Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence

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Given the devastation caused by disasters and mass violence, it is critical that intervention policy be based on the most updated research findings. However, to date, no evidence–based consensus has been reached supporting a clear set of recom-

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mendations for intervention during the immediate and the mid–term post mass trauma phases. Because it is unlikely that there will be evidence in the near or mid–term future from clinical trials that cover the diversity of disaster and mass violence circumstances, we assembled a worldwide panel of experts on the study and treatment of those exposed to disaster and mass violence to extrapolate from related fields of research, and to gain consensus on intervention principles. We identified five empirically supported intervention principles that should be used to guide and inform intervention and prevention efforts at the early to mid–term stages. These are promoting: 1) a sense of safety, 2) calming, 3) a sense of self– and community efficacy, 4) connectedness, and 5) hope.

Restoring social and behavioral functioning after disasters and situations of mass casualty has been extensively explored over the last few decades. No evidence–based consensus has been reached to date with regard to effective interventions for use in the immediate and the mid–term post mass trauma phases (Gersons & Olff, 2005). Recent findings indicating that commonly utilized interventions, such as psychological debriefing, do not prevent PTSD may not be effective in preventing long–term distress and dysfunction, and they may even be harmful to direct survivors of disasters (for recent reviews, see Carlier, Lamberts, van Uchelen, & Gersons, 1998; Litz & Gray, 2002; McNally, Bryant, & Ehlers, 2003; Rose, Bisson, & Wessely, 2003). This has left the field without an evidence–based framework for post–disaster psychosocial intervention. This gap in the field has led to a search for an evidence–informed framework for post–disaster psychosocial intervention. One solution to the lack of direct research evidence for such interventions has been to both extrapolate from related fields of research to create evidence–informed practices and to attempt to gain consensus from researchers and practitioners in the fields of trauma and disaster recovery. Of greatest interest is the identification of core intervention–related foci that are best supported by the literature as promoting stress–resistant and resilient outcomes following exposure to extreme stress (Layne, Warren, Shalev, & Watson, in press).

Given the devastation caused both by disasters and mass violence, it is critical that intervention policy be based on the most updated research findings (Foa et al., 2005; Pynoos, Schreiber, Steinberg, & Pfefferbaum, 2005). Recent increases worldwide in terrorist attacks and disasters make this all the more necessary. It is always a difficult task to extract findings from the empirical literature on research and intervention in a format that can inform intervention policy. Not all areas of research receive the same attention, and controversies and questions will always remain open, with new questions to be investigated. Nevertheless, in this paper, we summarize our view of the distilled version of best intervention practices following major disaster and terrorist attacks for the short–term and mid–term period, a period that we define as ranging from the immediate hours to several months after disaster or attack.

This is not to say that we intend to recommend specific intervention models, as the literature does not currently support this. The heterogeneity of traumatic events and their aftermath defies any specific guidelines, and there is a need for flexibility of interventions and adaptations to specific circumstances. We, therefore, address this issue by asserting several general principles for successful intervention or policies, attempting to formulate these principles in a way that will allow their smooth translation to specific circumstances. Thus, we believe that there are central elements or principles of interventions, ranging from prevention, to support, to therapeutic intervention that are supported by the empirical literature and can be termed "evidence–informed." It is highly unlikely that we will have an adequate representation of randomized controlled trials of interventions for major disaster events or terrorist attack in the near to mid–term future, if ever. Therefore a major

step in promoting the development of effective, efficient, and sustainable interventions is to ensure that, to the extent possible, they are informed by empirical evidence and meet standards of reasonable support from published studies of relevance to disaster environments.

There are several ways in which stressful events may reach traumatic proportions for individuals and communities. First, the sheer physical, social, and psychological demands of situations involving mass casualty may be overwhelming—either directly (by the extent of pain, injury, destruction or devastation) or because of their grotesque and incongruous elements (e.g., bodily disfigurement, school children being starved or massacred, people jumping from the burning Twin Towers, bodies floating in a New Orleans street) or by their symbolic implications (beheading of prisoners) or personal relevance (e.g., assuming that an act of terror could reach one's own neighborhood) (Reissman, Klomp, Kent, & Pfefferbaum, 2004). Second, the devastation of resources can impoverish the capacity of individuals and communities' to cope with a traumatic situation and recover from its consequences, especially where individuals or communities already have depleted psychosocial and economic resources due to prior trauma, a history of psychiatric disorder, or socioeconomic disenfranchisement (Hobfoll, 1998). The loss, or threatened loss, of attachment bonds that occurs in disasters and instances of mass casualty comes close in its intensity and effect to the previous elements of witnessing horrors and direct personal threat. Many traumatic events involve powerful reactivation of attachment systems and ensuing agony and distress (such as looking for relatives in the rubble of an earthquake or searching casualty lists). Third, and linked to the former, is the loss of territory, or safety within a territory—either via relocation—or indirectly, as people's previously secure base is infiltrated by threat and horror. In many instances of disaster and mass casualty, the ongoing violence, aftershocks, massive failure to provide aid, and the secondary losses that follow the initial phase mean that there may be no clearly demarcated period that can be termed post–trauma. Finally, the potentially damaging effects of traumatic events on people's sense of meaning, justice, and order often have extremely stressful effects. Many trauma survivors struggle with challenges to sense of meaning and justice in the face of shattered assumptions about prevailing justice in the world due to the way in which they were either exposed to traumatic events (e.g., being sent to a war they perceive as senseless, being an innocent victim) or treated during the post–traumatic aftermath (e.g., via discriminatory distribution of resources). It is on the basis of these principles that we came to seek, identify, and describe the basic, practical recommendations that follow.

It is important to recognize from the outset that people's reactions should not necessarily be regarded as pathological responses or even as precursors of subsequent disorder. Nevertheless, some may be experienced with great distress and require community or at times clinical intervention (Galea et al., 2003). This pattern underscores the conclusion that many people will have transient stress reactions in the aftermath of mass violence and that such reactions may occur, occasionally, even years later. As such, most people are more likely to need support and provision of resources to ease the transition to normalcy, rather than traditional diagnosis and clinical treatment. Thus, in this paper, we consider intervention in its broad sense, ranging from provision of wide–ranging community support and public health messaging to clinical assessment and intensive intervention.

We have identified five intervention principles that have empirical support to guide evolving intervention practices and programs following disaster and mass violence. We recommend that these practices and techniques, or their elements, should be contained within intervention and prevention efforts at the early to mid–term stages. These guidelines will be particularly important to those responsible for broader public health and emergency management. These principles are:

1. Promote sense of safety.

2. Promote calming.
3. Promote sense of self– and collective efficacy.
4. Promote connectedness.
5. Promote hope.

PROMOTION OF SENSE OF SAFETY

The principle of promotion of sense of safety comes from several avenues of investigation relating to both objective reality and perceived reality. It is the nature of disasters and mass violence that people are forced to respond to events that threaten their lives, their loved ones, or the things they most deeply value (Basoglu, Salcioglu, Livanou, Kalender, & Acar, 2005; Briere & Elliot, 2000; de Jong, 2002a, 2002b; Hobfoll et al. 1991; Ursano, McCaughey, & Fullerton, 1994; van der Kolk & McFarlane, 1996). Young children, parents, and caretakers are especially challenged by a mutual sense of disruption of a "protective shield" that underlies much of early child development and family life (Pynoos, Steinberg & Wraith, 1995). As such, it is not surprising that negative post–trauma reactions are common in large percentages of populations, across the full spectrum of age ranges that are exposed to disasters or mass violence. Hence, it is not unexpected that disaster-affected populations have been found to have high prevalence rates of mental health problems, including acute stress disorder, posttraumatic stress disorder (PTSD), depression, anxiety, separation anxiety, incident–specific fears, phobias, somatization, traumatic grief, and sleep disturbances (Balaban et al., 2005). These negative post–trauma reactions tend to persist under conditions of ongoing threat or danger, as studies in a variety of cultures have shown (de Jong et al., 2001; de Jong, Mulhern, Ford, van der Kam, & Kleber, 2000; Neria, Solomon, & Dekel, 2000; Porter & Haslam, 2005; Yzermans & Gersons, 2002). To the extent, however, that safety is introduced, these reactions show a gradual reduction over time (Ozer, Best, Lipsey, & Weiss, 2003; Silver, Holman, McIntosh, Poulin, & Gil–Rivas,

2002). Moreover, even where threat continues, those that can maintain or re–establish a relative sense of safety have considerably lower risk of developing PTSD in the months following exposure than those who do not (Bleich, Gelkopf, & Solomon, 2003; Grieger, Fullerton, & Ursano, 2003).

When people are confronted with ongoing threats of this magnitude they will naturally respond with deeply embedded psychophysiological and neurobiological reactions that underscore the brain's cortical and subcortical responses as well as peripheral fight, flight, or freeze reactions (Ursano et al., 1994; van der Kolk & McFarlane, 1996). Biological adaptation to extreme stress is necessary for survival in a Darwinian sense (Hobfoll, 1998; van der Kolk & McFarlane, 1996), and hence, it is not surprising that these reactions are deeply embedded in the brain (Charney, Friedman, & Deutch, 1995; Panksepp, 1998; Yehuda, 1998; Yehuda, McFarlane, & Shalev, 1998). There is also a developmental neurobiology to their ontogenesis (Pynoos, Steinberg, Ornitz, & Goenjian, 1997). Translational research highlights that promoting a sense of safety is essential in both animals and humans to reduce these biological responses that accompany ongoing fear and anxiety (Bryant, 2006). The implication of this pattern is that promoting safety can reduce biological aspects of posttraumatic stress reactions (Bryant, 2006).

Parallel to these physiological reactions, cognitive processes that inhibit recovery also occur and are exacerbated by ongoing threat. Foa (1997) has suggested that spontaneous or natural recovery following exposure to a trauma is associated with maintenance of a balanced view about the dangerousness of the world. A belief that "the world is completely dangerous" is held to be a primary dysfunctional cognition that mediates development of PTSD (Foa & Rothbaum, 1998). Because trauma memories are often encoded in the context of overwhelming emotion and confusion, Ehlers and Clark (2000) posit that such memories are easily and involuntarily triggered by a wide range of reminders and often subjectively feel as if they are happening

"right now," even if safety is restored. This model holds that corrective information is needed in the aftermath of trauma to ensure that individuals can appraise future threat in a realistic manner. Consistent with this view, convergent evidence indicates that people who are likely to develop subsequent disorders are more likely to exaggerate future risk (Ehlers, Mayou, & Bryant, 1998; Smith & Bryant, 2000; Warda & Bryant, 1998). If actual safety is not restored, reminders will be omnipresent and contribute to an ongoing sense of exaggerated threat, preventing a return to a psychological sense of safety (Ehlers & Clark, 2000; Nortje, Roberts, & Moller, 2004).

There are several intervention strategies that will promote a psychological sense of safety. These can be instituted on individual, group, organization, and community levels.

On an individual level, studies of exposure therapy have found that a key to therapeutic success is to interrupt the post–traumatic stimulus generalization that links harmless images, people, and things to dangerous stimuli associated with the original traumatic threat (Bryant, Harvey, Dang, Sackville, & Basten, 1998; Foa & Rothbaum, 1998; Gersons, Carlier, Lamberts, & van der Kolk, 2000; Resick, Nishith, Weaver, Astin, & Feuer, 2002). This is done through both imagined exposure and real–world, in–vivo exposure in ways that re–link those images, people, and events with safety ("The bridge that collapsed was threatening, but all bridges are not" "That night was unsafe, but all nights are not unsafe."). Interventions have also utilized reality reminders, teaching contextual discrimination in the face of trauma and loss triggers, assisting in developing more adaptive cognitions and coping skills, and grounding techniques to enhance people's sense of safety (Hien, Cohen, Miele, Litt, & Capstick, 2004; Najavits, 2002; Najavits, Weiss, Shaw, & Muenz, 1998; Resick & Schnicke, 1992). Such interventions have been used for individuals and small groups and can be applied after screening in post-disaster and mass violence situations. When working with children, in addition to utilizing these components, the re-versal of regression in their ability to discriminate among indications of danger is another core therapeutic objective (Goenjian et al., 1997; Goenjian et al., 2005; Layne et al., 2001; Pynoos et al., 1995).

Evidence from frontline treatment of trauma in combat situations also supports the centrality of promoting safety and has implications for individual and more organizational and large group intervention. Hence, safety must be approached as a relative state, and even in disaster or combat zones where total safety cannot be achieved, the extent that safety is enhanced will aid people's coping. In studies of combatants in Israel, one of the key principles of immediate treatment of combatants who were experiencing acute stress reactions was bringing them to relative safety, out of the line of fire (Solomon & Benbenishty, 1986; Solomon, Shklar, & Mikulincer, 2005). This breaks the automaticity of the threat–survival physiology and associated cognitions (Solomon et al., 2005).

On a public health level, how to establish safety may appear obvious, in that we should bring people to a safe place and make it clear that it is safe. The promotion of a sense of safety is very similar to Bell's and Pynoos's principle of reestablishing the protective shield, which is a key principle of their respective work in community and disaster psychiatry on health behavior change in large populations and communities (Bell, Flay, & Paikoff, 2002; Pynoos, Goenjian, & Steinberg, 1998). In reality, the restoration of confidence in a protective shield in both adults and children requires repeated attention and can be a slow process (Lieberman, Compton, Van Horn, & Ippen, 2003; Pynoos et al., 2005).

Interventions to enhance safety must include a social systems perspective. Although social support has a major positive impact, as we will detail, in the aftermath of large–scale community trauma it may have the opposite impact. When complete information about mass trauma is lacking (a common occurrence following disasters and mass violence), people tend to share rumors and "horror stories" about the event. Hobfoll and London (1986) termed this the "pressure–cooker" effect.

While this is probably intended to gain support, it has been found that increasing doses of this type of "support" are positively correlated with psychological distress (Hobfoll & London, 1986; Pennebaker & Harber, 1993). In fact, those individuals who are sought out as support providers may be most vulnerable to this additional over–exposure. Intervention should, therefore, recommend limiting the amount of this type of talking about the trauma if doing so makes one more anxious or depressed.

Related to the factor of social support are worries concerning attachment networks. Information about the survival and safety of friends and relatives is the first to be sought during the immediate aftermath of disasters and terrorist acts (see, for example, Bleich et al., 2003). Because fears concerning the safety of relatives may be greater than those concerning the self, intervention must aid identification of loved ones and their condition as an utmost priority. Thus, even prior to people's need to be connected to others for social support as we discuss later, their concern for the safety of their family may be even more primary.

Safety, by extension, involves safety from bad news, rumors, and other interpersonal factors that may increase threat perception. In that sense, providing continuous and unbalanced information about hypothetical sources of additional stress (e.g., enumerating all the possible scenarios of terrorism, such as poisoning wells, destroying crops) undermines survivors' sense of safety. Leadership must provide an accurate, organized voice to help circumscribe threat, and thereby increase the perception of safety where there is no serious extant threat (Shalev & Freedman, 2005).

Finally, media and the use of media by public officials are important foci of intervention. President Bush's speech and actions following the events of September 11th were largely seen as increasing Americans' belief in his leadership (Bligh, Kohles, & Meindl, 2004). However, a societal source of fear regarding safety in the aftermath of mass violence can also include government–issued messages. Although the intent of such messages is to keep the public informed and to increase their knowledge as to how to act, if not carefully orchestrated, those messages may increase anxiety and make people less clear about what is expected of them. Unfortunately, such messaging is also often used to serve political ends. For instance, it has been suggested that one factor contributing to George W. Bush's election in 2004 was the media attention, and the attention focused on terrorism by those seeking election—given to imminent terrorist threats (Cohen, Ogilvie, Solomon, Greenberg, & Pyszczynski, 2005). This evidence highlights that communities may have difficulty maintaining a sense of safety in the aftermath of mass violence if government agencies and elected officials strategically elevate the community's sense of danger because this provides a political advantage. One might think that the media and politicians are beyond our influence, but organizations such as the American Psychological and American Psychiatric Associations, and their counterparts in other countries, are often looked to in times of mass trauma and should be ready to address these questions and take a stand on use of the media to produce fear or sensationalize. Likewise, broadcasting is controlled by laws and governing boards (e.g., Federal Communications Commission) that should be prepared prior to disaster or terrorism occurrence on such issues.

The media may be another significant societal–level obstacle to establishing a sense of safety. Media may report events in ways that inadvertently decrease a sense of safety or that are intentionally unclear as to the degree of safety because marketing research suggests that uncertainty and fear promote increased viewing of the news. Additionally, it is common for media to repeatedly display images of threat that can serve to reduce the community's perception of safety. Thus, media–related factors may impede recovery since a dose–response effect has been found in multiple studies linking exposure to televised images of the traumatic event to greater psychological distress (Ahern et al., 2002; Nader & Pynoos, 1993; Neria et al., 2006; Pfefferbaum

et al., 2002; Schlenger et al., 2002; Silver et al., 2002; Torabi & Seo, 2004). Although it is difficult to determine the causal relationship between media viewing and fear, these findings are consistent with the proposal that media exposure influences fear in the community. Additionally, young children are likely to have difficulty understanding that an event has ended, believing that replays on the local news represent new incidents or continued threat (Fremont, 2004; Lengua, Long, Smith, & Meltzoff, 2005; Pfefferbaum et al., 2002). For this reason, media should be educated that enhancing safety perceptions in a community can be achieved by media coverage that strategically conveys safety and resilience rather than imminent threat. Additionally, effective mental health response following disasters should include encouraging individuals to limit exposure to news media overall and to avoid media that contain graphic film or photos if they are experiencing increased distress following viewing. This includes education of parents regarding limiting and monitoring news exposure to children.

PROMOTION OF CALMING

Exposure to mass trauma often results in marked increases in emotionality at the initial stages. Some anxiety is a normal and healthy response required for vigilance. Hence, there is no reason to be alarmed at somewhat heightened levels of arousal or, paradoxically, numbing responses that provide some needed psychological insulation during the initial period of responding (Breznitz, 1983; Bryant, Harvey, Guthrie, & Moulds, 2003). The question is whether such arousal or numbing increases and remains at such a level as to interfere with sleep, eating, hydration, decision making, and performance of life tasks. Such disruptions of necessary tasks and normal life rhythms are not only impairing, but potential precipitants of incapacitating anxiety that may lead to anxiety disorders. Moreover, extremely high levels of emotionality, even during immediate post-trauma periods, may lead to panic at-

tacks, dissociation, and may portend later PTSD (Bryant et al., 2003; Shalev et al., 1998). Further, although initial arousal and numbing may be adaptive, prolonged states of heightened emotional responding may lead to agitation, depression, and somatic problems (Harvey & Bryant, 1998; Shalev & Freedman, 2005). In addition, in some studies heightened heart rate in the early post–trauma phase has been demonstrated to be associated with long–term PTSD symptoms (Bryant et al. 2003; Shalev, 1999). Given such problems, it is important that intervention include the essential ingredient of calming.

More homogeneous studies of personal trauma, such as rape, demonstrate that the majority of individuals initially show symptoms that, if persistent, would be indicators of PTSD. This initial severe emotionality is a normal way of responding. However, most individuals return to more manageable levels of emotions within days or weeks. Those that do not return to these lower manageable levels of responding are at considerable risk for eventual development of PTSD (McNally et al., 2003; Shalev & Freedman, 2005). Further, even if their hyperarousal, increased emotional lability, and distress symptoms do diminish, such heightened emotional states are likely to interfere with sleep (DeViva, Zayfert, Pigeon, & Mellman, 2005; Ironson et al., 1997; Meewisse et al., 2005) and daily functioning, such as concentration and social interaction. This hyperarousal can have a major effect on risk perception, such that the external environment is perceived as potentially harmful beyond any proportion to the available objective information. As described above, once a context or a situation has been perceived as threatening, neutral or ambiguous stimuli are more likely to be interpreted as dangerous. In response to elevated levels of fear, a process of avoidance may begin that initially may be adaptive. However, as the avoided stimuli increase in number and type, the ensuing avoidance may strongly interfere with individuals' and families' capacities to effectively engage in salutogenic human interactions in the aftermath of disasters. Finally, physiological demands may compete with

other mental resources on priorities in attention and action, causing decrements in functioning precisely when optimal functioning is so critical.

A major reason why psychological debriefing (such as Critical Incident Stress Debriefing) has been criticized in recent years is that it serves to enhance arousal in the immediate aftermath of trauma exposure. There is convincing evidence that these early interventions are not effective in preventing subsequent psychological disorder (McNally et al., 2003). It has been suggested that requiring people to ventilate in the immediate aftermath of trauma can increase arousal at the very time that they are required to calm down and restore equilibrium after the traumatic experience. It is possible that this increase in arousal may be the cause of debriefing exacerbating some people's stress reactions after trauma (Bisson, Jenkins, Alexander, & Bannister, 1997; Hobbs, Mayou, Harrison, & Worlock, 1996).

The Expert Consensus Guideline Series: Treatment of Posttraumatic Stress Disorder notes that anxiety management can be a key psychotherapeutic treatment for patients (Foa et al., 1999; National Institute for Clinical Excellence, 2005). Most successful trauma–related psychosocial and psychopharmacological treatments target calming of extreme emotions associated with trauma as an essential therapeutic element (Davidson, Landerman, Farfel, & Clary, 2002; Foa, Keane, & Friedman, 2000; Friedman, Davidson, Mellman, & Southwick, 2000), as does frontline treatment of combatants with acute stress reactions (Solomon, 2003). Even treatments that focus on exposure do not conclude until the individual has attained a state of mastery or calming over the aversive memory (Foa & Rothbaum, 1998; Jaycox, Zoellner & Foa, 2002). They allow for increased emotionality during early phases of treatment, but provide individuals with the skills to achieve a relaxed state as a critical treatment goal.

Treatments for calming range from direct, targeted treatments to more indirect approaches. Direct approaches are generally rec-ommended for those with severe agitation and "racing" emotions or extreme numbing reactions. Therapeutic grounding is used to remind individuals that they are no longer in the threat–trauma condition and that their thoughts and feelings are not dangerous in the way the disaster or terrorist attack was. This is important because those developing PTSD are likely to be re–experiencing the trauma in their imaginations and dreams. Breathing retraining is a simple technique that is used to get individuals to breathe deeply and avoid hyperventilating or dissociating (Foa & Rothbaum, 1998). Deep breathing counters anxious emotionality. In one novel intervention, following the threat of attack, a phone–based intervention successfully employed diaphragmatic breathing and a modified cognitive–restructuring technique to reduce anxiety in Israeli citizens (Somer, Tamir, Maguen, & Litz, 2005). Deep muscle relaxation is a more involved, but still simple, treatment for teaching relaxation and is included in stress inoculation training (Bernstein & Borkovec, 1973; Foa & Rothbaum, 1998; Veronen & Kilpatrick, 1983). Yoga also calms individuals and lowers their anxiety when facing traumatic circumstances, while muscle relaxation and mindfulness treatments that help people gain control over their anxiety are being applied that draw from Asian culture and meditation (Carlson, Speca, Patel & Goodey, 2003; Cohen Warneke, Fouladi, Rodriguez, & Chaoul–Reich, 2004; Somasundaram & Jamunantha, 2002; van de Put & Eisenbruch, 2002). Similarly, imagery and music paired with relaxed states has been found to be successful in calming and aiding sleep among those threatened by cancer (Roffe, Schmidt, & Ernst, 2005).

Although there has been little systematic research on pharmacological approaches to induce calming, there are also a number of medications that hold promise for this purpose, such as anti–adrenergic agents, antidepressants, and conventional anxiolytics (Friedman & Davidson, in press; Pitman et al, 2002). At the same time, these must be used cautiously, for although benzodiazepines may have an initial calming effect, they may in-

crease likelihood of later PTSD (Gelpin, Bonne, Peri, Brandes, & Shalev, 1996).

Stress inoculation training (SIT) is a type of cognitive behavioral therapy (CBT) that can be thought of as a toolbox, or set of skills, for managing anxiety and stress (Hembree & Foa, 2000; Meichenbaum, 1974). SIT typically consists of education and training of coping skills, including deep muscle relaxation, breathing control, assertiveness, role playing, covert modeling, thought stopping, positive thinking, and self–talk. The rationale for this treatment is that trauma-related anxiety can generalize to many situations (Rothbaum, Meadows, Resick, & Foy, 2000). A number of studies have found SIT to be effective both with women who have survived sexual assault and accident survivors (Foa, Rothbaum, Riggs, & Murdock, 1991; Hickling & Blanchard, 1997; Kilpatrick, Veronen, & Resick, 1982; Rothbaum et al., 2000). Important to this discussion, SIT has also been found to be effective with soldiers experiencing combat stress reactions in much greater numbers, suggesting its effectiveness as a public health tool in disasters and situations of mass casualty (Solomon, 2003). Likewise, a brief version of exposure therapy has been adapted to secondary prevention of PTSD with accident and assault survivors and found to be effective (Bryant et al., 1998; Bryant, Harvey, Guthrie, & Moulds, 2003; Bryant, Sackville, Dang, Moulds, & Guthrie, 1999; Foa, Hearst–Ikeda & Perry, 1995).

For both those who develop more severe stress reactions and the general population of exposed individuals, "normalization" of stress reactions is a key intervention principle to enhance calming. When individuals interpret their experience in distressing ways (e.g., "I'm going crazy," "There's something wrong with me," "I must be weak"), such pathologizing of their own common responses is likely to increase anxiety associated with these reactions. For instance, effective treatment of soldiers with acute stress reactions involves communicating the message that "You are neither sick nor crazy. You are going through a crisis, and you are reacting in a normal way to an abnormal situation" (Sol-

omon, 2003). Provision of accurate information, survivor education about reactions, and application of cognitive therapy approaches may help calm survivors by helping challenge negative thinking.

Several recent studies examined the role of positive emotions in coping with stress, trauma, and adverse life circumstances and have implications for intervention. More specifically, Fredrickson (2001) and Fredrickson, Tugade, Waugh, & Larkin (2003) suggest that positive emotions which include joy, humor, interest, contentment, and love have a functional capacity to broaden a "thought–action" repertoire and lead to effective coping. For this reason, it may help to encourage people to increase activities that foster positive emotions (Biglan & Craker, 1982; Zeiss, Lewinsohn, & Munoz, 1979), as well as reduce or eliminate watching, listening to, and reading information that produces negative emotional states (i.e., news). This may be difficult for people because they feel a need to be vigilant and remain updated. For those with minor to mid–level problems of anxiety, limiting media exposure to once in the morning, afternoon, and early evening (but not near bedtime) may be sufficient. Those with more severe emotionality may agree to getting news reports from a friend or family member that give the facts without the images and hyperbole used in much media reporting.

Another important intervention for calming that can be broadly applied is to provide training and structure for problem–focused coping. At the same time, these techniques will build a sense of efficacy and support hope. Hobfoll and colleagues (1991) underscored that following mass trauma people are likely to interpret the challenges of disaster and mass violence circumstances as one enormous unsolvable problem. Here, it is critical to assist and guide individuals to break down the problem into small, manageable units. This will increase sense of control, provide opportunities for small wins, and, practically speaking, decrease the real problems people are facing (Baum, Cohen & Hall, 1993). Problem–solving appraisal is consistently associated with reports of approaching

and attempting to resolve problems as well as the awareness, utilization, and satisfaction with helping resources. It is also associated with a positive self–concept, less depression and anxiety, and vocational adjustment.

Because problem–solving appraisal can be learned and such training is effective (D'Zurilla & Goldfried, 1971), it is a potentially fruitful area for intervention development (Silver et al., 2002). Once new skills are learned, encouraging individuals to apply skills can increase and sustain the efforts needed for recovery. By intervening and providing a structured approach to building efficacy, individuals can come to focus their attention on the task and may even increase their effort in the face of a challenge (Bandura, 1986). Later in this paper, we address the issue of self–efficacy directly, but it is important to note that the calming effect of increased sense of control and predictability is an important aspect of such interventions.

It should be noted further that some frequent ways of calming might be counter– productive and eventually increase distress and decrease the sense of mastery and control. Hence, benzodiazepines have shown to increase the likelihood of PTSD among symptomatic trauma survivors (Gelpin et al., 1996), despite an immediate calming effect. Because of their calming effects, benzodiazepines continue to be widely used clinically in the treatment of anxiety disorders, and attention must be given to maintaining calmness in populations for whom such medications are part of their pre-mass–casualty treatment. This is especially relevant because those with pre-mass–casualty anxiety disorders are at particular risk for further negative psychological impact if exposed to mass–casualty trauma. Having similarly soothing activity, alcohol can be used to "self–medicate" and lead to potential misuse and other alcohol–related behaviors. Finally, the use of lies, or "spinning" information in order to calm a population or a group of rescued individuals, ultimately undermines credibility and is counter–productive.

