University of Delaware
Disaster Research Center

MISCELLANEOUS REPORT #20

AN ANNOTATED BIBLIOGRAPHY ON
DISASTER MENTAL HEALTH AND
CRISIS INTERVENTION IN
SMALLER COMMUNITIES*

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Selected Annotated Bibliography

Introduction

This bibliography is designed to supply persons interested in the planning and delivery of disaster-related crisis intervention services with up-to-date, useful information on three general topics: individual and organizational behavior in disasters; identification and treatment of mental illness in small communities; and disaster mental health. It would be a monumental task to assemble and annotate all the material relating to these three topics. Thus, we were somewhat selective in our judgment of what works to include.

Section I, on human reactions in disaster, is intended to introduce the reader to some general works mainly of a social-scientific nature, on various types of individual and community responses to a variety of disaster agents.

Section II, "Recent Literature on Rural Mental Health and Selected Works in Community Mental Health and Crisis Intervention", contains references on current and recent research findings concerning the incidence of mental illness in rural areas and innovative rural mental health programs. Works having a more general scope are also included in this section, as are some widely recognized writings on crisis intervention practice.

In Section III, we attempt to be somewhat more comprehensive and include references for a large proportion of what has been written about mental health consequences of disasters, as well as for writings dealing with the delivery of mental health services to victims.

I. General Social-Scientific Writings on Disaster and Disaster Planning

Barton, Allen H. _Communities in Disasters: A Sociological Analysis of Collective Stress Situations_, (Garden City, New York: Doubleday, Anchor Books, 1969). A theoretical discussion and abstract summary of much of the disaster literature. Barton discusses individual behavior in emergencies, the coordination of organizational behavior and the altruistic responses that develop in disasters. Some attention is also given to factors influencing long-run recovery.

Bates, F. L., et al. _The Social and Psychological Consequences of a Natural Disaster_, (Washington, D.C.: National Academy of Sciences, National Research Council, Publication 1081, 1963). One of the few longitudinal studies available. A description and analysis of rehabilitation and recovery activities, and long run social changes following Hurricane Audrey.

Chapman, Dwight (ed.), "Human Behavior in Disaster: A New Field of Social Research," Special issue, _Journal of Social Issues_ 10, no. 3 (1954). This collection of articles includes a description of the work of the Committee on Disaster Studies of the National Research Council and of the NORC Studies in disaster. Among the papers are "Problems of Theory in the Analysis of Stress Behavior" by Irving Janis and "Some Accomplishments and Some Needs in Disaster Study" by Lewis Killian.

Drabek, Thomas E., "Social Processes in Disaster: Family Evacuation," _Social Problems_ 16, no. 3 (Winter, 1969): 336-349. A study of family response to disaster warnings. Analysis of interviews with families who were suddenly evacuated prior to a major flood revealed a series of distinct processes through

which warning, confirmation, and evacuation occurred. Evacuation behavior followed four patterns: by default, by invitation by compromise, and by decision.

Dynes, Russell R., *The Functioning of Expanding Organizations in Community Disasters*, (Columbus: The Ohio State University, The Disaster Research Center Report Series No. 2, 1968). Expanding organizations are those which have latent disaster responsibilities but must develop a new group structure to achieve them. Case studies are presented of three kinds of expanding organizations -- Red Cross, Salvation Army, and local civil defense.

Dynes, Russell R., *Organized Behavior in Disaster*, (Columbus: The Ohio State University, The Disaster Research Center Book and Monograph Series No. 3, 1974). This book focuses on a theoretical discussion of community organizations and their activities in meeting problems created by disaster. Dynes draws on the existing literature and the work of the Disaster Research Center. The different meanings of "disaster" and the social implications of various types of disaster agents are disucssed, and four types of organized behavior are isolated.

Dynes, Russell R., E. L. Quarantelli and Gary A. Kreps, *A Perspective on Disaster Planning* (Columbus: The Ohio State University, The Disaster Research Center Report Series No. 11, 1972). This report presents the characteristics of disaster agents and the kinds of demands they generate. A contrast is made between community activities in normal times and during emergencies. The basic elements involved in organized community response are set forth. The report concludes with a systematic discussion of disaster planning, including weaknesses in typical disaster plans and strategies for planning.

Form, William H. and Sigmund Nosow, *Community in Disaster*, (New York: Harper, 1958). An older study about the community response to a Michigan tornado. The major focus is on the rescue behavior by small groups after the disaster, and problems of organizations in mobilizing for the emergency. There is also a discussion on planning for disasters.

Fritz, Charles E., "Disaster," *Contemporary Social Problems*, Merton and Nisbet eds., (New York: Harcourt, Brace & World, Inc., 1961). A classic apologia for the study of disasters, including the issues of definition and misconceptions. Discusses the many problems communities have in responding to the event as well as some of the adaptive or positive outcomes.

Fritz, Charles E. and J. H. Mathewson, *Convergence Behavior in Disasters: A Problem in Social Control*, (Washington, D. C.: National Academy of Sciences - National Research Council Publication 476, 1957). This report looks at the convergence, or the informal, spontaneous movement of people, messages and supplies toward the disaster area. Methods and techniques for controlling such convergence behavior are detailed.

Laffoon, Polk, *Tornado*, (New York: Harper & Row, 1975). A reporter's account of the 1974 Xenia tornado. Social, psychological and economic consequences are presented through eye-witness accounts. Essentially descriptive and mostly accurate, it could be a useful supplement to more analytical treatments of the topic.

Marks, Eli S., et al., Human Reactions in Disaster Situations, (Chicago: The University of Chicago, National Opinion Research Center; available on microfile AD #107-594 from the Clearinghouse for Federal Scientific and Technical Information, National Bureau of Standards, Springfield, Virginia, 22115, 1954). This report summarizes a series of field studies conducted by the National Opinion Research Center in the early 1950's. The major study in the set is about a series of tornadoes in Arkansas. One of the few quantitative studies in the literature.

Quarantelli, E. L., Russell R. Dynes, eds., "Organizational and Group Behavior in Disasters," American Behavioral Scientist 13, no. 3 (January-February, 1970). This special issue focuses on disaster as a social disruption within communities. The pattern of social disruption is closely related to the various characteristics of the disaster agent; these determine the nature of disaster tasks to which emergency organizations have to respond.

Quarantelli, E. L., and Russell R. Dynes, "Images of Disaster Behavior: Myths and Consequences," (Columbus: The Ohio State University, The Disaster Research Center Preliminary Paper No. 5, 1972). The authors argue that what are generally believed to be problems in the disaster setting are not the real ones organizations have to face. Erroneous beliefs about human behavior in disasters are compared with what is known through empirical research to actually occur in disasters. Planners are urged to base their preparations for disasters on a realistic picture of disaster behavior, rather than on myths.

Quarantelli, E. L. and Russell R. Dynes, "Different Types of Organizations in Disaster Responses and their Operational Problems," (Columbus: The Ohio State University, The Disaster Research Center Preliminary Paper no. 41, 1977). Four different types of organized efforts to cope with community emergencies, especially natural disasters, are described. Some consequences of a disaster event for these organizations are delineated, including the problems of uncertainty, urgency, and lost authority. Problems of task assignment, communication, authority and decision making are also reviewed.

Taylor, James B., Louis A. Zurcher and William H. Key, Tornado, (Seattle: University of Washington Press, 1970). Using personalistic, case-centered data, the authors take a systematic, interdisciplinary look at the Topeka tornado. The focus moves from the individual response, through mid-levels of group and mass behavior and organizational response, to placement in the historical context, with comparisons and contrasts made between this and other disasters.

Warheit, George and Russell R. Dynes, The Functioning of Established Organizations in Community Disasters, (Columbus: The Ohio State University, The Disaster Research Center Report Series No. 1, 1968). Established organizations are defined as those which respond to disaster with their regular personnel engaged in familiar tasks. A theoretical framework is presented viewing established organizations' pre-disaster operations as a situation where capabilities exceed demands. Operational problems in disaster and adaptations to these are discussed.

Wenger, Dennis E. and Arnold Parr, Community Functions Under Disaster Conditions, (Columbus: The Ohio State University, The Disaster Research Center Report Series No. 4, 1969). This report examines disaster-activated tasks at the community level of analysis. After theoretically describing the community in pre-disaster periods, the authors undertake an in-depth analysis of community tasks and activities corresponding to the disaster stages from warning to rehabilitation. Specific inter- and intra-organizational problems were described.

