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Journal of the American Academy of Child & Adolescent Psychiatry

Volume 52, Issue 11, November 2013, Pages 1224-1238

AACAP official action

Practice Parameter on Disaster Preparedness

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<https://doi.org/10.1016/j.jaac.2013.08.014>

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This Practice Parameter identifies best approaches to the assessment and management of children and adolescents across all phases of a disaster. Delivered within a disaster system of care, many interventions are appropriate for implementation in the weeks and months after a disaster. These include psychological first aid, family outreach, psychoeducation, social support, screening, and anxiety reduction techniques. The clinician should assess and monitor risk and protective factors across all phases of a disaster. Schools are a natural site for conducting assessments and delivering services to children. Multimodal approaches using social support, psychoeducation, and cognitive behavioral techniques have the strongest evidence base. Psychopharmacologic interventions are not generally used but may be necessary as an adjunct to other interventions for children with severe reactions or coexisting psychiatric conditions.



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Key Words

child and adolescent; disaster; disaster system of care; psychological first aid; resilience

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This Practice Parameter was developed by Betty Pfefferbaum, M.D., J.D., Jon A. Shaw, M.D., and the AACAP Committee on Quality Issues (CQI): Oscar G. Bukstein, M.D., M.P.H., and Heather J. Walter, M.D., M.P.H., Co-Chairs; and Christopher Bellonci, M.D., Scott Benson, M.D., Allan Chrisman, M.D., Tiffany R. Farchione, M.D., John Hamilton, M.D., Helene Keable, M.D., Joan Kinlan, M.D., Nicole Quiterio, M.D., Ulrich Schoettle, M.D., Matthew Siegel, M.D., and Sandra Stock, M.D.

AACAP Practice Parameters are developed by the AACAP CQI in accordance with American Medical Association policy. Parameter development is an iterative process between the primary author(s), the CQI, topic experts, and representatives from multiple constituent groups, including the AACAP membership, relevant AACAP committees, the AACAP Assembly of Regional Organizations, and the AACAP Council. Details of the Parameter development process can be accessed on the AACAP website. Responsibility for Parameter content and review rests with the author(s), the CQI, the CQI Consensus Group, and the AACAP Council.

AACAP develops patient-oriented and clinician-oriented Practice Parameters. Patient-oriented Parameters provide recommendations to guide clinicians toward best assessment and treatment practices. Recommendations are based on the critical appraisal of empirical evidence (when available) and clinical consensus (when not) and are graded according to the strength of the empirical and clinical support. Clinician-oriented Parameters provide clinicians with the information (stated as principles) needed to develop practice-based skills. Although empirical evidence may be available to support certain principles, principles are based primarily on clinical consensus. This Parameter is a clinician-oriented parameter.

The primary intended audience for AACAP Practice Parameters is child and adolescent psychiatrists; however, the information contained therein also may be useful for other mental health clinicians.

The authors acknowledge the following experts for their contributions to this parameter: Lisa Amaya-Jackson, M.D., M.P.H., Stephen J. Cozza, M.D., David J. Schonfeld, M.D., Merritt D. Schreiber, Ph.D., and Leslie H. Wind, Ph.D.

Kristin Kroeger Ptakowski and Jennifer Medicus served as the AACAP staff liaisons for the CQI.

This parameter was reviewed at the Member Forum at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry in October 2010.

From October 2011 to October 2012, this Parameter was reviewed by a consensus group convened by the CQI. Consensus group members and their constituent groups were as follows: Oscar G. Bukstein, M.D., M.P.H, chair; Allan Chrisman, M.D., shepherd; and R. Scott Benson, M.D., and Ulrich Schoettle, M.D., members (CQI); Lisa Amaya-Jackson, M.D., and Steve Cozza, M.D. (topic experts); Siham Muntasser, M.D., and Rebecca Susan Daily, M.D. (AACAP Assembly of Regional Organizations); and D. Richard Martini, M.D., and Margaret Stuber, M.D. (AACAP Council).

This Practice Parameter was approved by the AACAP Council on June 17, 2013.

This Practice Parameter is available on the Internet (www.aacap.org).

Disclosures: Dr. Pfefferbaum has no financial conflicts of interest to disclose. Dr. Shaw has no financial conflicts of interest to disclose. Dr. Bukstein has consulted with PRIME Continuing Medical Education (CME) and Ezra Innovations and has intellectual property with Routledge Press. Dr. Walter has no financial relationships to disclose. Disclosures of potential conflicts of interest for all other individuals named above are provided on the AACAP website on the Practice Parameters page.

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