

**SAMHSA**

**Disaster Technical Assistance Center  
Supplemental Research Bulletin**

**Disaster Behavioral Health  
Interventions Inventory**

*May 2022*

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The focus of the *Supplemental Research Bulletin* is to provide an overview of the current literature on a specific topic and make it easy to understand for disaster behavioral health professionals who are not otherwise exposed to the research. The product aims to assist professionals and paraprofessionals involved in all-hazards planning, disaster behavioral health response and recovery, and/or Crisis Counseling Assistance and Training Program grant activities.

## INTRODUCTION

This *Supplemental Research Bulletin* is an inventory of current intervention options, rather than a review of current research in the field of disaster behavioral health. The inventory primarily encompasses disaster-specific interventions, although several of these may also be used to assist people with distress or disorders associated with other types of events. The interventions to support survivors of other event types are generally applicable to disaster survivors in the later stages of response activities. A few of the interventions (those used in the long-term recovery phase of disaster) are applicable only when the survivors have been fully assessed by a licensed or certified professional and determined to have a mental illness, such as major depression or posttraumatic stress disorder (PTSD).

The immediate and intermediate interventions help achieve two goals of disaster behavioral health:

- Mitigate the development of serious mental disorders based on experience of disaster and promote resiliency.
- Provide tools to support the natural recovery process that occurs for most of the affected population with time.

The majority of interventions applied in the acute/immediate and intermediate response phases are appropriate for survivors who continue to function well but may have continuing bothersome symptoms and who have not been diagnosed with a mental illness. In a review study based on samples from 160 studies of more than 60,000 disaster survivors around the world, researchers found that many studies (39 percent) found nonspecific distress outcomes—outcomes involving distress but no formal diagnosis—and nearly one in four (23 percent) found health problems and concerns among survivors.<sup>1</sup> Another review reports that in addition to mental illnesses disaster survivors have been found to experience increased stress, remorse, and other effects that generally fall into the broad category of subclinical distress.<sup>2</sup> Studies of disaster survivors have varied regarding prevalence of disaster-related PTSD, with one review of studies of survivors of several disasters finding disaster-related PTSD to be at 20 percent among survivors across studies,<sup>3</sup> and then a more recent review study finding a far lower prevalence across several countries (0–3.8 percent), possibly due to greater length of time elapsed between the disaster event and assessment of PTSD.<sup>4</sup> Other articles and studies have reported rates of PTSD among

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<sup>1</sup> Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001. *Psychiatry*, *65*(3), 207–239. <https://doi.org/10.1521/psyc.65.3.207.20173>

<sup>2</sup> Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health*, *35*, 169–183. <https://doi.org/10.1146/annurev-publhealth-032013-182435>

<sup>3</sup> North, C. S., Oliver, J., & Pandya, A. (2012). Examining a comprehensive model of disaster-related posttraumatic stress disorder in systematically studied survivors of 10 disasters. *American Journal of Public Health*, *102*, e40–e48. <https://doi.org/10.2105/AJPH.2012.300689>

<sup>4</sup> Bromet, E. J., Atwoli, L., Kawakami, N., Navarro-Mateu, F., Piotrowski, P., King, A. J., Aguilar-Gaxiola, S., Alonso, J., Bunting, B., Demyttenaere, K., Florescu, S., de Girolamo, G., Gluzman, S., Haro, J. M., de Jonge, P., Karam, E. G., Lee, S., Kovess-Masfety, V., Medina-Mora, M. E., . . . Kessler, R. C. (2017). Post-traumatic stress disorder associated with natural and human-made disasters in the World Mental Health Surveys. *Psychological Medicine*, *47*(2), 227–241. <https://doi.org/10.1017/S0033291716002026>

survivors ranging from 5 to 40 percent.<sup>5,6,7</sup> Some of this variation in prevalence rates among disaster survivors may owe to different methods and timing of measurement, as well as to the many variables that contribute to whether a person will experience PTSD, such as history of trauma, preexisting mental health condition, socioeconomic status, access to social supports, and other influences.<sup>8,9</sup> Research has also revealed the type of disaster may play a role in the extent of mental health and substance use-related issues or conditions people experience after a disaster.<sup>10</sup> This is especially true if the disaster results in mass injury or death or leads to events such as violence or civil unrest.<sup>11</sup> These survivors should be provided with treatment options as soon as their condition can be identified, or as soon as they have been formally assessed by a mental health professional. Formal mental health treatment services are at the far end of the spectrum in terms of disaster behavioral health and are addressed within the realm of professional clinical mental health and substance use disorder treatment.

Most interventions are categorized by the time in which they should be administered after a disaster (early, intermediate, and long-term) and can be applied to most survivors who experience the most common disaster reactions. Interventions that are available via internet, smartphone applications, and other electronic technology are inventoried within their own category. We also use checklists that identify standard aspects of each intervention, including:

- The intervention type (e.g., individual, family, group)
- The settings in which they can be delivered (e.g., in the field, schools, workplaces)
- The populations who may benefit most from each intervention
- The training or preparation required for implementation
- The status of their research base (with a wide spectrum from empirical evidence to unpublished)
- Further references/studies
- Any available manuals for delivery

Each intervention may be offered in a variety of languages, including American Sign Language and other sign languages, braille, and other formats accessible to people who are deaf or hard of hearing or visually

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<sup>5</sup> Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health, 35*, 169–183. <https://doi.org/10.1146/annurev-publhealth-032013-182435>

<sup>6</sup> North, C. S. (2016). Disaster mental health epidemiology: Methodological review and interpretation of research findings. *Psychiatry, 79*(2), 130–146. <https://doi.org/10.1080/00332747.2016.1155926>

<sup>7</sup> Belleville, G., Ouellet, M. C., Lebel, J., Ghosh, S., Morin, C. M., Bouchard, S., Guay, S., Bergeron, N., Campbell, T., & MacMaster, F. P. (2021). Psychological symptoms among evacuees from the 2016 Fort McMurray wildfires: A population-based survey one year later. *Frontiers in Public Health, 9*, 655357. <https://doi.org/10.3389/fpubh.2021.655357>

<sup>8</sup> Tucker, P., Pfefferbaum, B., Jeon-Slaughter, H., Garton, T. S., & North, C. S. (2014). Extended mental health service utilization among survivors of the Oklahoma City bombing. *Psychiatric Services, 65*, 559–562. <https://doi.org/10.1176/appi.ps.201200579>

<sup>9</sup> North, C. S., Oliver, J., & Pandya, A. (2012). Examining a comprehensive model of disaster-related posttraumatic stress disorder in systematically studied survivors of 10 disasters. *American Journal of Public Health, 102*, e40–e48. <https://doi.org/10.2105/AJPH.2012.300689>

<sup>10</sup> Bromet, E. J., Atwoli, L., Kawakami, N., Navarro-Mateu, F., Piotrowski, P., King, A. J., Aguilar-Gaxiola, S., Alonso, J., Bunting, B., Demyttenaere, K., Florescu, S., de Girolamo, G., Gluzman, S., Haro, J. M., de Jonge, P., Karam, E. G., Lee, S., Kovess-Masfety, V., Medina-Mora, M. E., . . . Kessler, R. C. (2017). Post-traumatic stress disorder associated with natural and human-made disasters in the World Mental Health Surveys. *Psychological Medicine, 47*(2), 227–241. <https://doi.org/10.1017/S0033291716002026>

<sup>11</sup> Goldmann, E., & Galea, S. (2014). Mental health consequences of disasters. *Annual Review of Public Health, 35*, 169–183. <https://doi.org/10.1146/annurev-publhealth-032013-182435>

impaired. To explore these options, you can contact the intervention author or provider directly using the websites and resources provided.

Lastly, a category of additional resources is included to further assist with guidance and implementation of possible interventions and disaster behavioral health planning. Service delivery models as well as supplemental technological apps are provided within this category for professional and/or public use.

## EARLY INTERVENTIONS (FIRST 4 WEEKS)

During and immediately after a disaster, survivors experience high levels of distress from life-threatening experiences, violence, injury, witnessing loss of life, disruption of daily routines, and loss of important foundations of stability such as housing or employment. This increased distress does not always lead to chronic disorder. Studies of disasters and resilience have found that some individuals may show symptoms of posttraumatic stress disorder, major depressive disorder, or disordered substance use after a disaster, but only a portion of those go on to have major psychopathology months or years after the event.<sup>12,13,14</sup> However, those who have previously experienced traumatic events, had a preexisting mental health condition, or had preexisting substance use disorder were all at increased risk for poorer mental health outcomes.<sup>15</sup> Peri-traumatic stress—emotional and psychological distress experienced during and immediately after an event—has been shown to explain why some individuals experience negative outcomes over the long term, supporting the need for early intervention in this critical period.<sup>16,17</sup>

Early interventions are typically defined as any form of psychological intervention delivered within the first 4 weeks of a potentially traumatic event.<sup>18</sup> By delivering services early to those affected by disaster, we may ultimately stave off the progression of acute stress reactions into chronic stress disorders and avoid vulnerability in future disasters.<sup>19</sup> Some early interventions are intended for implementation during the acute phase (within hours or days of a traumatic event), whereas others are initiated 1 to 4 weeks post-incident.<sup>20</sup> These interventions are meant to help survivors access the strengths needed to decrease their

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<sup>12</sup> Kane, J. C., Luitel, N. P., Jordans, M., Kohrt, B. A., Weissbecker, I., & Tol, W. A. (2018). Mental health and psychosocial problems in the aftermath of the Nepal earthquakes: Findings from a representative cluster sample survey. *Epidemiology and Psychiatric Sciences*, 27(3), 301–310. <https://doi.org/10.1017/S2045796016001104>

<sup>13</sup> Osofsky, J. D., Osofsky, H. J., Weems, C. F., King, L. S., & Hansel, T. C. (2015). Trajectories of post-traumatic stress disorder symptoms among youth exposed to both natural and technological disasters. *Journal of Child Psychology and Psychiatry*, 56(12), 1347–1355. <https://doi.org/10.1111/jcpp.12420>

<sup>14</sup> Bromet, E. J., Atwoli, L., Kawakami, N., Navarro-Mateu, F., Piotrowski, P., King, A. J., Aguilar-Gaxiola, S., Alonso, J., Bunting, B., Demyttenaere, K., Florescu, S., de Girolamo, G., Gluzman, S., Haro, J. M., de Jonge, P., Karam, E. G., Lee, S., Kovess-Masfety, V., Medina-Mora, M. E., . . . Kessler, R. C. (2017). Post-traumatic stress disorder associated with natural and human-made disasters in the World Mental Health Surveys. *Psychological Medicine*, 47(2), 227–241. <https://doi.org/10.1017/S0033291716002026>

<sup>15</sup> Ibid.