Many of the interventions discussed in this section are of a more individual interven-tion nature. However, many can be translated to group and community–based interventions. For example, psychoeducation has been at the heart of a number of post–disaster interventions that have been shown to be effective in reducing PTSD (Goenjian et al., 1997, 2005). Large–scale community outreach and psychoeducation about post–disaster reactions should be included among public health interventions to promote calming. Psychoeducation serves to normalize reactions and to help individuals see their reactions as understandable and expected. Normalizing and validating expectable and intense emotional states and promoting survivors' capacities to tolerate and regulate them are important intervention goals at all levels. Disaster survivors should avoid pathologizing their inability to remain calm and free of the expectable intense emotions that are the natural consequences of such threatening and tragic events. These goals can be accomplished to a great extent through media and community (e.g., church, schools, and businesses) processes.

Along with psychoeducation about reactions, anxiety management techniques can be taught that are directly linked with specific post–disaster reactions (i.e., sleep problems, reactivity to reminders, startle reactions, incident–specific new fears). For instance, sleep hygiene, guidelines for media exposure, and relaxation training techniques can all be packaged through media presentation. This may be particularly important as people often may fear going out or be advised not to go out in the immediate to mid–term post–disaster or mass–trauma phase and so will be linked to television and radio for news and advice. Interactive websites and computer programs can also be used. It will be critical in this regard to communicate at the same time what the signs of more severe dysfunction are so that people also do not underpathologize their symptoms and know where to turn for professional assessment and treatment.

In any such psychological intervention, it should not be underestimated that people's agitation and anxiety are due to real concerns, and actions that help them directly solve these

concerns are the best antidote for the vast majority. This follows because real initial resource losses and the secondary losses that occur downstream of the original event are the best predictors of psychological distress (Freedy, Shaw, Jarrell, & Masters, 1992; Galea et al., 2002; Hobfoll, Canetti–Nisim, & Johnson, 2006; Ironson et al., 1997). Hence, psychological intervention should not be seen as a substitute for interventions that directly relieve threat or that furnish the material resources needed for recovery and restoration of losses incurred.

PROMOTION OF SENSE OF SELF–EFFICACY AND COLLECTIVE EFFICACY

The importance of having a sense of control over positive outcomes is one of the most well-investigated constructs in psychology (Skinner, 1996). Self–efficacy is the sense that individual's belief that his actions are likely to lead to generally positive outcomes (Bandura, 1997), principally through self–regulation of thought, emotions, and behavior (Carver & Scheier, 1998). This can be extended to collective efficacy, which is the sense that one belongs to a group that is likely to experience positive outcomes (Antonovsky, 1979; Benight, 2004).

In their trauma models, Foa and Meadows (1997) and Resick and Schnicke (1992) underscore that following trauma exposure people are at risk for losing their sense of competency to handle events they must face. This begins with events related to the original trauma, but quickly generalizes to a more fundamental sense of "can't do." It is a central goal of all successful treatments to reverse this negative view regarding the ability of the self, the family, and the social group to overcome adversity. The best evidence suggests that it is not so much general self–efficacy, but the specific sense that one can cope with trauma–related events that has been found to be beneficial (Benight & Harper, 2002). For example, in a national Israeli sample, despite feeling in constant danger, 75% of participants stated that they would function efficaciously following a terror attack (Bleich et al., 2003). Trauma–related self–efficacy pertains to the perceived ability to regulate troubling emotions and to solve problems that follow in the domains of relationships, restoration of property, relocating, job retraining, and other trauma–related tasks (Benight et al., 2000; Benight, Swift, Sanger, Smith, & Zeppelin, 1999). In line with this thinking, interventions spanning from prevention of burnout (Freedy & Hobfoll, 1994) to work with victims of trauma (Resick et al., 2002) are founded in part on the proposition that people must feel that they have the skills to overcome threat and solve their problems.

Several interventions lend themselves to post–disaster and mass violence environments and can be applied to the individual, group, organization, and community levels. Individual and group–administered CBT have been designed to promote the individual as expert, focusing on imparting skills to the individual, rather than invoking an expert therapist who retains all the relevant expert knowledge (Follette & Ruzek, 2006). CBT encourages active coping and good judgment about when and how to cope, elements that are critical in raising or regaining self–efficacy. In their work with Turkish earthquake survivors, Basoglu and colleagues (2005) developed an efficacious single session CBT treatment that aimed at enhancing sense of control over traumatic stressors. A number of programs have made the difficult transition of translating CBT to low and middle–income countries and have found success when they have carefully translated intervention within the socio–cultural ecologies of the target countries (Hinton, Hsia, Um, & Otto, 2003; Hinton, Um, & Ba, 2001a, 2001b; Otto et al. 2003; Saltzman, Layne, Steinberg, Arslanagic, & Pynoos, 2003). If we keep in mind that most victims were living normal lives prior to the disaster or mass trauma, we can see that the task may be more one of reminding them of their efficacy than of building efficacy where there was none.

When working with children and adolescents, there is a developmental course in the

schematization of self–efficacy, efficacy of others (e.g., protective figures), and efficacy of social agencies in response to danger. Addressing such developmental interruptions and promoting normal and adaptive progression is an important component of post-disaster and mass casualty childhood interventions (Saltzman, Layne, Steinberg & Pynoos, 2006). Teaching children emotional regulation skills when faced by trauma reminders and enhancing problem–solving skills in regard to post–disaster adversities are especially important components of post–disaster interventions that have been shown to be effective (Goenjian et al., 1997, 2005).

Self–efficacy cannot occur in a vacuum; it requires successful partners with whom to collaborate, join, and solve the often large–scale problems that are beyond the reach of any individual (e.g., when larger systems fail or create bureaucratic obstacles to recovery). Tied to perceived self–efficacy is the construct of collective efficacy (Benight, 2004; Sampson, Raudenbush, & Earls, 1997). People in mass casualty situations are aware that they will often sink or swim together. This fact has underscored work by the World Health Organization (WHO) in dealing with refugees fleeing traumatic circumstances, where a key principle of service delivery is the promotion of self–sufficiency and self–government (de Jong & Clarke, 1996). In this regard, activities that are conceptualized and implemented by the community itself may contribute to a sense of community efficacy. These may include religious activities, meetings, rallies, collaboration with local healers, or the use of collective healing and mourning rituals (de Jong, 2002b, p. 73). Hence, one of the major mental health interventions following the tsunami in Asia were community efforts to support rebuilding fishing boats that allowed fishermen to resume their daily activities. Similarly, for children and adolescents, restoration of the school community is recognized by WHO and the United Nations Children's Fund (UNICEF) as an essential step in reestablishing a sense of self–efficacy through renewed learning opportunities, engagement in age–appropriate, adult-guided memorial ritu-

als, and school-initiated pro–social activity, where children can see grief appropriately modeled and fully participate in planning and implementation of activities (Saltzman et al., 2006).

A competent community provides safety, makes material resources available for rebuilding and restoring order, and shares hope for the future (Iscoe, 1974; McKnight, 1997). Collective efficacy may be most poignant on the family level, where psychological, material, or social losses are most likely to be felt deeply by loved ones. Families are also often the main source of social capital within any community, and the main provider of mental health care after disasters, especially among rural populations (de Jong, 2002b). Murthy (1998) argues that the family must often substitute for professional care and so should be considered a primary axis for intervention. Thus, competent communities promote perceptions of self–efficacy among their members, foster the perception that others are available to provide support, and support families who, in turn, provide sustenance to their members. Holding the perception that others can be called upon for support mitigates the perception of vulnerability and emboldens individuals to engage in adaptive activities they might otherwise see as risky (Layne et al., in press).

Two aspects of self–efficacy and collective efficacy are critical, but are often omitted from intervention and planning. The first of these is that self– and collective efficacy require behavioral repertoires and skills that are the basis of the efficacy beliefs (Bandura, 1997). Saltzman and colleagues (2006) found that people must feel they have the skills to overcome threat and solve their problems. Indeed, self–efficacy beliefs that are not reinforced by ongoing successful action are likely to be quickly compromised (Bandura, 1997; Ozer & Bandura, 1990). For instance, soldiers, emergency service workers, and first responders must learn self– and collective efficacy as well as belief in their leaders, themselves, and their group as a unit (Chen & Bliese, 2002; Ginzburg, Solomon, Dekel, & Neria, 2003; Keinan, Friedland, &

Sarig-Naor, 1990; Solomon, 2003; Solomon, Margalit, Waysman, & Bleich, 1991). Not surprisingly, research indicates that this is best developed by practice involving increasingly difficult situations in which increments of success build to a reality–based appraisal of efficacy (Keinan et al., 1990; Meichenbaum, 1974).

The second aspect of self– and collective efficacy, one that is often ignored, is that empowerment without resources is counterproductive and demoralizing (Rappaport, 1981). Research on disasters and trauma has repeatedly found that those who lose the most personal, social, and economic resources are the most devastated by mass trauma (Galea et al., 2002; Ironson et al., 1997; Neria et al., 2006). However, research also suggests that those who are able to sustain their resources have the best ability to recover (Benight, 2004; Galea et al., 2003; Norris & Kaniasty, 1996). As outlined in Conservation of Resources (COR) theory (Hobfoll, 1988, 1998, 2001), self– and collective efficacy are themselves personal resources that are likely to be diminished by mass trauma (Benight et al. 1999; Benight, Swift, Sanger, Smith, & Zeppelin, 1999), and they are made effective by their being central management resources that "manage" or orchestrate other personal and environmental resources that people possess (Hobfoll, 2002).

Lack of understanding of the link between efficacy beliefs, behavioral skills, and practiced repertoires as well as access to resources leads to serious attribution and intervention errors. Hence, people will wrongly assume that they, and not circumstances, are the failure, and intervention will over– or under–estimate people's capabilities. People not only need the belief that they can effectively evacuate, gain access to temporary housing, and find a job on their return, they require linkage to resources to act on these beliefs and the skills required to meet their goals. Thus, it is not surprising that attempts to send trauma victims home with self–help pamphlets is likely to backfire (Turpin, Downs, & Mason, 2005), as it assumes that they possess the skills and resources necessary to enact what is sug-

gested to them in the form of "self–help." These outcomes will, therefore, be greatly influenced by population vulnerability factors, such as poverty, ethnic minority status, and already depleted resource reservoirs (e.g., due to prior exposure and psychiatric history) (Hobfoll, 1998). These related beliefs, skills, and resources, in fact, mutually influence one another. Because mass trauma is, typically, an unpracticed experience for all but trained personnel, and because of the unequal distribution of resources in society, there will almost always be holes in the fabric of this belief–behavior–resource linkage that intervention must attend to, whether on the individual, family, or group level.

Finally, it must be underscored that because disasters and situations of mass violence may undermine already fragile economies, efforts to return things to "normal" may be doomed to failure. Because of this, de Jong (2002b) suggests that public mental health programs need to collaborate with development initiatives (i.e., processes of change leading to better living conditions and more secure livelihood) to help local populations enhance their survival capacities and increase their resiliency and quality of life. For example, following an earthquake in Iran, interventionists worked with communities, providing resources and guidance to help restore sanitation services that lead to empowerment and restored dignity among citizens (Pinera, Reed, & Njiru, 2005). Benight and colleagues (Benight, 2004; Benight et al., 2000) have noted that the more that victims of mass trauma are truly empowered, the more quickly they will move to survivor status. This may be especially true of children. While parents and society quite naturally try to protect children, even for children the rule should be to encourage as much self– and collective efficacy as possible and for intervention to be cognizant of the dangers of over–protectiveness. Adolescents, in particular, can play a key role in community recovery. Admittedly, although the evidence supporting promotion of community development and empowerment is mainly qualitative (de Jong, 1995; Paardekooper, 2001), the principle

underpinning this approach has strong empirical support, and its translation to intervention deserves fuller investigation.

PROMOTION OF CONNECTEDNESS

There is a tremendous body of research on the central importance of social support and sustained attachments to loved ones and social groups in combating stress and trauma (Norris, Friedman, & Watson, 2002; Vaux, 1988). Social connectedness increases opportunities for knowledge essential to disaster response (e.g., "Where is the nearest grocery store?" "Is safe water available?"). It also provides opportunities for a range of social support activities, including practical problem solving, emotional understanding and acceptance, sharing of traumatic experiences, normalization of reactions and experiences, and mutual instruction about coping. This, in turn, can lead to sense of community efficacy that we discuss elsewhere in this paper (Benight, 2004). Nevertheless, there is actually little empirical research on how to translate this to intervention. Hence, although this is perhaps the most empirically validated of the five principles, interventionists and policymakers will have to be creative in translating this evidence to intervention.

Solomon, Mikulincer, and Hobfoll (1986) noted that prior to development of severe emotional distress, combatants experience loneliness and become emotionally distant from those around them, indicating that the lack of social connections is a risk factor in the very onset of PTSD. Following the attack of September 11th in New York and following terrorist attacks in Israel, one of the most common coping responses was to identify and link with loved ones (Bleich et al., 2003; Stein et al., 2004). Delay in making connections to loved ones was a major risk factor following the London bombings of 2005 (Rubin, Brewin, Greenberg, Simpson, & Wessely, 2005). Research on disasters and terrorist attacks in the United States (Galea et al., 2002; Weissman et al., 2005), Israel (Bleich et al.,

2003; Hobfoll et al., 2006), Mexico (Norris, Baker, Murphy, & Kaniasty, 2005), Palestine (Punamäki, Komproe, Quota, El Masri, & de Jong, 2005), Turkey (Altindag, Ozen, & Sir, 2005), and Bosnia (Layne et al., in press) indicates that social support is related to better emotional well–being and recovery following mass trauma. This key salutogenic role played by social support is sustained through the post–trauma period extending for months (Galea et al., 2003) and years (Green et al., 1990; Solomon et al., 2005). Other evidence from the field on this issue comes from several mental health professionals with a high level of on–site mass trauma experience. They emphasize that fostering connections as quickly as possible following mass trauma and assisting people in maintaining that contact is critical to recovery (Litz & Gray, 2002; Shalev, Tuval–Mashiach, & Hadar, 2004; Ursano, Fullerton, & Norwood, 1995).

Connecting with others is clearly of fundamental importance to children and adolescents as well, and facilitating their reconnection with parents and parental figures is a primary goal in disaster–related interventions (Hagan, 2005). For instance, reunion with at least one family member following immigration to the United States after the Pol Pot genocide in Cambodia was linked with lower levels of chronic posttraumatic stress, depression, and substance abuse in surviving adolescents compared to those not reunited with family members (Kinzie, Sack, Angell, Manson, & Rath, 1986). Of particular note, Cambodian youths living with war–exposed family members fared better than their counterparts living with non–war-exposed foster families. In light of such findings, some trauma–focused interventions directly seek to increase the quantity, quality, and frequency of supportive transactions between trauma survivors and their social fields (Gottlieb, 1996). A group intervention implemented with war–exposed Bosnian adolescents directly targeted social support via psychoeducation and skills–building. Interventions included (a) enhancing knowledge of specific types of social support (e.g., emotional closeness, social connection, feeling

needed, reassurance of self–worth, reliable alliance, advice, physical assistance, and material support); (b) identifying potential sources of such support; and (c) learning how to appropriately recruit support (Layne et al., 2001). Notably, consumers identified this support–seeking skill as one of the most valuable program elements (Cox, Davies, Burlingame, Campbell, & Layne, 2005).

The complexity of the social support process is highlighted in the social support, deterioration, deterrence model (Kaniasty & Norris, 1993; Norris & Kaniasty, 1996). Developed through careful research on several disasters in the United States, Poland, and Mexico, Kaniasty and Norris (1993) note that at the same time that social support facilitates well–being and limits psychological distress following mass trauma, parallel social support loss cycles occur. Hence, although initial periods are characterized by a high degree of support, support systems quickly deteriorate under the pressure of overuse and the need of individuals to get on with their own lives (Raphael, 1986). This makes those who begin with marginal levels of social support especially vulnerable.

Moreover, it is important to remember that potential supporters may actually act in an undermining, rather than a supportive fashion, and this can be especially destructive (Andrews, Brewin, & Rose, 2003; Hobfoll & London, 1986; Pennebaker & Harber, 1993). Negative social support (e.g., minimizing problems or needs, unrealistic expectations regarding recovery, invalidating messages) is a strong correlate to long–term post–trauma distress.

Relating these findings to intervention policy, it is paramount that interventions identify those who lack strong social support, who are likely to be more socially isolated, or whose support system might provide undermining messages (e.g., blaming, minimalization). Keeping them connected, training people how to access support, and providing formalized support where informal social support fails will be important. It will be more difficult to reconnect people to social support in cases of evacuation and destruction of homes and neighborhoods. This means that intervention in these cases should be a priority, as natural support networks will have disintegrated (de Jong, 2002b; Sattler et al., 2002).

Large–scale interventions in the majority of countries consistently find that efforts to promote social support networks in temporary refugee camps are effective (de Jong, 2002b). Work by de Jong (2002b) suggests the concept of treating temporary sites as villages rather than camps. Villages have village councils, welcoming committees, places of worship, places to go for services, meeting places, entertainment, a soccer field, and places for teens to congregate under supervision. Further, citizens of the village, rather than outsiders, fill the social roles and do so within their natural cultural traditions and practices. If people spending most of their time alone in their own tents, they are not as likely to be as connected to others as if they have things to occupy their time, social responsibilities, and people to share their experiences. This relates again to the issues of self– and collective efficacy noted earlier. It also acts to preserve social structures that help keep communities intact and preserve rules, order, and social supervision (i.e., the rule of law) (Erikson, 1976).

There are also unhealthy sides of the support process that intervention policy must heed. Giel (1990) noted that following mass trauma, previous in group–out group divisions, even those that may have been socially resolved, may again become salient as people use power to gain access to much needed resources. Racial, religious, ethnic, social, and tribal divisions can become active in the process of vying for favored application of resources to those in each group. Work on terror management theory (Landau, Solomon, Greenberg, Cohen & Pyszczynski, 2004; Pyszczynski, Solomon, & Greenberg, 2003) finds that as mortality salience increases, people become more distrustful of "others," more jingoistic, and less tolerant. This means that just when added social support is needed, social undermining may transpire instead. Supporting this theory, Hobfoll and colleagues

(2006) noted that during a period of high levels of terrorism both Jews and Arabs became more xenophobic as PTSD increased. Unfortunately, politicians may actually attempt to capitalize on such divisions to increase support from "their" group, as has also been shown in Sri Lanka (Somasundaram & Jamunantha, 2002).

Despite the research gap between the natural positive influence of social support and the influence of intervention–created social support, there is enough experiential evidence post September 11th in New York (Simeon, Greenberg, Nelson, Schmeidler, & Hollander, 2005) and from WHO experience with refugees (van Ommeren, Saxena, & Saraceno, 2005) to make this a "best practices" suggestion, with a clear call for more careful research on the issue. As Wandersman and Nation (1998) noted for communities with more slow–brewing trauma (e.g., an areas found to be industrial waste sites or having a high rate of crime), supporting social connections is critical to individual, family, and community well-being (see also, Landau & Saul, 2004).

INSTILLING HOPE

There is strong evidence for the central importance of retaining hope following mass trauma. Hence, those who remain optimistic (Carver & Scheier, 1998) are likely to have more favorable outcomes after experiencing mass trauma because they can retain a reasonable degree of hope for their future. Instilling hope is critical because mass trauma is often accompanied by a "shattered worldview" (Janoff–Bulman, 1992), the vision of a shortened future (American Psychiatric Association, 1994), and catastrophizing, all of which undermine hope and lead to reactions of despair, futility, and hopeless resignation—that feeling that "all is lost." Because mass trauma is usually an experience people are not trained for or experienced with, it outstrips their learned coping repertoires. Without knowledge about how to cope, it is natural that hope is one of the first victims.

Hope has recently and most commonly been defined in psychology as "positive, action–oriented expectation that a positive future goal or outcome is possible" (Haase, Britt, Coward, & Leidy, 1992) and, similarly, a thinking process that taps a sense of agency, or will, and the awareness of the steps necessary to achieve one's goals (Snyder et al., 1991). Hobfoll, Briggs–Phillips, and Stines (2003) challenged these perspectives, however, as overly based on "rugged individualism" and ignoring the reality that people who experience mass trauma, lifetime poverty, and racism often face. Such an action–oriented view of hope is decidedly Western, even upper–middle class and white. Hope for most people in the world has a religious connotation and is not action–oriented (Antonovsky, 1979). That is, although hope is internally experienced, it is naturally an outgrowth of the real circumstances in which people find themselves. Nevertheless, what is amazing about the human spirit is that many people, who have been down so long that everything else looks like up, often do retain a sense of optimism, self–efficacy, and belief in both strong others and a God who will intervene on their behalf (Antonovsky, 1979; Lomranz, 1990; Shmotkin, Blumstein, & Modan, 2003).

Perhaps the best theoretical work on hope in the face of mass trauma remains the pioneering work of Antonovsky (1979) in his examination of Holocaust survivors. The hopeful state that Antonovsky describes is termed "a sense of coherence," which he defined as "a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected" (p. 123). A major difference between this viewpoint and the efficacy–based views of hope is that Antonovsky's belief is based on past experience and often is the result of the belief that outside sources act benevolently on one's behalf. He did not emphasize self–agency, which he called an expressly upper–middle class, Western view. Antonovsky emphasized that people, including those in the West, often find hope, not through internal

agency or self–regulation, but through belief in God (Smith, Pargament, Brant, & Oliver, (2000), a responsive government (a belief that may be diminishing), and superstition belief (e.g., "I'm always lucky; things usually work out for me").

The danger of hinging hope on an internal sense of agency alone was made apparent after Hurricane Katrina, where a natural disaster coupled with a technological disaster in responding dealt a dual blow to poor residents of New Orleans in particular. Many did not evacuate, not because they lacked internal agency, but because they had little reason to hope for a positive outcome of evacuating due to a lack of external resources. This means that it is critical to provide services to individuals that help them get their lives back in place, such as housing, employment, relocation, replacement of household goods, and payment of insurance reimbursements. In a study of veterans with combat–related PTSD, employment status was found to be the primary predictor of hope (Crowson, Frueh, & Snyder, 2001). Likewise, one of the strongest predictors of PTSD for victims of Hurricane Andrew was the inability to secure funds to re-build their homes (Ironson et al., 1997). Moves by the state of Mississippi to force insurance companies to pay for damages following state law is a critical mental health intervention. On a smaller scale, mental health professionals can develop advocacy programs to aid victims to work through red tape and the complex processes involved in the tasks that emerge following mass disaster. Lack of such efforts after the Exxon–Valdez oil disaster led to long–term psychological distress and ongoing resource loss cycles (Arata, Picou, Johnson, & McNally, 2000). Again, by joining with individuals, rather than just doing for them, self–efficacy can be raised in the process, as well as a sense of hope.

Hope can be facilitated by a broad range of interventions, from individual to group to mass media messaging. On an individual level, several studies have shown that those showing early signs of severe distress benefit from CBT that reduces individual's exaggeration of personal responsibility, some-thing that severely impedes hope due to the fear that one will continue to do badly because the problem is an internal, stable trait (Bryant et al., 1998; Foa et al., 1995). The Learned Optimism and Positive Psychology Model (Seligman, Steen, Park, & Peterson, 2005) adopts the goals of identifying, amplifying, and concentrating on building strengths in people at risk. They distilled therapeutic components that can be applied to strength–building and prevention in which they concentrate on enhancing hope and disputing the catastrophic and exaggerated thinking that undermines hope. Trauma-focused treatment with adolescents has similarly shown the efficacy of addressing ongoing trauma-generated expectations, beyond symptom response, with forward looking exercises that promote developmental progression to instill hope and renewed motivation for learning and future planning (Saltzman et al., 2006). Additionally, the very act of individual intervention by a mental health professional communicates the message that, with treatment, things will get better (i.e., "I'm an expert and I believe that you can succeed"). Interventionists are encouraged to normalize people's responses and to indicate that most people recover spontaneously (Foa & Rothbaum, 1998; Resick et al., 2002), as this in itself instills hope against distressing thoughts (e.g., "I'm going crazy," "I'm inadequate," "My reaction is a sign that I can't take it."). Early intervention can also foster hope by using such techniques as guided self–dialogue (Foa & Rothbaum, 1998; Meichenbaum, 1974) to underscore and restructure irrational fears, manage extreme avoidance behavior, control self–defeating self-statements, and encourage positive coping behaviors.

Decatastrophizing is another important intervention component that is critical to preserving and restoring hope. Many people catastrophize in order to adaptively prepare for the worst. Early CBT interventions have been found useful in counteracting these cognitive schemas (Bryant et al., 1998; Foa et al., 1995). Resick's (Resick et al., 2002) Cognitive Processing Therapy works to correct erroneous cognitions related to catastrophizing and

self–labeling with traits that spell ultimate failure in coping. Paradoxically, envisioning a realistic, yet challenging, even difficult outcome may actually reduce people's distress, compared to envisioning an exaggerated catastrophic outcome. For instance, acknowledging that one's home will take months to rebuild may need to be accepted, but the assertion that "I will never have a home again" is maladaptive. Hence, intervention at all levels should communicate that catastrophizing is natural, but that it should be identified and countered by more fact–based thinking.

Benefit–finding, often associated with increased hope, appears to be a common process among individuals facing a myriad of threatening events, and it has been shown to predict mental health adaptation months and even years later (Antoni et al., 2001; King & Miner, 2000; McMillen, Smith, & Fisher, 1997; Stanton, Danoff–Burg, Sworowsky, & Collins, 2001). Still undefined is whether this phenomenon is best conceived as a selective evaluation, a coping strategy, a personality characteristic, a reflection of verifiable change or growth, a manifestation of an implicit theory of change, or a temporal comparison. Caution should be taken in designing interventions that promote seeing benefit in trauma, as even well–intentioned efforts to encourage benefit–finding are frequently interpreted as an unwelcome attempt to minimize the unique burdens and challenges that need to be overcome. Moreover, some research has found benefit–finding to be related to greater PTSD, greater xenophobia, and greater support for extreme retaliatory violence (Hobfoll et al., 2006). It is suggested that interventions focus more on highlighting already exhibited strengths and benefit–finding, rather than promoting benefit–finding prior to individuals' readiness.

On a community level, group or large–scale interventions may be more impactful and efficacious than individual interventions. For instance, group interventions for mass trauma offer the advantage that many of the problems are shared by hundreds or thousands of people, and so coping worksheets that identify common problems gain efficiency that might otherwise take many sessions in individual therapy. On a larger scale, Adger and colleagues (2005) point out that social–ecological resilience is an important determinant in recovery from disasters, particularly the ability of communities to mobilize assets, networks, and social capital both to prepare for and respond to disasters. This underscores how community processes interface with individual hope. The media, schools and universities, and natural community leaders (e.g., churches, community centers) can enhance hope by helping people focus on more accurate risk assessment, positive goals, building strengths that they have as individuals and communities, and helping them tell their story, following Seligman and colleagues' (2005) learned optimism and positive psychology model. In this regard, just as CBT directs individuals not to dwell on self–blame and to move into a problem–solving mode, this same set of directives can be recommended broadly, as so many people in such situations share these kinds of feelings and thoughts. The advantage of a community model over the individual, in this regard, is that the group (e.g., mosque, school, business organization, chamber of commerce, Rotary Club) can develop hope–building interventions, such as helping others clean up and rebuild, making home visits, organizing blood drives, and involving members of the community who feel they cannot act individually because of the magnitude of the problem.

SUMMARY AND CONCLUSIONS

We have outlined five key principles of early to mid–level intervention following disaster and mass violence. These principles are seen as central core elements of intervention and will help in the process of setting policy and designing intervention strategy. They apply to all levels of intervention, from those focusing on the individual to those that are broadly community based. Clearly, we already have effective clinical interventions for

survivors who develop PTSD (Foa et al., 1999; Resick et al., 2002) and for whom such treatment is accessible and acceptable. What is needed are more broad–scale interventions that inform primary and secondary prevention, psychological first–aid, family and community support, and community support functioning (de Jong, 2002a; Eisenbruch, de Jong, & van de Put, 2004) (See Table 1).

The scale of recent disasters and incidents of mass violence also underscores that these interactions must be available to large numbers of individuals, at levels that quickly outstrip the available individual–level therapists who are local or may be dispatched to a region. Clearly, what we have referred to as intervention includes actions that must go well beyond the bounds of psychotherapy. This means that intervention must be conducted not only by medical and mental health professionals, but also by gatekeepers (e.g., mayors, military commanders, school teachers) and lay members of the community. Stopping the cycle of resource loss is a key element of intervention and must become the focus of both prevention and treatment of victims of disaster and mass trauma, and this includes loss of psychosocial, personal, material, and structural (e.g., jobs, institutions, organizations) resources (Hobfoll, 1998).

We believe that there are many ways to operationalize these principles, and they should be applied in the design of more carefully detailed interventions that must fit the ecology of the culture, place, and type of trauma. These should be tested to the extent possible in pilot programs, refined, retested, and finally examined with analyses that examine their components. It will be important to examine a full spectrum of potential indicators of psychological distress and impaired functioning in these studies. Depressive disorder, somatoform disorder, and other anxiety disorders show elevated risk ratios after disasters and should be addressed as well as PTSD, in addition to a range of psychosocial problems (de Jong, Komproe, & van Ommeren, 2003). Moreover, each of these principles reflects an important outcome in its own right. Hence, interventions that enhance and pre-

serve sense of safety, calming, self– and communal efficacy, connectedness, and hope will have achieved important successes in the post–disaster period.

