



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Integrating Psychological Science into Major Disaster Preparedness, Response, and Recovery and Advancing Disaster Behavioral Health Training and Response for Psychologists

ADVISORY PRESIDENTIAL TASK FORCE ON DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY



APPROVED BY APA COUNCIL OF REPRESENTATIVES, FEBRUARY 2026

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Suggested Citation

American Psychological Association, Advisory Presidential Task Force on Disaster Preparedness, Response, and Recovery. (2026). *Integrating Psychological Science into Major Disaster Preparedness, Response, and Recovery and Advancing Disaster Behavioral Health Training and Response for Psychologists*. Retrieved from <https://www.apa.org/pubs/reports/disaster-preparedness.pdf>.



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Executive Summary

This report presents the final findings and recommendations of the Advisory Presidential Task Force on Disaster Preparedness, Response, and Recovery. Commissioned by the 2025 APA President, this 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.

The task force's environmental scan analyzed the response to the evolving nature of disasters, including natural, human-made, and the increasingly common "hybrid" events. A case study analysis of disasters, such as the 2018 Montecito, California, mudslides and the 2020 COVID-19 outbreak in King County, Washington, revealed critical gaps in existing response models. These models often fail to account for the psychological impact of *compounding trauma* from sequential or secondary disasters (e.g., fire followed by mudslide) and neglect the specific vulnerabilities of high-risk congregate settings (e.g. long-term care facilities, rural communities).

Furthermore, the scan identified a profound gap between social vulnerability science and psychological science. For example, research on climate justice and sea-level rise demonstrates that socially vulnerable populations—often minority and low-income communities—are disproportionately co-located with hazardous industrial sites. This creates a severe, overlooked risk for cascading hybrid disasters, where a natural event triggers a human-made hazardous material exposure.

The task force's analysis of the strategic landscape revealed a pivotal and time-sensitive policy transformation at the federal level. The March 2025 White House Executive Order, *Achieving Efficiency Through State and Local Preparedness*, (Exec. Order No. 14,239, 2025) has realigned federal doctrine, shifting the national strategy away from a generalized "all-hazards" approach to a "risk-informed" model. This new doctrine is centered on a "National Resilience Strategy" and a "National Risk Register" designed to guide "smarter spending" by quantifying risk.

This federal shift creates a policy vacuum. The previous primary federal guidance for behavioral health, the 2024 *Disaster Behavioral Health All-hazards Planning Guidance*, is now doctrinally misaligned with White House policy. This misalignment presents an unprecedented opportunity for the APA.

This report's recommendations are designed to seize this opportunity, positioning APA as the indispensable scientific partner to federal agencies during this transition. The task force proposes a four-point strategy:

1. **Federal partnership:** Direct APA's advocacy arm to engage the White House and the Department of Health and Human Services Administration for Strategic Preparedness and Response to ensure "psychological vulnerability" is integrated as a quantifiable multiplier in the announced National Risk Register.
2. **Strategic research:** Launch new research initiatives focused on the identified gaps: compounding trauma, climate justice and psychology, and congregate setting protocols.
3. **Training validation:** Establish an APA Center for Psychological Preparedness to *validate* and *curate* evidence-based psychological modules for integration into existing federal and community trainings, thereby avoiding redundancy.
4. **Internal asset leverage:** Formally reactivate APA's Disaster Resource Network, leveraging its 2016 mandate to engage researchers and academics as the engine for this new resource mission.

Immediately operationalizing these recommendations and the Council's own August 2025 *Resolution on Psychological Needs of Children Exposed to Disasters* (APA, 2025), positions the task force's work as the implementation arm of that new policy. In doing so, the Council will align APA's internal assets with a critical national need and decisively strengthen APA's role as a leading voice for psychology in national preparedness.





SECTION 1:

The Presidential Initiative: Mandate and Strategic Framework

1.1. DEFINING THE MANDATE

This report is the primary deliverable of the Presidential Initiative on Disaster Preparedness, Recovery, and Responsiveness. This initiative was generated by the 2025 APA President as a strategic alignment issue, reflecting a high-level consensus that the psychological dimensions of disasters demand a focused, concerted effort from the association.

This report is tasked with summarizing known psychological science; identifying critical research needs; highlighting gaps in current service provision; and codifying best practices for disaster preparedness, response, and recovery. A central component of this charge is to determine how collateral agencies and resources can be effectively integrated into a psychologically informed national approach.

1.2. SCOPE AND FOCUS

The task force's foundational charter defines its scope as encompassing the full spectrum of modern catastrophic events. These include:

- **Natural disasters:** such as hurricanes, tornadoes, floods, fires, extreme heat, and disease pandemics;
- **Human-made disasters:** such as mass shootings, hazardous material exposures and spills, pollution, and war; and

- **Hybrid disasters:** events worsened by technical and training failures.

These events are framed not merely as emergencies but as “priority public health issues” precisely because of their profound and lasting physical and mental impacts on the population. The prevalence and intensity of natural hazards have increased in number and magnitude worldwide, driven in part by climate change. The mandate for this task force specifically highlights the disproportionate impact on “vulnerable populations such as those with poor health, disabilities, and chronic diseases,” who are at an increased risk of adverse health outcomes.

While APA's advocacy arm, APA Services Inc., has previously focused on domestic preparedness for issues such as mass shootings and climate change, this initiative was directed to make a conscious strategic choice. Recognizing APA's capacity, resources, and legislative lens, the task force determined it would be best to focus on national disasters.

This national focus does not preclude global relevance. The mandate also includes a charge to inform “the inclusion of psychologists in these efforts domestically and globally.” This report interprets this as a directive to leverage APA's role as a leading voice (Strategic Goal 4). By developing and codifying best-in-class, evidence-based national models, APA's work can serve as a global standard, demonstrating scientific leadership that transcends borders.

1.3. A PARTICIPATORY, COMMUNITY-BASED APPROACH

The presidential initiative provides a clear directive: all efforts must focus on disaster response and recovery from a participatory, community-based approach. This directive moves APA’s strategy away from a top-down, expert-driven deployment model and toward a model centered on co-development, local asset mapping, and cultural humility. It prioritizes partnering with existing community and faith-based organizations—entities that hold local trust and can serve as enduring pillars of resilience long after disaster response teams have departed.

The March 2025 White House Executive Order, *Achieving Efficiency Through State and Local Preparedness* (Exec. Order No. 14,239, 2025), explicitly states it is the “policy of the United States that State and local governments and individuals play a more active and significant role in national resilience and preparedness.”

This alignment is an important strategic opportunity. APA’s preferred “participatory, community-based approach” is not an alternative to the new federal doctrine; it is the *ideal evidence-based model* to successfully implement that doctrine. The new federal policy demands state and local action, and APA’s psychological science can provide the how-to manual for building that resilience at the community level.

1.4. ALIGNMENT WITH APA’S STRATEGIC GOALS

This initiative is not a standalone project. It was commissioned by the 2025 APA President as a “strategic alignment issue” precisely because it directly supports all four of APA’s core strategic goals. The work of this task force and the recommendations put forth in this report are designed to produce tangible outcomes for each goal, as outlined in the initiative’s founding charter.

TABLE 1:
Alignment of Task Force Mandate with APA Strategic Goals

Strategic Goal	Task Force Mandate & Report Section
1. Utilize psychological science and knowledge to make a positive impact on critical societal issues.	The task force is charged with identifying, culling, and summarizing psychological science and best practices. This report (Sections 2 & 4) synthesizes this science to directly address the critical societal issue of disaster impact.
2. Prepare the field of psychology for current and future opportunities and challenges.	The initiative’s mandate includes advocating for “increased federal and state level funding” and disseminating “updated and established psychological research findings and best practices.” The recommendations in this report (Section 5) create a clear pathway for this.
3. Elevate the public’s understanding, appreciation, and utilization of psychology.	A core task is to “determine the most appropriate audience(s) to be targeted for training and dissemination.” By translating psychological science for first responders, federal leaders, and community organizations (Section 4), this initiative elevates psychology’s practical utility.
4. Strengthen APA’s role as a leading voice for psychology.	The initiative aims to “demonstrate its leadership ... to those who have requested the science and knowledge in this area, from federal leaders to community responders.” The federal policy analysis (Section 3) and resulting recommendations (Section 5) are designed to place APA at the center of the new national conversation on resilience.

SECTION 2:

The Evolving Landscape of Disaster: An Environmental Scan

The findings reveal an evolving and increasingly complex disaster landscape that presents profound challenges to traditional psychological preparedness and response models.

2.1. LESSONS FROM THE FIELD: CASE STUDY SYNTHESSES

The task force analyzed multiple case studies to identify gaps in practice. These cases, in particular, illustrate the new paradigms of compounding trauma and the critical vulnerabilities of congregate settings.

2.2. KEY INSIGHTS FROM EXPERT INTERVIEWS

Methodology: The task force identified key experts based on their approximately 10 to 30 years of experience in disaster behavioral health, affiliation with key organizations, or unique lived experience. These experts, primarily doctoral-level psychologists, have all delivered direct clinical services during disasters and most have developed training programs. One-hour interviews were conducted by phone or video call to assess existing resources, identify gaps, and define best practices. (See Addendum 1 for full methodology.)

Findings: The insights from these experts highlight several critical themes:

- **Abundant but dispersed resources:** Informants agreed that many effective resources, models, and trainings exist, but they are difficult to locate, organize, and apply at the community level.
- **Need for a visible APA role:** Several informants cited the elimination of the formal APA Disaster Response Network (DRN) as a significant loss. This was seen as reducing opportunities for psychologists to engage in disaster work and vacating APA's seat at the table in national planning and coordination.
- **Training as a strategic priority:** Informants stressed that APA is uniquely positioned to promote and incentivize training at both the pre-doctoral and continuing education levels. They emphasized that training must be community-tailored, disaster-specific (e.g., disaster vs. mass violence vs. unknown fatality events), and include awareness of interdisciplinary partners (e.g., healthcare, social services, spiritual care).
- **Strengthen evaluation and research:** Informants emphasized the need for better research. The effectiveness of

existing disaster behavioral health models remains limited, and rigorous evaluation is essential to establish and disseminate best practices.

