they are unsafe work environments, at the personal and political level. Mental health interventions were more complex and outcomes less predictable in the conflict setting as compared to natural disasters.

Conclusions: Systematic mental health surveillance postdisaster must be included in the general post-disaster assessment. There is a need for supportive education, training of mental health workers, and development of region specific social and psychological questionnaire for validated use in India.

Keywords: conflict; India; natural disasters; post-traumatic stress disorder; psychosocial

Prebasp Disast Med 2009;24(2):s132-s133

When Helping Hurts: The Effects of Compassion Fatigue on Disaster and Emergency Workers Jason Maffia; Anthony J. Maffia²

1. Queens Private Detention Facility, Franklin Square, New York USA

2. Jamaica Hospital Medical Center, Jamaica, New York USA

Introduction: The emotional aspects of traumatic events often are ignored for professionals involved in disaster interventions immediately with victims of emotional trauma. There is a growing body of theoretical and empirical literature that recognizes that engaging in therapeutic work with trauma survivors can and does impact the professionals involved. Compassion fatigue is the latest in an evolving concept that is known in the field of traumatology as secondary traumatic stress. Most often, this phenomenon is associated with caring for others in emotional or physical pain. Results: In a literature review, Beaton and Murphy (1995) assert that emergency/first responders and crisis workers absorb the traumatic stress of those they help. By doing so, they are at-risk for compassion fatigue. Among the negative consequences that often are not linked to their work, include substance abuse and relationship conflicts. Although the body of literature exploring the prevalence of compassion fatigue continues to grow, the lack of research to support the underlying theory of the concept in relation to measurement is cause for alarm.

Conclusions: This presentation will explore a theoretical model that accounts for and predicts the emergence of compassion stress and compassion fatigue among professionals working with traumatized people as well as explicate the principals associated with accurate diagnosis, assessment, research, treatment, and prevention of compassion fatigue. Keywords: compassion fatigue; disaster; psychosocial; secondary

Keywords: compassion fatigue; disaster; psychosocial; secondary traumatic stress; trauma

Prehosp Disast Med 2009;24(2):s133

A Psycho-Educational Intervention Program for Police Officers

Briana Barocas; Linda G. Mills; Andrea Miller New York University, New York, New York USA

Introduction: Recent studies have documented the adverse impacts of disaster exposure for emergency response personnel. Increasingly, researchers and practitioners are focusing on the role of resiliency in reducing the risk of

adverse mental health impacts on first responders. To that end, a novel resiliency-building intervention program was developed and implemented by an external peer-assistance program for a large urban police department. The program includes education and debriefing components and initially was piloted in precincts and now is being implemented at the firing range. A session consists of a team of two peer support officers and a mental health clinician presenting a short psycho-educational program designed to familiarize officers to signs and symptoms of distress and promote effective coping. This is followed by an hour-long small group discussion that gives officers an opportunity to discuss events that have affected them, giving them a better opportunity to mitigate the stressors associated with those events. To assess the feasibility of this approach, a process evaluation of the program was conducted.

Methods: Audio-taped, in-depth, semi-structured individual interviews were conducted with 25 program facilitators (14 peers and 11 clinicians). A thematic analysis of the transcripts followed.

Results: Participants reported that the program was well received by officers of all ranks. An important aspect of this program was the relative privacy afforded by offering it in a more neutral setting of the firing range as opposed to a precinct. The presence and involvement of their fellow officers was seen as significant in fostering openness and normalizing officers' experiences. Participants also reported that this support mechanism likely would help prepare officers for disasters and other critical incidents.

Conclusions: This program is a feasible and relatively inexpensive approach to providing psycho-education to police officers. This model may be effective for other departments. Keywords: peer support; police; process evaluation; psycho-

educational intervention; psychosocial; stress

Prehosp Disast Med 2009;24(2):s133

Integrating Language, Culture, and Community into Planning for and Providing Effective Emergency Health Care during Disasters: Challenges and Opportunities from the California Experience

Dennis P. Andrulis; Nadia J. Siddiqui; Jonathan Purtle
Center for Health Equality, Drexel University School of Public Health,
Philadelphia, Philadelphia USA

Introduction: The experiences of racially/ethnically diverse residents and communities in the US in the wake of the wildfires in California, Hurricane Katrina, and other disasters have shown the serious if not fatal lack of their effective engagement in response to these events, confusion around access to and provision of emergency care, and failure to adhere to recommended services guidance and requirements. As one of the most diverse states in the country, California's experience with earthquakes and wildfires has heightened related concerns around the capacity of healthcare providers to effectively meet the needs of diverse communities. The objectives of this study were to: (1) identify barriers and challenges to meeting emergency health needs of these communities during disasters; (2) identify programs and policy gaps in the current environment; and (3) develop recommendations as well as guidance for improvement.