<sup>16</sup> Bell, C. J., Boden, J. M., Horwood, L. J., & Mulder, R. T. (2017). The role of peri-traumatic stress and disruption distress in predicting symptoms of major depression following exposure to a natural disaster. *The Australian and New Zealand Journal of Psychiatry*, 51(7), 711–718. <https://doi.org/10.1177/0004867417691852>

<sup>17</sup> Wilson-Genderson, M., Heid, A. R., & Pruchno, R. (2018). Long-term effects of disaster on depressive symptoms: Type of exposure matters. *Social Science & Medicine*, 217, 84–91. <https://doi.org/10.1016/j.socscimed.2018.09.062>

<sup>18</sup> National Institute of Mental Health. (2002). *Mental health and mass violence. Evidence-based early psychological intervention for victims/survivors of mass violence. A workshop to reach consensus on best practices* (National Institutes of Health Publication No. 02-5138). U.S. Government Printing Office. <https://eric.ed.gov/?id=ED469199>

<sup>19</sup> Roberts, A. (2002). Assessment, Crisis Intervention, and Trauma Treatment: The Integrative ACT Intervention Model. *Brief Treatment and Crisis Intervention*, 2(1), 1. <https://doi.org/10.1093/brief-treatment/2.1.1>

<sup>20</sup> Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European Journal of Psychotraumatology*, 10(1), 1695486. <https://doi.org/10.1080/20008198.2019.1695486>

fear responses (thereby calming themselves) and obtain immediate care and support, allowing them to move to the next stage of recovery.

## Assessment, Crisis Intervention, and Trauma Treatment (ACT)

**Author:** Albert R. Roberts

**Website:** [http://triggered.edina.clockss.org/ServeContent?rft\\_id=info:doi/10.1093/brief-treatment/2.1.1](http://triggered.edina.clockss.org/ServeContent?rft_id=info:doi/10.1093/brief-treatment/2.1.1)

**Brief Description:** ACT is a conceptual three-stage framework and intervention model that can be useful in helping mental health professionals provide acute crisis and trauma treatment services. This model may be thought of as a sequential set of assessments and intervention strategies, as it integrates various assessment and triage protocols with the 7-stage crisis intervention model and the 10-step acute traumatic stress management protocol.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
Delivery Setting	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parent	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Direct survivors of disaster
Experience Needed To Implement or Provide	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health and other trained professionals	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Literature guidance

Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input checked="" type="checkbox"/> Qualitative Research

## Cognitive Behavioral Therapy for Acute Stress Disorder (CBT for ASD)

**Author:** Richard Bryant

**Website:** <https://istss.org/clinical-resources/treating-trauma/treatment-materials/cognitive-behavioral-therapy-for-acute-stress-diso>

**Brief Description:** ASD incorporates posttraumatic stress reactions that are present during the 4 weeks directly following a traumatic event. Although ASD and posttraumatic stress disorder (PTSD) share many symptoms, individuals who experience ASD may or may not later develop PTSD, and not all individuals with PTSD showed signs of ASD beforehand.<sup>21,22</sup> As with PTSD, individuals experiencing ASD have shown benefit from CBT, even if it may not prevent later PTSD.<sup>23</sup> This early intervention treatment includes six sessions of structured CBT with prolonged exposure.

**Manuals/Guides:** A manual for this intervention is available, but only to registered members of the International Society for Traumatic Stress Studies (or affiliate societies).

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other: Disaster responders
<input checked="" type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Treatment manual

<sup>21</sup> Bryant, R. A. (2018). The current evidence for acute stress disorder. *Current Psychiatry Reports*, 20(12), 111. <https://doi.org/10.1007/s11920-018-0976-x>

<sup>22</sup> Visser, E., Gosens, T., Den Oudsten, B. L., & De Vries, J. (2017). The course, prediction, and treatment of acute and posttraumatic stress in trauma patients: A systematic review. *The Journal of Trauma and Acute Care Surgery*, 82(6), 1158–1183. <https://doi.org/10.1097/TA.0000000000001447>

<sup>23</sup> Fanai, M., & Khan, M. A. B. Acute stress disorder. (2021, July 17). In *StatPearls*. StatPearls Publishing. Retrieved February 9, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK560815>



Populations	
<input type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input type="checkbox"/> Other _____
Experience Needed To Implement or Provide	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Bryant, R. A., Harvey, A. G., Dang, S. T., Sackville, T., & Basten, C. (1998). Treatment of acute stress disorder: A comparison of cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 66*(5), 862–866. <https://doi.org/10.1037//0022-006x.66.5.862>

Carpenter, J. K., Andrews, L. A., Witcraft, S. M., Powers, M. B., Smits, J. A. J., & Hofmann, S. G. (2018). Cognitive behavioral therapy for anxiety and related disorders: A meta-analysis of randomized placebo-controlled trials. *Depression and Anxiety, 35*(6), 502–514. <https://doi.org/10.1002/da.22728>

Fanai, M., & Khan, M. A. B. Acute stress disorder. (2021, July 17). In *StatPearls*. StatPearls Publishing. Retrieved February 9, 2022, from <https://www.ncbi.nlm.nih.gov/books/NBK560815>

**Healing After Trauma Skills (HATS)**

**Authors:** Robin H. Gurwitch and Anne K. Messenbaugh

**Website:** [https://cpeip.fsu.edu/storm/StormresourcesFiles/resourceFile\\_59.pdf](https://cpeip.fsu.edu/storm/StormresourcesFiles/resourceFile_59.pdf)

**Brief Description:** HATS was designed to be facilitated by teachers, psychologists, and other counselors working with children in kindergarten or elementary or early middle school grades who have experienced a disaster or traumatic event. The manual provides information about how children are affected by trauma/disaster, including recognizing, identifying, and coping with their feelings and methods to redirect thoughts and promote resiliency. Although HATS was developed for use in the classroom or with small groups, it can be amended for use with individual children.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support

<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input checked="" type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Teachers, counselors, child psychologists	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### Support for Students Exposed to Trauma (SSET)

**Authors:** Lisa Jaycox, Audra Langley, Kristin Dean, Sharon Hoover, Substance Abuse and Mental Health Services Administration, National Institute of Mental Health

**Website:** <https://ssetprogram.org>

**Brief Description:** SSET is a school-based group intervention designed for use by teachers and school counselors as a nonclinical adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. SSET gives educators lesson plans to assist students who are experiencing current problems with anxiety or nervousness, withdrawal or isolation, depressed mood, acting out in school, or impulsive or risky behavior in response to trauma exposure.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input checked="" type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Teachers, counselors, child psychologists	<input type="checkbox"/> Training (Paid)
<input checked="" type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: In-person, virtual training options
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Amin, R., Nadeem, E., Iqbal, K., Asadullah, M. A., & Hussain, B. (2020). Support for Students Exposed to Trauma (SSET) program: An approach for building resilience and social support among flood-impacted children. *School Mental Health, 12*, 493–506. <https://doi.org/10.1007/s12310-020-09373-y>

Jaycox, L. H., Langlely, A. K., Stein, B. D., Wong, M., Sharma, P., Scott, M., & Schonlau, M. (2009). Support for Students Exposed to Trauma: A pilot study. *School Mental Health, 1*, 49–60. <https://doi.org/10.1007/s12310-009-9007-8>

## Psychological First Aid (PFA)

**Authors:** National Child Traumatic Stress Network; U.S. Department of Veterans Affairs, National Center for PTSD<sup>24</sup>

**Websites:** [https://www.ptsd.va.gov/professional/treat/type/psych\\_firstaid\\_manual.asp](https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp),  
<https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>

**Brief Description:** PFA is an evidence-informed modular approach for responders to use when assisting people in the immediate aftermath of disaster and terrorism. As an early-stage disaster response intervention, the goal of PFA is to promote safety, stabilize survivors, and connect them to help and resources. Responders can use PFA to assess immediate concerns and needs of affected individuals in the aftermath of a disaster. However, it is not intended for providing onsite therapy. It can be used in a variety of settings by first responders, incident commanders, primary and emergency healthcare professionals and paraprofessionals, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Team (CERT) programs, the Medical Reserve Corps, and the Citizens Corps.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other _____
Populations	
<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs

<sup>24</sup> Development and production of this program model was supported by the Substance Abuse and Mental Health Services Administration.

<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People who have experienced disasters and/or trauma
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Each PFA manual is tailored to a specific audience and the provider of PFA for the intended audience; PFA training is also available—if there are costs, they may vary.
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

There are currently several adaptations of PFA designed for specific populations and situations, including community religious professionals, Medical Reserve Corps members, and staff at facilities for families and youth who are experiencing homelessness. PFA materials have also been translated into several languages. Directly below are links to PFA models that follow the primary structure of PFA but are tailored to specific populations.

- Psychological First Aid for Schools (PFA-S), <https://www.nctsn.org/resources/psychological-first-aid-schools-pfa-s-field-operations-guide>
- Psychological First Aid for Community Religious Professionals, <https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-community-religious-professionals>
- Psychological First Aid Medical Reserve Corps, <https://www.nctsn.org/resources/psychological-first-aid-pfa-field-medical-reserve-corps-field-operations-guide>
- Psychological First Aid for Families Experiencing Homelessness, <https://www.nctsn.org/resources/psychological-first-aid-pfa-families-experiencing-homelessness>
- Psychological First Aid for Youth Experiencing Homelessness, <https://www.nctsn.org/resources/psychological-first-aid-pfa-youth-experiencing-homelessness>
- Psychological First Aid for Displaced Children and Families, <https://www.nctsn.org/resources/pfa-for-displaced-children-and-families>

The following PFA models involve modifications or customization to the original PFA model with variations tailored to specific audiences and situations.

## **THE JOHNS HOPKINS RAPID MODEL OF PFA**

**Author:** Johns Hopkins Center for Public Health Preparedness

**Website:** <https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/mental-health-trainings.html>

**Brief Description:** The PFA RAPID Model is a 6-hour interactive training offered by Johns Hopkins University that teaches the concepts and skills associated with PFA to public health and healthcare professionals with limited former mental health education. The RAPID model (Reflective Listening, Assessment of Needs, Prioritization, Intervention, and Disposition) provides health professionals who volunteer or are asked to respond in times of emergency with information about non-physical injuries and trauma. It is also applicable to public health settings, the workplace, the military, mass disaster sites, and the demands of more local critical incidents (e.g., dealing with the psychological aftermath of accidents, robberies, suicide, homicide, or community violence).