It is also critical that we remain modest in our claims about what interventions can accomplish towards prevention of long–term functional and symptomatic impact. While we believe that the provision of interventions based on these principles will be effective, it is unknown to what extent such interventions will be associated with significant improvements in functioning. As occurred in the case of the stress debriefing literature (e.g., Raphael & Wilson, 2000), overstatement of the proposed effects of an intervention prior to evidence of its impact may lead to implementation of programs of limited effectiveness and block the development of more efficacious programming. It is also important that interventions consider the preferences of recipients as a disaster response is planned, as well as the particular ecology of that disaster. These principles will not lead to a one–treatment–fits–all approach.

Post-disaster and mass casualty interventions must also be subjected to economic modeling and cost–benefit analyses. Such interventions, given the numbers of potential recipients who may be involved, will demand considerable revenues and resources. For this reason, there will be a need to design multi–layered interventions, with costly (per case) individual–level interventions for the most seriously impaired and less costly (per case) intervention for larger groups and communities. For instance, Basoglu and colleagues (2005), in an attempt to develop a brief treatment for disaster survivors, found that a single session of modified behavioral treatment in earthquake–related PTSD produced significant treatment effects on all measures at post–treatment. More generally, media–, telephone–, and internet–based interventions hold promise as cost–effective ways of promoting sense of safety, efficacy, connectedness, calming, and hope and are likely to supplement more traditional forms of response (cf., Ruzek, 2006; Ruzek, Maguen, & Litz, in press).

TABLE 1.

Public Health Measures	Individual/Group Measures
Principle: Safety	**Principle: Safety**
• As much as possible, bring people to a safe place and make it clear that it is safe	• Engage in imaginal exposure and real-world, in–vivo exposure which:
• Provide an accurate, organized voice to help circumscribe threat and thereby increase the perception of safety where there is no serious extant threat	○ Interrupt the post–traumatic stimulus generalization that links harmless images, people, and things to dangerous stimuli associated with the original traumatic threat
• Inform the media that enhancing safety perceptions in a community can be achieved by media coverage that strategically conveys safety and resilience rather than imminent threat	○ Re–link those images, people, and events with safety ("The bridge that collapsed was threatening, but all bridges are not." "That night was unsafe, but all nights are not unsafe.")
• Encourage individuals to limit exposure to news media overall, and to avoid media that contain graphic film or photos if they are experiencing increased distress following viewing	• Utilize "grounding techniques," such as reality reminders, to bring individuals to the relative safety of the present time
• Recommend limiting the amount of talking about the trauma if doing so makes one more anxious or depressed	• Teach contextual discrimination in the face of trauma and loss triggers
• Teach people how to discriminate between political propaganda and more realistic information regarding threat in the context of war and terrorism.	• Assist in developing more adaptive cognitions and coping skills
• Educate parents regarding limiting and monitoring news exposure for children	• With children, include methods that aid in the reversal of regression in the ability to discriminate among indications of danger
Principle: Calming	**Principle: Calming**
• First and foremost, engage in actions that help people directly solve concerns. (e.g., bolstering initial resources and preventing resource loss)	• Offer direct approaches in anxiety management to help those with severe agitation, "racing" emotions, or extreme numbing reactions attain a state of mastery or calming, such as:
• Give information on whether family and friends are safe, and if further danger is impending	○ Therapeutic grounding (for those with re–experiencing symptoms)
• Provide large–scale community outreach and psychoeducation via media presentation, interactive websites and computer programs about the following topics:	○ Breathing retraining
—Post–disaster reactions to help individuals see their reactions as understandable and expectable	○ Deep muscle relaxation
—Anxiety management techniques for common post–trauma problems (e.g., sleep problems, reactivity to reminders, startle reactions, incident–specific new fears)	○ Stress inoculation training, including:
—Signs of more severe dysfunction, so that people also do not underpathologize their symptoms and know where to turn for professional assessment and treatment	—coping skills
—Limiting media exposure for those with minor to mid-level problems of anxiety	—deep muscle relaxation
—Receiving news reports from a friend or family member that give the facts without the images and hyperbole, for those with more severe emotionality	—breathing control
• Not Recommended:	—assertiveness
—The use of lies, or "spinning" information, in order to calm a population or a group of rescued individuals, which ultimately undermines credibility and is counter–productive	—role playing
	—covert modeling
	—thought stopping, positive thinking and self-talk
	○ Yoga
	○ Mindfulness treatments
	○ Imagery and music paired with relaxed states
	○ Medications such as anti–adrenergic agents, antidepressants, and conventional anxiolytics
	○ Interventions with a combination of anxiety management skills, cognitive restructuring, and exposure
	○ Training in problem–focused coping, which assists individuals in breaking down the problem into small, manageable units. This will:
	—increase sense of control
	—provide opportunities for small wins
	—decrease the real problems people are facing
	○ "Normalization" of stress reactions to reduce anxiety associated with reactions (e.g., "I'm going crazy," "There's something wrong with me," "I must be weak.")
	• Involvement with uplifting activities not associated with the trauma
	○ Purpose:
	To distract from distressing preoccupation with the trauma and its aftermath. (for individuals who are not in extreme distress)
	To promote a sense of predictability, normalcy, and control (in both the outer world and inner world of cognition and emotions)
	To foster positive emotions that include joy, humor, interest, contentment, and love and have a functional capacity to broaden a "thought–action" repertoire that leads to effective coping

- Examples:
  Being with friends
  Listening to calming music
  Going to a movie
  Watching a situation comedy
  Exercise (also has a depression–reducing and an anxiety–reducing effect)

Not Recommended:

- Benzodiazepene tranquilizers, which have been shown to increase the likelihood of PTSD among symptomatic trauma survivors, despite an immediate calming effect
- Psychological debriefing, which may enhance arousal in the immediate aftermath of trauma exposure
- Alcohol, which can lead to potential misuse and other alcohol–related behaviors

- Individual and group–administered cognitive behavioral therapy (CBT) should:
  ○ Remind individuals of their efficacy
  ○ Encourage active coping and good judgment about when and how to cope
  ○ Enhance sense of control over traumatic stressors
  ○ Help to "recalibrate" expectations and goals that were formed under "normal" circumstances
  ○ Translate intervention within the socio–cultural ecologies of the target countries
- Foster behavioral repertoires and skills that are the basis of the efficacy beliefs, with practice involving increasingly difficult situations
- Teach individuals to set achievable goals, so they may:
  —reverse the downward spiral toward feelings of failure and inability to cope
  —have repeated success experiences
  —reestablish a sense of environmental control necessary for successful disaster recovery
- With children and adolescents:
  ○ Address developmental interruptions
  ○ Promote normal and adaptive developmental progression
  ○ Teach emotional regulation skills when faced by trauma reminders
  ○ Enhance problem–solving skills in regard to post–disaster adversities

Principle: Self– and Collective Efficacy

- Provide people with outside resources that can be used to help reverse the loss cycle, which leads to empowerment and restored dignity among citizens
- Create a way to manage and orchestrate people's personal and environmental resources
- As much as possible, involve victims in decision–making policy and efforts (e.g., targeting of need), to rebuild self– and collective–efficacy.
- Promote activities that are conceptualized and implemented by the community, such as:
  ○ religious activities
  ○ meetings
  ○ rallies
  ○ collaboration with local healers
  ○ collective healing and mourning rituals
- Foster "competent communities" that:
  ○ encourage the well–being of their citizens
  ○ provide safety
  ○ make material resources available for rebuilding and restoring order
  ○ share hope for the future
  ○ support families, who are often the main provider of mental health care after disasters
  ○ foster the perception that others are available to provide support, which:
    —mitigates the perception of vulnerability
    —emboldens individuals to engage in adaptive activities they might otherwise see as risky
- Collaborate with rural development and vocational skills training initiatives to:
  ○ help local populations to enhance their survival capacities
  ○ increase resilience and quality of life
  ○ prevent exacerbation of psychological disturbances by instilling hope and helping survivors to acquire a sense of control and mastery
- For children and adolescents:
  ○ Be cognizant of the dangers of over–protectiveness
  ○ Include them in community recovery
  ○ Facilitate restoration of the school community, which fosters:
    —renewed learning opportunities
    —engagement in age–appropriate, adult–guided memorial rituals
    —school–initiated pro–social activity (learned helplessness into learned helpfulness)

TABLE 1. (continued)

Public Health Measures	Individual/Group Measures

Principle: Connectedness
• Help individuals to identify and link with loved ones
• Facilitate reconnection of children with parents and parental figures
• Increase the quantity, quality, and frequency of supportive transactions between trauma survivors and their social supports
• Treat temporary housing and assistance sites as villages, which have:
  ○ village councils
  ○ welcoming committees
  ○ churches
  ○ places to go for services
  ○ meeting places
  ○ entertainment
  ○ sports fields
  ○ recreational activities
  ○ places for teens to congregate under supervision
  ○ religion–school–community partnership networks
  ○ mentoring services
  ○ community solidarity activities
  ○ citizens who fill social roles within their natural cultural traditions and practices
• As much as possible, address potential negative social influences (e.g., mistrust, in–group/out–group dynamics, impatience with recovery, exhaustion, etc.) when designing interventions
 	
Principle: Hope
• Provide services to individuals that help them get their lives back in place, such as:
  ○ housing
  ○ employment
  ○ relocation
  ○ replacement of household goods
  ○ clean–up and rebuilding
  ○ payment of insurance reimbursements
• Develop advocacy programs to help victims work through red tape and the complex processes involved in the tasks that emerge following mass disaster.
• Support rebuilding of local economies that allow individuals to resume their daily vocational activity, to prevent ongoing resource loss cycles
• The media, schools and universities, and natural community leaders (e.g., churches, community centers) should help people with:
  ○ Linking with resources
  ○ Establishing systems that enable those in recovery from similar traumas to share their experience and hope with those struggling with recovery
  ○ Memorializing and making meaning
  ○ Accepting that their lives and their environment may have changed,
  ○ Making more accurate risk assessment
  ○ Reducing self–blame
  ○ Problem–solving
  ○ Setting positive goals
• Building strengths that they have as individuals and communities
	Principle: Connectedness
	• Identify and assist those who lack strong support, who are likely to be more socially isolated, or whose support system might provide undermining messages (e.g., blaming, minimization).
	• In cases of evacuation and destruction of homes and neighborhoods, or where informal social support fails, make it a priority to:
	  ○ keep individuals connected
	  ○ train people how to access support
	  ○ provide formalized support
	• Target social support via psychoeducation and skills–building, including:
	  ○ (a) Enhancing knowledge of specific types of social support, such as:
	    —emotional closeness
	    —social connections
	    —feeling needed
	    —reassurance of self–worth
	    —reliable alliance
	    —advice
	    —physical assistance
	    —material support
	  ○ (b) Identifying potential sources of such support
	  ○ (c) Learning how to appropriately recruit support
	• Teach individuals to ignore attachment bonds in evacuation procedures
	• With families, include specific strategies to address discordance among family members that may stem from:
	  ○ differences in the type and magnitude of exposure to trauma, loss, and subsequent adversities
	  ○ differences between family members' personal reactions to trauma and loss reminders
	
	Principle: Hope
	• Cognitive behavioral therapy (CBT) that:
	  ○ Reduces exaggeration of personal responsibility and counteracts cognitive schemas, such as catastrophizing and the belief that problems are due to an internal, stable trait
	  ○ Identifies, amplifies, and concentrates on building strengths
	  ○ Normalizes responses
	  ○ Indicates that most people recover spontaneously
	  ○ Highlights already exhibited strengths and benefit–finding, rather than promoting benefit—finding prior to an individual's readiness.
	  ○ Includes guided self–dialogue to:
	    —envision a realistic, yet challenging, even difficult outcome (e.g., accepting that one's home will take months to rebuild vs. the assertion that "I will never have a home again")
	    —underscore and restructure irrational fears
	    —manage extreme avoidance behavior
	    —control self–defeating self statements
	    —encourage positive coping behaviors
	• With children and adolescents, CBT that:
	  ○ Addresses ongoing trauma–generated expectations, beyond symptom response
	  ○ Includes forward–looking exercises that promote developmental progression to instill hope and renewed motivation for learning and future planning

Clearly, the major weakness of our recommendations is that there are few clinical trials or direct examinations of the principles we have recommended in disaster or mass violence contexts. What we have done is to carefully review the empirical literature from many fields, compare it to the broad experiences we have as experts involved in work on disasters, terrorism, war and other mass casualty situations, and make informed judgments and recommendations. Currently, governments, public health agencies, and aid organizations are without any roadmap for intervention. It is our combined judgment that there will not be a blueprint that will be based on direct evidence (i.e., randomized, controlled trials) in this field in the reasonable future. Indeed, many of us feel that the chaotic and varied nature of disasters and mass casualty situations will prevent our ever having a clear, articulated blueprint based on strong, direct,

empirical evidence. Hence, we believe that our empirically informed review and principles are the best strategy for the near and medium range future. Clearly, it is not the only way the literature can be interpreted, but we believe it is a sound effort that can have major public health impact.

Finally, in applying these principles internationally, it will be critical to consider local culture and custom at all stages of design and implementation (de Jong, 2002a). We believe that there is international, multicultural evidence for each of the general principles, but how they are translated into practice and the degree, for example, of emphasis on individual versus collective process will vary greatly from East to West and from industrialized to non–industrialized world. In each case, applying the principles of ecological congruence will be paramount (Hobfoll, 1988).

REFERENCES

Adger, W. N., Hughes, T. P., Folke, C., Carpenter, S. R., & Rockstrom, J. (2005). Social–ecological resilience to coastal disasters. *Science, 309*, 1036–1039.

Ahern, J., Galea, S., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., et al. (2002). Television images and psychological symptoms after the September 11 terrorist attacks. *Psychiatry, Interpersonal and Biological Processes, 65*(4), 289–300.

Altindag, A., Ozen, S., & Sir, A. (2005). One–year follow–up study of posttraumatic stress disorder among earthquake survivors in Turkey. *Comprehensive Psychiatry, 46*(5), 328–333.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Andrews, B., Brewin, C. R., & Rose, S. (2003). Gender, social support, and PTSD in victims of violent crime. *Journal of Traumatic Stress, 16*(4), 421–427.

Antoni, M H., Lehman, J. M., Kilbourn, K. M.,

Boyers, A. E., Culver, J. L., Alferi, S. M., et al. (2001). Cognitive–behavioral stress management intervention decreases the prevalence of depression and enhances benefit finding among women under treatment for early–stage breast cancer. *Health Psychology, 20*, 20–32.

Antonovsky, A. (1979). *Health, stress, and coping*. San Francisco: Jossey–Bass.

Arata, C. M., *Picou, J. S., Johnson, G. D.,* & *McNally, T. S.* (2000). Coping with technological disaster: An application of the conservation of resources model to the Exxon Valdez oil spill. *Journal of Traumatic Stress, 13*(1), 23–39.

Balaban, V. F., Steinberg, A. M., Brymer, M. J., Layne, C. M., Jones, R. T., & Fairbank, J. A. (2005). Screening and assessment for children's psychosocial needs following war and terrorism. In M. J. Friedman & A. Mikus–Kos (Eds.), *Promoting the psychosocial well–being of children following war and terrorism* (pp. 121–161). Amsterdam, The Netherlands: IOS Press.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice–Hall.

Bandura, A. (1997). *Self–efficacy: The exercise of control*. New York: W. H. Freeman.

Basoglu, M., Salcioglu, E., Livanou, M., Kalender, D., & Acar, G. (2005). Single–session behavioral treatment of earthquake–related Posttraumatic Stress Disorder: A randomized waitlist controlled trial. *Journal of Traumatic Stress*, *18*(1), 1–11.

Baum, A., Cohen, L., & Hall, M. (1993). Control and intrusive memories as possible determinants of chronic stress. *Psychosomatic Medicine*, *55*, 274–286.

Bell, C. C., Flay, B., & Paikoff, R. (2002). Strategies for health behavioral change. In J. Chunn (Ed.), *The health behavioral change imperative: Theory, education, and practice in diverse populations* (pp.17–40). New York: Kluwer Academic/Plenum Publishers.

Benight, C. C. (2004). Collective efficacy following a series of natural disasters. *Anxiety, Stress, and Coping*, *17*(4), 401–420.

Benight, C. C., Freyaldenhoven, R. W., Hughes, J., Ruiz, J. M., Zoschke, T. A., & Lovallo, W. R. (2000). Coping self–efficacy and psychological distress following the Oklahoma City bombing. *Journal of Applied Social Psychology, 30*, 1331–1344.

Benight, C. C. & Harper. M. L. (2002). Coping self–efficacy perceptions as a mediator between acute stress response and long–term distress following natural disasters. *Journal of Traumatic Stress*, *15*(3), 177–186.

Benight, C. C., Ironson, G., Klebe, K., Carver, C. S., Wynings, C., Burnett, K., et al. (1999). Conservation of resources and coping self–efficacy predicting distress following a natural disaster: A causal model analysis where the environment meets the mind. *Anxiety, Stress and Coping*, *12*(2), 107–126.

Benight, C. C., Swift, E., Sanger, J., Smith, A., & Zeppelin, D. (1999). Coping self–efficacy as a mediator of distress following a natural disaster. *Journal of Applied Social Psychology*, *29*, 2443–2464.

Bernstein, D. A., & Borkovec, T. D. (1973). *Progressive relaxation training*. Champaign, IL: Research Press.

Biglan, A., & Craker, D. (1982). Effects of pleas-

ant–activities manipulation on depression. *Journal of Consulting and Clinical Psychology, 50*, 436–438.

Bisson, J. I., Jenkins, P. L., Alexander, J., & Bannister, C. (1997). Randomized controlled trial of psychological debriefing for victims of acute burn trauma. *British Journal of Psychiatry, 171*, 78–81.

Bleich, A., Gelkopf, M., & Solomon, Z. (2003). Exposure to terrorism, stress–related mental health symptoms, and coping behaviors among a nationally representative sample in Israel. *Journal of the American Medical Association, 290*(5), 612–620.

Bligh, M. C., Kohles, J. C., & Meindl, J. R. (2004). Charisma under crisis: Presidential leadership, rhetoric, and media responses before and after the September 11th terrorist attacks. *Leadership Quarterly*, 15, 211–239.

Breznitz, S. (1983). Anticipatory stress reactions. In S. Breznitz (Ed.), *The denial of stress* (pp. 225–255). New York: International Universities Press.

Briere, J., & Elliott, D. (2000). Prevalence, characteristics, and long–term sequelae of natural disaster exposure in the general population. *Journal of Traumatic Stress*, *13*, 661–679.

Bryant, R. A. (2006). Cognitive behavior therapy: Implications from advances in neuroscience. In N. Kato, M. Kawata, & Pitman, R. K. (Eds.), *PTSD: Brain mechanisms and clinical implications* (pp. 255–270). Tokyo: Springer–Verlag.

Bryant, R. A., Harvey, A. G., Dang, S. T., Sackville, T., & Basten, C. (1998). Treatment of Acute Stress Disorder: A comparison of cognitive–behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 66*(5), 862–866.

Bryant, R. A., Harvey, A. G., Guthrie, R. M., & Moulds, M. L. (2003). Acute psychophysiological arousal and posttraumatic stress disorder: A two–year prospective study. *Journal of Traumatic Stress*, *16*(5), 439–443.

Bryant, R. A. Sackville, T., Dang, S. T., Moulds, M., & Guthrie, R. (1999). Treating acute stress disorder: An evaluation of cognitive behavior therapy and supportive counseling. *American Journal of Psychiatry*, *156*, 1780–1786.

Carlier, I.V., Lamberts, R.D., van Uchelen, A.J., & Gersons, B.P. (1998). Disaster–related post–traumatic stress in police officers: A field study of the impact of debriefing *Stress Medicine, 14*, 143–148.

Carlson, L. E., Speca, M., Patel, K. D., & Goodey, E. (2003). Mindfulness–based stress reduction in relation to quality of life, mood, symptoms of stress, and immune parameters in breast and prostate cancer outpatients. *Psychosomatic Medicine, 65*(4), 571–581.

Carver, C. S., & Scheier, M. R. (1998). *On the self–regulation of behavior*. New York: Cambridge University Press.

Charney, D. S., Friedman, M. J., & Deutch, A.Y. (Eds.), (1995). *Neurobiological and clinical consequences of stress: From normal adaptation to post–traumatic stress disorder*. Philadelphia: Lippincott.

Chen, G. L. & Bliese, P. D. (2002). The role of different levels of leadership in predicting self- and collective efficacy: Evidence for discontinuity. *Journal of Applied Psychology, 87*(3), 549–556.

Cohen, F., Ogilvie, D. M., Solomon, S., Greenberg, J., & Pyszczynski, T. (2005). American roulette: The effect of reminders of death on support for George W. Bush in the 2004 presidential election. *Analyses of Social Issues and Public Policy, 5*, 177–187.

Cohen, L., Warneke, C., Fouladi, R. T., Rodriguez, M. A., & Chaoul–Reich, A. (2004). Psychological adjustment and sleep quality in a randomized trial of the effects of a Tibetan yoga intervention in patients with lymphoma. *Cancer, 100*(10), 2253–2260.

Cox, J., Davies, D. R., Burlingame, G. M., Campbell, J. E., & Layne, C. M. (2005). *Effectiveness of a trauma/grief–focused group intervention: A qualitative study with war–exposed Bosnian adolescents*. Manuscript submitted for publication.

Crowson, J. J., Frueh, B. C., & Snyder, C. R. (2001). Hostility and hope in combat–related posttraumatic stress disorder: A look back at combat as compared to today. *Cognitive Therapy and Research, 25*, 149–165.

Davidson, J. R. T., Landerman, L. R., Farfel, G. M., & Clary, C. M. (2002). Characterizing the effects of Sertratine in post–traumatic stress disorder. *Psychological Medicine 32*(4), 661–670.

de Jong, J. T. V. M. (1995). Prevention of the consequences of man–made or natural disaster at the (inter)national, the community, the family and the individual level. In S. E. Hobfoll & M. W. de Vries (Eds.), *Extreme stress and communities: Impact and intervention* (pp. 207–229). Boston: Kluwer.

de Jong, J. T. V. M. (Ed.). (2002a). *Trauma, war and violence: Public mental health in sociocultural context*. New York: Plenum–Kluwer.

de Jong, J. T. V. M. (2002b). Public mental health, traumatic stress and human rights violations in low–income countries: A culturally appropriate model in times of conflict, disaster and peace. In J. de Jong (Ed.), *Trauma, war and violence: Public mental health in sociocultural context* (pp. 1–91). New York: Plenum–Kluwer.

de Jong, J. T. V. M., & Clarke, L. (Eds.). (1996). *Mental health of refugees*. Geneva, Switzerland: World Health Organization. (Available at: http://whqlibdoc.who.int/hq/1996/a49374.pdf

de Jong, J. T. V .M., Komproe, I. H., & van Ommeren, M. (2003). Common mental disorders in post–conflict settings. *Lancet, 361*(6), 2128–2130.

de Jong, J. T. V. M., Komproe, I. H., van Ommeren, M., El Masri, M., Mesfin, A., Khaled, N., et al. (2001). Lifetime events and Post–Traumatic Stress Disorder in four post–conflict settings. *Journal of the American Medical Association, 286*(5), 555–562.

de Jong, K., Mulhern, M., Ford, N., van der Kam, S., & Kleber, R. (2000). The trauma of war in Sierra Leone. *Lancet, 355*, 2067–2068.

DeViva, J. C., Zayfert, C., Pigeon, W. R., & Mellman, T. A. (2005). Treatment of residual insomnia after CBT for PTSD: Case studies. *Journal of Traumatic Stress, 18*(2), 155–159.

D'Zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. *Journal of Abnormal Psychology, 78*(1), 107–126.

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behavior Research and Therapy, 38*, 319–345.

Ehlers, A., Mayou, R.A., & Bryant, B. (1998). Psychological predictors of chronic PTSD after motor vehicle accidents. *Journal of Abnormal Psychology, 107*, 508–519.

Eisenbruch, M., de Jong, J. T. V. M., & van de Put, W. (2004). Bringing order out of chaos: A culturally competent approach to managing the problems of refugees and victims of organized violence. *Journal of Traumatic Stress, 17*(2), 123–131.

Erikson, K.T. (1976). Loss of communality at Buffalo Creek. *American Journal of Psychiatry, 133*, 302–305.

Foa, E. B. (1997). Psychological processes related to recovery from a trauma and an effective treatment for PTSD. In R. Yehuda & A. C. McFarlane (Eds.), *Psychobiology of Posttraumatic Stress Disorder* (pp. 410–424). New York: New York Academy of Scientists.

Foa, E. B., Cahill, S. P. Boscarino, J. A., Hobfoll, S. E., Lahad, M., McNally, R. J., et al. (2005). Social, psychological, and psychiatric interventions following terrorist attacks: Recommendations for practice and research, *Neuropsychopharmacology, 30*, 1806–1817.

Foa, E. B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *Journal of Consulting and Clinical Psychology*, 67(2), 194–200.

Foa, E. B., Hearst–Ikeda, D., & Perry, K. J. (1995). Evaluation of a brief cognitive–behavioral program for the prevention of chronic PTSD in recent assault victims. *Journal of Consulting and Clinical Psychology*, 63(6), 948–955.

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

Foa, E. B. & Meadows, E. A. (1997). Psychosocial treatment for posttraumatic stress disorder: A critical review. *Annual Review of Psychology, 48,* 449–480.

Foa, E. B., & Rothbaum, B. O. (1998). *Treating the trauma of rape: Cognitive–behavioral therapy for PTSD*. New York: Guilford.

Foa, E. B., Rothbaum, B. O., Riggs, D., & Murdock, T. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive–behavioral procedures and counseling. *Journal of Consulting and Clinical Psychology, 59,* 715–723.

Follette, V. F., & Ruzek, J. I. (2006). *Cognitive–behavioral therapies for trauma* (2nd ed.). New York: Guilford.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broader–and–build theory of positive emotions. *American Psychologist, 56*, 218–226.

Fredrickson, B. L., Tugade, M. M., Waugh, C. E., & Larkin, G. R. (2003). What good are positive emotions in crisis? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology, 84*, 365–376.

Freedy, J. R., & Hobfoll, S. E. (1994). Stress inoculation for reduction of burnout: A Conservation of Resources approach. *Anxiety, Stress, and Coping, 6*, 311–325.

Freedy, J. R., Shaw, D. L., Jarrell, M. P., & Masters, C. R. (1992). Towards an understanding of the psychological impact of natural disasters: An application of the Conservation of Resources stress model. *Journal of Traumatic Stress, 5*(3), 441–454.

Fremont, W. P. (2004). Childhood reactions to terrorism–induced trauma: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 43*(4), 381–392.

Friedman, M. J., & Davidson, J. R. T. (in press). Pharmacotherapy for PTSD. In M. J. Friedman, T. M. Keane & P. A. Resick (Eds.), *PTSD: Science and practice—A comprehensive handbook*. New York: Guilford.

Friedman, M. J., Davidson, J. R. T., Mellman, T. A., & Southwick, S. M. (2000). Pharmacotherapy. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies* (pp. 326–329). New York: Guilford.

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346*, 982–987.

Galea, S., Vlahov, D., Resnick, H., Ahern, J., Susser, E., Gold, J., et al. (2003). Trends of probable post–traumatic stress disorder in New York City after the September 11 terrorist attacks. *American Journal of Epidemiology, 158*(6), 514–524.

Gelpin, E., Bonne, O. B., Peri, T., Brandes, D., & Shalev, A. Y. (1996). Treatment of recent trauma survivors with benzodiazepines: A prospective study. *Journal of Clinical Psychiatry, 57*(9), 390–394.

Gersons, B. P., Carlier, I. V., Lamberts, R. D., & van der Kolk, B., (2000). A randomized clinical trial of brief eclectic psychotherapy in police officers with posttraumatic stress disorder. *Journal of Traumatic Stress, 13*(2), 333–347.

Gersons, B. P., & Olff, M. (2005). Coping with the aftermath of trauma. *British Medical Journal, 330*(7499), 1038–1039.

Giel R. (1990). Psychosocial processes in disasters. *International Journal of Mental Health, 19*(1), 7–20.

Ginzburg, K., Solomon, Z., Dekel, R., & Neria, Y. (2003). Battlefield functioning and chronic PTSD: Associations with perceived self–efficacy and causal attribution. *Personality and Individual Differences*, *34*(3), 463–476.

Goenjian, A. K., Karayan, I., Pynoos, R. S., Minassian, D., Najarian, L. M., Steinberg, A. M., et al. (1997). Outcome of psychotherapy among early adolescents after trauma. *American Journal of Psychiatry*, *154*, 536–542.

