Appendix A

Annotated Reference List of Potential Literature Resources

Note: The following information about potential reference materials on emergency personnel in major disasters was provided by the National Center for Post-Traumatic Stress Disorder. Reference sources were identified from the PILOTS database and are intended as potential background material that may be used by applicants in needs assessment or program design efforts. The inclusion of articles from this resource list does not constitute an endorsement of findings or recommendation of a service model by the Substance Abuse and Mental Health Services Administration.

The document contains articles, book chapters, and other reference materials published since 1990. Pages 1-27 include materials with the specific key words "emergency personnel." Pages 27-32 include materials with the specific key words "fire fighters." Pages 32-36 include materials with the key word "police." Pages 36-40 include materials with the key word "relief workers."

Resources with Information on Disasters and Emergency Personnel

1. <u>Author</u>: Alexander, David Alan; Klein, Susan.

<u>Title</u>: Ambulance personnel and critical incidents: impact of accident and emergency work on mental health and emotional well-being.

Source: British Journal of Psychiatry (ISSN: 0007-1250), v. 178, pp. 76-81 (January 2001).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Mental Health, University of Aberdeen Medical School, Aberdeen, Scotland; Centre for Trauma Research, Royal Cornhill Hospital, Aberdeen, Scotland.

<u>Instruments</u>: General Health Questionnaire (Goldberg). Impact of Event Scale (Horowitz, et. al.). Maslach Burnout Inventory (Maslach and Jackson). Health Symptom Checklist (Bartone, et. al.). Pressure Management Indicator (Williams and Cooper). Coping Methods Checklist (Alexander and Wells).

Year: 2001.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Emergency Personnel. Paramedical Personnel. British. Adults.

Burnout. Coping Behavior. Resilience. PTSD. Disasters.

Abstract: The association between mental health and occupational factors among ambulance personnel has not been thoroughly investigated in the UK. AIMS: To identify the prevalence of psychopathology among ambulance personnel and its relationship to personality and exposure to critical incidents. METHOD: Data were gathered from ambulance personnel by means of an anonymous questionnaire and standardized measures. RESULTS: Approximately a third of the sample reported high levels of general psychopathology, burnout, and posttraumatic symptoms. Burnout was associated

with less job satisfaction, longer time in service, less recovery time between incidents, and more frequent exposure to incidents. Burnout and GHQ-28 caseness were more likely in those who had experienced a particularly disturbing incident in the previous 6 months. Concerns about confidentiality and career prospects deter staff from seeking personal help. CONCLUSIONS: The mental health and emotional well-being of ambulance personnel appear to be compromised by accident and emergency work. [Author Abstract]

2. <u>Author</u>: Bechtel, Gregory A; Hansberry, Anita H; Gray-Brown, Doris.

<u>Title</u>: Disaster planning and resource allocation in health services.

Source: Hospital Material Management Quarterly (ISSN: 0192-2262), v. 22, no.

2, pp. 9-17 (November 2000).

Form of Material: Journal Article.

Affiliation: School of Nursing, Southern University, Baton Rouge, LA, USA;

Louisiana Department of Health and Hospitals, Baton

Rouge, LA, USA.

Year: 2000. Language: English.

<u>Language</u>. English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Health Care Policy. Victim Services. Effects. PTSD.

Emergency Personnel. Survivors.

Abstract: The increasing prevalence of natural disasters, environmental tragedies, and depraved human behavior has generated excessive costs in both human and material resources at a time when cost-efficiency and control is continually emphasized by managed care contracts, business, and government agencies. As a result, increasing pressure has been placed on hospital material managers to do more with less, while also providing the necessary resources to respond efficiently and effectively during an emergency. A successful comprehensive, risk-based emergency management program of preparedness, response, and recovery will reduce the loss of life and resources. [Author Abstract] KEY WORDS: collaborative partnerships; disaster planning; resource allocation.

3. Author: Bowenkamp, Christine.

<u>Title</u>:Coordination of mental health and community agencies in disaster response.

<u>Source</u>: International Journal of Emergency Mental Health (ISSN: v. 2, no. 3, pp. 159-165 (Autumn 2000).

Form of Material: Journal Article.

Affiliation: American Red Cross, Falls Church, VA, USA.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: American Red Cross. Disasters. Terrorism. Psychological

Debriefing. PTSD. Survivors. Witnesses. Emergency Personnel.

Victim Services. Policy Issues. Voluntary Organizations.

<u>Abstract</u>: Within the past 10 years, the American Red Cross has responded to dramatic disasters and terrorist events that have resulted in significant loss of life and traumatic stress responses. These disasters have included events as diverse as earthquakes, explosions, and aviation accidents. [Author Abstract]

4. <u>Author</u>: Nocera, Antony.

<u>Title</u>: Prior planning to avoid responders becoming "victims" during disasters. <u>Source</u>: Prehospital and Disaster Medicine (ISSN: 0882-7397), v. 15, no. 1, pp. 46-48 (January-March 2000).

Form of Material: Journal Article.

Affiliation: NRMA CareFlight, Westmead NSW, Australia.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Prevention. PTSD. Critical Incident Stress Debriefing. Disasters.