- **Shift from individual to community focus:** Informants recommended expanding beyond individual-level interventions to community-based approaches consistent with population health models. This shift is seen as essential to maximizing impact, reducing long-term consequences, and promoting genuine community resilience.



2.3. SCAN OF EXISTING RESOURCES

Methodology: The task force evaluated websites for multiple federal and nongovernmental organizations involved in disaster management. The scan assessed content and resources relevant to individuals and communities.

Findings: The scan revealed a fragmented and voluminous collection of resources, often overwhelming for users. The scan also highlighted key gaps.

- **Federal Emergency Management Agency (FEMA):** Provides resources best suited for disaster preparedness, with a focus on safety and logistics (e.g., Ready.gov). Includes minimal content on psychological readiness, managing anticipatory stress, or other mental health aspects of preparedness.
- **Substance Abuse and Mental Health Services Administration (SAMHSA), part of the federal Department of Health and Human Services:** Provides the most comprehensive materials focused on disaster behavioral health, primarily for adults and providers. Its mobile app is geared toward community responders. Most resources address response and recovery; preparedness content links to FEMA.
- **National Child Traumatic Stress Network (NCTSN):** Offers extensive child- and family-focused toolkits, mobile apps (Help Kids Cope, Bounce Back), children's books (Trinka and Sam series) and manuals (e.g., Psychological First Aid, Skills for Psychological Recovery), available in multiple languages. Their materials have been widely used and disseminated by most federal agencies and states.
- **National Center for PTSD (NCPTSD):** Offers extensive trauma-related resources (e.g., PTSD Coach apps) for veterans and clinicians. Approaches co-developed with NCTSN include Psychological First Aid (PFA) to reduce immediate distress and foster long-term adaptive functioning, and Skills for Psychological Recovery (SPR) to reduce survivors' and responders' post-disaster distress.
- **American Red Cross and United Way:** Emphasize community mobilization, rapid response (shelter, food), and volunteer coordination. They devote less attention to behavioral health needs, though local chapters (like United Way Miami) may have specific resources.
- **University-based resources:** House programs, such as the University of Miami Youth Risk and Resilience Lab, that have produced evidence-based manuals (e.g., *After the Storm, Youth Strong*) that are resilience-based and have been widely distributed by SAMHSA and United Way to help children and families cope.



2.4. SUMMARY OF ENVIRONMENTAL SCAN FINDINGS

This combined scan revealed critical cross-cutting findings:

- **Gap in preparedness:** A major gap exists in the area of *mental health disaster preparedness*. Existing resources focus overwhelmingly on response (consequence management) and recovery, not on building psychological resilience or managing anticipatory stress *before* an event.
- **Lack of curation:** The sheer volume of existing materials is a barrier. Resources are fragmented across agencies, and users may be overwhelmed and unable to identify the appropriate tools.
- **Need for evaluation:** Research on the effectiveness and scalability of existing disaster behavioral health models, particularly community-based interventions, is limited.
- **Poor policy alignment:** Gaps exist in how current federal administration policies (see Section 5) will affect disaster planning, and behavioral health is not adequately integrated.
- **Need for defined best practices:** The field lacks a clear, evidence-based consensus on best practices for psychological preparedness, response, and recovery, especially concerning cultural adaptation and equity.

SECTION 3:

The Critical Role of Strategic Partnerships: Case Study Analysis

Effective disaster response and recovery depend on strong, coordinated partnerships across public, private, and community sectors. These partnerships are essential to ensure a tiered response, create a unified command structure, and avoid duplication of services. Psychologists have numerous opportunities for involvement through entities such as Medical Reserve Corps (MRCs), Voluntary Organizations Active in Disasters (VOADs), and Local Emergency Planning Committees (LEPCs).

To understand these partnerships in practice, the task force analyzed five case studies. These cases demonstrate the diversity of organizations supporting community well-being and highlight the critical need for flexible, locally informed, and culturally responsive care.

3.1. KEY CONTRIBUTIONS OF PARTNERSHIPS

- **Direct service delivery:** Organizations such as MRCs and VOADs mobilize licensed professionals to provide behavioral health services, emotional support, and trauma-informed care.
- **Community engagement:** LEPCs, established under the Emergency Preparedness and Community Right to Know Act (EPCRA), offer structured opportunities for residents and nongovernmental organizations to participate in local planning.
- **Culturally responsive care:** Collaborating with culturally based organizations ensures response efforts are sensitive to the community's historical and cultural context, reducing the risk of retraumatization.
- **Volunteer mobilization:** Pre-established partnerships help streamline the coordination of spontaneous volunteers, aligning their contributions with community-identified needs.

3.2. LESSONS FROM THE FIELD: CASE STUDY ANALYSIS

3.2.1. SR530 Landslide (Oso, Washington, 2014)

On March 22, 2014, the deadliest landslide in U.S. history resulted in 43 fatalities and devastated a small, rural community with limited mental health capacity. The response engaged local community-based organizations, human services, and schools alongside county and national organizations.

- **Key partners:** The Arlington Community Resource Center (founded as a grief center post-landslide), Washington State University's CLEAR program (implementing trauma-informed practices in schools), Art with Heart (using artistic expression for grief), American Red Cross, North Counties Family Services (grief counseling), and the Snohomish County Medical Reserve Corps (staffing call centers and supporting responder mental health).
- **Key lesson:** In a community with limited formal mental health services, local, trusted entities (such as schools and resource centers) became the primary providers of well-being and grief support, demonstrating the need to build capacity within existing community structures.

3.2.2. Hurricane Maria (Puerto Rico, 2017)

On September 20, 2017, Hurricane Maria caused catastrophic damage, leading to the longest blackout in U.S. history and highlighting inequities in federal disaster response. The aftermath required a response that navigated linguistic, cultural, and geographic barriers.

- **Key partners:** FEMA (funding more than 300 counselors), the Puerto Rico Psychological Association (setting up psychologist networks, training providers, and delivering trauma-focused care), Americares (training first responders in psychological first aid and addressing burnout), Direct Relief (funding local groups such as the Stefano Steenbakkens Betancourt Foundation to support grief



counseling), International Medical Corps (psychoeducation and crisis-coping skills), the Puerto Rican Department of Education (comprehensive mental health programs) and The Center for Mind-Body Medicine (a “train-the-trainer” program for population-wide healing).

- **Key lesson:** The response demonstrated the power of community resilience and the essential role of local professional associations and nongovernmental organizations in building sustainable, long-term capacity and ensuring services were culturally and linguistically relevant.

3.2.3. Montecito Mudslides (California, 2018)

In January 2018, a devastating mudslide killed 23 people in an area that had recently been burned by the Thomas Fire. This sequential disaster highlighted issues of institutional vulnerability (e.g., unclear emergency alerts) and the long-term psychological triggers associated with compounding trauma.

- **Key partners:** The Institute for Collective Trauma and Growth (“Healing the Healers” programs for responders), AHA! (free Eye Movement Desensitization and Reprogramming sessions), American Red Cross (crisis counseling), Hospice Santa Barbara (free counseling), the Santa Barbara County Psychological Association (offering reduced-fee services), and various local clinics (Hosford Clinic, Family Service Agency, etc.).
- **Key lesson:** This case exemplified a compounding disaster (fire followed by mudslide). The response was notable for its focus on responder well-being (Healing the Healers) and the mobilization of local psychological associations and clinics to meet acute mental health needs.

3.2.4. COVID-19 Pandemic (King County, Washington, 2020-2023)

King County was the first U.S. epicenter of the pandemic. The response required a massive, long-term pivot to telehealth and a focus on diverse populations facing intersecting crises (health, economic, social isolation).

- **Key partners:** The response involved a vast network of community-specific organizations funded by efforts such as the Seattle Foundation. Partners included Asian Counseling & Referral Services, Consejo Counseling (serving Latinx communities), Country Doctor Community Health Centers (transitioning to telehealth), Crisis Connections (operating helplines), LifeWire (supporting domestic violence survivors), Mother Africa (supporting African refugee and immigrant women), Somali Health Board (culturally relevant outreach via mosques), and United Indians of All Tribes Foundation (addressing cultural isolation).
- **Key lesson:** The pandemic response demonstrated the critical importance of a decentralized, culturally specific support network. Trusted organizations serving specific racial, ethnic, and linguistic minority groups were essen-

tial for facilitating access and reach that a centralized system could not achieve.

3.2.5. Maui Wildfires (Hawaii, 2023)

On August 8, 2023, wind-driven wildfires destroyed the town of Lahaina, resulting in more than 100 deaths. The geographic isolation and unique cultural considerations necessitated a locally led all-hands-on-deck response.

- **Key partners:** The Hawai’i Psychological Association leadership, in collaboration with other mental health organizations and nonprofits, immediately formed the Maui Strong Mental Health Response. This coalition included hundreds of volunteer medical, mental health, allied health, and cultural practitioners. Other key partners included the Hawai’i State Department of Health, the Hawai’i State Department of Education, the American Red Cross, Maui Community Health Centers, Hawai’i Cares 988 (crisis support), and the Hawai’i Community Foundation (Maui Strong Fund).
- **Key lesson:** This event highlighted the power of pre-existing relationships. The rapid formation of the Maui Strong Mental Health Response was possible only because of established trust among local professional associations, community organizations, and cultural leaders, allowing for an immediate, coordinated, and culturally grounded response.

3.3. POLICY IMPLICATIONS FROM PARTNERSHIP ANALYSIS

This analysis yields clear policy implications for APA and its partners:

- **Support cross-sector collaboration:** Advocate for and encourage the integration of mental health professionals into emergency planning networks (LEPCs, VOADs, healthcare coalitions) at all levels *before* a disaster.
- **Invest in culturally competent preparedness:** Partner with and provide resources to local, community-based organizations that have networked connections with populations at most risk. Professional associations (including APA) can develop training and tools on accessing federal funding and reimbursement for these groups.
- **Strengthen volunteer infrastructure:** Develop systems to better coordinate, credential, and integrate spontaneous mental health volunteers. APA can support states and territories by creating standardized training and planning templates to address liability and licensure portability.
- **Advance research and evaluation:** Promote rapid research in the context of response and recovery to assess the roles, capabilities, and impacts of partner organizations.