Goenjian, A. K., Walling, D. Steinberg, A. M., Karavan, I., Najarian, L. M., & Pynoos, R. (2005). A prospective study of posttraumatic stress and depressive reactions among treated and untreated adolescents 5 years after a catastrophic disaster. *American Journal of Psychiatry*, *162*, 2302–2308.

Gottlieb, B. H. (1996). Theories and practices of mobilizing support in stressful circumstances. In C. L. Cooper (Ed.), *Handbook of stress, medicine, and health* (pp. 339–356). Boca Raton, FL: CRC Press.

Green, B. L., Lindy, J. D., Grace, M. C., Gleser, G. C., Leonard, A. C., Korol, M., et al. (1990). Buffalo Creek survivors in the second decade: Stability of stress symptoms. *American Journal of Orthopsychiatry*, *60*(1), 43–54.

Grieger, T. A., Fullerton, C. S., & Ursano, R. J. (2003). Posttraumatic stress disorder, alcohol use, and perceived safety after the terrorist attack on the Pentagon. *Psychiatric Services, 54*(10), 1380–1382.

Haase, J., Britt, T., Coward, D., & Leidy, N. (1992). Simultaneous concept analysis of spiritual perspective, hope, acceptance, and self–transcendence. *IMAGE: Journal of Nursing Scholarship*, 24, 141–147.

Hagan, J. F. (2005). Psychosocial implications of disaster or terrorism on children: A guide for the pediatrician. *Pediatrics*, *116*(3), 787–795.

Harvey, A. G., & Bryant, R. A. (1998). The relationship between acute stress disorder and posttraumatic stress disorder: A prospective evaluation of motor vehicle accident survivors. *Journal of Consulting and Clinical Psychology*, *66*, 507–512.

Hembree, E. A., & Foa, E. B. (2000). Posttraumatic stress disorder: Psychological factors and psychosocial interventions. *Journal of Clinical Psychiatry*, *61,* Supp. 7, 33–39.

Hickling, E. J., & Blanchard, E. B. (1997). The private practice psychologist and manual–based treatments: Posttraumatic stress disorder secondary to motor vehicle accidents. *Behavior Research and Therapy, 35*(3), 191–203.

Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry, 161*(8), 1426–1432.

Hinton, D., Hsia, C., Um, K., & Otto, M. W. (2003). Anger–associated panic attacks in Cambodian refugees with PTSD: A multiple baseline examination of clinical data. *Behavior Research and Therapy, 41*, 647–654.

Hinton, D., Um, K., & Ba, P. (2001a). *Kyol goeu* ("Wind Overload"), Part I: A cultural syndrome of orthostatic panic among Khmer refugees. *Transcultural Psychiatry, 38*, 403–432.

Hinton, D., Um, K., & Ba, P. (2001b). *Kyol*

Goeu ("Wind Overload") Part II: Prevalence, characteristics and mechanisms of *Kyol Goeu* and near–*Kyol Goeu* episodes of Khmer patients attending a psychiatric clinic. *Transcultural Psychiatry, 38*, 433–460.

Hobbs, M., Mayou, R., Harrison, B. & Worlock, P. (1996). A randomized controlled trial of psychological debriefing for victims of road traffic accidents. *British Medical Journal, 313*, 1438–1439.

Hobfoll, S.E. (1988). *The ecology of stress*. New York: Hemisphere.

Hobfoll, S. E. (1998). *Stress, culture, and community: The psychology and philosophy of stress*. New York: Plenum.

Hobfoll, S. E. (2001). The influence of culture, community, and the nested–self in the stress process: Advancing Conservation of Resources theory. *Applied Psychology, 50*, 337–370.

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6*, 307–324.

Hobfoll, S. E., Briggs–Phillips, M., & Stines, L. R. (2003). Fact or artifact: The relationship of hope to a caravan of resources. In R. Jacoby & G. Keinan (Eds.), *Between stress and hope: From a disease–centered to a health–centered perspective* (pp. 81–104). Westport, CT: Praeger.

Hobfoll, S. E., Canetti–Nisim, D., & Johnson, R. J. (2006). Exposure to terrorism, stress–related mental health symptoms, and defensive coping among Jews and Arabs in Israel. *Journal of Consulting and Clinical Psychology, 74*(2), 207–218.

Hobfoll, S. E., & London, P. (1986). The relationship of self–concept and social support to emotional distress among women during war. *Journal of Social and Clinical Psychology, 4*, 189–203.

Hobfoll, S. E., Spielberger, C. D., Breznitz, S., Figley, C., Folkman, S., Green, B. L., et al. (1991). War–related stress: Addressing the stress of war and other traumatic events. *American Psychologist, 46*, 848–855.

Ironson, G., Wynings, C., Schneiderman, N., Baum, A., Rodriguez, M., Greenwood, D., et al. (1997). Post–traumatic stress symptoms, intrusive thoughts, loss, and immune function after Hurricane Andrew. *Psychosomatic Medicine, 59*, 128–141.

Iscoe, I. (1974). Community psychology and the competent community. *American Psychologist, 29*, 607–613.

Janoff–Bulman, R. (1992). *Shattered assumptions: Toward a new psychology of trauma*. New York: Free Press.

Jaycox, L. H., Zoellner, L., & Foa, E. B. (2002). Cognitive–behavior therapy for PTSD in rape survivors. *Journal of Clinical Psychology, 58*(8), 891–906.

Kaniasty, K., & Norris, F. H. (1993). A test of the social support deterioration model in the context of natural disaster. *Journal of Personality and Social Psychology, 64*(3), 395–408.

Keinan, G., Friedland, N., & Sarig-Naor, V. (1990). Training for task–performance under stress: The effectiveness of phased training methods, part 2. *Journal of Applied Social Psychology, 20*(18), 1514–1529.

Kilpatrick, D. G., Veronen, L. J., & Resick, P. A. (1982). Psychological sequelae to rape: Assessment and treatment strategies. In D. M. Dolays & R. L. Meredith (Eds.), *Behavioral medicine: Assessment and treatment strategies* (pp. 473–497). New York: Plenum.

King, L. A., & Miner, K. N. (2000). Writing about the perceived benefits of traumatic events: Implications for physical health. *Personality and Social Psychology Bulletin*, 26, 220–230.

Kinzie, J. D., Sack, W. H., Angell, R. H., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children. *Journal of the American Academy of Child and Adolescent Psychiatry, 25*(3), 370–376.

Landau, J., & Saul, J. (2004). Facilitating family and community resilience in response to major disaster. In F. Walsh & M. McGoldrick (Eds.), *Living Beyond Loss* (pp. 285–309). New York: Norton.

Landau, M. J., Solomon, S., Greenberg, J., Cohen, F., & Pyszczynski, T. (2004). Deliver us from evil: The effects of mortality salience and reminders of 9/11 on support for President George W. Bush. *Personality and Social Psychology Bulletin*, 30(9), 1136–1150.

Layne, C. M., Pynoos, R. S., Saltzman, W. R.,

Arslanagic, B., Black, M., Savjak, N., et al. (2001). Trauma/grief–focused group psychotherapy: School–based postwar intervention with traumatized Bosnian adolescents. *Group Dynamics—Theory Research and Practice*, 5, 277–290.

Layne, C. M., Warren, J. S., Hilton, S., Lin, D., Fulton, J., Katalinski, R., et al. (in press). Measuring adolescent perceived support amidst war and disaster: The multi–sector social support inventory. In Barber, B. K. (Ed.), *Adolescents and violence*. New York: Oxford University Press.

Layne, C. M., Warren, J., Shalev, A., & Watson, P. (in press). Risk, vulnerability, resistance, and resilience: Towards an integrative conceptualization of posttraumatic adaptation. In M. J. Friedman, T. M. Kean, & P.A. Resick (Eds.), *PTSD: Science & practice—a comprehensive handbook*. New York: Guilford.

Lengua, L. J., Long, A. C., Smith, K. I., & Meltzoff, A. N. (2005). Pre–attack symptomatology and temperament as predictors of children's responses to the September 11th terrorist attacks. *Journal of Child Psychology and Psychiatry, 46*(6), 631–645.

Lieberman, A. F., Compton, N. C., Van Horn, P., & Ippen, C. G. (2003). *Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and early childhood. Zero to Three. Washington, DC:*

Litz, B. T., & Gray, M. J. (2002). Early intervention for mass violence: What is the evidence? What should be done? *Cognitive and Behavioral Practice, 9*(4), 266–272.

Lomranz, J. (1990). Long–term adaptation to traumatic stress in light of adult development and aging perspectives. In M. A. Stephens, J. H. Crowther, S. E. Hobfoll, & D. L. Tennenbaum (Eds.), *Stress and coping in later–life families*. New York: Hemisphere.

McKnight, J. L. (1997). *A twenty–first century map for healthy communities and families*. Evanston, IL: Institute for Policy Research.

McMillen, J. C., Smith, E. M., & Fisher, R. H. (1997). Perceived benefit and mental health after three types of disaster. *Journal of Consulting and Clinical Psychology*, 65, 733–739.

McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? *Psychological Science in the Public Interest*, 4(2), 45–79.

Meewisse, M. L., Nijdam, M. J., de Vries, G. J., Gersons, B. P., Kleber, R. J., van der Velden, P. G., et al. (2005). Disaster–related posttraumatic stress symptoms and sustained attention: Evaluation of depressive symptomatology and sleep disturbances as mediators. *Journal of Traumatic Stress, 18*(4), 299–302.

Meichenbaum, D. (1974). *Cognitive behavior modification*. Morristown, NJ: General Learning Press.

Murthy, R. S. (1998). Rural psychiatry in developing counties. *Psychiatric Services*, 49(7), 967–969.

Nader, K., & Pynoos, R. (1993). School disaster–planning and initial interventions. *Journal of Social Behavior and Personality*, 8, 299–320.

Najavits, L. M. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York: Guilford.

Najavits, L. M., Weiss, R. D., Shaw, S. R., & Muenz, L. R. (1998). Seeking safety: Outcome of a new cognitive–behavioral psychotherapy for women with Posttraumatic Stress Disorder and substance dependence. *Journal of Traumatic Stress, 11*(3), 437–456.

National Institute for Clinical Excellence. (2005). *The management of PTSD in primary and secondary care*. London: Author.

Neria, Y., Gross, R., Litz, B., Insel, B., Maguen, S., Seirmarco, G., et al. (2006). *Prevalence and psychological correlates of complicated grief in adults who experienced traumatic loss in the 9/11 attacks*. Manuscript submitted for publication.

Neria, Y., Solomon, Z., & Dekel, R. (2000). Adjustment to the stress of war captivity: The role of sociodemographic background, trauma severity and coping in prison in the long–term mental health of Israeli ex–POWs. *Anxiety, Stress, and Coping, 13*, 229–246.

Norris, F. H., Baker, C. K., Murphy, A. D., & Kaniasty, K. (2005). Social support mobilization and deterioration after Mexico's 1999 flood: Effects of context, gender, and time. *American*

Journal of Community Psychology, 36(1–2), 15–28.

Norris, F. H., Friedman, M. J., & Watson, P. J. (2002). 60,000 disaster victims speak. Part II: Summary and implications of the disaster mental health research. *Psychiatry–Interpersonal and Biological Processes, 65*(3), 240–260.

Norris, F. H., & Kaniasty, K. (1996). Received and perceived social support in times of stress: A test of the Social Support Deterioration Deterrence model. *Journal of Personality and Social Psychology, 71*, 498–511.

Nortje, C., Roberts, C. B., & Moller, A. T. (2004). Judgment of risk in traumatized and nontraumatized emergency medical service personnel. *Psychological Reports, 95*, 1119–1128.

Otto, M. W., Hinton, D., Korbly, N. B., Chea, A., Ba, P., Gershuny, B.S., et al. (2003). Treatment of pharmacotherapy–refractory Posttraumatic Stress Disorder among Cambodian refugees: A pilot study of combination treatment with cognitive–behavior therapy vs. Sertraline alone. *Behavior Research and Therapy, 41*, 1271–1276.

Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta–analysis. *Psychological Bulletin, 129*(1), 52–73.

Ozer, E. M., & Bandura, A. (1990). Mechanisms governing empowerment effects: A self–efficacy analysis. *Journal of Personality and Social Psychology, 58*(3), 472–486.

Paardekooper, B. P. (2001). *Children of the forgotten war*. Doctoral dissertation. Amsterdam: Vrije Universiteit.

Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. New York: Oxford University Press.

Pennebaker, J. W., & Harber, K. D. (1993). A social stage model of collective coping: The Loma–Prieta earthquake and the Persian Gulf War. *Journal of Social Issues 49*(4), 125–145.

Pfefferbaum, B., Doughty, D. E., Reddy, C., Patel, N., Gurwitch, R. H., Nixon, S. J., et al. (2002). Exposure and peritraumatic response as predictors of posttraumatic stress in children following the 1995 Oklahoma City bombing. *Jour-*

nal of Urban Health—Bulletin of the New York Academy of Medicine, 79(3), 354–363.

Pinera, J., Reed, R. A., & Njiru, C. (2005). Restoring sanitation services after an earthquake: Field experience in Bam, Iran. *Disasters, 29*, 222–236.

Pitman, R. K., Sanders, K. M., Zusman, R. M., Healy, A. R., Cheema, F., Lasko, N. B., et al. (2002). Pilot study of secondary prevention of posttraumatic stress disorder with propranolol. *Biological Psychiatry, 51*(2), 189–192.

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta–analysis. *Journal of the American Medical Association, 294*(5), 602–612.

Punamäki, L., Komproe, I., Quota, S., El Masri, M., & de Jong, J.T.V.M. (2005). The role of peritraumatic dissociation and gender in the association between trauma and mental health in a Palestinian community sample. *American Journal of Psychiatry, 162*, 545–551.

Pynoos, R. S., Goenjian, A., & Steinberg, A. M. (1998). Strategies of disaster intervention for children and adolescents. In S. E. Hobfoll & M. de Vries (Eds.), *Extreme stress and communities: Impact and intervention* (pp. 445–471). Dordrecht, Netherlands: Kluwer.

Pynoos, R. S., Schreiber, M. D., Steinberg, A. M., & Pfefferbaum, B. J. (2005). Impact of terrorism on children. In B. J. Sadock & V. A. Sadock (Eds.), *Comprehensive textbook of psychiatry* (8th ed., pp. 3551–3564). Philadelphia: Lippencott, Williams & Wilkins.

Pynoos, R. S., Steinberg, A. M., Ornitz, E. M., & Goenjian, A. K. (1997). Issues in the developmental neurobiology of traumatic stress. *Annals of the New York Academy of Sciences, 821*, 176–193.

Pynoos, R. S., Steinberg, A. M., & Wraith, R. (1995). A developmental model of childhood traumatic stress. In *developmental psychopathology: Vol. 2. Risk, disorder, and adaptation* (pp. 72–95). Oxford, UK: Wiley.

Pyszczynski, T., Solomon, S., & Greenberg, J. (2003). *In the wake of 9/11: The psychology of terror*. Washington, DC: American Psychological Association.

Raphael, B. (1986). *When disaster strikes: A handbook for the caring professional.* Boston: Unwin Hyman.

Raphael, B. & Wilson, J. P. (2000). *Psychological debriefing: Theory, practice and evidence.* Cambridge, UK: Cambridge University Press.

Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, *9*, 1–25.

Reissman, D. B., Klomp, R. K., Kent, A. T., & Pfefferbaum, B. (2004). Exploring psychological resilience in the face of terrorism. *Psychiatric Annals, 34*(8), 626–632.

Resick, P. A., Nishith, P., Weaver, T. L., Astin, M. C., & Feuer, C. A. (2002). A comparison of cognitive–processing therapy with prolonged exposure and a waiting condition for the treatment of chronic Posttraumatic Stress Disorder in female rape victims. *Journal of Consulting and Clinical Psychology, 70*(4), 867–879.

Resick, P.A., & Schnicke, M.K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology, 60*(5), 748–756.

Roffe, L., Schmidt, K., & Ernst, E. (2005). A systematic review of guided imagery as an adjuvant cancer therapy. *Psycho–Oncology*, *14*(8), 607–617.

Rose, S., Bisson, J., & Wessely, S. (2003). A systematic review of single–session psychological interventions ("debriefing") following trauma. *Psychotherapy and Psychosomatics*, *72*, 176–184.

Rothbaum, B. O., Meadows, E. A., Resick, P., & Foy, D. W. (2000). Cognitive–behavioral therapy. *Journal of Traumatic Stress, 13*(4), 558–563.

Rubin, G. J., Brewin, C. R., Greenberg, N., Simpson, J., & Wessely, S. (2005). Psychological and behavioral reactions to the bombings in London on 7 July 2005: Cross-sectional survey of a representative sample of Londoners. *British Medical Journal*, *331*(7517), 606–611.

Ruzek, J. I. (2006). Bringing cognitive–behavioral psychology to bear on early intervention with trauma survivors: Accident, assault, war, disaster, mass violence, and terrorism. In V. F. Follette & J. I. Ruzek (Eds.), *Cognitive–behavioral therapies for Trauma* (2nd Ed.). New York: Guilford.

Ruzek, J. I., Maguen, S., & Litz, B. T. (in press). Evidence–based interventions for survivors of terrorism. In B. Bongar, L. Beutler, P. Zimbardo, L. Brown, & J. Breckenridge (Eds.), *Psychology of terrorism*. Oxford: Oxford University Press.

Saltzman, W. R., Layne, C. M., Steinberg, A. M., Arslanagic, B., & Pynoos, R. S. (2003). Developing a culturally and ecologically sound intervention program for youth exposed to war and terrorism. *Child and Adolescent Psychiatric Clinics of North America, 12*(2), 319–342.

Saltzman, W. R., Layne, C. M., Steinberg, A. M., & Pynoos, R. S. (2006). Trauma/grief–focused group psychotherapy with adolescents. In L. A. Schein, H. I. Spitz, G. M. Burlingame, & P. R. Mushkin (Eds.), *Psychological effects of catastrophic disasters: Group approaches to treatment* (669–730). New York: Haworth.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*, 918–924.

Sattler, D. N., Preston, A. J., Kaiser, C. F., Olivera, V. E., Valdez, J., & Schlueter, S. (2002). Hurricane Georges: A cross–national study examining preparedness, resource loss, and psychological distress in the U.S. Virgin Islands, Puerto Rico, Dominican Republic, and the United States. *Journal of Traumatic Stress*, *15*(5), 339–350.

Schlenger, W., Cadell, J., Ebert, L., Jordan, B., Rourke, K., Wilson, D., et al. (2002). Psychological reactions to terrorist attacks: Findings from the National Study of Americans' Reactions to September 11. *Journal of the American Medical Association*, *288*, 581–588.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*, 410–421.

Shalev, A. Y. (1999). Psychophysiological expression of risk factors for PTSD. In R. Yehuda (Ed.), *Risk factors for posttraumatic stress disorder* (pp. 143–161). Washington, DC: American Psychiatric Press.

Shalev, A. Y., & Freedman, S. (2005). PTSD following terrorist attacks: A prospective evaluation. *American Journal of Psychiatry, 162*(6), 1188–1191.

Shalev, A. Y., Sahar, T., Freedman, S., Peri, T., Glick, N., Brandes, D., et al. (1998). A prospective study of heart rate response following trauma and the subsequent development of Posttraumatic Stress Disorder. *Archives of General Psychiatry*, *55*, 553–559.

Shalev, A. Y., Tuval–Mashiach, R., & Hadar, H. (2004). Posttraumatic Stress Disorder as a result of mass trauma. *Journal of Clinical Psychiatry*, *65*(1), 4–10.

Shmotkin, D., Blumstein, T., & Modan, B. (2003). Tracing long–term effects of early trauma: A broad–scope view of Holocaust survivors in late life. *Journal of Consulting and Clinical Psychology, 71*(2), 223–234.

Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M., & Gil–Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *Journal of the American Medical Association, 288,* 1235–1244.

Simeon, D., Greenberg, J., Nelson, D., Schmeidler, J., & Hollander, E. (2005). Dissociation and posttraumatic stress one year after the World Trade Center disaster: Follow–up of a longitudinal study. *Journal of Clinical Psychiatry*, *66*(2), 231–237.

Skinner, E. A. (1996). A guide to constructs of control. *Journal of Personality and Social Psychology, 71*(3), 549–570.

Smith, B. W., Pargament, K. I, Brant, C., & Oliver, J. M. (2000). Noah revisited: Religious coping by church members and the impact of the 1993 Midwest flood. *Journal of Community Psychology*, *28*(2), 169–186.

Smith, K., & Bryant, R.A. (2000). The generality of cognitive bias in acute stress disorder. *Behavior Research and Therapy, 38*, 709–715.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al., (1991). The will and the ways: Development and validation of an individual–differences measure of hope. *Journal of Personality and Social Psychology*, *60*(4), 570–585.

Solomon, Z. (2003). *Coping with war–induced stress: The Gulf War and the Israeli response.* New York: Plenum.

Solomon, Z., & Benbenishty, R. (1986). The role of proximity, immediacy, and expectancy in frontline treatment of combat stress reaction among Israelis in the Lebanon war. *American Journal of Psychiatry*, 143, 613–617.

Solomon, Z., Margalit, C., Waysman, M., & Bleich, A. (1991). In the shadow of the Gulf War: Psychological distress, social support and coping among Israeli soldiers in a high–risk area. *Israel Journal of Medical Sciences, 27*(11–12), 687–695.

Solomon, Z., Mikulincer, M., & Hobfoll, S. E. (1986). The effects of social support and battle intensity on loneliness and breakdown during combat. *Journal of Personality and Social Psychology*, *51*, 1269–1276.

Solomon, Z., Shklar, R., & Mikulincer, M. (2005). Front line treatment of combat stress reaction: A 20–year longitudinal evaluation study. *American Journal of Psychiatry, 162*, 2309–2314.

Somasundaram, D., & Jamunantha, C. S. (2002). Psychosocial consequences of war: Northern Sri Lankan experience. In J. T. V. M. de Jong (Ed.), *Trauma, war and violence: Public mental health in sociocultural context* (pp. 205–258). New York: Plenum–Kluwer.

Somer, E., Tamir, E., Maguen, S., & Litz, B. T. (2005). Brief cognitive–behavioral phone–based intervention targeting anxiety about the threat of attack: A pilot study. *Behavior Research and Therapy, 43*(5), 669–679.

Stanton, A. L., Danoff–Burg, S., Sworowsky, L., & Collins, C. (2001). Randomized, controlled trial of written emotional disclosure and benefit finding in breast cancer patients. *Psychosomatic Medicine*, *63*, 122–122.

Stein, B. D., Elliott, M. N., Jaycox, L. H., Collins, R. L., Berry, S. H., Klein, D. J., et al. (2004). A national longitudinal study of the psychological consequences of the September 11, 2001 terrorist attacks: Reactions, impairment, and help–seeking. *Psychiatry*, *67*(2), 105–117.

Torabi, M. R., & Seo, D. (2004). National study of behavioral and life changes since September 11. *Health Education & Behavior*, *31*(2), 179–192.

Turpin, G., Downs, M., & Mason, S. (2005). Effectiveness of providing self–help information following acute traumatic injury: Randomized controlled trial. *British Journal of Psychiatry*, *187*, 76–82.

Ursano, R. J., Fullerton, C. S., & Norwood, A. E. (1995). Psychiatric dimensions of disaster: Patient care, community consultation, and preventive medicine. *Harvard Review of Psychiatry*, *3*(4), 196–209.

Ursano, R. J., McCaughey, B. G., & Fullerton, C. S. (1994). Trauma and disaster. In R. J. Ursano, B. G. McCaughey, & C. S. Fullerton (Eds.). *Individual and community responses to trauma and disaster* (pp. 3–28). Cambridge, UK: Cambridge University Press.

van de Put, W. A. C. M., & Eisenbruch, I. M. (2002). The Cambodian experience. In J. T. V. M. de Jong (Ed.), *Trauma, war and violence: Public mental health in sociocultural context* (pp. 93–155). New York: Plenum–Kluwer.

van der Kolk, B. A., & McFarlane, A. C. (1996). The black hole of trauma. In B. A. van der Kolk & A. C. McFarlane (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 3–23). New York: Guilford.

van Ommeren, M., Saxena, S., & Saraceno, B. (2005). Mental and social health during and after acute emergencies: Emerging consensus? *Bulletin of the World Health Organization*, *83*(1), 71–75.

Vaux, A. (1988). *Social support: Theory, research and intervention*. New York: Praeger.

Veronen, I. J., & Kilpatrick, D. G. (1983) Stress management for rape victims. In D. Meichenbaum, & M. E. Jaremko (Eds.), *Stress reduction and prevention* (pp. 341–374). New York: Plenum.

Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: Psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist*, *53*(6), 647–656.

Warda, G., & Bryant, R.A. (1998). Cognitive bias in acute stress disorder. *Behavior Research and Therapy, 36*, 1177–1183.

Weissman, M. M., Neria, Y., Das, A., Feder, A., Blanco, C., Lantigua, R., et al. (2005). Gender differences in PTSD among primary care patients following the World Trade Center attacks. *Gender Medicine, 2*(2), 76–77.

Yehuda, R. (1998). Psychoneuroendocrinology of post–traumatic stress disorder. *Psychiatric Clinics of North America*, *21*(2), 359–379.

Yehuda, R., McFarlane, A., & Shalev, A. (1998). Predicting the development of posttraumatic stress disorder from the acute response to a traumatic event. *Biological Psychiatry*, 44, 1305–1313.

Yzermans, J., & Gersons, B. P. (2002). The chaotic aftermath of an airplane crash in Amsterdam: A second disaster. In J. M. Havenaar, J. G. Cwikel, & E. J. Bromet (Eds.), *Toxic turmoil: Psychological and societal consequences of ecological disasters* (pp. 85–99). New York: Kluwer/Plenum.

Zeiss, A. M., Lewinsohn, P. M., & Munoz, R. F. (1979). Nonspecific improvement effects in depression using interpersonal skills training, pleasant activity schedules, or cognitive training. *Journal of Consulting and Clinical Psychology, 47*, 427–439.

