

### Acute Interventions - in hospitals/treatment camps

- ❑ Pain control
- ❑ Nutrition and hydration and medical care
- ❑ Safety and security
- ❑ Developmentally appropriate explanation of circumstances
- ❑ Clustering pediatric patients together
- ❑ Providing opportunity for play
- ❑ Family reunification/clustering when possible
- ❑ Support for providers

K. Schneider, MD



### Acute interventions – in the community

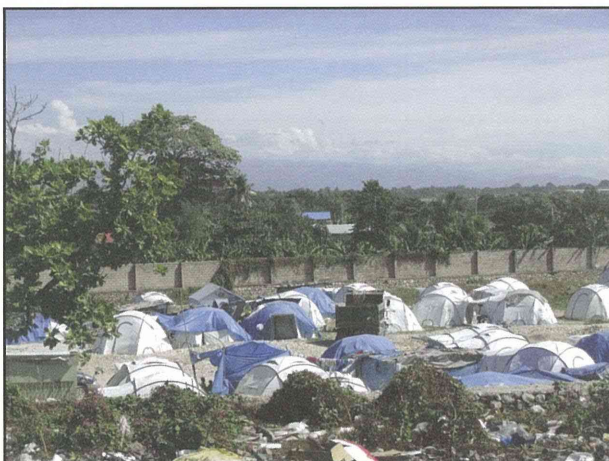
- ❑ Memorial services designed with the input of mental health professionals and religious figures and informed by Haitian traditions of mourning
- ❑ Games and social supports
- ❑ Identification of individuals at higher risk (amputees, persons with prior psychiatric/traumatic history)
- ❑ Collaboration with Haitian officials and community members
- ❑ Referrals for mental health treatment from primary health clinics and from community leaders
- ❑ Individual and group therapy
- ❑ Enhanced formulary for psychiatric medications

Raviola et al, Harv Rev Psychiatry (2012)



### Years later...continued challenges

- ❑ Limited primary care access in rural areas
- ❑ Increased volume through central clinic
- ❑ Somatoform complaints
- ❑ Referrals when possible to cities for tertiary care
- ❑ Improved infrastructure in some areas
- ❑ Damage from earthquake still evident
- ❑ Cholera epidemic has compounded challenges



- ❑ Prior to the earthquake mental health infrastructure consisted largely of centralized, inpatient facilities and traditional treaters in rural areas (0.2 psychiatrists/100000 residents)
- ❑ Haitian Mental Health Network (Boston, USA) spearheading Capacity Building Initiative in International Mental Health (CBI-IMH) to train Haitian mental health professionals
- ❑ Haitian Red Cross has implemented a violence prevention initiative ("Kote Tranquil") to create safe spaces in communities and raise awareness about violence

Nicolas, G., Caribbean Journal (2012)  
 Rose et al., Intervention(2013)  
 Raviola et al, Harv Rev Psychiatry (2012)  
 International Federation of Red Cross Red Crescent Societies  
 Haiti Earthquake: Three Year Progress Report (January 2013)



- ❑ Partners in Health/Zanmi Lasante developed a system for delivering community-based mental health services that are culturally-relevant, evidence-driven, and sustainable
- ❑ Gather information on community beliefs, practices, needs
- ❑ Psychological treatments (including manualized care)
- ❑ Psychopharmacologic intervention
- ❑ Psychoeducation
- ❑ Oversight and supervision



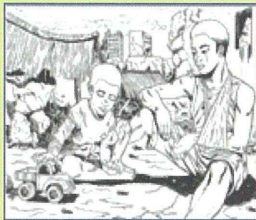
Raviola et al, Harv Rev Psychiatry (2012)

- ❑ Many people still in camps, though numbers of inhabitants reduced by 75% 3 years after the earthquake
- ❑ Government has co-sponsored (with NGOs) a relocation program to rebuild communities and resettle displaced families:
  - ❑ **16/6 project** – goal of closing 6 camps and relocating families to 16 home communities, 11000 families placed thus far)
- ❑ UNICEF helped create Child Friendly Spaces for recreation and social support
- ❑ More investment in early childhood education, trauma-focused supports in school, school construction