SECTION 4:

Training and Implementation: A Needs Assessment

A central question for the task force was the status of the training, implementation, and leadership pipeline for psychologists in disaster behavioral health (DBH). A preliminary assessment revealed that while psychologists are interested in DBH education and in the potential use of their skills toward that education, DBH training and implementation remain fragmented and unsupported.

4.1. METHODOLOGY: ASSESSING THE FIELD

To understand the current landscape, the task force queried experts from State, Provincial, and Territorial Psychological Associations (SPTAs) in high- and low-disaster-prone areas, as well as former APA Disaster Response Network (DRN) members. The task force also distributed a separate survey to members of the Association of Psychology Training Clinics to assess foundational DBH training in doctoral programs. (See Addendum 3 for full survey questions.)

4.2. FINDINGS: STATE, PROVINCIAL, AND TERRITORIAL PSYCHOLOGICAL ASSOCIATIONS

Interviews with SPTA leaders and former DRN members revealed a significant erosion of capacity:

- **Inconsistent structures:** Most SPTAs lack formal, standing disaster response committees. Activities are often informal (e.g., emailing resources) and dependent on the initiative of a few volunteers.
- **Impact of DRN shift:** The 2016 shift of the APA DRN to a web-based Disaster Resource Network was frequently reported to have weakened organizational structures, deprioritized the leadership pipeline, and reduced SPTA response capabilities.
- **Leadership gaps:** States with the most active committees are typically led by veterans of the earlier DRN. As these leaders retire, new volunteers are not consistently stepping up to replace them.

- **Lack of standardization:** There is no standardization for training requirements (e.g., length or type of training) for psychologists providing DBH services.
- **Identified barriers:** SPTA leaders cited a lack of funding and dedicated staff, competing demands on psychologists' time, weak relationships with state emergency agencies, and lack of expertise in evidence-based resources.

4.3. FINDINGS: ACADEMIC TRAINING PROGRAMS

The survey distributed to 224 Association of Psychology Training Clinics members (21% response rate) revealed a significant gap at the foundational level:

- **Lack of formal training:** The vast majority of responding doctoral programs (85%) report engaging in no training in disaster behavioral health. Another 14% reported very limited or one-time training (e.g., a single guest speaker) following a local disaster.
- **High potential interest:** Despite the lack of current training, 91% of respondents answered "yes" or "maybe" regarding potential interest in offering DBH training, indicating a major opportunity.
- **Faculty expertise barrier:** Programs reported a limited number of faculty specializing in this area, impacting training opportunities.
- **Existing models:** A few graduate programs and non-degree-granting certificate programs specializing in disaster behavioral health were identified (e.g., University of Denver, University of South Dakota, SUNY-New Paltz), which can serve as models for future curriculum development. (See Addendum 3 for a full list.)

4.4. CONCLUSIONS AND RECOMMENDATIONS FOR TRAINING

Key conclusion: Psychologists are crucial participants in all disaster phases, but the current infrastructure for training and implementation is failing. APA is poised to lead a unified, sustainable approach to prepare and support psychologists throughout their professional lifespan.

Based on these findings, the task force identified specific competencies to guide the development of future training.

Basic competencies in disaster behavioral health include:

- knowledge of the impacts of disasters and stages of recovery on individuals, communities, and first responders;
- knowledge of the specific roles of psychologists in all stages (preparation, immediate response, and long-term recovery);
- knowledge in the three-tier disaster behavioral health services perspective (Tier 1: Psychological First Aid (PFA),

Tier 2: Skills for Psychological Recovery (SPR), Tier 3: evidence-based and specialized trauma treatments);

- awareness of key coordinating national organizations and common command center operations in the disaster zones (e.g., FEMA, SAMHSA Crisis Counseling Program, Red Cross, other voluntary disaster organizations);
- cultural competence and a diversity, equity, and inclusion framework to ensure vulnerable populations are served;
- skillset to address those with functional and access needs (communication; maintaining health, independence; support and safety; and transportation [CMIST] framework);
- skillset to adapt psychological services across lifespan (such as adapting services for schools, assisted living, etc.);
- provider and organization well-being/self-care before, during, and after deployment; and
- knowledge of impact on and response to practicing psychologists' practice management and continuity (preparedness steps, file storage, etc.).

Advanced competencies in disaster behavioral health include:

- knowledge of ecological scan and needs assessments in disaster contexts;
- knowledge to enhance community engagement, mobilization, and design of community-level interventions;
- specialized skills to support community members with complex behavioral health needs; and
- specialized skills to partner with international organizations.



SECTION 5:

The Strategic Policy Landscape: A Pivotal Opportunity

The task force's analysis of the strategic landscape revealed a pivotal and time-sensitive policy transformation at the federal level, creating an urgent and unprecedented opportunity for APA to act as a leading scientific partner.

5.1. THE NEW FEDERAL DOCTRINE: "RISK-INFORMED" PREPAREDNESS

In March 2025, the White House issued the Executive Order *Achieving Efficiency Through State and Local Preparedness* (Exec. Order No. 14,239, 2025). This order fundamentally alters federal doctrine, officially shifting the national strategy away from a generalized "all-hazards" approach to a "risk-informed" model.

This new doctrine is centered on two pillars: a "National Resilience Strategy" and a "National Risk Register." This framework is designed to guide "smarter spending" by quantifying specific risks, moving away from one-size-fits-all preparedness. Crucially, this executive order mandates that, "State and local governments and individuals play a more active and significant role in national resilience and preparedness."

5.2. THE POLICY VACUUM AND THE SAMHSA MISALIGNMENT

The recent, consequential shift in federal disaster policy, away from the established all-hazards approach to a risk-informed model, has created an immediate and critical policy vacuum across the operational landscape. This conceptual change is not merely semantic; it fundamentally alters the strategic planning paradigm for national preparedness and response.

A primary example of this disruption is the immediate doctrinal misalignment of critical behavioral health guidance. Specifically, the SAMHSA 2024 *Disaster Behavioral Health All-hazards Planning Guidance* (SAMHSA, 2024), which serves as the foundational text for state and local behavioral health response planning, is now fundamentally incompatible with the new White House policy directive. Its core all-hazards framework, predicated on generalized capacity building for a wide range of potential events, stands in direct contrast to the administration's new risk-informed model. The new model prioritizes the quantification, mitigation, and planning for specific, high-probability, and high-impact vulnerabilities.

This profound misalignment mandates a comprehensive and urgent revision across the spectrum of federal disaster-related agencies. Agencies, particularly the Department of Health and Human Services' Administration for Strategic

Preparedness and Response (HHS/ASPR) and FEMA, must now undertake the substantial task of overhauling their existing frameworks, planning protocols, and operational metrics. This is necessary to comply with the 2025 executive order. The central challenge of this transition will be the requirement to systematically identify, rigorously quantify, and prioritize specific vulnerabilities—moving from general preparedness to targeted resilience. The data derived from this intensive process will be the essential input necessary to populate the newly mandated federal tool, the National Risk Register, which will subsequently dictate resource allocation, planning scenarios, and national investment priorities.

5.3. THE APA OPPORTUNITY

This transition presents an unprecedented opportunity for APA. The federal government needs a new model for assessing risk, and this task force's findings demonstrate that "psychological vulnerability" is a critical, quantifiable, and currently overlooked component of that risk.

APA is perfectly positioned to be the indispensable scientific partner to federal agencies during this transition. By leveraging the science of psychological vulnerability, compounding trauma, and community-based resilience, APA can provide the evidence-based framework for building resilience at the state and local level, directly fulfilling the mandate of the new executive order. The recommendations in this report are designed to seize this specific, time-sensitive opportunity.





SECTION 6:

Consolidated Recommendations: A Four-Point Strategy

The findings from the environmental scan, partnership analysis, training needs assessment, and policy review converge on a set of clear, actionable recommendations. These recommendations are designed to seize the current policy opportunity, leverage APA's internal assets, and decisively strengthen APA's role as the leading voice for psychology in national preparedness.

RECOMMENDATION 1: ESTABLISHING APA AS A KEY PARTNER IN FEDERAL STRATEGY

Action: Engage the White House (including the Assistant to the President for National Security Affairs), the Domestic Policy Council, and HHS/ASPR in high-level strategic meetings. The non-negotiable goal of this engagement is to ensure that psychological science and behavioral health metrics are *quantifiably* integrated into the new National Risk Register and National Resilience Strategy announced in the March 2025 executive order.

Rationale: The 2025 federal shift to a risk-informed doctrine is the most significant policy change in this domain in decades. This doctrine aims to guide smarter spending. If APA fails to ensure psychological vulnerability is part of the risk formula, psychology will be definitionally excluded from federal preparedness funding and policy.

Action: Authorize the establishment of a formal APA-SAMHSA joint task force with the explicit outcome of updating SAMHSA's 2024 *Disaster Behavioral Health All-hazards Planning Guidance*.

Rationale: This addresses the critical policy contradiction (see Section 3.2) between SAMHSA's previous all-hazards guidance and the new White House risk-informed doctrine. This action positions APA as an indispensable, proactive partner (Strategic Goal 4) helping a key federal agency navigate a complex policy pivot.

RECOMMENDATION 2: CLOSING GAPS IN PSYCHOLOGICAL SCIENCE AND RESEARCH

Action: Advocate for (per Strategic Goal 2) and direct APA resources (e.g., seed grants) toward new, practice-oriented research focused on the critical gaps identified in the environmental scan. Priority areas must include:

- **Compounding trauma:** Longitudinal studies on the psychological impact of sequential, hybrid disasters, moving beyond single-event models (per Montecito case);
- **Climate justice and psychology:** Research integrating Social Vulnerability Index data with environmental hazard data to create and validate predictive models of psychological vulnerability in at-risk communities; and
- **Congregate setting protocols:** Development and evaluation of evidence-based psychological preparedness and response interventions for high-risk, high-density settings (per King County case).

Rationale: This directly fills the gaps in our psychological science identified in Section 2, creating the evidence base needed to inform the risk-informed federal model and the new training modules.