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1. Debra Kaysen, Cynthia A. Stappenbeck, Haley Carroll, Rena Fukunaga, Katie Robinette, Emily R. Dworkin, Sarah M. Murray, Wietse A. Tol, Jeannie Annan, Paul Bolton, Judith Bass. 2020. Impact of setting insecurity on Cognitive Processing Therapy implementation and outcomes in eastern Democratic Republic of the Congo. *European Journal of Psychotraumatology* **11**:1, 1735162. [Crossref]

2. N.A. Fineberg, M. Van Ameringen, L. Drummond, E. Hollander, D.J. Stein, D. Geller, S. Walitza, S. Pallanti, L. Pellegrini, J. Zohar, C.I. Rodriguez, J.M. Menchon, P. Morgado, D. Mpavaenda, L.F. Fontenelle, J.D. Feusner, G. Grassi, C. Lochner, D.J. Veltman, N. Sireau, L. Carmi, D. Adam, H. Nicolini, B. Dell'Osso. 2020. How to manage obsessive-compulsive disorder (OCD) under COVID-19: A clinician's guide from the International College of Obsessive Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive and Related Disorders Research Network (OCRN) of the European College of Neuropsychopharmacology. *Comprehensive Psychiatry* **100**, 152174. [Crossref]

3. Joah L. Williams, Alyssa A. Rheingold. 2020. Novel Application of Skills for Psychological Recovery as an Early Intervention for Violent Loss: Rationale and Case Examples. *OMEGA - Journal of Death and Dying* **81**:2, 179-196. [Crossref]

4. Nora Hettich, Franziska Anna Seidel, Lydia Yao Stuhrmann. 2020. Psychosocial Interventions for Newly Arrived Adolescent Refugees: A Systematic Review. *Adolescent Research Review* **5**:2, 99-114. [Crossref]

5. Deniz Okay, A. Nuray Karanci. 2020. Voice of the Indirect Victims: Qualitative Analysis of the Impact of Terrorism on Turkish Young Adults. *Journal of Aggression, Maltreatment & Trauma* **29**:5, 537-556. [Crossref]

6. Hedy S. Wald. 2020. Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises - Practical tips for an 'integrative resilience' approach. *Medical Teacher* **18**, 1-12. [Crossref]

7. Judith A. Myers-Walls. 2020. Family Life Education for Families Facing Acute Stress: Best Practices and Recommendations. *Family Relations* **56**. . [Crossref]

8. Joshua C. Morganstein. 2020. Annals for Hospitalists Inpatient Notes - Preparing for Battle: How Hospitalists Can Manage the Stress of COVID-19. *Annals of Internal Medicine* **172**:10, HO2-HO3. [Crossref]

9. Alyssa Banford Witting, Betsy Hughes Barrow, Jessica Lambert, Jason Whiting, Rachel Hartshorn, Loren Marks, Thulitha Wickrama, Seevaguru Thanigaseelan. 2020. 'We Have Lost Our Lives Already': Loss and Coping among Sri Lankan Women. *Journal of Aggression, Maltreatment & Trauma* **41**, 1-22. [Crossref]

10. Nuray DEMİRALP, Kemal DEMİRALP, Ayşe ÜTÜK, Ömer Faruk ÜTÜK. 2020. Kimyasal, Biyolojik, Radyasyon ve Nükleer (KBRN) Olaylarda Psikososyal Bakım. *Afet ve Risk Dergisi* **3**:1, 80-88. [Crossref]

11. Joshua C. Morganstein, James C. West, JoEllen Schimmels, David M. Benedek. 2020. Response to and Recovery from the COVID-19 Pandemic: What Will It Take?. *Psychiatry* **20**, 1-6. [Crossref]

12. Smadar Ben Asher, Shifra Sagy, Anan Srour, Tsvia Walden, Ephrat Huss, Eitan Shahar, Kassim Alsraiha. 2020. Hope among refugee children attending the International School of Peace on Lesbos. *Journal of Refugee Studies* **17**. . [Crossref]

13. Vlad Svetlitzky, Moshe Farchi, Ariel Ben Yehuda, Amy B. Adler. 2020. YaHaLOM : A Rapid Intervention for Acute Stress Reactions in High-Risk Occupations. *Military Behavioral Health* **8**:2, 232-242. [Crossref]

14. Shayne R. Anderson, Alyssa Banford Witting, Rachel R. Tambling, Scott A. Ketring, Lee N. Johnson. 2020. Pressure to Attend Therapy, Dyadic Adjustment, and Adverse Childhood Experiences: Direct and Indirect Effects on the Therapeutic Alliance in Couples Therapy. *Journal of Marital and Family Therapy* **46**:2, 366-380. [Crossref]

15. Richard Williams, V Kemp. 2020. Principles for designing and delivering psychosocial and mental healthcare. *BMJ Military Health* **166**:2, 105-110. [Crossref]

16. Aisling Barry, Tracy Murphy, Rebecca Prince, Taymaa May, Camilla Zimmermann, Mary Elliott. 2020. Time to "Buddy Up"— Simple Strategies to Support Oncologists During the Coronavirus Disease 2019 Pandemic. *Advances in Radiation Oncology* . [Crossref]

17. Krzysztof Kaniasty. 2020. Social support, interpersonal, and community dynamics following disasters caused by natural hazards. *Current Opinion in Psychology* **32**, 105-109. [Crossref]

18. Siwar Hasan-Aslih, Eric Shuman, Amit Goldenberg, Ruthie Pliskin, Martijn van Zomeren, Eran Halperin. 2020. The Quest for Hope: Disadvantaged Group Members Can Fulfill Their Desire to Feel Hope, but Only When They Believe in Their Power. *Social Psychological and Personality Science* **6**, 194855061989832. [Crossref]

19. . Literatur 127-134. [Crossref]

20. Matthew W. Gallagher, Laura J. Long, Colleen A. Phillips. 2020. Hope, optimism, self-efficacy, and posttraumatic stress disorder: A meta-analytic review of the protective effects of positive expectancies. *Journal of Clinical Psychology* **76**:3, 329-355. [Crossref]

21. Hyunjung Choi, Sun-mi Cho. 2020. Posttraumatic stress disorder and complicated grief in bereaved parents of the Sewol Ferry disaster exposed to injustice following the loss. *International Journal of Social Psychiatry* **66**:2, 163-170. [Crossref]

22. Samuel P. Brown, Hillary E. Davis, Laura McGladrey, Leslie Brooks, Anne K. Lorentzen, Luit Penninga, Christopher Davis, Jay Lemery. 2020. Psychological Care Augmented by Telemedicine after a Polar Bear Encounter at an Arctic Research Station: A Case Report. *Telemedicine and e-Health* **26**:3, 369-373. [Crossref]

23. Ihab Girgis. 2020. Protective Factors and Processes Fostering Resilience and Buffering Psychosocial Distress among Later-Life Egyptian Immigrants. *Journal of Gerontological Social Work* **63**:1-2, 41-77. [Crossref]

24. Beverley Costa, Raquel Lázaro Gutiérrez, Tom Rausch. 2020. Self-care as an ethical responsibility. *Translation and Interpreting Studies* **39**. . [Crossref]

25. Joshua C. Morganstein, Robert J. Ursano. 2020. Ecological Disasters and Mental Health: Causes, Consequences, and Interventions. *Frontiers in Psychiatry* **11**. . [Crossref]

26. Stevan E. Hobfoll, Allison E. Gaffey, Linzy M. Wagner. 2020. PTSD and the influence of context: The self as a social mirror. *Journal of Personality* **88**:1, 76-87. [Crossref]

27. Sarah-Jane Archibald, Sara O'Curry. 2020. Reflections on developing a protocol for pre and debriefs on a neonatal intensive care unit (NICU). *Journal of Neonatal Nursing* . [Crossref]

28. Taimalieutu Kiwi Tamasese, Allister Bush, Tafaoimalo Loudeen Parsons, Richard Sawrey, Charles Waldegrave. 2020. Asiasiga i A'oga ma Nu'u: a child and adolescent post-tsunami intervention based on Indigenous Samoan values. *Australasian Psychiatry* **28**:1, 34-36. [Crossref]

29. Taimalieutu Kiwi Tamasese, Tafaoimalo Loudeen Parsons, Charles Waldegrave, Richard Sawrey, Allister Bush. 2020. Asiasiga: a Samoan intervention to address the immediate mental health needs of Samoan communities after a tsunami. *Australasian Psychiatry* **28**:1, 31-33. [Crossref]

30. Gizem Sarısoy-Aksüt, Tülin Gençöz. 2020. Psychometric properties of the Interpersonal Emotion Regulation Questionnaire (IERQ) in Turkish samples. *Current Psychology* **29**. . [Crossref]

31. Emily F. Brucia, Matthew J. Cordova, Angelique Finestone, Josef I. Ruzek. Application and Integration of Psychological First Aid in First Responder Organizations 129-153. [Crossref]

32. Kurt Fritzsche, Sonia Diaz Monsalve, Catherine Abbo, Frank Kuan-Yu Chen. Acute and Posttraumatic Stress Disorder (PTSD) 203-214. [Crossref]

33. Marit Sijbrandij, Rebecca Horn, Rebecca Esliker, Fiona O'May, Relinde Reiffers, Leontien Ruttenberg, Kimberly Stam, Joop de Jong, Alastair Ager. 2020. The Effect of Psychological First Aid Training on Knowledge and Understanding about Psychosocial Support Principles: A Cluster-Randomized Controlled Trial. *International Journal of Environmental Research and Public Health* **17**:2, 484. [Crossref]

34. Gerard A. Jacobs. Strengths and Application of Response Team vs. Community-Based Models of Psychological First Aid 137-154. [Crossref]

35. Victoria Alicia Torres, Suzy Bird Gulliver. Firefighters: An Occupational Case Study of Resilience 99-114. [Crossref]

36. Jethro Tan, Yingmin Wang, Danielle Gomes. Building National Resilience in the Digital Era of Violent Extremism 1322-1342. [Crossref]

37. Ansuk Jeong, Nam Hee Kim. 2020. Predictors of Posttraumatic Growth. *Journal of Trauma Nursing* **27**:3, 155-162. [Crossref]

38. Aydın Yücesan Durgunoğlu, Maissam Nimer. A Holistic Approach to New Language and Literacy Development of Refugee Women 448-471. [Crossref]

39. Helena Bakic, Dean Ajdukovic. 2019. Stability and change post-disaster: dynamic relations between individual, interpersonal and community resources and psychosocial functioning. *European Journal of Psychotraumatology* **10**:1, 1614821. [Crossref]

40. Jurriaan Jacobs, Marjolaine Oosterbeek, Lars G. Tummers, Mirko Noordegraaf, C. Joris Yzermans, Michel L. A. Dückers. 2019. The organization of post-disaster psychosocial support in the Netherlands: a meta-synthesis. *European Journal of Psychotraumatology* **10**:1, 1544024. [Crossref]

41. Brandon L. Gray, Samuel Gaster, Christina Early, Amanda Reed. 2019. Evaluation of community-based psychological first aid in oncology. *Journal of Public Mental Health* **18**:4, 248-255. [Crossref]

42. Julia Gebrande, Stefan Schäfferling. 2019. Traumatisierung durch medizinische Behandlungen Zur psychosozialen Situation von Kindern und Jugendlichen mit einer körperlichen Behinderung. *Kindesmisshandlung und -vernachlässigung* **22**:2, 202-211. [Crossref]

43. Ian Hesketh, Noreen Tehrani. 2019. Psychological Trauma Risk Management in the UK Police Service. *Policing: A Journal of Policy and Practice* **13**:4, 531-535. [Crossref]

44. Anne Eyre. 2019. The value of peer support groups following disaster: From Aberfan to Manchester. *Bereavement Care* **38**:2-3, 115-121. [Crossref]

45. Arne H Eide, Karin Dyrstad. 2019. PTSD as a consequence of past conflict experience, recent exposure to violence and economic marginalization in post-conflict contexts: A study from Nepal, Guatemala and Northern Ireland. *International Journal of Social Psychiatry* **65**:6, 488-495. [Crossref]

46. Tim R Wind, Ester Villalonga-Olives. 2019. Social capital interventions in public health: moving towards why social capital matters for health. *Journal of Epidemiology and Community Health* **73**:9, 793-795. [Crossref]

47. Yoshiki Tominaga, Toyomi Goto, Janine Shelby, Atsushi Oshio, Daisuke Nishi, Satoshi Takahashi. 2019. Secondary trauma and posttraumatic growth among mental health clinicians involved in disaster relief activities following the 2011 Tohoku earthquake and tsunami in Japan. *Counselling Psychology Quarterly* **190**, 1-21. [Crossref]

48. Jessica Abramovic, Bethaney Turner, Cathy Hope. 2019. Entangled recovery: refugee encounters in community gardens. *Local Environment* **24**:8, 696-711. [Crossref]

49. Katie E. Despeaux, Jeffrey M. Lating, George S. Everly, Martin F. Sherman, Matthew W. Kirkhart. 2019. A Randomized Controlled Trial Assessing the Efficacy of Group Psychological First Aid. *The Journal of Nervous and Mental Disease* **207**:8, 626-632. [Crossref]

50. Tim Healing, Anthony D. Redmond, Verity Kemp, Richard Williams. Emergencies, Disasters and Risk Reduction: A Microcosm of Social Relationships in Communities 137-153. [Crossref]

51. Patricia Watson. 2019. PTSD as a Public Mental Health Priority. *Current Psychiatry Reports* **21**:7. . [Crossref]

52. Karin Hugelius, Annsofie Adolfsson. 2019. The HOPE model for disaster nursing – A systematic literature review. *International Emergency Nursing* **45**, 1-9. [Crossref]

53. Alyssa Banford Witting, Dean Busby. 2019. The Long Arm of Trauma During Childhood: Associations with Resources in Couple Relationships. *Journal of Marital and Family Therapy* **45**:3, 534-549. [Crossref]

54. Karin Hugelius, Mike Adams, Eila Romo-Murphy. 2019. The Power of Radio to Promote Health and Resilience in Natural Disasters: A Review. *International Journal of Environmental Research and Public Health* **16**:14, 2526. [Crossref]

55. Arieh Y. Shalev, Anna C. Barbano. 2019. PTSD: Risk Assessment and Early Management. *Psychiatric Annals* **49**:7, 299-306. [Crossref]

56. Soledad Puente, Humberto Marín, Pamela P. Álvarez, Pablo M. Flores, Daniela Grassau. 2019. Mental health and media links based on five essential elements to promote psychosocial support for victims: the case of the earthquake in Chile in 2010. *Disasters* **43**:3, 555-574. [Crossref]

57. Ma. Regina M. Hechanova, Jason O. Manaois, Hiro V. Masuda. 2019. Evaluation of an organization-based psychological first aid intervention. *Disaster Prevention and Management: An International Journal* **28**:3, 401-411. [Crossref]

58. Hoda Baytiyeh. 2019. Why School Resilience Should Be Critical for the Post-Earthquake Recovery of Communities in Divided Societies. *Education and Urban Society* **51**:5, 693-711. [Crossref]

59. Ali Rowhani-Rahbar, Douglas F. Zatzick, Frederick P. Rivara. 2019. Long-lasting Consequences of Gun Violence and Mass Shootings. *JAMA* **321**:18, 1765. [Crossref]

60. Marvita Goffredo, Francesca Lovero, Antonella Magno, Daniela Prudente, Daniela Racanelli, Alessandra Sgaramella, Marica Urbano, Alessandra Cervinara, Alessandro Costantini, Maria Grazia Foschino Barbaro. 2019. Dalla violenza assistita al lutto traumatico: i bambini orfani speciali. *MALTRATTAMENTO E ABUSO ALL'INFANZIA* :1, 73-89. [Crossref]

61. Annie Jaimes, Ghayda Hassan, Cécile Rousseau. 2019. Hurtful Gifts? Trauma and Growth Transmission Among Local Clinicians in Postearthquake Haiti. *Journal of Traumatic Stress* **32**:2, 186-195. [Crossref]

62. Duygu Cantekin. 2019. Syrian Refugees Living on the Edge: Policy and Practice Implications for Mental Health and Psychosocial Wellbeing. *International Migration* **57**:2, 200-220. [Crossref]

63. Peter G. van der Velden, Ruud J. A. Muffels, Roy Peijen, Mark W. G. Bosmans. 2019. Wages and employment security following a major disaster: A 17-year population-based longitudinal comparative study. *PLOS ONE* **14**:3, e0214208. [Crossref]

64. Wouter Jong, Michel L. A. Dückers. 2019. The Perspective of the Affected: What People Confronted With Disasters Expect From Government Officials and Public Leaders. *Risk, Hazards & Crisis in Public Policy* **10**:1, 14-31. [Crossref]

65. Kevin Kok-Yew Tan, Augustine Pang, Janelle Xiaoting Kang. 2019. Breaking bad news with CONSOLE: Toward a framework integrating medical protocols with crisis communication. *Public Relations Review* **45**:1, 153-166. [Crossref]

66. Ivy L. Pike. 2019. Intersections of Insecurity, Nurturing, and Resilience: A Case Study of Turkana Women of Kenya. *American Anthropologist* **121**:1, 126-137. [Crossref]

67. Florence Askenazy, Morgane Gindt, Lucie Chauvelin, Michèle Battista, Fabian Guenolé, Susanne Thümmler. 2019. Early Phase Psychiatric Response for Children and Adolescents After Mass Trauma: Lessons Learned From the Truck-Ramming Attack in Nice on July 14th, 2016. *Frontiers in Psychiatry* **10**. . [Crossref]

68. Kyle R. Fischer, Katherine M. Bakes, Theodore J. Corbin, Joel A. Fein, Erica J. Harris, Thea L. James, Marlene D. Melzer-Lange. 2019. Trauma-Informed Care for Violently Injured Patients in the Emergency Department. *Annals of Emergency Medicine* **73**:2, 193-202. [Crossref]

69. Carol S. Fullerton, Holly B. Herberman Mash, Leming Wang, Joshua C. Morganstein, Robert J. Ursano. 2019. Posttraumatic Stress Disorder and Mental Distress Following the 2004 and 2005 Florida Hurricanes. *Disaster Medicine and Public Health Preparedness* **13**:1, 44-52. [Crossref]

70. Hanna Kienzler, Thomas Wenzel, Mimoza Shaini. 2019. Vulnerability and psychosocial health experienced by repatriated children in Kosovo. *Transcultural Psychiatry* **56**:1, 267-286. [Crossref]

71. Devin G. Atallah, Gonzalo Bacigalupe, Paula Repetto. 2019. Centering at the Margins: Critical Community Resilience Praxis. *Journal of Humanistic Psychology* **125**, 002216781882530. [Crossref]

72. Anne Rambo, Kara Erolin, Christine Beliard, Flavia Almonte. Through the Storm: How a Master's Degree Program in Marriage and Family Therapy Came to New Understandings After Surviving Both a Natural and a Human Disaster Within 6 Months 11-22. [Crossref]

73. Vsevolod Rozanov, Tanja Frančišković, Igor Marinić, Maria-Magdalena Macarenco, Marina Letica-Crepulja, Lana Mužinić, Ruwan Jayatunge, Merike Sisask, Jan Vevera, Brenda Wiederhold, Mark Wiederhold, Ian Miller, Georgios Pagkalos. Mental Health Consequences of War Conflicts 281-304. [Crossref]

74. Lina Höhn. Nachsorge 205-239. [Crossref]

75. J. Bengel, K. Becker-Nehring, J. Hillebrecht. Psychologische Frühinterventionen 189-216. [Crossref]

76. Kathleen J. Sikkema, Jessica N. Coleman. Psychotherapy for PTSD and stress disorders 193-222. [Crossref]

77. Derrick Silove, Alvin Tay, Susan Rees. Psychotherapy for refugees and other populations exposed to conflict 341-362. [Crossref]

78. Ingrid Bugge, Tine K. Jensen, Lisa Govasli Nilsen, Øivind Ekeberg, Grete Dyb, Trond H. Diseth. 2019. Psychosocial care for hospitalized young survivors after the terror attack on Utøya Island: A qualitative study of the survivors' experiences. *Injury* **50**:1, 197-204. [Crossref]

79. Rebecca Horn, Fiona O'May, Rebecca Esliker, Wilfred Gwaikolo, Lise Woensdregt, Leontien Ruttenberg, Alastair Ager. 2019. The myth of the 1-day training: the effectiveness of psychosocial support capacity-building during the Ebola outbreak in West Africa. *Global Mental Health* **6**. . [Crossref]

80. Claudia Mitchell, Warren Linds, Myriam Denov, Miranda D'Amico, Brenda Cleary. 2019. Beginning at the beginning in social work education: a case for incorporating arts-based approaches to working with war-affected children and their families. *Journal of Family Social Work* **22**:1, 63-82. [Crossref]

81. Gloria Giarratano, Marirose L. Bernard, Susan Orlando. 2019. Psychological First Aid. *The Journal of Perinatal & Neonatal Nursing* **33**:3, 219-228. [Crossref]

82. Jasmina Gačić, Marija Mićović. 2019. Psychosocial assistance in disasters. *Bezbednost, Beograd* **61**:3, 140-159. [Crossref]

83. Miranda Olff, Ananda Amstadter, Cherie Armour, Marianne S. Birkeland, Eric Bui, Marylene Cloitre, Anke Ehlers, Julian D. Ford, Talya Greene, Maj Hansen, Ruth Lanius, Neil Roberts, Rita Rosner, Siri Thoresen. 2019. A decennial review of psychotraumatology: what did we learn and where are we going?. *European Journal of Psychotraumatology* **10**:1, 1672948. [Crossref]

84. Dorothy King, Glorianne Said. 2019. Working with unaccompanied asylum-seeking young people: cultural considerations and acceptability of a cognitive behavioural group approach. *The Cognitive Behaviour Therapist* **12**. . [Crossref]

85. Amir Khorram-Manesh, Johan Berlin, Lina Ljung Roseke, Johan Aremyr, Josef Sörensson, Eric Carlström. 2018. Emergency Management and Preparedness Training for Youth (EMPTY): The Results of the First Swedish Pilot Study. *Disaster Medicine and Public Health Preparedness* **12**:6, 685-688. [Crossref]

86. Jeanette M. Bennett, Nicolas Rohleder, Joachim P. Sturmberg. 2018. Biopsychosocial approach to understanding resilience: Stress habituation and where to intervene. *Journal of Evaluation in Clinical Practice* **24**:6, 1339-1346. [Crossref]

87. Liselotte Englund, Filip K. Arnberg. 2018. Survivors' experiences of journalists and media exposure. *Disaster Prevention and Management: An International Journal* **27**:5, 573-585. [Crossref]

88. David S. Fink, Jaimie L. Gradus, Katherine M. Keyes, Joseph R. Calabrese, Israel Liberzon, Marijo B. Tamburrino, Gregory H. Cohen, Laura Sampson, Sandro Galea. 2018. Subthreshold PTSD and PTSD in a prospective-longitudinal cohort of military personnel: Potential targets for preventive interventions. *Depression and Anxiety* **35**:11, 1048-1055. [Crossref]

89. Jacquelyn W. White, Holly C. Sienkiewicz. 2018. Victim Empowerment, Safety, and Perpetrator Accountability Through Collaboration: A Crisis to Transformation Conceptual Model. *Violence Against Women* **24**:14, 1678-1696. [Crossref]

90. Guthrie S. Birkhead, Karla Vermeulen. 2018. Sustainability of Psychological First Aid Training for the Disaster Response Workforce. *American Journal of Public Health* **108**:S5, S381-S382. [Crossref]

91. Michael E. Roettger, Susan Dennison. 2018. Interrupting Intergenerational Offending in the Context of America's Social Disaster of Mass Imprisonment. *American Behavioral Scientist* **62**:11, 1545-1561. [Crossref]

92. Sam Gaster, Christina Early, Amanda Reed, Brandon Gray. 2018. Community-Based Psychological First Aid for Oncology Professionals. *Oncology Issues* **33**:5, 28-32. [Crossref]

93. Ben Wisner, Douglas Paton, Eva Alisic, Oliver Eastwood, Cheney Shreve, Maureen Fordham. 2018. Communication With Children and Families About Disaster: Reviewing Multi-disciplinary Literature 2015–2017. *Current Psychiatry Reports* **20**:9. . [Crossref]

94. Johnrev Guilaran, Ian de Terte, Krzysztof Kaniasty, Christine Stephens. 2018. Psychological Outcomes in Disaster Responders: A Systematic Review and Meta-Analysis on the Effect of Social Support. *International Journal of Disaster Risk Science* **9**:3, 344-358. [Crossref]

95. Joshua L. Miller, Gianluca Pescaroli. 2018. Psychosocial capacity building in response to cascading disasters: A culturally informed approach. *International Journal of Disaster Risk Reduction* **30**, 164-171. [Crossref]

96. Isabelle Doohan, Lina Gyllencreutz, Ulf Björnstig, Britt-Inger Saveman. 2018. Survivors' experiences of consequences and recovery five years after a major bus crash. *Scandinavian Journal of Caring Sciences* **32**:3, 1179-1187. [Crossref]

97. Lynn C. Waelde, Ma. Regina M. Hechanova, Pia Anna P. Ramos, Kathryn S. Macia, Jenna M. Moschetto. 2018. Mindfulness and Mantra Training for Disaster Mental Health Workers in the Philippines. *Mindfulness* **9**:4, 1181-1190. [Crossref]

98. Johan F. Hoorn. 2018. From Lonely to Resilient through Humanoid Robots: Building a New Framework of Resilience. *Journal of Robotics* **2018**, 1-17. [Crossref]

99. Ella Ben-Atar. 2018. On-air under fire: media and community resilience in post-heroic wars. *Israel Affairs* **24**:4, 593-614. [Crossref]

100. Revathi N. Krishna, Saadia Majeed, Kevin Ronan, Eva Alisic. 2018. Coping with Disasters While Living in Poverty: A Systematic Review. *Journal of Loss and Trauma* **23**:5, 419-438. [Crossref]

101. Lisa Govasli Nilsen, Gertrud Sofie Hafstad, Elisabeth Staksrud, Grete Dyb. 2018. Five reasons for using social media among young terror survivors: Results from the Utøya study. *Computers in Human Behavior* **84**, 285-294. [Crossref]

102. Arinobu Hori, Tomohiro Morita, Izumi Yoshida, Masaharu Tsubokura. 2018. Enhancement of PTSD treatment through social support in Idobata-Nagaya community housing after Fukushima's triple disaster. *BMJ Case Reports* **33**, bcr-2018-224935. [Crossref]

103. Frank J Infurna, Maja Wiest. 2018. The Effect of Disability Onset Across the Adult Life Span. *The Journals of Gerontology: Series B* **73**:5, 755-766. [Crossref]

104. Maria Regina Hechanova, Pierce S. Docena, Liane Peña Alampay, Avegale Acosta, Emma E. Porio, Isabel E. Melgar, Rony Berger. 2018. Evaluation of a resilience intervention for Filipino displaced survivors of Super Typhoon Haiyan. *Disaster Prevention and Management: An International Journal* **27**:3, 346-359. [Crossref]

105. Richard G. Hunter, Jason D. Gray, Bruce S. McEwen. 2018. The Neuroscience of Resilience. *Journal of the Society for Social Work and Research* **9**:2, 305-339. [Crossref]

106. Barbara Lopes Cardozo, Richard Francis Mollica. Mental Health 408-424. [Crossref]

107. Colter Ellis, Kelly E. Knight. 2018. Advancing a Model of Secondary Trauma: Consequences for Victim Service Providers. *Journal of Interpersonal Violence* **41**, 088626051877516. [Crossref]

108. Ihab Girgis. 2018. Psychosocial risk factors and processes impeding adaptive capacities and contributing to psychosocial distress among later-life Egyptian immigrants. *Journal of Gerontological Social Work* **61**:4, 350-374. [Crossref]

109. Michael Wessells, Kathleen Kostelny. Reintegration of Former Child Soldiers 153-170. [Crossref]

110. Gerry Larsson, Sofia Nilsson, Peder Hyllengren, Alicia Ohlsson, Gudmund Waaler, Kjell Kallenberg. 2018. Stress reactions following acute situations involving moral challenges among health care professionals. *Scandinavian Journal of Psychology* **59**:2, 177-185. [Crossref]

111. Fiona Gispen, Albert W Wu. 2018. Psychological first aid: CPR for mental health crises in healthcare. *Journal of Patient Safety and Risk Management* **23**:2, 51-53. [Crossref]

112. Vanessa Simiola, Brian Smothers, Richard Thompson, Joan M. Cook. 2018. A National Survey of Trauma Training in Psychology Internships. *Journal of Aggression, Maltreatment & Trauma* **27**:3, 309-322. [Crossref]

113. Cheryl M. Killion, Elizabeth Sloand, Faye A. Gary, Nancy Glass, Betty P. Dennis, Nicole Cesar Muller, Mona Hassan, Gloria B. Callwood, Doris W. Campbell. 2018. Culturally anchoring an intervention for gender-based violence. *International Journal of Health Promotion and Education* **56**:2, 85-94. [Crossref]

114. Edda Bjork Thordardottir, Berglind Gudmundsdottir, Gudrun Petursdottir, Unnur Anna Valdimarsdottir, Arna Hauksdottir. 2018. Psychosocial support after natural disasters in Iceland-implementation and utilization. *International Journal of Disaster Risk Reduction* **27**, 642-648. [Crossref]

115. Michel L. A. Dückers, Sigridur B. Thormar, Barbara Juen, Dean Ajdukovic, Lindy Newlove-Eriksson, Miranda Olff. 2018. Measuring and modelling the quality of 40 post-disaster mental health and psychosocial support programmes. *PLOS ONE* **13**:2, e0193285. [Crossref]

116. James C. West, Joshua C. Morganstein, Eric G. Meyer, Gary H. Wynn. 2018. Real Stress Reactions in Simulation: Vignettes from Extended Mass-Casualty Simulations. *Academic Psychiatry* **42**:1, 164-167. [Crossref]

117. E. Belfroid, J. van Steenbergen, A. Timen, P. Ellerbroek, A. Huis, M. Hulscher. 2018. Preparedness and the importance of meeting the needs of healthcare workers: a qualitative study on Ebola. *Journal of Hospital Infection* **98**:2, 212-218. [Crossref]

118. Yun-Jung Choi, Hwa-Bok Choi, Meaghan O'Donnell. 2018. Disaster Reintegration Model: A Qualitative Analysis on Developing Korean Disaster Mental Health Support Model. *International Journal of Environmental Research and Public Health* **15**:2, 362. [Crossref]

119. Joshua Miller, Xiying Wang. 2018. When There Are No Therapists: A Psychoeducational Group for People Who Have Experienced Social Disasters. *Smith College Studies in Social Work* **88**:1, 39-58. [Crossref]

120. John S. Murray. The Psychosocial Effects of Radiation Disasters on Young Children 71-80. [Crossref]

121. Michael B. Yaffe, Alok Gupta, Allison Weisbrod, James R. Dunne. Organizing the Trauma Team in the Military and Civilian Settings 285-291. [Crossref]

122. Peter Ventevogel. Interventions for Mental Health and Psychosocial Support in Complex Humanitarian Emergencies: Moving Towards Consensus in Policy and Action? 155-180. [Crossref]

123. Christie Manning, Susan Clayton. Threats to mental health and wellbeing associated with climate change 217-244. [Crossref]

124. Thomas J. Doherty. Individual impacts and resilience 245-266. [Crossref]

125. Jan Reuter, Michael Frey. Notfälle, Krisen und Interventionen 1-36. [Crossref]

126. Boris Kordić. 2018. Concept and practice of psychological first aid. *Годишњак Факултета безбедности* :1, 41-52. [Crossref]

127. Orla T. Muldoon, Khagendra Acharya, Sarah Jay, Kamal Adhikari, Judith Pettigrew, Robert D. Lowe. 2017. Community identity and collective efficacy: A social cure for traumatic stress in post-earthquake Nepal. *European Journal of Social Psychology* **47**:7, 904-915. [Crossref]

