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Curriculum Recommendations for Disaster Health Professionals

Disaster Behavioral Health

Second Edition

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https://www.cstsonline.org/

SPECIAL TOPIC IN GLOBAL DISASTERS: COVID-19 RESOURCES

In support of the COVID-19 global pandemic, a collection of special resources can be found
HERE

Second Edition
2020

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Target Audience: Educators and trainers working with health professionals and others concerned with the psychosocial consequences of extreme events.

Purpose: To plan education and training activities regarding behavioral health factors in disasters and emergency situations.

Introduction

A wide variety of extreme events produce psychological, social, and biological sequelae labeled with terms such as stress, trauma, grief, and bereavement. These consequences are experienced by individuals, families, workplaces, schools, communities, and nations. They result from causal factors that are natural, human-generated, or both.

While all disasters are extreme events, not all extreme events would be considered disasters. Disasters can include naturally occurring extreme events such as floods, hurricane, fires, tsunamis, epidemics, and pandemics. They can also be human-generated, such as with terrorism, war, community unrest, mass shootings, and industrial accidents. Some disasters involve both natural and human-generated elements. Examples include a plane crash caused by wind shear, a flood caused by a dam collapse, or a wildfire sparked by an arsonist. Extreme events that may not be typically described as disasters include community violence, climate change, rising ocean levels, a cyberattack that shuts down a city's electric grid. Extreme events, while devastating to many, may not be of sufficient scope to activate full disaster responses. These might include an apartment house fire, a chemical spill that is limited in scope, a plane crash, a bridge collapse.

This document focuses on the general topic of disasters and other extreme events. For the purposes of this document, disasters are considered: 1) extreme events in which needs of the impacted population and/or area exceeds the local response and recovery resources, and external resources must be utilized (e.g., pandemics, hurricanes, wildfires, earthquakes); and 2) events in which local resources may be fully utilized and not be exceeded (e.g., mass violence, terrorism, industrial accidents, chemical spills), but result in adverse psychological and behavioral responses for affected individuals and communities that are similar to other disasters in which resources are exceeded.

More disaster behavioral health training for healthcare professionals, including behavioral health personnel, is being conducted today than ever before. Despite this, few healthcare professionals receive education on the unique psychological and behavioral impacts of disaster events during formal training programs. The vast majority of training occurs after degree conferral and is frequently experiential. Specific training in disaster behavioral health for most healthcare professionals is rare.

This guidance document was created with the intent to 1) provide a framework upon which to build disaster behavioral health curricula and 2) compile and give access to up-to-date, credible resources to support such curricula. It is intended for use by those developing and delivering disaster behavioral health training as well as community leaders, policymakers, and others seeking to better understand the behavioral health impacts of disasters on individuals and communities. By laying the foundation for disaster behavioral health curriculum development, directing users to high-quality resources, and targeting a range of audiences, it is hoped that this document will increase both the quality and the quantity of disaster behavioral health trainings that are delivered to a broad range of professions within different settings.

Components of This Curriculum Guidance

This curriculum recommendations document consists of two sections:

Disaster Behavioral Health Topics — This section lists topics for disaster behavioral health education and important sub-topics within them. A broad range of topics are presented to ensure a wide range of content is available for various individual learning circumstances. These topics are:

1. Defining Disaster Behavioral Health
2. The Disaster Environment
3. Key Partners
4. Individual and Collective Responses to Disaster
5. Behavioral Health as a Function of Event Type
6. Considerations for Special Populations
7. Providing Care
8. Additional Important Roles
9. Impact on Workers/Responders
10. Broad-Based/Comprehensive/Classic Resources

Disaster Behavioral Health Resources — This section is divided into two tables:

■ *Table 1* lists disaster behavioral health resources related to the global COVID-19 pandemic.

■ *Table 2* lists resources corresponding to each of the ten topics found in the next section, alphabetized within each of these content categories: Quick Reads/Rapid Resources, Smartphone Apps, Trainings, Websites/Online Reports, Journal Articles, and Books/Chapters. If available, hyperlinks to the full resources have been provided. For items not in

the public domain, links have been provided to a summary of the resources (e.g., PubMed links for journal articles). Other items that do not have a summary page (e.g., book chapters) will need to be obtained by the users in order to access the content. It is anticipated that most users will not need to go beyond the resources presented in this document. Others may decide to go further into the literature for their specific purposes.

Use of This Curriculum Guidance

The information found in this document is not a prescriptive curriculum, but rather recommendations regarding potential topics to include as well as credible sources of educational content. The selected **topics** and corresponding **resources** found herein can be helpful to educators, program directors, and curriculum developers as they develop curricula for educating a variety of learners, with different educational needs, in different types of learning environments. Educators should select and tailor these topics and resources considering their specific goals. Content selected by users of this document will depend on factors such as:

- Profession(s) that will be represented in both the teaching and learning population.
- Prior knowledge and experience of the learners (e.g., are the learners in a professional degree program or receiving continuing professional development on the job?).
- Number of learners.
- Time availability.
- Educational delivery format.
- Motivation and timing of training/education (e.g., in non-emergency preparedness phase or rapid just-in-time during an event).
- Desire and ability to assess learner knowledge and skills.

Development of This Curriculum Guidance

This curriculum guidance document was jointly developed by the Center for the Study of Traumatic Stress and the National Center for Disaster Medicine & Public Health, both within the Uniformed Services University of the Health Sciences. Collectively, the Centers have decades of experience in disaster medicine and disaster behavioral health, serving as international subject matter experts for the military, as well as governmental and community leaders across the nation and around the globe, in disaster research, education, consultation, and training.

The **topics** section of this document was developed by the authors through consultation with dozens of thought leaders in the field of disaster behavioral health. The primary topic areas remain similar to those in the First Edition, but the sub-topics have been modified and expanded to be consistent with an evolving understanding of areas relevant to the field of disaster behavioral health.

The **resources** section was developed through several mechanisms:

- A comprehensive literature search was conducted on the disaster behavioral health topics in this document. Where possible, systematic reviews and meta-analyses have been included to assist users in understanding the current state of knowledge on a given topic as succinctly as possible.
- A review of web-based resources was performed, to include resources intended for rapid and easy use during disasters, practice guidelines, reports, and other online resources that address various topics.
- Additional subject matter experts in disaster behavioral health were asked to provide resources they most often use in operational and educational activities.

This Second Edition (published in 2020) updates, expands, and improves the user experience from the First Edition (published in 2014). Topics have been added and resources have been updated and expanded. Internal hyperlinks simplify navigation within the document. Hyperlinks to external content have been provided to all open access online resources. The resource section has been reorganized to facilitate rapid access to quick and easy to use "just in time" resources that are most beneficial during acute disaster response. In light of the timing of publication, as the world grapples with the COVID-19 pandemic, a special section has been added with resources to support response to this global disaster.

