

**Study/Objective:** The project goal is to increase dissemination of trainings in Psychological First Aid (PFA) for health care and public health workers who may become involved in the disaster responses. PFA is a universal early intervention and core preparedness competency for response agencies and widespread PFA training can promote workforce and community resiliency.

**Background:** A survey of health care organizations found that only 8% had a PFA-specific training policy. Reported barriers included lacking expertise in training content and online course selection appropriate for their staffs, and lacking subject matter experts to help implement face-to-face, interactive practice sessions.

**Methods:** Program elements include:

- PFA Training Coordinator Guide evaluates 14 online PFA training courses, with recommendations based on each course's audience, skill level, length, and other attributes so a training coordinator can select an appropriate course for their audience.
- Detailed instructions about facilitating interactive sessions so participants can supplement online courses with in-person practice, including 10 different response scenarios (hospital, POD, emergency shelter). Participants rotate through acting as Helper, Client, and Observer.
- Train-the-trainers have been held throughout New York State to equip Training Coordinators to use the guide and facilitate the roleplays, with support available from trained Technical Assistance Providers with a mental health background who can assist with roleplays.

**Results:** Participants' confidence in practicing PFA was measured after they took an online course, and again after they participated in live practice; average confidence increased by 23.7%. The statistical increase was supported by unanimously positive participant comments such as "I liked the on-line course but being able to have the interactive learning was beneficial."

**Conclusion:** Results support our belief that strictly didactic training in PFA is less-effective than incorporating practice opportunities. While the project is ongoing, we hope to disseminate early results as a model for building community resilience by encouraging widespread training in Psychological First Aid.

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### Victorian Compendium of Community-Based Resilience Building Case Studies

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**Study/Objective:** The 'Victorian compendium of community-based resilience building case studies' represents an Australian first in compiling a comprehensive resource for promoting resilience building activities to strengthen capacity, should unexpected events occur. A key Compendium tenant enables people to share examples and expertise by explaining how they overcame challenges or discovered unexpected findings.

**Background:** The Compendium complements several Victorian resilience initiatives. The Rockefeller funded, Resilient Melbourne Strategy incorporates the Compendium to bring together people from across sectors, council boundaries and community groups to deliver a series of distinct, yet connected actions that help make Melbourne a more viable, sustainable, liveable and prosperous city, today and long into the future. Sharing resilience case studies reduces program duplication and saves valuable resources.

**Methods:** From 2012-2016, community groups received Expressions of Interest (EOIs), requesting presentations about community-based resilience building activity for the 'Advancing Community Resilience Forum'. Each year, fifteen activities were selected for presentation and authors were invited to submit their presentation for consideration into the Compendium, using a standard template. A steering committee selected quality resilience building activities for inclusion into the Compendium.

**Results:** There were 123 EOIs received and 72 were accepted and invited for presentation. All 72 authors accepted invitations to present and subsequently received another invitation to submit their activity for consideration into the Compendium. Thirty-five accepted; of these, 15 have been accepted for inclusion into the Compendium, 5 are under consideration by the steering committee and 15 authors are preparing for submission

**Conclusion:** While projects revealed uniqueness and valuable learnings, authors were often surprised that their projects embodied these qualities. Authors expressed concerns over sharing information, identified challenges when using the Compendium template which resulted in significant modifications. Lastly, authors voiced difficulty reflecting on their challenges and critical factors for success. This model provides an exemplar to replication in other countries.

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### The Trauma Signature of 2016 Hurricane Matthew and the Psychosocial Impact on Haiti

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**Study/Objective:** Examine the mental health and psychosocial dimensions of Hurricane Matthew's impact on Haiti using Trauma Signature (TSIG) analysis.

**Background:** Hurricane Matthew was the most powerful tropical cyclone of the 2016 Atlantic Basin season, bringing severe impacts to multiple nations including direct landfalls in Cuba, Haiti, Bahamas, and the United States. Haiti experienced the greatest loss of life and population disruption.

**Methods:** Trauma Signature (TSIG) analysis was used to examine the psychological consequences of Hurricane Matthew in relation to the distinguishing features of this event. TSIG analysis described the exposures of Haitian citizens to the unique constellation of hazards associated with this tropical cyclone. A hazard profile, a matrix of psychological stressors, and a "trauma signature" summary for the affected population

of Haiti - in terms of exposure to hazards, losses, and life changes - were created specifically for this natural disaster (with salient anthropogenic elements).