II.   Recent Literature on Rural Mental Health Needs and Programs and Selected Works on Community Mental Health and Crisis Intervention

A.   Rural Mental Health

Allerton, William S., "Rural Mental Health in Virginia," Virginia Medical Monthly 99, no. 1 (January 1972) 72-73. Use of para-medicals and psychiatric nurses increases service coverage to remote areas. Allerton calls for more collaboration between nurses, mental health clinics and hospitals, and for training programs for "mental health technicians."

Bloom, Joseph and William Richards, "Mental Health Program Development in Rural Alaska," Alaska Medicine, 18, no. 3 (May 1976) 25-28. While dealing specifically with the unique character of service delivery in Alaska, this paper may be suggestive to those concerned with providing MH services to extremely "backwoods" rural areas. It includes a useful scale for measuring the development and organization of such services and a discussion of the roles suitable to either the public or private practitioner.

Bowden, Charles L. and Arvil E. Reeb, "Community Psychiatry: Scott County Evaluation," Journal of the Kentucky State Medical Association, 70, no. 2 (February 1972) 106-108. Bowden evaluates one once-weekly community psychiatric program as adequate for rural catchment areas. He finds distance less important a factor than convenience, and attributes program success to its location within the familiar health department building, and to close liaison between the center and local medical personnel.

Clemente, Frank (ed.), "The New Rural America," Special issue, The Annals, eds. Lambert and Heston, Vol. 429 (January 1977) This issue of The Annals is devoted to the concerns and characteristics of today's rural America. Titles of interest include: "Rural-Urban Differences in Attitudes and Behavior in the United States," "Political Structure of Rural America," "The Rural Aged," "The Rural Church and Rural Religion," and "The Quality of Life in Rural America."

Cohen, Julius, "The Effect of Distance on the Use of Outpatient Services in a Rural Mental Health Center," Hospital and Community Psychiatry, 23, no. 1 (March 1972) 27-28. To offset the deterring effects of distance and adverse local attitudes on service utilization, the author recommends various outreach and consultation programs for greater visibility.

Daniels, David N., "The Community Mental Health Center in the Rural Area: Is the Present Model Appropriate?", American Journal of Psychiatry, 124, no. 4 (April 1967): 32-36. Daniels believes that the direct clinical service CMHC model does not meet the needs of people in the large Western states. He proposes an alternative indirect service model emphasizing consultation and education, preventive psychiatry, and community psychiatry as community organization.

Dohrenwend, Bruce P. and Barbara S. Dohrenwend, "Psychiatric Disorders in Urban
Settings," American Handbook of Psychiatry, Ed. Arieti, (New York: Basic
Books, 1974), Vol. II, 424-447. An important analysis of epidemiologic data
on mental illness. Included here because it is one of the few such analyses
to have comparable data for both urban and rural segments of the populations
studied, and is thus able to make some definitive statements about rural men-
tal illness rates as opposed to urban.

Edgerton, J. Wilbert and W. Kenneth Bentz, "Attitudes and Opinions of Rural People
about Mental Illness and Program Services," American Journal of Public Health,
59, no. 3 (March 1969):470-477. The authors report results of a survey conduct-
ed in two counties. Findings showed an expressed need for mental health
services, especially a clinic, yet low awareness of existing services. The
CMHC concept was nearly unknown. Attitudes toward the mentally ill were more
positive than in the past, but still ambivalent. Respondents saw the role of
psychiatrist as unique, but felt non-psychiatrists have important role as
well.

Edgerton, J. Wilbert, et al., "Demographic Factors and Responses to Stress Among
Rural People," American Journal of Public Health, 60, no. 6 (June 1970): 1065-
1071. An application of the Health Opinion Survey (HOS) is documented to show
its usefulness as a tool for initially assessing prevalence of mental disorder
in rural populations. Referring to a previous study which reported that men-
tal health clinics in the survey area were not used by the low-income and
poorly educated, they call for special programming to meet the needs of these
key target groups.

Eisdorfer, Carl, John Altrocchi, and Robert F. Young, "Principles of Community
Mental Health in a Rural Setting: The Halifax County Program," Community
Mental Health Journal, 4, no. 3 (March 1968):211-220. The authors endorse
the consultation and education approach as a temporary solution to the prob-
lems of scarce mental health resources in rural areas. Based upon a history
of operating such a program, 20 principles, focusing on community sanction,
consultation techniques, clinical services and other aspects of CMHC program-
ming are proposed.

Garrett, Mary Louise, David L. Miles and Allan G. LeBaron, "Rural Areas Pose
Special Problems for Providing Social Services," Hospitals, 50, no. 22 (Nov-
ember 1976): 77-79. Like other writers, the authors endorse the notion that
many of the problems of introducing and providing social and mental health
services to rural communities are offset by using some established local insti-
tution as a base. Two cases where this has been tried are discussed -- unsuc-
cessfully through a doctor's office, and successfully through a hospital. Both
advantages and disadvantages of using indigenous paraprofessionals are described.

Gertz, Boris, Jill Meider and Margaret L. Pluckhan, "A Survey of Rural Mental Health
Needs and Resources," Hospital and Community Psychiatry, 26, no. 12 (December
1975):816-819. The authors surveyed rural CMHC's across the country to come
up with the composite picture presented in this article. Description focuses
on services offered, skills required, and problems in the delivery of care
and of evaluation. Also analyzed were the extent of inservice training avail-
able, the support systems needed, and the functions a proposed national task
force on rural mental health could perform.

Guillozet, Noel, "Community Mental Health -- New Approaches for Rural Areas Using Psychiatric Social Workers," Medical Care, 13 no. 1 (January 1975): 59-67. In dealing with the problems of scarce resources, high need, and low demand and/or acceptance for mental health services, the author recommends his experiences with recruiting social wokkers into a medical group practice.

Hofstatter, L. et al., "A Modern Psychiatric Delivery System for Urban and Rural Areas," Southern Medical Journal, 65, no. 7 (July 1972):875-881. Residency training programs within CMHC's have both short and long term advantages. Continuity of care in a CMHC is best achieved through the use of an inter-disciplinary team. Working through existing networks helps workers gain better entry into tightly knit communities.

Hollister, William G., et al., Experiences in Rural Mental Health, (Chapel Hill, North Carolina: University of North Carolina, School of Medicine, Division of Community Psychiatry of the Department of Psychiatry, 1973). A series of 8 booklets describing what the authors learned about developing flexible, workable patterns for providing comprehensive mental health services to rural people. The approach includes: living within the realities of low funding capabilities, coping with the problems of scarce mental health personnel, and avoiding the imposition of urban-type services by outside professionals through local citizen involvement. Included in these booklets is a demography of the rural areas served. Recommended.

Huessy, Hans R., "Tactic and Targets in the Rural Setting," Handbook of Community Mental Health, eds. Golann and Eisdorfer, (New York: Appleton-Century-Crofts, 1972): 699-710. Huessy is concerned here with the aspects of mental health programming which are peculiar to rural settings. Disadvantages: under-estimates of mental health problems, scarcity of trained personnel, social vis-ibility of the professional, state imposition of programs more suitable to the city, and financing are weighed against advantages: the need for reevaluation resulting in better methods, ease of interagency relations, research opportun-ities, feasibility of first level management leading to better continuity of care, and others. Strategies designed to take advantage of the resources of each community are presented.

Hunter, William F. and Allen W. Ratcliffe, "The Range Mental Health Center: Evaluation of a Community-Oriented MH Consultation Program in Northern Minnesota," Community Mental Health Journal, 4, no. 3 (1968):260-267. The basic content of this paper is described in its title. Initial findings suggest that con-sultation services assist community caretakers in managing emotionally dis-turbed clients, thus broadening significantly the impact of the CMHC staff over a large geographic area.

Janzen, Sharon Ann, "Psychiatric Day Care in a Rural Area," American Journal of Nursing, 74, no. 12 (December 1974):2216-2217. The author described a success-ful lay mental health care group, nearly devoid of professional intervention. Such a volunteer group is necessarily limited in scope, and depends upon the dedication of its members for its success.

