

APA Policy Statement: Integrating Psychological Science Into Major Disaster Preparedness, Response, and Recovery and Advancing Disaster Behavioral Health Training and Response for Psychologists

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Background

Major disasters pose profound psychological and physical risks to communities nationally and disproportionately result in inequities for vulnerable populations such as children and their families (particularly mothers), older adults, individuals with disabilities, and those with low socioeconomic status (Bonanno et al., 2010; Dodgen et al., 2016). Disasters also have long-term psychological impacts that may hinder recovery and community resilience, especially among vulnerable populations who are commonly more at risk (Salzer & Bickman, 2013; Raker et al., 2019). The psychological toll of disasters has become increasingly evident, with an escalating number of fires, floods, tornadoes, earthquakes, and hurricanes. These trends underscore the need for a robust disaster behavioral health (DBH) infrastructure and community-based support systems to aid in disaster preparedness, response, and recovery.

The 2025 American Psychological Association (APA) president commissioned a Task Force on Disaster Preparedness, Response, and Recovery to address the implications of these trends for the field of psychology. The Task Force was charged with developing a comprehensive advisory report for the APA Council of Representatives that summarizes known psychological science; identifies critical gaps in research and service provision; and outlines best practices for a participatory, community-based approach to disaster management. This policy statement highlights the Task Force's findings and proposes next steps for the APA to lead a national effort to strengthen disaster behavioral health capacity DBH in the discipline.

WHEREAS major disasters are defined under the Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5122, 2018 42 U.S., 2018) law as meaning any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which cause damage of sufficient

severity and magnitude to warrant major disaster assistance to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

WHEREAS federal and nongovernmental organizations (NGOs) have developed extensive resources for disaster preparedness, response, and recovery, yet a critical gap remains in the integration of psychological science into disaster preparedness, response, and recovery; and

WHEREAS the APA has emphasized the importance of culturally responsive, trauma-informed, and interdisciplinary approaches to disaster resilience, advocating for the inclusion of psychological expertise in public health and emergency management strategies (e.g., Abrams, 2020; APA, 2024); and

WHEREAS psychologists play a critical role in disaster preparedness, response, and recovery, with psychologists' expertise in trauma, resilience, and community mental health being essential to mitigating the psychological impacts of disasters, yet current systems for training and mobilizing psychologists in DBH are fragmented and underdeveloped (U.S. Department of Health and Human Services, National Biodefense Science Board, 2010); and

WHEREAS the COVID-19 pandemic revealed systemic gaps in DBH preparedness and highlighted the need for proactive, community-based behavioral health strategies (Sheek-Hussein, Abu-Zidan, & Stip, 2021; Papa, 2025); and

WHEREAS DBH integration in preparedness planning remains limited, despite the valuable resources for disaster response from federal agencies such as the Federal Emergency Management Agency (FEMA), the Substance Abuse and Mental Health Service Administration (SAMHSA), and NGOs like the American Red Cross (ARC); and

WHEREAS case studies from disasters such as the Oso SR530 landslide, Hurricane Maria, Montecito mudslides, and

the Maui wildfires demonstrate the usefulness of culturally informed, trauma-focused mental health interventions; and

WHEREAS strategic partnerships between mental health professionals and emergency management agencies are essential for building resilient communities and ensuring equitable access to psychological support (Heris et al., 2022; Rosenberg, Errett, & Eisenman, 2022); and

WHEREAS a unified, trauma-informed disaster framework that is informed by psychological science can enhance national preparedness and recovery efforts (Hobfoll et al., 2007; Ko et al., 2008; Kusmaul, 2020); and

WHEREAS psychologists are essential contributors to disaster preparedness, response, and recovery efforts, providing critical mental health services to individuals and communities (Margolin, Ramos, & Guran, 2010; Jacobs, Leach & Gerstein, 2011); and

WHEREAS shifts in state and federal disaster response strategies, coupled with declining engagement in traditional models, prompted the transition of the APA Disaster Response Network (DRN) to a web-based resource platform, while reflecting broader changes in the emergency management landscape, has disrupted leadership development pipelines within State, Provincial, and Territorial Psychological Associations (SPTAs); and

WHEREAS targeted interviews of academic institutions found that 85% of psychology doctoral programs report no formal training in disaster behavioral health and 91% expressed possible interest in offering such training (APA, personal communication, 2025); and

WHEREAS existing certificate programs offer structured DBH curricula but face challenges, including a lack of standardized certification, limited trained faculty, and insufficient funding;

WHEREAS no centralized national leadership or standardized framework exists for psychologists on DBH training, guidance, or coordination across jurisdictions that promote culturally responsive care and community-based interventions, which are essential to effective disaster response, particularly in vulnerable communities (Ting, et al., 2025; Everett et al., 2020; Marlowe, Neef, Tevaga, & Tevaga, 2018; Rahmani, Muzwagi, & Pumariega, 2022); and

WHEREAS a recent Presidential Task Force assessed the state of disaster behavioral health engagement among psychologists, including among State, Provincial, and Territorial Psychological Associations (SPTAs) and academic psychology programs, and identified significant gaps in training, coordination, and infrastructure;

WHEREAS: There are known increases of violence, including interpersonal violence, resulting from disasters.