## **BUILDING WORKFORCE RESILIENCE THROUGH THE PRACTICE OF PSYCHOLOGICAL FIRST AID—A COURSE FOR SUPERVISORS AND LEADERS**

**Authors:** U.S. Department of Health and Human Services, National Association of County and City Health Officials

**Website:** <https://www.pathlms.com/naccho/courses/4592>

**Brief Description:** The model of PFA in this self-paced, 90-minute online course is designed for leaders and staff to build workforce resilience and lead effectively through emergencies. Offered free of charge, the course covers topics including stress reactions during disaster response, core components of PFA, and how to provide PFA as a manager or supervisor. It is designed to help leaders in areas including emergency management, public health, and disaster response build and sustain the resilience of their staff.

## **LISTEN, PROTECT, CONNECT MODEL OF PFA**

**Authors:** Merritt Schreiber and Robin Gurwitch

**Website:** <https://traumaawareschools.org/pfa>

**Brief Description:** Listen, protect, and connect are the three steps of PFA for teachers and staff members to assist a child after a disaster in which he or she has experienced trauma. The authors suggest that professionals listen and observe a child's reactions, talk simply and honestly about what happened, and encourage parents and guardians to connect to members of their family and community for resources for disaster survivors.

**Manuals/Guides:** [http://ssetprogram.org/static/tsa/uploads/files/pfa\\_schoolcrisis\\_%281%29.pdf](http://ssetprogram.org/static/tsa/uploads/files/pfa_schoolcrisis_%281%29.pdf)

### ***Further References/Studies***

Ramirez, M., Harland, K., Frederick, M., Shephard, R., Wong, M., & Cavanaugh, J. E. (2013). Listen protect connect for traumatized schoolchildren: A pilot study of Psychological First Aid. *BMC Psychology*, 1(26). <http://www.biomedcentral.com/2050-7283/1/26>

## NEBRASKA PSYCHOLOGICAL FIRST AID

**Authors:** Denise Bulling, University of Nebraska Public Policy Center, Nebraska Department of Health and Human Services

**Website:** <https://www.disastermh.nebraska.edu/training-education/psych-first-aid>

**Brief Description:** An adaptation of Community-based Psychological Support developed by the International Federation of Red Cross and Red Crescent Societies, Nebraska Psychological First Aid encompasses seven critical skill areas that anyone can use to support a disaster survivor after a crisis. These areas include psychological support, stress and coping, supportive communication, promoting community self-help, populations with functional needs, helping the helper, and de-escalation. Nebraska PFA is designed as a complement to the *PFA Field Operations Guide* developed by the National Child Traumatic Stress Network (<https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-2nd-edition>) and National Center for PTSD ([https://www.ptsd.va.gov/professional/treat/type/psych\\_firstaid\\_manual.asp](https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp)).

### Screening, Brief Intervention, and Referral to Treatment (SBIRT)

**Author:** Substance Abuse and Mental Health Services Administration

**Website:** <https://www.samhsa.gov/sbirt>

**Brief Description:** SBIRT is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders. Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur. SBIRT gives guidance for quick screening, brief intervention, and referral to treatment with assistance from provided resources.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Primary care, hospital emergency rooms, trauma centers, and other community settings
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders

<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People at risk of developing substance use disorders
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Healthcare and mental health and substance use disorder treatment professionals	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Designated training sites
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## Seeking Safety

**Author:** Lisa M. Najavits

**Website:** <https://www.treatment-innovations.org/seeking-safety.html>

**Brief Description:** Seeking Safety is a present-focused counseling therapy to help people attain safety from trauma and/or substance use. It includes 25 topic areas, each a coping skill, in cognitive, behavioral, and interpersonal domains. It has been conducted in group and individual formats; for all gender identities, adolescents, or adults; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, and residential); and for both maladaptive substance use and substance use disorder. It has also been used with people who have a trauma history or those who do not have trauma history but need help with coping skills, and do not meet criteria for posttraumatic stress disorder.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media



<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Variety of settings
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Adolescents and adults who have experienced trauma and/or maladaptive substance use/substance use disorders
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Professionals in a variety of settings, with or without training; training is available
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## Mental Health First Aid (MHFA)<sup>25</sup>

**Authors:** National Council for Mental Wellbeing, Missouri Department of Mental Health

**Website:** <https://www.mentalhealthfirstaid.org>

**Brief Description:** MHFA is a public education program designed to give people the skills to help someone who is showing signs of mental illness or a substance use disorder or in crisis. In addition to the standard adult course, there are several specialized course options for other learner audiences and communities:

- Mental Health First Aid for Teens (tMHFA): <https://www.mentalhealthfirstaid.org/population-focused-modules/teens>
- Mental Health First Aid for Youth: <https://www.mentalhealthfirstaid.org/population-focused-modules/youth>
- Mental Health First Aid for Workplace: <https://www.mentalhealthfirstaid.org/population-focused-modules/workplace>
- Mental Health First Aid for Older Adults: <https://www.mentalhealthfirstaid.org/population-focused-modules/older-adults>

<sup>25</sup> While MHFA is not a disaster behavioral health-specific intervention, it may be useful in a situation such as a disaster that involves a person experiencing a mental health emergency.

- Mental Health First Aid for Veterans: <https://www.mentalhealthfirstaid.org/population-focused-modules/veterans>
- Mental Health First Aid for Fire and Emergency Medical Services: <https://www.mentalhealthfirstaid.org/population-focused-modules/fire-and-ems>
- Mental Health First Aid for Public Safety: <https://www.mentalhealthfirstaid.org/population-focused-modules/public-safety>
- Mental Health First Aid for Higher Education: <https://www.mentalhealthfirstaid.org/population-focused-modules/higher-education>
- Mental Health First Aid for Rural Communities: <https://www.mentalhealthfirstaid.org/population-focused-modules/rural-communities>
- Mental Health First Aid for Schools: <https://www.mentalhealthfirstaid.org/population-focused-modules/schools>
- Mental Health First Aid for Faith and Spiritual Communities: <https://www.mentalhealthfirstaid.org/population-focused-modules/faith-and-spiritual-communities>

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input checked="" type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input checked="" type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input type="checkbox"/> Other _____

Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification	<input checked="" type="checkbox"/> Training (Paid)
<input checked="" type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Specific training programs are offered for different occupations/populations. Courses may cost money to complete.
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## INTERMEDIATE INTERVENTIONS (6 MONTHS–1 YEAR)

Prior to reporting to a disaster scene, it is important for disaster behavioral health responders to be informed of the level, types, and timing of mental health and substance use-related response activities being conducted in their assigned communities. This knowledge can help responders prepare for survivors' emotional responses, particularly if basic needs for safety, shelter, food, and medical care of survivors were not met in the early aftermath of the incident. Other survivors may be realizing their losses at this time. Many survivors who received PFA and other immediate interventions may be continuing to experience symptoms they find upsetting and may want to participate in intermediate interventions. These interventions primarily include educational and cognitive activities meant to decrease anxiety symptoms and increase coping skills, as well as the survivor's confidence in his or her ability to recover (i.e., self-efficacy) without mental health treatment. Intermediate interventions generally include psycho-education, anxiety management techniques, coping strategies, exposure therapy, and cognitive restructuring. Research indicates that cognitive behavioral interventions continue to be the most effective and easily accepted by clients, as emphasis is placed on teaching skills that can easily be used across different settings and issues.

### Cognitive Behavioral Therapy for Postdisaster Distress (CBT-PD)

**Authors:** Jessica Hamblen, National Center for PTSD

**Website:** N/A

**Brief Description:** CBT-PD is a manualized intervention that focuses on identifying and challenging maladaptive disaster-related beliefs. "Post-disaster distress" encompasses a range of cognitive, emotional, and behavioral reactions to disaster, including symptoms of depression, stress, vulnerability, and functional difficulties. The intervention includes four components: psycho-education, breathing retraining, behavioral activation, and cognitive restructuring.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support

<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People experiencing sustained distress following a disaster
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input checked="" type="checkbox"/> Qualitative Research

**Further References/Studies**

Hamblen, J. L., Gibson, L. E., Mueser, K. T., & Norris, F. H. (2006). Cognitive behavioral therapy for prolonged postdisaster distress. *Journal of Clinical Psychology*, 62(8), 1043–1052. <https://doi.org/10.1002/jclp.20288>

Hamblen, J. L., & Mueser, K. T. (2021). *Treatment for postdisaster distress: A transdiagnostic approach*. American Psychological Association. <https://doi.org/10.1037/0000237-000>

Hamblen, J. L., Norris, F. H., Pietruszkiewicz, S., Gibson, L. E., Naturale, A. J., & Louis, C. (2009). Cognitive behavioral therapy for postdisaster distress: A community-based treatment program for survivors of Hurricane Katrina. *Administration and Policy in Mental Health*, 36, 206–214. <https://doi.org/10.1007/s10488-009-0213-3>

Hamblen, J. L., Norris, F. H., Symon, K. A., & Bow, T. E. (2017). Cognitive behavioral therapy for postdisaster distress: A promising transdiagnostic approach to treating disaster survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(Suppl 1), 130–136. <https://doi.org/10.1037/tra0000221>

### Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

**Authors:** Lisa Jaycox, Audra Langley, Marleen Wong, Sheryl Kataoka, Bradley Stein, Joshua Kaufman, Pia Escudero

**Websites:** <https://cbitsprogram.org>, <https://www.rand.org/pubs/tools/TL272.html>

**Brief Description:** CBITS is an intervention designed for use with small groups of children and adolescents who have experienced trauma, including trauma associated with a disaster, that is causing ongoing distress. CBITS incorporates cognitive behavioral techniques in a group format (6–8 children per group) to address symptoms of posttraumatic stress disorder (PTSD) and anxiety and depression related to trauma. A new set of techniques is introduced in each session using a mixture of didactic presentation, age-appropriate examples, and games to solidify concepts. Individuals complete worksheets during and between sessions. The techniques similar to those used in other cognitive behavioral therapy groups for individuals with PTSD are taught to the students. The CBITS intervention emphasizes applying techniques learned in the program to the child’s own problems. Homework assignments are developed collaboratively between the student and the clinician in each session and are reviewed at the beginning of the next session. The intervention is available in Spanish and Arabic and has been adapted for use with low-literacy groups and children in foster care.

The program consists of 10 group sessions, 1–3 individual sessions, 2 parent education sessions, and 1 teacher education session. It is delivered by clinicians based in schools.