Disaster Behavioral Health Topics

1. Defining Disaster Behavioral Health

a. *Primary Concept*: Understand key terminology used in the field.

    i. Disasters compared to emergencies and crises—Understand how disasters (when needs exceed resources and external assistance is needed) are different than emergencies (can be handled within existing resources), crisis (where existing resources are at capacity but still functional).

    ii. Defining Behavioral Health (BH)— Understand the history and current use of terms such as mental health, behavioral health, substance use/abuse, stress, resilience, etc. Behavioral health is a newer and more inclusive term that has increasingly replaced the term mental health when referring to topics that go beyond more limited issues of mental illness and health. There is not worldwide consensus on the best terminology.

    iii. Compare and contrast BH factors in disaster and non-disaster situations— Understand how psychosocial, family, and community characteristics are similar and different in normal circumstances as compared with during and following disasters.

2. The Disaster Environment

a. *Primary Concept*: During and following disasters, normal governance, system function, and the nature of behavioral health services typically operate differently than in "blue sky" times. Disaster management is becoming increasingly formal and based on legal and operational requirements and relationships. It is important for the learner to understand these different processes, roles, and functions in order to participate in any roles before, during, and following disasters.

    i. Understanding the fundamental needs vs. resources analysis for disaster declaration (e.g. the federal Stafford Act) related to defining disaster behavioral health above.

    ii. Governmental determination/declaration process/meaning—Understand who has what authority and requirements at various stages in the event process.

    iii. Key governmental structures and guidance such as the National Response Framework (especially Emergency Support Function [ESF] 6 & 8, Department of Health and Human Services [DHHS] Concept of Operations [CONOPS], National Biodefense Strategy, and state and local emergency response plans)

    iv. Working within the Incident Command System (ICS)—Understand that authority is modified from usual practice under the ICS. Behavioral health and other healthcare providers are typically unfamiliar with the ICS.

    v. The context of BH interventions in disaster—Understand how providing behavioral health assistance in disaster situations is different than usual practice process and environments. For example, rapid triage, short time to intervene, little background information, initiating contact with people, providing service in atypical settings such as shelters.

    vi. System impact/overlap (medical care, emergency response, and public health) — Understand how various systems operate differently in disaster situations, ways to effectively develop entrée into a community, and methods by which to initiate and integrate behavioral health services into these changing systems.

3. Key Partners

a. *Primary Concept*: Addressing the behavioral health needs of both victims/survivors and workers requires valued and functional partnerships among many elements of the community. It is important to know these various partners, what roles they play, and how to establish and maintain these partnerships.

    i. Roles of health care providers and workers (e.g., hospitals, outpatient services, emergency medical services, nursing homes, assisted living).

    ii. Integrating with other human services

organizations and professions (e.g., social services, protective services, public health).

   iii. Integrating with other stakeholders (e.g., faith community, schools, employers, governmental entities, non-governmental organizations (NGOs)).

   iv. Integrating with Emergency Management structures and functions.

4. Individual and Collective Responses to Disaster

a. *Primary Concept*: Disasters create a broad range of psychological and behavioral responses for individuals and communities across a broad range of domains. Various cultural and contextual factors influence the experience and expression of response to disasters. It is important to understand various responses and the factors influencing them to effectively develop public mental health assessment and intervention strategies.

   i. Domain impacts
- » Physical
- » Psychological
- » Emotional
- » Cognitive
- » Social

   ii. Assessing the nature and scope of BH needs following an event
- » Community Phases of Disaster
- » Disaster Ecology Model
- » Haddon Matrix
- » The forces of harm

   iii. Individual and collective adjustment patterns over time

   iv. Risk and protective factors

   v. Cultural competence (awareness, knowledge, and skills)

   vi. Notes on panic (panic is widely misunderstood phenomenon in disasters and typically occurs in only very specialized situations)

   vii. Role of Leadership in shaping community/organizational response

5. Behavioral Health as a Function of Event Type

a. *Primary Concept*: BH factors are significantly impacted by the types of events people experience. Key factors include causality, duration, impact, and familiarity. Understanding these factors and the roles they play in individual and community experiences of disasters can help optimize preparedness and response efforts. Threats posed by certain events, including emerging infectious diseases, cyber events, and climate-related disasters, are increasingly important to consider.

   i. Impact characteristics

   ii. Causality

   iii. Duration

   iv. Geographic scope

   v. Extent of injury/illness/death

   vi. Mass fatalities and handling of human remains

   vii. Familiarity

   viii. Dislocation

   ix. Destruction of community/regional/national fabric

   x. Criminal involvement

b. Emerging Issues

   i. Pandemics / Outbreaks

   ii. Cyber-terrorism

   iii. Global climate change/rising sea levels

6. Considerations for Special Populations

a. *Primary Concept*: Some individuals and groups often need specialized or tailored preparedness measures in advance of disasters as well as interventions following a disaster. Some may be at increased risk of negative outcomes and some may simply need nontraditional approaches. Learners will understand what specialized needs may be present or emerge at different stages in the event cycle.

   i. Defining special needs

   ii. Special needs by pre-event demographics (e.g., children, frail elderly, people with serious mental illness, physical and/or developmental disabilities, the homeless)

   iii. Special needs created by disaster impact (e.g., injured, bereaved, in shelters)

   iv. Special needs by recovery impact (e.g., relocated, unemployed)

7. Providing Care

a. *Primary Concept*: Providing behavioral health care in disaster situations differs from more traditional services in many ways. While a solid grounding in the behavioral sciences is important, optimal function can only be achieved through understanding the unique aspects of: needs of people following disasters, service environments during and after disasters, and manner in which services are provided.

   i. Legal and ethical issues on providing disaster behavioral health services

   ii. Early intervention strategies
- » Selecting intervention strategies

- » Psychological First Aid (various models and foci)
- » Notes on controversial disaster interventions such as Critical Incident Stress Debriefing (CISD) and use of Mental Health First Aid in disasters
  - iii. Non-clinical interventions (e.g., basic and specialized crisis counseling, bereavement support)
  - iv. Diagnosis and treatment of BH disorders
    - » Diagnostic challenges
    - » Use of pharmaceuticals
    - » Treatment options
  - v. Grief and bereavement
    - » Critical factors (including diagnostic criteria)
    - » Support factors and strategies
  - vi. Risk and crisis communication
    - » Fundamentals of communicating in a crisis
    - » Identifying existing and emerging key stakeholders with whom to communicate
    - » Communication as a BH intervention
    - » BH's role with public information efforts

8. Additional Important Roles

a. *Primary Concept*: In addition to direct services, behavioral health professionals, as well as other healthcare professionals, can perform other roles to help in disasters.
  - i. Consultation
    - » Types of consultation (e.g., case, systems, program, formal, informal)
    - » Recipients of consultation (formal and informal leaders, risk/crisis communicators, healthcare colleagues, other professionals and stakeholders)
  - ii. Planning and preparedness (including fostering public/private partnerships)
  - iii. Education/information
  - iv. Assessing changing needs
  - v. Program design/implementation/ evaluation
  - vi. Support non-BH responders in caring for themselves, victims, and survivors

