

SAMHSA

Disaster Technical Assistance Center  
Supplemental Research Bulletin

Disaster Behavioral Health  
Interventions Inventory

May 2022

## CONTENTS

|  |    |
|--|----|
| INTRODUCTION.....  | 1  |
| EARLY INTERVENTIONS (FIRST 4 WEEKS) .....  | 3  |
| Assessment, Crisis Intervention, and Trauma Treatment (ACT) .....  | 4  |
| Cognitive Behavioral Therapy for Acute Stress Disorder (CBT for ASD).....  | 5  |
| Healing After Trauma Skills (HATS) .....   | 6  |
| Support for Students Exposed to Trauma (SSET) .....  | 7  |
| Psychological First Aid (PFA) .....  | 9  |
| The Johns Hopkins RAPID Model of PFA .....   | 11 |
| Building Workforce Resilience Through the Practice of Psychological First Aid—A Course for<br>Supervisors and Leaders..... | 11 |
| Listen, Protect, Connect Model of PFA.....   | 11 |
| Nebraska Psychological First Aid .....   | 12 |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT).....  | 12 |
| Seeking Safety.....  | 13 |
| Mental Health First Aid (MHFA).....  | 14 |
| INTERMEDIATE INTERVENTIONS (6 MONTHS–1 YEAR).....  | 16 |
| Cognitive Behavioral Therapy for Postdisaster Distress (CBT-PD) .....  | 16 |
| Cognitive Behavioral Intervention for Trauma in Schools (CBITS) .....  | 18 |
| Mindfulness-based Cognitive Therapy & Mindfulness-based Stress Reduction.....  | 20 |
| Skills for Psychological Recovery (SPR) .....  | 22 |
| Writing for Recovery .....   | 24 |
| LONG-TERM INTERVENTIONS (1 YEAR OR LATER) .....  | 25 |
| Cognitive Processing Therapy (CPT) .....   | 26 |
| Eye Movement Desensitization and Reprocessing (EMDR).....  | 28 |
| Prolonged Exposure Therapy   |    |

|  |    |
|--|----|
| App-based Interventions for Responders.....  | 41 |
| SAMHSA Disaster Mobile App.....  | 41 |
| SAMHSA Suicide Safe Mobile App.....  | 43 |
| Psychological First Aid (PFA) Mobile App.....  | 44 |
| App-based Resources for the Public.....  | 45 |
| Cognitive Processing Therapy (CPT) Coach Mobile App.....                             | 45 |
| PTSD Coach App.....  | 46 |
| Bounce Back Now (BBN) App.....   | 48 |
| UCLA Mindful App.....  | 49 |
| COVID Coach.....   | 50 |
| Insomnia Coach.....  | 51 |
| Healthy Minds Program App.....   | 53 |
| SERVICE DELIVERY MODELS.....   | 54 |
| National Organization for Victim Assistance (NOVA) Crisis Response Teams (CRTs)..... | 54 |
| Community Emergency Response Teams (CERTs).....                                      | 55 |
| Crisis Counseling Assistance and Training Program (CCP).....                         | 56 |
| TELEPHONIC/HOTLINE RESOURCES.....  | 58 |
| National Suicide Prevention Lifeline.....  | 58 |
| SAMHSA Disaster Distress Helpline.....   | 59 |

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

## 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

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-

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

---

<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 (t)2 (a1t)2 (a1t)2 (a6.4 (w -45.422.3 (osl)-0.7 (,)15.39J-0.002

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 |              |
|-------------------|--------------|
| Individual        | Community    |
| Group             | Peer Support |
| Survivor Family   | Other _____  |

| Research Base  |                                    |
|--|------------------------------------|
| Empirically Supported Treatment (EST)                          | Evidence-supported Treatment (EST) |
| Evidence-informed or Evidence-based Behavioral Practice (EBBP) | Qualitative Research               |

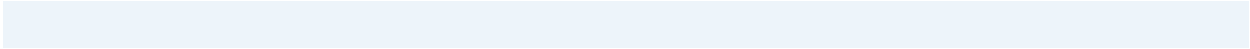
Cognitive Behavioral Therapy for Acute Stress Disorder (CBT for ASD)

Author: Richard Bryant









Psychological First Aid (PFA)

