AUTHORS

Brian W. Flynn, EdD, RADM, USPHS, Ret., Associate Director for Health Systems, Center for the Study of Traumatic Stress, Adjunct Professor, Department of Psychiatry, Uniformed Services University

Mary C. Vance, MD, MSc, Scientist, Center for the Study of Traumatic Stress, Assistant Professor, Department of Psychiatry, Uniformed Services University

Joshua C. Morganstein, MD, CAPT, USPHS, Assistant Director, Center for the Study of Traumatic Stress, Associate Professor and Assistant Chair, Department of Psychiatry, Uniformed Services University

ACKNOWLEDGMENTS

Madeline Crissman, BA, Research Assistant, Scientist, Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University

Norma Quintanilla, BS, Project Assistant, National Center for Disaster Medicine and Public Health, Department of Military & Emergency Medicine, Uniformed Services University

Kandra Strauss-Riggs, MPH, Education Director, Adjunct Professor, National Center for Disaster Medicine and Public Health, Department of Military & Emergency Medicine, Preventative Medicine & Biostatistics, Uniformed Services University

National Center for Disaster Medicine & Public Health
https://www.usuhs.edu/ncdmph

Center for the Study of Traumatic Stress
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, hurricanes, 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.
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 entrance 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
Non-clinical interventions (e.g., basic and specialized crisis counseling, bereavement support)
Diagnosis and treatment of BH disorders
Diagnostic challenges
Use of pharmaceuticals
Treatment options
Grief and bereavement
Critical factors (including diagnostic criteria)
Support factors and strategies
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

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

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

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


Journal Articles


Continued


**Books/Chapters**

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**


**Books/Chapters**

https://www.ncbi.nlm.nih.gov/books/NBK221643/

*Continued*


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### 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**

https://www.ready.gov/community-preparedness-toolkit

Center for the Study of Traumatic Stress Leadership in disasters.

**Smartphone Apps**

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

Continued
Trainings

Websites/Online Reports


Practice Guidelines

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


Continued
https://www.fema.gov/media-library-data/1582825590194-2f000855d442fc3c9f18547d1468990d/NRF_FINALApproved_508_2011028v1040.pdf

Pandemic and All-Hazards Preparedness Act. 

https://www.fema.gov/media-library-data/1582133514823-be4368438bd042e3b60f5cecc6b377d17/Stafford_June_2019_508.pdf

**Journal Articles**


https://psycnet.apa.org/record/2006-02667-004


**Books/Chapters**


### Table 2: Topics and Resources (continued)

#### 3. Key Partners

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<thead>
<tr>
<th>SUB-TOPICS</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Roles of health care providers and workers</td>
<td><strong>Quick Reads/Rapid Resources</strong></td>
</tr>
<tr>
<td>■ Integrating with other human services</td>
<td>Center for the Study of Traumatic Stress. Business Leadership in Bioterrorism Preparedness</td>
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<tr>
<td>■ Integrating with other stakeholders</td>
<td><a href="https://www.cstsonline.org/assets/media/documents/CSTS_FS_business_leadership_bioterrorism_preparedness.pdf">https://www.cstsonline.org/assets/media/documents/CSTS_FS_business_leadership_bioterrorism_preparedness.pdf</a></td>
</tr>
<tr>
<td></td>
<td>Center for the Study of Traumatic Stress. Workplace Preparedness for Terrorism.</td>
</tr>
<tr>
<td><strong>Trainings</strong></td>
<td><strong>Websites/Online Reports</strong></td>
</tr>
</tbody>
</table>

*Continued*
Practice Guidelines

Journal Articles


Books/Chapters


Continued


### 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](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. 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](https://www.cstsonline.org/assets/media/documents/CSTS_FS_Information%20for%20Relief%20Workers%20on%20Emotional%20Reactions%20to%20Human%20Bodies%20in%20Mass%20Death.pdf)

Websites/Online Reports
https://chemm.nlm.nih.gov/

National Center for PTSD. Mental health reactions after disaster
https://www.ptsd.va.gov/understand/types/disaster-terrorism.asp

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


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.

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.
https://store.samhsa.gov/sites/default/files/d7/priv/sma03-3828.pdf

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

Journal Articles


Continued


**Books/Chapters**


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**Table 2: Topics and Resources**

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


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

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


Websites/Online Reports


Continued
Practice Guidelines
Center for the Study of Traumatic Stress. Terrorism and Disaster: What Clinicians Need to Know: Emergency Mental Health After a Suicide Bombing.

Journal Articles


https://jmvh.org/article/contribution-to-the-study-of-shell-shock/


**Books/Chapters**


Continued
### 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**


- 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](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](http://hermes.cde.state.co.us/drupal/islandora/object/co%3A27370)


*Continued*
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


**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**


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


**Practice Guidelines**

Continued


**Journal Articles**


Continued


https://psycnet.apa.org/record/2014-25357-001


**Books/Chapters**


Continued


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


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


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**
https://www.elitecme.com/counselors/

*Continued*
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.


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

  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

  https://cdn.website-editor.net/30f11123991548a0af708722d458e476/files/uploaded/DSM%2520V.pdf

Continued


**Journal Articles**


**Books/Chapters**


Continued

Ng, A. T., Morganstein, J.C. et al. (2019). Disaster psychiatry and psychiatric emergency services. *In emergency psychiatry: Principles and practice* (pp. 530–538).


**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

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 Stress Management.
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Leadership_Stress_Management.pdf

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
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

Continued
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.


**Practice Guidelines**
https://emergency.cdc.gov/cerc/manual/index.asp


**Journal Articles**


**Books/Chapters**

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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**

*Continued*
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%20for%20Disaster%20Victims.pdf


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.

**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


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.

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.

*Continued*
Journal Articles


Books/Chapters


Continued
Table 2: Topics and Resources (continued)

<table>
<thead>
<tr>
<th>10. Broad based/Comprehensive/Classic Resources</th>
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**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**


http://www.ncbi.nlm.nih.gov/books/NBK44243/

**Journal Articles**


Continued

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https://psycnet.apa.org/record/1981-12975-001

**Books/Chapters**


https://ps.psychiatryonline.org/doi/10.1176/ps.37.3.295


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