

rehabilitation projects to serve severely traumatized and culturally diverse populations is presented and discussed.

012. “Helping the Helpers”: Training Seminars in Israel to Stress-Relief Workers from Former Yugoslavia

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During the last few years, a brutal war has been taking place in Former Yugoslavia (FY). Mental-health professionals from Croatia, Bosnia-Herzegovina, Serbia, and the other republics have had to struggle with this mass-disaster effect—the abundant numbers of traumatized civilians, especially children—without prior experience or adequate training, without appropriate tools to administer to the distressed population, and, above all, while being themselves seriously burned-out and frequently traumatized by the situation.

A special program, combining professional training and peer-support, has been designed and implemented by the staff of the Carmel Institute in Zi'khron Ya'akov in collaboration with the Community Stress Prevention Centre in Kiryat Shmona. The program, entitled “Helping the Helpers” Seminar comprises two weeks of intensive training in the following areas:

- 1) Theoretical and conceptual inputs;
- 2) Expressive methods;
- 3) Relaxation and treatment methods;
- 4) Coping and appraisal;
- 5) “Helping the Helpers” aspects; and
- 6) Self-guided sessions.

The two seminars conducted in Israel (in the spring and the autumn of 1994) were followed immediately by in-country facet workshops entitled “Expanding Circles” conducted by the “graduates” of the Israeli Seminars in their respective countries to a broader circle of local professionals. These workshops attempted to implement and further disseminate the knowledge acquired in Israel. To date, the “Expanding Circles” facet has been a great success and the Israeli model is becoming a standard method of training mental-health professionals in FY.

The proposed presentation will describe the entire project, as well as its immediate effectiveness as illustrated in the distressed areas of FY. The project is proposed as a model for emergency and disaster prevention and intervention.

101. Disaster Response: Effective Strategies for Psychological Recovery

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Aim: The main aim of this presentation is to examine the psy-

chological consequence of disaster and models of intervention. Methods: Specific strategies for psychological recovery will be discussed within a framework of disaster management. Areas to be covered include;

- 1) An outline of short- and long-term psychological reactions (post traumatic stress syndrome, bereavement, loss);
- 2) Aspects of disaster management from a psychological perspective (training, planning, community awareness, etc.);
- 3) Specific roles of health professionals and relationships with community agencies; and
- 4) Clinical aspects of psychological management (critical incident debriefing, peer support, counseling, therapy).

Discussion: Disaster is defined as a situation in which personal, community, and organizational arrangements cannot cope with a hazard impact. As experienced during recent bushfires, the threat of injury frequently is associated with disaster. The high prevalence of trauma reactions is related to factors, such as being trapped by fire, personal loss, or fear of injury.

Burns unit staff becomes skilled in addressing these trauma reactions, and their experience is of considerable value to disaster management within both the hospital setting and the broader community. The discussion will draw on the author's experience during the recovery phases following the cyclone devastation of Darwin and the Sydney bushfires.

139. Israeli Field Hospital for Rwandan Refugees—1994

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Following the civil war in Rwanda early in the Spring of 1994, about one million refugees crossed the boarder to Zaire, passed through the town of Goma, and spread along the roads leaving this town to the north and the west. No food, good drinking water, or shelter were available for these refugees, and contagious disease disasters followed very rapidly. Thousands died of cholera within a few days, and the media, attracted to the area by the civil war, witnessed and broadcasted worldwide some of the worst scenarios of our times.

The government of Israel decided on a medical relief delegation, and the Israel Defense Forces Medical Corps organized, equipped, and provided the manpower for a custom-made field hospital within 24 hours. This independent and self-contained field hospital arrived at Goma on 25 June 1994 at 06:00 hours, and received its first patients by noon on the 26th. Location, mode of operation, and relations with all other relief organizations were coordinated by the UN High Commissioner for Refugees.

The hospital operated for about 6 weeks and treated about 3,600 in-patients. Its activities are described and discussed.