Johnson, Robert Jr. and William F. Gandy, "Rural Mental Health Care: A Fourth Year Report," Journal of the Oklahoma State Medical Association, 65, no. 8 (August 1972): 336-338. A description of the growth and development of a CMHC in rural Oklahoma. Equitable financing and staff compensation are credited for operational efficiency.

Jones, James D., Morton Wagenfeld and Stanley S. Robin, "A Profile of the Rural Community Mental Health Center," <u>Community Mental Health Journal</u>, 12, no. 2 (1976): 176-181. Jones, et al., compared rural CMHC's with their counterparts in cities. Findings were that rural workers were most likely to view their centers as like social agencies, and evidenced a significantly higher endorsement of community mental health ideology. Rural workers also perceived their role as one of higher organizational and personal activism, with less discrepancy between the two than did urban workers.

Lee, Soong H., et al., "Community Mental Health Center Accessibility -- A Survey of the Rural Poor," <u>Archives of General Psychiatry</u>, 31 (September 1974):335-339. Stigma and ignorance of available services are found -- no less than distance -- to be important barriers to the provision of mental health services. Recommendations include community education, use of indigenous workers, and instituting back up mental health services to local physicians.

Leighton, D. C., A. H. Leighton and R. A. Armstrong, "Community Psychiatry in a Rural Area: A Social Psychiatric Approach," <u>Handbook of Community Psychiatry and Community Mental Health</u>, (New York: Grune and Stratton, 1967): 166-176. A classic and oft-cited work. Leighton, et al., see overall community integration as well as socioeconomic status as causal factors in individual mental health.

Muhlberger, Esther V., "Collaboration for Community Mental Health," <u>Social Work</u>, 20 (November 1975); 445-447. Muhlberger sees collaboration as potentially more productive than consultation in the smaller community. The use of volunteers, part-time staff, and the strong interagency linkages often found in rural areas are ways of extending traditional resources. Group workshops between the CMHC and other agency staffs are mutually beneficial.

Naftulin, Donald, Frank Donnelly, and Patricia O'Halloran, "Mental Health Courses as a Facilitator for Change in a Rural Community," <u>Community Mental Health Journal</u>, 10, no. 3 (1974):359-365. This study documents a university effort to assist a rural community in developing a mental health educational program for primary interveners within the community, which resulted in significant positive change in groups taking the courses.

Phillips, Donald F., "Reaching Out to Rural Communities," <u>Hospitals</u>, 46 (June 1972): 53-57. An interesting and provocative discussion of the potential for hospital involvement in community mental health.

Raft, David, Silas B. Coley and Francis T. Miller, "Using a Service Guide to Provide Comprehensive Care in a Rural Mental Health Clinic," <u>Hospital and Community Psychiatry</u>, 27, no. 8 (August 1976): 553 plus. The Service Guide (SG), a type of non-professional linking person between a rural mental health center and the less affluent community, was found to be highly effective in maintaining continuity of care. The SG participated in all levels of MH delivery and kept especially close contact with the poor and elderly. When the SG program was discontinued it was found that clinic use decreased and referrals dropped among these segments of the population, while better off clients were relatively unaffected.

Riggs, R. Thomas and Linda F. Kugel, "Transition from Urban to Rural Mental
Health Practice," <u>Social Casework</u>, (November 1976):562-567. This article
discusses the culture shock facing MH professionals who move to smaller towns
as they realize that they are professionally more isolated, that urban-
oriented models of psycho-therapy don't apply in rural settings, and that
the clinician-client relationship is less private, more visible and subject
to public evaluation. Some of the skills and personal qualities necessary
to make the transition are described, as are the stages professionals new to
rural communities commonly experience -- euphoria, through depression, to
adaptation.

Roemer, Milton I., "Health Needs and Services of the Rural Poor," <u>Rural Poverty</u>
<u>in the United States</u>, (Washington, D.C.: U.S. National Advisory Commission
on Rural Poverty, USGPO 1968):311-332. Specific health needs of the rural poor
are cited: susceptibility to various chronic diseases; inadequacies of rural
physicians, both in numbers and specializations; deficiencies of and in treat-
ment facilities, public non-suuport for hospitalization costs; and social
adjustment problems particular to the rural poor. State hospital use is a
last resort for many, which leads to energetic building programs by some low-
income states, though the result may still be facilities that are understaffed
and substandard.

Saltzman, Ben N., "Mental Health and the Rural Aging," <u>Arkansas Medical Society</u>
<u>Journal</u>, 68, no. 4 (September 1971):131-135. The isolated lifestyle of many
older persons, coupled with the isolation of the rural setting, make the
elderly a high risk group for mental health problems. Saltzman suggests that
psychiatrists may tend to ignore MH problems in the elderly, and states that
rates for mental illness are highest in older age groups.

Segal, Julius, ed., <u>The Mental Health of Rural America: The Rural Programs of</u>
<u>the National Institute of Mental Health</u>, (Rockville, Maryland: Program
Analysis and Reports Branch, Office of Program Planning and Evaluation,
Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane,
20852, DHEW (HSM) 73-9035, 1973). Mental Health problems in rural areas,
made worse by poverty and scarce resources, are often proportionally worse
than in urban settings. This book is a primer of sorts, providing a basic
overview of epidemiologic, demographic, and attitudinal studies, and goes
into detail on how NIMH has helped various communities deal with different
issues in mental health delivery.

Shore, James H., et al., "A Suicide Prevention Center on an Indian Reservation,"
<u>American Journal of Psychiatry</u>, 128, no. 9 (March 1972):76-81. The authors
emphasize the importance of community involvement in a suicide prevention
service, especially that of the reservation power structure. Characteristics
of the patient population are analyzed, including attitudes relating to the
development of the CMHC. Indigenous counselor-attendents were found to be
extremely helpful. The author states suicide attempts may be related to a
learned pattern of destructive behavior.

Shupe, Anson Jr., "Development of Mental Health Services Among Existing Community
Institutions in Rural Areas: The Case of the Japanese Kumiai," <u>Community</u>
<u>Mental Health Journal</u>, 10, no. 3 (1974):351-358. The Japanese <u>Kumiai</u>,
essentially highly developed community service centers, are presented as an
example of the use of an established community focal point and familiar

Riggs, R. Thomas and Linda F. Kugel, "Transition from Urban to Rural Mental Health Practice," Social Casework, (November 1976):562-567. This article discusses the culture shock facing MH professionals who move to smaller towns as they realize that they are professionally more isolated, that urban-oriented models of psycho-therapy don't apply in rural settings, and that the clinician-client relationship is less private, more visible and subject to public evaluation. Some of the skills and personal qualities necessary to make the transition are described, as are the stages professionals new to rural communities commonly experience -- euphoria, through depression, to adaptation.

Roemer, Milton I., "Health Needs and Services of the Rural Poor," Rural Poverty in the United States, (Washington, D.C.: U.S. National Advisory Commission on Rural Poverty, USGPO 1968):311-332. Specific health needs of the rural poor are cited: susceptibility to various chronic diseases; inadequacies of rural physicians, both in numbers and specializations; deficiencies of and in treatment facilities, public non-suuport for hospitalization costs; and social adjustment problems particular to the rural poor. State hospital use is a last resort for many, which leads to energetic building programs by some low-income states, though the result may still be facilities that are understaffed and substandard.

Saltzman, Ben N., "Mental Health and the Rural Aging," Arkansas Medical Society Journal, 68, no. 4 (September 1971):131-135. The isolated lifestyle of many older persons, coupled with the isolation of the rural setting, make the elderly a high risk group for mental health problems. Saltzman suggests that psychiatrists may tend to ignore MH problems in the elderly, and states that rates for mental illness are highest in older age groups.

Segal, Julius, ed., The Mental Health of Rural America: The Rural Programs of the National Institute of Mental Health, (Rockville, Maryland: Program Analysis and Reports Branch, Office of Program Planning and Evaluation, Alcohol, Drug Abuse, and Mental Health Administration, 5600 Fishers Lane, 20852, DHEW (HSM) 73-9035, 1973). Mental Health problems in rural areas, made worse by poverty and scarce resources, are often proportionally worse than in urban settings. This book is a primer of sorts, providing a basic overview of epidemiologic, demographic, and attitudinal studies, and goes into detail on how NIMH has helped various communities deal with different issues in mental health delivery.