**Manuals/Guides:** The manual is available as a free download from <https://www.rand.org/pubs/tools/TL272.html>.

Intervention Type	
<input type="checkbox"/> Individual	<input type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____

<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input checked="" type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: In-person, virtual, and online training options available
<b>Research Base</b>	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

#### **Further References/Studies**

Cohen, J. A., Jaycox, L. H., Walker, D. W., Mannarino, A. P., Langley, A. K., & DuClos, J. L. (2009). Treating traumatized children after Hurricane Katrina: Project Fleur-de Lis. *Clinical Child and Family Psychology Review*, 12(1), 55–64. <https://doi.org/10.1007/s10567-009-0039-2>

Jaycox, L. H., Cohen, J. A., Mannarino, A. P., Walker, D. W., Langley, A. K., Gegenheimer, K. L., Scott, M., & Schonlau, M. (2010). Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress*, 23(2), 223–231. <https://doi.org/10.1002/jts.20518>

Kataoka, S., Jaycox, L. H., Wong, M., Nadeem, E., Langley, A., Tang, L., & Stein, B. D. (2011). Effects on school outcomes in low-income minority youth: Preliminary findings from a community-partnered study of a school trauma intervention. *Ethnicity & Disease*, 21(3 Suppl 1), S1-71–S1-77.

Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School Mental Health*, 2(3), 105–113.

Morsette, A., van den Pol, R., Schulberg, D., Swaney, G., & Stolle, D. (2012). Cognitive behavioral treatment for trauma symptoms in American Indian youth: Preliminary findings and issues in evidence-based practice and reservation culture. *Advances in School Mental Health Promotion*, 5(1), 51–62.

Nadeem, E., Jaycox, L. H., Langley, A. K., Wong, M., Kataoka, S. H., & Stein, B. D. (2014). Effects of trauma on students: Early intervention through the Cognitive Behavioral Intervention for Trauma in

Schools. In M. D. Weist, N. A. Lever, C. P. Bradshaw, & J. Sarno Owens (Eds.), *Handbook of school mental health: Research, training, practice, and policy* (2nd ed., pp. 145–157). Springer Science + Business Media. [https://doi.org/10.1007/978-1-4614-7624-5\\_11](https://doi.org/10.1007/978-1-4614-7624-5_11)

## Mindfulness-based Cognitive Therapy & Mindfulness-based Stress Reduction

**Authors:** Various authors

**Websites:**

- <https://www.mbct.com>
- <https://cih.ucsd.edu/mindfulness>
- <https://www.mindfulnessstudies.com/pro-dev/mbct-cert>

**Brief Description:** Mindfulness-based cognitive therapy (MBCT) includes mindfulness, which Kabat-Zinn (1994) defined as “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.”<sup>26</sup> MBCT is a weekly group therapy lasting 2 hours per session led by a therapist as part of an 8-week program. Mindfulness is regarded as an important agent of change because it shifts the individual’s perspective with the aim of counteracting psychopathological processes. However, mindfulness is not the only mechanism of change in these therapies because behavioral and cognitive principles are also strongly incorporated. These interventions may be best considered hybrids rather than complementary and alternative medicine (CAM), but future research will be necessary to determine the significance of their components. Mindfulness-based interventions show promise for stress reduction in general medical conditions, anxiety, depression, and other mental health conditions. Initial evidence suggests that they are accepted in trauma-exposed individuals.

Mindfulness-based stress reduction (MBSR) is a group intervention that incorporates mindfulness practices and can include meditation and yoga. The literature on cognitive changes related to mindfulness suggests that people may learn to be less reactive to intrusive or ruminative thoughts when they practice shifting attention and assuming a nonjudgmental stance. Mantra meditation has been more commonly linked to decreasing physiological arousal. For people with posttraumatic stress disorder (PTSD), this may be a good coping strategy during times when memories are unintentionally triggered.

Compassion meditation, which involves directing feelings of warmth and compassion toward others, has been associated with increases in positive emotion and social connectedness. Although lacking empirical application to PTSD, compassion meditation may be a promising strategy to address the characteristics of PTSD such as deficits in positive emotion and feelings of disconnection with others. Currently, there is very limited empirical evidence of the effectiveness of this type of therapy and therefore it may be best applied as an adjunct to other PTSD treatments.

Analysis of systematic reviews identified limited yet promising support for the efficacy of mind-body therapies for depression and anxiety disorders, without any relevant findings for manipulative and body-based, movement-based, or energy therapies. Studies investigating CAM therapies for PTSD have been increasing in recent years, comparing CAM to the current first-line treatment for PTSD (psychotherapy and medication), but more evidence is needed for further suggestions for CAM clinical practice or

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<sup>26</sup> Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life* (10th anniversary edition). Hachette Books.

guidelines. CAM therapies do have certain benefits such as requiring less talking and disclosure than psychotherapy, and they may not carry some of the risks of common side effects associated with pharmaceutical approaches. However, there is no decision-making conclusion as to which CAM method to select in clinical practice. Overall, current evidence does not support the use of CAM interventions as an alternative to current empirically established approaches for PTSD, or as first-line interventions recommended within evidence-based clinical guidelines. Many people have reported that they enjoy mind-body therapies to support their mental health.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People with depression, anxiety, PTSD, and other mental health conditions
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research



### Further References/Studies

Hofmann, S. G., & Gómez, A. F. (2017). Mindfulness-based interventions for anxiety and depression. *The Psychiatric Clinics of North America*, 40(4), 739–749. <https://doi.org/10.1016/j.psc.2017.08.008>

Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life* (10th anniversary edition). Hachette Books.

King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A. M., Robinson, E., Kulkarni, M., & Liberzon, I. (2013). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression and Anxiety*, 30(7), 638–645. <https://doi.org/10.1002/da.22104>

Song, K., Xiong, F., Ding, N., Huang, A., & Zhang, H. (2020). Complementary and alternative therapies for post-traumatic stress disorder: A protocol for systematic review and network meta-analysis. *Medicine*, 99(28), e21142. <https://doi.org/10.1097/MD.00000000000021142>

### Skills for Psychological Recovery (SPR)

**Authors:** National Child Traumatic Stress Network; U.S. Department of Veterans Affairs, National Center for PTSD<sup>27</sup>

**Website:** <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-spr>

**Brief Description:** SPR is a modular intervention for use following Psychological First Aid (PFA) in the weeks and months following disasters, mass violence events, and trauma or when an intervention more intensive than PFA is needed. SPR can help children, adolescents, adults, and families gain skills to manage distress and cope with post-disaster stress and adversity. It includes a brief information-gathering component to determine skills that would most benefit survivors immediately. SPR features skill-building components from mental health treatments that have proven to be helpful in a variety of post-trauma situations; components include problem solving, scheduling of positive activities, managing reactions, helpful thinking, and building healthy social connections. SPR is culturally informed and appropriate for survivors of all ages. The *Skills for Psychological Recovery Field Operations Guide* (<https://www.nctsn.org/resources/skills-for-psychological-recovery>) is available in multiple languages, including English, Spanish, Swedish, Japanese, Norwegian, and Finnish. There is also an online course available at <https://www.nctsn.org/resources/skills-psychological-recovery-spr-online>.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	

<sup>27</sup> Development and production of this program model was supported by the Substance Abuse and Mental Health Services Administration.

<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Disaster survivors
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health and other health professionals	<input type="checkbox"/> Training (Paid)
<input checked="" type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### **Further References/Studies**

Heinz, A. J., Wiltsey-Stirman, S., Sharin, T., Loskot, T., Mason, D., Jaworski, B. K., & McGovern, M. (2021). Rising from the ashes by expanding access to community care after disaster: An origin story of the Wildfire Mental Health Collaborative and preliminary findings. *Psychological Services*. Advance online publication. <https://doi.org/10.1037/ser0000553>

Sheerin, K. M., Tugendrajch, S. K., Presser, N. R., & Bell, D. J. (2021). Implementing Skills for Psychological Recovery at a psychology training clinic during COVID-19. *Cognitive and Behavioral Practice*, 28(4), 507–518. <https://doi.org/10.1016/j.cbpra.2021.03.001>

Williams, J. L., & Rheingold, A. A. (2020). Novel application of Skills for Psychological Recovery as an early intervention for violent loss: Rationale and case examples. *Omega*, 81(2), 179–196. <https://doi.org/10.1177/0030222818766138>

## Writing for Recovery

**Author:** James Pennebaker

**Website:** None available; guided journals are available for purchase

**Brief Description:** Writing about an emotional experience can help survivors understand and accept their distressing reactions to a difficult or traumatic event. The use of narrative technique may be incorporated in cognitive behavioral therapy with adults<sup>28,29</sup> and children.<sup>30</sup> The Writing for Recovery model provides specific instruction to survivors on a writing exercise, including two short periods of writing each day for three days (the days can be consecutive or spaced apart). The participants are asked to write about their innermost thoughts and feelings for 15 minutes. At the end of the period, participants leave their writing aside. Writing can even be once a week over 3 weeks if it is difficult to have shorter-spaced periods. Even writing on a single day on three occasions is likely to be beneficial. James Pennebaker has authored many studies and books exploring expressive writing and associations between chosen vocabulary usage and current mindset. *Writing to Heal* by Pennebaker is a guided journal to help those who are recovering from trauma.<sup>31</sup>

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
Delivery Setting	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs

<sup>28</sup> Neuner, F., Schauer, M., Klasnick, C., Karunkara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology, 72*, 579–587.

<sup>29</sup> Schauer, M., Neuner, F., & Elbert, T. (2005). *Narrative exposure therapy: A short-term intervention for traumatic stress disorders after war, terror, or torture*. Hogrefe & Huber Publishers.

<sup>30</sup> Schauer, E., Neuner, F., Elbert, T., Ertl, V., Onyut, L. P., Odenwald, M., & Schauer, M. (2004). Narrative exposure therapy in children: A case study. *Intervention, 2*(1), 18–32.

<sup>31</sup> Pennebaker, J. W. (2004). *Writing to heal: A guided journal for recovering from trauma & emotional upheaval*. New Harbinger Publications.

<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People who have experienced trauma or a distressing event
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Books are available for self-guided journal writing.
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### **Further References/Studies**

Ruini, C., & Mortara, C. C. (2021). Writing technique across psychotherapies—from traditional expressive writing to new positive psychology interventions: A narrative review. *Journal of Contemporary Psychotherapy*, 52, 23–34. <https://doi.org/10.1007/s10879-021-09520-9>

## **LONG-TERM INTERVENTIONS (1 YEAR OR LATER)**

Long-term interventions include those that are conducted in both the early and intermediate phases of disaster response in addition to other interventions listed throughout this *Supplemental Research Bulletin*. Some survivors may remain in a state of shock or denial longer than others and begin processing their emotions much later, when protective denial or a break in daily stressors leads to emergence of these emotions. This processing may occur as people experience an easing of perceived responsibility to suppress emotions for reasons such as being strong for their family.

