

IES-R, some may not have experienced a traumatic event. The purpose of this study is to clarify the differences between: (1) IES-R-J (the Japanese-language version) high and low scoring groups; (2) IES-R-J high and low scoring groups who had experienced a traumatic event; and (3) those with high IES-R-J scores with and without experiencing a traumatic event.

Methods: The IES-R-J questionnaire was distributed to all firefighters in a local fire department.

Results: Of the 157 possible subjects, 131 (83.4%) responded to the questionnaire. All were Japanese males with a mean age of 42 years; most worked a 24-hour shift.

In general, those who scored high on IES-R were unhealthy, stressed, and received little social support. Those who had experienced a traumatic event and received social support received low IES-R scores, that is, they experienced few PTSD symptoms. Respondents who had experienced traumatic events and received little social support, scored high on the IES-R.

Conclusions: Social support is a key buffering factor against the development of PTSD.

Keywords: firefighters; impact of event scale-revised (IES-R); Japan; post-traumatic stress disorder (PTSD); social support

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An Online Tsunami System

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The goal of this study was to create an online Tsunami survivor directory for the purposes of community-building and research. Over a 14-month period, that began two weeks after the 2004 Tsunami, 129 Dutch Tsunami survivors visited a Website that utilized online, self-report measures assessing peri-traumatic mental status, post-traumatic stress, and depression.

A cross-sectional analysis demonstrated that 80% of the Website visitors suffered from ≥ 1 dissociative symptom during or shortly after the Tsunami. Fifty-five percent of the Website visitors suffered from symptoms of post-traumatic stress.

Keywords: mental health; online; post-traumatic stress; tsunami; Website

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Session 4

Chairs: T. Levanon; M. del Rocio Saenz

Disaster Mental Health Training Programs in New York City following 11 September 2001

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Following large-scale disasters, the need for mental health care resources to provide both acute and long-term services to the community is well-documented. However, data on

the effectiveness of communities in meeting the post-disaster mental health needs of those affected are sparse. In order to improve post-disaster mental health care in New York City, the New York City Department of Health and Mental Hygiene, in collaboration with the Columbia University National Center for Disaster Preparedness assessed the quality of mental health care available in the aftermath of the 11 September 2001 World Trade Center disaster in New York City by conducting a review of the disaster mental health training programs provided by community-based, professional, hospital and government agencies. Results indicate that while a considerable number of mental health training programs were provided, the programs varied greatly in a number of respects. In particular, a lack of standardization regarding disaster mental health training curriculum and learning objectives was noted. Record keeping and trainer credentialing inconsistencies were common across agencies. Most of the training programs offered are no longer available. Key recommendations for improving the status of disaster mental health training in New York City, and perhaps elsewhere, include establishing criteria for all essential aspects (e.g., trainers, curriculum, assessment, etc.) to improve the overall quality of these programs and provide an essential, post-disaster service.

Keywords: 11 September 2001; disaster; mental health; psychosocial; training

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Post-Traumatic Stress Disorder in the Firemen Corporation of Portalegre, Portugal: Prevention and Treatment

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This presentation concerns the presence of Post-Traumatic Stress Disorder (PTSD) among Firemen between 16 and 60 years of age in the District of Portalegre, Portugal. Post-Traumatic Stress Disorder is particularly relevant because these workers constantly face stressors.

The authors intended to identify the type of personality that is more susceptible to the development of PTSD, the existence of manifestations indicative of PTSD, and possible vulnerability to stress. They also assessed the presence of somatic symptoms.

The following evaluation instruments were used: (1) The Big Five Inventory (BFI) of John, Donahue, and Kentle (1991); (2) PTSD-Anxiety Disorders Association (1994); (3) Escala de Vulnerabilidade ao Stress of (QVS) Adriano Vaz Serra (2000); and (4) General Health Questionnaire (GHQ) of D. Goldberg (1978). These instruments were used to determine the presence of factors that could lead to PTSD.

It was verified that 20% of the participants displayed manifestations indicative of PTSD. It also was verified that 30% of the participants displayed a high amount of stress vulnerability.

Keywords: fire department workers; Portugal; post-traumatic stress disorder (PTSD); stress vulnerability; stressors

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