Shore, James H., et al., "A Suicide Prevention Center on an Indian Reservation," American Journal of Psychiatry, 128, no. 9 (March 1972):76-81. The authors emphasize the importance of community involvement in a suicide prevention service, especially that of the reservation power structure. Characteristics of the patient population are analyzed, including attitudes relating to the development of the CMHC. Indigenous counselor-attendents were found to be extremely helpful. The author states suicide attempts may be related to a learned pattern of destructive behavior.

Shupe, Anson Jr., "Development of Mental Health Services Among Existing Community Institutions in Rural Areas: The Case of the Japanese Kumiai," Community Mental Health Journal, 10, no. 3 (1974):351-358. The Japanese Kumiai, essentially highly developed community service centers, are presented as an example of the use of an established community focal point and familiar

personnel to introduce new ideas to a rural community. It is suggested that U. S. farmers' cooperatives might be similarly used by community mental health programmers, as a bridge to the populace. Special problems encountered by mental health program developers in rural areas are mentioned, as well as the need for a "preventive perspective" in rural communities undergoing disintegrative social change, as well as lacking mental health facilities.

Thomas, Captane P. and Norman W. Bell, "Evaluation of a Rural Community Mental Health Program," Archives of General Psychiatry, 20 (April 1969):448-456. The CMHC examined here operates not on a walk-in basis, but as a source of specialist evaluation and treatment of the more seriously ill. Screening and referral are mandatory, which brings into question the use of the CMHC label. Community response to this policy gave rise to several volunteer crisis intervention groups.

Veverka, Joseph F. and James Goldman, "Rural Family Counseling," Journal of the Iowa Medical Society, 63, no. 8 (August 1973):395-398. Description of a small-scale experiment wherein a social worker in a rural area worked with the local physician in an attempt to provide family counseling. Continuity of care resulted, plus satisfaction with the teamwork approach.

Wedel, Harold L., "Characteristics of Community Mental Health Center Operations in Small Communities," Community Mental Health Journal, 5 no. 6 (1969):437-444. The author discussed the peculiar aspects of rural communities as opposed to urban in some detail, stating among other things, that human needs are different in areas of low population density. He discussed the fact that a community mental health program must adapt to these differentiations, and outlines specific recommendations to MH personnel as to modes of conduct in the community, and variations in patient-therapist relations.

Williams, Michael, "A Rural Mental Health Delivery System," Hospital and Community Psychiatry, 26, no. 10 (October 1975):671-674. This CMHC, in an extremely rural area of Utah, serves its geographically scattered and multi-ethic population through the use of indigenous outreach workers and programs tailored to various ethnic group needs.

Willie, Charles V., "Health Care Needs of the Disadvantaged in a Rural-Urban Area," HSMHA Health Reports, 87, no. 1 (January 1972): 82-86. A survey conducted with both professionals and consumers showed basic health care needs for both urban and rural areas. Needs were identical but ranked differently in the two settings. Recommendations are made in each category, including the general one that program planners should be fed information from consumers themselves.

Withersty, David T., "Psychiatric Residents Provide Extra Manpower for Rural Community Agencies," Hospital and Community Psychiatry, 26, no. 5 (May 1975): 270-271. Second year residents from a nearby medical center were used as full-time workers for periods of 3 to 6 months, providing both direct and indirect service.

B. Community Mental Health

Bellin, Seymour S., Ben Z. Locke and Mary New, "The Neighborhood Health Center as a Mental Health Diagnostic Service," Public Health Reports, 91, no. 5 (September/October 1976):446-451. Discusses the potential of a neighborhood health center as a case-finding and treatment service for a socially and economically disadvantaged area. The authors conclude that being a comprehensive--physical and mental care-- center encourages service utilization. Attention is paid to the epidemiology and demographics of the area.

Cobb, Sidney, "Social Support as a Moderator of Life Stress," Psychosomatic Medicine, 38, no. 5 (September/October)1976): 300-314. This article contains an overview of significant research on the role of social support for the individual undergoing crisis. The belief that one is cared for and esteemed is seen as having a potential for protecting those in crisis from a variety of pathological conditions. A number of situations where social support can result in more positive psychosocial functioning are noted. The author urges further investigation on the effects of social support on the outcome of medical treatment and on individuals in chronic stress situations.

Collins, Alice H. and Diane L. Pancoast, Natural Helping Networks: A Strategy for Prevention, (Washington, D.C.: NASW Pub. #CBC-070-C, 1976). The authors argue strongly that "natural helpers" have a uniquely valuable role to play in the delivery of mental health and human services. The issues of identifying, recruiting and coordinating the best possible indigenous workers are treated in depth.

Fann, William E. and Charles E. Goshen, The Language of Mental Health, (St. Louis: The C. V. Mosby Co., 1973) A comprehensive, easily usable guide to the vocabularly of the mental health and behavioral sciences. Includes categorical glossaries of diagnostic, treatment, and administrative and legal terminology.

Feild, Hubert S. and Robert Gatewood, "The Paraprofessional and the Organization: Some Problems of Mutual Adjustment," Personnel and Guidance Journal, 55, no. 4 (December 1976):181-185. The authors detail some of the problems that can arise when paraprofessionals are employed by social service agencies. From the paraprofessionals' viewpoint these are the nature of their work, opportunities for advancement, relationships with professional staff, and dealing with agency policies; from the agency perspective, the paraprofessional can overidentify with either the client or the agency, may lack certain work skills, and may require more attention than the agency wants to give.

Gill, Merton M., "The Two Models of the Mental Health Disciplines," paper presented at the graduation exercises of the Menninger School of Psychiatry, June 19, 1976, Bulletin of the Menninger Clinic, 41 (1977): 79-83. Gill attempts to clarify what is meant by the "medical" and the "psychological" or community mental health model. He re-terms these two the "reactive" and the "proactive", and maintains that the essential difference is how they view and utilize the concept of responsibility.

Giordano, Joseph, "Community Mental Health in a Pluralistic Society," International Journal of Mental Health, 5, (1976): 5-15. Problems of professionalism, ideological conflict, inequality and inflexibility are discussed as factors which account for dissatisfaction with the community mental health movement. The author calls for a revision of the philosophy of community mental health to one which recognizes the ethnic and subcultural differences which exist in American society.

Golann, Stuart E. and Carl Eisdorfer, "Mental Health and the Community -- The Development of Issues," Handbook of Community Mental Health (New York: Appleton-Century-Crofts, 1972): 3-17. Golann and Eisdorfer discuss developing the role of the community in mental health clinic operations, in terms of location and availability of services, outreach to clients, and involvement with an increased variety of caregivers.

Gomez, Angel Gregorio, "Some Considerations in Structuring Human Services for the Spanish-Speaking Population of the United States," International Journal of Mental Health, 5, no. 2 (1976): 60-68. Gomez argues that few social action programs exist that actually meet the needs of Hispanic Americans, and that those which do exist are token efforts. Several problems of social and mental health service delivery to these groups are noted, and recommendations are made for their amelioration.

Herbert, George K., Marc Chevalier and Charles Meyers, "Factors Contributing to the Successful Use of Indigenous Mental Health Workers," Hospital and Community Psychiatry, 25, no. 5 (May 1974): 308-310. In recognition of the unique contributions indigenous workers can make, one program allowed them flexibility in developing job skills, supplementing this with ongoing inservice training. Workers' feelings of satisfaction and of being of worth to the center stemmed from the respect the agency accorded them.

Hesse, Katherine F. "The Paraprofessional as a Referral Link in the Mental Health Delivery System," Community Mental Health Journal, 12, no. 3 (1976): 252-258. There are differing expectations on the part of clients, agency people and the paraprofessionals themselves regarding qualifications, knowledge and activities of the paraprofessional referral worker. This study suggests that as long as paraprofessional roles are ambiguously defined the workers will not be able to satisfy everyone involved.

Howe, Louisa P., "The Concept of the Community: Some Implications for the Development of Community Psychiatry," Handbook of Community Psychiatry and Community Mental Health, (New York: Grune & Stratton, 1964): 16-46. The author discusses a number of theoretical conceptions of the "community", citing as most salient one which deals with symbolic interactions between people in terms of common destiny and a shared history, and which sees crisis as the fulcrum upon which sense of community is either heightened or diminished. Recommendations are made to the psychiatrist who would work at the community as well as the individual patient level, including respect for the autonomy of people regardless of their status, a soft pedal approach to power structures, and the study of crisis and coping reactions so that a crisis situation can be capitalized on to effect constructive change.