Long-term interventions are usually more focused toward people who are diagnosed with a mental illness such as posttraumatic stress disorder (PTSD). Therefore, most of the interventions listed in this section are targeted for use by survivors who have been professionally diagnosed with PTSD.

Although therapists and clinicians may be more inclined to use psychodynamic therapy as treatment for PTSD, evidence has shown that cognitive behavioral therapy (CBT) is the more effective treatment approach.<sup>32</sup> Therefore, current guidelines recommend CBT as a first-line therapy (or various CBTs and

<sup>32</sup> Paintain, E., & Cassidy, S. (2018). First-line therapy for post-traumatic stress disorder: A systematic review of cognitive behavioural therapy and psychodynamic approaches. *Counselling and Psychotherapy Research*, 18(3), 237–250. <https://doi.org/10.1002/capr.12174>

cognitive therapy as among first-line therapies) in the treatment of PTSD.<sup>33,34,35</sup> Mental health and substance use-related studies are continuing to identify the long-term effects of trauma and disaster events. Although many interventions have shown much promise and improvement of PTSD symptoms, further research and guidance are needed to structure long-term comprehensive programs to aid survivors with mental health recovery.

## Cognitive Processing Therapy (CPT)

**Authors:** Patricia Resick and Monica Schnicke

**Website:** [https://www.ptsd.va.gov/professional/treat/txessentials/cpt\\_for\\_ptsd\\_pro.asp](https://www.ptsd.va.gov/professional/treat/txessentials/cpt_for_ptsd_pro.asp)

**Brief Description:** CPT was developed specifically to treat people with posttraumatic stress disorder (PTSD). CPT lasts for 12 sessions and can be viewed as a combination of cognitive therapy and exposure therapy. CPT is like cognitive therapy in that it is based in the idea that PTSD symptoms stem from a conflict between pre-trauma beliefs about the self and world (for example, the belief that “nothing bad will happen to me”) and post-trauma information (for example, the trauma as evidence that the world is not a safe place). These conflicts are called “stuck points” and are addressed through the next component in CPT—writing about the trauma.

As in exposure therapy, in CPT, clients/survivors are asked to write about their traumatic event in detail. They are then instructed to read the story aloud repeatedly in and outside of the session. Therapists help clients identify and address stuck points and errors in thinking through a process sometimes called “cognitive restructuring.” Errors in thinking may include, for example, “I am bad person” or “I did something to deserve this.” The therapist may help the client/survivor address these errors or stuck points by having the client gather evidence for and against those thoughts.

**Manuals/Guides:** Resick, P. A., Monson, C. M., & Chard, K. M. (2016). *Cognitive processing therapy for PTSD: A comprehensive manual*. Guilford Press.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	

<sup>33</sup> van der Velden, P. G., Wong, A., Boshuizen, H. C., & Grievink, L. (2013). Persistent mental health disturbances during the 10 years after a disaster: Four-wave longitudinal comparative study. *Psychiatry and Clinical Neurosciences*, 67(2), 110–118. <https://doi.org/10.1111/pcn.12022>

<sup>34</sup> International Society for Traumatic Stress Studies (ISTSS) Guidelines Committee. (2019). *Posttraumatic stress disorder prevention and treatment guidelines: Methodology and recommendations*. ISTSS.

[https://istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS\\_PreventionTreatmentGuidelines\\_FNL-March-19-2019.pdf.aspx](https://istss.org/getattachment/Treating-Trauma/New-ISTSS-Prevention-and-Treatment-Guidelines/ISTSS_PreventionTreatmentGuidelines_FNL-March-19-2019.pdf.aspx)

<sup>35</sup> American Psychological Association (APA) Guideline Development Panel for the Treatment of Posttraumatic Stress Disorder in Adults. (2017). *Clinical practice guideline for the treatment of PTSD*. APA. <https://www.apa.org/ptsd-guideline/ptsd.pdf>

<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People with PTSD
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### **Further References/Studies**

American Psychological Association (APA) Guideline Development Panel for the Treatment of Posttraumatic Stress Disorder in Adults. (2017). *Clinical practice guideline for the treatment of PTSD*. APA. <https://www.apa.org/ptsd-guideline/ptsd.pdf>

Ehlers, A., & Clark, D. M. (2003). Early psychological interventions for adult survivors of trauma: A review. *Biological Psychiatry*, 53(9), 817–826.

Foa, E. B., Keane, T. M., & Friedman, M. J. (2000). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies*. Guilford Press.

Resick, P. A., Nishith, P., Weaver, T. L., Astin, M. C., & Feuer, C. A. (2002). A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. *Journal of Consulting and Clinical Psychology*, 70(4), 867–879. <https://doi.org/10.1037//0022-006x.70.4.867>

U.S. Department of Veterans Affairs (VA), & U.S. Department of Defense (DoD). (2017, June). *VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder: Clinician summary.*

<https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGCLinicianSummaryFinal.pdf>

## Eye Movement Desensitization and Reprocessing (EMDR)

**Author:** Francine Shapiro

### Websites:

- <https://www.emdr.com>
- <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>

**Brief Description:** EMDR is a comprehensive, integrative psychotherapy approach. It combines elements of many effective psychotherapies into structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. EMDR psychotherapy is an information processing therapy and uses an eight-phase approach. It attends to the past experiences that have set the groundwork for pathology; the current situations that trigger dysfunctional emotions, beliefs, and sensations; and the positive experience needed to enhance future adaptive behaviors and mental health. During treatment, various procedures and protocols are used to address the entire clinical picture. One of the procedural elements is “dual stimulation” using bilateral eye movements, tones, or taps. During the reprocessing phases, the client focuses momentarily on past memories, present triggers, or anticipated future experiences while simultaneously focusing on a set of external stimuli performed by a therapist.

During that time, clients generally experience the emergence of insight, changes in memories, or new associations. The clinician assists the client in focusing on appropriate material before the initiation of each subsequent set.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____

Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People with posttraumatic stress disorder (PTSD), other survivors of traumatic or upsetting events
Experience Needed To Implement or Provide	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input checked="" type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### Further References/Studies

Valiente-Gómez, A., Moreno-Alcázar, A., Treen, D., Cedrón, C., Colom, F., Pérez, V., & Amann, B. L. (2017). EMDR beyond PTSD: A systematic literature review. *Frontiers in Psychology, 8*, 1668. <https://doi.org/10.3389/fpsyg.2017.01668>

### Prolonged Exposure Therapy

**Author:** Edna Foa

#### Websites:

- <https://www.apa.org/ptsd-guideline/treatments/prolonged-exposure>
- [https://www.med.upenn.edu/ctsa/workshops\\_pet.html](https://www.med.upenn.edu/ctsa/workshops_pet.html)

**Brief Description:** The goal of prolonged exposure therapy is to help reduce the level of fear and anxiety connected with trauma reminders, which can also reduce avoidance of triggers. This therapy usually involves having the client confront (or be exposed to) the reminders that are prompting fears, without avoiding them. This may be done by actively exposing someone to reminders (for example, showing people pictures that remind them of a traumatic event) or through the use of imagination. It is usually completed in about 3 months in weekly sessions, resulting in 8 to 15 sessions total.

By facing the fear and anxiety, the patient can learn that these feelings will lessen on their own, eventually reducing the extent of threatening and fearful emotions associated with these reminders.

Exposure therapy is usually paired with teaching different relaxation skills to the client.



**Manual:** Foa, E. B., Hembree, E. A., Rothbaum, B. O., & Rauch, S. (2019). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences: Therapist guide* (2nd ed.). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190926939.001.0001>

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People with posttraumatic stress disorder
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Training available
<b>Research Base</b>	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Back, S. E., Killeen, T., Badour, C. L., Flanagan, J. C., Allan, N. P., Ana, E. S., Lozano, B., Korte, K. J., Foa, E. B., & Brady, K. T. (2019). Concurrent treatment of substance use disorders and PTSD using

prolonged exposure: A randomized clinical trial in military veterans. *Addictive Behaviors*, 90, 369–377. <https://doi.org/10.1016/j.addbeh.2018.11.032>

Schnurr, P. P., Chard, K. M., Ruzek, J. I., Chow, B. K., Resick, P. A., Foa, E. B., Marx, B. P., Friedman, M. J., Bovin, M. J., Caudle, K. L., Castillo, D., Curry, K. T., Hollifield, M., Huang, G. D., Chee, C. L., Astin, M. C., Dickstein, B., Renner, K., Clancy, C. P., . . . Shih, M. C. (2022). Comparison of prolonged exposure vs. cognitive processing therapy for treatment of posttraumatic stress disorder among U.S. veterans: A randomized clinical trial. *JAMA Network Open*, 5(1), e2136921. <https://doi.org/10.1001/jamanetworkopen.2021.36921>

## Skills Training in Affect and Interpersonal Regulation (STAIR)

**Authors:** Marylène Cloitre, National Center for PTSD

### Websites:

- [https://www.ptsd.va.gov/professional/continuing\\_ed/STAIR\\_online\\_training.asp](https://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp)
- [https://istss.org/public-resources/trauma-blog/2015-march-\(1\)/clinician-s-corner-skills-training-in-affective-an](https://istss.org/public-resources/trauma-blog/2015-march-(1)/clinician-s-corner-skills-training-in-affective-an)

**Brief Description:** STAIR is an evidence-based, short-term cognitive behavioral therapy for individuals with posttraumatic stress disorder (PTSD), including chronic and complicated forms, as well as for individuals with PTSD and co-occurring disorders. Disaster behavioral health professionals using STAIR can teach clients skills in emotion regulation and interpersonal functioning. STAIR can be used as a standalone therapy or as a complement to other trauma-focused therapies and is completed in 8 to 12 individual or group sessions. STAIR for Adolescents (STAIR-A) has a similar structure with content adapted to the developmental level and problems specific to adolescents.

Online STAIR training consists of eight modules covering several core treatment components. The goals and objectives of this intervention include the following:

- Become informed about the impact of trauma on emotion regulation and social (interpersonal) functioning.
- Be able to identify at least one strategy that increases emotional awareness.
- Be able to identify at least three strategies that improve emotion regulation in people with PTSD.
- Be able to formulate interpersonal schemas related to problematic social and interpersonal functioning.
- Be able to develop and test alternative interpersonal schemas with the client.
- Learn at least two strategies for effective assertiveness behaviors.
- Learn at least one strategy for improving flexibility in interpersonal expectations and behaviors.