9. Impact on Workers/Responders

a. *Primary Concept*: Those who work in and respond to disasters experience unique stresses as well as rewards. Reducing stress and promoting resilience in these groups requires understanding these stresses and rewards, the concept of post traumatic growth, and the interactions among workers, as well as their families, their coworkers and the organizations that employ them.
  - i. Defining disaster workers/responders
  - ii. Types of stress workers experience (including when a worker is also a victim and/or experiences multiple events in a short period)
  - iii. Types of rewards and stress mediators for workers/responders
  - iv. Protecting and maintaining the healthcare workforce
  - v. Workplace/organizational responsibilities and strategies
  - vi. Individual responsibilities and strategies such as self- and buddy-care
  - vii. Organizational and leadership factors that promote wellness and sustainment

10. Broad-Based/Comprehensive/Classic Resources

a. *Primary Concept:* A limited number of resources has been especially significant in the development of the field of disaster behavioral health and could be considered seminal readings. Some formed the foundations of this developing field. Others, drawn from areas of study, have shaped how the field of disaster behavioral health continues to emerge. These include:
  - i. Resources that are foundational to the field of disaster behavioral health
  - ii. Resources frequently cited over time and in a variety of places
  - iii. Resources on specific types of events (such as war) that have influenced the development of the field of disaster behavioral health
  - iv. Resources on more general topics that have influenced the development of the field of disaster behavioral health

Table 1: COVID-19 Special Section: Behavioral Health Resources

RESOURCES

Quick Reads/Rapid Resources

Center for the Study of Traumatic Stress. COVID-19 Pandemic Response Resources.
https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response

Consortium for Health and Military Performance (CHAMP). HOPE* for Those on the COVID-19 Frontline.
https://www.hprc-online.org/total-force-fitness/hope-covid-19

Walter Reed Army Institute of Research. Behavioral Health Resources for COVID-19.
https://www.wrair.army.mil/node/348

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. COVID-19 Behavioral Health Resources.
https://asprtracie.hhs.gov/technical-resources/115/covid-19-behavioral-health-resources/99

The National Child Traumatic Stress Network. (2020, May 8). COVID-19 Resources.
https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Coronavirus (COVID-19).
https://www.samhsa.gov/coronavirus

Journal Articles

Brooks, S. K., Webster, R. K., Smith, L. E., et al. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet (London, England), 395*(10227), 912–920.
https://pubmed.ncbi.nlm.nih.gov/32112714/

Brooks, S. K., Dunn, R., Amlôt, R., et al. (2018). A Systematic, thematic review of social and occupational factors associated with psychological outcomes in healthcare employees during an infectious disease outbreak. *Journal of occupational and environmental medicine, 60*(3), 248–257.
https://pubmed.ncbi.nlm.nih.gov/29252922/

Devnani M. (2012). Factors associated with the willingness of health care personnel to work during an influenza public health emergency: An integrative review. Prehospital and disaster medicine, 27(6), 551–566.
https://pubmed.ncbi.nlm.nih.gov/23031432/

Emeruwa, U. N., Ona, S., Shaman, J. L., et al. (2020). Associations between built environment, neighborhood socioeconomic status, and SARS-CoV-2 infection among pregnant women in New York City. *JAMA*.
https://pubmed.ncbi.nlm.nih.gov/32556085/

Garrett, A. L., Park, Y. S., & Redlener, I. (2009). Mitigating absenteeism in hospital workers during a pandemic. *Disaster medicine and public health preparedness, 3 Suppl 2*, S141–S147.
https://pubmed.ncbi.nlm.nih.gov/19952885/

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Gershon, R. R., Magda, L. A., Qureshi, K. A., et al. (2010). Factors associated with the ability and willingness of essential workers to report to duty during a pandemic. J*ournal of occupational and environmental medicine, 52*(10), 995–1003.
https://pubmed.ncbi.nlm.nih.gov/20881624/

Gomersall, C. D., Loo, S., Joynt, G. M., & Taylor, B. L. (2007). Pandemic preparedness. *Current opinion in critical care, 13*(6), 742–747.
https://pubmed.ncbi.nlm.nih.gov/17975401/

Hatchett, R. J., Mecher, C. E., & Lipsitch, M. (2007). Public health interventions and epidemic intensity during the 1918 influenza pandemic. *Proceedings of the National Academy of Sciences of the United States of America, 104*(18), 7582–7587.
https://pubmed.ncbi.nlm.nih.gov/17416679/

Ives, J., Greenfield, S., Parry, J. M., et al. (2009). Healthcare workers' attitudes to working during pandemic influenza: A qualitative study. *BMC public health, 9*, 56.
https://pubmed.ncbi.nlm.nih.gov/19216738/

Lai, J., Ma, S., Wang, Y., et al. (2020). Factors associated with mental health outcomes among health care workers exposed to Coronavirus disease 2019. *JAMA network open, 3*(3), e203976.
https://pubmed.ncbi.nlm.nih.gov/32202646/

Martinez, D. A., Hinson, J. S., Klein, E. Y. et al. (2020). SARS-CoV-2 positivity rate for latinos in the Baltimore-Washington, DC region. *JAMA*.
https://pubmed.ncbi.nlm.nih.gov/32556212/

McCormack, G., Avery, C., Spitzer, A. K., et al. (2020). Economic vulnerability of households with essential workers. *JAMA*.
https://pubmed.ncbi.nlm.nih.gov/32556217/

Polizzi, C., Lynn, S., & Perry, A. (2020). Stress and coping in the time of COVID-19: Pathways to resilience and recovery. *Clinical Neuropsychiatry*, 17, 59-62.
https://doi.org/10.36131/CN20200204

Rubin R. (2020). COVID-19's crushing effects on medical practices, some of which might not survive. *JAMA*.
https://pubmed.ncbi.nlm.nih.gov/32556122/

Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European heart journal. Acute cardiovascular care, 9*(3), 241–247.
https://pubmed.ncbi.nlm.nih.gov/32342698/

Wang, G., Zhang, Y., Zhao, J., et al. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *Lancet (London, England), 395*(10228), 945–947.
https://pubmed.ncbi.nlm.nih.gov/32145186/

Books/Chapters
Morganstein, J., Fullerton, C., Ursano, R., et al. (2017). Pandemics: Health care emergencies. In Ursano, R., Fullerton, C., Weisaeth, L., et al. (Eds.), Textbook of Disaster Psychiatry (pp. 270-284). Cambridge: Cambridge University Press.

