

**Results:** The results revealed that hospital personnel during the Israel-Gaza armed conflict did not differ in stress symptoms as measured by the IES-R ( $t = 0.105, p = 0.916$ ), and depressive symptoms as measured by the (CES-D) ( $t = -0.588, p = 0.557$ ) from hospital personnel during the second Lebanese war. Further analysis using multivariate analysis of covariance (MANCOVA), showed a significant effect of gender: women had higher stress scores than men as measured by the IES-R ( $F_{1,144} = 5.677, p < 0.05$ )—and profession: physicians had lower stress scores than nurses as measured by the IES-R ( $F_{1,144} = 6.868, p = 0.01$ ).

**Conclusions:** Exposure of hospital personnel to different armed conflicts revealed a similar pattern as showed in this study. The main implication for this study in clinical terms is preparing an intervention to women and nurses who are more vulnerable during war time. Other explanations also are discussed.

**Keywords:** Center for Epidemiologic Studies Depression; Gaza; Impact of Event Scale-Revised; Israel; psychiatric symptoms; Second Lebanon War

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### Psychological Interventions among On-Board Mechanics on Rescue Helicopters

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**Background:** On-board mechanics are a group of professionals who staff the helicopter in order to provide solutions to technical problems. They are trained during their military service. In combat, they are a part of the professional helicopter team, and are exposed to the same dangers as the rest of the air crew.

Alongside their professional work, they are asked to participate in medical rescue missions and assist in evacuating casualties from the field. This activity exposes them to extremely difficult images. This, along with the existing work load and exposure to injury and death, and reinforces the sense of pressure and its undesired derivatives.

So far, little attention has been paid to the effects of this exposure on the technicians. Professionals who do not have medical training or background who are presented with situation when they are injury and death requires preparation.

**Objective:** The goal of this study was to examine psychological aspects of the onboard mechanic's work during emergencies to observe their exposures to injury and death without coping skills in order to assess the need of preventive intervention.

**Methods:** On-board mechanics who participated in the Second Lebanon War were asked to fill out a survey. The survey was distributed five months after the war and completed by 24 on-board mechanics.

**Results:** Mechanics are exposed to growing pressures during combat. Seventy-five percent reported being very stressed during routine activities, 96% were extremely stressed during combat. A total of 65% found themselves surprised by the tensions of war. Only 42% think that they have the coping skills for this type of pressure.

**Discussion:** On-board technicians are exposed to a great amount of stress during combat, due to their work loads,

personal risk, and exposure to difficult images. To cope with the problem, it was decided to create stress inoculation program as part of their training. The program will be led by the commanders. The program is in application stages.

**Keywords:** intervention; helicopter; psychology

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### Mental Health Trauma Center Integrated with a Primary Care Clinic

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Since 2001, Sderot, Israel has been the target of hundreds of "Quassam" missiles launched from the Palestinian Authority. Considering the prolonged exposure to repeated traumatic events, a high rate of mental health morbidity is expected.

The victims had difficulties attending mental health services because of a lack of awareness, the shame of stigma, and a scarcity of mental health services. The primary healthcare system in Israel is highly accessible, available to the public, and does not carry the stigma that mental health does. Therefore, it is a prime candidate for offering mental health assistance in times of disaster.

"Maccabi" health services in collaboration with the "Hosen" Center for Trauma and Disaster collaborated to establish a trauma center integrated in a primary care clinic in Sderot.

The theoretical background, the process of training professionals, the model of work, and its outcomes will be presented.