Kaplan, Howard M. and Ronald H. Bohr, "Change in the Mental Health Field?" Community Mental Health Journal, 12 (1976): 244-251. Reasons for non-utilization of community mental health centers are discussed, as are several social, political, economic, and ideological factors which the authors consider to be barriers to change in the field of community mental health. Trends acting to promote needed changes are also noted.

Lorion, Raymond P., "Ethnicity and Mental Health: An Empirical Obstacle Course," International Journal of Mental Health, 5 (1976): 16-25. Lorion argues that innovative approaches to providing care, advocated in the community mental health movement, have not produced intervention strategies suitable for use

with those in our society who are part of ethnic-group subcultures. Noting that there are formidable methodological problems in assessing the relationship between ethnicity and mental health, the author argues for an inductive, pragmatic approach to the delivery of mental health services to members of ethnic subcultures. He concludes that the treatment of members of ethnic groups and other subcultures may have to be accompanied by a redefinition of role and a change in attitude on the part of the mental health professional.

Manis, Jerome G., et al., "Estimating the Prevalence of Mental Illness," American Sociological Review, 29, no. 1 (February 1964):84-89. This article discusses methods of locating and identifying cases of mental illness. Using a 22 item Mental Health Scale, the study found little variation in treated prevalence rates in three communities. The largest variation was found to occur in the rates of untreated cases, leading the authors to conclude, among other things, that differences in reported rates of untreated mental illness may arise from a lack of aggeement in criteria used to establish mental health and mental illness categories.

Mechanic, David, "Community Psychiatry: Some Sociological Perspectives and Implications," Community Psychiatry (Madison, Wisconsin: University of Wisconsin Press, Symposium on Community Psychiatry, 1966):201-222. The author discusses trends and issues in community psychiatry from a sociological point of view. The notions of mental health and mental illness are discussed from a variety of perspectives: definitional, conceptual, practical, and ethical. Throughout his discussion, Mechanic focuses on the linkages, both obvious and subtle, between the field of mental health and the larger society.

Norris, Eleanor and Judith K. Larsen, "Critical Issues in Mental Health Service Delivery: What are the Priorities?" Hospital and Community Psychiatry, 27, no. 8 (August 1976): 561-566. When caregivers were asked to rate 57 mental health issues in terms of present and future (5 year) importance, ratings varied considerably by professional role and educational attainment. The author is concerned that such difference be acknowledged if mental health programs are to be planned effectively.

Penn, Nolan E., Frank Baker and Herbert C. Schulberg, "Community Mental Health Ideology Scale: Social Work Norms," Community Mental Health Journal, 12, no. 2 (1976):221-214. Using the 1967 CMH Ideology Scale, the authors surveyed social work professionals and graduate students to measure individual commitment to the tenets of community mental health. High scores, particularly on items relevant to treatment goals and total community involvement, argue for an integral role for the profession in community psychiatry.

Rabkin, Judith and Elmer L. Struening, "Life Events, Stress and Illness," Science 194, no. 426 (December 1976):1013-1020. A review of the literature on stressful life events and their relation to illness. In addition to delineating research trends and critiquing methodological approaches, the authors consider: definitions of social stressors, stress and the onset of illness, and mediating factors, such as the various social support systems to which an individual might belong. Noting the complexity of the relationships between life stress, events and illness, they maintain that care must be taken to select life events relevant to the topic and population under study.

Rabkin, Judith, "Public Attitudes Toward Mental Illness: A Review of the Literature," Schizophrenia Bulletin, 10 (Fall 1974):9-33. The author concludes after reviewing the literature, that despite community education efforts, the label of mental illness continues to lead to irreversibly diminished community standing. Rabkin notes that the public seems to be more influenced by the social visibility of symptoms than by their actual severity and discusses various characteristics of the mentally ill that influence public acceptance. The author believes more research is needed in order to understand what conditions foster both positive and negative attitudes toward the mentally ill.

Reed, Katherine, Mental Health and Social Services for Mexican-Americans: An Essay and Annotated Bibliography, (Monticello, Illinois: Council of Planning Librarians Exchange Bibliography #1023, ed. Mary Vance, P.O. Box 229, 1976)

Reissman, Frank, "A Neighborhood-Based Mental Health Approach," Emergent Approaches to Mental Health Problems, eds. Cowan, Gardner, and Zax (New York: Appleton-Century-Crofts, 1967): 162-184. Presents a service strategy for reaching low income populations, and by implication, those who are otherwise isolated geographyically, socially, or emotionally. Reissman outlines goals, objectives and some of the reasons why traditional service programs often fail with these groups. A strong community action stance is advocated.

Rome, Howard P., "Barriers to the Establishment of Comprehensive Community Mental Health Centers," Community Psychiatry (Madison, Wisconsin: University of Wisconsin Press, Symposium on Community Psychiatry, 1966): 31-55. Rome views the "frontier psychology", i.e., rugged individualism and resistance to governmental control, as being a significant barrier to community MH programs, since today's technology and complex operational structures make dealing with government agencies a realistic necessity. A number of organizational conflicts within and between agencies are outlined, as well as social conflicts between professionals and clients, and professionals and the general public. Problems related to the ambiguous standing of psychiatry and to distance between professional and client are also discussed. A list of 15 specific barriers to the establishment of CMHC's is furnished.

See, Joel J. and R. David Mustian, "The Emerging Role of Sociological Consultation in the Field of Community Mental Health," Community Mental Health Journal, 12, no. 3 (1976):267-274. The authors discuss the use of sociologists both as researchers and as consultants in mental health planning and the design of services. Sociologists are seen as having skills which would aid in statewide planning; needs assessment; the setting of goals for community mental health centers; and the establishment of efficient and effective organizational operating principles. Possible sources of role strain between the sociologist and the community mental health practitioner are also noted.

Sheeley, William F., "The General Practitioners' Contribution to Community Psychiatry," Handbook of Community Psychiatry and Community Mental Health, (New York: Grune & Stratton, 1964): 269-279. Because he knows and is known to so many people, Sheeley sees the GP as a potential casefinder and community educator regarding mental health problems. This position is made more advantageous if the GP is willing to improve his own psychiatric skills, and cultivate ongoing relationships with referring colleagues and other suitable resources, such as the local clergy. By the same token, the GP who is ignorant or fearful of the mental health milieu is viewed as a hazard.

Snow, David L. and Peter M. Newton, "The Task, Social Structure and Social Process in the Community Mental Health Center Movement," <u>American Psychologist</u>, 31, no. 8 (August 1976): 582-594. A discussion of the CMHC movement's historical emphasis on direct (treatment) over indirect (preventive, social-action) services. The need for indirect services is cited, in terms of dealing with mental health needs in a social rather than medical framework. Suggested improvements are specified.

Snyder, James D. and Robert M. Engleman, "Ten Social Service Programs That Really Work," <u>Geriatrics</u>, 31, no. 10 (October 1976): 119-125. Ten social service programs geared to the needs of the elderly are described in detail, including federal nutrition and volunteer programs, discount merchandising, health activation, legal counsel, and job and program fairs.

Sundel, Martin, "Establishing a Needs Assessment Program in a Human Service Organization: A Case Study," Louisville, Kentucky: Paper presented at the National Conference on Needs Assessment in Health and Human Services, March 10, 1976. Needs assessment is becoming increasingly important as a result of pressures on service organizations to be truly responsive to the community. Sundel here discusses the approach taken by one CMHC in assessing needs relevant to program planning and evaluation. As a case study on a program serving rural, suburban and urban populations with varying levels of income and diverse ethnic backgrounds, this paper is descriptive, analytic and somewhat prescriptive and should therefore be of value to other organizations who are considering undertaking their own needs assessment programs.

Vaughn, Warren T., "Local Mental Health Program Administration," <u>Handbook of Community Psychiatry and Community Mental Health</u>, (New York: Grune & Stratton, 1964): 338-408. Vaughn deals with the complexities of community mental health administration. He furnishes an administrative job description in terms of qualifications, responsibilities and expectations, and extensively discusses the need for communication and coordination with community groups, focusing particularly on various "partnership" axes: state-local, public-private, professional-lay, interagency and interdisciplinary. An appendix provides source materials relative to organizations involved in CMHC research, organizations of program administrators, and a general reference guide to community mental health and social psychiatry.