Authors

|              |  |
|--------------|--|
| Older Adults | People With Mental Illnesses and/or Substance Use Disorders Before the |
| Families     | Other: People who have experienced disasters and/or trauma             |

THE JOHNS HOPKINS RAPID MODEL OF PFA

Author: Johns Hopkins Center for Public Health Preparedness

## 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->

|  |   |
|--|---|
| Parents  | People With Disabilities and Other Access and Functional Needs                  |
| Older Adults   | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families   | Other: People at risk of developing substance use disorders                     |
| Experience Needed To Implement or Provide  |   |
| Advanced Degree and/or Professional Certification: Healthcare and mental health and substance use disorder treatment professionals | Training (Paid)   |
| Training (Free)  | Other: Designated training sites  |
| Research Base  |   |
| Empirically Supported Treatment (EST)  | Evidence-supported Treatment (EST)  |



|   |  |
|---|--|
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other: Variety of settings   |
| Populations   |  |
| Children  | First Responders/Disaster Responders   |
| Parents   | People With Disabilities and Other Access and Functional Needs   |
| Older Adults  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster                                    |
| Families  | Other: Adolescents and adults who have experienced trauma and/or maladaptive substance use/substance use disorders |
| Experience Needed To Implement or Provide                                     |  |
| Advanced Degree and/or Professional Certification _____                       | Training (Paid)  |

Training (Free)

Other: Professionals in a variety of settings, with or without training; training is available

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

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



Hammen, J. L., Norris, F. H., Symon, K. A., & Bow, T. E. (2017). Cognitive behavioral therapy for postdisaster

| Populations  |   |
|--------------|---|
| Children     | First Responders/Disaster Responders  |
| Parents      | People With Disabilities and Other Access and Functional Needs                  |
| Older Adults | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families     | Other _____   |







#### 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).

| Delivery Setting  |   |
|---|---|
| Family Assistance Centers/Disaster Recovery Centers                           | Field/Community   |
| Private Homes   | Faith-based Organizations   |
| Schools   | Virtual   |
| Childcare   | Websites and Social Media   |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____   |
| Populations   |   |
| Children  | First Responders/Disaster Responders  |
| Parents   | People With Disabilities and Other Access and Functional Needs                  |
| [REDACTED]  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families  | Other: Disaster survivors r 7   |

## 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   |                                      |
|---|--------------------------------------|
| Individual  | Community                            |
| Group   | Peer Support                         |
| Survivor Family   | Other _____                          |
| Family (General)  |                                      |
| Delivery Setting  |                                      |
| Family Assistance Centers/Disaster Recovery Centers                           | Field/Community                      |
| Private Homes   | Faith-based Organizations            |
| Schools   | Virtual                              |
| Childcare   | Websites and Social Media            |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____                          |
| Populations   |                                      |
| Children  | First Responders/Disaster Responders |

|   |   |
|---|---|
| Older Adults  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families  | Other: People who have experienced trauma or a distressing event                |
| Experience Needed To Implement or Provide               |   |
| Advanced Degree and/or Professional Certification _____ | Training (Paid)   |
| Training (Free)   | Other: Books are available for self-guided journal writing.                     |
| Research Base   |   |
| Empirically Supported Treatment                         |   |

cognitive therapy as among first-line therapies) in the treatment of PTSD.<sup>33,34,35</sup> Mental health and substance use-related

| Delivery Setting                                    |                           |
|---|---------------------------|
| Family Assistance Centers/Disaster Recovery Centers | Field/Community           |
| Private Homes                                       | Faith-based Organizations |
| Schools   | Virtual                   |

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.*

#### 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 I





prolonged exposure: A randomized clinical trial in military veterans. *Addictive Behaviors*, 90, 369–

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

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-CBT *Web2.0* (<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-CBT *Web2.0* 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 |              |
|-------------------|--------------|
| Individual        | Community    |
| Group             | Peer Support |
| Survivor Family   | Other _____  |
|                   |              |

| Experience Needed To Implement or Provide                                     |  |
|---|--|
| Advanced Degree and/or Professional Certification: Mental health professional | Training (Paid)  |
| Training (Free)   | 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   |  |
| Empirically Supported 0 0 9 92.04 57Eg  | e 0.929 g 77.64  |









