In this issue of *Disaster Health*

James M Shultz¹ and Yuval Neria²

¹Center for Disaster & Extreme Event Preparedness (DEEP Center); University of Miami Miller School of Medicine; Miami, FL USA;

²Trauma and PTSD Program; Department of Psychiatry & The New York State Psychiatric Institute; Columbia University; New York, NY USA

Psychological First Aid: Rapid Proliferation and the Search for Evidence pp. 3–12

Context: Psychological first aid (PFA) has become a widely endorsed and broadly trained early psychological intervention for survivors of disasters. The popularity of PFA has yet to be matched by robust evidence for its effectiveness

Authors' abstract: Psychological first aid (PFA) has become the flagship early intervention for disaster survivors, with recent adaptations for disaster responders, in the post-9/11 era. PFA is broadly endorsed by expert consensus and integrated into guidelines for mental health and psychosocial support in disasters and extreme events. PFA frameworks are proliferating, with increasing numbers of models developed for delivery by a range of providers for use with an expanding array of target populations. Despite popularity and promotion, there remains a dearth of evidence for effectiveness and recent independent reviews of PFA have highlighted this important gap. This commentary juxtaposes the current propagation of PFA against the compelling need to produce evidence for effectiveness and suggests a series of actions to prioritize and expedite real-time, real-event field evaluation of PFA.

Internal Displacement in Colombia: Fifteen Distinguishing Features pp. 13–24

Context: Colombia, South America has the largest number of internally displaced persons (IDPs) of any nation in the world. The IDP situation in Colombia is differentiated in important ways from conflict-induced forced migration in other countries.

More than a half century of unrelenting armed conflict in Colombia, South America has produced the largest population of internally displaced persons (IDPs) in the world and the only major IDP population in the entire Western Hemisphere. Although most displacement is from rural areas to urban centers, Colombian IDPs truly have no safe place to migrate and no safe alternatives to return. Very few Colombian IDPs have successfully returned to their communities of origin. Once resettled in urban settings, in order to survive, IDPs must find meager

forms of employment in the “informal sector.” Women, children, indigenous persons, and Afro-Colombians are disproportionately represented. Colombian internal displacement is also complexly related to drug trafficking. Throughout all phases along the pathway of displacement, the rigors of IDP existence are replete with psychological consequences. Currently, Colombia is implementing a range of legal, social, economic, and health initiatives for millions of “victims of armed conflict” and IDPs constitute the largest proportion of these individuals.

Improving Access to Community-based Mental Health Care and Psychosocial Support within a Disaster Context: A Case Study from Haiti pp. 25–34

Context: Exposure of the Haitian population to the devastation, mass mortality, and population displacement of the January 2010 earthquake created extensive needs for mental health and psychosocial support (MHPSS) services in a nation with very limited mental health resources pre-earthquake

This case study describes the evaluation of staff training for a “community-based integrated MHPSS intervention of service delivery and capacity building for providers” following the 2010 Haiti earthquake. Sponsored by an international non-governmental organization (INGO), the goal of the project was to improve the well-being of the earthquake-affected population by reducing levels of distress and enhancing resilience in the targeted communities. The program was guided by internationally accepted consensus principles for the provision of MHPSS services following a disaster. The INGO operated with a core group of one expatriate psychiatrist and 12 Haitian staff members (psychologists and social workers) who trained 190 community psychosocial workers and 115 non-specialized healthcare workers to deliver MHPSS services. This study reports on the evaluation of the training program. The authors state, “This study adds to the growing evidence on community-based integrated MHPSS interventions provided in post-disaster settings as emergency assistance. In addition it explores the attempt to enhance access to community MH care and psychosocial support services in resource poor settings as part of the post-disaster intervention.”

Correspondence to: James M Shultz; Email: jamesmichaelshultz@gmail.com; Yuval Neria; Email: ny126@columbia.edu
Submitted: 05/08/14; Accepted: 05/08/14
<http://dx.doi.org/10.4161/dish.29249>

Translating Research into Action An Evaluation of the World Trade Center Health Registry's Treatment Referral Program pp. 35–45

Context: Many New York City residents who witnessed the World Trade Center (WTC) attack and reported “9/11-related physical conditions or posttraumatic stress disorder (PTSD),” have been enrolled in voluntary medical surveillance thereafter using a health registry and treatment referral program.

This study describes the design, implementation and evaluation of the World Trade Center (WTC) Health Registry's Treatment Referral Program (TRP), created to respond to enrollees' self-reported 9/11-related physical and mental health needs and to promote the use of WTC-specific health care. In 2009–2011, the TRP conducted personalized outreach, including an individualized educational mailing and telephone follow-up to selected enrollees who resided in New York City, did not participate in rescue/recovery work, and reported symptoms of 9/11-related physical conditions or posttraumatic stress disorder (PTSD) on their most recently completed Registry survey. This analysis examined TRP participation, scheduling appointments, and keeping scheduled appointments. Authors conclude that successful outreach to disaster-exposed populations may require a sustained effort that employs a variety of methods in order to encourage and facilitate use of post-disaster services.

Child Disaster Mental Health Interventions, Part I: Techniques, Outcomes, and Methodological Considerations pp. 46–57

Context: A group of renowned child disaster mental health experts conducted a systematic review of the literature on interventions with children following exposure to the potentially traumatizing effects of disasters and extreme events. Results are presented in two parts. Part I describes techniques, outcomes and methodological considerations.

Authors' abstract: This review of child disaster mental health intervention studies describes the techniques used in the interventions and the outcomes addressed, and it provides a preliminary evaluation of the field. The interventions reviewed here used a variety of strategies such as cognitive behavioral approaches, exposure and narrative techniques, relaxation, coping skill development, social support, psychoeducation, eye movement desensitization and reprocessing, and debriefing. A diagnosis of posttraumatic stress disorder (PTSD) and/or posttraumatic stress reactions were the most commonly addressed outcomes although other reactions such as depression, anxiety, behavior problems, fear, and/or traumatic grief also were examined. Recommendations for future research are outlined.

Child Disaster Mental Health Interventions, Part II: Timing of Implementation, Delivery Settings and Providers, and Therapeutic Approaches pp. 58–67

Context: A group of renowned child disaster mental health experts conducted a systematic review of the literature on interventions with children following exposure to the potentially traumatizing effects of disasters and extreme events. Results are presented in two parts. Part II describes timing of implementation, settings and providers, and therapeutic approaches.

Authors' abstract: This review summarizes current knowledge on the timing of child disaster mental health intervention delivery, the settings for intervention delivery, the expertise of providers, and therapeutic approaches. Studies have been conducted on interventions delivered during all phases of disaster management from pre event through many months post event. Many interventions were administered in schools which offer access to large numbers of children. Providers included mental health professionals and school personnel. Studies described individual and group interventions, some with parent involvement. The next generation of interventions and studies should be based on an empirical analysis of a number of key areas.