**Keywords:** Israel; mental health services; primary care clinic; public health; stigma

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### A Multimedia, Interactive Method for Neutralizing Post-Traumatic Stress Disorder Effects

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Recent research shows that emotional memories of traumatic experience are both recorded and retrieved on-line due to the "co-activation" of the amygdala—the region of the brain responsible for processing emotional memories and the hippocampus, the main memory-processing center. Emotional cues in people with post-traumatic stress disorder (PTSD) often trigger recall of the event, which then would loop back to re-experiencing of the emotion of the event. And vice versa, remembering the event or some of its auditory-visual reminders may trigger the emotional reaction associated with the event, which in turn, could trigger more intense recall, in a continuous loop. Moreover, unpleasant emotional memories are resistant to intentional forgetting: the greater intent to forget unpleasant events, the more intensive the reaction becomes. So, healing painful memories often is time and emotion consuming. The discovery that the deepest memories crucial to surviving are recorded as mental snapshots taken during times of high emotional impact or involvement, go in hand with the sensory experience analysis of people with PTSD. Studies suggest that when a memory is retrieved, it can be re-encod-

ed, and put into a labile state in which it can be transformed or neutralized. The success of the dissociation trauma care process that was applied in Sarajevo (1998 and 1999) empowered the development of a computer version both for home use and psychological consulting. Wars and disasters continue to happen. “Painful memories computer healer” has been developed and modeled on the basis of scientific research and healthy strategies of dissociation from traumatically emotional material; thus, it may assist people in getting healthy states of well-being. This multimedia method will be presented. Its implications are to be discussed among mental health experts.

**Keywords:** audio-visual reminders; emotions; post-traumatic stress disorder; memories; multimedia

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### A Home-Based Emergency Intervention for Traumatized Families Under Fire

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The ongoing shelling of Qassam missiles and mortar on the city of Sderot, Israel and the surrounding communities of Gaza for the past eight years have caused a great deal of damage in terms of life and property, and have put >20,000 residents under significant and ongoing threats. A recent study examining the impact of living under these conditions indicated that 28.4% of the area residents suffer from PTSD and 75%–94% of the children experience post-traumatic symptoms. Despite the dire psychological needs of the residents, mental health service utilization has been sparse due to the fact that many residents do not feel safe to leave their homes as well as fear the stigmatization associated with attending public mental-health clinics. In order to resolve this dilemma, a community home-based emergency intervention was developed to be delivered using a mobile unit of professionals who provide mental-health services for traumatized families in their homes. The treatment model incorporates a family systemic approach with trauma-focused cognitive-behavioral technique and narrative strategies. The model will be outlined and an evaluation of its efficacy in reducing post-traumatic symptoms in adults and children and in improving their daily functioning will be presented. Finally, such a model may be useful in providing mental-health services not only during war and terrorist attacks, but also during other major disasters, particularly in developing countries where mental health capacity is limited.

**Keywords:** emergency intervention; mental health; post-traumatic symptoms; stigmatization; traumatized families

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### Lessons Learned from Faith-Based Disaster Response following Hurricane Katrina

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**Introduction:** The purpose of this presentation is to discuss lessons learned from the analysis of a Faith-Based Organization’s (FBO) disaster response following Hurricane Katrina in New Orleans. These lessons can be applied to other non-governmental and governmental organizations whose primary purpose is to respond to disasters. The purpose of the original study was to explore the experience of faith-based disaster responses for the administrative and paid staff of the FBO, volunteers providing FBO services, and the New Orleans residents receiving FBO services.

**Methods:** A mixed methods approach was utilized for the study. Results of the ethnography and phenomenology methods were extracted for this presentation. Quantitative methods, not included in the presentation, included the administration of the Herth Hope Index, a Hope Visual Analogue Scale, and the Impact of Event Scale-Revised.

**Results:** The experience of FBO disaster response was similar between those who staffed, volunteered with, and received assistance from the FBO. Participants came to the experience because of their faith, but did not use the experience as a means for proselytizing. All participant groups recognized a need to provide or seek assistance, worked side-by-side, experienced unprecedented devastation, developed family-type relationships, and transformed each other’s lives.

**Conclusions:** Faith-based disaster response is effective and efficient. Faith is integral to their success. A key element to their effectiveness is the ability to make decisions at the operational level without organizational approval. Flexibility in the supply acquisition increased their purchasing power. Administrative skill, without prior disaster response experience, was transferrable to FBO disaster response.

**Keywords:** disaster response; faith-based organizations; Hurricane Katrina; New Orleans; response

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