International Federation of Red Cross Red Crescent Societies  
Haiti Earthquake: Three Year Progress Report (January 2013)  
UNICEF – Children in Haiti One Year After (2011)

### MY OWN STORY ABOUT THE EARTHQUAKE IN HAITI



Haitian Creole, French and English editions

Childrenspsychologicalhealthcenter.org

- ❑ Culturally specific diagnostic tools and treatment resources are being developed
- ❑ The Children's Psychological Health Center (non profit agency in San Francisco, CA, USA) has developed a therapy workbook
- ❑ Workbook available without charge to organizations serving children impacted by the earthquake
- ❑ Can be used both for children in Haiti and in the diaspora



### Future directions

- ❑ Integration of mental health services into primary care settings
- ❑ "Task shifting" of mental health treatment to trained community members
- ❑ Bolstering numbers and training of Haitian mental health workforce
- ❑ School based prevention and intervention programs



### Acknowledgements

**Makiko Okuyama, M.D., Ph.D.**  
Head, Department of Psychosocial Medicine  
National Center for Child Health and Development  
Tokyo, Japan

**Lena Akai Ph.D.**  
Psychologist/Researcher  
Department of Psychosocial Medicine  
National Center for Child Health and Development  
Tokyo, Japan

**Paramjit Joshi, M.D.**  
Endowed Professor & Chair  
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Washington, DC

**Karen Schneider, M.D.**  
Assistant Professor  
Department of Pediatric Emergency Medicine  
Johns Hopkins Children's Center  
Baltimore, MD


Thank you!!!



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## Psychological Effects of Earthquakes in Chinese Children and Adolescents.

Hongyun Gao, MD, Ph.D  
Children's Hospital of Fudan University






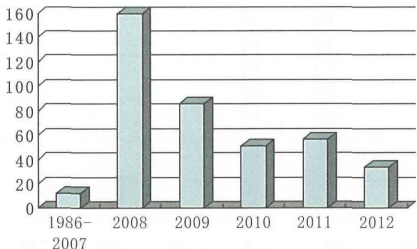
## From Tangshan to Wenchuan

- 2010年04月14日09时49分，青海玉树地震震级为7.1级。
- 2009年12月1日，湖南凤凰县发生里氏2.6级地震。
- 2009年7月19日19时19分，山东青岛发生里氏2.5级地震。
- 2009年11月18日18时22分，西藏拉萨发生里氏2.3级地震。
- 2009年10月16日18时20分，福建泉州发生里氏2.2级地震。
- 2009年10月12日22时52分，甘肃酒泉发生里氏2.2级地震。
- 2009年9月25日19时47分，西藏山南地区洛扎县发生里氏2.1级地震。
- 2009年9月19日16时20分，四川雅安发生里氏2.1级地震。
- 2009年8月25日21时22分，西藏山南地区洛扎县发生里氏2.0级地震。
- 2009年8月15日12时49分，四川雅安发生里氏2.0级地震。
- 2009年8月11日16时52分，四川雅安发生里氏2.0级地震。
- 2009年7月22日16时58分，四川雅安发生里氏2.0级地震。
- 2009年5月25日16时21分，四川雅安发生里氏2.0级地震。
- 2009年11月18日地震震级为里氏2.6级。
- 2009年3月21日16时33分，甘肃酒泉发生里氏2.2级地震。
- 2007年8月13日11时，山东青岛发生里氏2.4级地震。
- 2007年7月24日16时59分，西藏拉萨发生里氏2.4级地震。
- 2006年11月15日14时16分，山东烟台发生里氏2.3级地震。
- 1999年9月21日16时，福建泉州发生里氏2.2级地震。
- 1999年7月15日11时，山东青岛发生里氏2.2级地震。
- 1999年5月31日16时，山东青岛发生里氏2.4级地震。
- 1999年3月19日16时，西藏拉萨发生里氏2.4级地震。
- 1999年2月15日17时49分，西藏拉萨发生里氏2.2级地震。
- 1999年1月28日16时44分，西藏拉萨发生里氏2.2级地震。
- 1998年11月22日22时53分，四川雅安发生里氏2.2级地震。
- 1998年8月11日16时58分，四川雅安发生里氏2.2级地震。