Warheit, George I., Charles E. Holzer, and John J. Schwab, "An Analysis of Social Class and Racial Differences in Depressive Symptomatology: A Community Study," <u>Journal of Health and Social Rehabilitation</u>, 14, no. 4 (December 1973): 291-299. This paper reports data from a random sample of adults in a Southeastern county, analyzing scores on a depression scale according to age, race, sex, annual family income, education and a general socioeconomic status score. SES was found to be the most significant variable, with age and race not significant at the level studied.

C. Crisis Intervention

Caplan, Gerald, Principles of Preventive Psychiatry, (New York: Basic Books, 1964). One of the earlier and clearest statements of the community mental health ideology. Many of the terms found in the literature -- primary, secondary and tertiary prevention, crisis intervention, high risk populations -- are defined, illustrated, and placed in a context of community organization and planning. Central to Caplan's conceptualization is the significance of crises in the life and mental health of an individual, hence his basic model for treatment and prevention is based on intervention at these times.

Jacobson, Gerald F., "Emergency Services in Community Mental Health," American Journal of Public Health, 64, no. 2 (1974):124-128. Reporting on the inadequacies of emergency services in CMHC's, the author states that there is promise in this area that could be realized if clear definitions were developed for emergency services, coupled with the application of a consistent theoretical framework. A classification is proposed, differentiating between suicide prevention, emergency and referral, and crisis intervention. Crisis intervention is discussed in further detail in regard to theoretical framework and techniques.

Kaslow, Florence,"Crisis Intervention Theory and Tehcnique," Intellect Magazine, 104, no. 2371 (January 1976): 316-319. A succinct explanation of the significance and potential of crisis for the individual, the theory behind crisis intervention, and the techniques for strengthening a person's capacity to cope with stress.

Litman, Robert E. and Carl I. Wold, "Beyond Crisis Intervention," Psychiatric Annals, 6, no. 4 (1976): 119-121. The authors see standard crisis intervention techniques as being ineffectual with some high suicide risks. They have developed a reaching out service called "continuing relationships", provided by volunteers. The service is not considered therapy, clients are encouraged to utilize other appropriate resources, and the emphasis is on rehabilitation rather than crisis.

McGee, Richard K., Crisis Intervention in the Community, (Baltimore: University Park Press, 1974). A basic text for those concerned with planning crisis intervention programs. McGee provides the historical and conceptual context of crisis intervention, describes characteristics of 10 actual programs, and develops a model for service delivery. Some of the topics discussed are, among others, crisis center staffing, record keeping and statistics, planning guidelines, evaluation, and the use of non-professional volunteers.

McGee, Thomas F., "Some Basic Considerations in Crisis Intervention," Community Mental Health Journal, 4, no. 4 (1968): 319-325. To increase understanding of the concept of crisis intervention, it is proposed that emotional crises be placed on a continuum ranging from normal developmental crises to psychiatric emergencies. This clarifies the reasons behind using crisis intervention, as it does the roles of direct treatment and consultation. McGee also suggests that a variety of viewpoints be considered in assessing a crisis, resulting in a more pragmatic orientation for the CMHC.

Parad, Howard J., ed., Crisis Intervention: Selected Readings, (New York: Family Service Association of America, 44 East 23rd Street, 10010, 1965). The papers presented here delineate the range of formulations of crisis theory, the varieties of practical applications, and some of the research done on the subject. The underlying philosophy is that short term treatment can be a matter of choice, not merely of expediency. Widely used as a textbook in Social Work courses, the book is treatment oriented, and thus has considerable value for those who deliver as well as those who plan services.

Smith, Larry L., "Crisis Intervention Theory and Practice," Community Mental Health Review, 2, no. 1 (1977):5-11. Smith reviews current and basic literature on crisis intervention, dealing particularly with the formulations of Caplan, Parad, and Rapoport. He concludes that while crisis intervention is a popular model, it is still conceptually unclear because it is not operationalized into clear treatment plans. An extensive bibliography is included.

Spitz, Louis, "The Evolution of a Psychiatric Emergency Crisis Intervention Service in a Medical Emergency Room Setting," Comprehensive Psychiatry, 17, no. 1 (January/February 1976):99-113. This article describes the emergency room at Cincinnati General Hospital, where a new type of psychiatric team has been implemented to provide better psychiatric emergency care.

Yano, Brian, et al., "Crisis Intervention: A Guide for Nurses," Journal of Rehabilitation, 42, no. 5 (September/October 1976):23-26. Three broad aspects of crisis intervention are examined in the context of one case study. Stages of crisis are identified, definitions of crisis are offered, and the effects of an individual's (victim or caregiver) psychological conditioning on crisis response are discussed.

III. Mental Health Consequences of Disaster and the Delivery of Services to Victims

Bates, F. L., et al., The Social and Psychological Consequences of a Natural Disaster: A Longitudinal Study of Hurricane Audrey, (Washington, D.C.: National Academy of Sciences - National Research Council, 1963). Part of this book's value is that it analyzes social and psychological changes in a disaster stricken community over a long run period. Noteworthy chapters are "Role Stress Associated with Rehabilitation," "Mental Health Effects of Hurricane Audrey," and "Social Change in Response to Hurricane Audrey." The authors conducted a number of interviews, surveys, and analyses of records to determine lasting changes in community and individual functioning. Regarding mental health they found only minimal reporting of mental illness or emotional disturbance but considerable evidence of "nervousness, somatic complaints and behavioral disturbance" that were not likely to be identified as emotionally related. Findings are supplemented with a discussion of various types of stress, attenuating factors and behavioral responses within a temporal context.

Birnbaum, Freda, Jennifer Coplon, and Ira Scharff, "Crisis Intervention after a Natural Disaster," <u>Social Casework</u>, 54, (November 1973):545-551. A descriptive account of social work crisis intervention services to the Jewish community affected by the 1972 Agnes flood. The authors explain the structures used and some of the strategies employed. Groupwork and outreach were particularly effective, while discontinuity of care and resentment of "outside interference" were cited as serious problems.

Block, Donald A., Earle Silber and Stewart Perry, <u>Some Factors in the Emotional Reaction of Children to Disaster</u>, (Bethesda, Maryland: Laboratory of Child Research, National Institute of Mental Health, 1953). This 1953 study, investigating the results of a tornado that particularly affected a theatre filled with children, explored two general areas of interest: the relationship between a child's emotional disturbance and 1) the extent of his actual involvement in the disaster, and 2) the way in which parents handled the experience with the child.

Bowman, Sue, "Disaster Intervention: from the Inside," Paper presented at the Annual Meeting of the American Psychological Association, Chicago, Illinois, August 31, 1975. Written by the coordinator of the Monticello Neighbor-to-Neighbor Team, this paper describes the organization of a mental health outreach effort for tornado victims in a community previously without formally designated mental health agencies. Use of paraprofessionals indigenous to the community under the leadership of outside professionals is discussed, and the importance of gaining legitimacy in the community is stressed. Other topics include: criteria for choice of mental health workers; the training of workers; problems posed by funding questions; and program evaluation.

Brownstone, Jane, et al., "Disaster-Relief Training and Mental Health," <u>Hospital and Community Psychiatry</u>, 28, no. 1 (January 1977):30-32. Following a Mississippi River flood in 1973, a task force was created to merge mental health and disaster relief services. Recommendations were: short term emotional support to victims, ideally coupled with material aid, and the use of MH professionals as "back-up" to front line workers. A self-contained video-tape/workshop was developed to help workers improve listening skills, learn problems solving techniques, become aware of behavioral clues to emotional disturbance, and familiarize them with the work of other relief agencies.

Church, June, "The Buffalo Creek Disaster: Extent and Range of Emotional and/or Behavioral Problems," Paper for APA Symposium, <u>Picking up the Pieces: Disaster Intervention and Human Ecology</u>, Montreal, Canada, 1973. Church gives examples of the emotional disturbance found and the treatment provided. Based on her experience she suggests that such emotional stress could be alleviated if natural social groupings of evacuees were preseeved, if there was someone with a clearly defined ombudsman/advocate role, and if in-service mental health training was provided to members of disaster relief organizations.