**Manual:** For individual STAIR with narrative therapy: Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. Guilford Press.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Adults and adolescents with PTSD
<b>Experience Needed To Implement or Provide</b>	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### **Further References/Studies**

- Jain, S., Ortigo, K., Gimeno, J., Baldor, D. A., Weiss, B. J., & Cloitre, M. (2020). A randomized controlled trial of brief Skills Training in Affective and Interpersonal Regulation (STAIR) for veterans in primary care. *Journal of Traumatic Stress, 33*(4), 401–409. <https://doi.org/10.1002/jts.22523>
- Weiss, B. J., Azevedo, K., Webb, K., Gimeno, J., & Cloitre, M. (2018). Telemental health delivery of Skills Training in Affective and Interpersonal Regulation (STAIR) for rural women veterans who have

experienced military sexual trauma. *Journal of Traumatic Stress*, 31(4), 620–625.  
<https://doi.org/10.1002/jts.22305>

## Trauma-focused Cognitive Behavioral Therapy (TF-CBT)

**Authors:** Judith Cohen, Anthony Mannarino, and Esther Deblinger

**Website:** <https://tfcbt.org>

**Brief Description:** In TF-CBT, specific interventions are adapted to meet the needs of children and adolescents experiencing emotional and psychological difficulties as a result of trauma. This treatment is short-term and usually lasts no more than 16 sessions as both parents and children may become able to better process emotions and thoughts relating to a traumatic experience.

TF-CBTWeb2.0 (<https://tfcbt2.musc.edu>) is an 11-hour, self-paced, online distance education course for mental health professionals seeking to learn TF-CBT (Cohen, Mannarino, & Deblinger, 2006; Deblinger & Heflin, 1996). It was developed for professionals holding a master’s degree or above or graduate students in a mental health discipline such as clinical social work, professional counseling, clinical psychology, psychiatry, marital and family therapy, or psychiatric nursing. TF-CBTWeb2.0 may provide 11 contact hours of continuing education from the Medical University of South Carolina for certain mental health professionals who complete the course.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____

Experience Needed To Implement or Provide	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Mental health professional	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Self-paced online training course that may count as 11 contact hours of continuing education for certain professionals; cost is \$35 per learner.
Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### Further References/Studies

Cohen, J. A., Deblinger, E., & Mannarino, A. P. (2018). Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 28(1), 47–57. <https://doi.org/10.1080/10503307.2016.1208375>

Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavior therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557–570. <https://doi.org/10.1016/j.chc.2015.02.005>

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (Eds.). (2012). *Trauma-focused CBT for children and adolescents: Treatment applications*. Guilford Press.

### Trauma Systems Therapy (TST)

**Authors:** Glenn Saxe, B. Heidi Ellis, and Julie B. Kaplow

#### Websites:

- <https://www.nctsn.org/interventions/trauma-systems-therapy>
- <https://med.nyu.edu/departments-institutes/child-adolescent-psychiatry/education/trauma-systems-therapy-training-center>

**Brief Description:** With its roots in trauma-focused cognitive behavioral therapy, TST is a phase-based therapy for children and youth ages 6 to 19 who have experienced at least one trauma. Specifically, it is designed for children and youth who have trouble regulating their emotions because of their traumatic experience and stressors in their social environment, including family, school, and neighborhood. For successful implementation of TST, four types of services must be available on the team: skill-based psychotherapy, home- and community-based therapy, legal advocacy, and psychopharmacology. These four services can be creatively constructed from available resources within a community. Support must be obtained from agency leadership and is usually bolstered by ongoing consultation from the TST development team because a system shift is necessary for most agencies for TST. TST has three phases—Safety-focused Treatment, Regulation-focused Treatment, and Beyond Trauma Treatment—

although a child or youth may not move through all the phases; providers of TST may opt to place him or her in the phase that corresponds to what he or she needs upon entering therapy. If a child or youth completes all phases, TST takes 7–9 months. TST involves treatment modules including home- and community-based services, services advocacy, emotional regulation skills training, cognitive processing, and psychopharmacology. It requires more integration of services and collaboration of service providers than do some other types of therapy, as well as legal advocacy for the services advocacy module. A manual is available to help people learn about and provide this type of therapy; it is titled *Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach*. Generally, the treatment team meets weekly for purposes of collaboration and supervision.

**Manuals/Guides:** Saxe, G. N., Ellis, B. H. & Brown, A. D. (2016). *Trauma Systems Therapy for children and teens* (2nd ed.). Guilford Press.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input checked="" type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Group/residential care, justice settings, hospitals
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Children and teenagers who have experienced trauma
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Training, consultation, and technical assistance are available from the TST team.

Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### Further References/Studies

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, 34, 844–850.

Casey, R., Saxe, G., Ellis, B. H., Rubin, D., & Allee, L. (2005). *Children with medical traumatic stress: Expanding Trauma Systems Therapy* [Presentation]. American Psychological Association Annual Conference, Washington, DC, United States.

Ellis, B. H. (2004, October). *Trauma Systems Therapy for refugees* [Paper presentation]. International Conference, Anthropology and Health: Cross-Cultural Aspects of Mental Health and Psychosocial Well-Being in Immigrant/Refugee Adolescents, Hvar, Croatia.

Ellis, B. H., Saxe, G., & Hansen, S. (2005, November). *Trauma Systems Therapy: Dissemination and implementation in two settings* [Paper presentation]. Annual Meeting of the International Society for Traumatic Stress Studies, Toronto, ON, Canada.

Murphy, K., Moore, K. A., Redd, Z., & Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's Bridging the Way Home Initiative. *Children and Youth Services Review*, 75, 23–34. <https://doi.org/10.1016/j.childyouth.2017.02.008>

Redd, Z., Malm, K., Moore, K., Murphy, K., & Beltz, M. (2017). KVC's Bridging the Way Home: An innovative approach to the application of Trauma Systems Therapy in child welfare. *Children and Youth Services Review*, 76, 170–180. <https://doi.org/10.1016/j.childyouth.2017.02.013>

Saxe, G., & Ellis, B. H. (2005, June). *Comprehensive care for traumatized children: Trauma Systems Therapy* [Paper presentation]. Boston University Trauma Conference, Boston, MA, United States.

Saxe, G. N., Ellis, B. H., Fogler, J., Hansen, S., & Sorkin, B. (2005). Comprehensive care for traumatized children. *Psychiatric Annals*, 35(5), 443–448.

Saxe, G., Ellis, B. H., & Kaplow, J. (2004, June). *Treating child traumatic stress: Self-regulation and the social environment* [Paper presentation]. Annual Boston University Trauma Conference, Psychological Trauma: Maturation Processes and Therapeutic Interventions, Boston, MA, United States.

## ONLINE/WEB-BASED AND MOBILE APPLICATION (APP)-BASED INTERVENTIONS

Internet-based interventions for mental health and freedom from substance use disorders are advancing every day and leading to more accessible options for people seeking care. As more of the general population uses technology, mental health and substance use disorder treatment professionals are able to extend assistance and essential resources through a variety of media such as technological platforms,

telephones, videoconferencing, and smartphone apps. During the COVID-19 pandemic, use of app-based mental health tools continues to grow, and developers continue to release greater numbers of apps in digital download stores (e.g., Google Play).<sup>36,37</sup> These new technological developments are particularly useful in the aftermath of disasters, when conditions are difficult and often prove treacherous to those trying to reach those affected. In those situations, it is even more important that the tools people seek out are verified to be accurate and effective at meeting their needs.

Apps now have content that can be downloaded pre- and post-disaster to assist with preparedness and response activities through simple steps. These intervention delivery methods and resources provide immediate access (when internet services are available) and are often free (for those who own the equipment used to access the programs and apps). Some content is even available for download in anticipation of electricity loss or limited internet connection within disaster-affected areas. These programs can deliver a standardized intervention to large audiences, with some online interventions and apps providing a degree of personalization through interactivity. Online and app-based disaster interventions also offer autonomy and flexibility in when they can be accessed and used, which often gives disaster survivors the opportunity to get help outside of normal business hours and remain compliant with intervention goals. Although some tools are used as a supplement to professional mental health interventions, most apps can be accessed and used without the presence of a disaster behavioral health responder or other mental health or substance misuse professional. In this section, we note several disaster-specific apps that provide a variety of help options ranging from psycho-educational tools and screening to more clinical interventions; all are available via internet and smartphone (including texting from smartphones).

## Online Interventions

### STRENGTH AFTER . . .

**Author:** Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline

**Website:** <https://strengthafterdisaster.org>

**Brief Description:** This website features stories of hope and recovery after disasters of all types (natural disasters, public health emergencies, and incidents of mass violence). Anyone who has experienced a disaster may submit a story for inclusion on the website. If users click on a disaster type at the website, they will go to a page with links to stories of survival, recovery, and hope after incidents of the type selected. Those who want to submit stories of their own are provided with guidelines to help them to do so in a trauma-informed and maximally effective way. They also are given the option in submitting a story of allowing, or not allowing, others to contact them to talk about what they have shared. SAMHSA

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<sup>36</sup> Sorkin, D. H., Janio, E. A., Eikey, E. V., Schneider, M., Davis, K., Schueller, S. M., Stadnick, N. A., Zheng, K., Neary, M., Safani, D., & Mukamel, D. B. (2021). Rise in use of digital mental health tools and technologies in the United States during the COVID-19 pandemic: Survey study. *Journal of Medical Internet Research*, 23(4), e26994. <https://doi.org/10.2196/26994>

<sup>37</sup> ORCHA (2021, April 28). *Which digital for mental health recovery action plans?* [White paper]. <https://orchahealth.com/which-digital-for-mental-health-recovery-action-plans>



Disaster Distress Helpline counselors identified this narrative sharing as an important lesson learned during the 2012 Hurricane Sandy response.<sup>38)</sup>

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input type="checkbox"/> Group	<input checked="" type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Those who have experienced or survived a disaster
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Anyone can access this online resource.
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input checked="" type="checkbox"/> Qualitative Research

<sup>38</sup> Burgess, C. (2014). Strength after: The importance of disaster behavioral health responders staying engaged throughout long-term recovery. *The Dialogue*, 10(4), 7–9. SAMHSA Disaster Technical Assistance Center. <https://www.samhsa.gov/sites/default/files/dialogue-vol-10-issue-4.pdf>

## MY DISASTER RECOVERY

**Authors:** Charles Benight and Josef Ruzek

**Website:** <https://disaster.vast.uccs.edu>

**Brief Description:** My Disaster Recovery is a free, confidential self-help service designed to help survivors who have experienced a recent disaster to learn more about stress following a disaster and ways to cope with these emotional effects. It provides important information about what to expect during recovery from a disaster and highlights specific skills to help survivors handle the challenges of moving forward and enhance their emotional strength. It can also offer feedback on a person's progression and if needed, information about how to seek professional help. This service is available in English and Spanish versions.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Survivors of disaster and other experiences involving trauma
Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Free service available to any disaster survivor; no training needed

Research Base	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Benight, C. C., Ruzek, J. I., & Waldrep, E. (2008). Internet interventions for traumatic stress: A review and theoretically based example. *Journal of Traumatic Stress, 21*(6), 513–520.  
<https://doi.org/10.1002/jts.20371>

**PTSD COACH**

**Authors:** National Center for PTSD, part of the U.S. Department of Veterans Affairs, in partnership with the National Center for Telehealth and Technology of the U.S. Department of Defense

**Websites:**

- Online version: <https://www.ptsd.va.gov/apps/ptsdcoachonline>
- App: [https://www.ptsd.va.gov/appvid/mobile/ptsdcoach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp)

**Brief Description:** The online and app versions of PTSD Coach provide tools for people who are coping with posttraumatic stress disorder (PTSD) or symptoms people often experience after trauma. It was created with trauma survivors and their loved ones in mind but is available to anyone who needs help at no cost. The tools can help users learn more about common effects of trauma and how to manage symptoms with self-help skills based on research. PTSD Coach online was inspired by the app and includes similar tools. However, the online version also helps with “big picture” issues such as problem solving and allows for more writing exercises.

