrates guiding principles for those responding to or otherwise affected by disaster. Visitors can get a better understanding of "The Impact Pyramid" and "The

Phases of Disaster," which illustrate impacted populations and emotions often associated after disaster.

Hansen, C. (2014). [Integrating Behavioral Health to Strengthen Healthcare Preparedness Capabilities and Coalitions](#). Office of the Assistant Secretary for Preparedness and Response.

The speaker in this webinar explains how healthcare coalitions can incorporate behavioral health strategies into building their healthcare preparedness capabilities.

Hodge, J.G., Rutkow, L., and Corcoran, A.J. (2010). [Mental and Behavioral Health Legal Preparedness in Major Emergencies](#). Public Health Reports. 125(5): 759–762.

The authors discuss the importance of preparing to address mental and behavioral health problems in affected populations and emergency responders following a major disaster, both programmatically and legally.

Norris, F., Friedman, M., Watson, P., et al. (2002). [60,000 Disaster Victims Speak: Part I. An Empirical Review of the Empirical Literature, 1981-2001](#). (Abstract only). Psychiatry. 65(3):207-39.

The authors examined 160 samples of disaster victims and coded their experiences by sample type, disaster type, disaster location, outcomes and risk factors observed, and overall severity of impairment. The most frequently mentioned results by the survivors were psychological problems, nonspecific distress, and health problems.

Guidance

American Academy of Child & Adolescent Psychiatry. (2015). [Disaster Resource Center](#).

This webpage provides links to: factsheets for families written by child/ adolescent psychiatrists; frequently asked questions about a variety of topics; and links to resources for healthcare professionals. Resources include PowerPoint presentations, news and research articles, video clips, and book summaries.

Bulling, D., Zagurski, R., and Hoffman, S. (2007). [Behavioral Health Guidelines for Medical Isolation](#). University of Nebraska Public Policy Center and University of Nebraska Medical Center.

This document is geared towards healthcare providers working with patients in isolation. The authors provide information related to stress and anxiety and how to help patients cope with these feelings. Tips for working with families, staff, and the community (when appropriate) are also included.

Centers for Disease Control and Prevention, Emergency Preparedness and Response. (2012). [Disaster Mental Health for Responders: Key Principles, Issues and Questions.](#)

This webpage provides a brief overview of guiding principles, disaster survivor needs and reactions, and signs that may indicate the need for mental health treatment referral. A list of "common" stress reactions for responders is also included, as are links to the sources used to create the page.

Johns Hopkins Preparedness and Emergency Response Research Center.(n.d.). [Legal and Ethical Assessment Concerning Mental and Behavioral Health Preparedness.](#) (Accessed 3/16/2017.)

This website contains links to article on various legal and ethical issues, and potential solutions, related to the identification, accommodation, response, and treatment of people with mental and behavioral health conditions before, during, and after emergencies and disasters.

Meredith, L., Eisenman, D., Tanielian, T., et al. (2010). [Prioritizing “Psychological” Consequences for Disaster Preparedness and Response: A Framework for Addressing the Emotional, Behavioral, and Cognitive Effects of Patient Surge in Large-Scale Disasters.](#) Disaster Medicine and Public Health Preparedness. 4(E1-E8).

The authors share guidance for healthcare facilities on how to manage the psychological aspects of large-scale disasters that might involve a surge of psychological casualties.

New York Disaster Interfaith Services. (2007). [NYDIS \(New York Disaster Interfaith Services\) Manual for New York City Religious Leaders: Spiritual Care and Mental Health for Disaster Response and Recovery.](#)

Healthcare facility-based faith leaders can use the information in this monograph to prepare to provide spiritual and emotional care after disasters and other emergencies.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2003). [Developing Cultural Competence in Disaster Mental Health Programs.](#)

These guidelines and recommendations can help emergency medical providers develop culturally competent disaster mental health services. Tips for working with refugees and guidelines for using interpreters are also included.

Lessons Learned

Beinecke, R.H. (2014). [Addressing the Mental Health Needs of Victims and Responders to the Boston Marathon Bombings.](#) International Journal of Mental Health. 43(2).

The authors highlight the roles played by the various agencies involved in the mental health response to the Boston Marathon Bombings.

Brewin, C.R., Fuchkan, N., Huntley, Z., et al. (2010). [Outreach and Screening Following the 2005 London Bombings: Usage and Outcomes](#). *Psychological Medicine*. 40(12): 2049-2057.

The authors describe the usage of the two-year Trauma Response Program by survivors of the 2005 London bombings. Information on diagnoses and outcomes is included.

Bromet, E. (2014). [Emotional Consequences of Nuclear Power Plant Disasters](#). *Health Physics*. 106(2): 206–210.

This article describes the emotional consequences and resilience of two groups of nuclear power plant disaster survivors: mothers of young children and nuclear plant workers. The authors stress the need for considering physical and mental health "in an integrated fashion," the need for more long-term research, and the need for healthcare providers to be able to recognize and manage psychological symptoms.

Calderon-Abbo, J. (2008). [The Long Road Home: Rebuilding Public Inpatient Psychiatric Services in Post-Katrina New Orleans](#). *Psychiatric Services*. 59(3): 304-309.

The author describes the clinical and administrative experiences and lessons learned from providing inpatient care in post-Katrina New Orleans. He covers categories such as the increased demand for programs to treat patients with co-occurring disorders, psychiatrists faced with providing primary care in addition to behavioral healthcare, and staff shortages and staff trauma.