RECOMMENDATION 3: ENHANCING TRAINING VIA VALIDATION AND DISSEMINATION

Action: Authorize the establishment of an APA center, such as an APA Center for Psychological Preparedness (or a similar-named entity), to serve as a national clearinghouse for psychological preparedness and response.

Rationale: This action directly addresses the redundancy problem. Instead of creating new competing trainings, this center would:

- **Validate:** Fulfill the mandate to “develop a system to validate training” by creating an “APA Evidence-Based” certification for modules from other organizations (e.g., Red Cross, NCTSN, FEMA);
- **Disseminate:** Serve as the hub for disseminating the “amalgamation of best practices” and supplement existing national training with APA-validated psychological science. This elevates APA’s public voice (Strategic Goal 3); and
- **Align:** Ensure Council’s August 2025 *Resolution on Psychological Needs of Children Exposed to Disasters* (APA, 2025) is fully implemented and relies on contributions of subject matter experts.

RECOMMENDATION 4: STRENGTHENING AND REACTIVATING APA’S INTERNAL ASSETS

Action: Formally designate and leverage APA’s Disaster Resource Network as the primary internal engine and expert body for implementing this initiative’s resource functions (Recommendations 2 and 3).

Rationale: This action fulfills the 2016 vision for the DRN. It provides a clear, high-profile mission for the network’s approximately 2,500 members. It strategically pivots the network’s primary function from *response* (clinical deployment, which remains a partnership with Red Cross) to *resource* (research, validation, community scanning), thereby activating the researchers, academics and graduate students who are already members of the network.



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Environmental Scan Methods & Findings

Environmental Scan Workgroup: Daniel Dodgen and Annette M. La Greca, co-leads; Elizabeth F. Louis

KEY EXPERT INTERVIEWS

- **Method.** Environmental Scan workgroup members developed a set of survey questions derived from the assigned task. Experts were invited to respond to the questions and to focus on mental health and well-being when responding. Informants were allowed to modify the questions or add information. The questions were:
 - a. What community-focused research, resources, training, models are out there that are used to build disaster preparedness and response capacity at the community level?
 - b. What gaps exist in these efforts?
 - c. What are the best practices for disaster preparedness capacity (and capacity building) from a community perspective?
 - d. What are the best practices for disaster response (and capacity building) from a community perspective?
 - e. What are the best practices for disaster recovery (and capacity building) from a community perspective?
 - f. How is psychology integrated into current approaches?
 - g. How are collateral agencies and resources integrated into current approaches?
 - h. What needs do you observe in current practice that psychology or the APA could address?
- Several key experts were identified based on their experience in disaster behavioral health, affiliation with key organizations, unique experience, or all of the above. All of them had between 10 and 30 years of experience in disaster behavioral health. All individuals had delivered direct clinical services during disasters, and most had also formulated training programs, models, and applications. Although all but one were doctoral level psychologists, they represented a range of professional and lived experience. Interviews typically lasted about one hour and were conducted by voice or video call.

• Findings.

- » **There are many good resources out there.** Informants all indicated there are many good resources available. They recommended multiple web-based resources captured in the scan findings below.
- » **APA needs a more visible role.** Several informants mentioned the elimination of the APA Disaster Response Network as a twofold loss. First, it reduced opportunities for psychologists to become involved in disaster response work. Second, it vacated APA's seat at the table where disaster behavioral health preparedness, response, and recovery activities are planned and executed.
- » **APA is uniquely positioned to encourage/incentivize training.** APA could promote training at the pre-doctoral level as well as through continuing education. Such training could focus on topics most relevant to individuals' communities and possible roles in disasters. Training should also include awareness of other response entities addressing spiritual care, social services, and health care.
- » **Training needs to differentiate between different types of disasters.** Experts mentioned the importance of recognizing different training needs for different scenarios. For example, training for stress reduction versus grief, or training specific to natural disasters, terrorist attacks, violence, or disasters with unknown fatalities (like wildfires and earthquakes).
- » **Evaluation of existing models and interventions needs to be strengthened.** Experts identified the need for better research on existing models as well as those now being developed.
- » **Psychology needs a more community-focused rather than individual-focused approach.** Just as APA has moved to a population health approach for addressing some psychological issues, disaster behavioral health needs to move to a more community-based approach. This will maximize our impact and also reduce long-term consequences for a larger number of people.

ENVIRONMENTAL SCAN FOR MATERIALS

- **Method.** Websites for multiple federal and nongovernmental organizations that participate in disaster preparedness, response, or recovery were evaluated for content and resources relevant for individuals and communities. Organizations included: Federal Emergency Management Agency (FEMA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Child Traumatic Stress Network (NCTSN), National Center for PTSD-VA (NCPTSD), American Red Cross, and the United Way. In addition, University-based resources that have been widely used for disaster recovery (e.g., via SAMHSA, United Way) were also included.
- **Findings.**
 - » **FEMA's** website appears best suited to disaster preparedness. There is a FEMA app for preparing for various types of disasters. The site and its resources are primarily aimed at adults, although it has some child-oriented materials; its materials consider those with special needs. However, it does not deal with the psychological aspects of disaster preparedness or how to manage anticipatory stress.
 - » **SAMHSA's** website has the most material that is disaster-oriented and addresses mental health issues. It is primarily aimed toward adults or providers. It sponsors a mobile app that is geared toward providers working in the community to help disaster survivors; it also addresses ways for individuals to find mental health treatment/services. Most resources address disaster response and recovery; for disaster preparedness, the site links to FEMA's Ready.gov website.
 - » **NCTSN**, one of SAMHSA's agencies, similarly focuses in part on disasters and mental health issues for families and communities, and contains many resources for providers. The website offers comprehensive toolkits, manuals, policy briefs, and webinars on many different types of traumas, including disasters, and emphasizes the importance of building resilience. It offers manuals and materials useful for disaster preparedness, response (e.g., Psychological First Aid) and recovery (Skills for Psychological Recovery). Both SAMHSA and NCTSN websites offer a wealth of materials geared toward disaster survivors as well as first responders, including behavioral health professionals. Many materials are translated into other languages.
 - » **NCPTSD's** website, sponsored by the Department of Veterans Affairs and NCTSN, has evidence-based materials dedicated to education and treatment of PTSD and traumatic stress to help with stress reactions during and after disaster events. Resources are primarily designed for adult veterans. The site con-

tains a wealth of self-help materials, as well as resources for family members or therapists/providers. The site provides links to multiple mobile apps for self-help (e.g., PTSD Coach, PTSD Family Coach) and companion treatments for PTSD (e.g., CPT Coach, PE Coach).

- » **The American Red Cross** is community-oriented and focuses on preventing and alleviating human suffering in disasters by mobilizing volunteers and donors. Services include preparedness education (e.g., Be Red Cross Ready app), immediate response, emergency shelters, food distribution, and health services. They work on a local/community level organizing disaster action teams that provide immediate on-scene assistance and emotional support to disaster victims.
 - » **The United Way** website is very broad; their goal is to mobilize quickly to support communities experiencing crises, including disasters, mass shootings, armed conflict, and other issues. It is the largest privately funded nonprofit, working in 95% of U.S. communities. Local community chapters of the United Way vary substantially, and some have disaster resources related to preparedness and recovery, such as United Way Miami and United Way Suncoast. In the past they have supported local mental health efforts.
 - » **The University of Miami Youth Risk and Resilience Lab** contains several evidence-based adult-child interactive manuals to help children cope after hurricanes (After the Storm), wildfires (After the Wildfire), and more generally disasters and other stressors (Youth Strong). Collectively, the manuals have been used in SAMHSA and United Way disaster relief efforts targeting children and families; more than 40 million manuals have been distributed in the United States, including Puerto Rico, and internationally. The manuals are resilience based; they are appropriate for universal and selective use after disasters, during the short- and long-term recovery, to bolster coping and to prevent mental health problems.
- **Observations.**
 - » SAMHSA, NCTSN, and NCPTSD have a wealth of materials and resources related to mental health that may be appropriate for disaster preparedness, response, and recovery. Many resources are translated into multiple languages. Materials/resources from those sites are geared toward disaster survivors and responders, both for the prevention of disorder development and for those who already have significant mental health issues (e.g., PTSD) in response to disasters.

- » In contrast, FEMA, the United Way, and the American Red Cross are community-oriented and focus on preparedness and safety, as well as immediate response, but with much less of a focus on mental health issues.
- » Resources, such as manuals from the Youth Risk and Resilience Lab, contain many evidence-informed strategies that could be used to build resilience in youth and potentially prevent more severe mental health problems from occurring; they can and have been used by parents, lay persons, and mental health providers.
- » Although many resources could be useful for a community-based approach to disasters, the amount of information available is overwhelming and could be challenging for individuals to identify and use.
- » Research on the effectiveness of disaster response and recovery interventions is limited.
- » Disaster preparedness is a major gap in the mental health area. Many more resources are available for disaster response and recovery. Existing disaster preparedness resources focus predominantly on safety, which is important, but do not consider the mental health and stressful aspects of disaster preparedness.

- **Cross-Cutting Findings.**

- » There are a lot of good resources out there. The number of existing programs, trainings, and models is so great that it is almost impossible to categorize them all.
- » Much of the existing training is about consequence management. We need more strategies focused on stress management and resilience. These strategies are often more appropriate for community-level interventions.
- » APA needs a more visible role to engage psychologists across different disciplines and be more public facing to deliver training and knowledge.
- » Training needs to differentiate between different types of disasters for different settings while also recognizing what access to resources looks like.
- » Evaluation of existing models and interventions needs to be strengthened, along with having more robust research on community level disaster preparedness, response, and recovery.
- » Within the field of disasters, more integration of psychology and well-being is needed across different modalities, trainings, and systems.
- » Psychology needs a more community-focused rather than individual-focused approach.
- » There are gaps in literature of evidence-based models for disasters, gaps in cultural knowledge, and gaps in how current administration policies will impact disaster planning and response.
- » There are challenges with identifying appropriate and consistent volunteers to engage in disaster work.
- » There is a need to define what best practices are for disasters for preparedness, response, and recovery.