Table 2: Disaster Behavioral Health Curriculum Topics and Resources

1. Defining Disaster Behavioral Health

SUB-TOPICS

- Disasters compared to emergency and crisis
- Defining Behavioral Health (BH)
- Behavioral health factors in disaster and non-disaster situations

RESOURCES

Websites/Online Reports

National Center for PTSD. U.S. Department of Veterans Affairs. Types of Trauma
https://www.ptsd.va.gov/professional/treat/type/index.asp

Journal Articles

Goldmann, E. & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health*, 35:169-183
https://pubmed.ncbi.nlm.nih.gov/24159920/

King, R. V., Burkle, F. M., Jr, Walsh, L. E., & North, C. S. (2015). Competencies for disaster mental health. *Current Psychiatry Reports, 17*(3), 548.
https://pubmed.ncbi.nlm.nih.gov/25681279/

North, C.S. (2016). Disaster mental health epidemiology: Methodological review and interpretation of research findings. *Psychiatry, 79*(2), 130-146.
https://pubmed.ncbi.nlm.nih.gov/27724836/

North, C.S., & Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. *JAMA*, 310(5), 507-518.
https://pubmed.ncbi.nlm.nih.gov/23925621/

Pfefferbaum, B., Flynn, B.W., Schonfeld, D., et al. (2012). The integration of mental and behavioral health into disaster preparedness, response, and recovery. *Disaster Medicine and Public Health Preparedness 6*(1), 60-66.
https://pubmed.ncbi.nlm.nih.gov/22490938/

Yoon, H. Y., & Choi, Y. K. (2019). The development and validation of the perceived competence scale for disaster mental health workforce. *Psychiatry Investigation, 16*(11), 816–828.
https://pubmed.ncbi.nlm.nih.gov/31760717/

Books/Chapters

Cox, S., & Cox, T. P. (2016). How the world breaks: life in catastrophes path, from the Caribbean to Siberia. New York: New Press.

Institute of Medicine. (2003). Preparing for the psychological consequences of terrorism: A public health strategy. Washington, D.C.: National Academies Press.
https://www.ncbi.nlm.nih.gov/books/NBK221643/

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Lemaire C.M. (2011). Grief and resilience. In Stoddard, F.J., Jr., Pandya, A., Katz, C.L. (Eds and Committee on Disasters and Terrorism, *Disaster psychiatry outreach, disaster psychiatry: Readiness, evaluation, and treatment* (179–202). American Psychiatric Publishing, Inc.

McFarlane A., Norris F. (2006). Definitions and concepts in disaster research. In Norris F, Galea S, Friedman M, Watson P, eds. *Methods for Disaster Mental Health Research*. (3–19).New York, NY: The Guildford Press.

Pynoos R.S., Steinberg A.M., Brymer M.J. (2017). Public health and disaster mental health. In Ursano, R., Fullerton, C., Weisaeth, L., et al. (Eds.),*Textbook of Disaster Psychiatry* (pp. 325–340). Cambridge: Cambridge University Press.

Shultz, J., Galea, S., Espinel, Z., & Reissman, D. (2017). Disaster Ecology. In Ursano, R., Fullerton, C., Weisaeth, L., et al. (Eds.), *Textbook of Disaster Psychiatry* (pp. 44–59). Cambridge: Cambridge University Press.

Stoddard, F. J., Pandya, A., & Katz, C. L. (2012). *Disaster psychiatry: Readiness, evaluation, and treatment.* American Psychiatric Publishing, Inc.

Ursano, R., Fullerton, C., Weisaeth, L., et al. (Eds.). (2017). *Textbook of Disaster Psychiatry*. Cambridge: Cambridge University Press.

Table 2: Topics and Resources (continued)

2. The Disaster Environment

SUB-TOPICS
- Needs vs. resources analysis for disaster declarations
- Governmental determination and declaration process
- Key governmental structures and official policy guidance
- Working within the Incident Command System (ICS)
- Context of behavioral health interventions in disasters
- System impact and overlap

RESOURCES

Quick Reads/Rapid Resources
Federal Emergency Management Agency Community Preparedness Toolkit.
https://www.ready.gov/community-preparedness-toolkit

Center for the Study of Traumatic Stress Leadership in disasters.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_in_Disasters.pdf

Smartphone Apps
Federal Emergency Management Agency (FEMA) app.
https://www.fema.gov/mobile-app

Continued

Trainings
Federal Emergency Management Agency. Incident command system (ICS) trainings 100, 200 and 700.
https://training.fema.gov/nims/

Websites/Online Reports
U.S. Department of Homeland Security. Critical infrastructure sectors.
https://www.cisa.gov/critical-infrastructure-sectors

Federal Emergency Management Agency. Evaluate and improve.
https://www.fema.gov/media-library/assets/documents/32326

U.S. Department of Labor Occupational and Safety Hazards Administration (OSHA). Frequently asked questions: Hazardous waste operations and emergency response standard (HAZWOPER).
http://www.osha.gov/html/faq-hazwoper.html

Center for Homeland Defense and Security. Homeland security presidential directive/HSPD-21.
https://www.hsdl.org/?view&did=480002

Federal Emergency Management Agency. Incident command system (ICS).
https://training.fema.gov/emiweb/is/icsresource/

Federal Emergency Management Agency. National incident management system (NIMS).
https://www.fema.gov/national-incident-management-system

National Association of County and City Health Officials (NACCHO). Public health infrastructure and systems.
https://www.naccho.org/programs/public-health-infrastructure

Carter Center. The Twenty-second annual Rosalynn Carter symposium on mental health policy mental health in the wake of hurricane Katrina.
https://www.cartercenter.org/documents/rc_mhsymp06_katrina.pdf

Practice Guidelines
U.S. Department of Health and Human Services Disaster Behavioral Health Concept of Operations.
https://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops-2016.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Mental health all-hazards disaster planning guidance.
https://store.samhsa.gov/sites/default/files/d7/priv/sma03-3829.pdf

National Biodefense Science Board, Disaster Mental Health Subcommittee. Disaster mental health recommendations.
https://www.phe.gov/Preparedness/legal/boards/nbsb/Documents/nsbs-dmhreport-final.pdf

National Biodefense Science Board, Disaster Mental Health Subcommittee.
Integration of behavioral health in federal disaster preparedness, response, and recovery: Assessment and recommendations.
https://www.phe.gov/Preparedness/legal/boards/nbsb/meetings/Documents/dmhreport1010.pdf

Continued

Federal Emergency Management Agency. National response framework. Fourth edition.
https://www.fema.gov/media-library-data/1582825590194-2f000855d442fc3c9f18547d1468990d/NRF_FINALApproved_508_2011028v1040.pdf

Pandemic and All-Hazards Preparedness Act.
https://www.govinfo.gov/content/pkg/PLAW-109publ417/pdf/PLAW-109publ417.pdf

Federal Emergency Management Agency. Robert T. Stafford Disaster relief and emergency assistance act, as amended, and related authorities.
https://www.fema.gov/media-library-data/1582133514823-be4368438bd042e3b60f5cec6b377d17/Stafford_June_2019_508.pdf

Journal Articles

Cianconi, P., Betrò, S., & Janiri, L. (2020). The impact of climate change on mental health: A systematic descriptive review.*Frontiers in Psychiatry, 11*, 74.
https://pubmed.ncbi.nlm.nih.gov/32210846/

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Table 2: Topics and Resources (continued)

3. Key Partners

SUB-TOPICS
- Roles of health care providers and workers
- Integrating with other human services
- Integrating with other stakeholders
- Integrating with Emergency Management structures and functions