Emergency Personnel. Medical Personnel. Survivors.

Victim Services. Somatoform Disorders.

Abstract: Prior planning to meet the physical and mental needs of medical and emergency services responders is a practical measure to reduce staff stress. This has the potential to improve both the operational efficiency of a disaster response and reduce the incidence of PTSD in responders. Research is needed to define which interventions provide the greatest benefits to local responders. [Author Abstract] KEY WORDS: disasters; disaster workers; emergency medical services; fatigue; needs; planning; PTSD; psychological reactions; responders; stress.

5. <u>Author</u>: Weisaeth, Lars.

<u>Title</u>: Briefing and debriefing: group psychological interventions in acute stressor situations.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 45-57. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Division of Disaster Psychiatry, Institute of Psychiatry, University of

Oslo, Oslo, Norway.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>:Psychological Debriefing. Emergency Personnel. Disasters. Survivors. Males. Females. Military Personnel. Treatment. Effectiveness. <u>Abstract</u>: Research reported in this chapter describes findings from two disasters involving both full-time and reserve personnel and shows that, as with other studies, those receiving debriefing perceived it as helpful, and that the majority of people in both groups talked through the experiences with others, usually in groups. It was felt to have helped professionally and increased self-competence. Self-esteem is seen by the author as a central issue, and threat to self-esteem may be the most severe stress for a soldier. He also reports that the greatest fear

experienced by the majority of soldiers is the fear that they will not be able to stand up to the combat experience, and this is more so for commanders. It is frequently reported as being even more fear-arousing than risk of death or mutilation. The author concludes that group stress debriefing can be effective in "transforming subjective experience to learning experience" and that "injury or threat to self-esteen" is a "crucial dimension that needs to be addressed in the GSD" -- this refers to the repair of both individual and team confidence -- "to get the group to accept reality, and that, everything considered, the group had done as well as it could." [Adapted from Introduction]

6. <u>Author</u>: Stuhlmiller, Cynthia M; Dunning, Christine M.

<u>Title</u>: Concerns about debriefing: challenging the mainstream.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 305-320. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Academic Department of Psychiatry, St. George Hospital, Kogarah

NSW, Australia; University of Wisconsin, Milwaukee, WI, USA.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Psychological Debriefing. Treatment Effectiveness. Commentary.

Negative Therapeutic Reaction. Positive Effects. Disasters. Emergency

Personnel.

Abstract: Psychological debriefing after disastrous events has become a widespread and popular trend over the past 15 years. Conceptualization and interventions, as generated by and promoted from the framework of psychology, have been generally accepted with little debate or critique. Despite a few early challenges and more recent evidence questioning its efficacy, psychological debriefing currently stands as the panacea organizational response for stressful conditions. It is argued here that approaches derived from a pathogenic framework overshadow positive outcomes, undermine individual and collective restorative capabilities and responsibility, and can have iatrogenic effects. Underpinning the discussion is the effect of the diagnostic culture in creating and maintaining the deficit view of experience and the role of professionals in treating clients. A critical rethink is called for to incorporate a more balanced perspective that includes discovery and promotion of self-reliance, resilience, efficacy, and support for positive utilization of everyday occupational and personal connections for recovery. After commentary regarding the medical context from which current debriefing practices have evolved, research data are used to illustrate several concerns. An alternative conceptualization based on the salutogenic paradigm is outlined. [Text, pp. 305-306]

7. <u>Author</u>: Robinson, Robyn C.

<u>Title</u>: Debriefing with emergency services: Critical Incident Stress Management.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 91-107. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Trauma Support Consultants, North Carlson VIC, Australia.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Critical Incident Stress Debriefing. Treatment Effectiveness.

Disasters. Emergency Personnel.

Abstract: This chapter focuses on Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISD) in emergency services agencies. In the first section, key terms are defined and then a brief background of emergency service CISM/CISD is described. The conceptual basis for CISM/CISD follows, with the context in which CISM and CISD are applied in emergency services. Evaluation studies of CISM/CISD are reviewed, and comments are made about the difficulties that face research efforts in this area. There follows a summary of the effects and risks of CISM/CISD, and, finally, a description of the essential elements of debriefing. [Text, pp. 91-92]

8. <u>Author</u>: Mitchell, Jeffrey T; Everly, George S.

<u>Title</u>: Critical Incident Stress Management and Critical Incident Stress Debriefings: evolutions, effects and outcomes.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 71-90. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: International Critical Incident Stress Foundation, Ellicott City, MD,

USA.

Note: Review Article: 98 references.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Critical Incident Stress Debriefing. Treatment Effectiveness. Psychotherapeutic Processes. Disasters. Emergency Personnel. Literature Review.

<u>Abstract</u>: The authors have pioneered the use of a comprehensive, integrated, and multicomponent crisis intervention referred to as Critical Incident Stress Management (CISM). In this chapter, the comprehensive CISM system is described and reviewed. [Introduction]

9. <u>Author</u>: Lundin, Tom.