Strategic Partnerships Case Studies and Methodology

Strategic Partnership Workgroup: Nicole A. Errett, lead; Elizabeth F. Louis, Julie Yurie Takishima-Lacasa

A variety of organizations work together to support community health and well-being following disasters, including through the provision of direct behavioral health services, community programming, and coordination. Psychologists and other mental and behavioral health professionals have several opportunities for involvement in disaster preparedness and response. Local and state public health and emergency management agencies often operate medical reserve corps or public health reserve corps, which provide opportunities for licensed professionals to train and to volunteer their services. In addition, in compliance with the Emergency Preparedness and Community Right to Know Act (EPCRA), most local governments convene Local Emergency Planning Committees (LEPCs), which provide residents, businesses, and nongovernmental organizations opportunities to get involved in disaster planning. While the EPCRA was designed specifically for chemical disasters, many LEPCs have taken an all-hazards approach to preparedness. In addition, Voluntary Organizations Active in Disasters (VOADs) are coalitions of nongovernmental organizations with roles in disaster preparedness and response. Many have mental or behavioral health programs where trainees and licensed providers can volunteer their services.

Often, individuals with personal or professional ties to disaster-affected communities are compelled to volunteer their time and talents in response and recovery. Integration into a complex web of responding organizations can be a daunting challenge, and organizations active in response may not have the capacity to acknowledge volunteer requests or direct or integrate volunteers.

To guide psychologists and other mental and behavioral health professionals in identifying opportunities to support disaster preparedness, response and recovery, we provide five case studies of recent disasters: the Oso, WA, landslide (2014); Hurricane Maria in Puerto Rico (2017); the Montecito, CA, mudslide (2018); the COVID-19 pandemic in King County, WA (2020-2023); and the Maui, HI, wildfires (2023). We first provide a brief summary of each event. We then describe

organizations identified through a rapid environmental scan that provided mental and behavioral health services in the response and recovery period.

Collectively, these case studies demonstrate the diversity of organizations that support community well-being in the aftermath of a disaster. They also highlight the importance of collaborating with culturally based community organizations and practitioners where appropriate to ensure that the cultural and historical context of a place is prioritized in the development of response efforts, to support the cultural awareness and understanding of those involved in those efforts, and to minimize misunderstanding, conflict, and further traumatization that can result from lack of cultural awareness among responders. Psychologists may wish to engage with similar organizations before disasters to support local preparedness, response, and recovery. We also propose a set of questions that can be used to guide future research about the roles, capabilities, and impacts of these organizations in disaster risk management.

SR530 LANDSLIDE (OSO, WA, 2014)

On March 22, 2014, the deadliest landslide in the country's history devastated the neighborhood of Steelhead Haven near Oso, in northwest Washington. Moving at an average speed of 40 miles per hour, the landslide resulted in 43 fatalities and destroyed 40 homes and other structures. Following the landslide, debris blocked a portion of Washington State Route 530 and dammed the North Fork Stillaguamish River, causing flooding in Steelhead Haven.

The landslide received a Federal Emergency Declaration. Organizations from the local to federal level were involved in disaster recovery, including Snohomish County, the Washington State Emergency Management Division, and the Federal Emergency Management Agency (U.S. Geological Survey, 2017). More than 10 years later, the impacts of the landslide are still felt in the community, manifesting in survivors' guilt and traumatic memories (Harris et al., 2016; KING 5 Seattle, 2024).

Organizations Involved in Mental or Behavioral Health Disaster Response

Organization	Description
Arlington Community Resource Center (Arlington Community Resource Center, n.d.)	"The Center was founded as a grief center following the landslide. During the disaster response period, it provided grief casework to connect families with counseling and other recovery support, serving more than 300 people through over 1,000 visits in 18 months." "The Center has now expanded to serve as a 'one-stop resource hub' for the community, offering services including rent and utility aid, free mental health courses, and housing support" (Lewis, 2019).
CLEAR @ Darrington School District (Washington State University, n.d.)	"CLEAR (Collaborative Learning for Educational Achievement and Resilience) is a program based at Washington State University's Child and Family Research Unit, which partners with education systems to train teachers and staff in implementing trauma-informed practices in schools while supporting students and families. Partner organizations include the National Child Traumatic Stress Network, the Juneau Community Foundation, and the Child & Family Research Unit." "CLEAR began a multi-year partnership with the Darrington School District to ensure students were supported in trauma-informed environments. CLEAR provided monthly training to staff on strategies for supporting students, increasing safety and consistency in the school environment, and understanding triggers. The program centers on integrating Adverse Childhood Experience science into school operations" (Franke, 2016; Stevens, 2019).
Art with Heart @ Darrington Elementary School (Art with Heart, n.d.)	"Art with Heart is a nonprofit aiming to support children in processing grief and overcoming trauma through artistic expression. School counselor Megan Lucas brought Art with Heart to Darrington Elementary School. Art with Heart contributed resources and a team of staff to work with students, families, and the community. The program also allowed teachers to understand the impacts of PTSD on children" (Durham, 2016).
American Red Cross (American Red Cross, n.d.-b)	"The Red Cross offered significant resources and financial support to community members and local organizations following the landslide. It served meals, distributed comfort kits and relief items, and provided health and mental health contacts. It also served as a donor, providing funding to North Counties Family Services, the CLEAR program, and the Arlington Community Resource Center" (American Red Cross, 2016).
North Counties Family Services (NCFS) (North Counties Family Services, n.d.)	"NCFS supports families in the Darrington community through financial assistance and community building. In the aftermath of the landslide, it provided grief and resiliency counseling for children."
Catholic Community Services of Western Washington (Catholic Community Services of Western Washington, 2018)	"Catholic Community Services provided school counselors in Darrington and disaster case managers in Darrington and Arlington. Catholic institutions in the area were also involved in leading a 'Long-Term Recovery Group,' a focus of which was addressing community mental health needs" (Parietti, 2015).
Snohomish County Medical Reserve Corps (MRC) (Snohomish County Health Department, n.d.)	"Following the landslide, 80 volunteers from the MRC staffed the emergency call center, administered the emergency operations center, supported the mental health of responders, and assisted the Medical Examiner's office in contacting families" (Nichols, 2016).

HURRICANE MARIA (PUERTO RICO, 2017)

On September 20, 2017, Hurricane Maria made landfall in Yabucoa, Puerto Rico, as a Category 4 hurricane. The storm hit the island with 155-mile-per-hour winds and heavy rainfall that produced catastrophic flooding and flash flooding (National Weather Service, 2021). This was the deadliest hurricane to hit Puerto Rico, exacerbated by the impacts of Hurricane Irma, which had passed close by the island two weeks prior (Chandra et al., 2021). Hurricane Maria left Puerto Rico experiencing the longest blackout in U.S history (U.S. Army Corps of Engineers, n.d.). Furthermore, the storm damaged roads, isolated people in rural areas from critical services, and delayed the reopening of facilities.

Hurricane Maria highlighted inequities in disaster response, as the federal government’s response was slower and less attentive to Puerto Ricans compared to disasters in other parts of the United States (Ahumada et al., 2024). At the same time, communities and local organizations demonstrated resilience and resourcefulness in supporting their neighbors.

Organizations Involved in Mental or Behavioral Health Disaster Response

Organization	Description
Federal Emergency Management Agency (FEMA)	“FEMA is a United States federal agency responsible for coordinating the federal response to disasters when state, territorial, and local resources are overwhelmed. After Hurricane Maria, FEMA distributed over \$22 million to support the Mental Health and Anti-Drug Services Administration (ASSMCA) to conduct outreach in communities, schools, parks, and community recovery centers throughout Puerto Rico” (FEMA, 2019). “Over 300 counselors were trained to conduct mental health and crisis counseling outreach in the communities across the island to support individuals in regaining normalcy and productive living following the disaster” (FEMA, 2019).
Center for Puerto Rico – Sila Maria Calderon Foundation (Fundacion Sila M. Calderón, n.d.)	“The Center for Puerto Rico (CPPR) is a branch of the Sila María Calderon Foundation, with a mission to address poverty reduction and inequality. Through funding via FEMA, they installed solar panels at eight community technology centers to prevent service disruption during disasters” (FEMA, 2024). “The organization is also known for offering emergency supplies, psychological services, small business grants, and educational opportunities for mitigating future disaster risks.”
Puerto Rico Psychological Association (APPR) (Asociación de Psicología de Puerto Rico, n.d.)	“Two years after Maria, the focus shifted from damage control to long-term recovery. APPR addressed what some called the ‘aftermath of the aftermath’—challenges resulting from months spent without shelter, power, or adequate medical care. APPR set up networks of psychologists to reach and treat vulnerable patients, including older adults and people with pre-existing illnesses, in the event of another disaster. Psychologists screened patients, trained providers, and delivered trauma-focused clinical care. They also partnered with government officials and other organizations to prepare for hurricane seasons” (Abrams, 2019).