**Results:** Psychological risk characteristics of this event included compounding exposures to: deluging rains that triggered mudslides along steep, deforested terrain; battering hurricane winds (Category 4 winds in the “eyewall” at landfall) converting the built environment into projectile debris; flooding “storm surge” moving ashore and submerging areas along the Tiburon peninsula; and piling wave action destroying infrastructure along the coastline. Many coastal residents were left defenseless to face the ravages of the storm. Hurricane Matthew’s slow forward progress as it remained over superheated ocean waters added to the duration and degree of the devastation. As an overlay to the havoc of the storm itself, the risks for infectious disease transmission were exacerbated, particularly in relation to the ongoing epidemics of cholera and Zika.

**Conclusion:** Hurricane Matthew was a ferocious tropical cyclone whose meteorological characteristics amplified the system’s destructive force during the storm’s encounter with Haiti. TSIG analysis facilitates an accounting of the prominent risks to Haiti’s mental health.

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### Training Community Health Workers to Promote Psychosocial Health and Resilience among Children in Haiti

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**Study/Objective:** The purpose of this project was to train community health workers in Haiti to facilitate psychoeducational groups with children exposed to trauma. Twenty undergraduate students were trained in group facilitation techniques and worked in collaboration with the author to develop a group counseling model to be implemented in elementary schools. Teachers in these schools were trained to recognize signs of trauma in children in their classroom and to identify and refer children who could use the additional support offered by the groups.

**Background:** Trauma exposure among children is common in Haiti due to multiple natural disasters, political violence, abuse, and domestic servitude. At the same time, there is a lack of available resources to provide children the psychosocial support they need. This project was designed to address that need by training a cadre of community health workers to design and implement group counseling intervention for traumatized children. The specific goals of the group counseling intervention were to assist children to: (1) cope effectively with symptoms associated with past traumatic experiences, (2) developed efficacy and skills for dealing with barriers that impede their success, and (3) develop a safe and supportive peer network for managing present and future challenges.

**Methods:** Evaluation has been built into each phase of the project. The variables being evaluated include: (1) effectiveness of the training in group facilitation skills for the community health workers, (2) effectiveness of the teacher training,

(3) process issues related to implementing the group intervention in schools, and (4) outcomes of the three goals of the group intervention itself.

**Results:** Initial evaluation results, both qualitative and quantitative, will be presented for each variable. Lessons learned from the implementation of the project will also be discussed.

**Conclusion:** The results of this project can be used to inform others of the development of locally-based projects to train community workers as first-line service providers.

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### Disaster after September 11, 2001: the Long-term Impact on Responding Medics

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**Study/Objective:** To explore the long-term physical and psychosocial health impacts of September 11th on responding medics 15 years after the terrorist attacks.

**Background:** One of the painful legacies of September 11<sup>th</sup> (9/11) is the lasting impact on the physical and psychosocial health of thousands of individuals who survived the attacks - including the first responders. The 15th anniversary marked an important milestone in our collective remembrance of 9/11. First responders and their families reflected on the unique impacts experienced by this group. This research explores the ongoing consequences of responding to the terrorist attacks amongst medics at the 15th anniversary, a critical data-gathering milestone.

**Methods:** This research employed qualitative methods to compile and review 54 first-person accounts from 9/11 medics, and their families, who recounted their experiences of 9/11 on the 15th anniversary.

**Results:** Fifteen years after 9/11, responding medics continue to be plagued by nightmares, vivid recollections of Ground Zero, posttraumatic stress disorder, anxiety, depression, problems sleeping, negative impacts on relationships, addictive behaviors, and suicidal thoughts. They are experiencing a range of health issues such as respiratory disorders, eye problems, and cancers. Medics reported having access to a range of peer-support services, but most delayed in seeking help. Of note, medics and their family members identified considerable negative follow-up consequences for their families; they highlighted that partners, spouses, and children of medics should have access to the same support services as the responders. The ongoing impact of 9/11 has shattered families and destroyed lives in a never-ending reverberation of pain and suffering.

**Conclusion:** These findings suggest that 9/11 medics and their family members need ongoing monitoring to protect their physical and mental health. The testimony of this research is to ensure that an important voice is not lost, and that the deeply personal and richly descriptive experiences of the 9/11 medics and their families are not forgotten.

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