Cohen Silver, R., Holman, A., McIntosh, D., et al. (2002). [Nationwide Longitudinal Study of Psychological Responses to September 11](#). *Journal of the American Medical Association*. 288(10): 1235-1244.

The authors share the results from a nationwide sample of 2729 individuals to measure stress related to the 9/11 terrorist attacks.

Ford, E. (2013). [Evacuation of Psychiatric Inpatients from Bellevue Hospital Post Hurricane Sandy](#). *Psychiatric Times*.

In this podcast Dr. Elizabeth Ford discusses her experience during the evacuation of psychiatric patients from Bellevue Hospital in Manhattan in the immediate aftermath of Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor due to flooding and loss of electricity.

Fukunaga, H. and Kumakawa, H. (2015). [Mental Health Crisis in Northeast Fukushima after the 2011 Earthquake, Tsunami and Nuclear Disaster](#). *The Tohoku Journal of Experimental Medicine*. 237(1):41-3.

Before the 2011 Fukushima disaster, there were five hospitals and two clinics for psychiatric patients in the district of Soso (northeast Fukushima). Several years later,

however, one hospital and three clinics remained (though a new mental health clinic was opened in 2012 in Soma City to support disaster survivors). The authors stress the importance of "mid- and long-term supports...not only for psychiatric patients but also for all residents in the district of Soso."

Haggerty, E. (2013). [When Bellevue Had to Evacuate Its Criminally Insane](#). Bedford+Bowery.

This article describes Bellevue Hospital's experience during the evacuation of psychiatric patients after Hurricane Sandy. Sixty-one incarcerated psychiatric patients had to be evacuated from the 19th floor and transported to other facilities. During this evacuation patients were cooperative, which helped with the success of the evacuation.

Johnson, K. (2012). [School Shootings and Lessons Learned](#). (Free registration required.) Medscape Medical News.

The authors explain that the behavioral health consequences experienced by survivors of the 2006 Dawson College shooting surpassed posttraumatic stress disorder and included substance abuse and major depressive disorder.

Liu, J., Potter, S., Athens, B., et al. (2015). [Behavioral Health Response to Ebola](#). Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center.

This webinar provides details regarding the 2014 Ebola outbreak in Dallas, Texas and the speakers share behavioral health-specific lessons learned.

* McCarroll, J., Vineburgh, N., and Ursano, R. (Eds.). (2013). [Disaster, Disease and Distress: Resources to Promote Psychological Health and Resilience in Military and Civilian Communities](#). Center for the Study of Traumatic Stress, Uniformed Services University.

This is a compilation of 10 years' worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.

Mogul, F. (2012). [With Bellevue Psychiatric Unit Offline, Mentally Ill Face New Challenges](#). WNYC News.

This article describes the impacts from the temporary shut-down of Bellevue's psychiatric ward after Hurricane Sandy. In particular, questions were addressed about patient care and institutional transparency.

Nemethy, A. (2011). [At Vermont State Hospital after Irene, Drama--and Many Questions.](#) VTDigger.org

This article discusses the evacuation of 51 psychiatric patients from Vermont State Hospital after Hurricane Irene. The experience was described as an “orderly chaos” as patients were evacuated and transported to other facilities.

* Nordanger, D.O., Breivik, K., Storm Haugland, B., et al. (2014). [Prior Adversities Predict Posttraumatic Stress Reactions in Adolescents Following the Oslo Terror Events 2011.](#) European Journal of Psychotraumatology. 5: 10.3402/ejpt.v5.23159.

The authors studied the relationship between prior exposure to traumatic experiences (e.g., violence or sexual abuse) and the development of posttraumatic stress reactions after the 2011 Oslo Terror events.

Norris, F.H., and Rosen, C.S. (2009). [Innovations in Disaster Mental Health Services and Evaluation: National, State, and Local Responses to Hurricane Katrina \(Introduction to the Special Issue\).](#) (Abstract only.) Administration and Policy in Mental Health. 36(3): 159-163.

The authors review the work emerging in the disaster behavioral health field and make recommendations for future service delivery.

Resnick, L. (2014). [It Takes a Team: The 2013 Boston Marathon: Preparing for and Recovering from Mass-Casualty Event.](#) The JBJS and JOSPT Team.

This special report from the Journal of Bone & Joint Surgery and the Journal of Orthopaedic & Sports Physical Therapy describes the emergency medical disaster preparedness process and "the arduous lifelong recovery" facing survivors – Chapter 9 provides an overview of some of the community and patient-oriented mental health services provided.

Siqveland, J., Nygaard, E., Hussain, A., et al. (2015). [Posttraumatic Growth, Depression and Posttraumatic Stress in Relation to Quality of Life in Tsunami Survivors: A Longitudinal Study.](#) Health and Quality of Life Outcomes. 13:18.

Almost 60 Norwegian adults who survived the 2004 Southeast Asia Tsunami completed questionnaires two and six years after the disaster. The authors examine the effect of post-traumatic stress and growth on quality of life.

Spencer, C. (2015). [Having and Fighting Ebola — Public Health Lessons from a Clinician Turned Patient.](#) The New England Journal of Medicine. 372:1089-1091.

Dr. Craig Spencer describes his experience treating Ebola patients in Guinea (and the effects the work had on his behavioral health). He also highlights his experience as a patient, and emphasizes the role that "irrational fear" had on the response to the disease.

Usami, M., Iwadare, Y., Watanabe, K., et al. (2014). [Decrease in the Traumatic Symptoms Observed in Child Survivors within Three Years of the 2011 Japan Earthquake and Tsunami](#). PLoS One. 9(10).