RESOURCES

Quick Reads/Rapid Resources
Center for the Study of Traumatic Stress. Business Leadership in Bioterrorism Preparedness
https://www.cstsonline.org/assets/media/documents/CSTS_FS_business_leadership_bioterrorism_preparedness.pdf

Center for the Study of Traumatic Stress. Pandemic Planning and Response: Critical Elements for Business Planning.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Pandemic_Preparedness_Response_Critical_Planning_for_Businesses.pdf

Center for the Study of Traumatic Stress. Workplace Preparedness for Terrorism.
https://www.cstsonline.org/assets/media/documents/CSTS_report_sloan_workplace_prepare_terrorism_preparedness.pdf

Trainings
Practical Applications of Disaster Mental Health – Lessons Learned from the US Military.
https://education.psychiatry.org/Users/ProductDetails.aspx?Activityid=5989&ProductID=5989

Websites/Online Reports
National Library of Medicine. Disaster Information Management Research Center (DIMRC). Disaster-related competencies for healthcare providers.
https://disasterinfo.nlm.nih.gov/

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Practice Guidelines

U.S. Department of Health and Human Services. Disaster behavioral health concept of operations.
https://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops-2016.pdf

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Table 2: Topics and Resources (continued)

4. Individual and Collective Responses to Disaster

SUB-TOPICS
- **Domain impacts**
- **Assessing the nature and scope of needs following an event**
- **Individual and collective adjustment patterns over time**
- **Risk and protective factors**
- **Cultural competence**
- **Panic**
- **Role of leadership in shaping community and organizational response**

RESOURCES

Quick Reads/Rapid Resources
Center for the Study of Traumatic Stress. Funerals and Memorials: A Part of Recovery.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_Funeral%20and%20memorials_%20a%20part%20of%20recovery.pdf

Center for the Study of Traumatic Stress. Grief Leadership: Leadership in the Wake of Tragedy.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Grief_Leadership_in%20the%20Wake%20of%20Tragedy_2019.pdf

Center for the Study of Traumatic Stress. Information for Relief Workers on Emotional Reactions to Human Bodies in Mass Death.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Information%20for%20Relief%20Workers%20on%20Emotional%20Reactions%20to%20Human%20Bodies%20in%20Mass%20Death.pdf

Center for the Study of Traumatic Stress. The Health Consequences of Disasters and Evacuation: What Patients Need to Know to Prepare.
https://www.cstsonline.org/assets/media/documents/CSTS_C2C_The_Health_Consequences_of_Disasters_and_Evacuation.pdf

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https://www.ptsd.va.gov/understand/types/disaster_terrorism.asp

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https://www.cdc.gov/niosh/topics/traumaticincident/default.html

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Practice Guidelines

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. American Indian and Alaska Native culture card: A guide to build cultural awareness.
https://store.samhsa.gov/sites/default/files/d7/priv/sma08-4354.pdf

Center for Disease Control and Prevention. Crisis and emergency risk communication.
https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Developing cultural competence in disaster mental health programs.
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U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Mental health response to mass violence and terrorism: A field guide.
https://store.samhsa.gov/sites/default/files/d7/priv/sma05-4025.pdf

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Table 2: Topics and Resources (continued)

5. Behavioral Health as a Function of Event Type

SUB-TOPICS
- **Event factors influencing**
- **Behavioral health response**
- **Emerging Issues**

Continued

RESOURCES

Quick Reads/Rapid Resources

Center for the Study of Traumatic Stress. Mental Health and Behavioral Guidelines for Response to a Pandemic Flu Outbreak: *Background on the Mental Health Impact of Natural Disasters, including Epidemics.* https://www.cstsonline.org/assets/media/documents/CSTS_FS_Mental%20Health%20and%20 Behavioral%20Guidelines%20for%20Response%20to%20%20a%20Pandemic%20Flu%20Outbreak.pdf

Center for the Study of Traumatic Stress. Psychological and Behavioral Issues Healthcare Providers Need to Know when Treating Patients Following a Radiation Event. Center for the Study of Traumatic Stress. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological_Behavioral_Issues_ Healthcare_Radiation_Event.PDF

Center for the Study of Traumatic Stress. Restoring a Sense of Well-Being in Children After a Disaster. https://www.cstsonline.org/assets/media/documents/CSTS_FS_Restoring_Wellbeing_in_Children_After_ Disaster.pdf

RUSH University Medical & Uniformed Services University Health Sciences. Terrorism and Disaster: What Clinicians Need to Know: Pneumonic Plague. https://www.cstsonline.org/assets/media/documents/CSTS_CME_RUSH_USU_pneumonic_plague.pdf

RUSH University Medical & Uniformed Services University Health Sciences. Terrorism and Disaster: What Clinicians Need to Know: Sarin. https://www.cstsonline.org/assets/media/documents/CSTS_CME_RUSH_USU_sarin_attack.pdf

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U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Tips for talking with and helping children and youth cope after a disaster or traumatic event: A guide for parents, caregivers, and teachers. https://store.samhsa.gov/product/tips-talking-helping-children-youth-cope-after-disaster-or-traumatic- event-guide-parents/sma12-4732

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Books/Chapters

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Table 2: Topics and Resources (continued)

6. Considerations for Special Populations

SUB-TOPICS
- Defining special needs
- Special needs by pre-event demographics
- Special needs created by disaster impact
- Special needs by recovery impact

RESOURCES

Quick Reads/Rapid Resources

Autism Society. Preparedness tips for families: Disaster preparedness tips for families affected by autism.
https://www.autism-society.org/living-with-autism/how-the-autism-society-can-help/safe-and-sound/preparedness-tips-for-families/

Center for the Study of Traumatic Stress. Addressing the Needs of the Seriously Mentally Ill in Disaster.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Addressing_Needs_of_Mentally_Ill_in_Disasters.pdf

Center for the Study of Traumatic Stress. Disaster Preparedness and Response for Our Nation's Military and their Families.
www.cstsonline.org/assets/media/documents/CSTS_FS_disaster_preparedness_military_families.pdf

Center for the Study of Traumatic Stress. Guidelines on Notifying Families of Dead or Missing Loved Ones.
https://www.cstsonline.org/resources/resource-master-list/guidelines-on-notifying-families-of-dead-or-missing-loved-ones

Center for the Study of Traumatic Stress. Stress Management for Parents.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_stress_management_parents.pdf

Center for the Study of Traumatic Stress. Sustaining the Psychological Well-Being of Caregivers While Caring for Disaster Victims.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Psychological_Wellbeing_of_Caregivers_While%20Caring%20%20for%20Disaster%20Victims.pdf

Colorado Coalition Against Sexual Assault. Information sheet: What you need to know about sex offenders and sheltering during a disaster in Colorado.
http://hermes.cde.state.co.us/drupal/islandora/object/co%3A27370

Federal Emergency Management Agency. Helpful hints for school emergency management. Psychological first aid (PFA) for students and teachers: Listen, protect, connect — model & teach.
rems.ed.gov/docs/HH_Vol3Issue3.pdf