Organization	Description
Americares (Americares, n.d.)	"Americares is a health-focused relief and development organization. Through its Hurricane Maria Recovery Program, it trained health workers and first responders in coping skills and psychological first aid, with a commitment to training 5,000 health workers and emergency responders to better cope with stress and trauma. The program was designed to address common post-disaster symptoms, including job burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization, giving providers the tools to care for themselves so they can continue to care for survivors." "Americares also began offering mental health and psychosocial services to Hurricane Maria survivors at mobile medical clinics in underserved communities in the weeks after the storm. It worked to restore health services in the aftermath of the storm, delivering nearly \$37 million in aid, including medicine and medical supplies, to hurricane survivors." "Americares implemented the Recovery Program in collaboration with organizations including the Puerto Rico Department of Health, the Puerto Rico Primary Care Association, the Puerto Rico Psychology Association, and Puerto Rico's Old Age Advocacy Office. Funding came from BD (Becton, Dickinson and Company), the Center for Disaster Philanthropy, Johnson & Johnson, and the Robert Wood Johnson Foundation" (Americares, 2019).
Direct Relief (Direct Relief, n.d.)	"For years, Direct Relief has supported 13 local groups focused on mental health, using a \$50 million donation from global biopharmaceutical company AbbVie." "One group is the Stefano Steenbakker Foundation, a nonprofit providing grief counseling for bereaved families. The foundation provides psychological help, social work, support groups, and healing workshops. With a Direct Relief grant, the Foundation has expanded its scope of services to include social workers, psychologists, and thanatology specialists, as well as support groups for victims of loss experiencing complicated grief." "The foundation complements its services with art and dance classes, field trips, and concerts. Social workers and psychologists are involved in these activities to provide support." "Another grantee was Fundación Atención Atención, which implemented a 'Play Time' initiative across 30 schools and communities. The initiative used play and dance as therapeutic tools to help children learn meditation, breathing, and socialization skills" (Umpierre, 2022).
International Medical Corps (International Medical Corps, n.d.-a)	"A preeminent first responder, International Medical Corps provides emergency relief to those affected by conflict, disaster, and disease, working with them to recover, rebuild, and gain the skills and tools required for self-reliance. During Hurricane Maria, their teams partnered with two local organizations—La Liga de la Leche and Alimentación Segura Infantil—to implement nutrition activities, including counseling on breastfeeding and on infant and young-child feeding (IYCF) practices for new and expectant mothers. Together, they reached 771 women with counseling and education, while distributing more than 1,060 breastfeeding-support items. They also used a community-based approach to conduct awareness sessions focused on psychoeducation for emotional regulation, suicide prevention, and crisis-coping skills. They supported referrals when a higher level of care was needed" (International Medical Corps, n.d.-b).
The United Church of Christ (United Church of Christ, n.d.)	"The United Church of Christ (UCC) is an inclusive faith-based network. Immediately following Hurricane Maria, UCC Disaster Ministries responded to partners' requests from their partners needing supplies. UCC Disaster Ministries also sponsored trauma recovery and disaster preparedness workshops and released funds for tuition assistance and pastoral support" (United Church of Christ, 2018).

Organization	Description
The Center for Mind-Body Medicine (CMBM) (The Center for Mind-Body Medicine, n.d.-a)	"CMBM aims to help communities around the world develop tools to heal population-wide trauma. They work with local partners to integrate their model with the existing structures and services within the community." "CMBM and Foundation for a Better Puerto Rico pursued an evidence-based program of population-wide healing and resiliency-building. The Puerto Rico Healing Alliance addresses the psychological impact of Hurricanes Maria and Irma, including increases in suicide, depression, anxiety, and post-traumatic stress, as well as burnout and secondary trauma amongst caregivers. The alliance has also helped Puerto Rico prepare for future events, such as the catastrophic 2020 earthquake, thereby building resilience and increasing local capacity to address large-scale psychological trauma." "In the summer of 2019, CMBM and Foundation for a Better Puerto Rico, with support from Direct Relief, Greater New York Hospital Association, the Medtronic Foundation, the Hispanic Federation, and Sistema de Salud Menonita, began the first phase of a 'train-the-trainer' program for 70 service providers and community leaders from the health, mental health, social welfare, and education sectors" (The Center for Mind-Body Medicine, n.d.-b).

MONTECITO MUDSLIDES RESPONSE (CALIFORNIA, 2018)

In January 2018, an overnight downpour in the small town of Montecito led to a devastating mudslide, killing 23 people and damaging 408 homes. The area had been burned by the Thomas fire three weeks earlier, which increased the susceptibility of the slopes to mudslides (Kean et al., 2019; McCaughan, 2019). Although the Montecito community may have had lower social vulnerability due to its relative wealth, its institutional vulnerability (e.g., issues in communication around evacuation routes, unclear emergency alerts, etc.) resulted in a substantial community impact (Goto et al., 2025). The long-term mental health effects of the disaster are profound. For instance, heavy rains in the following years triggered memories of the mudslide event (Goare, 2019; McCaughan, 2019).

Organizations Involved in Mental or Behavioral Health Disaster Response

Organization	Description
Institute for Collective Trauma and Growth (ICTG) (Institute for Collective Trauma and Growth, n.d.)	"ICTG hosted the Healing the Healers program in Montecito in partnership with Westmont College and Odyssey Impact. The program convenes clergy, social workers, first responders, etc., who support neighborhoods impacted by disasters, including the Thomas Fire and Montecito Mudslide. Through providing resources and film screenings, the program is designed to support these responders in sustaining their community work following traumatic events." "ICTG staff also offered crisis counseling to families through support groups and one-on-one sessions following the disaster" (Healing the Healers..., 2019).
AHA! (AHA! Santa Barbara, 2020)	"AHA! is a Santa Barbara-based organization that equips teenagers, educators, and parents with social-emotional learning training to interrupt hate-based behavior. Following the disaster, eight therapists and four interns trained in Eye Movement Desensitization and Reprogramming offered up to six free therapy sessions to community members" (AHA! Santa Barbara, 2025).
American Red Cross of the Pacific Coast (American Red Cross Central California Region, n.d.)	"Following the landslide, the Red Cross provided mental health services in the form of crisis counseling. It also provided meals and snacks, comfort and clean-up items, and health and mental health contacts" (American Red Cross, 2018).
Hospice Santa Barbara (Hospice of Santa Barbara, n.d.)	"Hospice Santa Barbara offered free counseling to community members after the mudslide" (Yamamura, 2018).
Santa Barbara Response Network (Santa Barbara Response Network, n.d.)	"Santa Barbara Response Network's toll-free crisis line operated following the disaster" (Yamamura, 2018).

Organization	Description
Santa Barbara County Psychological Association (SBCPA) (Santa Barbara County Psychological Association, n.d.)	"SBCPA offered mental health services at a reduced fee to community members following the disaster."
Hosford Counseling & Psychological Services Clinic (Hosford Clinic, n.d.)	"The Clinic is based at UC Santa Barbara and provides low-cost individual, couple, and group therapy to the Santa Barbara community. Following the disaster, it published a list of post-disaster mental health resources" (Hosford Counseling and Psychological Services Clinic, 2018).
Santa Barbara County Local Recovery and Assistance Center	"Immediately following the disaster, the County opened the Thomas Fire and Storm Event Local Recovery and Assistance Center at Calvary Chapel. The Center served as a resource hub, offering services including counseling" (Hosford Counseling and Psychological Services Clinic, 2018).
Community Counseling and Education Center (Community Counseling and Education Center, n.d.)	"The Center offers counseling services and educational programs to empower children and families. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services clinic" (Hosford Counseling and Psychological Services Clinic, 2018).
Department of Behavioral Wellness (Behavioral Wellness, n.d.)	"The Santa Barbara County Department of Behavioral Wellness offers mental health and crisis services. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services clinic" (Hosford Counseling and Psychological Services Clinic, 2018).
Family Service Agency of Santa Barbara (Family Service Agency, n.d.)	"The Agency offers mental health support in various forms, from school counseling to family counseling. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services Clinic" (Hosford Counseling and Psychological Services Clinic, 2018).
Family Therapy Institute (Family Therapy Institute of Santa Barbara, n.d.-a)	"The Institute provides family therapy services to the Santa Barbara community. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services clinic" (Hosford Counseling and Psychological Services Clinic, 2018) "and released its own list of mental health agencies providing affordable services" (Family Therapy Institute of Santa Barbara, n.d.-b).
New Beginnings Counseling Center (New Beginnings Counseling Center, 2015)	"The Center provides counseling and housing assistance to unhoused and low-income community members in Santa Barbara County. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services clinic" (Hosford Counseling and Psychological Services Clinic, 2018).
Pacific Pride Foundation (Pacific Pride Foundation, n.d.)	"The Foundation works to ensure a healthy LGBTQ+ community in Santa Barbara and offers mental health services in the form of counseling, therapy groups, and harm reduction services. It was compiled in a list of post-disaster resources created by the Hosford Counseling and Psychological Services clinic" (Hosford Counseling and Psychological Services Clinic, 2018).
Give an Hour (Give an Hour, n.d.)	"Give an Hour is a national nonprofit aiming to support resilient communities through mental health programs. Its network of thousands of mental health providers has a tradition of offering volunteer services in response to disasters. Give an Hour offered mental health and emotional support to those affected by the mudslides, both through on-the-ground and phone services" (Give an Hour, 2018).

COVID-19 PANDEMIC RESPONSE (KING COUNTY, WASHINGTON, 2020-2023)

The first U.S. COVID19 fatality was in Kirkland on February 29, 2020, marking King County as an early epicenter (Jackson & Raftery, 2020). King County—anchored by Seattle—responded swiftly. Leaders like Public Health Officer Dr. Jeff Duchin, Governor Jay Inslee, and local officials enacted early shutdowns, remote work mandates, and clear public-health messaging. These decisive actions helped limit infection and death relative to other regions (Gardner, 2021). However, the intensity of the response exacted a steep social and economic toll, disrupting lives, businesses, and routines (Gardner, 2021). Residents, particularly local business owners, faced financial hardship due to unemployment, with unemployment levels rising to levels not seen since the Great Depression.

Other challenges included food and housing insecurity and mental and emotional tolls (King County, 2022). A number of King County organizations provided mental and behavioral health services. By 2023, public health data revealed some recovery: declines in calls to the behavioral health crisis line and calls to the Washington Poison Center. However, worrying trends in other indicators were observed, such as an increased number of households facing food insecurity in 2023 compared with 2020, and an increase in calls to the National Domestic Violence Hotline in 2023 compared with 2021 (Public Health Seattle & King County, 2023).