Features include:

- Reliable information on PTSD and treatments that work
- Tools for screening and tracking symptoms
- Convenient, easy-to-use tools that can help people handle stress symptoms
- Direct links to support and help

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	

Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People experiencing PTSD and/or symptoms common after a trauma
Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Anyone can use at no cost; no training necessary
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## App-based Interventions for Responders

### SAMHSA DISASTER MOBILE APP

**Author:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Website:** <https://store.samhsa.gov/product/samhsa-disaster>

**Brief Description:** The free SAMHSA Disaster App offers disaster behavioral health responders information and resources for any type of disaster at every phase of response, including pre-deployment preparation, on-the-ground assistance, and post-deployment resources. Users can navigate resources at the touch of a button from the home screen. Key features of the app include the following:

- Access to resources including tip sheets, guides, and a directory of mental health and substance use disorder service professionals in the affected area

- Downloadable information for mobile devices before deployment, in case of limited connectivity in the field
- Preparedness materials
- Ability to send and share information to and with colleagues and survivors via text message or email
- Interventions to help survivors of infectious disease epidemics

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input checked="" type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: All survivors of disasters
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____

Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### SAMHSA SUICIDE SAFE MOBILE APP

**Author:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Website:** <https://store.samhsa.gov/product/suicide-safe>

**Brief Description:** SAMHSA Suicide Safe is a free mobile app designed to help responders and other healthcare professionals address suicide risk among their patients and integrate suicide prevention strategies into their practice. Based on the [Suicide Assessment Five-step Evaluation and Triage \(SAFE-T\) practice guidelines](#), the app helps responders understand the guidelines and how to use them. It also allows them to download resources for conversations with survivors about suicidal ideation, crisis line numbers, and mental health and substance use disorder treatment available in their area.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Healthcare facilities
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other: Survivors of disasters or trauma or those at risk for suicide

Experience Needed To Implement or Provide	
<input checked="" type="checkbox"/> Advanced Degree and/or Professional Certification: Healthcare, mental health and substance use disorder treatment, or disaster behavioral health response professionals	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input checked="" type="checkbox"/> Qualitative Research

**Further References/Studies**

de la Torre, I., Castillo, G., Arambarri, J., López-Coronado, M., & Franco, M. A. (2017). Mobile apps for suicide prevention: Review of virtual stores and literature. *JMIR mHealth and uHealth*, 5(10), e130. <https://doi.org/10.2196/mhealth.8036>

**PSYCHOLOGICAL FIRST AID (PFA) MOBILE APP**

**Authors:** U.S. Department of Veterans Affairs' National Center for PTSD in partnership with the National Child Traumatic Stress Network (NCTSN) and U.S. Department of Defense's National Center for Telehealth & Technology

**Websites:** From NCTSN, for iPhone: <https://www.nctsn.org/resources/pfa-mobile>; from NCTSN, for Android: <https://www.nctsn.org/resources/pfa-mobile-android-version>

**Brief Description:** Following disasters or emergencies, the free PFA Mobile app can assist responders who provide PFA to adults, families, and children. PFA Mobile summarizes PFA fundamentals, identifies PFA interventions matched to survivors' needs, offers mentor tips for applying PFA in the field, and includes a survivors' needs form for simplified data collection and referral. The app is available in English and Japanese languages.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual

<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input checked="" type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input type="checkbox"/> Other _____
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other: _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## App-based Resources for the Public

### COGNITIVE PROCESSING THERAPY (CPT) COACH MOBILE APP

**Authors:** CPT Coach was developed through a collaborative effort involving the U.S. Department of Veterans Affairs' (VA) National Center for PTSD, the VA's Veterans Integrated Service Network 21 Sierra Pacific Mental Illness Research, Education, and Clinical Center, and the U.S. Department of Defense's Defense Health Agency Connected Health

**Website:** [https://www.ptsd.va.gov/appvid/mobile/cptcoach\\_app\\_public.asp](https://www.ptsd.va.gov/appvid/mobile/cptcoach_app_public.asp)

**Brief Description:** CPT is an evidence-based psychotherapy for posttraumatic stress disorder (PTSD). CPT Coach is an app for mobile devices that was created as a supplement to enhance CPT outcomes for clinicians and patients working through the CPT treatment manual.<sup>39</sup> The app is downloaded onto a patient's mobile device to be used as a treatment companion during CPT. Following are some key features:

- Education about CPT and its treatment components, including graphics
- PTSD symptom tracking to evaluate treatment progress and outcomes over time

<sup>39</sup> You should only use CPT Coach if you are in treatment with a therapist trained in CPT.



- Homework assignments and worksheets to enhance therapy
- Reminders for therapy sessions

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other: People in CPT for PTSD
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: The app should only be used by people who are receiving CPT with trained professional oversight.
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## PTSD COACH APP

**Authors:** U.S. Department of Veterans Affairs' National Center for PTSD in partnership with the U.S. Department of Defense's National Center for Telehealth & Technology

**Websites:** Mobile app: [https://www.ptsd.va.gov/appvid/mobile/ptsdcoach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp); PTSD Online: <https://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm>

**Brief Description:** PTSD Coach Online and the PTSD Coach app provide tools for people who are coping with stress or who have survived trauma. While these tools were created with trauma survivors and their loved ones in mind, they may be helpful to anyone coping with difficult feelings. The tools can help users learn more about symptoms that often occur after trauma and how to manage their symptoms with self-help skills based on research. PTSD Coach Online was inspired by the app and includes similar tools. However, the online version also helps with “big picture” issues such as problem solving and includes more writing exercises.

Following are some key features of PTSD Coach:

- Reliable information on posttraumatic stress disorder (PTSD) and treatments that work
- Tools for screening and tracking symptoms
- Convenient, easy-to-use tools that can help people handle stress
- Direct links to support and help

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____

Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: People working on coping with challenging feelings; survivors of trauma; people with PTSD
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Kuhn, E., Kanuri, N., Hoffman, J. E., Garvert, D. W., Ruzek, J. I., & Taylor, C. B. (2017). A randomized controlled trial of a smartphone app for posttraumatic stress disorder symptoms. *Journal of Consulting and Clinical Psychology, 85*(3), 267–273. <https://doi.org/10.1037/ccp0000163>

**BOUNCE BACK NOW (BBN) APP**

**Authors:** Kenneth Ruggiero, Medical University of South Carolina, Boston University, and the University of Nebraska

**Website:** <https://www.bouncebacknow.org>

**Brief Description:** Bounce Back Now is a free app-based intervention available for iPhone, iPad, and Android devices that is designed to help adults and families address post-disaster mental health and general distress in the acute aftermath of disasters. This app helps users track emotional recovery and provides coping tools to help with management of stress, anxiety, mood, and sleep. If you want to talk to or text a disaster crisis counseling and support specialist or access more information, the BBN app will help to connect you. The modules provide education and recommendations regarding effective coping strategies to manage mental health and health-risk behavior. BBN is available in English and Spanish.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual

<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Those who have experienced a disaster
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input checked="" type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Ruggiero, K. J., Resnick, H. S., Paul, L. A., Gros, K., McCauley, J. L., Acierno, R., . . . Galea, S. (2012). Randomized controlled trial of an Internet-based intervention using random-digit-dial recruitment: The disaster recovery web project. *Contemporary Clinical Trials*, 33, 237–246.

**UCLA MINDFUL APP**

**Author:** UCLA Mindful Awareness Research Center

**Website:** <https://www.uclahealth.org/marc/ucla-mindful-app>

**Brief Description:** This mobile app for iPad, iPhone, and Android devices guides users on practicing mindfulness meditation and developing a mindfulness meditation practice. Mindfulness can help with management of anxiety and depression, as well as encouraging positive emotions. The app features basic meditations in English and Spanish, videos with tips and information to help people start meditating, podcast episodes on various themes related to meditation, and a meditation timer.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	

Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Adults interested in developing or enhancing a mindfulness meditation practice
Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## COVID COACH

**Author:** U.S. Department of Veterans Affairs

**Website:** [https://www.ptsd.va.gov/appvid/mobile/COVID\\_coach\\_app.asp](https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp)

**Brief Description:** COVID Coach is a free app available to the public to help people manage stress, enhance resilience, and find additional information and support during the COVID-19 pandemic. It offers an array of tools to help people track moods and feelings; stay safe during the pandemic and take steps to improve their own and their family's mental health; manage stress; and address various financial, informational, crisis support, substance use-related, and other needs. The app runs on both iOS and Android devices. At the app's website, it is noted that the app is not intended as a replacement for professional medical or mental health or substance use-related support.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input checked="" type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input checked="" type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Veterans and service members
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Jaworski, B. K., Taylor, K., Ramsey, K. M., Heinz, A., Steinmetz, S., Pagano, I., Moraja, G., & Owen, J. E. (2021). Exploring usage of COVID Coach, a public mental health app designed for the COVID-19 pandemic: Evaluation of analytics data. *Journal of Medical Internet Research*, 23(3), e26559. <https://doi.org/10.2196/26559>

**INSOMNIA COACH**

**Author:** U.S. Department of Veterans Affairs' National Center for PTSD

**Website:** <https://mobile.va.gov/app/insomnia-coach>

**Brief Description:** Based on cognitive behavioral therapy for insomnia (CBT-I), this app is designed to help people manage insomnia and improve their sleep. In addition to background information about insomnia and sleep, the app helps users customize a training plan to improve their sleep over several weeks, includes tracking tools to highlight progress, and features other tools to improve sleep. The freely available app runs on iOS and Android devices.