128. Melinda A. Meyer DeMott, Marianne Jakobsen, Tore Wentzel-Larsen, Trond Heir. 2017. A controlled early group intervention study for unaccompanied minors: Can Expressive Arts alleviate symptoms of trauma and enhance life satisfaction?. *Scandinavian Journal of Psychology* **58**:6, 510-518. [Crossref]

129. Sarah Abu-Kaf, Orna Braun-Lewensohn, Tehila Kalagy. 2017. Youth in the midst of escalated political violence: sense of coherence and hope among Jewish and Bedouin Arab adolescents. *Child and Adolescent Psychiatry and Mental Health* **11**:1. . [Crossref]

130. Franklin James Cook. 2017. Key concepts in the national guidelines: "Suicide exposure" and "levels of care". *Death Studies* **41**:10, 680-684. [Crossref]

131. Hannah Grayson. 2017. A Place for Individuals: Positive Growth in Rwanda. *Eastern African Literary and Cultural Studies* **3**:2-4, 107-130. [Crossref]

132. Ofir Levi, Yael Shoval-Zuckerman, Eyal Fruchter, Arie Bibi, Yair Bar-Haim, Ilan Wald. 2017. Benefits of a Psychodynamic Group Therapy (PGT) Model for Treating Veterans With PTSD. *Journal of Clinical Psychology* **73**:10, 1247-1258. [Crossref]

133. Laura M. Stough, Elizabeth McAdams Ducy, Judith M. Holt. 2017. Changes in the social relationships of individuals with disabilities displaced by disaster. *International Journal of Disaster Risk Reduction* **24**, 474-481. [Crossref]

134. Loren L. Toussaint, Lori J. Lange, Wei-Ju Chen, Morgan Hodge, Molly O'Connor, Raymond Fleming. 2017. Control-Oriented Coping Buffers Stress Responses in Evacuees from a Technological Accident. *Journal of Applied Biobehavioral Research* **22**:3, e12062. [Crossref]

135. Sarah R. Lowe, Laura Sampson, Megan N. Young, Sandro Galea. 2017. Alcohol and Nonmedical Prescription Drug Use to Cope With Posttraumatic Stress Disorder Symptoms: An Analysis of Hurricane Sandy Survivors. *Substance Use & Misuse* **52**:10, 1348-1356. [Crossref]

136. R. A. Bryant, M. Creamer, M. O'Donnell, D. Forbes, K. L. Felmingham, D. Silove, G. Malhi, M. van Hoof, A. C. McFarlane, A. Nickerson. 2017. Separation from parents during childhood trauma predicts adult attachment security and post-traumatic stress disorder. *Psychological Medicine* **47**:11, 2028-2035. [Crossref]

137. Tonya C. Hansel, Howard Osofsky, Eric Baumgartner, Stephen Bradberry, Lisanne Brown, Katherine Kirkland, Jennifer Langhinrichsen-Rohling, Joy Osofsky, Anthony H. Speier, Bernard D. Goldstein. 2017. Social and Environmental Justice as a Lens to Approach the Distribution of $105 Million of Directed Funding in Response to the Deepwater Horizon Oil Disaster. *Environmental Justice* **10**:4, 119-127. [Crossref]

138. Jong-Sun Lee, Sungeun You, Yun-Kyeung Choi, Hyae-young Youn, Hye Sook Shin. 2017. A preliminary evaluation of the training effects of a didactic and simulation-based psychological first aid program in students and school counselors in South Korea. *PLOS ONE* **12**:7, e0181271. [Crossref]

139. Michel L. A. Dückers, Anke B. Witteveen, Jonathan I. Bisson, Miranda Olff. 2017. The Association Between Disaster Vulnerability and Post-disaster Psychosocial Service Delivery Across Europe. *Administration and Policy in Mental Health and Mental Health Services Research* **44**:4, 470-479. [Crossref]

140. Katia Verreault. 2017. Dance/Movement therapy and resilience building with female asylum seekers and refugees. *Intervention* **15**:2, 120-135. [Crossref]

141. Cindy Sousa, David J. Marshall. 2017. Political violence and mental health: Effects of neoliberalism and the role of international social work practice. *International Social Work* **60**:4, 787-799. [Crossref]

142. Michel L. A. Dückers, C. Joris Yzermans, Wouter Jong, Arjen Boin. 2017. Psychosocial Crisis Management: The Unexplored Intersection of Crisis Leadership and Psychosocial Support. *Risk, Hazards & Crisis in Public Policy* **8**:2, 94-112. [Crossref]

143. I. Gräff, N. Schütte, P. Seinsch, P. Glien, A. Pröbstl, K. Kaschull. 2017. Etablierung einer klinischen Krisenintervention. *Notfall + Rettungsmedizin* **20**:4, 345-351. [Crossref]

144. April Naturale, Liam T. Lowney, Corina Solè Brito. 2017. Lessons Learned from the Boston Marathon Bombing Victim Services Program. *Clinical Social Work Journal* **45**:2, 111-123. [Crossref]

145. Emily E. Haroz, Mark Jordans, Joop de Jong, Alden Gross, Judith Bass, Wietse Tol. 2017. Measuring Hope Among Children Affected by Armed Conflict: Cross-Cultural Construct Validity of the Children's Hope Scale. *Assessment* **24**:4, 528-539. [Crossref]

146. Guido Veronese, Alessandro Pepe, Irene Massaiu, Ann-Sophie De Mol, Ian Robbins. 2017. Posttraumatic growth is related to subjective well-being of aid workers exposed to cumulative trauma in Palestine. *Transcultural Psychiatry* **54**:3, 332-356. [Crossref]

147. Beth Hudnall Stamm. 2017. A Personal–Professional Experience of Losing My Home to Wildfire: Linking Personal Experience with the Professional Literature. *Clinical Social Work Journal* **45**:2, 136-145. [Crossref]

148. Kristina Kepinska Jakobsen, Åse Langballe, Jon-Håkon Schultz. 2017. Trauma-exposed young victims: possibilities and constraints for providing trauma support within the investigative interview. *Psychology, Crime & Law* **23**:5, 427-444. [Crossref]

149. David Trickey. Stress and Reactions to Stress in Children 161-166. [Crossref]

150. Anna Wlodarczyk, Nekane Basabe, Darío Páez, Larraitz Zumeta. 2017. Hope and anger as mediators between collective action frames and participation in collective mobilization: The case of 15-M. *Journal of Social and Political Psychology* **5**:1, 200-223. [Crossref]

151. William R. Hobbs, Moira K. Burke. 2017. Connective recovery in social networks after the death of a friend. *Nature Human Behaviour* **1**:5. . [Crossref]

152. Chaya Possick, Miriam Shapira, Vered Shalman. 2017. Complex Collective Trauma Following a Terror Attack in a Small Community: A Systemic Analysis of Community Voices and Psychosocial Interventions. *Journal of Loss and Trauma* **22**:3, 240-255. [Crossref]

153. Jonathan Nattel, Barbara Juen. 2017. An emerging approach to supporting the mental health of refugee and conflict-exposed populations. *The Lancet Psychiatry* **4**:4, 274. [Crossref]

154. Karin Hugelius, Annsofie Adolfsson, Per Örtenwall, Mervyn Gifford. 2017. Being Both Helpers and Victims: Health Professionals' Experiences of Working During a Natural Disaster. *Prehospital and Disaster Medicine* **32**:2, 117-123. [Crossref]

155. Isabelle Doohan, Ulf Björnstig, Ulrika Östlund, Britt-Inger Saveman. 2017. Exploring Injury Panorama, Consequences, and Recovery among Bus Crash Survivors: A Mixed-Methods Research Study. *Prehospital and Disaster Medicine* **32**:2, 165-174. [Crossref]

156. Avanti Adhia, Sharyn J. Potter, Jane Stapleton, Barry Zuckerman, Nicole Phan, Megan Bair-Merritt. 2017. Encouraging Bystanders to Promote Positive Parenting and Prevent Child Maltreatment in Retail Settings: Results of an Exploratory Qualitative Study. *Journal of Aggression, Maltreatment & Trauma* **26**:3, 276-296. [Crossref]

157. Laura E. Miller-Graff, E. Mark Cummings. 2017. The Israeli–Palestinian conflict: Effects on youth adjustment, available interventions, and future research directions. *Developmental Review* **43**, 1-47. [Crossref]

158. Lucie Holmgreen, Vanessa Tirone, James Gerhart, Stevan E. Hobfoll. Conservation of Resources Theory 443-457. [Crossref]

159. Badari Birur, Norman C. Moore, Lori L. Davis. 2017. An Evidence-Based Review of Early Intervention and Prevention of Posttraumatic Stress Disorder. *Community Mental Health Journal* **53**:2, 183-201. [Crossref]

160. Adam Jon Lebowitz. 2017. Relational Satisfaction from Providing and Receiving Support is Associated with Reduced Post-Disaster Depression: Data From Within One Year of the 2011 Japan Triple Disaster. *Community Mental Health Journal* **53**:2, 202-214. [Crossref]

161. Åse Langballe, Jon-Håkon Schultz. 2017. 'I couldn't tell such things to others': trauma-exposed youth and the investigative interview. *Police Practice and Research* **18**:1, 62-74. [Crossref]

162. Barbara Juen, Manuela Werth, Ruth Warger, Sandra Nindl. 2017. Trauer bei Kindern und Jugendlichen als Folge von akuter Traumatisierung. *Praxis der Kinderpsychologie und Kinderpsychiatrie* **66**:1, 59-73. [Crossref]

163. T. Ehring, M. Maragkos. Krisenintervention und Traumatherapie 1-15. [Crossref]

164. Peter Lauwe, Julia Mayer, Elke M. Geenen, Irmtraud Beerlage, Thomas Mitschke, Harald Karutz, Brigitte Adam, Monika John-Koch, Claudia Kestermann, Harald Genzwürker, Thomas Kutschker. Verhinderung und Vorbereitung 129-223. [Crossref]

165. Gabriele Hufschmidt, Lothar Schrott, Clemens Simmer, Peter Krahe, Klaus Reicherter, Peer Rechenbach, Hans Peter Plattner, Jutta Helmerichs, Harald Karutz, Wolfram Geier, Harald Genzwürker, Elke M. Geenen, Arnd T. May, Hans Martin Sass. Bewältigung 225-322. [Crossref]

166. Roland Weierstall, Klaus Schonauer. Supportive Psychotherapie und ärztliche Gesprächsführung 923-933. [Crossref]

167. Thomas Ehring, Markos Maragkos. Krisenintervention und Traumatherapie 1069-1082. [Crossref]

168. M.A. Meyer DeMott. Expressive Arts 153-166. [Crossref]

169. James M. Shultz, Marianne C. Jackson, Brian W. Flynn, Ronald Sherman. Integration in Disasters of Different Types, Severity, and Location 101-127. [Crossref]

170. Laurence W. Zensinger, Gerard A. Jacobs, Brian W. Flynn, Ronald Sherman. Expanding the Tent 191-220. [Crossref]

171. Brian W. Flynn, John P. Philbin. Risk and Crisis Communications 277-296. [Crossref]

172. Carl C. Bell. 2017. Lessons Learned from 50 Years of Violence Prevention Activities in the African American Community. *Journal of the National Medical Association* **109**:4, 224-237. [Crossref]

173. L. Stark, K. Asghar, S. Meyer, G. Yu, T. Bakemore, C. Poulton, K. Falb. 2017. The effect of gender norms on the association between violence and hope among girls in the Democratic Republic of the Congo. *Global Mental Health* **4**. . [Crossref]

174. J. I. Ruzek, C. M. Yeager. 2017. Internet and mobile technologies: addressing the mental health of trauma survivors in less resourced communities. *Global Mental Health* **4**. . [Crossref]

175. Daphna Canetti, Julia Elad-Strenger, Iris Lavi, Dana Guy, Daniel Bar-Tal. 2017. Exposure to Violence, Ethos of Conflict, and Support for Compromise. *Journal of Conflict Resolution* **61**:1, 84-113. [Crossref]

176. Sarah R. Lowe, Sandro Galea. 2017. The Mental Health Consequences of Mass Shootings. *Trauma, Violence, & Abuse* **18**:1, 62-82. [Crossref]

177. Asami Ohnuma, Yasuko Shinozaki, Yoshiharu Kim. 2017. Anxiety Management and Psychological First Aid after Disaster. *Nihon Naika Gakkai Zasshi* **106**:1, 130-132. [Crossref]

178. Joshua C. Morganstein, James C. West, Robert J. Ursano. Work-Associated Trauma 33-60. [Crossref]

179. . References 289-314. [Crossref]

180. Virginia Gil-Rivas, Ryan P. Kilmer. 2016. Building Community Capacity and Fostering Disaster Resilience. *Journal of Clinical Psychology* **72**:12, 1318-1332. [Crossref]

181. Eric M. Vernberg, Erin P. Hambrick, Bridget Cho, Michelle L. Hendrickson. 2016. Positive Psychology and Disaster Mental Health: Strategies for Working with Children and Adolescents. *Journal of Clinical Psychology* **72**:12, 1333-1347. [Crossref]

182. Gerard A. Jacobs, Brandon L. Gray, Sara E. Erickson, Elvira D. Gonzalez, Randal P. Quevillon. 2016. Disaster Mental Health and Community-Based Psychological First Aid: Concepts and Education/Training. *Journal of Clinical Psychology* **72**:12, 1307-1317. [Crossref]

183. Elaine Z. Shing, Eranda Jayawickreme, Christian E. Waugh. 2016. Contextual Positive Coping as a Factor Contributing to Resilience After Disasters. *Journal of Clinical Psychology* **72**:12, 1287-1306. [Crossref]

184. Haya Itzhaky, Karni Kissil, Shlomit Weiss-Dagan. 2016. International Tourists' Reactions to a Natural Disaster: Experiences of the 2015 Earthquake in Nepal Among Israeli Travelers. *Journal of Traumatic Stress* **29**:6, 522-529. [Crossref]

185. Ruth Kevers, Peter Rober, Ilse Derluyn, Lucia De Haene. 2016. Remembering Collective Violence: Broadening the Notion of Traumatic Memory in Post-Conflict Rehabilitation. *Culture, Medicine, and Psychiatry* **40**:4, 620-640. [Crossref]

186. Robert Bering, Claudia Schedlich, Gisela Zurek. 2016. Psychotraumatologie und PTBS. *DNP - Der Neurologe und Psychiater* **17**:12, 40-50. [Crossref]

187. Jessica Strolin-Goltzman, Sharon Kollar, Karen Shea, Cindy Walcott, Sarah Ward. 2016. Building a landscape of resilience after workplace violence in public child welfare. *Children and Youth Services Review* **71**, 250-256. [Crossref]

188. Wouter Jong, Michel L. A. Dückers, Peter G. van der Velden. 2016. Crisis Leadership by Mayors: A Qualitative Content Analysis of Newspapers and Social Media on the MH17 Disaster. *Journal of Contingencies and Crisis Management* **24**:4, 286-295. [Crossref]

189. Orit Nuttman-Shwartz, Yael Shoval-Zuckerman. 2016. Continuous Traumatic Situations in the Face of Ongoing Political Violence. *Trauma, Violence, & Abuse* **17**:5, 562-570. [Crossref]

190. Egil Nygaard, Ajmal Hussain, Johan Siqveland, Trond Heir. 2016. General self-efficacy and posttraumatic stress after a natural disaster: a longitudinal study. *BMC Psychology* **4**:1. . [Crossref]

191. Idit Oz, Lucian Tatsa-Laur, Yitshak Kreiss, Eyal Fructer, Avraham Itzhak, Orly Sarid. 2016. Early psychological intervention following the 2014 Nepal snowstorm. *Disaster and Military Medicine* **2**:1. . [Crossref]

192. Marianna Purgato, Chiara Gastaldon, Davide Papola, Mark van Ommeren, Corrado Barbui, Wietse A Tol. 2016. Psychological and social interventions for the prevention of mental disorders in people living in low- and middle-income countries affected by humanitarian crises. *Cochrane Database of Systematic Reviews* **26**. . [Crossref]

193. Julian Hargreaves. 2016. Risk and resilience in British Muslim communities. *Ethnic and Racial Studies* **39**:14, 2601-2620. [Crossref]

194. Michael Hollifield, Andrea Gory, Jennifer Siedjak, Linda Nguyen, Lucie Holmgreen, Stevan Hobfoll. 2016. The Benefit of Conserving and Gaining Resources after Trauma: A Systematic Review. *Journal of Clinical Medicine* **5**:11, 104. [Crossref]

195. A. Ufuk Sezgin, Raija-Leena Punamäki. 2016. Perceived Changes in Social Relations after Earthquake Trauma among Eastern Anatolian Women: Associated Factors and Mental Health Consequences. *Stress and Health* **32**:4, 355-366. [Crossref]

196. Sarah R. Horn, Dennis S. Charney, Adriana Feder. 2016. Understanding resilience: New approaches for preventing and treating PTSD. *Experimental Neurology* **284**, 119-132. [Crossref]

197. Jacob Y. Stein, Dayna V. Wilmot, Zahava Solomon. 2016. Does one size fit all? Nosological, clinical, and scientific implications of variations in PTSD Criterion A. *Journal of Anxiety Disorders* **43**, 106-117. [Crossref]

198. Andrea M. Despotes, David P. Valentiner, Melissa London. Resiliency and Posttraumatic Growth 331-349. [Crossref]

199. Karin Hugelius, Mervyn Gifford, Per Ortenwall, Annsofie Adolfsson. 2016. "To silence the deafening silence": Survivor's needs and experiences of the impact of disaster radio for their recovery after a natural disaster. *International Emergency Nursing* **28**, 8-13. [Crossref]

200. Arne Rehnsfeldt, Maria Arman. 2016. Dressing an existential wound (DEW) - a new model for long-term care following disasters. *Scandinavian Journal of Caring Sciences* **30**:3, 518-525. [Crossref]

201. Tara Powell, Sanna J. Thompson. 2016. Enhancing Coping and Supporting Protective Factors After a Disaster. *Research on Social Work Practice* **26**:5, 539-549. [Crossref]

202. Karin Hugelius, Mervyn Gifford, Per Örtenwall, Annsofie Adolfsson. 2016. Disaster Radio for Communication of Vital Messages and Health-Related Information: Experiences From the Haiyan Typhoon, the Philippines. *Disaster Medicine and Public Health Preparedness* **10**:4, 591-597. [Crossref]

203. Ruth Wells, Zachary Steel, Mohammad Abo-Hilal, Abdul Halim Hassan, Catalina Lawsin. 2016. Psychosocial concerns reported by Syrian refugees living in Jordan: Systematic review of unpublished needs assessments. *British Journal of Psychiatry* **209**:2, 99-106. [Crossref]

204. Dinesh Bhugra. 2016. Mental health for nations. *International Review of Psychiatry* **28**:4, 342-374. [Crossref]

205. Silja E.K. Henderson, Peter Elsass, Peter Berliner. 2016. Mental and social health in disasters: the Sphere standards and post-tsunami psychosocial interventions in Asia. *Disasters* **40**:3, 432-451. [Crossref]

206. J. Brian Houston, Jennifer First, Matthew L. Spialek, Mary E. Sorenson, Megan Koch. 2016. Public Disaster Communication and Child and Family Disaster Mental Health: a Review of Theoretical Frameworks and Empirical Evidence. *Current Psychiatry Reports* **18**:6. . [Crossref]

207. Canay Doğulu, A. Nuray Karanci, Gözde Ikizer. 2016. How do survivors perceive community resilience? The case of the 2011 earthquakes in Van, Turkey. *International Journal of Disaster Risk Reduction* **16**, 108-114. [Crossref]

208. Jaimie L. Gradus, Brian P. Marx, Denise M. Sloan. 2016. Investigating the Aftermath of Terror. *Psychosomatic Medicine* **78**:5, 522-524. [Crossref]

209. Tuija Turunen, Raija-Leena Punamäki. 2016. Professionally Led Peer Support Group Process After the School Shooting in Finland. *OMEGA - Journal of Death and Dying* **73**:1, 42-69. [Crossref]

210. Doris Nilsson, Teresia Ängarne-Lindberg. 2016. Children who lose a parent suddenly: what kind of assistance do they feel provides relief? A content analysis study of children and their parents. *Child Care in Practice* **22**:2, 197-209. [Crossref]

211. Rebecca Cornelli Sanderson, Steven Gross, Jean Guerson Sanon, Rolland Janairo. 2016. Building Resilience in Children and their Communities Following Disaster in a Developing Country: Responding to the 2010 Earthquake in Haiti. *Journal of Child & Adolescent Trauma* **9**:1, 31-41. [Crossref]

212. Eva Alisic, Revathi N. Krishna, Megan L. Robbins, Matthias R. Mehl. 2016. A Comparison of Parent and Child Narratives of Children's Recovery From Trauma. *Journal of Language and Social Psychology* **35**:2, 224-235. [Crossref]

213. Sheree L. Toth, Christie L. M. Petrenko, Julie A. Gravener-Davis, Elizabeth D. Handley. Advances in Prevention Science: A Developmental Psychopathology Perspective 1-59. [Crossref]

214. Wei Qi, Martin Gevondon, Arieh Shalev. 2016. Prevention of Post-Traumatic Stress Disorder After Trauma: Current Evidence and Future Directions. *Current Psychiatry Reports* **18**:2. . [Crossref]

215. Yusuke Matsuyama, Jun Aida, Akihiro Hase, Yukihiro Sato, Shihoko Koyama, Toru Tsuboya, Ken Osaka. 2016. Do community- and individual-level social relationships contribute to the mental health of disaster survivors?: A multilevel prospective study after the Great East Japan Earthquake. *Social Science & Medicine* **151**, 187-195. [Crossref]

216. Alison Schafer, Leslie Snider, Rania Sammour. 2016. A reflective learning report about the implementation and impacts of Psychological First Aid (PFA) in Gaza. *Disaster Health* **3**:1, 1-10. [Crossref]

217. Susanne W. Gibbons, Edward J. Hickling. Risk and Resilience Factors in Combat Military Health Care Providers 181-193. [Crossref]

218. Patricia A. Findley, James Halpern, Rebecca Rodriguez, Karla Vermeulen. Psychological First Aid: A Tool for Mitigating Conflict in the Middle East 155-170. [Crossref]

219. Rachel Alvarez, Patricia A. Findley. Disaster Relief Mental Health Resources: Community-Based Interventions and Implications for the Middle East 125-153. [Crossref]

220. Roland Weierstall, Klaus Schonauer. Supportive Psychotherapie und ärztliche Gesprächsführung 1-11. [Crossref]

221. D.R. Garfin, R.C. Silver. Responses to Natural Disasters 35-46. [Crossref]

222. S.E. Hobfoll, V. Tirone, L. Holmgreen, J. Gerhart. Conservation of Resources Theory Applied to Major Stress 65-71. [Crossref]

223. Fiona Shanahan, Angela Veale. 2016. How mothers mediate the social integration of their children conceived of forced marriage within the Lord's Resistance Army. *Child Abuse & Neglect* **51**, 72-86. [Crossref]

224. Ma Regina M. Hechanova, Lynn C. Waelde, Pia Anna P. Ramos. 2016. Evaluation of a Group-Based Resilience Intervention for Typhoon Haiyan Survivors. *Journal of Pacific Rim Psychology* **10**. . [Crossref]

225. Xiao Lu Wang, Paul S. F. Yip, Cecilia L. W. Chan. 2016. Suicide Prevention for Local Public and Volunteer Relief Workers in Disaster-Affected Areas. *Journal of Public Health Management and Practice* **22**:3, E39-E46. [Crossref]

226. Joanna Burger, Michael Gochfeld, Taryn Pittfield, Christian Jeitner. 2016. Perceptions of Climate Change, Sea Level Rise, and Possible Consequences Relate Mainly to Self-Valuation of Science Knowledge. *Energy and Power Engineering* **08**:05, 250-262. [Crossref]

227. Duncan Pedersen, Hanna Kienzler, Jaswant Guzder. 2015. Searching for Best Practices. *SAGE Open* **5**:4, 215824401561516. [Crossref]

228. James Garbarino, Amy Governale, Patrick Henry, Danielle Nesi. 2015. Children and Terrorism and commentaries. *Social Policy Report* **29**:2, 1-39. [Crossref]

229. Eva Alisic, Revathi N. Krishna, Arend Groot, John W. Frederick. 2015. Children's Mental Health and Well-Being After Parental Intimate Partner Homicide: A Systematic Review. *Clinical Child and Family Psychology Review* **18**:4, 328-345. [Crossref]

230. Martha Bragin, Janepher Taaka, Kelsey Adolphs, Hannah Gray, Tonka Eibs. 2015. Measuring Difficult-to-Measure Concepts in Clinical Social Work Practice Operationalizing Psychosocial Well-Being Among War-Affected Women: A Case Study in Northern Uganda. *Clinical Social Work Journal* **43**:4, 348-361. [Crossref]

231. L. Gibbs, K. Block, L. Harms, C. MacDougall, E. Baker, G. Ireton, D. Forbes, J. Richardson, E. Waters. 2015. Children and young people's wellbeing post-disaster: Safety and stability are critical. *International Journal of Disaster Risk Reduction* **14**, 195-201. [Crossref]

232. W. A. Tol, M. Purgato, J. K. Bass, A. Galappatti, W. Eaton. 2015. Mental health and psychosocial support in humanitarian settings: a public mental health perspective. *Epidemiology and Psychiatric Sciences* **24**:6, 484-494. [Crossref]

233. Rachel Yehuda, Charles W. Hoge, Alexander C. McFarlane, Eric Vermetten, Ruth A. Lanius, Caroline M. Nievergelt, Stevan E. Hobfoll, Karestan C. Koenen, Thomas C. Neylan, Steven E. Hyman. 2015. Post-traumatic stress disorder. *Nature Reviews Disease Primers* **1**:1. . [Crossref]

234. Jon Magnus Haga, Lise Eilin Stene, Tore Wentzel-Larsen, Siri Thoresen, Grete Dyb. 2015. Early postdisaster health outreach to modern families: a cross-sectional study. *BMJ Open* **5**:12, e009402. [Crossref]

235. Jon-Håkon Schultz, Lars Weisæth. 2015. The power of rituals in dealing with traumatic stress symptoms: cleansing rituals for former child soldiers in Northern Uganda. *Mental Health, Religion & Culture* **18**:10, 822-837. [Crossref]

236. Regina M. Hechanova, Pia Anna P. Ramos, Lynn Waelde. 2015. Group-based mindfulness-informed psychological first aid after Typhoon Haiyan. *Disaster Prevention and Management: An International Journal* **24**:5, 610-618. [Crossref]

237. Douglas Zatzick, Stephen S. O'Connor, Joan Russo, Jin Wang, Nigel Bush, Jeff Love, Roselyn Peterson, Leah Ingraham, Doyanne Darnell, Lauren Whiteside, Erik Van Eaton. 2015. Technology-Enhanced Stepped Collaborative Care Targeting Posttraumatic Stress Disorder and Comorbidity After Injury: A Randomized Controlled Trial. *Journal of Traumatic Stress* **28**:5, 391-400. [Crossref]

238. Britton S. Buckner, Ellen B. Buckner. 2015. Post-Revolution Egypt. *Nursing Science Quarterly* **28**:4, 300-307. [Crossref]

239. L. Gibbs, K-L. Sia, K. Block, E. Baker, C. Nelsson, J. Gilbert, A. Cook, C. MacDougall. 2015. Cost and outcomes associated with participating in the Community Fireguard Program : Experiences from the Black Saturday bushfires in Victoria, Australia. *International Journal of Disaster Risk Reduction* **13**, 375-380. [Crossref]

240. Thomas Wenzel, Hanna Kienzler, Andreas Wollmann. 2015. Facing Violence – A Global Challenge. *Psychiatric Clinics of North America* **38**:3, 529-542. [Crossref]

241. M. J. D. Jordans, W. A. Tol. 2015. Mental health and psychosocial support for children in areas of armed conflict: call for a systems approach. *BJPsych. International* **12**:3, 72-75. [Crossref]

242. Catherine Panter-Brick, Marie-Pascale Grimon, Michael Kalin, Mark Eggerman. 2015. Trauma memories, mental health, and resilience: a prospective study of Afghan youth. *Journal of Child Psychology and Psychiatry* **56**:7, 814-825. [Crossref]

243. Sumi Choi. 2015. Psychological Interventions and Therapeutic Models for Prevention of PTSD after Disaster and Traumatic Incidents: A Review. *Korea Journal of Counseling* **16**:3, 537-556. [Crossref]

244. Valentina Mazzucato, Victor Cebotari, Angela Veale, Allen White, Marzia Grassi, Jeanne Vivet. 2015. International parental migration and the psychological well-being of children in Ghana, Nigeria, and Angola. *Social Science & Medicine* **132**, 215-224. [Crossref]