Organizations Involved in Mental or Behavioral Health Disaster Response*

Organization	Description
Asian Counseling & Referral Services (ACRS) (Asian Counseling and Referral Service, n.d.)	"ACRS promotes the well-being of Asian and Pacific Islander communities through multicultural services. During the pandemic, ACRS continued to provide mental and behavioral health services, with some adapted to a virtual format. Services included substance use disorder assessments, remote case management, behavioral health treatment services, etc." (ACRS, 2020).
Atlantic Street Center (ASC) (Atlantic Street Center, n.d.-a & n.d.-b)	ASC supports families in South Seattle and King County through behavioral health programs, family support groups, and more. During the pandemic, ASC continued offering its services in virtual or socially distant formats (Atlantic Street Center, n.d.-a & n.d.-b).
Consejo Counseling and Referral Service (Consejo Counseling and Referral Service, n.d.)	"Consejo provides counseling and behavioral health services for people in King, Pierce, Thurston, and Mason counties, primarily Latinx communities. Through a grant from the Seattle Foundation, Consejo ensured people who do not qualify for Medicaid were able to receive behavioral health services" (Seattle Foundation, 2020).
Country Doctor Community Health Centers (CDCHC) (Seattle Roots Community Health, n.d.)	"CDCHC is a community health clinic that provides physical and behavioral healthcare to all, with a focus on those who are excluded from the mainstream medical system, such as uninsured patients. During the pandemic, it quickly transitioned to telehealth to provide uninterrupted counseling to patients. Telehealth helped the clinic to reach more new patients and made patients feel more comfortable speaking about the challenges they were facing" (Country Doctor Community Health Center, 2020).
Crisis Connections (Crisis Connections, 2018)	"Crisis Connections operates helplines for situations ranging from basic needs support to mental health crises. During the pandemic, Crisis Connections ensured its services were accessible by continuing to provide five helplines free of cost (24-Hour Crisis line, King County 2-1-1, Teen Link, etc.), providing translation in over 150 languages, and offering text and chat options" (Crisis Connections, 2020).
Downtown Emergency Service Center (DESC) (DESC, n.d.)	"DESC supports people experiencing overlapping situations of homelessness, substance use disorders, and mental health illness. Although DESC was forced to scale back its operations during the pandemic, its behavioral health team continued to provide in-person crisis response and remote routine care" (DESC, 2020).
Encompass (Encompass, n.d.)	"Encompass services children ages 0-8 and their families through early learning and family enrichment programs. During the pandemic, Encompass continued to support families, with its therapists offering online therapy and creating resources for parents supporting the mental health of children" (Morris, 2020).
LifeWire (LifeWire, n.d.)	"LifeWire supports survivors of domestic violence in Washington state. It continued to offer services during the pandemic, transitioning to online therapy and support groups. It also noted that at-home tensions and violence increased during the pandemic, and it continued to provide its advocacy services remotely" (Krinsky, 2020).
Mother Africa (Mother Africa, n.d.-a)	"Mother Africa advances racial equity by empowering African refugee and immigrant women. During the pandemic, it continued programs virtually and trained staff on domestic violence, sexual assault, and mental health so that they were prepared to support the community" (Mother Africa, n.d.-b).

Organization	Description
NAMI Eastside (NAMI Eastside WA, 2019)	“NAMI aims to improve the quality of life of people impacted by mental illness through advocacy, education, and support groups. During the pandemic, NAMI continued to offer online support communities and a weekday helpline” (National Alliance on Mental Illness, 2020). “Current virtual support groups include a bipolar support group, a family support group, and a women’s support group” (NAMI Eastside WA, 2020).
NAVOS (Navos, n.d.)	“NAVOS supports people vulnerable to mental illness and substance use disorders through a broad continuum of trauma-informed care. During the pandemic, it continued to offer mental health services for people with Medicaid coverage via telephone sessions, video sessions, and in-person sessions with safety protocols” (Navos, n.d.).
Neighborcare Health (Neighborcare Health, n.d.-a)	“Neighborcare Health provides primary medical, dental, and behavioral health services to uninsured people in the Seattle area. During the pandemic, Neighborcare clinics continued to provide mental health services, including support for emotional health, stress, anxiety, and depression, through phone appointments with behavioral specialists” (Neighborcare Health, n.d.-b).
New Beginnings (New Beginnings, n.d.-a)	New Beginnings empowers survivors with a mission to end domestic violence. During the pandemic, the organization continued to offer its 24/7 helpline, which supports not only individuals experiencing crises, but also people who want to learn about New Beginnings’ resources, create a safety plan, etc. New Beginnings offered guidance on how individuals can avert tense situations at home during the pandemic lockdown (New Beginnings, n.d.-b).
Perinatal Support Washington (PS-WA) (Perinatal Support Washington, n.d.)	“PS-WA supports the emotional transition into parenthood through therapy, a free helpline, and support groups. During the pandemic, the organization offered virtual support groups for parents at different phases of the new parenting phase” (Perinatal Support Washington, 2020b), “as well as online therapy on a sliding fee scale” (Perinatal Support Washington, 2020a).
Refugee Women’s Alliance (ReWA) (Refugee Women’s Alliance, n.d.)	“ReWA provides holistic services to refugee and immigrant women and their families. During the pandemic, ReWA continued its counseling via phone calls in seven different languages” (Walby, 2020).
Ryther (Ryther, n.d.)	“During the pandemic, Ryther transitioned its in-person therapy groups to a virtual format and launched creative virtual support groups, such as ‘Baking the Most of It,’ where participants cooked together remotely” (Ryther, 2020).
Seattle Counseling Service	“Seattle Counseling Service stopped operating in 2022. It provided mental health and wellness services to the LGBTQ+ community” (SEAnighborhoods, 2021). “During the pandemic, it continued to offer telehealth services. Unfortunately, the pandemic led to its closure” (jseattle, 2022).
Somali Health Board (Somali Health Board, n.d.)	“The Somali Health Board addresses health disparities disproportionately impacting new immigrants and refugees in King County. During the pandemic, they launched a Somali Mental Health Case Management program that conducted outreach through local mosques and provided culturally-relevant services” (Pacific Hospital Preservation & Development Authority, n.d.).
Sound Alliance, IAF Northwest (Sound Alliance, n.d.-a)	“Sound Alliance is a network of faith, labor, health education, and community organizations working to organize grassroots power around issues such as immigrant rights and child welfare. During the pandemic, the Sound Alliance launched the Social Connection Project, which matched Sound Alliance leaders and Seattle and King County Housing Authority residents as conversation partners to discuss concerns related to COVID-19” (Sound Alliance, n.d.-b).

Organization	Description
Therapeutic Health Services (THS) (Therapeutic Health Services, n.d.)	“THS supports people across Washington state with substance use issues through medications and counseling. THS continued to operate remotely during the pandemic, with counselors calling patients weekly” (Winters, 2020).
United Indians of All Tribes Foundation (UIATF) (United Indians of All Tribes Foundation, n.d.)	“UIATF provides culturally responsive programming and services to the urban Native community of King County. During the pandemic, it addressed cultural isolation by providing familiar foods and having case workers check in with community members” (Santos, 2021).
Valley Cities (Valley Cities Behavioral Health Care, n.d.-a)	“Valley Cities supports communities through mental health and substance use treatment. During the pandemic, it hosted a ‘Coping during Covid-19’ support group and provided telehealth and phone consultation for clients” (Valley Cities Behavioral Health Care, n.d.-b).
You Grow Girl (You Grow Girl!, n.d.)	“You Grow Girl supports youth of color through mental health, life skills, and housing support. During the pandemic, it provided mental health services to people experiencing trauma from before and during the pandemic, as well as frontline workers experiencing secondary trauma” (Seattle Foundation, 2020).
Youth Eastside Services (YES) (Youth Eastside Services, n.d.)	“YES provides behavioral health services to children and youth through integrated care with school and community-based programs. Through the pandemic, it continued to provide virtual drop-in counseling and recovery support groups” (Harding, 2021).
Washington Listens	“The Washington State Health Care Authority partnered with healthcare entities and tribes, including Crisis Connections, Frontier Behavioral Health, and the Colville tribe, to create the Washington Listens support line. Users could call the support line seven days a week to be connected to local resources when they were experiencing stress during the pandemic” (Crisis Connections, 2018).

*The organizations included in the table above are recipients of the Seattle Foundation’s COVID-19 Response Fund Phase 2 Mental and Behavioral Health Grants. Priority populations for funding included people of color, immigrants and refugees, low and moderate-income essential workers, and youth. Additional grantees can be viewed on the Seattle Foundation’s website (Seattle Foundation, n.d.).

MAUI WILDFIRES RESPONSE (HAWAII, 2023)

On August 8, 2023, wind-driven wildfires—fueled by dry conditions and strong winds from Hurricane Dora—devastated the Hawaiian Island of Maui, particularly the historic town of Lahaina (Partyka, 2023). The fires were caused by the re-energization of broken power lines sparking unmaintained vegetation, as confirmed by the federal Bureau of Alcohol, Tobacco, Firearms, and Explosives and Maui Fire Department (Maui Recovers, 2024b).

The disaster resulted in more than 100 confirmed deaths, making it the deadliest U.S. wildfire in over a century and Hawaii’s worst disaster. More than 2,200 structures were destroyed, primarily homes (Bonham et al., 2023), causing an estimated \$5.5 billion in damage across 2,170 acres (University of Hawai’i System News, 2023). Lahaina suffered near-total destruction. Thousands of people were displaced, with significant damage to homes, businesses, and cultural landmarks (Bonham et al., 2023; Alfonseca & Sarnoff, 2024).

Emergency response faced challenges, including inadequate warning systems, as power outages resulted in disrupted communication and inactive sirens (Associated Press, 2024). The Maui Police Department and fire crews struggled with limited resources, staffing, and equipment issues.

Federal, state, and local agencies, including FEMA, the Environmental Protection Agency, and the Hawai’i National Guard, mobilized for rescue, recovery, and debris removal, with FEMA providing nearly \$3 billion in aid (Maui Recovers, 2024a). Long-term recovery efforts continue, focusing on housing, infrastructure, and rebuilding (Maui Recovers, n.d.). Investigations have highlighted systemic issues and the increasing risks posed by climate change and extreme weather events in the Pacific region, underscoring the need for improved preparedness (UL Research Institutes, 2024).