The authors studied in traumatic symptoms experienced by pediatric survivors of the 2011 Japan earthquake and tsunami 8, 20, and 30 months after the event. They found that while most negative effects decreased over time in this population, post-traumatic stress disorder and depressive symptoms did not improve consistently.

Wang, P., Gruber, M., Powers, R., et al. (2007). [Mental Health Service Use Among Hurricane Katrina Survivors in the Eight Months After the Disaster](#). Psychiatric Services. 58(11): 1403-1411.

The authors examined use of mental health services by adult Hurricane Katrina survivors. They found that barriers (e.g., financial, attitudes towards treatment) kept some with serious mood or anxiety disorders from seeking treatment.

World Health Organization. (2013). [Building Back Better Sustainable Mental Healthcare after Emergencies](#). (Available in several languages.)

The World Health Organization presents ten international case studies to highlight how stakeholders built high- quality and sustainable mental health systems in the face of challenging circumstances.

Yabuki, S., Ouchi, K., Kikuchi, S., and Konno, S. (2015). [Pain, Quality of Life and Activity in Aged Evacuees Living in Temporary Housing after the Great East Japan Earthquake of 11 March 2011: A Cross-Sectional Study in Minamisoma City, Fukushima Prefecture](#). BMC Musculoskeletal Disorders. 16:246.

The authors surveyed 71 older evacuees and found significantly lower quality-of-life scores (compared to the national average) for the following subscales: “physical functioning,” “role physical,” “general health,” “social functioning,” “role emotional,” and “mental health.” The authors emphasize the importance of treating both physical and emotional effects experienced by disaster survivors.

Yusuf, H., Taioli, E., and Gwynn, C. (2015). [Weathering the Storm: Understanding the Mental Health Impact of Hurricane Sandy](#). Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response.

In this conference call, the speakers discuss mental health issues and Hurricane Sandy. They also highlighted how these findings could be incorporated into disaster preparedness and response activities and how healthcare providers can help address mental health challenges in disaster survivors.

Plans, Tools and Templates

California Health and Human Services Agency. (2012). [State of California Mental/Behavioral Health Disaster Framework](#).

This framework document provides a statewide approach to the mental/behavioral health disaster function and can help government and other agencies and organizations develop, revise, and implement their own mental/behavioral health disaster policies, plans and procedures.

Compton, M., Kotwicki, R., Kaslow, N., et al. (2005). [Incorporating Mental Health into Bioterrorism Response Planning](#). Public Health Reports. 120(Suppl 1): 16–19.

The authors discuss the special issues related to bioterrorism response planning, including "negative emotional/psychological reactions." They lists steps for protecting and promoting mental health in the community and include an action model for a mental health response to a bioterrorism event.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2014). [Disaster Behavioral Health Capacity Assessment Tool](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This tool can help state and local agencies and healthcare provider organizations measure their disaster behavioral health capacity and its integration into all phases of emergency management efforts. As users complete the assessment, gaps will emerge, highlighting opportunities for further research and local collaboration.

Federal Emergency Management Agency. (2015). [Crisis Counseling Assistance & Training Program](#).

The mission of this program is to help individuals and communities recover from the behavioral health effects of natural and human-caused disasters by providing community-based outreach and psycho-educational services. Supplemental funding for crisis counseling is available to State Mental Health Authorities through two grant mechanisms: the Immediate Services Program (ISP; funds for up to 60 days of services immediately following a disaster declaration); and the Regular Services Program (RSP; funds for up to nine months following a disaster declaration). The RSP is monitored by the Federal Emergency Management Agency and the ISP is funded by the Substance Abuse and Mental Health Services Administration.

*Laraque, D., Jensen, P., and Schonfeld, D.J. (2006). [Feelings Need Check-ups Too Toolkit](#).

This toolkit can help practitioners intervene effectively with children experiencing emotional distress related to catastrophic events. Various screening tools are demonstrated through case studies, and treatment options are described, along with information on accessing mental health resources for treatment referrals.

Missouri Department of Mental Health. (2013). [The Behavioral Health Emergency Plan Template for Healthcare Organizations.](#)

This template was developed to assist hospitals and healthcare providers in integrating behavioral/mental health functions into their emergency plans. This document can serve as a template/checklist.

National Association of State Mental Health Program Directors and National Technical Assistance Center for State Mental Health Planning. (2003). [Mental Health All-Hazards Disaster Planning Guidance.](#) Substance Abuse and Mental Health Services Administration.

This is an instructional guide and template for state disaster mental health planners.

National Child Traumatic Stress Network. (2013). [PFA Mobile™](#)

This mobile app can help responders who provide Psychological First Aid (PFA). It features a review of the core functions of PFA, helps users match interventions to survivors' reactions, provides mentoring tips, helps users assess their readiness to conduct PFA, and helps track survivors' needs.

Office for Victims of Crime. (2016). [Helping Victims of Mass Violence and Terrorism: Planning, Response, Recovery, and Resources.](#) U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

This toolkit provides victim assistance resources for communities to include in their emergency response plans. There are links to resources on creating and maintaining partnerships, developing victim assistance protocols, and tools such as checklists, samples, a glossary, and a compendium of victim assistance resources.