245. Michael F. Wusik, Andrew J. Smith, Russell T. Jones, Michael Hughes. 2015. DYNAMICS AMONG POSTTRAUMATIC STRESS SYMPTOMS, FORGIVENESS FOR THE PERPETRATOR, AND POSTTRAUMATIC GROWTH FOLLOWING COLLECTIVE TRAUMA. *Journal of Community Psychology* **43**:4, 389-394. [Crossref]

246. Isabelle Doohan, Britt-Inger Saveman. 2015. Need for compassion in prehospital and emergency care: A qualitative study on bus crash survivors' experiences. *International Emergency Nursing* **23**:2, 115-119. [Crossref]

247. Ann S. Masten, Angela J. Narayan, Wendy K. Silverman, Joy D. Osofsky. Children in War and Disaster 1-42. [Crossref]

248. Igor Pietkiewicz, Małgorzata Wójcik, Katarzyna Popiołek, Augustyn Bańka. 2015. Resources and adaptation following involuntary resettlement in the Bytom-Karb community. *Polish Psychological Bulletin* **46**:1, 15-25. [Crossref]

249. Timothy L. Neal, Alex B. Diamond, Scott Goldman, Karl D. Liedtka, Kembra Mathis, Eric D. Morse, Margot Putukian, Eric Quandt, Stacey J. Ritter, John P. Sullivan, Victor Welzant. 2015. Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement. *Journal of Athletic Training* **50**:3, 231-249. [Crossref]

250. James C. West, David M. Benedek, Derrick A. Hamaoka, Robert J. Ursano. Managing Psychological Consequences in Disaster Populations 2521-2532. [Crossref]

251. Lisa C. MCCormick, Gabriel S. Tajeu, Joshua Klapow. 2015. Mental Health Consequences of Chemical and Radiologic Emergencies. *Emergency Medicine Clinics of North America* **33**:1, 197-211. [Crossref]

252. Sarah R. Lowe, Sandro Galea. Posttraumatic Stress in the Aftermath of Mass Shootings 91-111. [Crossref]

253. Sarb Johal. Psycho-social Recovery Following Earthquake Disasters 1-7. [Crossref]

254. T. Ehring, M. Maragkos. Krisenintervention und Traumatherapie 1-15. [Crossref]

255. Irmtraud Beerlage. Psychosoziales Belastungs- und Handlungsverständnis für Interventionen nach Notfallereignissen und für belastenden Einsatzsituationen 1-35. [Crossref]

256. Shimon Scharf, Gabriel Schreiber. Fortgesetzte Raketenangriffe: Erfahrungen des Barzilai Medical Center in Ashkelon/Israel 77-85. [Crossref]

257. Barbara Schulz, Daniel Stirnimann. Krisenintervention 445-451. [Crossref]

258. Robert C. McMahon, Brady E. Yocom, Jennifer M. Attonito, Steve Sussman, Robert M. Malow. Disaster Exposure, Substance Use, and Related Outcomes Among Youth: Linkage and Treatment Implications 2195-2209. [Crossref]

259. Sasha Rudenstine, Sandro Galea. Terrorism and Its Impact on Mental Health 267-286. [Crossref]

260. Frank Neuner, Claudia Catani, Verena Ertl. Mass Trauma: Psychopathological Effects across the Life Span 747-751. [Crossref]

261. Desley Hargreaves. Emergency Relief and Social Work Responses 427-432. [Crossref]

262. Julian D. Ford, Damion J. Grasso, Jon D. Elhai, Christine A. Courtois. Careers and ethical issues in the traumatic stress field 547-583. [Crossref]

263. Megan Oser, Sejal B. Shah, David Gitlin. 2015. Psychiatry Department Response to the Boston Marathon Bombings Within a Level-1 Trauma Center. *Harvard Review of Psychiatry* **23**:3, 195-200. [Crossref]

264. Craig McGarty. 2014. Twenty Years After Genocide: The Role of Psychology in the Reconciliation and Reconstruction Process in Rwanda. *Journal of Social and Political Psychology* **2**:1, 377-386. [Crossref]

265. Tessa Dieltjens, Inge Moonens, Koen Van Praet, Emmy De Buck, Philippe Vandekerckhove. 2014. A Systematic Literature Search on Psychological First Aid: Lack of Evidence to Develop Guidelines. *PLoS ONE* **9**:12, e114714. [Crossref]

266. Amit Shrira, Yuval Palgi, Yaira Hamama-Raz, Robin Goodwin, Menachem Ben-Ezra. 2014. Previous Exposure to the World Trade Center Terrorist Attack and Posttraumatic Symptoms Among Older Adults Following Hurricane Sandy. *Psychiatry: Interpersonal and Biological Processes* **77**:4, 374-385. [Abstract] [PDF] [PDF with links]

267. Jane Abrams, Margaret Shapiro. 2014. Teaching Trauma Theory and Practice in MSW Programs: A Clinically Focused, Case-Based Method. *Clinical Social Work Journal* **42**:4, 408-418. [Crossref]

268. Allan B. I. Bernardo, Alicia F. Estrellado. 2014. Measuring Hope in the Philippines: Validating the Short Version of the Locus-of-Hope Scale in Filipino. *Social Indicators Research* **119**:3, 1649-1661. [Crossref]

269. Menachem Ben-Ezra, Robin Goodwin, Yuval Palgi, Krzysztof Kaniasty, Marsha Zibalese Crawford, Aviva Weinberger, Yaira Hamama-Raz. 2014. Concomitants of perceived trust in hospital and medical services following Hurricane Sandy. *Psychiatry Research* **220**:3, 1160-1162. [Crossref]

270. Karin Hugelius, Sara Berg, Elin Westerberg, Mervyn Gifford, Annsofie Adolfsson. 2014. Swedish Ambulance Managers' Descriptions of Crisis Support for Ambulance Staff After Potentially Traumatic Events. *Prehospital and Disaster Medicine* **29**:6, 589-592. [Crossref]

271. Jon-Håkon Schultz, Åse Langballe, Magne Raundalen. 2014. Explaining the unexplainable: designing a national strategy on classroom communication concerning the 22 July terror attack in Norway. *European Journal of Psychotraumatology* **5**:1, 22758. [Crossref]

272. Tuija Turunen, Henna Haravuori, Jaakko J. Pihlajamäki, Mauri Marttunen, Raija-Leena Punamäki. 2014. Framework of the outreach after a school shooting and the students perceptions of the provided support. *European Journal of Psychotraumatology* **5**:1, 23079. [Crossref]

273. Grete Dyb, Tine Jensen, Kristin Alve Glad, Egil Nygaard, Siri Thoresen. 2014. Early outreach to survivors of the shootings in Norway on the 22nd of July 2011. *European Journal of Psychotraumatology* **5**:1, 23523. [Crossref]

274. Dinka Corkalo Biruski, Dean Ajdukovic, Ajana Löw Stanic. 2014. When the world collapses: changed worldview and social reconstruction in a traumatized community. *European Journal of Psychotraumatology* **5**:1, 24098. [Crossref]

275. Grete Dyb, Miranda Olff. 2014. Understanding terror and violence in the lives of children and adolescents. *European Journal of Psychotraumatology* **5**:1, 25121. [Crossref]

276. Juul Gouweloos, Michel Dückers, Hans te Brake, Rolf Kleber, Annelieke Drogendijk. 2014. Psychosocial care to affected citizens and communities in case of CBRN incidents: A systematic review. *Environment International* **72**, 46-65. [Crossref]

277. Femke Verduin, Geert E. Smid, Tim R. Wind, Willem F. Scholte. 2014. In search of links between social capital, mental health and sociotherapy: A longitudinal study in Rwanda. *Social Science & Medicine* **121**, 1-9. [Crossref]

278. R.T.H. Ho, J.S. Potash, P.H.Y. Lo, V.P.Y. Wong. 2014. Holistic interventions to trauma management for teachers following disaster: expressive arts and integrated body-mind-spirit approaches. *Asia Pacific Journal of Social Work and Development* **24**:4, 275-284. [Crossref]

279. Angela Veale. 2014. Longitudinal evaluation of a therapeutic group work intervention with suicide-bereaved children. *The Irish Journal of Psychology* **35**:4, 188-204. [Crossref]

280. Gisela van Kessel, Colin MacDougall, Lisa Gibbs. 2014. Resilience—Rhetoric to Reality: A Systematic Review of Intervention Studies After Disasters. *Disaster Medicine and Public Health Preparedness* **8**:5, 452-460. [Crossref]

281. Hassan Karimi, Shannon E. Jarrott, Kendra O'Hora. 2014. Therapists Working in New and Old Ways: An Integrative Ecological Framework for Non-Familial Intergenerational Relationships. *Australian and New Zealand Journal of Family Therapy* **35**:3, 207-222. [Crossref]

282. Elana Newman, Betty Pfefferbaum, Namik Kirlic, Robert Tett, Summer Nelson, Brandi Liles. 2014. Meta-Analytic Review of Psychological Interventions for Children Survivors of Natural and Man-Made Disasters. *Current Psychiatry Reports* **16**:9. . [Crossref]

283. Eva Alisic, Rowena Conroy, Joanne Magyar, Franz E. Babl, Meaghan L. O'Donnell. 2014. Psychosocial care for seriously injured children and their families: A qualitative study among Emergency Department nurses and physicians. *Injury* **45**:9, 1452-1458. [Crossref]

284. Shira Hantman, Miriam Ben-Oz. 2014. There are no shortcuts: Trusting the social work training process. *Journal of Social Work* **14**:5, 491-505. [Crossref]

285. Girish Lala, Craig McGarty, Emma F. Thomas, Angela Ebert, Mick Broderick, Martin Mhando, Yves Kamuronsi. 2014. Messages of Hope: Using Positive Stories of Survival to Assist Recovery in Rwanda. *Journal of Social and Political Psychology* **2**:1, 450-468. [Crossref]

286. David Jones Marshall. 2014. Save (us from) the children: trauma, Palestinian childhood, and the production of governable subjects. *Children's Geographies* **12**:3, 281-296. [Crossref]

287. Darryl Wade, David Crompton, Alexandra Howard, Naomi Stevens, Olivia Metcalf, Melissa Brymer, Josef Ruzek, Patricia Watson, Richard Bryant, David Forbes. 2014. Skills for Psychological Recovery: Evaluation of a post-disaster mental health training program. *Disaster Health* **2**:3-4, 138-145. [Crossref]

288. Joanna Burger, Michael Gochfeld. 2014. Health concerns and perceptions of central and coastal New Jersey residents in the 100days following Superstorm Sandy. *Science of The Total Environment* **481**, 611-618. [Crossref]

289. Jonathan I. Bisson. 2014. Early responding to traumatic events. *British Journal of Psychiatry* **204**:5, 329-330. [Crossref]

290. Helen Hickson, Jennifer Lehmann. 2014. Exploring Social Workers' Experiences of Working with Bushfire-affected Families. *Australian Social Work* **67**:2, 256-273. [Crossref]

291. Leah Du Plooy, Louise Harms, Kellie Muir, Belinda Martin, Stephanie Ingliss. 2014. "Black Saturday" and its Aftermath: Reflecting on Postdisaster Social Work Interventions in an Australian Trauma Hospital. *Australian Social Work* **67**:2, 274-284. [Crossref]

292. Meghan L. Marsac, Katharine Donlon, Steven Berkowitz. 2014. Indicated and Selective Preventive Interventions. *Child and Adolescent Psychiatric Clinics of North America* **23**:2, 383-397. [Crossref]

293. Rick A. Myer, R. Craig Williams, Melinda Haley, Jamie N. Brownfield, Kelley B. McNicols, Nickole Pribozie. 2014. Crisis Intervention With Families. *The Family Journal* **22**:2, 179-185. [Crossref]

294. O. Lee McCabe, George S. Everly, Lisa M. Brown, Aaron M. Wendelboe, Nor Hashidah Abd Hamid, Vicki L. Tallchief, Jonathan M. Links. 2014. Psychological First Aid: A Consensus-Derived, Empirically Supported, Competency-Based Training Model. *American Journal of Public Health* **104**:4, 621-628. [Crossref]

295. Robert J. Ursano, Jodi B. A. McKibben, Dori B. Reissman, Xian Liu, Leming Wang, Robert J. Sampson, Carol S. Fullerton. 2014. Posttraumatic Stress Disorder and Community Collective Efficacy following the 2004 Florida Hurricanes. *PLoS ONE* **9**:2, e88467. [Crossref]

296. Richard Williams, Neil Greenberg. Psychosocial and Mental Health Care for the Deployed Staff of Rescue, Professional First Response and Aid Agencies, NGOs and Military Organisations 395-432. [Crossref]

297. Richard Williams, Verity J. Kemp, David A. Alexander. The Psychosocial and Mental Health of People Who Are Affected by Conflict, Catastrophes, Terrorism, Adversity and Displacement 805-849. [Crossref]

298. Kurt Fritzsche, Sonia Diaz Monsalve, Catherine Abbo, Gertrud Frahm, Frank Kuan-Yu Chen. Acute and Posttraumatic Stress Disorder (PTSD) 155-166. [Crossref]

299. Ami C. Carpenter. Information and Communication 95-106. [Crossref]

300. Mechthild von Vacano, Manfred Zaumseil. Understanding Disasters: An Analysis and Overview of the Field of Disaster Research and Management 3-44. [Crossref]

301. Mónica Ruiz-Casares, Jaswant Guzder, Cécile Rousseau, Laurence J. Kirmayer. Cultural Roots of Well-Being and Resilience in Child Mental Health 2379-2407. [Crossref]

302. Elaine C. Flores, Andres M. Carnero, Angela M. Bayer. 2014. Social capital and chronic post-traumatic stress disorder among survivors of the 2007 earthquake in Pisco, Peru. *Social Science & Medicine* **101**, 9-17. [Crossref]

303. Ravi Philip Rajkumar, Balaji Bharadwaj. 2014. Pharmacological Prevention of Posttraumatic Stress Disorder: A Systematic Review. *Advances in Psychiatry* **2014**, 1-10. [Crossref]

304. Shihoko Koyama, Jun Aida, Ichiro Kawachi, Naoki Kondo, S V Subramanian, Kanade Ito, Gen Kobashi, Kanako Masuno, Katsunori Kondo, Ken Osaka. 2014. Social Support Improves Mental Health among the Victims Relocated to Temporary Housing following the Great East Japan Earthquake and Tsunami. *The Tohoku Journal of Experimental Medicine* **234**:3, 241-247. [Crossref]

305. Tuija Turunen, Raija-Leena Punamäki. 2014. Psychosocial Support for Trauma-Affected Students After School Shootings in Finland. *Violence and Victims* **29**:3, 476-491. [Crossref]

306. James M Shultz, David Forbes. 2014. Psychological First Aid. *Disaster Health* **2**:1, 3-12. [Crossref]

307. Ibrahim A. Kira, Linda Lewandowski, Lisa Chiodo, Arwa Ibrahim. 2014. Advances in Systemic Trauma Theory: Traumatogenic Dynamics and Consequences of Backlash as a Multi-Systemic Trauma on Iraqi Refugee Muslim Adolescents. *Psychology* **05**:05, 389-412. [Crossref]

308. Hélène Dellucci. 2014. Psychotraumatologie centrée compétences. *Thérapie Familiale* **35**:2, 193. [Crossref]

309. Edmund G. Howe. Medical Ethics in Disasters 91-110. [Crossref]

310. Kathryn Juzwin. Stress Management and Responders 29-47. [Crossref]

311. Daya Somasundaram, Sambasivamoorthy Sivayokan. 2013. Rebuilding community resilience in a post-war context: developing insight and recommendations - a qualitative study in Northern Sri Lanka. *International Journal of Mental Health Systems* **7**:1. . [Crossref]

312. Michel L. A. Dückers. 2013. Five essential principles of post-disaster psychosocial care: looking back and forward with Stevan Hobfoll. *European Journal of Psychotraumatology* **4**:1, 21914. [Crossref]

313. Lennart Reifels, Luca Pietrantoni, Gabriele Prati, Yoshiharu Kim, Dean G. Kilpatrick, Grete Dyb, James Halpern, Miranda Olff, Chris R. Brewin, Meaghan O'Donnell. 2013. Lessons learned about psychosocial responses to disaster and mass trauma: an international perspective. *European Journal of Psychotraumatology* **4**:1, 22897. [Crossref]

314. Erika D. Felix, Suk-kyung You, Glorisa Canino. 2013. SCHOOL AND COMMUNITY INFLUENCES ON THE LONG TERM POSTDISASTER RECOVERY OF CHILDREN AND YOUTH FOLLOWING HURRICANE GEORGES. *Journal of Community Psychology* **41**:8, 1021-1038. [Crossref]

315. Odeya Cohen, Dima Leykin, Mooli Lahad, Avishay Goldberg, Limor Aharonson-Daniel. 2013. The conjoint community resiliency assessment measure as a baseline for profiling and predicting community resilience for emergencies. *Technological Forecasting and Social Change* **80**:9, 1732-1741. [Crossref]

316. Sigridur Bjork Thormar, Berthold P.R. Gersons, Barbara Juen, Maria Nelden Djakababa, Thorlakur Karlsson, Miranda Olff. 2013. Organizational factors and mental health in community volunteers. The role of exposure, preparation, training, tasks assigned, and support. *Anxiety, Stress & Coping* **26**:6, 624-642. [Crossref]

317. Md. Monjurul Habib, Md. Jamal Uddin, Saleh Ur Rahman, Nusrat Jahan, Salma Akter. 2013. Occupational therapy role in disaster management in Bangladesh. *World Federation of Occupational Therapists Bulletin* **68**:1, 33-37. [Crossref]

318. Joop de Jong, Ria Reis. 2013. Collective trauma processing: Dissociation as a way of processing postwar traumatic stress in Guinea Bissau. *Transcultural Psychiatry* **50**:5, 644-661. [Crossref]

319. . Working with Trauma Survivors 31-70. [Crossref]

320. Joan Russo, Wayne Katon, Douglas Zatzick. 2013. The development of a population-based automated screening procedure for PTSD in acutely injured hospitalized trauma survivors. *General Hospital Psychiatry* **35**:5, 485-491. [Crossref]

321. Kenneth B. Wells, Benjamin F. Springgate, Elizabeth Lizaola, Felica Jones, Alonzo Plough. 2013. Community Engagement in Disaster Preparedness and Recovery. *Psychiatric Clinics of North America* **36**:3, 451-466. [Crossref]

322. Angela Veale, Susan Mckay, Miranda Worthen, Michael G. Wessells. 2013. Participation as Principle and Tool in Social Reintegration: Young Mothers Formerly Associated with Armed Groups in Sierra Leone, Liberia, and Northern Uganda. *Journal of Aggression, Maltreatment & Trauma* **22**:8, 829-848. [Crossref]

323. Cindy A. Sousa. 2013. Political violence, collective functioning and health: A review of the literature. *Medicine, Conflict and Survival* **29**:3, 169-197. [Crossref]

324. Barbara Juen, Heidi Siller. 2013. Resilienz als sozialer Prozess. *Gruppenpsychotherapie und Gruppendynamik* **49**:3, 238-251. [Crossref]

325. Dean Ajdukovic, Dea Ajdukovic, Marija Bogic, Tanja Franciskovic, Gian Maria Galeazzi, Abdulah Kucukalic, Dusica Lecic-Tosevski, Matthias Schützwohl, Stefan Priebe. 2013. Recovery from Posttraumatic Stress Symptoms: A Qualitative Study of Attributions in Survivors of War. *PLoS ONE* **8**:8, e70579. [Crossref]

326. Daniel Hamiel, Leo Wolmer, Smadar Spirman, Nathaniel Laor. 2013. Comprehensive Child-Oriented Preventive Resilience Program in Israel Based on Lessons Learned from Communities Exposed to War, Terrorism and Disaster. *Child & Youth Care Forum* **42**:4, 261-274. [Crossref]

327. Kenneth B. Wells, Jennifer Tang, Elizabeth Lizaola, Felica Jones, Arleen Brown, Alix Stayton, Malcolm Williams, Anita Chandra, David Eisenman, Stella Fogleman, Alonzo Plough. 2013. Applying Community Engagement to Disaster Planning: Developing the Vision and Design for the Los Angeles County Community Disaster Resilience Initiative. *American Journal of Public Health* **103**:7, 1172-1180. [Crossref]

328. Thomas J. Patterson, Michael B. Brennan, Richard P. Schobitz. 2013. Concurrent and Co-Located Early Intervention for Concussion and Acute Stress Reaction. *Psychiatric Annals* **43**:7, 313-317. [Crossref]

329. Filip K. Arnberg, Lennart Melin. 2013. Can Demographic and Exposure Characteristics Predict Levels of Social Support in Survivors from a Natural Disaster?. *PLoS ONE* **8**:6, e65709. [Crossref]

330. Maggie Gibson, Gloria Gutman. 2013. Mitigating the Risk of Late-Life Mental Health Problems for Veterans: Contributions of the Life Course Perspective to Emergency Management. *Disaster Medicine and Public Health Preparedness* **7**:3, 332-335. [Crossref]

331. Tim R. Wind, Pooran C. Joshi, Rolf J. Kleber, Ivan H. Komproe. 2013. The Impact of Recurrent Disasters on Mental Health: A Study on Seasonal Floods in Northern India. *Prehospital and Disaster Medicine* **28**:3, 279-285. [Crossref]

332. Laurel Bass Wagner. 2013. The multiple traumas of Hurricane Katrina as witnessed by a psychoanalytic first responder. *Psychoanalysis, Culture & Society* **18**:2, 153-166. [Crossref]

333. Edna B. Foa, Seth J. Gillihan, Richard A. Bryant. 2013. Challenges and Successes in Dissemination of Evidence-Based Treatments for Posttraumatic Stress. *Psychological Science in the Public Interest* **14**:2, 65-111. [Crossref]

334. Robert H. Pietrzak, Peter H. Van Ness, Terri R. Fried, Sandro Galea, Fran H. Norris. 2013. Trajectories of posttraumatic stress symptomatology in older persons affected by a large-magnitude disaster. *Journal of Psychiatric Research* **47**:4, 520-526. [Crossref]

335. Paula S. Nurius, Edwina Uehara, Douglas F. Zatzick. 2013. Intersection of Stress, Social Disadvantage, and Life Course Processes: Reframing Trauma and Mental Health. *American Journal of Psychiatric Rehabilitation* **16**:2, 91-114. [Crossref]

336. Margaret Green. 2013. The Need for Cushions: Trauma and Resilience in the Life of a Refugee. *International Journal of Psychoanalytic Self Psychology* **8**:2, 133-144. [Crossref]

337. Sarah R. Lowe, Jean E. Rhodes. 2013. Trajectories of psychological distress among low-income, female survivors of Hurricane Katrina. *American Journal of Orthopsychiatry* **83**:2-3, 398-412. [Crossref]

338. Steven J. Berkowitz, Joel A. Fein. 2013. Childhood Traumatic Stress and the Emergency Department Visit. *Clinical Pediatric Emergency Medicine* **14**:1, 41-46. [Crossref]

339. Wim Veling, Brian J. Hall, Petra Joosse. 2013. The association between posttraumatic stress symptoms and functional impairment during ongoing conflict in the Democratic Republic of Congo. *Journal of Anxiety Disorders* **27**:2, 225-230. [Crossref]

340. Anand Pandya. 2013. A Review and Retrospective Analysis of Mental Health Services Provided after the September 11 Attacks. *The Canadian Journal of Psychiatry* **58**:3, 128-134. [Crossref]

341. Lars Wahlström, Hans Michélsen, Abbe Schulman, Magnus Backheden. 2013. Support, opinion of support and psychological health among survivors of a natural disaster. *International Journal of Social Psychiatry* **59**:1, 40-47. [Crossref]

342. Xiao L. Wang, Cecilia L. W. Chan, Zhan B. Shi, Bin Wang. 2013. Mental Health Risks in the Local Workforce Engaged in Disaster Relief and Reconstruction. *Qualitative Health Research* **23**:2, 207-217. [Crossref]

343. Michael L. Sulkowski, Philip J. Lazarus. 2013. Five Essential Elements of Crisis Intervention for Communities and Schools When Responding to Technological Disasters. *International Journal of School & Educational Psychology* **1**:1, 3-12. [Crossref]

344. Jun Aida, Ichiro Kawachi, S. V. Subramanian, Katsunori Kondo. Disaster, Social Capital, and Health 167-187. [Crossref]

345. J. Bengel, K. Becker-Nehring. Psychologische Frühinterventionen 175-204. [Crossref]

346. Desley Hargreaves. Gender and Climate Change: Implications for Responding to the Needs of Those Affected by Natural Disasters and Other Severe Weather Events 277-281. [Crossref]

347. Darryl Wade, Tracey Varker, Sally Coates, Therese Fitzpatrick, Clare Shann, Mark Creamer. 2013. A mental health training program for community members following a natural disaster. *Disaster Health* **1**:1, 9-12. [Crossref]

348. Sarah R. Lowe, Leandra Godoy, Jean E. Rhodes, Alice S. Carter. 2013. Predicting mothers' reports of children's mental health three years after Hurricane Katrina. *Journal of Applied Developmental Psychology* **34**:1, 17-27. [Crossref]

349. Daphna Canetti, Brian J. Hall, Carmit Rapaport, Carly Wayne. 2013. Exposure to Political Violence and Political Extremism. *European Psychologist* **18**:4, 263-272. [Crossref]

350. John A. Call, Betty Pfefferbaum, Michael J. Jenuwine, Brian W. Flynn. 2012. Practical Legal and Ethical Considerations for the Provision of Acute Disaster Mental Health Services. *Psychiatry: Interpersonal and Biological Processes* **75**:4, 305-322. [Abstract] [PDF] [PDF with links]

351. Filip K. Arnberg, Christina M. Hultman, Per-Olof Michel, Tom Lundin. 2012. Social Support Moderates Posttraumatic Stress and General Distress After Disaster. *Journal of Traumatic Stress* **25**:6, 721-727. [Crossref]

352. Jody McIntyre, Briana S. Nelson Goff. 2012. Federal Disaster Mental Health Response and Compliance with Best Practices. *Community Mental Health Journal* **48**:6, 723-728. [Crossref]

353. Darryl Wade, David Forbes, Jane Nursey, Mark Creamer. 2012. A multi-level framework to guide mental health response following a natural disaster. *Bereavement Care* **31**:3, 109-113. [Crossref]

354. Ofir Levi, Ronit Liechtentritt, Riki Savaya. 2012. Posttraumatic Stress Disorder Patients' Experiences of Hope. *Qualitative Health Research* **22**:12, 1672-1684. [Crossref]

355. Jonathan Gunderson, Franci Crepeau-Hobson, Curt Drennen. 2012. Research to practice: a disaster behavioral health framework. *Disaster Prevention and Management: An International Journal* **21**:5, 572-583. [Crossref]

356. Anke B. Witteveen, Jonathan I. Bisson, Dean Ajdukovic, Filip K. Arnberg, Kerstin Bergh Johannesson, Hendrieke B. Bolding, Ask Elklit, Louis Jehel, Venke A. Johansen, Maja Lis-Turlejska, Dag O. Nordanger, Francisco Orengo-García, A. Rosaura Polak, Raija-Leena Punamaki, Ulrich Schnyder, Lutz Wittmann, Miranda Olff. 2012. Post-disaster psychosocial services across Europe: The TENTS project. *Social Science & Medicine* **75**:9, 1708-1714. [Crossref]

357. Tim R. Wind, Ivan H. Komproe. 2012. The mechanisms that associate community social capital with post-disaster mental health: A multilevel model. *Social Science & Medicine* **75**:9, 1715-1720. [Crossref]

358. Edward P. Wimberly. 2012. Ethical Responsibility in Healing and Protecting the Families of the U.S. Public Health Service Syphilis Study in African American Men at Tuskegee: An Intergenerational Storytelling Approach. *Ethics & Behavior* **22**:6, 475-481. [Crossref]

359. Robert R. Ulmer. 2012. Increasing the Impact of Thought Leadership in Crisis Communication. *Management Communication Quarterly* **26**:4, 523-542. [Crossref]

360. Neil Boothby, Mike Wessells, John Williamson, Gillian Huebner, Kelly Canter, Eduardo Garcia Rolland, Vesna Kutlesic, Farah Bader, Lena Diaw, Maya Levine, Anita Malley, Kathleen Michels, Sonali Patel, Tanya Rasa, Fred Ssewamala, Vicki Walker. 2012. What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care?. *Child Abuse & Neglect* **36**:10, 711-721. [Crossref]

361. Neil Boothby, Robert L. Balster, Philip Goldman, Michael G. Wessells, Charles H. Zeanah, Gillian Huebner, James Garbarino. 2012. Coordinated and evidence-based policy and practice for protecting children outside of family care. *Child Abuse & Neglect* **36**:10, 743-751. [Crossref]

362. Charlotte Broms. 2012. The tsunami – 26 December 2004 – experiences from one place of recovery, Stockholm, Sweden. *Primary Health Care Research & Development* **13**:04, 308-317. [Crossref]

363. Elan Shapiro. 2012. EMDR and early psychological intervention following trauma. *European Review of Applied Psychology* **62**:4, 241-251. [Crossref]