The National Center for PTSD advises people to consult with a healthcare professional before using the app if they have one of several conditions that may be affected by changes in sleep; conditions include sleep apnea, restless leg syndrome, bipolar disorder, a seizure disorder or epilepsy, sleepwalking, night terrors, excessive daytime sleepiness, or frailty and risk of falling if waking up and moving around at night.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Veterans and service members, people with insomnia, and other people who would like to improve their sleep
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____

Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Kuhn, E., Miller, K. E., Puran, D., Wielgosz, J., YorkWilliams, S. L., Owen, J. E., Jaworski, B. K., Hallenbeck, H. W., McCaslin, S. E., & Taylor, K. L. (in press). A pilot randomized controlled trial of the Insomnia Coach mobile app to assess its feasibility, acceptability, and potential efficacy. *Behavior Therapy*. <https://doi.org/10.1016/j.beth.2021.11.003>

**HEALTHY MINDS PROGRAM APP**

**Authors:** Richard Davidson, Center for Healthy Minds at the University of Wisconsin–Madison

**Website:** <https://hminnovations.org/meditation-app>

**Brief Description:** This app is designed to help people achieve and maintain greater levels of well-being and mental health. It is based on four skill areas research has shown to be important to mental health: awareness, connection, insight, and purpose. After a brief assessment, the app presents a customized sequence of lessons and meditations in the four areas. The app also features recordings of guided meditations on various topics that users can access, as well as data on the user’s assessments and use of the app. The free app runs on both iOS and Android devices.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs



<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input type="checkbox"/> Other _____
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other _____
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

**Further References/Studies**

Dahl, C. J., Wilson-Mendenhall, C. H., & Davidson, R. J. (2020). The plasticity of well-being: A training-based framework for the cultivation of human flourishing. *Proceedings of the National Academy of Sciences*, 117(51), 32197–32206. <https://doi.org/10.1073/pnas.2014859117>

**SERVICE DELIVERY MODELS**

**National Organization for Victim Assistance (NOVA) Crisis Response Teams (CRTs)**

Author: NOVA

Website: <https://www.trynova.org/crisis-response-program/overview>

Brief Description: NOVA offers both basic and advanced CRT training to individuals and groups who would like to serve their states or localities after a crisis by providing emotional support, trauma mitigation, and education to survivors. CRT trainees are equipped to respond to incidents ranging from local accidents and crises to mass-casualty disasters. Both levels of training cost money; basic training ranges in cost from \$325 to \$375. Individuals trained to serve on CRTs are prepared to offer crisis intervention, group crisis intervention, and other types of emotional support after a local incident or major disaster.

<b>Intervention Type</b>	
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual

<input checked="" type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input checked="" type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input checked="" type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Survivors of disaster events
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input checked="" type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other:
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input checked="" type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## Community Emergency Response Teams (CERTs)

**Author:** Federal Emergency Management Agency (FEMA)

**Website:** <https://www.ready.gov/cert>

**Brief Description:** The goal of the CERT program is to build capacity in communities across the nation for effective emergency and disaster response, as trained first responders are likely to be overwhelmed in the event of a disaster and challenged by damage to infrastructure in reaching community members in need. Therefore, CERT programs teach people about disasters their community might experience and equip them for basic disaster response in areas such as fire safety, light search and rescue, team organization, and disaster medical operations. FEMA has developed and maintains the CERT model, and localities across the United States coordinate training of CERT volunteers who can help with crisis response.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input checked="" type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input checked="" type="checkbox"/> Other: First responders
<input checked="" type="checkbox"/> Family (General)	

Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Local CERT programs offer a variety of training options.
Populations	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: CERTs respond in local areas affected by disaster.
Experience Needed To Implement or Provide	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Anyone; cost may vary by location.
Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## Crisis Counseling Assistance and Training Program (CCP)

**Authors:** Federal Emergency Management Agency (FEMA) and Substance Abuse and Mental Health Services Administration (SAMHSA)

**Website:** <https://www.samhsa.gov/dtac/ccp>

**Brief Description:** Funded by FEMA and administered by SAMHSA, the CCP is a grant program through which states, U.S. territories, and federally recognized tribes help their communities and residents cope with the challenging mental health and substance use-related impacts of natural and human-caused disasters. After a Presidential disaster declaration that includes Individual Assistance, states, territories, and tribes become eligible to apply for the CCP, which encompasses two grant programs: the Immediate Services Program (ISP), which runs from the disaster to 60 days after the disaster, and the Regular Services Program (RSP), which runs for 9 months. States, territories, and tribes typically identify provider organizations that deploy crisis counselors and outreach workers to serve local communities. Services provided through the CCP include individual and group crisis counseling, public education, community

networking and support, assessment and referral, development and distribution of educational materials, and media and public service announcements. The CCP allows states, territories, and tribes to reach out to individuals, families, and communities after disaster to help them acknowledge and address emotions and other responses to disaster, understand typical disaster reactions, access resilience, and connect with professional mental health and substance use-related support if needed. Services provided through CCP are expected to transition to existing community resources as the program phases out, leaving communities with stronger ties and a legacy of recovery and resilience.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Community
<input checked="" type="checkbox"/> Group	<input checked="" type="checkbox"/> Peer Support
<input checked="" type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input checked="" type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input checked="" type="checkbox"/> Field/Community
<input checked="" type="checkbox"/> Private Homes	<input checked="" type="checkbox"/> Faith-based Organizations
<input checked="" type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other _____
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: All individuals in communities affected by disaster
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input checked="" type="checkbox"/> Other: Various experience levels are required for different grant employee roles. CCP grantee staff are required to complete several trainings.

Research Base	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

### Further References/Studies

Norris, F. H., & Bellamy, N. D. (2009). Evaluation of a national effort to reach Hurricane Katrina survivors and evacuees: The Crisis Counseling Assistance and Training Program. *Administration and Policy in Mental Health and Mental Health Services Research*, 36, 165–175. <https://doi.org/10.1007/s10488-009-0217-z>

Uekawa, K., Higgins, W. B., Golenbock, S., Mack, A., & Bellamy, N. D. (2016). Psychometric properties of disaster event reaction items from the crisis counseling individual/family encounter log. *Disaster Medicine and Public Health Preparedness*, 10(6), 822–831. <https://doi.org/10.1017/dmp.2016.60>

## TELEPHONIC/HOTLINE RESOURCES

### National Suicide Prevention Lifeline

**Authors:** SAMHSA; Vibrant Emotional Health, along with its partners, the National Association of State Mental Health Program Directors, National Council for Mental Wellbeing, and others; Living Works, Inc.

**Website:** <https://suicidepreventionlifeline.org>

**Brief Description:** People experiencing emotional distress or suicidal crisis may call the National Suicide Prevention Lifeline 24/7 for confidential support free of charge. The Lifeline includes specialized services for prevention of suicide among U.S. veterans, LGBTQ+ people, youth, survivors of loss, and those who have attempted suicide previously. The toll-free Lifeline number is 1–800–273–TALK (1–800–273–8255) for support in English and 1–888–628–9454 for support in Spanish. People can also use the online chat feature for crisis support on the website. Options are available for those who are deaf or hard of hearing, including those using TTYs, who can use relay service or dial 711 then 1–800–273–8255. Beginning on July 16, 2022, people will be able to call or text 988 directly to reach this lifeline.

Intervention Type	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family (General)	
Delivery Setting	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input checked="" type="checkbox"/> Virtual

<input type="checkbox"/> Childcare	<input checked="" type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Telephone/text/chat
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: People experiencing suicidality, people concerned that loved ones are experiencing suicidality, people experiencing distress or in crisis
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other:
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

## SAMHSA Disaster Distress Helpline

**Author:** Substance Abuse and Mental Health Services Administration (SAMHSA)

**Website:** <https://www.samhsa.gov/find-help/disaster-distress-helpline>

**Brief Description:** The SAMHSA Disaster Distress Helpline (DDH) offers 24/7/365 support for people experiencing emotional distress following to a disaster. Calls are confidential and answered by trained crisis counselors at 1–800–985–5990 (toll-free). Disaster survivors can also text 1–800–985–5990. People can call for themselves or on behalf of someone else. Support in Spanish is available by calling the toll-free number and pressing the number 2. The DDH has added a feature to its website for callers who are deaf or hard of hearing and who use American Sign Language (ASL); they can now click on a button labeled "ASL Now" or contact the hotline via its toll-free number from their videophone. Callers to the hotline can also connect with counselors in over 100 other languages via third-party interpretation services.

<b>Intervention Type</b>	
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community
<input type="checkbox"/> Group	<input type="checkbox"/> Peer Support
<input type="checkbox"/> Survivor Family	<input type="checkbox"/> Other:
<input type="checkbox"/> Family (General)	
<b>Delivery Setting</b>	
<input type="checkbox"/> Family Assistance Centers/Disaster Recovery Centers	<input type="checkbox"/> Field/Community
<input type="checkbox"/> Private Homes	<input type="checkbox"/> Faith-based Organizations
<input type="checkbox"/> Schools	<input type="checkbox"/> Virtual
<input type="checkbox"/> Childcare	<input type="checkbox"/> Websites and Social Media
<input type="checkbox"/> Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings	<input checked="" type="checkbox"/> Other: Telephone/text/chat
<b>Populations</b>	
<input type="checkbox"/> Children	<input type="checkbox"/> First Responders/Disaster Responders
<input type="checkbox"/> Parents	<input type="checkbox"/> People With Disabilities and Other Access and Functional Needs
<input type="checkbox"/> Older Adults	<input type="checkbox"/> People With Mental Illnesses and/or Substance Use Disorders Before the Disaster
<input type="checkbox"/> Families	<input checked="" type="checkbox"/> Other: Anyone experiencing distress following a disaster
<b>Experience Needed To Implement or Provide</b>	
<input type="checkbox"/> Advanced Degree and/or Professional Certification _____	<input type="checkbox"/> Training (Paid)
<input type="checkbox"/> Training (Free)	<input type="checkbox"/> Other:
<b>Research Base</b>	
<input type="checkbox"/> Empirically Supported Treatment (EST)	<input type="checkbox"/> Evidence-supported Treatment (EST)
<input checked="" type="checkbox"/> Evidence-informed or Evidence-based Behavioral Practice (EBBP)	<input type="checkbox"/> Qualitative Research

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