- **May 12, 2008, Great Sichuan Earthquake, 8.0 Ms, killing 69,195 people, with 18,392 missing, 374,176 injured**
- **July 28, 1976, Tanshan Earthquake 7.8Ms, killing 243,000 people.**



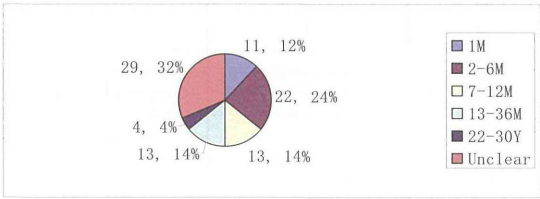
## Publications on Mental Health of Chinese C&A after Earthquakes




Keyword: child/adolescent + earthquake+ psychology  
Database: CJFD, OVID MEDLINE(+china)

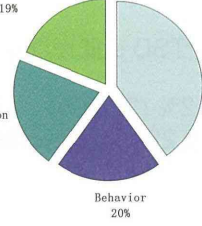


## Time distribution of the Studies






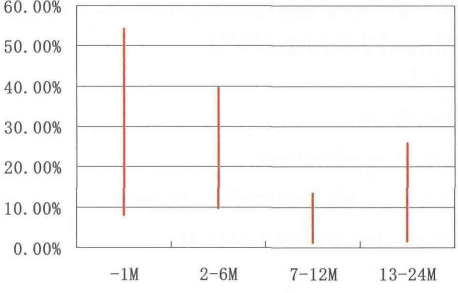
## What Issues did the Papers Focus on?



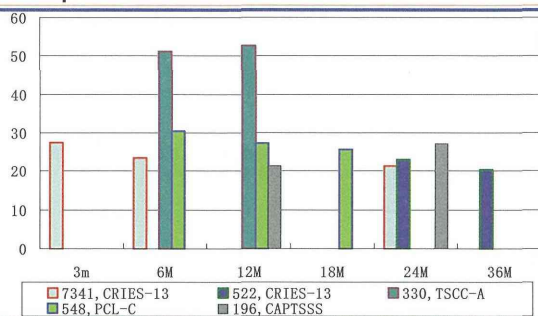
PTSD  
Depression  
Anxiety  
Suicide  
Resilience  
Intervention



## The Prevalence of PTSD of C&A in Different time after the Earthquakes



## Longitudinal studies of PTSD after Earthquakes in Chinese C&A



MX L, Mental Health of Child.2011;6(2):e14706. CZ Zhu, Chin J Pre Med 2011;45(6):531  
N Du, Chin J Behav Med&Brain Sci.2012;21(5)447. Z Zhang, Psycho Med.2012; 42:1687  
LS Li, Chin J Health Psycho.2012;20(12):1871

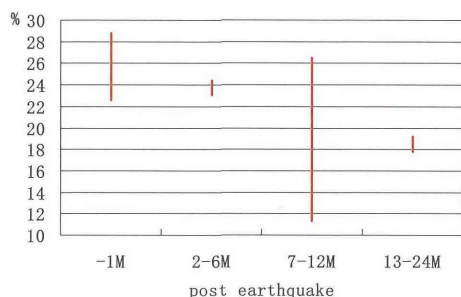
## Risk Factors of PTSD after Earthquake in Chinese C&A