Louisiana State University. Guidance on reunification.
http://www.dcfs.louisiana.gov/assets/docs/searchable/ChildDevEarlyLearning/ChildDevUpdates/2011/Emergency%20Rule/Guidance_on_Reunification.pdf

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U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. In the wake of trauma: Tips for college students.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Tips for survivors: Coping with grief after a disaster or treatment event.
https://www.justice.gov/file/1189181/download

World Health Organization. Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings.
https://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/

Trainings
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Crisis counseling assistant and training program.
https://www.samhsa.gov/dtac/ccp-toolkit

Websites/Online Reports
America Academy of Child and Adolescent Psychology (AACAP). Disaster and trauma resource center.
https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Disaster_Resource_Center/Home.aspx

American Academy of Pediatrics. Children & Disasters: Disaster Preparedness to Meet Children's Needs.
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/default.aspx

American Academy of Pediatrics. Emergency Information Forms and Emergency Preparedness for Children with Special Health Care Needs.
https://pediatrics.aappublications.org/content/125/4/829.full

American Academy of Pediatrics. Promoting Adjustment and Helping Children Cope.
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Promoting-Adjustment-and-Helping-Children-Cope.aspx

American Indian and Alaska Native Health. People & traditions — tribal preparedness for emergencies and disasters.
https://medlineplus.gov/americanindianandalaskanativehealth.html

Center for the Study of Traumatic Stress. Psychological debriefing after a crisis: Current evidence.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological%20Debriefing%20after%20a%20Crisis.pdf

Centers for Disease Control and Prevention. Caring for children in a disaster.
http://emergency.cdc.gov/children/

Crisis in Puerto Rico for the Elderly, Claude Pepper Center.
https://claudepeppercenter.fsu.edu/slider-archive/crisis-in-puerto-rico-for-the-elderly/

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U.S. Department of Homeland Security. Federal Emergency Management Agency (FEMA). Ready: Prepare, plan stay informed.
https://www.ready.gov/kids

The National Child Traumatic Stress Network. Learn: Terrorism, Disaster and Children.
https://learn.nctsn.org/course/index.php?categoryid=52

March of Dimes. Prepare for a disaster: Information for anyone caring for a newborn.
https://www.marchofdimes.org/prepare-for-a-disaster-information-for-anyone-caring-for-a-newborn.aspx

National Association of the Deaf. Emergency preparedness.
https://www.nad.org/resources/emergency-preparedness/

PTSD. Early mental health intervention for disasters.
https://www.ptsd.va.gov/professional/treat/type/disaster_earlyintervention_tx.asp

National Center for PTSD. The effects of disaster on people with severe mental illness.
https://www.ptsd.va.gov/professional/treat/specific/disaster_mental_illness.asp

National Child Traumatic Stress Network (NCTSN). Traumatic Grief.
https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief

National Institute of Mental Health. Helping children and adolescents cope with violence and disasters: What rescue workers can do.
https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/index.shtml#pub6

Schonfeld, D., National Center for Disaster Medicine and Public Health. Psychosocial impacts of disasters on children.
https://www.usuhs.edu/ncdmph-learn/Learn/PsySoc/NC_PI_T08_010.htm

U.S. Department of Health and Human Services Outreach Activities and Resources. Special populations: Emergency and disaster preparedness.
http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html

U.S. Department of Health and Human Services. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA). At risk individuals.
https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx

U.S. Department of Health and Human Services. Pandemic and all-hazards preparedness act. Progress report on the implementation of provisions addressing at-risk individuals.
https://www.phe.gov/Preparedness/legal/pahpa/Documents/PAHPAat-risk-reportcongress090108.pdf

Practice Guidelines
Center for Disaster Medicine Sciences. National children's disaster mental health concept of operations (CONOPS).
https://www.oumedicine.com/docs/ad-psychiatry-workfiles/conops_final_120511.pdf

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U.S. Department of Homeland Security. Federal Emergency Management Agency. Guidance on planning for integration of functional needs support services in general population shelters.
https://www.fema.gov/media-library-data/20130726-1831-25045-7316/fnss_guidance.pdf

U.S. Department of Homeland Security. Federal Emergency Management Agency. Listen, protect and connect: Family to family, neighbor to neighbor. Psychological first aid (PFA) for the community helping each other. Helping those around You in times of disasters.
https://www.ready.gov/sites/default/files/documents/files/LPC_Booklet.pdf

U.S. Department of Homeland Security. Federal Emergency Management Agency. Listen, protect, connect – model and teach. Psychological first aid (PFA) for students and teachers.
https://www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf

U.S. Department of Homeland Security. Federal Emergency Management Agency. Listen, protect, and connect: Psychological first aid for children and families.
https://www.ready.gov/sites/default/files/documents/files/PFA_Parents.pdf

Foltin, G.L., Schonfeld, D.J., Shannon, M.W. (Eds.). Pediatric terrorism and disaster preparedness: A resource for pediatricians. AHRQ Publication No. 06-0056-EF. Rockville, MD: Agency for Healthcare Research and Quality; October 2006.
https://www.hsdl.org/?abstract&did=468168

Klein A. National Sexual Violence Resource Center (NSVRC). Sexual violence in disasters: A planning guide for prevention and response.
https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response_0.pdf

Speier, A.H., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Psychosocial issues for children and adolescents in disasters.
http://cretscmhd.psych.ucla.edu/nola/Video/MHR/Governmentreports/Psychosocial%20Issues%20for%20Children%20and%20Adolescents%20in%20Disasters.pdf

The Consortium of New York Geriatric Education Centers. Geriatric mental health: Disaster preparedness and response curriculum.
https://www.bronx.va.gov/docs/GeriatricMHDisaster.pdf

Journal Articles
Altman, B.A., Gulley, K.H., Rossi, C., et al. (2016). Delivering flexible education and training to health professionals: Caring for older adults in disasters. *Disaster Medicine and Public Health Preparedness, 10*(4), 633–637.
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35(1), 92–97.
https://pubmed.ncbi.nlm.nih.gov/31806064/

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https://pubmed.ncbi.nlm.nih.gov/19293743/

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https://pubmed.ncbi.nlm.nih.gov/31931901/

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Dowling, F.G., & Jones, K. (2011). *Special populations.* In Stoddard, F.J., Pandya, A., Katz, C.L., (Eds.) and Committee on Disasters and Terrorism, *Disaster Psychiatry outreach, disaster psychiatry: Readiness, evaluation, and treatment* (89–110). American Psychiatric Publishing, Inc.

Gurwitch, R., & Schreiber, M. (2010). *Coping with disaster, terrorism and other trauma.* In Koocher, G., LaGreca, A., (Eds.). The Parent's Guide to Psychological First Aid. Boston, MA: Oxford University Press; 2010.

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Oriol, W; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. (1992). *Psychosocial issues for older adults in disasters.*
https://store.samhsa.gov/sites/default/files/d7/priv/sma11-disaster-03.pdf

Pynoos, R., Schreiber, M., Pfefferbaum, B. (2005). *Impact of terrorism on children.* In Sadock B., Sadock V., eds. Kaplan & Sadock's *Comprehensive Textbook of Psychiatry.* 8th edition. (3551–3563) Philadelphia, PA: Lippincott Williams and Wilkins.