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

| Intervention Type |
|-------------------|
| Individual        |

## 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                                   |                           |
|---|---------------------------|
| Individual  | Community                 |
| Group   | Peer Support              |
| Survivor Family                                     | Other _____               |
| Family (General)                                    |                           |
| Delivery Setting                                    |                           |
| Family Assistance Centers/Disaster Recovery Centers | Field/Community           |
| Private Homes                                       | Faith-based Organizations |
| Schools   |                           |



| Delivery Setting  |                           |
|---|---------------------------|
| Family Assistance Centers/Disaster Recovery Centers                           | Field/Community           |
| Private Homes   | Faith-based Organizations |
| Schools   | Virtual                   |
| Childcare   | Websites and Social Media |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____               |
| Populations   |                           |
|   |                           |





| Experience Needed To Implement or Provide   |   |
|---|---|
| Advanced Degree and/or Professional Certification: Healthcare, mental health and substance use disorder treatment, or disaster behavioral health response professionals | C |

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



Homework assignments and worksheets to enhance therapy

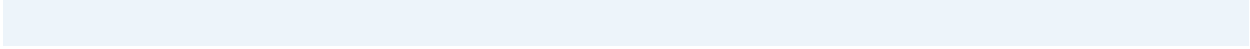
Reminders for therapy sessions

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

**PTSD COACH APP**

Authors: U.S. Department of Veterans Affairs' National Center for PTSD in parreatment (EST)





|   |   |
|---|---|
| Childcare   | Websites and Social Media   |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____   |
| Populations   |   |
| Children  | First Responders/Disaster Responders  |
| Parents   | People With Disabilities and Other Access and Functional Needs                  |
| Older Adults  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families  | Other: Those who have experienced a disaster >                                  |
| Experienc0 0 4 0 Td ( )Tj EMC 93 0.8h ni(i)4.o0 @r96                          |   |

( )229.92 546.72

| Delivery Setting  |   |
|---|---|
| Family Assistance Centers/Disaster Recovery Centers                           | Field/Community   |
| Private Homes   | Faith-based Organizations   |
| Schools   | Virtual   |
| Childcare   | Websites and Social Media   |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____   |
| Populations   |   |
| Children  | First Responders/Disaster Responders  |
| Parents   | People With Disabilities and Other Access and Functional Needs                        |
| Older Adults  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster       |
| Families  | Other: Adults interested in developing or enhancing a mindfulness meditation practice |





| Research Base  |                                    |
|--|------------------------------------|
| Empirically Supported Treatment (EST)                          | Evidence-supported Treatment (EST) |
| Evidence-informed or Evidence-based Behavioral Practice (EBBP) | Qualitative Research               |

Further References/Studies

Kuhn, E., Miller, K. E., Puran, D., Wielgosz, J., YorkWilliams, S. L., Owen, J. E., Jaworksi, 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:



|              |   |
|--------------|---|
| Older Adults | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
|--------------|---|

|   |   |
|---|---|
| Childcare   | Websites and Social Media   |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other _____   |
| Populations   |   |
| Children  | First Responders/Disaster Responders  |
| Parents   | People With Disabilities and Other Access and Functional Needs                  |
|   | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster |
| Families  | Other: Survivors of disaster events   |

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

**Crisis Counseling Assistance and Training Program (CCP)**

Authors: Federal Emergency Management Agency (FEMA) and

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.

| Intervention Type |              |
|-------------------|--------------|
| Individual        | Community    |
| Group             | Peer Support |

6F Sub-Part 24[296h-6.3 (v)-8 (i)3(171.9 (ly-DC On the body <<MC1D 440.33789 EMC- /A/B/C class-88B/C 079\_641567.1



|   |  |
|---|--|
| Childcare   | Websites and Social Media  |
| Clinical Health, Mental Health, and Substance Use Disorder Treatment Settings | Other: Telephone/text/chat   |
| Populations   |  |
| Children  | First Responders/Disaster Responders   |
| Parents   | People With Disabilities and Other Access and Functional Needs   |
| Older Adults  | People With Mental Illnesses and/or Substance Use Disorders Before the Disaster  |
| Families  | Other: People experiencing suicidality, people concerned that loved ones are experiencing suicidality, people experiencing distress or in crisis |
| Experience Needed To Implement or Provide                                     |  |
| Advanced Degree and/or Professional Certification _____                       | Training (Paid)  |
| Training (Free)   | Other:   |
|   |  |