Cohen, Raquel E., "Post-Disaster Mobilization of a Crisis Intervention Team: The Managua Experience," Paper presented at the National Institute of Mental Health Continuing Education Seminar on Emergency Mental Health Services, Washington, D.C., June 22-24, 1973. In this account of mental health activities following a major earthquake, Cohen focuses on 1) the multilevel areas of activities of the team -- direct services plus consultation and education within existing services; 2) the dislocation of socio-economic structures, community services and its impact on the population; and 3) a description of a series of crisis intervention projects, paying special attention to procedures for entering and integrating with the existing system, defining objectives, detailing activities of workers and the outcomes, and suggesting future techniques and procedures.

Drabek, Thomas E. and Keith S. Boggs, "Families in Disaster: Reactions and Relatives," Journal of Marriage and the Family, 30, August 1968):443-451. In studying the response of families to disaster warnings, the authors interviewed a sample of the over 3,700 families who were evacuated when a flood struck metropolitan Denver. They found initial response to be marked disbelief regardless of warning source, and a strong tendency for families to take refuge with relatives rather than centers. This tendency was significantly affected by social class, and by the degree of interaction between relatives during the warning period.

Drayer, Calvin S., Dale C. Cameron, Walter D. Woodward, and Albert J. Glass, "Psychological First Aid in Community Disasters," Journal of the American Medical Association, 156, no. 1 (September 1954):36-41. This article, which makes reference to both natural disasters and combat situations, discusses five kinds of psychological reactions to disaster: "normal" reactions, panic, "depressed" reactions, "overly active" responses, and bodily reactions. Four principles for effective psychological first aid are outlined, most of which focus on the need for conveying acceptance of the kinds of feelings victims are experiencing. Strategies for dealing with each of the five types of reactions are also advanced.

Farber, Irving J., "Psychological Aspects of Mass Disasters," Journal of the National Medical Association, 59, no. 5 (1956):340 345. A psychoanalytically oriented discussion of what Farber terms the "disaster syndrome." Drawn mostly from studies of war neuroses and from Freud, it would be of limited value to those concerned with community wide disasters, requiring systematic intervention strategies.

Frederick, Calvin J., "Psychological First Aid: Emergency Mental Health and Disaster Assistance," The Psychotherapy Bulletin, 10, no. 1 (Winter 1977): 15-20. Recent findings on the negative psychological effects of disaster are reviewed briefly by the author, a NIMH official who recommends the use of crisis intervention techniques to reduce disaster-related psychological problems. The legal basis for the delivery of mental health services to disaster victims is reviewed, and the means by which funds may be obtained are outlined.

Glass, Albert J., "Psychological Aspects of Disaster," _Journal of the American Medical Association_, 171, no. 4 (September 1959):188-191. This author assumes that the experiences of individuals in combat are analogous to those of individuals in disasters, and he makes generalizations concerning behavior in both settings. The emphasis is on individual psychological processes and individuall behavior during various phases in crisis situations. The article focuses on strategies for training individuals to perform effectively under "traumatic" conditions.

Grossman, Leona, "Train Crash: Social Work and Disaster Services," _Social Work_, 18 (September 1973):38-44. The patterns of response in victims, their friends and relatives, and the social workers who served them are described and analyzed. Of note are the author's observations that people in stress are oriented to mutual help, particularly if positive models are provided; that urgent needs for comfort and help require suspension of the mechanisms that usually separate professionals from clients; and that opportunities for talking things out is paramount in the process of recovery.

Hall, Philip S. and Patrick W. Landreth, "Assessing Some Long Term Consequences of a Natural Disaster," _Mass Emergencies_, 1, no. 1 (October 1975):55-62. In an attempt to determine long term consequences of a flash flood, the authors analyzed routinely collected public records -- police blotters, school attendance, divorce statistics, etc. They found that as a whole the community did not experience a major mental health crisis, but that there were several indicators of social stress. However, they believe the stress was felt mainly by a small segment of the population and that the Federal disaster relief program, more than the flood itself, had the greater impact on social dysfunction.

Harshbarger, Dwight,"An Ecological Perspective on Disastrous and Facilitative Disaster Intervention Based on the Buffalo Creek Disaster," Paper presented at the NIMH Continuing Education Seminar on Emergency Mental Health Services, Washington, D.C., June 22-24, 1973. Discusses how intervention efforts can aggravate as well as aid the recovery process. The paper outlines how attempts to speedily remove debris and find shelter for victims produced a situation that heightened stress and created a potential for emotional disturbance. On the positive side the author notes the development of mental health programming that was helpful, and presents a conceptual framework for looking at the nature of intervention, the problems of groups at risk, characteristics of intervenors. An ecological model for the organization of emergency mental health services is proposed.

Heffron, Edward, _Project Outreach, Final Report_, (Nanticoke, Pennsylvania: NIMH Contract 1-MH-4-0008, Hazleton-Nanticoke MH/MR Center, June, 1975). Heffron provides a comprehensive overview of the first organized mental health effort to be made in direct response to a disaster. One outcome of this project, which pioneered in the use of specially trained indigenous paraprofessionals, was its influence on the inclusion of Section 413 (the provision of mental health services to disaster victims) in the Disaster Relief Act of 1974.

Heurta, F. C., R. L. Horton and H. T. Winters, "Coping with Disaster Among the Elderly," Paper presented at the Annual Meeting of the Western Social Science Association, Denver, Colorado, April 21-23, 1977. Tnis report on research conducted among victims of the 1976 Teton Dam break and flood, finds that, contrary to what many mental health researchers and practitioners claim, older individuals cope well with the effects of disaster. A sample of 372 elderly people in the victim population were interviewed and were found to be relatively low in alienation and feelings of deprivation and hardship. Rural values and a strong church-orientatioh are seen as possible sources of strength for these elderly disaster victims.

Howard, Stephen J. and Norma S. Gordon, "Final Progress Report: Mental Health Intervention in a Major Disaster," (Van Nuys, California: Small Research Grant, MH21649-01, San Fernando. Valley Child Guidance Clinic, 7335 Van Nuys Boulevard, 1972). Following an earthquake, a clinic offered crisis services to children and families. They found that disaster services were utilized by a higher socio-economic group than those ordinarily using the clinic, and that children using clinic services showed an overall higher level of symptomatology than a control group, with fears and sleep disturbances still present a year afterwards.

Kirn, Steven P., "Community Mental Health Centers and Disaster: Considerations Regarding Response During the Post-Impact Period," Paper presented at the meetings of the Southeastern Psychological Association, Atlanta, Georgia, March 28, 1975. This paper recounts the author's first-hand experience as a mental health professional in the Brandenburg, Kentucky tornado of 1974. Two approaches -- special training of crisis intervention workers and a "participation response" by local professionals -- are contrasted. Activities engaged in by mental health workers in Brandenburg as part of their response to the tornado are discussed, and a community-oriented program, without explicit mental health overtones, is advocated.

Kliman, Ann S., "The Corning Flood Project: Psychological First Aid Following a Natural Disaster," J. Parad, H. L. P. Resnik and Libbie G. Parad, eds., Emergency and Disaster Management: A Mental Health Sourcebook, (Bowie, Maryland: Charles Press Publishers, Inc., 1976): 325-335. This article describes a program utilizing local professionals and paraprofessionals, which was developed to provide crisis intervention and related mental health services to victims of the 1972 Corning, New York flood. Beginning with the assumption that all residents of a disaster-stricken community are either direct or indirect victims in a psychological sense, the program consisted of several elements, including victim discussion groups, an emergency mental health phone-in service, and public education programs. Kliman is among the first to highlight the mental health needs of the "hidden victims," the caregivers in the disaster setting.

Lifton, Robert Jay and Eric Olson,"The Human Meaning of Total Disaster," Psychiatry, 39 (February 1976): 1-18. The authors discuss how, in Buffalo Creek, the simultaneous occurrence of five characteristics of disaster: suddenness, human callousness in causation, continuing relationship of survivors to the disaster, isolation of the community, and totality of destruction, produced a situation unique in its potential for producing emotional pathology. They state that everyone exposed to the disaster experienced some or all manifestations of death imprinting, death guilt, psychic

numbing, unfocused rage and the struggle to explain and integrate the disaster to themselves so as to allow resolution of inner conflicts.

Lindemann, Erich, "Symptomatology and Management of Acute Grief," American Journal of Psychiatry, 101, (September 1944):141-148. Acute grief is recognized to be a consequence of loss of significant others and even of important possessions. Based on observations of, among others, bereaved disaster victims, Lindemann concludes that acute grief is a definite syndrome that may appear at any time after a crisis, may be normal or distorted, may even appear to be absent. He describes the symptomatology of both normal and morbid grief reactions, the course of the reactions, and discusses how proper management techniques can help people resolve the crisis.