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Sakauye, K. (2011). *Geriatric psychiatric interventions.* In Jr, Stoddard, F.J. Pandya, A., Katz, C.L. (Eds.) and Committee on Disasters and Terrorism, *Disaster Psychiatry outreach, disaster psychiatry: Readiness, evaluation, and treatment* (313–328). American Psychiatric Publishing, Inc.

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Silverman, W., & La Greca, A. (2002). *Children experiencing disasters: definitions, reactions, and predictors of outcomes.* In La Greca, A., Silverman, W., Vernberg, E., Roberts, M., (Eds.). *Helping children cope with disasters and terrorism.* (11–33). Washington, DC: American Psychological Association.

Srinivasan, S., Llorente, M. D., & Magley, M. (2014). *Mental health consequences of disaster exposure in older adults.* In C. A. Cefalu (Ed.), Disaster Preparedness for Seniors: A Comprehensive Guide for Healthcare Professionals (311–327). Springer New York, NY.

Vernberg, E. (2005). *Intervention approaches following disasters.* In La Greca, A., Silverman, W., Vernberg, E., Roberts, M., (Eds.). Helping children cope with disasters and terrorism. (55–72). Washington, D.C.: American Psychological Association.

Table 2: Topics and Resources (continued)

7. Providing Care

SUB-TOPICS
- Legal and ethical issues on providing disaster behavioral health services
- Early intervention strategies
- Non-clinical interventions
- Diagnosis and treatment of behavioral health disorders
- Grief and bereavement
- Risk and crisis communication

RESOURCES

Quick Reads/Rapid Resources
Center for the Study of Traumatic Stress. Psychological first aid: Helping victims in the immediate aftermath of disaster.
https://www.cstsonline.org/assets/media/documents/CTC_psychological_first_aid.pdf

Center for the Study of Traumatic Stress. Psychological first aid: How you can support well-being in disaster victims.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Psychological%20First%20Aid_Support_Well_Being_of_%20Disaster_Victims.pdf

U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response. (2014). Disaster behavioral health capacity assessment tool.
https://www.phe.gov/Preparedness/planning/abc/Documents/dbh-capacity-tool.pdf

Center for the Study of Traumatic Stress. Sustaining the psychological well being of care givers while caring for disaster victims.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Psychological_Wellbeing_of_Caregivers_While%20Caring%20%20for%20Disaster%20Victims.pdf

National Sexual Violence Resource Center (NSVRC). Sexual violence in disasters: Fact sheet.
https://www.nsvrc.org/sites/default/files/Factsheet_sv-in-disasters.pdf

War Trauma Foundation and World Vision International. World Health Organization. Psychological first aid: Guide for fieldworkers. Geneva, Switzerland.
https://www.who.int/mental_health/publications/guide_field_workers/en/

Smartphone Apps
U.S. Department of Veterans Affairs. Psychological first aid app.
https://mobile.va.gov/app/pfa-mobile

Trainings
Elite Healthcare. Continuing education for counselors.
https://www.elitecme.com/counselors/

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For Disaster Preparedness and Crisis Response.
https://thinkculturalhealth.hhs.gov/education/disaster-personnel

National Child Traumatic Stress Network (NCTSN) Learning Center. Psychological first aid online.
https://learn.nctsn.org/enrol/index.php?id=38

National Child Traumatic Stress Network (NCTSN) Learning Center. Skills for psychological recovery (SPR) online.
https://learn.nctsn.org/enrol/index.php?id=535

Office of Minority Health, U.S. Department of Health and Human Services. Cultural competency program
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https://thinkculturalhealth.hhs.gov/education/behavioral-health?utm_medium=email&utm_source=govdelivery

The National Fallen Firefighters Foundation. Curbside manner: Stress first aid for the street.
https://www.fireherolearningnetwork.com/Training_Programs/Curbside_Manner__Stress_First_Aid_for_the_Street.aspx

Websites/Online Reports
American Psychiatric Association. Coping After Disaster, Trauma.
https://www.psychiatry.org/patients-families/coping-after-disaster-trauma

Centers for Disease Control and Prevention. Coping with a Disaster or Traumatic Event.
https://www.emergency.cdc.gov/coping/index.asp

National Center for PTSD. Types of debriefing following disasters.
https://www.ptsd.va.gov/professional/treat/type/debrief_after_disasters.asp

National Library of Medicine. Disaster Information Management Research Center (DIMRC). Coping with disasters, violence and traumatic events.
https://disasterinfo.nlm.nih.gov/coping

National Library of Medicine, Disaster Information Management Research Center (DIMRC). Coping with disasters, violence and traumatic events: For emergency responders, healthcare workers, and volunteers.
https://disasterinfo.nlm.nih.gov/coping#For_Emergency_Responders,_Healthcare_Workers,_Journalists,_and_Volunteers

World Health Organization. Mental health and psychosocial support in emergencies (several publications and topics).
https://www.who.int/mental_health/emergencies/en/

Practice Guidelines
American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Washington, D.C.: American Psychiatric Association; 2013.
https://cdn.website-editor.net/30f11123991548a0af708722d458e476/files/uploaded/DSM%2520V.pdf

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Simonsen L.F., Reyes G. *Community-based psychological support: A training manual.* Geneva, Switzerland: International Federation of Red Cross and Red Crescent Societies; 2003.
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https://www.ptsd.va.gov/professional/consult/2017lecture_archive/03152017_lecture_slides.pdf

The World Health Organization. (2019, July 4). IASC Guidelines for mental health and psychosocial support in emergency settings.
https://www.who.int/mental_health/emergencies/9781424334445/en/

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Field manual for mental health and human service workers in major disasters.
https://store.samhsa.gov/sites/default/files/d7/priv/adm90-0537.pdf

Journal Articles

Barnett, D.J., Taylor, H.A., Hodge, J.G., et al. (2009). Resource allocation on the frontlines of public health preparedness and response: report of a summit on legal and ethical issues. *Public health reports (Washington, D.C.: 1974), 124*(2), 295–303.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2646457/

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http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430653/

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Table 2: Topics and Resources (continued)

8. Additional Important Roles

SUB-TOPICS
- **Consultation**
- **Planning and preparedness**
- **Education and information**
- **Assessing changing needs**
- **Program design/implementation/evaluation**
- **Supporting non-behavioral health responders**

Continued

RESOURCES

Quick Reads/Rapid Resources
Center for the Study of Traumatic Stress. Body Recovery and Stress Management for Leaders and Supervisors.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Body_Recovery_Stress_Management_for_Leaders_Supervisors.pdf

Center for the Study of Traumatic Stress. Information for Healthcare Providers in Body Recovery from Mass Death.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Information%20for%20healthcare%20providers%20in%20body%20recovery%20from%20mass%20death.pdf