THEREFORE, BE IT RESOLVED, the APA shall support integrating psychological science into federal, state, and local disaster preparedness, response, and recovery frameworks, ensuring disaster behavioral health is a core component of emergency planning and public health strategies.

BE IT FURTHER RESOLVED that the APA shall support the development and adoption of a unified competency framework for disaster behavioral health to guide education and practice in disaster behavioral health, including:

- Basic competencies, such as understanding disaster impacts, roles of psychologists, cultural competence, screening, acute interventions, and provider self-care.
- Advanced competencies such as individual and community needs assessment, use of evidence-based treatments, trauma-informed care, community engagement, post disaster needs assessment, and international collaboration.

BE IT FURTHER RESOLVED that the APA shall support exposure to disaster behavioral health concepts in graduate psychology training programs and the development and dissemination of interdisciplinary training programs that prepare licensed mental health professionals to participate in disaster preparedness and response, with a focus on cultural competence and trauma-informed care.

BE IT FURTHER RESOLVED that the APA shall facilitate collaborative partnerships among emergency management agencies and mental health organizations, including psychologists, social workers, faith-based organizations, and community health providers, to address disaster mental and behavioral health training, including but not limited to instances of interpersonal violence, and develop recommendations to improve coordination of disaster response efforts and deployment recommendations of mental health professionals.

BE IT FURTHER RESOLVED that the APA shall support the development and dissemination of accessible, age-appropriate, and culturally responsive disaster preparedness materials that address psychological well-being for individuals, families, and communities.

BE IT FURTHER RESOLVED that the APA shall support increased research and evaluation of disaster behavioral health interventions, including community-based models that promote resilience, recovery, and effective training of psychologists and other mental health professionals.

BE IT FURTHER RESOLVED that the APA shall seek to leverage existing resources to lead strategic partnerships, training standardization, and resource dissemination.

BE IT FURTHER RESOLVED that the APA shall support maintaining and updating a dynamic, web-based centralized repository of evidence-based, culturally informed disaster behavioral health resources and training materials.

BE IT FURTHER RESOLVED that the APA shall facilitate access to guidance documents for psychologists on disaster preparedness, response, and recovery.

BE IT FURTHER RESOLVED that the APA shall explore and engage in public education around interjurisdictional State licensure solutions and work with SPTAs to facilitate psychologists during natural disasters providing services across State, provincial and territorial lines.

BE IT FURTHER RESOLVED that the APA shall explore ways to cultivate new leaders in disaster behavioral health across academic and practice settings and provide peer support for existing leaders.

BE IT FURTHER RESOLVED that the APA shall educate and support equitable access to behavioral health services during and after disasters, prioritizing underserved and high-risk populations.