Methods: Three methods were used in conducting the study. The project team reviewed and synthesized literature from California and other sources; reviewed 148 Websites; and conducted key informant interviews with 17 officials and community representatives identified through state sources/environmental review during summer/fall 2008.

Results: Research identified four major barriers, challenges, and gaps affecting the provision of effective health care during emergencies: (1) significant lack of community engagement and trust among diverse residents, especially among immigrants who feared deportation actions; (2) cultural misunderstanding that led to misinformation and a related lack of training and education resources for emergency personnel; (3) lack of interpreter/translation services; and (4) insufficient coordination at local, regional, and state levels. Conclusions: Improvement will require four major actions: (1) effective collaboration between these communities; (2) emergency care providers and other key sectors; (3) resources to increase availability and access to interpreters; and (4) coordination of information and resources to minimize gaps and duplication, and greater flexibility in allocation of funds to meet local emergency medicine priorities.

Keywords: community engagement; disaster response; ethnic diversity; psychosocial; racial diversity

Prehosp Disast Med 2009;24(2):s133-s134

Hospital/Community: An Integrated Psychosocial Response

Alan Dick; 1,2,3 Barb Switzer4

- 1. IDEAS Network, Toronto, Ontario Canada
- 2. Toronto Public Health, Toronto, Ontario Canada
- 3. Sunnybrook Health Science Centre, Toronto, Ontario Canada
- 4. Emergency Medical Assistance Team, Toronto, Ontario Canada

Introduction: Mass-casualty incidents (MCIs) can cause a surge of psychological casualties and family/friends searching for victim information and reunification. Staff training in psychological first aid and a joint hospital-community psychosocial response plan is essential or hospitals will be overwhelmed, reducing their patient care capacity. The aim of this presentation is to outline the steps needed to develop and evaluate a psychosocial response plan template for an urban center of ≥500,000.

Methods: Existing psychological first aid training programs and hospital-community psychosocial response plans for urban populations ≥500,000 will be surveyed. Psychosocial response staff in community and hospital settings across Canada will be surveyed to determine needs and issues. Common threads will be identified and endusers/experts will be invited to review for feasibility and sustainability. This information will be used to collaboratively build a plan with the Toronto, Ontario psychosocial community and train and evaluate it in two large-scale exercises 29 November 2009 (mass-casualty trauma) and 30 November 2009 (pandemic), in Toronto. Data will be collected to determine the effectiveness of the plan to absorb and mitigate a MCI surge.

Expected Results: Elements needed for a sustainable psychosocial response training plan that integrates and improves daily operational skills, builds relationships and communication between community and hospitals, and develops a community plan capable of absorbing a surge in psychosocial demand in the event of a mass-casualty incident will be identified.

Conference Presentation: The results of the literature review, preliminary survey results, and an initial framework for the joint Toronto hospital-community psychosocial response plan will be presented.

Keywords: hospital; mass-casualty incident; psychosocial; training; urban

Prehosp Disast Med 2009;24(2):s134

The Unexpected Terrorist: The Roles of Women as Perpetrators of Terrorism

Michael J. Reilly

New York Medical College, Center for Disaster Medicine, Valhalla, New York USA

Introduction: Recently, many reports have shown that women have been the perpetrators of acts or of terrorism are being actively recruited by terrorist organizations. Female-initiated terrorist attacks have occurred in India, Iraq, Sri Lanka, Lebanon, Syria, Palestine, Egypt, Uzbekistan, Turkey, Chechnya, and Jordan. Achieving a better understanding of women who become supporters or perpetrators of terrorist acts can assist in planning, preparing, and deterring terrorist attacks, and minimizing the morbidity and mortality from these events.

Methods: A review of scientific, medical, and academic literature pertaining to women and terrorist activities was performed. In addition, government reports and media accounts of terrorist attacks where women were directly or centrally involved as perpetrators were collected and reviewed. Common elements, themes, and similarities were analyzed to determine trends in terrorist activities involving women as perpetrators, planners, facilitators, and active supporters of specific terrorist incidents.

Results: A variety of factors that influence women into participating in terrorist activities have been discussed by various authors and researchers. In addition to coordinating and participating in terrorist attacks, there have been several additional areas of involvement of women in support of domestic and international terrorism, as well as specific tactical reasons that terrorist organizations seek out vulnerable women to exploit and recruit into roles within their organizations.

Conclusions: A greater understanding of the psychosocial, behavioral, and socio-economic factors that influence women to become active supporters, facilitators and/or perpetrators of terrorist acts across the globe is essential to mitigating these incidents and protecting the health and safety of the public. Further research is needed to explore methods to identify women who may be vulnerable to recruitment by terrorist groups, in order to attempt to prevent the extent of these attacks on nations across the globe. Keywords: planning; psychosocial; terrorism; women; vulnerability Prebosp Disast Med 2009;24(2):s134