Organizations Involved in Mental or Behavioral Health Disaster Response

Organization	Description
State of Hawai'i, Department of Health (DOH) (Hawaii State Department of Health, n.d.-a)	"DOH's Certified Community Behavioral Health Clinics supported individuals impacted by the wildfires. Walk-ins were welcome, with insurance not required" (Maui Wildfire Response, n.d.).
State of Hawai'i, Office of the Governor, Office of Wellness and Resilience (Office of Wellness and Resilience, n.d.-a)	"The <i>kuleana</i> (responsibility; privilege) of the Office of Wellness and Resilience is to strengthen Hawai'i's service systems, using hope-centered principles as strategies to make Hawai'i a trauma-informed state" (Office of Wellness and Resilience, n.d.-b).
Maui Strong Mental Health Response (later became Hawai'i Behavioral Health Connection) (Hawai'i Behavioral Health Connection, n.d.-a)	"Maui Strong Mental Health Response (MSMHR) came together immediately following the devastating aftermath of the wildfires. It was initiated by the Hawai'i Psychological Association leadership and other psychologists in Hawai'i, in collaboration with other mental health organizations, Hawaiian Islands Association for Marriage and Family Therapy, National Association of Social Workers Hawai'i Chapter, Hawai'i Counselors Association, and existing community nonprofits, Friends of the Children's Justice Center of Maui, Piha Wellness, and Maui Medic Healers Hui. MSMHR was composed of hundreds of volunteers, including medical, mental health, allied health (acupuncture, massage, physical therapy), and cultural practitioners offering pro bono clinical, administrative, and training-related services" (Hawai'i Behavioral Health Connection, n.d.-b).
American Red Cross	"Six months after the wildfires, the American Red Cross had reached about 32,750 people with disaster relief and recovery services, providing over 2.54 million meals and snacks and over 1.22 million overnight shelter and hotel stays" (American Red Cross, n.d.-a). "Its provided services included health and emotional support" (American Red Cross, 2024; American Red Cross, n.d.-a).
Maui Community Health Centers (Mālama I Ke Ola Health Center, n.d.)	"In-person mental health services were available at Maui Community Health Centers in Wailuku, including counseling, psychiatric care, and resource guidance. Services were provided by the Hawai'i Department of Health, Queen's Health System, and Kaiser Permanente."
Lāhainā Comprehensive Health Center	"In-person support was available at Lāhainā Comprehensive Health Center, including counseling, psychiatric care, and resource guidance. Services were provided by the Hawai'i Department of Health, Queen's Health System, and Kaiser Permanente Hawai'i" (Matsuo, 2023).
State of Hawai'i, Department of Health, Child & Adolescent Mental Health Division, Maui Family Guidance Centers (Maui Family Guidance Centers, n.d.)	"The Family Guidance Centers provided crisis services to <i>keiki</i> (youth) and families. At HelpYourKeiki.com, they compiled resources for supporting children during crises resulting from disasters and traumatic events, such as the National Child Traumatic Stress Network" (Hawai'i State Department of Health, n.d.-b).
Hawai'i Women, Infants, and Children (WIC) (State of Hawaii, Department of Health, Women, Infants and Children, n.d.-a)	Hawaii WIC used waivers and flexibilities to help families impacted by the fires (State of Hawaii, Department of Health, Women, Infants and Children, n.d.-b).
Hawai'i Voluntary Organizations Active in Disaster (VOAD) (National Voluntary Organizations Active in Disaster, n.d.)	"The Hawaii VOAD aims to facilitate the provision of comprehensive services to the people of Hawaii in disaster preparedness, response, and recovery by fostering cooperation, communication, coordination, and collaboration. Hawai'i VOAD is a state chapter of the National VOAD."
Hawai'i Cares 988 (Hawai'i CARES 988, n.d.-a)	Hawai'i Cares 988 provided ongoing 24/7 crisis support to those impacted by the Maui wildfires and maintained the Maui Wildfire Recovery and Resilience Resource Guide (Hawai'i CARES 988, n.d.-b).

Organization	Description
Maui Nui Strong (Maui Nui Strong, n.d.-b)	“Maui Nui Strong is provided by the County of Maui to connect residents, businesses, and visitors to information about Maui County and resources that help to promote thriving and vibrant communities. Following the wildfires, Maui Nui Strong provided information on wildfire relief resources, including mental health services” (Maui Nui Strong, n.d.-a).
Hawai’i Community Foundation (Hawai’i Community Foundation, n.d.)	“The Hawai’i Community Foundation created the Maui Strong Fund to provide community resilience with resources for disaster preparedness, response, and recovery. The fund is currently being used to support communities affected by the wildfires on Maui. The Foundation has a four-phase approach to disaster response. In Phase 2: Rapid Relief and Response, grants focus on meeting community needs, including grief support and trauma-informed care.”

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ADDENDUM 3:

SPTA/DRN/Certificate/Graduate Program Leadership Interview/Survey Questions

Training & Implementation Workgroup: Erica H. Wise, Jeanne LeBlanc, co-leads; Kathleen S. Brown, Lisa Brown, Melissa Brymer, Rachel Sing-Kiat Ting

QUESTIONS FOR SPTAS AND DRN LEADERS (CONDUCTED VIA ZOOM AND PHONE CALLS):

- Association involvement in disaster response over the past 10 years?
- Barriers to participation, if not involved?
- Types of disasters responded to, and nature of involvement?
- Required training for disaster response participation?
- Licensure and training barriers, particularly in interstate/province deployments?
- Existing committees/structures for disaster response training?
- Association roles in disaster preparedness and response coordination?
- Partnerships with government or other entities?
- Needs for improving disaster behavioral health training and disaster response?
- Resources, APA or the Canadian Psychological Association? (Note: CPA could provide resources to other SPTAs for disaster preparedness and response)

QUESTIONS FOR ACADEMIC PSYCHOLOGY DOCTORAL PROGRAMS (CONDUCTED VIA GOOGLE FORM SURVEY):

- Has your academic program been directly involved in training graduate students to provide disaster mental health services to community clients who have experienced a disaster?
- How is this training provided? (Check all that apply)
 - » Academic coursework
 - » Practicum or external placement
 - » Participation in a specific research lab that focuses on disaster treatment and/or recovery
 - » Guest speaker in one-time event
 - » Other
- Is your program potentially interested in learning more about models of disaster mental health training or response for graduate students?
 - » Yes
 - » No
 - » Maybe
- Please list the name of any faculty at your university who have research programs on disaster training or response. (open ended response option)

QUESTIONS FOR IDENTIFIED CERTIFICATE AND GRADUATE PROGRAMS WITH DISASTER MENTAL HEALTH EMPHASIS:

- Experience in training provision: Has your program been directly involved in disaster response training in the past 10 years? Yes___ No___
 - » Probe: If Yes: Which ones? In what ways? What models of training? At what level?
 - » Probe: If No: Is there a barrier or gap at your program that keeps it from incorporating disaster mental health training?
- Interest/role: Is your program interested in disaster mental health training? In what role? Why?
 - » Probe: To your knowledge are any of your graduates/alumni involved in disaster response and recovery? If yes, in what setting/organization?
- Curriculum: If applicable, what curriculum currently exists in your program for training psychologists (or other mental health professionals) for disaster response?
 - » Probe: What model of disaster response have you adopted in the curriculum? Any of them community-based?
 - » Probe: What do you think are the basic qualifications for someone to be involved in the disaster response?
- Capacity and support:
 - » What would improve your capacity to provide disaster mental health training for psychologists-in-training (and/or other MH professionals)? What resources might be useful for APA to provide to your education program related to disaster preparedness and response?

Identified certificate and graduate programs with disaster mental health orientation/track

- Adler University: Traumatic Stress Psychology Psy.D. Emphasis
- Hood College: Trauma, Crisis, Grief, and Loss program (Department of Psychology & Counseling)
- Southern Connecticut State University: Disaster Mental Health Graduate Certificate (Online, 12 Credits); Dept of Social Work
- SUNY-New Paltz: Advanced Certificate in Trauma and Disaster Mental Health
- Uniformed Services University of the Health Sciences (UHUHS) medical school.
- University of Colorado: Ph.D. Clinical Psychology with Major Area of Study in Trauma Psychology
- University of Denver: Graduate School of Professional Psy, MA International Disaster Psychology: Trauma and Global Mental Health
- University of Mississippi: Clinical-Disaster Psychology course (3 Credits)
- University of South Dakota: Online Disaster Mental Health Graduate Certificate (Dept of Psychology)

ADDENDUM 4:

Recommendations for a Community Environmental Scan

Strategic Partnership Workgroup: Nicole A. Errett, lead; Elizabeth F. Louis, Julie Yurie Takishima-Lacasa

These questions are designed to explore various aspects of community engagement for disaster behavioral health preparedness, response, and recovery. They can help guide efforts in understanding the gaps, opportunities, and current practices in the field.

- Disaster:
- Date of disaster:
- Interviewee name/role/organization:
- Please describe your role and your organization's role in response and recovery efforts:
- What major challenges did the community face in response/recovery efforts?
- What local legal and operational resources were available to support your work?
- What were the community partnerships in those efforts?
- Were any local cultural community leaders and/or organizations engaged in your efforts? If so, please list them:
- What roles do those cultural leaders/organizations fill in their communities? What was the nature of the relationship/partnership? How did cultural differences and awareness/knowledge (or lack thereof) influence disaster mental health efforts?
- Did you coordinate with media outlets to provide psychological support to the public/community?
- What role did each of those individuals/organizations play in the overall effort?
- What did those partners need/expect from you/your organization?
- How was coordination handled between those community partnerships?
- What were the key strategies that facilitated the development and engagement of those relationships?
- What strategies were not as helpful?
- What were the strengths that came out of those partnerships, and what challenges did you encounter in those relationships?
- How did you navigate supporting helpers/providers who were also survivors and/or dealing with trauma/loss?
- Did you have previous experience or training in community engagement? If so, please describe:
- Is there any specific training that you think would be beneficial for people new to disaster community engagement? How do psychologists adapt their clinical skills to effectively develop and sustain community partnerships?
- Did you encounter any opportunistic (even potentially predatory) behavior/issues in your work?
- Looking back, what gaps may have existed in your community partnership engagement?
- What, if anything, would you do differently next time in terms of community engagement?
- Did telehealth and/or remote services play a significant role? What other technological tools were helpful?
- How do current disaster mental health or related policies align (or not align) with the needs of affected communities?
- How can mental health professionals most effectively collaborate with other first responders during a disaster?
- Was any mental health/service data tracked and reported during disaster recovery efforts?
- What long-term disaster mental health support systems are in place in your community?
- How can disaster mental health professionals work with state and local organizations to develop resources for trauma recovery and resilience building? What strategies can be implemented to ensure long-term recovery and mental health support in communities after a disaster?
- How can we best prepare communities before a disaster occurs?
- What ongoing community programs and support initiatives are essential?



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