

**Table 1. Guidance for Timing of Early Interventions (NIMH, 2002)**

<b>Phase</b>	<b>Pre-incident</b>	<b>Impact (0-48 hours)</b>	<b>Rescue (0-1 week)</b>	<b>Recovery (1-4 weeks)</b>	<b>Return to Life (2 weeks-2years)</b>
<b>Goals</b>	Preparation Improve coping	Survival Communication	Adjustment	Appraisal/ Planning	Reintegration
<b>Behavior</b>	Preparation vs. denial	Fight/flight, freeze, surrender, etc.	Resilience vs. exhaustion	Grief, reappraisal, Intrusive memories, Narrative formation	Adjustment vs. phobias, PTSD, avoidance, depression, etc.
<b>Role of All Helpers</b>	Prepare, train, gain knowledge	Rescue, protect	Orient, provide for needs	Respond with sensitivity	Continue assistance
<b>Role of Mental Health Professionals</b>	<p><b>Prepare</b> Train</p> <p>Gain knowledge</p> <p>Inform and influence policy</p> <p>Set structures for rapid assistance</p>	<p><b>Basic Needs</b> Establish safety/security/ Survival</p> <p>Ensure food and shelter</p> <p>Provide orientation</p> <p>Facilitate communication with family, friends and community</p> <p>Assess the environment for ongoing threat/toxin</p> <p><b>Psychological First Aid</b> Support and “presence” for those who are most distressed</p> <p>Keep families together and facilitate reunion with loved ones</p> <p>Provide information and education (i.e., services), foster communication</p> <p>Protect Survivors from further harm</p> <p>Reduce psychological</p>	<p><b>Needs Assessment</b> Assess current status, how well needs are being addressed</p> <p>Recovery environment</p> <p>What additional interventions are needed for: Group Population Individual</p> <p><b>Triage</b> Clinical assessment</p> <p>Refer when indicated</p> <p>Identify vulnerable, high-risk individuals and groups</p> <p>Emergency hospitalization or out-patient treatment</p> <p><b>Outreach and Information Dissemination</b> Make contact with and identify people who have not requested</p>	<p><b>Monitor the Recovery Environment</b> Observe and listen to those most affected</p> <p>Monitor the environment for toxins</p> <p>Monitor past and ongoing threats</p> <p>Monitor services that are being provided</p>	<p><b>Treatment</b> Reduce or ameliorate symptoms or improve functioning via:</p> <p>Individual, family and group psychotherapy; Pharmacotherapy; Short-term or long-term hospitalization</p>

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		<p>arousal</p> <p><b>Monitoring the Impact on Environment</b> Observe and listen to those most affected</p> <p>Monitor the environment for stressors</p> <p><b>Technical Assistance, Consultation and Training</b> Improve capacity of organizations and caregivers to provide what is needed to re-establish community structure, foster family recovery/resilience, and safeguard the community</p> <p>Provide to relevant organizations; other caretakers and responders; leaders</p>	<p>services (i.e., “therapy by walking around”)</p> <p>Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites, etc.)</p> <p><b>Fostering Resilience and Recovery</b> Social interactions</p> <p>Coping skills training</p> <p>Education about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services</p> <p>Group and family support</p> <p>Foster natural social support</p> <p>Look after the bereaved</p> <p>Repair organizational fabric</p> <p>Operational debriefings, when this is standing procedure in responder organizations</p> <p>Spiritual support</p>		