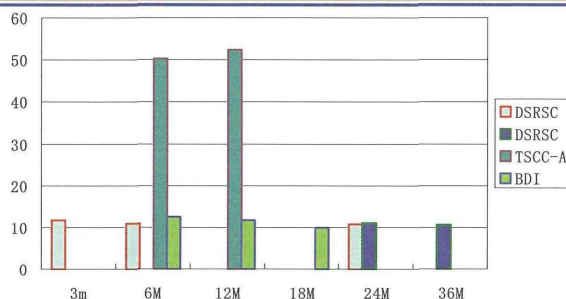
- Gender
- Age
- Depression
- Injury or death in teachers or schoolmates
- Injury or death in family member,
- Witnessing injury or death
- Prior trauma experience
- Low household income,
- Being from an ethnic minority,
- Living in a shelter or temporary house,
- Household damage

P Kun, Depression and anxiety 2009; 26: 1134; CZ Zhu, Chin J Pre Med 2011;45(6):531  
F Fang, Chin J Clin Psycho. 2010;18(1):56 XY Dong, Chin J Clin Psycho.2010;18(6):753

## The Prevalence of Depression after Earthquakes in Chinese C&A



## Longitudinal studies of Depression after Earthquakes in Chinese C&A



MX L, Mental Health of Child.2011;6(2):e14706. CZ Zhu, Chin J Pre Med 2011;45(6):531  
N Du, Chin J Behav Med&Brain Sci.2012;21(5)447. Z Zhang, Psycho Med.2012; 42:1687

## Posttraumatic Growth in C&A after Earthquakes



- 1665 junior middle school students, 11-17y.
- Related Factors of PG:
  - Age,
  - Minorities,
  - Boarding students,
  - High parents education lever
  - Perceived social support

JF Zhang, Chinese mental health Journal. 2012;26(5):357-462

## The Effect of Evacuation on C&A after Earthquakes(1)



- Subjects: 209, Grade 2-5
- Evacuation Time: 2w-6m post the earthquake
- Measure instrument: PTSD self rating scale
- Results: 2W: PTSD 12% (27/209)  
6M: PTSD: 6.22% , new case 8

L Yang, Sichuan Mental Health.2010;23(1):37-39

## The Effect of Evacuation on C&A after the Earthquakes(2)



- Subjects: 190, 13-17y, Grade 8
- Time: 2ys post the earthquake
- Measure instrument : PTSD self rating scale
- Results: PTSS: 65.6% ,  
minor PTSS: 16.7% ;  
medium to severe PTSS: 48.9%

HB Zhu, Chinese Primary Health Care.2012;26(12):47-50

## The Long-term Psychological Effect of Earthquake on C&A



Subjects: 260 orphans of TS earthquake in 1976  
Assessment Time: 30 years after the earthquake  
Diagnose: CCMD-3, interview  
Result: PTSD: 32  
Risk factors: Age at the time of the earthquake,  
Personality(high score in EPQ-E,N),  
Strong posttraumatic spiritual pain,  
Negative coping style,  
Recurent nightmare

B Zhang, Chinese mental health Journal. 2008;22(6):469-473

## What are beyond the papers?



Pain,  
Caregivers' mental health,  
Study ethics,  
.....

## A Girl's "what's up" in Wechat



Broken be broken,  
Why to be perfect?  
Set myself free,  
So I can soar.....



We could not delete the memory of the earthquake in their mind,  
But we could help them to feel the warm of sunshine;  
We could not promise the earthquake won't happen again,  
But we believe we could find what help better.

Thank you for Listening.

## How to Work Effectively with the Media During a Disaster



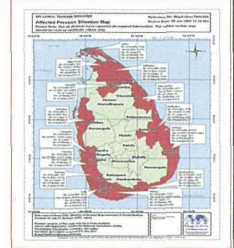
Paramjit T. Joshi, MD

Endowed Professor & Chair Department of Psychiatry  
Children's National Medical Center  
George Washington University School of Medicine

&  
President: The American Academy of Child & Adolescent Psychiatry (AACAP)

## Benefits of Working with Media:

- ▶ Public Education
- ▶ Public Health Messages
- ▶ Extend Your Reach
- ▶ Overcoming Stigma
- ▶ Being a Resource