State of New Hampshire, Department of Health and Human Services, Disaster Behavioral Health Team. (2011). [New Hampshire Disaster Behavioral Health Response Plan.](#)

This plan is designed to guide the behavioral health planning, intervention, and response efforts outlining preparedness and response guidelines specifying agency and staff roles. While geared towards behavioral health practitioners, other healthcare professionals can use this information to plan for or better understand the mental and behavioral health needs associated with a disaster or public health emergency.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). [HHS Disaster Behavioral Health Concept of Operations.](#)

This Concept of Operations plan highlights the preparedness steps taken by the U.S. Department of Health and Human Services to address the behavioral health effects of a public health and medical emergency or disaster.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). [Disaster Planning Handbook for Behavioral Health Treatment Programs: Technical Assistance Publication \(TAP\) Series 34.](#)

The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2015). [SAMHSA Behavioral Health Disaster Response Mobile App.](#)

This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.

Posttraumatic Stress Disorder

- Berger, R., Gelkopf, M., and Heineberg, Y. (2012). [A Teacher-Delivered Intervention for Adolescents Exposed to Ongoing and Intense Traumatic War-Related Stress: A Quasi-Randomized Controlled Study.](#) (Abstract only.) Journal of Adolescent Health. 51(5): 453-461.

The authors of this study evaluate posttraumatic symptomatology in a sample of seventh- and eighth-grade students from Sderot, a town in Israel which faces near-constant threat of shelling and mortar attacks. They also studied the efficacy of a teacher-delivered intervention in preventing and reducing adolescents' related symptoms.

- * Centers for Disease Control and Prevention. (2010). [Psychological First Aid in Radiation Disasters.](#)

This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.

- * Kearns, M.C., Ressler, K.J., Zatzick, D., and Olasov Rothbaum, B. (2012). [Early Interventions for PTSD: A Review.](#) Depress Anxiety. 29(10): 833-824.

The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.

- * Nordanger, D.O., Breivik, K., Storm Haugland, B., et al. (2014). [Prior Adversities Predict Posttraumatic Stress Reactions in Adolescents Following the Oslo Terror Events 2011.](#) European Journal of Psychotraumatology. 5: 10.3402/ejpt.v5.23159.

The authors studied the relationship between prior exposure to traumatic experiences (e.g., violence or sexual abuse) and the development of posttraumatic stress reactions after the 2011 Oslo Terror events.

Pietrzak, R.H., Feder, A., Singh, R., et al. (2014). [Trajectories of PTSD Risk and Resilience in World Trade Center Responders: An 8 Year Prospective Cohort Study](#). (Abstract only.) *Psychological Medicine*. 44(1): 205-219.

The authors studied the factors associated with posttraumatic stress disorder (PTSD) symptoms in World Trade Center first responders. They found that prior psychiatric history, Hispanic ethnicity, severity of WTC exposure and WTC-related medical conditions had the strongest relationships with PTSD; greater levels of education and family and work support were protective factors.

Seppala, E., Nitschke, E., Tudorascu, D., et al. (2014). [Breathing-Based Meditation Decreases Posttraumatic Stress Disorder Symptoms in U.S. Military Veterans: A Randomized Controlled Longitudinal Study](#). *Journal of Traumatic Stress*. 27: 397-405.

The authors studied the effect of meditation-based interventions on veterans with posttraumatic stress disorder. They found that those in the "active" group reported better results than participants in the control group.

Shalev, A., Ankri, Y., Israeli-Shalev, Y., et al. (2012). [Prevention of Posttraumatic Stress Disorder by Early Treatment](#). *Journal of the American Medical Association*. 69(2):166-176.

The authors studied the role of prolonged exposure (PE), cognitive therapy, and delayed PE on traumatic event survivor posttraumatic stress disorder.

Thoresen, S., Jensen, T.K., and Dyb, G. (2014). [Media Participation and Mental Health in Terrorist Attack Survivors](#). *Journal of Traumatic Stress*. 27(6):639-646.

The authors examined the relationship between positive and negative experiences with media and posttraumatic stress reactions among survivors of the 2011 Utøya Island terrorist attack in Norway.

Resilience Resources

Arnberg, F., and Melin, L. (2013). [Can Demographic and Exposure Characteristics Predict Levels of Social Support in Survivors from a Natural Disaster?](#) *PLoS One*. 8(6):e65709.

The authors examined if certain demographic characteristics (e.g., age, gender, disaster exposure severity) could predict types of informal social support in a cohort of Swedish survivors of the 2004 Southeast Asian tsunami.

Bonanno, G.A., Pat-Horenczyk, R., and Noll, J. (2012). [Coping Flexibility and Trauma: The Perceived Ability to Cope With Trauma \(PACT\) Scale](#). (Abstract only.) *Psychological Trauma: Theory, Research, Practice, and Policy*. 3(2): 117-129.

This article describes the development and validation of the Perceived Ability to Cope with Trauma (PACT) scale and associated scales that, in part, represent the ability to process and move beyond trauma. The authors studied a sample of Israeli students sample with a higher potential of being exposed to trauma and a sample of American college students.

Chandra, A., Acosta, J., Stern, S., et al. (2011). [Building Community Resilience to Disasters. A Way Forward to Enhance National Health Security](#). RAND Corporation.

This course is geared towards community organizations (including healthcare agencies) and can help them understand and strengthen resilience. Materials include checklists, action lists, transcripts, and other support files. The two basic modules take about an hour each to complete.

Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services, Board on Health Sciences Policy, and Institute of Medicine. (2015). [Chapter 7: Behavioral Health](#). *Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery*.

The authors of this chapter present an overview of the relationship between behavioral health, resilience, and healthy communities; highlights strategies for mitigating negative behavioral health effects in disaster survivors; lists some of gaps in addressing disaster-related behavioral health needs; and discusses opportunities for bolstering the behavioral health sector and improving integration with other sectors.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2015). [Build and Sustain Healthy, Resilient Communities](#). U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response.

