

**Future Directions:** SFA has been launched as an online training course and a cell phone “app” is in progress. SFA has recently been trained in South America and Europe. Experiential components of SFA are being refined and expanded.

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### (P1-93) Apathy Syndrome

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Summary Apathy syndrome is the apathy attribution of persons, foundations, nations or global world against the preparations and arrangements to avoid progression of disaster. In this article, it is aimed to review the collected opinions of authors who are studying causes of apathy syndrome. The factors of avoiding to be prepared against natural disasters can be classified under three main topics; personal, social and cultural. The personal factors or the factors depending on persons are discussed in three sub topics, respectively emotional factors, mind-related factors and behavioral factors. Particularly “resistivity against changes” and “unwilling to abandon habits” are emphasized as the major reasons. The topic, social factors, can be sorted out as insufficient administrative/political volition acting against disaster and being undeveloped among the cultural factors preventing disaster preparations, believing and mystical meaning giving onto “disaster” expression have been reserving spectacular space. Individuals and society are perceiving disaster as a divine punishment and this perceive makes meaningless to get prepared. Consequently, it is evaluated that sensitive to country conditions, culture, sexual discrimination of society, age and special disability circumstances, and also versatile, deep and penetrating, keeping continuity, analytically approaching formal education can resolve disaster troubles of countries. Authors of this article have emphasized crucially to establish an academy of disaster contributed every kind of disciplines as soon as possible in the world.

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### (P1-94) Psychosocial Care for Children Affected by Tsunami - Through Child Care Activity Centers

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Psychosocial Care For Children Affected By Tsunami-Through Child Care Activities Centers Kavitha. P\*, Sekar Kasi\*\* Tsunami of 26 December 2004 shattered the lives, hopes and dreams of the people living in the coastal belts especially that of children where 37-39% of total death reported were children. Sad faith of children continued as many became orphans, single parented, lost their friends, school and happy environs where they enjoyed their life with their parents and friends. Displacement to the

temporary shelters snatched away the emotional from family members, the unhygienic conditions resulted in the epidemics beyond their coping. A need assessment conducted among 1120 children in Kanniyakumari, Nagapattinam and Karaikkal revealed that impact is seen in all the children survived, 2/3 parents reported of probable problem behavior and conduct problem in children, 1/10 children were identified by teachers to have conduct problem, 1/10 children were identified by parent and child to have emotional problem due to the impact, 1/100 children impacted were behaviorally disturbed, 1/ 100 children is definitely behaviorally disturbed and has a probability of mental health problem. Children are young and in experienced to understand, comprehend or verbalize the trauma. An integrated approach model was initiated through community level workers using art as a medium. Psychosocial care was provided to children through seven mediums: Facial expressions, Thematic cards, Drawing, Family portrait, Writing, Story and Clay, in stages repeatedly. The results of the intervention revealed that the intervention was effective in reducing the trauma among children as mean for the impact has reduced from 31 to 26 after the intervention. The behavior problem reported among children reduced from 65% to 45% after intervention confirming the effectiveness of psychosocial mediums in reducing trauma among children affected by disaster. \*Ph.D. Scholar, Department of Psychiatric Social Work, NIMHANS, Bangalore, India \*\*Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore, India.

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### (P1-95) Clinical Effectiveness of Psychological First Aid Training among Emergency Responders in Chinese Population: Preliminary Results of 3-Month Follow-Up

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**Background:** Psychological First Aid (PFA) has become the choice of mental health intervention and integration with the current disaster relief protocols during emergencies by the Institute of Medicine, NIMH and the WHO. It can be used during or immediately after disaster. People without mental health specialized training, including public health practitioners and emergency responders can learn and apply to everyone in need. Whilst being used extensively, few studies have evaluated the effectiveness of PFA and its field applicability.

**Methods:** A prospective randomized controlled study. 800 emergency medical responders were recruited. Participants were randomly assigned to the control/intervention arms to receive a one-day training of PFA based on the protocol developed by the National Child Traumatic Stress Network (2006). A pilot study was conducted to evaluate the screening tools and training material and all training was provided by trained clinical psychologist. Repeated measures analysis of covariance was used to evaluate the efficacy of PFA program in changes in various outcome measures between PFA intervention and control group. All analyses were conducted on the intent-to-treat and completer groups. Ethical approval was approved by the CUHK-NTEC Clinical Research Ethics Committee.

**Results:** Preliminary results from the post-training and 3 month follow-up data indicated participants in the training group have reported a significantly more substantial knowledge in disaster mental health, improve self-efficacy in delivering help in times of emergencies, high frequency of actual helping behavior as well as better self-reported psychological well-being when compared with waitlist control group.