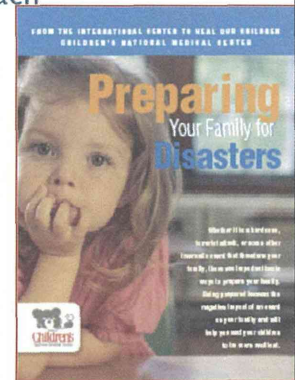
## Benefits of Working with Media: Public Education

- ▶ Media **magnifies** our message
- ▶ Efficient & responsible means of **imparting accurate information** & provide support to affected children
- ▶ Inconsistent information creates fear, anxiety chaos & mistrust
- ▶ Answer questions about how to care for children especially after:
  - **Rash of suicides**
  - **'Columbine', 'Newtown' type events**
  - **Natural Disasters**
  - **NANA flu epidemic**



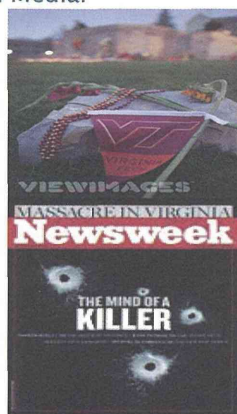
## Benefits of Working with Media: Extend Your Reach

- ▶ **Social responsibility**
- ▶ Make public knowledge of clinical science: contribute to human welfare
- ▶ Relieves overburdened mental health providers
- ▶ Allows one to reach more community members



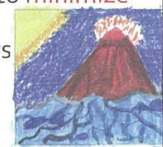
## Benefits of Working with Media: Overcoming Stigma

- ▶ Increasing awareness of normal responses to trauma vs mental illness
  - Educating the public:
    - **Most children will improve over time**
    - **It is important to identify those who will need to follow up with a mental health professional**




## Principles of Journalism:

- ▶ **Accurate**, proportional reporting
- ▶ Goal for citizens to make **informed decisions** & promote democratic principles
- ▶ Strive to be **independent**, autonomous, & committed to **verifying truth**
- ▶ Monitoring those in power & control to **raise questions & dialogue**
- ▶ Like mental health professionals, try to **minimize dual roles**
- ▶ Distinguish between advocacy & news
- ▶ Analysis & commentary should **not misrepresent fact or context**




**Assumptions About Journalists**




- ▶ Is talking to the media bad for victims? – No evidence
- ▶ Typically do not want to do harm. **Most have good intentions.**
- ▶ Individual fact finders, image collectors, narrators
- ▶ Most journalists are **moral & committed to truthful reporting**
- ▶ Most journalists are **following their professional code**
- ▶ Like clinicians, there are less & more skilled journalists

**Understanding Journalists**

- ▶ Typically **have no training** on how to cover trauma, but are expected to do so.
- ▶ Typically never trained to interview victims (but this is changing).
- ▶ Typically limited training in dealing with people & witnessing suffering or in pain (unlike clinicians).
- ▶ **Covering the story** is their job.
- ▶ Many see being a journalist as a **"calling,"** much like clinicians do.
- ▶ Can suffer from **vicarious trauma** & exposure events (this is often overlooked).
- ▶ Enormous **competitive & financial pressures** to get the story out quickly




**Effective Journalism**



- ▶ Effective journalism is **essential** in a democratic society
- ▶ Media are an essential responder group that need to be **better integrated** into emergency response
- ▶ Emergency responders & news media share a **commitment to public safety,** awareness & recovery
- ▶ Journalists & emergency responders work under **similar limitations & stress**
- ▶ The best journalism is done by reporters & photographers who have **some understanding of the topic they are covering-** such as trauma, mental illness

**Reporters**




- ▶ Operate under **deadlines** and time constraints
- ▶ Want to **cover good stories**
- ▶ **Know less than you do** about the subject
- ▶ Are an efficient means of distribution of accurate information
- ▶ Provide an opportunity to **educate, inform & assist** the public in coping with events such as disasters



**Types of Media Outlets**

*The last two decades have seen an explosion of Media technology...*



- ▶ Print (newspaper, journals, magazines)
- ▶ Satellite & Cable Television
- ▶ DVDs (even in cars!)
- ▶ Email
- ▶ Instant messaging "IM-ing"
- ▶ Cell phones
- ▶ Text messaging "texting"
- ▶ iPods & mp3 players
- ▶ Video gaming systems
- ▶ World Wide Web & Internet:
  - Blogs
  - Twitter
  - Facebook
  - YouTube
  - MySpace .....