This webpage provides an overview of the three priorities the National Health Security Strategy lists as key to sustaining healthy and resilient communities. Also included are actions specific to each priority, and links to supporting resources.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2015). [Community Resilience](#). U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response.

This factsheet provides an overview of community resilience and its role in disaster preparedness and response.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2015). [Individual Resilience](#). U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response.

This factsheet explains resilience and how it contributes to disaster preparedness and response and community resilience.

Gurwitch, R.H., Pfefferbaum, B., Montgomery, J. M., et al. (2007). [Building Community Resilience for Children and Families](#). Oklahoma City: Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center.

This guide includes a chapter for healthcare providers, highlighting their role in post-disaster community resilience.

U.S. Department of Homeland Security. (n.d.) [Community Health Resilience Initiative](#). (Accessed 3/31/2016.)

Sponsored by the U.S. Department of Homeland Security, this web-based collection includes a number of resilience resources. Users can search for information by resource type, hazard, mission area, and functional capability.

Resources for Emergency Responders

* Berkowitz, S., Bryant, R., Brymer, M., et al. (2010). [Skills for Psychological Recovery: Field Operations Guide](#).

This manual can help disaster behavioral health responders learn about how to help survivors cope with stress and other negative effects after a disaster. This intervention is designed to follow Psychological First Aid; links to related resources are provided.

Bisson, J., Tavakoly, B., Witteveen, A., et al. (2010). [TENTS Guidelines: Development of Post-Disaster Psychosocial Care Guidelines through a Delphi Process](#). *The British Journal of Psychiatry*. 196(1):69-74.

European trauma experts participated in a survey to develop consensus guidelines related to post-disaster psychosocial care. The authors list the guidelines in an appendix and emphasize the need to train responders in psychosocial aspects of disaster response.

* Call, J.A., Pfefferbaum, B., Jenuwine, M.J., and Flynn, B.W. (2012). [Practical Legal and Ethical Considerations for the Provision of Acute Disaster Mental Health Services](#). (Abstract only.) *Psychiatry*. 75(4):305-22.

This article can help emergency healthcare providers learn more about legal and ethical factors associated with providing disaster mental health services.

- * Centers for Disease Control and Prevention. (2014). [Coping With a Disaster or Traumatic Event](#).

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).

- * Disaster Technical Assistance Center. (2015). [Disaster Behavioral Health Information Series \(DBHIS\) Resource Collections](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This webpage contains links to resource collections on a variety of disaster behavioral health topics (e.g., resilience and stress management, chemical and biological events, children and youth, and disaster responders).

- Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). [Behavioral Health Tips for Responders: Maintaining Calm at a POD](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This factsheet lists assumptions about the environment surrounding points of dispensing and tips for responders on actions to take and messages to convey to community members while on scene.

- Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). [Disaster Behavioral Health](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This factsheet defines disaster behavioral health, explains concerns that can affect both responders and survivors, and explains the role of disaster behavioral health responders.

- Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). [Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This factsheet includes tips for responders when disaster planning for homeless people and families. Responders are encouraged to incorporate a trauma-informed approach (i.e., recognize that many members of the population have high rates of past trauma) when planning and responding. Links to additional resources are provided.

- * Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). [Planning for Psychiatric Patient Movement During Emergencies and Disasters](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This tip sheet can help healthcare providers plan to relocate patients receiving psychiatric care in the event of an emergency. It includes a list of questions for planners and healthcare providers that can help with planning efforts.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2015). [Individual Resilience: Factsheet for Responders](#). U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response.

Responders can learn more about resilience and the advantageous role it plays in disaster response and recovery from this factsheet.

* Kearns, M.C., Ressler, K.J., Zatzick, D., and Olasov Rothbaum, B. (2012). [Early Interventions for PTSD: A Review](#). *Depress Anxiety*. 29(10): 833-824.

The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.

* McCarroll, J., Vineburgh, N., and Ursano, R. (Eds.). (2013). [Disaster, Disease and Distress: Resources to Promote Psychological Health and Resilience in Military and Civilian Communities](#). Center for the Study of Traumatic Stress, Uniformed Services University.

This is a compilation of 10 years' worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.

* National Child Traumatic Stress Network. (2009). [Psychological First Aid Online](#).

This online course can help disaster responders learn about psychological first aid and includes mentor tips, activities, and video demonstrations. Links to related resources and a Learning Community are included.

* National Child Traumatic Stress Network. (2013). [PFA \(Psychological First Aid\) Mobile](#).

This app was designed to help responders provide Psychological First Aid to disaster survivors. It includes tips for different groups (adults, children, families) and links to other related resources.

* National Institute of Mental Health. (2002). [Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/ Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices](#). NIH Publication No. 02-5138. Washington, D.C.: U.S. Government Printing Office.

Nearly 60 experts in disaster mental health met to examine research on the psychological interventions that are often the first responses to incidents of mass violence. Participants came to consensus in seven areas (e.g., early intervention, timing of early intervention,

screening survivors, and follow up); additional helpful information can be found in the appendices.

National Voluntary Agencies Active in Disasters. (2015). [Disaster Emotional Care Points of Consensus](#).

This document presents consensus guidelines specific to disaster emotional care that have been adopted by the National Voluntary Agencies Active in Disasters (NVOAD). All NVOAD members must abide by these points in order to belong to the agency.

Norris, F. (2010). [Behavioral Science Perspectives on Resilience](#). Meridian Institute, Community and Regional Resilience Institute.

