

Although most children appear to be very resilient, research indicates that children can develop psychiatric disorders after disasters and terror events.⁷ In order to reach those affected by terrorism and who are likely to suffer long-term effects of a disaster, it is essential to enter various settings including schools.⁸ As part of their post-11 September 2001 mental health program, the Children's Health Fund and Columbia University's Mailman School of Public Health's National Center of Disaster Preparedness–The Resiliency Program designed a 12-session curriculum for fourth-grade school children. The curriculum covers affective communication, coping, problem-solving, self-esteem, and interpersonal skills. Several programs have been implemented in the United States with the goals of increasing resilience, coping skills, emotional intelligence, and violence reduction. Each program has had a different focus and strategy, but the findings suggest that school-based programs make a difference in skill acquisition and result in the improvement in many essential areas.^{9–11}

This presentation will review the elements of the Emotional Preparedness and Resilience curriculum, its basis in the trauma and resilience literature, and will present a replicable model as the threat of terrorism continues.

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Keywords: 11 September 2001; children; coping strategies; disaster; emotional; preparedness; programs; resilience

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Institutions: Victims of Disasters?

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Introduction: Workers in relief organizations identify themselves with the problems experienced by the victims and there are several problems that may emerge within the organizations. Thus, organizations without proper training also can become victims of disasters.

Methods: The methods included direct observation of human behaviors in relief operation and training activities, interviews, and test administration to relief workers.

These methods were implemented and tested within the context of the author's participation in teams of prevention and response of disasters and catastrophes in Argentina during the last 25 years, such as the support provided by the American Medical Informatics Association (AMIA) to the victims of the terrorists attacks, floods, etc.

Discussion: The complex situations caused by disasters must be addressed. Therefore, it is necessary to assume that the provision of psychological support is unavoidable. There are several symptoms that may emerge within the relief organizations. A lack of foresight, discrimination, and miscommunication between the relief workers and victims prevent workers from solving many problems. Each catastrophe is a challenge to the capacity of an organization to provide an efficient response to the unexpected.

Everyone is vulnerable, which is why it is necessary to standardize support procedures at both the individual and institutional levels and to determine the priorities in the area of health: (1) reduce vulnerability; (2) foster resilience; and (3) avoid the development of burn-out.

Conclusions: Standardizing crisis management and availability of human resources will help to manage emotions caused by a traumatic event, and diminish the impact in communities, organizations, victims, communicators, and those working in relief activities.

Different measures are suggested as ways that could improve the organizational capacity to respond to disasters and catastrophes and avoid becoming victims: (1) foster resilience according to each particular culture; (2) consider effective strategies for states of emergency; (3) draft a psychosocial risk map; (4) preserve the continuity of training activities; (5) assure the continuity of actions (iatrogenia); and (6) develop strategies to prevent interpersonal conflicts.

Keywords: culture; disasters; psychosocial support; relief; response

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Effect of Autogenic Training on Cardiac Autonomic Nervous Activity in High Risk Ambulance Personnel for Post-traumatic Stress Disorder

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Objective: The effect of autogenic training (AT) on cardiac autonomic nervous activity in high risk ambulance personnel for post-traumatic stress disorder (PTSD) with use of the Impact of Event Scale Revised (IES-R) questionnaire and indexes of heart rate variability (HRV) was examined.

Methods: A total of 22 male ambulance personnel, who were divided into a PTSD high-risk (HR) group (n = 10) and control group (n = 12) were studied. The personnel underwent AT twice or three times a week for two months.

Results: The HR group showed a significantly higher cardiac sympathetic nervous activity and a significantly lower cardiac parasympathetic nervous activity than did the control group at baseline. The AT significantly decreased cardiac sympathetic nervous activity, and significantly increased cardiac parasympathetic nervous activity in both groups. These changes were accompanied by a significant decrease in the total scores of the IES-R.

Conclusion: The use of AT is effective for ameliorating the disturbance of cardiac autonomic nervous activity and psychological issues secondary to PTSD.

Keywords: ambulance personnel; autogenic training (AT); post-traumatic stress disorder (PTSD)

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Recommendations of the United Kingdom (UK) National Institute for Clinical Excellence's Guidelines on Post-Traumatic Stress Disorder

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