8-18 year olds in the US spend one quarter of their media time using multiple media


24% of 12-18 year olds use another media most of the time while watching TV

**Media for Infants & Toddlers**



**0-2 year olds....**

- ▶ 68% are exposed to screen media, including TV, video, computers, & video games averaging 2 hours/day
- ▶ 74% have watched TV



**2-7 year olds...**

- ▶ averaged 3 ½ to 4 hours of media use & exposure per day

Roberts, Kaiser Family Foundation Study, 1999



## Media Tools:

- ▶ Press Release
- ▶ Letters to the Editor
- ▶ Radio
- ▶ Public Service Announcements
- ▶ Visuals
- ▶ Round-table
- ▶ Town-hall meeting



## Become Media Savvy

- ▶ Be proactive
- ▶ Provide appropriate education to the public when disaster strikes or other MH issues hit the media
- ▶ Target your message:
  - Operate in *sound bites*
  - Aim to *entertain (helps!)*
- ▶ Focus on helping patients and caregivers



## Why Communicate with the Media ?

- ▶ You are the **expert!**
- ▶ It provides a **unique opportunity to convey messages** to individuals, communities & the public at large
- ▶ **If you don't talk to the media, someone else will !**
- ▶ After crisis: to provide psychosocial assistance to victims & their caregivers:
  - **Primary prevention:** prevent adjustment difficulties in persons and groups in crisis
  - **Secondary prevention:** to prevent the worsening of mental health and the development of psychological disorders
  - **Tertiary prevention:** to prevent the severity or recurrence of pre-existing psychological difficulties



## Plan Your Message

- ▶ Preparation is **key**
  - What **problem** are you highlighting?
  - How does this problem **affect** the community?
  - What is the **solution**?
  - What **action** needs to be taken?
- ▶ Respond to media inquiries **quickly**
- ▶ This is your opportunity to provide accurate information & **lend your areas of expertise**
- ▶ Cultivate and maintain **working relationships** with news media
- ▶ Connect with your **public relations department**
- ▶ Consider **media training**



## Communicating Effectively With the Media

- ▶ Prior to participating in media interview:
  - Identify the **top 3 messages** you want to communicate to the public
  - Write down and rehearse your sound bites
- ▶ Stay on message



## Core Message:

Messages should be:

- Short, Simple & Clear
- Persuasive & Compelling
- Personal
- Make sure that you are competent to comment
- Know your messages & data
- Expect to make mistakes
- If you don't know an answer, say so
- **Quotable statements**

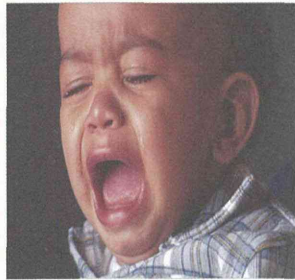






## Children & Disasters

- ▶ Disasters **strike quickly** & without warning
- ▶ Inability to prepare
- ▶ **Frightening** for adults & children
- ▶ Known long term **emotional consequences** when children are allowed to remain frightened, anxious & confused for long periods of time
- ▶ Adults can seek help for themselves but **children are dependent**, & unable to mobilize themselves to get help



## Media Effects: Fear & Anxiety

- ▶ Media influences **child's perception** of how dangerous the world is...Cultivating fear of victimization & desensitization
- ▶ Many experience **intense & enduring fright** in response to media content
- ▶ Young children more upset by realistic portrayals, news, personal injury, violence
- ▶ **Girls** more affected
- ▶ Those watching a **lot of news coverage**: Concept of '24 hour' news coverage...
  - **Oklahoma City Bombings**
  - **Terrorist attacks on 9/11**
  - **Kidnappings (Elizabeth Smart)**
  - **Hurricanes (Katrina)**
  - **Tsunamis**
  - **Wild Fires**