This research study and literature review summarizes findings pertaining to individual and community resilience. The author provides an overview of resilience (including frameworks and concepts); highlights how individuals perceive and reduce risk; shares how individuals react to and cope with stress; and discusses implications related to behavioral science.

* North, C. (2014). [Mental Health Response to Community Disasters: A Factsheet for Disaster Mental Health Planners, Responders, and Providers](#). University of Missouri Terrorism and Disaster Center.

This factsheet reviews the effects of disasters on mental health and can be used by those preparing and planning for medical response.

Rutkow, L., Gable, L., and Links, J.M. (2011). [Protecting the Mental Health of First Responders: Legal and Ethical Considerations](#). Journal of Law, Medicine, and Ethics.

The authors discuss the ethical and legal issues associated with three key areas in first responder mental health: mental health screening; licensure portability of mental healthcare providers; and workers' compensation for mental health claims.

Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center. (2013). [Mass Casualty Support and Response Podcast](#). U.S. Department of Health and Human Services.

This webinar shares information about emotional reactions to mass casualty events, addresses what Medical Reserve Corps team members, Commission Corps Officers, and other responders may encounter in the field during a crisis event, and familiarizes participants with related disaster behavioral health.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2011). [Disaster Behavioral Health Preparedness and Response Resources: Resources for Resilient Individuals and Communities](#).

This catalog lists disaster preparedness and recovery resources for professionals who work with survivors and communities after an event.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). [Disaster Distress Helpline](#).

This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.

- * U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). [SAMHSA's Behavioral Health Disaster Response Mobile App](#).

This app can help disaster responders provide behavioral health support to survivors. Features include a services locator and links to resources for survivors and responders.

- U.S. Department of Veterans Affairs, National Center for PTSD. (2007). [Working with Trauma Survivors: What Workers Need to Know](#).

This website provides information on the importance of learning about traumatic stress and how approaching survivors with genuine respect, concern, and knowledge about their process can help move them towards recovery.

- U.S. Department of Veterans Affairs, National Center for PTSD. (2015). [PILOTS: Published International Literature On Traumatic Stress](#). (Free registration required.)

This bibliographic database, sponsored by the U.S. Department of Veterans Affairs, provides citations and abstracts of international publications post-traumatic stress disorder and other mental health consequences of traumatic events. Anyone can search the PILOTS database, but not all articles are fully accessible.

Resources for Healthcare Providers

- Adams, Z.W., Danielson, C.K., Sumner, J.A., et al. (2015). [Comorbidity of PTSD, Major Depression, and Substance Use Disorder Among Adolescent Victims of the Spring 2011 Tornadoes in Alabama and Joplin, Missouri](#). *Psychiatry*. 78(2):170-85.

The authors sampled a group of adolescents after the 2011 Joplin, Missouri tornadoes to determine the prevalence of negative emotional consequences and risk factors for those affected by the disaster. The authors highlight their findings and list screening variables that healthcare providers should consider to identify at-risk adolescents after a disaster.

Benedek, D.M., and Wynn, G.H. (Eds.) (2011). Clinical Manual for Management of PTSD. (Book available for purchase.)

This book, geared towards clinicians, residents, and students, highlights post-traumatic stress disorder and how it manifests and can be treated.

* Call, J.A., Pfefferbaum, B., Jenuwine, M.J., and Flynn, B.W. (2012). [Practical Legal and Ethical Considerations for the Provision of Acute Disaster Mental Health Services](#). (Abstract only.) *Psychiatry*. 75(4):305-22.

This article can help emergency healthcare providers learn more about legal and ethical factors associated with providing disaster mental health services.

Center for the Study of Traumatic Stress. (n.d.). [Stress Management for Healthcare Providers](#). Uniformed Services University School of Medicine. (Accessed 3/31/2016.)

This factsheet lists strategies healthcare providers can use to help themselves and their coworkers manage stress after disasters.

* Centers for Disease Control and Prevention. (2014). [Coping With a Disaster or Traumatic Event](#).

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, “Key Principles, Issues, and Questions for Responders” (highlighted in this collection).

* Centers for Disease Control and Prevention. (2010). [Psychological First Aid in Radiation Disasters](#).

This self-study training is geared towards healthcare professionals and others involved in planning for mass casualty response to radiation emergencies. It includes interviews with experts involved in the Goiania and Three Mile Island incidents and video scenarios that allow participants to observe how psychological first aid techniques can be employed in a variety of response settings.

* Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2012). [Planning for Psychiatric Patient Movement During Emergencies and Disasters](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This tip sheet can help healthcare providers plan to relocate patients receiving psychiatric care in the event of an emergency. It includes a list of questions for planners and healthcare providers that can help with planning efforts.

Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC). (2014). [Disaster Behavioral Health Coalition Guidance](#). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

This document provides guidance for establishing a disaster behavioral health coalition for disaster response and recovery to facilitate communication across provider groups, coordinate behavioral healthcare efforts, and help identify existing and emergent needs. Checklists of guidelines for successful coalitions, ways to recruit members, and Disaster Behavioral Health Coalition activities are included.

Freedly, J., and Simpson, W. (2007). [Disaster-Related Physical and Mental Health: A Role for the Family Physician](#). *American Family Physician*. 75(6): 841-846.

The authors encourage family physicians to educate themselves about disaster-related physical and mental health threats, and list common health outcomes under both domains. They emphasize the need for primary care providers to be able to anticipate increased resource use and screen for mental health impacts in their affected patients for a long time after the initial event.

* Kearns, M.C., Ressler, K.J., Zatzick, D., and Olasov Rothbaum, B. (2012). [Early Interventions for PTSD: A Review](#). *Depress Anxiety*. 29(10): 833-824.