References

- Abrams, Z. (2020, November 1). Resilience in the age of devastating storms. *Monitor on Psychology*, 51(8), 46.
- American Psychological Association [APA] Personal Communication (2025). Presidential Advisory Task Force Report on Disaster Preparedness, Response and Recovery: Integrating Psychological Science into Major Disaster Preparedness, Response and Recovery and Advancing Disaster Behavioral Health Training and Response to Disasters. Washington D.C.
- American Psychological Association (2024). Culturally informed trauma and grief recovery toolkit. https://www.apa.org/about/governance/president/grief-toolkit?utm_source=chatgpt.com
- Bonanno, G. A., Brewin, C. R., Kaniasty, K., & La Greca, A. M. (2010). Weighing the costs of disaster: Consequences, Risks, and resilience in individuals, families, and communities. *Psychological Science in the Public Interest*, 11, 1–49. <https://doi.org/10.1177/1529100610387086>
- Desai, D. & Mandal, M. (2021). Role of climate change in exacerbating sexual and gender-based violence against women: A new challenge for international law. *Environmental Policy and Law*, 51, 137–157. <https://doi.org/10.3233/EPL-210055>
- Dodgen, D., Donato, D., Kelley, N., La Greca, A., Morganstein, J., Reser, J., Ruzek, J., Schweitzer, S., Shimamoto, M.M., Thigpen Tart, K. & Ursano, R. (2016). Ch. 8: Mental Health and Well-Being. *The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment*. U.S. Global Change Research Program, Washington, DC, 217–246. https://www.publicjustice.net/wp-content/uploads/2017/01/ClimateHealth2016_FullReport-ilovepdf-compressed.pdf
- Everett, A., Sugarman, O., Wennerstrom, A., Pollock, M., True, G., Haywood, C., Meyers, D., Raines, A., Wells, K., Johnson, A., & Arevian, A.C. (2020). Community-informed strategies to address trauma and enhance resilience in climate-affected communities. *Traumatology*, 26(3), 285.
- Jacobs, S. C., Leach, M. M., & Gerstein, L. H. (2011). Introduction and overview: Counseling psychologists' roles, training, and research contributions to large-scale disasters. *The Counseling Psychologist*, 39(8), 1070–1086.
- Heris, C. L., Kennedy, M., Graham, S., Bennetts, S. K., Atkinson, C., Mohamed, J., Woods, C., Chennai, R., & Chamberlain, C. (2022). Key features of a trauma-informed public health emergency approach: A rapid review. *Frontiers in Public Health*, 10, 1006513.
- Kusmaul, N. (2020). Role of trauma-informed care in disasters. In K.E. Cherry & A. Gibson (Eds.), *The intersection of trauma and disaster behavioral health* (pp. 145–162). Springer International Publishing.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Gersons, B.P., De Jong, J.T., Layne, C.M. and Maguen, S. & Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 283–315.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J. & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396.
- Margolin, G., Ramos, M. C., & Guran, E. L. (2010). Earthquakes and children: the role of psychologists with families and communities. *Professional Psychology: Research and Practice*, 41(1), 1.
- Marlowe, J., Neef, A., Tevaga, C. R., & Tevaga, C. (2018). A new guiding framework for engaging diverse populations in disaster risk reduction: Reach, relevance, receptiveness, and relationships. *International Journal of Disaster Risk Science*, 9(4), 507–518.
- Papa, A. (2025). Gaps in mental health care-seeking among health care providers during the COVID-19 pandemic—United States, September 2022–May 2023. *MMWR: Morbidity and Mortality Weekly Report*, 74.
- Rahmani, M., Muzwagi, A., & Pumariega, A. J. (2022). Cultural factors in disaster response among diverse children and youth around the world. *Current Psychiatry Reports*, 24(10), 481–491.
- Raker, E. J., Lowe, S. R., Arcaya, M. C., Johnson, S. T., Rhodes, J., & Waters, M. C. (2019). Twelve years later: The long-term mental health consequences of Hurricane Katrina. *Social Science & Medicine*, 242, 112610.
- Rosenberg, H., Errett, N. A., & Eisenman, D. P. (2022). Working with disaster-affected communities to envision healthier futures: A trauma-informed approach to post-disaster recovery planning. *International Journal of Environmental Research and Public Health*, 19(3), 1723. <https://doi.org/10.3390/ijerph19031723>
- Roudini, J., Khankeh, H. R., & Witruk, E. (2017). Disaster mental health preparedness in the community: A systematic review study. *Health Psychology Open*, 4(1), 2055102917711307. <https://doi.org/10.1177/2055102917711307>
- Salzer, M. S., & Bickman, L. (2013). The short-and long-term psychological impact of disasters: Implications for mental health interventions and policy. In *response to disaster* (pp. 63–82). Routledge.
- Sheek-Hussein, M., Abu-Zidan, F. M., & Stip, E. (2021). Disaster management of the psychological impact of the COVID-19 pandemic. *International Journal of Emergency Medicine*, 14(1), 19.

Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5122 (2018). <https://www.law.cornell.edu/uscode/text/42/5122>

Ting, R. S.-K., Ansloos, J., Lee, B.-O., Gone, J. P., & Kirmayer, L. J. (2025). Decolonizing mental health practice through traditional healing frameworks: Insights from Canada, China, Singapore, and the United States. *American Psychologist*, 80(4), 630–642. <https://doi.org/10.1037/amp0001386>

U.S. Department of Health and Human Services, National Biodefense Science Board (2010). Integration of mental and behavioral health in federal disaster preparedness, response, and recovery: Assessment and recommendations. https://aspr.hhs.gov/Shared%20Documents/NBSB%20Files/dmhreport1010.pdf?utm_source=chatgpt.com

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