## Risk Communication During a Disaster:

- ▶ **Provide education** to the community (esp. parents and teachers) in caring for children in the face of disaster
- ▶ Educate public as to how to distinguish **normal stress reactions from more severe reactions**
- ▶ Provide information about **developmentally appropriate responses to stress**
- ▶ Provide **information about resources** for those who do need mental health services



## Media Coverage During Disasters:

- ▶ Viewing traumatic images may be **re-traumatizing**
- ▶ Provide **guidelines** to media to announce impending viewing of traumatic images in order to allow for children leaving the room prior to airing the material
- ▶ Provide **education** to the community about viewing disaster coverage



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## Messages to Parents/Caregivers

- ▶ **Limit** children's exposure to media coverage of the event
- ▶ **Co-view** media coverage of the trauma and discuss content with children and adolescents
- ▶ Maintain **structure** and family **rutines**
- ▶ Encourage children to draw, write, play music and exercise in ways to **express their feelings** about the traumatic events



## Barriers to Working Effectively with Media:

- ▶ **The journalist's** lack of knowledge, understanding, skill, sensitivity or ethics in working with children who have experienced trauma
- ▶ **The clinician's / mental health provider's / administrator's** lack of knowledge, skill, understanding & shared frame of reference in working with the media

### ▶ Children in Newtown





## How do we Address these Barriers as Clinicians?

- ▶ Becoming **better informed consumers** & collaborators.
- ▶ Being clear about our **own limits & limitations**.
- ▶ Increasing our skill level & **knowledge about working with the media**.
- ▶ Identifying those person(s) in our organizations who are **best suited** to working with the media.
- ▶ Having a **detailed media plan** at the individual, organizational, & network level.



## How can we Address these Barriers with the Media?



- ▶ Barriers can be addressed through **educating, raising awareness, & developing long-term relationships** that are built on mutual respect & trust.
- ▶ Specifically, help them to **learn more about child traumatic stress**, your work & the Network.
- ▶ Need to **provide positive feedback & encouragement** to journalists who handle these issues well.
- ▶ Need to **engage journalists proactively** & inform their work over time.



## Engaging Media: Relationship Building

- ▶ **Include media representatives** in joint conferences & informational briefings
- ▶ Ask editors/journalists **what is newsworthy** in the community & how to appeal to media locally - especially stories on resiliency
- ▶ **Initiate story ideas** with editors: health, safety, environment, parenting & children
- ▶ **Write press releases** ex. disaster planning events
- ▶ Prepare & **give resources** as background
- ▶ Op-Eds, letters to the editor, blog comments
- ▶ **Compliment** good coverage & respond rapidly to requests
- ▶ As relationships develop, discuss perceptions of what is **helpful versus unhelpful coverage** from different stakeholders'



## Local, National & International Media

- ▶ National Media: more pressure for dramatic/arousing images & quotes
- ▶ Maintain & nurture local relationships even when national or international media parachutes in
- ▶ Reaffirm local relationships when national media leaves town

Sri Lanka: Tsunami Disaster Response – January 9, 2005  
Centre for National Operations

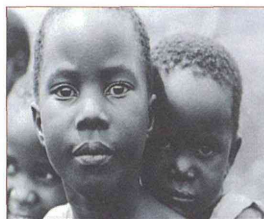


## Conclusions:

**Journalism work is valuable**

- ▶ The work of journalists is worthy & important
- ▶ Journalists' work is to be respected
- ▶ Not their job to do work of researchers or mental health workers
- ▶ Journalists can collaborate with Emergency Responders, Mental Health, & other officials if role is respected

**BUILD RELATIONSHIPS !**



## Culture Influences:

- How we manifest & communicate symptoms
- How we cope
- Range of family and community support
- Willingness to seek treatment





## 研究成果の刊行に関する一覧表

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書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
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