The authors discuss early results from a mental health intervention applied within hours of trauma exposure in an emergency room setting and list suggestions for future research.

* Laraque, D., Jensen, P., and Schonfeld, D.J. (2006). [Feelings Need Check-ups Too Toolkit](#).

This toolkit can help practitioners intervene effectively with children experiencing emotional distress related to catastrophic events. Various screening tools are demonstrated through case studies, and treatment options are described, along with information on accessing mental health resources for treatment referrals.

* McCarroll, J., Vineburgh, N., and Ursano, R. (Eds.). (2013). [Disaster, Disease and Distress: Resources to Promote Psychological Health and Resilience in Military and Civilian Communities](#). Center for the Study of Traumatic Stress, Uniformed Services University.

This is a compilation of 10 years' worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.

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- * National Institute of Mental Health. (2002). [Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/ Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices](#). NIH Publication No. 02-5138. Washington, D.C.: U.S. Government Printing Office.

Nearly 60 experts in disaster mental health met to examine research on the psychological interventions that are often the first responses to incidents of mass violence. Participants came to consensus in seven areas (e.g., early intervention, timing of early intervention, screening survivors, and follow up); additional helpful information can be found in the appendices.

- * North, C. (2014). [Mental Health Response to Community Disasters: A Factsheet for Disaster Mental Health Planners, Responders, and Providers](#). University of Missouri Terrorism and Disaster Center.

This factsheet reviews the effects of disasters on mental health and can be used by those preparing and planning for medical response.

- Pfefferbaum, B. and North, C. (2016). [Child Disaster Mental Health Services: a Review of the System of Care, Assessment Approaches, and Evidence Base for Intervention](#). Child And Family Disaster Psychiatry. 18:5.

The authors summarize recent reviews of child disaster mental health interventions and provide an overview of the "stepped care approach."

- Pfefferbaum, B., Shaw, J., and the American Academy of Child and Adolescent Psychiatry Committee on Quality Issues. (2013). [Practice Parameter on Disaster Preparedness](#). Child and Adolescent Psychiatry. 52(11): 1224-1238.

This "Practice Parameter" includes links to approaches that can be used to assess and manage the behavioral health needs of children and adolescents throughout all disaster phases.

- Schonfeld, D.J., Demaria, T., and the Disaster Preparedness Advisory Council and Committee on Psychosocial Aspects of Child and Family Health. (2015). [Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises](#). Pediatrics. 136(4):E1120-E1130.

The American Academy of Pediatrics released this clinical report urging pediatricians to look for common adjustment problems in children following a disaster or crisis, and to

promote effective coping strategies to ease the impact of the event. The report stresses the importance of ensuring basic support services, psychological first aid, and professional self-care while working with patients and families in the wake of disaster.

Shaw, J., Espinel, A., and Shultz, J. (2007). [Children: Stress, Trauma and Disasters. DEEP Center.](#)

The information in this book highlights the effects of stress, disaster, and other traumatic events on children and their families. Information on the physio- and psychological effects stress can have is included, as is information on assessing and treating these negative outcomes.

* Sood, A., Prasad, K., Schroeder, D., and Varkey, P. (2011). [Stress Management and Resilience Training Among Department of Medicine Faculty: A Pilot Randomized Clinical Trial.](#) Journal of General Internal Medicine. 26(8): 858-861.

This study measured the effect of the "Stress Management and Resiliency Training (SMART)" program which was designed to mitigate physician stress. The authors found improvement in resiliency and overall quality of life in subjects who were assigned the intervention.

Spoont, M.R., Williams, Jr., J.W., Kehle-Forbes, S., et al. (2015). [Does This Patient Have Posttraumatic Stress Disorder? Rational Clinical Examination Systematic Review.](#) Journal of the American Medical Association. 314(5):501-510.

The authors reviewed studies of screening instruments for post-traumatic stress disorder (PTSD) that used gold standard structured clinical diagnostic interviews and had interview samples of at least 50 individuals. They found that two screening incidents, PC-PTSD and the PTSD Checklist, were easy to administer and demonstrated "reasonable performance characteristics for use in primary care clinics or in community settings."

* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2013). [Disaster Planning Handbook for Behavioral Health Treatment Programs: Technical Assistance Publication \(TAP\) Series 34.](#)

The information in this handbook can help behavioral health treatment program staff plan (or enhance existing plans) for all types of disasters. The guide includes informative chapters and templates that can be customized or used as is by program staff.

* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2015). [SAMHSA Behavioral Health Disaster Response Mobile App.](#)

This app provides first responders access to field resources for aiding disaster survivors, and the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and share resources.

Van den Berg, B., Grievink, L., Yzermans, J., et al. (2005). [Medically Unexplained Physical Symptoms in the Aftermath of Disasters](#). *Epidemiologic Reviews*. 27(1): 92-106.

The authors discuss the prevalence of certain "Medically Unexplained Physical Symptoms" (MUPS) that arise in some disaster/traumatic event survivors which may help inform healthcare preparedness strategies. They conducted a literature review on 20 years' worth of articles and found the following consistent risk factors for MUPS: gender (females were more likely to suffer from these symptoms), high physical damage linked to the event, and posttraumatic stress symptoms.

Resources for Survivors

American Psychological Association. (2015). [Disasters and Terrorism](#).

This website (hosted by the American Psychological Association) shares links to resources geared towards disaster survivors. Resources are categorized by topic (e.g., stress, trauma, violence, natural disasters) and include preparedness- and response-oriented information.