364. Ian Gargan, Fíona Kelly Meldon, Cian Aherne, Noelle Fitzgerald, Jane McNicholas. 2012. Terrorists meeting their victims: a case study of psychologists' experiences of former terrorists meeting survivors. *Journal of Aggression, Conflict and Peace Research* **4**:4, 216-225. [Crossref]

365. George A. Bonanno. 2012. Resilience and Variability Following Oil Spill Disasters. *Psychiatry: Interpersonal and Biological Processes* **75**:3, 236-242. [Citation] [PDF] [PDF with links]

366. Arne Rehnsfeldt, Maria Arman. 2012. Significance of close relationships after the tsunami disaster in connection with existential health - a qualitative interpretive study. *Scandinavian Journal of Caring Sciences* **26**:3, 537-544. [Crossref]

367. Sarah R. Lowe, Jean E. Rhodes, Arielle A. J. Scoglio. 2012. Changes in Marital and Partner Relationships in the Aftermath of Hurricane Katrina. *Psychology of Women Quarterly* **36**:3, 286-300. [Crossref]

368. Patricia Fronek, Denise Cuthbert. 2012. History Repeating . . . Disaster-Related Intercountry Adoption and the Psychosocial Care of Children. *Social Policy and Society* **11**:3, 429-442. [Crossref]

369. Matthew Brown, Alyssa Banford, Ty Mansfield, Doug Smith, Jason Whiting, David Ivey. 2012. Posttraumatic Stress Symptoms and Perceived Relationship Safety as Predictors of Dyadic Adjustment: A Test of Mediation and Moderation. *The American Journal of Family Therapy* **40**:4, 349-362. [Crossref]

370. Franci Crepeau-Hobson, Kathryn S. Sievering, Charlotte Armstrong, Julie Stonis. 2012. A Coordinated Mental Health Crisis Response: Lessons Learned From Three Colorado School Shootings. *Journal of School Violence* **11**:3, 207-225. [Crossref]

371. S Suliman, DJ Stein. 2012. Dealing with post-traumatic stress disorder in general practice. *South African Family Practice* **54**:4, 308-311. [Crossref]

372. Annelieke N. Drogendijk, Peter G. van der Velden, Rolf J. Kleber. 2012. Acculturation and post-disaster mental health problems among affected and non-affected immigrants: A comparative study. *Journal of Affective Disorders* **138**:3, 485-489. [Crossref]

373. Melissa Brymer, Gilbert Reyes, Alan Steinberg. Disaster Behavioral Health for Children and Adolescents 143-158. [Crossref]

374. Lisa Brown, Maggie Gibson, Diane Elmore. Disaster Behavioral Health and Older Adults 159-174. [Crossref]

375. Bruce Young, Josef Ruzek. Disaster Behavioral Health Services 351-370. [Crossref]

376. Jo Rick, Rob Briner. Evidence-based Trauma Management for Organizations: Developments and Prospects 17-29. [Crossref]

377. Merle Friedman, Gerrit van Wyk. The Challenge for Effective Interventions in a Violent Society: Boundaries and Crossovers between Workplace and Community 139-153. [Crossref]

378. Danielle N. Shapiro, Julie B. Kaplow, Lisa Amaya-Jackson, Kenneth A. Dodge. 2012. Behavioral markers of coping and psychiatric symptoms among sexually abused children. *Journal of Traumatic Stress* **25**:2, 157-163. [Crossref]

379. Stevan E. Hobfoll, Robert J. Johnson, Daphna Canetti, Patrick A. Palmieri, Brian J. Hall, Iris Lavi, Sandro Galea. 2012. Can People Remain Engaged and Vigorous in the Face of Trauma? Palestinians in the West Bank and Gaza. *Psychiatry: Interpersonal and Biological Processes* **75**:1, 60-75. [Abstract] [PDF] [PDF with links]

380. Christopher F. Drescher, Brandy J. Baczwaski, A. Brooke Walters, Bethany J. Aiena, Stefan E. Schulenberg, Laura R. Johnson. 2012. Coping with an Ecological Disaster: The Role of Perceived Meaning in Life and Self-Efficacy Following the Gulf Oil Spill. *Ecopsychology* **4**:1, 56-63. [Crossref]

381. DAVID M. BENEDEK. 2012. Disaster Psychiatry. *Journal of Psychiatric Practice* **18**:2, 137-138. [Crossref]

382. Kalle Murtonen, Laura Suomalainen, Henna Haravuori, Mauri Marttunen. 2012. Adolescents' experiences of psychosocial support after traumatisation in a school shooting. *Child and Adolescent Mental Health* **17**:1, 23-30. [Crossref]

383. Wietse A. Tol, Vikram Patel, Mark Tomlinson, Florence Baingana, Ananda Galappatti, Derrick Silove, Egbert Sondorp, Mark van Ommeren, Michael G. Wessells, Catherine Panter-Brick. 2012. Relevance or Excellence? Setting Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings. *Harvard Review of Psychiatry* **20**:1, 25-36. [Crossref]

384. Ann S. Masten, Angela J. Narayan. 2012. Child Development in the Context of Disaster, War, and Terrorism: Pathways of Risk and Resilience. *Annual Review of Psychology* **63**:1, 227-257. [Crossref]

385. Richard Gist, Grant J. Devilly. Early Intervention in the Aftermath of Trauma 153-175. [Crossref]

386. Richard A. Bryant. Treating the Full Range of Posttraumatic Reactions 205-234. [Crossref]

387. Catherine Panter-Brick, Mark Eggerman. Understanding Culture, Resilience, and Mental Health: The Production of Hope 369-386. [Crossref]

388. Matthew N. Goldenberg, David Benedek, Robert J. Ursano. Disaster Victims and the Response to Trauma 435-445. [Crossref]

389. Kerstin Bergh Johannesson, Per-Olof Michel, Tom Lundin. Psychological Crisis Support in Major Incidents 363-377. [Crossref]

390. Robert J. Ursano. 2012. Trauma, Posttraumatic Stress Disorder, and Biological Processes. *Psychosomatic Medicine* **74**:2, 118-119. [Crossref]

391. Di Long, Yuk-Lin Renita Wong. 2012. Time bound: The timescape of secondary trauma of the surviving teachers of the Wenchuan Earthquake. *American Journal of Orthopsychiatry* **82**:2, 241-250. [Crossref]

392. Tim R. Wind, Maureen Fordham, Ivan H. Komproe. 2011. Social capital and post-disaster mental health. *Global Health Action* **4**:1, 6351. [Crossref]

393. Michael Wessells. Post-Conflict Psychosocial Intervention . [Crossref]

394. Gary Rodin, Dora Yuen, Ashley Mischitelle, Mark D Minden, Joseph Brandwein, Aaron Schimmer, Charles Marmar, Lucia Gagliese, Christopher Lo, Anne Rydall, Camilla Zimmermann. 2011. Traumatic stress in acute leukemia. *Psycho-Oncology* **6**, n/a-n/a. [Crossref]

395. Mary Ann Hoffman, Theresa Kruczek. 2011. A Bioecological Model of Mass Trauma. *The Counseling Psychologist* **39**:8, 1087-1127. [Crossref]

396. Daniel Dodgen, Ann E. Norwood, Steven M. Becker, Jon T. Perez, Cynthia K. Hansen. 2011. Social, Psychological, and Behavioral Responses to a Nuclear Detonation in a US City: Implications for Health Care Planning and Delivery. *Disaster Medicine and Public Health Preparedness* **5**:S1, S54-S64. [Crossref]

397. Wietse A Tol, Corrado Barbui, Ananda Galappatti, Derrick Silove, Theresa S Betancourt, Renato Souza, Anne Golaz, Mark van Ommeren. 2011. Mental health and psychosocial support in humanitarian settings: linking practice and research. *The Lancet* **378**:9802, 1581-1591. [Crossref]

398. P.O. Michel, S. Rosendal, L. Weisaeth, T. Heir. 2011. Use of and satisfaction with support received among survivors from three Scandinavian countries after the 2004 Southeast Asian tsunami. *European Psychiatry* **26**:7, 436-440. [Crossref]

399. James M. Shultz, Louis Herns Marcelin, Sharon B. Madanes, Zelde Espinel, Yuval Neria. 2011. The "Trauma Signature:" Understanding the Psychological Consequences of the 2010 Haiti Earthquake. *Prehospital and Disaster Medicine* **26**:5, 353-366. [Crossref]

400. Sarah R. Lowe, Christian S. Chan, Jean E. Rhodes. 2011. The Impact of Child-Related Stressors on the Psychological Functioning of Lower-Income Mothers After Hurricane Katrina. *Journal of Family Issues* **32**:10, 1303-1324. [Crossref]

401. Sarah Geiss Trusz, Amy W. Wagner, Joan Russo, Jeff Love, Douglas F. Zatzick. 2011. Assessing Barriers to Care and Readiness for Cognitive Behavioral Therapy in Early Acute Care PTSD Interventions. *Psychiatry: Interpersonal and Biological Processes* **74**:3, 207-223. [Abstract] [PDF] [PDF with links]

402. David Forbes, Virginia Lewis, Tracey Varker, Andrea Phelps, Meaghan O'Donnell, Darryl J. Wade, Josef I. Ruzek, Patricia Watson, Richard A. Bryant, Mark Creamer. 2011. Psychological First Aid Following Trauma: Implementation and Evaluation Framework for High-Risk Organizations. *Psychiatry: Interpersonal and Biological Processes* **74**:3, 224-239. [Abstract] [PDF] [PDF with links]

403. Frederick M. Burkle. 2011. The Limits to Our Capacity: Reflections on Resiliency, Community Engagement, and Recovery in 21st-Century Crises. *Disaster Medicine and Public Health Preparedness* **5**:S2, S176-S181. [Crossref]

404. M.J.D. Jordans, W.A. Tol, I.H. Komproe. 2011. Mental health interventions for children in adversity: Pilot-testing a research strategy for treatment selection in low-income settings. *Social Science & Medicine* **73**:3, 456-466. [Crossref]

405. Jonathan I. Bisson, Catrin Lewis, Michael Howlett, Daniela Corallo, Ellen Davies, Vivien Norris. 2011. Perceived support and psychological outcome following the 2004 tsunami: a mixed-methods study. *The Psychiatrist* **35**:8, 283-288. [Crossref]

406. Gary Ackerman. Psychological and Social Sequelae of Bioterrorism . [Crossref]

407. Richard A. Bryant. Psychological Interventions for Trauma Exposure and PTSD 171-202. [Crossref]

408. Joop de Jong. (Disaster) Public Mental Health 217-262. [Crossref]

409. Dean Ajdukovic, Suresh Bada Math, Channaveerachari Naveen Kumar, Maria Christine Nirmala, Tarek A. Okasha. Commentaries 263-280. [Crossref]

410. Susan McKay, Angela Veale, Miranda Worthen, Michael Wessells. 2011. Building meaningful participation in reintegration among war-affected young mothers in Liberia, Sierra Leone and northern Uganda. *Intervention* **9**:2, 108-124. [Crossref]

411. Jane Pearson. 2011. Implications for Civilian Postvention Research and Practice. *Psychiatry: Interpersonal and Biological Processes* **74**:2, 118-120. [Citation] [PDF] [PDF with links]

412. Orna Braun-Lewensohn, Shifra Sagy. 2011. Coping Resources as Explanatory Factors of Stress Reactions During Missile Attacks: Comparing Jewish and Arab Adolescents in Israel. *Community Mental Health Journal* **47**:3, 300-310. [Crossref]

413. James M. Shultz, Fiona Kelly, David Forbes, Helen Verdeli, Gloria R. Leon, Alexa Rosen, Yuval Neria. 2011. Triple Threat Trauma: Evidence-Based Mental Health Response for the 2011 Japan Disaster. *Prehospital and Disaster Medicine* **26**:3, 141-145. [Crossref]

414. Gail Green. 2011. Developing Trauma Training for an Indigenous Community: Hopefully Not Seagulls. *Australian Social Work* **64**:2, 215-227. [Crossref]

415. Patrick O'Brien, Katrina Mills, Amanda Fraser, John Andersson. 2011. An Invitation to Grieve: Reconsidering Critical Incident Responses by Support Teams in the School Setting. *Australian Journal of Guidance and Counselling* **21**:1, 60-73. [Crossref]

416. Richard A. Bryant, Robert Brooks, Derrick Silove, Mark Creamer, Meaghan O'Donnell, Alexander C. McFarlane. 2011. Peritraumatic dissociation mediates the relationship between acute panic and chronic posttraumatic stress disorder. *Behaviour Research and Therapy* **49**:5, 346-351. [Crossref]

417. Leo Wolmer, Daniel Hamiel, Nathaniel Laor. 2011. Preventing Children's Posttraumatic Stress After Disaster With Teacher-Based Intervention: A Controlled Study. *Journal of the American Academy of Child & Adolescent Psychiatry* **50**:4, 340-348.e2. [Crossref]

418. Vasiliki Papanikolaou, Gloria R Leon, John Kyriopoulos, Jeffrey Levett, Eleftherios Pallis. 2011. Surveying the Ashes: Experience from the 2007 Peloponnese Wildfires Six Months after the Disaster. *Prehospital and Disaster Medicine* **26**:2, 79-89. [Crossref]

419. Judith R. Warchal, Louise B. Graham. 2011. Promoting Positive Adaptation in Adult Survivors of Natural Disasters. *Adultspan Journal* **10**:1, 34-51. [Crossref]

420. Douglas Zatzick, Frederick Rivara, Gregory Jurkovich, Joan Russo, Sarah Geiss Trusz, Jin Wang, Amy Wagner, Kari Stephens, Chris Dunn, Edwina Uehara, Megan Petrie, Charles Engel, Dimitri Davydow, Wayne Katon. 2011. Enhancing the population impact of collaborative care interventions: mixed method development and implementation of stepped care targeting posttraumatic stress disorder and related comorbidities after acute trauma. *General Hospital Psychiatry* **33**:2, 123-134. [Crossref]

421. B Raphael, H Ma. 2011. Mass catastrophe and disaster psychiatry. *Molecular Psychiatry* **16**:3, 247-251. [Crossref]

422. Stephen J. Cozza, Jennifer M. Guimond. Working with Combat-Injured Families Through the Recovery Trajectory 259-277. [Crossref]

423. Michael Hollifield, Mindy Thompson Fullilove, Stevan E. Hobfoll. Climate Change Refugees 135-162. [Crossref]

424. Beate Schrank, Astrid Grant Hay. Hope and embitterment 17-29. [Crossref]

425. Robert L. Hawkins, Katherine Maurer. 2011. 'You fix my community, you have fixed my life': the disruption and rebuilding of ontological security in New Orleans. *Disasters* **35**:1, 143-159. [Crossref]

426. 2010. George A. Bonanno. The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss. New York: Basic Books, 2009. $25.95. *Psychiatry: Interpersonal and Biological Processes* **73**:4, 387-392. [Citation] [PDF] [PDF with links]

427. Daphne S. Cain, Carol A. Plummer, Rakinzie M. Fisher, Toni Q. Bankston. 2010. Weathering the Storm: Persistent Effects and Psychological First Aid with Children Displaced by Hurricane Katrina. *Journal of Child & Adolescent Trauma* **3**:4, 330-343. [Crossref]

428. SALIHA BAVA, ELLEN PULLEYBLANK COFFEY, KAETHE WEINGARTEN, CAROL BECKER. 2010. Lessons in Collaboration, Four Years Post-Katrina. *Family Process* **49**:4, 543-558. [Crossref]

429. K Juzwin. Stress Management and Responders . [Crossref]

430. David Forbes, Susan Fletcher, Bronwyn Wolfgang, Tracey Varker, Mark Creamer, Melissa J. Brymer, Josef I. Ruzek, Patricia Watson, Richard A. Bryant. 2010. Practitioner Perceptions of Skills for Psychological Recovery: A Training Programme for Health Practitioners in the Aftermath of the Victorian Bushfires. *Australian & New Zealand Journal of Psychiatry* **44**:12, 1105-1111. [Crossref]

431. Bram Vervliet, Merel Kindt, Debora Vansteenwegen, Dirk Hermans. 2010. Fear generalization in humans: Impact of prior non-fearful experiences. *Behaviour Research and Therapy* **48**:11, 1078-1084. [Crossref]

432. Alison Schafer, Leslie Snider, Mark van Ommeren. 2010. Psychological first aid pilot: Haiti emergency response. *Intervention* **8**:3, 245-254. [Crossref]

433. I Hui Lee, Chwen Cheng Chen, Tzung Lieh Yeh, Kao Ching Chen, Chih Kuei Lee, Po See Chen, Yen Kuang Yang, Ru Band Lu. 2010. A community mental health survey and relief program in Taiwan after the great earthquake-implementation, clinical observation and evaluation. *Stress and Health* **26**:4, 269-279. [Crossref]

434. Ângela Costa Maia, Eugénia Ribeiro. 2010. The psychological impact of motor vehicle accidents on emergency service workers. *European Journal of Emergency Medicine* **17**:5, 296-301. [Crossref]

435. Robert J. Ursano, Matthew Goldenberg, Lei Zhang, Janis Carlton, Carol S. Fullerton, He Li, Luke Johnson, David Benedek. 2010. Posttraumatic stress disorder and traumatic stress: from bench to bedside, from war to disaster. *Annals of the New York Academy of Sciences* **1208**:1, 72-81. [Crossref]

436. Daphna Canetti, Sandro Galea, Brian J. Hall, Robert J. Johnson, Patrick A. Palmieri, Stevan E. Hobfoll. 2010. Exposure to Prolonged Socio-Political Conflict and the Risk of PTSD and Depression among Palestinians. *Psychiatry: Interpersonal and Biological Processes* **73**:3, 219-231. [Abstract] [PDF] [PDF with links]

437. Jodi B.A. McKibben, Carol S. Fullerton, Robert J. Ursano, Dori B. Reissman, Kathleen Kowalski-Trakofler, James M. Shultz, Leming Wang. 2010. Sleep and Arousal as Risk Factors for Adverse Health and Work Performance in Public Health Workers Involved in the 2004 Florida Hurricane Season. *Disaster Medicine and Public Health Preparedness* **4**:S1, S55-S62. [Crossref]

438. Yifeng Wei, Magdalena Szumilas, Stan Kutcher. 2010. Effectiveness on Mental Health of Psychological Debriefing for Crisis Intervention in Schools. *Educational Psychology Review* **22**:3, 339-347. [Crossref]

439. Brian Allen, Melissa J. Brymer, Alan M. Steinberg, Eric M. Vernberg, Anne Jacobs, Anthony H. Speier, Robert S. Pynoos. 2010. Perceptions of psychological first aid among providers responding to Hurricanes Gustav and Ike. *Journal of Traumatic Stress* **23**:4, 509-513. [Crossref]

440. Mark Eggerman, Catherine Panter-Brick. 2010. Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine* **71**:1, 71-83. [Crossref]

441. Michael Paratharayil. 2010. Basic versus focused psychosocial interventions for community wellbeing: lessons following the Nargis cyclone interventions in Burma/Myanmar. *Intervention* **8**:2, 148-157. [Crossref]

442. Ann S. Masten, Joy D. Osofsky. 2010. Disasters and Their Impact on Child Development: Introduction to the Special Section. *Child Development* **81**:4, 1029-1039. [Crossref]

443. Shelley M. MacDermid Wadsworth. 2010. Family Risk and Resilience in the Context of War and Terrorism. *Journal of Marriage and Family* **72**:3, 537-556. [Crossref]

444. Moshe Farchi, Yori Gidron. 2010. The Effects of "Psychological Inoculation" Versus Ventilation on the Mental Resilience of Israeli Citizens Under Continuous War Stress. *The Journal of Nervous and Mental Disease* **198**:5, 382-384. [Crossref]

445. Elizabeth A. Campbell. Victims of terrorism 453-464. [Crossref]

446. Laurence J. Kirmayer, Hanna Kienzler, Abdel Hamid Afana, Duncan Pedersen. Trauma and Disasters in Social and Cultural Context 155-177. [Crossref]

447. Marian W. Roman. 2010. Treatment of Post Traumatic Stress Disorders: Part II: Non-Pharmacological Treatments. *Issues in Mental Health Nursing* **31**:5, 370-372. [Crossref]

448. Carl C. Bell. 2010. Commentary on the Child-Adolescent Mental Health Services (CAMHS) Conference—Nashville, TN, September 2009. *Administration and Policy in Mental Health and Mental Health Services Research* **37**:1-2, 135-139. [Crossref]

449. Carol S. Fullerton, Dori B. Reissman, Christine Gray, Brian W. Flynn, Robert J. Ursano. 2010. Earthquake Response and Psychosocial Health Outcomes: Applying Lessons From Integrating Systems of Care and Recovery to Haiti. *Disaster Medicine and Public Health Preparedness* **4**:1, 15-17. [Crossref]

450. Shaul Kimhi, Yohanan Eshel, Leehu Zysberg, Shira Hantman. 2010. Postwar Winners and Losers in the Long Run: Determinants of War Related Stress Symptoms and Posttraumatic Growth. *Community Mental Health Journal* **46**:1, 10-19. [Crossref]

451. Mary Ann Dutton, Rebecca Greene. 2010. Resilience and crime victimization. *Journal of Traumatic Stress* **6**, n/a-n/a. [Crossref]

452. Laura McDonald. Psychosocial Rehabilitation of Civilians in Conflict-Affected Settings 215-245. [Crossref]

453. Ughetta Moscardino, Sara Scrimin, Fabia Capello, Gianmarco Altoè. 2010. Social support, sense of community, collectivistic values, and depressive symptoms in adolescent survivors of the 2004 Beslan terrorist attack. *Social Science & Medicine* **70**:1, 27-34. [Crossref]

454. Wietse A. Tol, Brandon A. Kohrt, Mark J.D. Jordans, Suraj B. Thapa, Judith Pettigrew, Nawaraj Upadhaya, Joop T.V.M. de Jong. 2010. Political violence and mental health: A multi-disciplinary review of the literature on Nepal. *Social Science & Medicine* **70**:1, 35-44. [Crossref]

455. Catherine Panter-Brick. 2010. Conflict, violence, and health: Setting a new interdisciplinary agenda. *Social Science & Medicine* **70**:1, 1-6. [Crossref]

456. George A. Bonanno, Chris R. Brewin, Krzysztof Kaniasty, Annette M. La Greca. 2010. Weighing the Costs of Disaster. *Psychological Science in the Public Interest* **11**:1, 1-49. [Crossref]

457. Jonathan I. Bisson, Behrooz Tavakoly, Anke B. Witteveen, Dean Ajdukovic, Louis Jehel, Venke J. Johansen, Dag Nordanger, Francisco Orengo Garcia, Raija-Leena Punamaki, Ulrich Schnyder, A. Ufuk Sezgin, Lutz Wittmann, Miranda Olff. 2010. TENTS guidelines: development of post-disaster psychosocial care guidelines through a Delphi process. *British Journal of Psychiatry* **196**:1, 69-74. [Crossref]

458. Hans Te Brake, Michel Dückers, Maaike De Vries, Daniëlle Van Duin, Magda Rooze, Cor Spreeuwenberg. 2009. Early psychosocial interventions after disasters, terrorism, and other shocking events: Guideline development. *Nursing & Health Sciences* **11**:4, 336-343. [Crossref]

459. Heather Mohay, Nicole Forbes. 2009. Reducing the Risk of Posttraumatic Stress Disorder in Children Following Natural Disasters. *Australian Journal of Guidance and Counselling* **19**:2, 179-195. [Crossref]

460. Kenneth M. Sakauye, Joel E. Streim, Gary J. Kennedy, Paul D. Kirwin, Maria D. Llorente, Susan K. Schultz, Shilpa Srinivasan. 2009. AAGP Position Statement: Disaster Preparedness for Older Americans: Critical Issues for the Preservation of Mental Health. *The American Journal of Geriatric Psychiatry* **17**:11, 916-924. [Crossref]

461. Robert J. Ursano, Lei Zhang, He Li, Luke Johnson, Janis Carlton, Carol S. Fullerton, David M. Benedek. 2009. PTSD and traumatic stress. *Brain Research* **1293**, 2-12. [Crossref]

462. Jonathan Bisson, Arieh Shalev. Early interventions following traumatic events 127-146. [Crossref]

463. Angela Nickerson, Richard A. Bryant, Robert Brooks, Zachary Steel, Derrick Silove. 2009. Fear of Cultural Extinction and Psychopathology Among Mandaean Refugees: An Exploratory Path Analysis. *CNS Neuroscience & Therapeutics* **15**:3, 227-236. [Crossref]

464. Neil Roberts. 2009. Early intervention following traumatic events. *Psychiatry* **8**:8, 297-300. [Crossref]

465. Leah Hendriks, Sherry Bassi. 2009. Emergency Preparedness From the Ground Floor Up. *Home Health Care Management & Practice* **21**:5, 346-352. [Crossref]

466. Rohit Karki, Brandon A Kohrt, Mark JD Jordans. 2009. Child Led Indicators: pilot testing a child participation tool for psychosocial support programmes for former child soldiers in Nepal. *Intervention* **7**:2, 92-109. [Crossref]

467. Daphna Canetti-Nisim, Eran Halperin, Keren Sharvit, Stevan E. Hobfoll. 2009. A New Stress-Based Model of Political Extremism. *Journal of Conflict Resolution* **53**:3, 363-389. [Crossref]

468. Patricia J. Watson, Josef I. Ruzek. 2009. Academic/State/Federal Collaborations and the Improvement of Practices in Disaster Mental Health Services and Evaluation. *Administration and Policy in Mental Health and Mental Health Services Research* **36**:3, 215-220. [Crossref]

469. Elspeth Macdonald. 2009. Mental health needs post-disaster: Supporting recovery of children and families. *Australian Occupational Therapy Journal* **56**:2, 79-80. [Crossref]

470. Rik Soeteman. 2009. Slachtoffers en sporadisch spreekuurbezoek. *Huisarts en Wetenschap* **52**:2, 68-68. [Crossref]

471. Anthea Krieg. 2009. The Experience of Collective Trauma in Australian Indigenous Communities. *Australasian Psychiatry* **17**:1_suppl, S28-S32. [Crossref]

472. Russell T. Jones, Kelly Dugan Burns, Christopher S. Immel, Rachel M. Moore, Kathryn Schwartz-Goel, Bonnie Culpepper. The Impact of Hurricane Katrina on Children and Adolescents: Conceptual and Methodological Implications for Assessment and Intervention 65-94. [Crossref]

473. David M. Benedek, Thomas A. Grieger. Psychosocial Management of Bioterrorism Events 279-293. [Crossref]

474. Jürgen Bengel, Katharina Becker. Psychologische Frühinterventionen 163-185. [Crossref]

475. . References 383-423. [Crossref]

476. Edison J. Trickett. 2009. Community Psychology: Individuals and Interventions in Community Context. *Annual Review of Psychology* **60**:1, 395-419. [Crossref]

477. Brett T. Litz. 2008. Early intervention for trauma: Where are we and where do we need to go? A commentary. *Journal of Traumatic Stress* **21**:6, 503-506. [Crossref]

478. Carl Bell. 2008. Asian martial arts and resiliency. *Ethnicity and Inequalities in Health and Social Care* **1**:2, 11-17. [Crossref]

479. Lars Weisæth, Sabine Woskobojnik. 2008. Kritischer Kommentar von Lars Weisæth (Oslo) zum Geleit. *Psychosomatik und Konsiliarpsychiatrie* **2**:4, 184-185. [Crossref]

480. David M Benedek, Robert J Ursano. 2008. Applicability in highly industrialized, resource rich Communities: the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Intervention* **6**:3, 243-247. [Crossref]

481. Mark van Ommeren, Mike Wessells. 2008. What is minimum response: reflections on diverse opinions regarding the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings1. *Intervention* **6**:3, 265-269. [Crossref]

482. Christopher M. Layne, William R. Saltzman, Landon Poppleton, Gary M. Burlingame, Alma Pašalić, Elvira Duraković, Mirjana Mušić, Nihada Ćampara, Nermin Dapo, Berina Arslanagić, Alan M. Steinberg, Robert S. Pynoos. 2008. Effectiveness of a School-Based Group Psychotherapy Program for War-Exposed Adolescents: A Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry* **47**:9, 1048-1062. [Crossref]

483. Melissa J. Brymer, Alan M. Steinberg, Jo Sornborger, Christopher M. Layne, Robert S. Pynoos. 2008. Acute Interventions for Refugee Children and Families. *Child and Adolescent Psychiatric Clinics of North America* **17**:3, 625-640. [Crossref]

484. Jorge J Rodriguez, Robert Kohn. 2008. Use of mental health services among disaster survivors. *Current Opinion in Psychiatry* **21**:4, 370-378. [Crossref]

485. Claudia Schedlich, Erika Sander. Stabilisierung in der Traumaadaptierten Tanz- und Ausdruckstherapie — TATT 169-178. [Crossref]

486. Jethro Tan, Yingmin Wang, Danielle Gomes. Building National Resilience in the Digital Era of Violent Extremism 307-327. [Crossref]