**Conclusion:** This study examines and reports findings of clinical effectiveness of PFA 3 months post training in Chinese emergency responders. Preliminary results provided empirical evidences on the effectiveness of the approach.

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### (P1-96) Social Context of Natural Disaster

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Social context of natural disaster Danielle Maltais, Ph.D., Simon Gauthier, M.Sc. University of Québec in Chicoutimi (UQAC), Social Sciences Department, Social Work Teaching Unit, 555 Boulevard de l'Université, Chicoutimi, Québec, Canada, G7H 2B1, danielle\_maltais@uqac.ca During the last few years, several countries in North America as well as in Europe or Asia were exposed to catastrophes that can be described as macrosocial catastrophes since a large number of people were affected. The death of an important number of people during the Katrina hurricane, the 2003 summer heat wave in Europe and the 2004 tsunami in Indonesia unfortunately showed that several countries and communities, even the most developed, are very badly prepared, in the event of a natural disaster, to protect and help its citizens and more specifically vulnerable people such as the old or the poor as well as lonely or sick people, those with reduced mobility or living in unsuitable housing conditions. Natural disasters are never completely quite so because of the frequency of the disasters as well as their human, community and social consequences and the extent of the subsequent material damage. They can be regarded as the result of human factors related to the deployment of ill advised activities for the environment (hasty urbanization and industrialization, deforestation, construction in zones at risk, etc), socio-economic conflicts (wars, political conflicts, displacement of segments of the population in environments at risk) or unequal distribution of economic, social and cultural resources between individuals, communities and countries. In social work, when we examine the causes and consequences of disasters on people's health and social activities, it is important to consider the notion of individual and social vulnerability of the people as well as the concepts of human adaptation to stress and impact strength. This communication will mainly make it possible to place the consequences of natural disasters in their social context and discuss the repercussions of this concept of reality on workers training and guiding.

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### (P1-97) Long-Term Effects of a Flood on the Psychosocial Health of Victims

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Long term Effects of a Flood on the Psychosocial Health of Victims D. Maltais<sup>1</sup> et L. Lachance<sup>2</sup>, Université du Québec à Chicoutimi, Québec, Canada, <sup>1</sup>Département des sciences humaines, <sup>2</sup>Département des sciences de la santé In July 1996, floods disrupted the lives of thousands of people living in rural and urban communities in the Saguenay area of Quebec. Data collected three years after the events showed that flood victims experienced more precarious psychological health, with various factors being controlled including sex, age, and life events. Flood victims demonstrated more post-traumatic symptoms, somatic symptoms, social dysfunctions, and depressive symptoms than non-victims. Victims also showed significantly lower levels of psychological well-being than non-victims. In order to identify the long-term impacts of flood exposure, a second study was conducted eight years after the event (2004) with the same groups of victims ( $N = 129$ ) and non-victims ( $N = 89$ ). Variance analyses show that urban survivors obtained improved scores on scales measuring PTSD, and depression yet remained significantly more affected than non-victims. Over time, victims also obtained improved scores on the GHQ-28 and the Affect Balance Scale yet also remained significantly different from non-victims on the GHQ-28. Rural victims improved their GHQ scores over time as well, yet maintained significant differences with rural non-victims for the PTSD score. No significant differences were observed over time (time 1 and time 2) or between groups (victims and non-victims) regarding psychological well-being and depressive symptoms in rural area.

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### (P1-98) Psychological Aspects of the Disaster Victim Identification (DVI)

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The process of identification of disaster and mass casualties' victims (Disaster Victim Identification - DVI) impose requirements on the interdisciplinary cooperation of experts in many professions. When working with survivors and witnesses, it is necessary to maintain general ethical principles and follow the guidelines of optimal crisis communication with the affected people. The important thing is not to cause further secondary trauma. It is therefore necessary to understand the normal reactions of the human psyche in extreme stress and psychosocial needs of the people in stressful situations. Also members of DVI teams deserve adequate psychosocial support during and after the completion of difficult tasks. It is likely that these workers are psychologically resistant to extreme stress comparing to the general population but they are also increasingly exposed. To maintain work performance and life satisfaction is the possibility to use a specific psychological support very important. Keywords: acute stress reaction (ASR), DVI teams, disaster victim identification, crisis communication, survivors, crisis and disaster psychology, psychosocial crisis management, psychosocial care, posttraumatic stress disorder (PTSD).

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