Marnocha, Mark and Thomas H. Zarle, "Disaster Intervention: An Investigation of the Correlates of Helping in a Naturalistic Setting," (West Lafayette, Indiana, Department of Psychological Sciences, Purdue University, 1974). This study attempted to determine how three groups of individuals -- Helpers, Nonhelping visitors, and Nonhelping-nonvisiting controls -- in a post-disaster recovery period differed on selected personality, attitudinal and experience variables. The results are discussed in terms of their implications for altruism research and the possibility of visitor defensiveness.

McGee, Richard K., "The Role of Crisis Intervention Services in Disaster Recovery Center for Crisis Intervention Research," (Gainesville, Florida, University of Florida, 1973). Beginning with the rationale for applying crisis intervention methodology to disaster recovery, McGee proceeds to discuss the training provided for paraprofessionals in two project areas. Capsule summaries are used to illustrate the eight types of problems that, at the minimum, crisis workers must be prepared to handle. Issues related to how this type of human service delivery system can most efficiently be developed are considered briefly

Moore, Harry Estill, "Some Emotional Concomitants of Disaster," Mental Hygiene, 42 (January 1958):45-50. This article is based on survey and interview data collected following a tornado and a severe storm and tornado threat which struck San Angelo, Texas in two consecutive years, 1953 and 1954. Some objective measures and a variety of self-reported data on individuals' psychological states are cited in support of the author's contention that the disasters had a lasting effect on victims' psychological adjustment.

Eastern Nebraska Human Services Agency, Omaha Tornado Project, Final Report, (Omaha, Nebraska: Eastern Nebraska Human Service Agency, 1976). Report of the activities of a mental health task force set up to deliver services to victims of the May 6, 1975 tornado which struck Omaha. Topics discussed include: individual and community reactions to disaster; nature and types of problems displayed by individuals who were recipients of direct services; and various programs designed to reach target groups in the community. Lengthy appendixes detail the approaches used with victims, and recommendations are made for improved future service delivery.

Parad, Howard; H. L. P. Resnik and Libbie Parad, eds., Emergency and Disaster Management: A Mental Health Sourcebook, (Bowie, Maryland: The Charles Press Publishers, Inc., 1976). Defining a mental health emergency as one resulting from an unforeseen incident which, if not responded to, will result in psychologically damaging consequences, this is the first major book to focus on the management of such emergencies. Its format is a series of case histories (many of which are cited separately in this bibliography) which have been contributed from several disciplines. Typically, intervention follows a conceptual model grounded in crisis theory, which sets goals and localizes treatment within the community.

Penick, Elizabeth C., Steven W. Larcen, and Barbara J. Powell, Final Report of the Lieutenant Governor's Task Force for Mental Health Delivery Systems in Time of Disaster, (St. Louis, Missouri, Department of Psychological Services, Malcolm Bliss Mental Health Center, 1974). This report is based on a study of the need for, and delivery of, mental health and other human services following the 1973 Mississippi River floods in Missouri. The report contains 1) a discussion of a needs-assessment survey (interview type) performed by the Task Force; 2) a set of recommendations for the development of a more adequate disaster response on the part of the mental health sector; 3) a series of appendices containing program outlines, media treatments of disaster mental health problems, task force meeting minutes, and other materials, including a copy of the survey instrument.

Poulshock, S. Walter and Elias S. Cohen, "The Elderly in the Aftermath of a Disaster," The Gerontologist, 15 (August 1975):357-361. Survey data obtained from a sample of elderly flood victims one year after impact indicate their perceived need for "hard" services such as housing, increased income and transportation. Implications for normal circumstances center on the stigma that seems to hold for services proffered by Public Assistance and mental health agencies.

Schulberg, Herbert, "Disaster, Crisis Theory, and Intervention Strategies," Omega, 5 (1974):77-87. Schulberg discusses the proliferation of definitions and usage of the concept of crisis, depending on whether it is viewed as a clinical syndrome, a prototype of the interaction between the individual and his environment, a normative experience, or a change tactic. Pointing out as well those features of crisis which are central to most viewpoints, he suggests a probability formulation of whether or not individuals or groups will experience crisis and discusses both anticipatory and participatory strategies of disaster intervention.

Sundel, Martin, "Problems Facing a Community Mental Health Center in Delivery of Mental Health Services to a Disaster Area," Paper based on a presentation made at the Annual Meeting of the National Council of CMHCs, Washington, D.C. February 25, 1975. Sundel presents a detailed account of a regional CMHC program's response to a tornado. At the time of impact services were mainly ad hoc consultation and education. In following months various direct and indirect services were provided to both victims and caregivers; concurrently, planning was done for a formal disaster plan incorporating CMHC services with those of other agencies. Several attachments are included, covering training, crisis intervention techniques, and a proposal for CMHC roles in pre-, during and post-disaster intervention.

Taylor, Verta A., et al., <u>Delivery of Mental Health Services in Disasters: The Xenia Tornado and Some Implications</u>, (Columbus, Ohio: The Ohio State University, The Disaster Research Center Book and Monograph Series No. 11, 1976). The first attempt to survey the overall delivery of mental health services in a community after disaster, this work is aimed at ascertaining the characteristics of the organized response. The questions asked center around the who, what, for whom, how, why, and where of service delivery. Secondary attention is paid to the conditions for and the consequences resulting from the overall response.

Titchener, James L. and Frederic T. Kapp, "Family and Character Change at Buffalo Creek," <u>American Journal of Psychiatry</u>, 133, no. 3 (March 1976): 295-299. Two years after the 1972 flood which wiped out an entire valley, psychoanalytically oriented evaluation teams studied psychological after-effects. They found traumatic neurotic reactions in 80% of the survivors, characterized by a definite symptom complex of unresolved grief, survivor shame and feelings of impotent rage and hopelessness. The authors posit that the very means used by survivors to cope with their feelings actually preserved symptoms, and suggest that professional services aimed at helping victims work through personal crises would be of value.

Tuckman, Alan J., "Disaster and Mental Health Intervention," <u>Community Mental Health Journal</u>, 9, no. 2 (1973):151-157. Tuckman sees disaster relief as a proper arena for community mental health practice, but one that requires reaching out to victims and departing from traditional professional roles. The paper explores the psychological reactions to a major school bus accident and the intervention techniques that were utilized.

Tyhurst, J. S., "Psychological and Social Aspects of Civilian Disaster," <u>Canadian Medical Association Journal</u>, 76 (March 1957):385-393. Tyhurst was one of the first to note consistent patterns in individual response to disaster. He outlines the characteristics, the duration, and the psychological phenomena associated with three phases: the period of impact, of recoil, and the post-traumatic period. Some of his observations, relating to the extent of emotional disturbance and the degree of helplessness in populations, have not withstood the test of time. However, his central premise, that disaster is essentially a social phenomenon is compatible with current thinking on disaster mental health.

Wolfenstein, Martha, <u>Disaster: A Psychological Essay</u>, (Glencoe, California: Falcon's Wing Press and Free Press, 1957). This book is based on data collected for the Committee on Disaster Studies of the National Academy of Sciences -- National Research Council. It focuses primarily on peacetime disasters in the U.S. The analysis is at the individual level, and various psychological processes thought to operate during the threat, impact, and post-impact periods are discussed. Psychoanalytical concepts are used in the explanation of phenomena such as the denial of threat, "the disaster syndrome" and post-disaster altruism and utopian feelings.

Zarle, Thomas H., Don M. Hartsough and Donald R. Ottinger, "Tornado Recovery: The Development of a Professional-Paraprofessional Response to a Disaster," _Journal of Community Psychology_, 2, no. 4 (October 1974):311-320. When formal mental health agencies did not involve themselves in the recovery operations, mental health resources from a nearby university, coupled with indigenous paraprofessionals formulated a response. The authors report on the eight phases of the project, describe the training manual and schedule used, and spell out the specific goals of what came to be known as the Neighbor to Neighbor Team. With both immediate and long term objectives in mind, the project shifted over time from a referral based crisis intervention response to a coordinated outreach program grounded in both crisis intervention and social systems theory.