

APA RESOLUTION on the Psychological Needs of Children Exposed to Disasters

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INTRODUCTION

Disasters include natural phenomena (e.g., hurricanes, fires, drought, earthquakes), human-made events (e.g., war, terrorism, population migrations, mass shootings), and some public health emergencies (e.g., COVID-19 pandemic, SARS, MERS). Disasters have become increasingly prevalent across the globe for numerous reasons, including climate change (APA, 2011; IPCC, 2023). Indeed, children born in 2020 are expected to experience a two- to seven-fold increase in extreme weather events compared to people born in 1960 (Thiery et al., 2021).

WHEREAS there are multiple trajectories of psychological outcomes post-disaster, with the most common being resilience or recovery, followed by risk for chronic impairment (Bonanno et al., 2010; La Greca et al., 2013; Masten & Narayan, 2012);

WHEREAS children are particularly psychologically vulnerable to the effects of disasters due to their limited coping skills, widely varying stages of development, and dependence on adults for emotional and physical safety (Grolnick et al., 2018; Masten & Osofsky, 2010);

WHEREAS most children and youth may display short-term, transient distress, particularly if adequate supports are provided, others may develop more chronic negative psychological effects, including grief and symptoms of posttraumatic stress disorder, anxiety, depression, and externalizing behavior (Furr et al., 2010; Lai et al., 2021; Masten et al., 2015; Rubens et al., 2018; Schonfeld et al., 2015);

WHEREAS research indicates disproportional rates of preparedness for and exposure to disasters and negative outcomes for children from one or more traditionally under-resourced communities, such as racial and ethnic minoritized backgrounds (Pumariega et al., 2022), groups with disabilities (Chakraborty, 2021; Mann et al., 2021), those who identify as girls (Rahmani et al., 2023), who identify as LGBTQ+ (Goldsmith et al., 2022), or are from lower socio-economic backgrounds (Rohwerder et al., 2022);

WHEREAS children from underserved communities disproportionately affected by social, economic, or geographic disadvantage may have lower access to support and evidence-based resources that may exacerbate their increased vulnerability to negative psychological outcomes following exposure to disaster (Morello-Frosch & Obasogie, 2023);

WHEREAS despite the potential for disproportional effects of disasters on children from underserved communities that may be affected by social, economic, or geographic disadvantage, the prevention and treatment of psychological distress in such populations has not been systematically studied (Burkhart et al., 2023; Gibbs et al., 2021);

WHEREAS given the potentially negative impact of disasters on children it is crucial to offer and evaluate mental health interventions across the spectrum of prevention and early, and later interventions for children and families;

WHEREAS there is limited, though promising, data suggesting the efficacy of pre-disaster preparedness. There is some evidence that preparedness interventions may increase knowledge and practical skills when faced with disaster (Codreanu et al., 2014); however, it is not clear that such interventions affect children's mental health;

WHEREAS interventions delivered in the days or weeks after a disaster, such as Psychological First Aid (PFA; Brymer et al., 2006), seem to benefit adults (Everly & Lating, 2021), with a few exceptions (e.g., Ramirez, 2013), no controlled studies of PFA for children exist. There is some evidence that empirically supported trauma treatments typically delivered weeks or months after exposure to the disaster, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2016) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS; Jaycox, 2003), can improve depression and PTSD in youth post-disaster (e.g., Fu & Underwood, 2015; La Greca & Danzi, 2019). Further, empirically-supported interventions for parents as well as interventions focused on parent-child relationships, such as Respond with CARE (Child Adult Relationship Enhancement) (Gurwitch & Brymer, 2024), can help improve children's mental health functioning;

WHEREAS children's mental health post-disaster is inextricably linked to how their families, schools, and communities adapt post-disaster (Bonanno et al., 2010; Felix et al., 2013a, 2013b, 2020; Lai et al., 2024), these ecological contexts are important pathways of intervention and support to promote children's recovery and resilience post-disaster. Given their accessibility, schools have the potential to be critical and effective hubs for disaster response (Lai et al., 2024);

WHEREAS the unique features of disasters create the need for special training of psychologists and other professionals in current best practices (e.g., ISAC, 2007; United Nations Office for Disaster Risk Reduction, 2015) for supporting the resilience and recovery of children and families post-disaster. This includes evaluating prevention and treatment programs and engaging in these activities through a cultural lens. Psychologists affected by disaster may also need peer support to manage their own and their clients' needs;

WHEREAS the development and application of knowledge about the impact of disasters on children and their families have been impeded by critical shortages of qualified researchers and mental health practitioners specializing in work on the topic (Grolnick et al. 2018);

WHEREAS research on disasters and evaluation of post-disaster services requires specialized designs and funding mechanisms, given their unpredictable nature;

WHEREAS psychologists have ethical duties outlined within APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2017a) to safeguard the welfare and rights of individuals as well as respect the dignity and worth of all people with particular attention to vulnerable persons or communities, including children and youth;

THEREFORE, be it resolved that the Council of Representatives of the APA declares that the development and implementation of a national strategy to prevent and treat the psychological sequelae of exposure of children and their families to disasters is a matter of the highest priority and supports the establishment of policies to maintain their psychological well-being.

THEREFORE, be it resolved that the American Psychological Association undertake the following activities:

- Encourage culturally informed research aligned with APA's Multicultural Guidelines (APA, 2017b) on the development, implementation, and evaluation of interventions to encourage resilience and mitigate the potential psychological effects of disasters on children and their families and promote effective coping strategies that lead to long-term enhanced functioning.
- Support efforts to increase research funding to engage in empirical investigations of preparedness interventions and multiple tiers of interventions post-disaster. This should include innovative delivery modalities (e.g., digital tools) and training of non-professional personnel (e.g., peers, paraprofessionals, community members) to deliver interventions. Encourage both private funding organizations and governmental agencies to make available to the extent possible rapid and accessible funding options for disaster relief and long-term recovery.
- Encourage the use of evidence-based mental health screeners and assessments to identify the psychological

needs of children and families exposed to disasters in the settings they are most likely to access and receive support (e.g., school-based screenings). Advocate for increased funding for training of school staff to implement trauma-informed practices, conduct mental health screenings post-disaster, and coordinate evidence-based post-disaster interventions.

- Encourage increased governmental funding for disaster relief at the local, state, federal, and international levels that includes support for mental health screening, assessment and multiple tiers of intervention for youth and families. Prioritize funding that will reduce disparities in access to resources and interventions for under-resourced communities. Collaborate with relief organizations to identify a plan to disseminate evidence-based resources to under-served communities to assure health equity.
- Serve as a central resource to the public, communities, and those agencies that serve children and families in disseminating best practices and guidelines for supporting the mental health of children and families before and after disasters.
- Collaborate to disseminate evidence-based disaster planning materials and resources on mental health supports for disaster recovery efforts for children and families with international relief organizations (e.g., the International Federation of Red Cross and Red Crescent Societies, World Health Organization, CARE International), governmental partners (e.g., Administration for Strategic Preparedness and Response, Federal Emergency Management Agency, Office of Victims Crime, Substance Abuse and Mental Health Services), national organizations (e.g., National Child Traumatic Stress Network, National Association of School Psychologists, Pediatric Disaster Centers of Excellence), state organizations (e.g., State, Provincial, and Territorial Psychological Associations), and other community health organizations.
- Encourage training programs in psychology to include education components on current best practices in disaster mental health services.
- In all activities conducted under this resolution, consideration should be given to the specific needs of under-served communities, including LGBTQ+ families, refugee and immigrant families, children with disabilities, and children facing abuse or neglect, poverty, or problems of substance use.

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