American Psychological Association. (2015). [The Road to Resilience](#).

The website is geared towards disaster survivors and provides information from the American Psychological Association on the definition of resilience, shares strategies for building resilience, and provides ways for locating help.

* Centers for Disease Control and Prevention. (2014). [Coping With a Disaster or Traumatic Event](#).

This webpage contains links to resources focused on disaster behavioral health. There are resources geared towards individuals, responders, health professionals, and other community members, and some are categorized by hazard. See, for example, "Key Principles, Issues, and Questions for Responders" (highlighted in this collection).

* Disaster Technical Assistance Center. (2015). [Disaster Behavioral Health Information Series \(DBHIS\) Resource Collections](#). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

This webpage contains links to resource collections on a variety of disaster behavioral health topics (e.g., resilience and stress management, chemical and biological events, children and youth, and disaster responders).

* McCarroll, J., Vineburgh, N., and Ursano, R. (Eds.). (2013). [Disaster, Disease and Distress: Resources to Promote Psychological Health and Resilience in Military and Civilian Communities](#). Center for the Study of Traumatic Stress, Uniformed Services University.

This is a compilation of 10 years' worth of Center factsheets on military and disaster health and mental health topics. It is geared towards healthcare providers, government and military leadership, service members, families, and communities and raises awareness of and shares strategies for coping with traumatic exposure.

Mental Health America. (n.d.). [Coping with Disaster](#). (Accessed 3/15/2017.)

This factsheet highlights common emotional responses to disaster and coping strategies.

National Child Traumatic Stress Network. (n.d.). [Helping Teens with Traumatic Grief: Tips for Caregivers](#). (Accessed 3/15/2017.)

This factsheet includes strategies caregivers can use to help teenagers deal with traumatic grief.

The New York City Department of Health and Mental Hygiene. (2015). [Disaster Mental Health](#). The City of New York.

This webpage includes links to resources that can help disaster survivors cope with related stress and trauma.

* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). [Disaster Distress Helpline](#).

This helpline allows anyone in the U.S. who wants support for any distress that they or someone they care about may be feeling related to any disaster. Users can call 1-800-985-5990 or text "TalkWithUs" to 66746 (standard rates may apply) to connect with trained crisis counselors for free support, available 24/7/365. Translation services are also available.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Disaster Technical Assistance Center. (2014). [How To Cope With Sheltering in Place](#).

This resource offers tips people can use to cope with sheltering-in-place. It explains reactions people often feel when sheltering-in-place; suggests ways to care for oneself and the family, such as making a plan and staying connected; and provides additional helpful resources.

U.S. Department of Veterans Affairs, National Center for PTSD. (2015). [Resources for Survivors and the Public Following Sudden Trauma](#).

Information on this webpage is geared towards disaster survivors and includes handouts, resources on disaster mental health treatment, how media coverage can affect stress, common reactions to trauma, and how to cope with post-traumatic stress.

U.S. Department of Veterans Affairs, National Center for PTSD. (2010). [Self-Care After Disasters](#).

This website helps explain the steps survivors can take to manage stress after a disaster. It includes a link to handouts for survivors that disaster responders can print and share with community members.

Uniformed Services University of the Health Sciences, Center for the Study of Traumatic Stress. (2015). [Center for the Study of Traumatic Stress](#).

This webpage contains links to resources geared towards survivors and other community members affected by disaster.

Agencies and Organizations

Note: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.

American Academy of Child & Adolescent Psychiatry. [Homepage](#).

American Academy of Child and Adolescent Psychiatry. [Disaster Resource Center](#).

American Psychological Association. [Natural Disasters](#).

Centers for Disease Control and Prevention. [Coping With a Disaster or Traumatic Event](#).

RAND Corporation. [Community Resilience](#).

The Children's Hospital of Philadelphia. [Health Care Toolbox](#).

The National Child Traumatic Stress Network. [Home Page](#).

[The National Child Traumatic Stress Network Home Page](#).

U.S. Department of Health and Human Services. [MentalHealth.gov](#).

U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response. [Division for At-Risk Individuals, Behavioral Health, and Community Resilience \(ABC\)](#).

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. [Disaster Technical Assistance Center](#).

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. [Mental Health Treatment Facility Locator](#).

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. [Substance Abuse Treatment Facility Locator.](#)

U.S. Department of Veterans Affairs. [The National Center for PTSD.](#)

World Health Organization. [Mental Health and Psychosocial Support in Emergencies.](#)

*This ASPR TRACIE Topic Collection was comprehensively reviewed in the Fall of 2015 by the following subject matter experts (listed in alphabetical order): **Eric Alberts**, BS, FPSEM, CHS-V, CDP-1, CHPP, CHEP, SEM, CFRP, FABCHS, Manager, Emergency Preparedness, Orlando Health, Inc. (Hospital System); **Darrin Donato**, Senior Policy Analyst, Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC), Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services; **Stephen Formanski**, PsyD, HHS/ASPR/R3/REC; **Jack Herrmann**, MEd., NCC, LMHC; **John Hick**, MD, HHS ASPR and Hennepin County Medical Center; **Glenn J. Kashurba**, MD, DFAPA, Regional Deputy Chief Medical Officer, National Capitol Region, National Disaster Medical System; **April Naturale**, PhD, Senior Technical Specialist, ICF International; **Kevin M. O'Brien**, Ed.D., Director, Disaster Behavioral Health Services, District of Columbia Department of Behavioral Health; and **Mary Russell**, EdD, MSN, Emergency Services, Boca Raton Regional Hospital.*