Center for the Study of Traumatic Stress. Information for Relief Workers on Emotional Reactions to Human Bodies in Mass Death.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Information%20for%20Relief%20Workers%20on%20Emotional%20Reactions%20to%20Human%20Bodies%20in%20Mass%20Death.pdf

Center for the Study of Traumatic Stress. Leadership and Supervision for Body Recovery in Mass Death.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_Supervision_for_Body_Recovery_in_Mass_Death.pdf

Center for the Study of Traumatic Stress. Leadership Stress Management.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_Stress_Management.pdf

Center for the Study of Traumatic Stress. Media Management in Body Recovery from Mass Death.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Media%20Management%20in%20body%20recovery%20from%20mass%20death.pdf

Center for the Study of Traumatic Stress. Natural Disasters: Optimizing Officer and Team Performance.
https://www.cstsonline.org/assets/media/documents/CSTS_law_enforcement_natural_disasters.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Psychological first aid for first responders: Tips for emergency and disaster response workers.
https://store.samhsa.gov/sites/default/files/d7/priv/nmh05-0210.pdf

Smartphone Apps
Substance Abuse and Mental Health Services Administration (SAMHSA). Disaster Mobile App.
https://store.samhsa.gov/product/samhsa-disaster

Websites/Online Reports
American Health Care Association. Emergency preparedness.
https://www.ahcancal.org/facility_operations/disaster_planning/Pages/default.aspx

The American Psychiatric Association. Disaster and trauma.
https://www.psychiatry.org/psychiatrists/practice/professional-interests/disaster-and-trauma

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Centers for Disease Control and Prevention. Crisis & emergency risk communication (CERC).
https://emergency.cdc.gov/cerc/

Centers for Disease Control and Prevention. Public health law: Publications and resources.
https://www.cdc.gov/phlp/publications/topic/index.html

Center for the Study of Traumatic Stress. Terrorism and Disaster: What Clinicians Need to Know: Viral Hemorrhagic Fevers.
https://www.cstsonline.org/assets/media/documents/CSTS_CME_RUSH_USU_viral_hemorrhagic_fevers.pdf

Currie, D., American Public Health Association. Expert round table on social media and risk communication during a time of crisis: Strategic challenges and opportunities.
https://silo.tips/download/special-report-expert-round-table-on-social-media-and-risk-communication-during

U.S. Department of Commerce, National Oceanic and Atmospheric Administration. From Texas to Maine, NOAA's flood information tool promotes resilience.
https://oceanservice.noaa.gov/news/apr15/flood-exposure.html

Practice Guidelines
Centers for Disease Control and Prevention. CERC Manual.
https://emergency.cdc.gov/cerc/manual/index.asp

U.S. Department of Health and Human Services. Communicating in a crisis: Risk communication guidance for public officials.

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Table 2: Topics and Resources (continued)

9. Impact on Workers/Responders

SUB-TOPICS
- **Defining disaster workers/responders**
- **Types of stress experiences**
- **Rewards and stress mediators**
- **Protecting and maintaining the health workforce**
- **Workplace and organizational responsibilities and strategies**
- **Individual responsibilities and strategies**
- **Organizational and leadership factors that promote wellness and sustainment**

RESOURCES

Quick Reads/Rapid Resources
Center for the Study of Traumatic Stress. Shift Work: Managing the Challenges of Disrupted Sleep Patterns and Extended Duty Hours.
https://www.cstsonline.org/assets/media/documents/CSTS_law_enforcement_extended_shift_sleep.pdf

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Center for the Study of Traumatic Stress. Sustaining the Psychological Well-Being of Caregivers While Caring for Disaster Victims.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Sustaining_Psychological_Wellbeing_of_Caregivers_While%20Caring%20%20for%20Disaster%20Victims.pdf

U.S. Department of Veterans Affairs, National Center for PTSD. (2018). Police officer toolkit.
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U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. Tips for first responders: Possible alcohol and substance abuse indicators.
http://ldh.la.gov/assets/docs/EmergencyPrep/katrinarita/TipsFirstResponders_PossibleAlcoholSubstanceAbuseIndicators.pdf

Trainings
The Fire Hero Learning Network. Curbside manner: Stress first aid for the street.
https://www.fireherolearningnetwork.com/Training_Programs/Curbside_Manner__Stress_First_Aid_for_the_Street.aspx

Fire Hero Learning Network. Stress first aid for fire and EMS personnel.
https://www.fireherolearningnetwork.com/Training_Programs/Stress_First_Aid_for_Fire_and_Emergency_Medical_Services_Personnel.aspx

Websites/Online Reports
U.S. Department of Labor, Occupational Safety and Health Administration. A post-deployment guide for families of emergency and disaster response workers.
https://www.osha.gov/SLTC/emergencypreparedness/resilience_resources/support_documents/postdeploy/families_nmh05-0220.html

Practice Guidelines
National Center for PTSD. Stress First Aid (SFA) for law enforcement.
https://www.ptsd.va.gov/professional/treat/care/toolkits/police/docs/PoliceStressFirstAid.pdf

National Fallen Firefighters Foundation. Stress first aid for wildland firefighters : Student manual.
https://responderalliance.com/wp-content/uploads/2019/04/Wildland-Firefighter-Student-Manual-Oct-2018-compressed.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. A post-deployment guide for emergency and disaster response workers: Returning home after disaster relief work.
https://store.samhsa.gov/sites/default/files/d7/priv/sma11-disaster-04.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. A guide to managing stress in crisis response professionals.
https://store.samhsa.gov/product/guide-managing-stress-crisis-response-professions-2/sma05-4113

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Veronese, G., Pepe, A., Massaiu, I., et al. (2017). Posttraumatic growth is related to subjective well-being of aid workers exposed to cumulative trauma in Palestine. *Transcultural Psychiatry*, 54(3), 332–356.
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Books/Chapters

Geoff, M. J., & North, C. S. (2016). Postdisaster psychopathology among rescue workers responding to multiple-shooting incidents. In *The Wiley handbook of the psychology of mass shootings* (pp. 229–246). John Wiley & Sons, Inc.
https://onlinelibrary.wiley.com/doi/abs/10.1002/9781119048015.ch13

Merlino, J.P. (2011). Rescuing ourselves: self-care in the disaster response community. In Jr, Stoddard, F.J. Pandya, A. Katz, C.L., (Eds.). *Disaster Psychiatry: Readiness, evaluation, and treatment*. Washington, D.C.: American Psychiatric Publishing.

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Table 2: Topics and Resources (continued)

10. Broad based/Comprehensive/Classic Resources

SUB-TOPICS

- **Resources that are foundational to the field of disaster behavioral health**
- **Frequently cited resources**
- **Resources on specific types of events that have influenced the development of the field of disaster behavioral health**
- **Resources on more general topics that have influenced the development of the field of disaster behavioral health**

RESOURCES

Websites/Online Reports

Defense Technical Information Center. The human response to the Gander military air disaster: A summary report. (1987).
https://apps.dtic.mil/dtic/tr/fulltext/u2/a193074.pdf

U.S. Department of Health and Human Services. Mental health: culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
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