Title: Debriefing after disaster.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 182-194. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Department of Neuroscience, Centre for Traumatic Stress Studies, Uppsala University Hospital, Uppsala, Sweden.

Instruments: Impact of Event Scale (Horowitz, et. al.). General Health Questionnaire (Goldberg). Post-Traumatic Symptom Scale (Holen, et.

al.). Sense of Coherence Questionnaire (Antonovsky).

Year: 2000.

Language: English. Availability: General.

Descriptors: Disasters. Emergency Personnel. Adults. Swedes. Boras Hotel Fire (1978). Armenian Earthquake (1988). Psychological Debriefing. Estonia Ferry Sinking (1994). Peacekeeping Personnel. Yugoslav Wars of Secession. Effects. Treatment Effectiveness.

Abstract: In examining research studies from widely differing disasters such as the Armenian earthquake, the "Estonia" ferry disaster, and of Swedish NATO soldiers in Bosnia, the author shows that traumatic stress symptoms decrease over time, but that this may not be able to be related to debriefing. Degrees of preparation, training, and previous experience may be more significant, as may "professional" as compared with "nonprofessional" roles. The enormous difficulties in identifying the influence of particular factors, including specific interventions, is highlighted in this research. However, it is of interest to note that, with the largest number of subjects (Swedish NATO soldiers), peer support plus post-incident defusing had the most positive effect on mental health; whereas, peer support alone, or peer support followed by defusing and debriefing, had no better effect than no support at all, another finding indicating caution about debriefing. The author also comments on the importance of interventions being "owned" by the system and suggests that the research questions and evaluation framework should be set up as a "we" project, as should be debriefing. If this occurs, the research itself may also serve therapeutic or debriefing ends. [Introduction]

10. Author: Chemtob, Claude M.

Title: Delayed debriefing: after a disaster.

Source: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 227-240. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Pacific Islands Division, National Center for PTSD, Department of Veterans Affairs, Honolulu, HI, USA.

Year: 2000.

Language: English. Availability: General.

<u>Descriptors</u>: Disasters. Survivors. Psychological Debriefing. Hurricane Iniki (1992). School-age Children. Elementary School Students.

Emergency Personnel. Adults. Teachers. Psychotherapeutic Processes.

Americans.

Abstract: This chapter presents a brief description of the conceptual origins of psychological debriefing. Then, specific trauma prevention principles embedded

in psychological debriefing are described. Some extensions of these principles used by the author are also given. Case examples of extended applications of psychological debriefing are then presented to illustrate broader application of these principles. Well-controlled additional research on trauma prevention that capitalizes on advances in field and naturalistic research is called for in the conclusion of the chapter. [Text, p. 228]

11. Author: Hodges, Craig.

<u>Title</u>: The tyranny and triumph of distance: disaster response planning for decentralised mental health services.

<u>Source</u>: Australian Journal of Emergency Management (ISSN: 1324-1540), v. 13, no. 4, pp. 49-43 (Summer 1999).

Form of Material: Journal Article.

<u>Affiliation</u>: Mental Health Unit, Queensland Health, Brisbane QLD, Australia. Note: Presented at the Disaster Management: Crisis and Opportunity: Hazard Management and Disaster Preparedness in Australasia and the Pacific Region Conference, Cairns QLD, 1998 November 1-4.

Year: 1999.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Australians. Disasters. Effects. Emergency Personnel. Health Care Policy. Mental Health Personnel. Survivors. Treatment Effectiveness. Victim Services.

Abstract: Queensland Health has recently undertaken a project to implement effective disaster response planning by mental health services, which is both consistent and coordinated across the State. This experience has provided an excellent opportunity to examine the tensions between locally-based and centralised organisations, in addition to a review of effective strategies for meeting the community's specialist mental health needs in the circumstances of a disaster. [Text, p. 40]

12. Author: Gist, Richard; Lubin, Bernard; Redburn, Bradley G.

<u>Title</u>: Psychosocial, ecological, and community perspectives on disaster response.

<u>Source</u>: Journal of Personal and Interpersonal Loss (ISSN: 1081-1443), v. 3, no. 1, pp. 25-51 (January-March 1998).

Form of Material: Journal Article.

Affiliation: Johnson County Community College, Overland Park, KS, USA.

Note: Review Article: 90 references.

Year: 1998. Language: English. Availability: General.

<u>Descriptors</u>: Commentary. Critical Incident Stress Debriefing. Disasters. Effects. Hyatt Regency Kansas City Collapse (1981). Literature Review. Negative Therapeutic Reaction. Policy Issues. Emergency Personnel. United Flight 232 Crash (Sioux City, 1989).

<u>Abstract</u>: Psychological intervention has grown in little more than a decade from an occasional afterthought in disaster response systems to a thriving enterprise. With that growth, however, have come features that sometimes resemble cottage industries, social movements, or, in extreme cases, evangelical cults. The social history of this evolution is reviewed from the perspective of participant observers, and the issues and implications of recent research are considered in the context of integrated models of theory, research, and application. [Author Abstract]

13. Author: O'Brien, L Stephen.

Title: Prevention of post-traumatic illness.

<u>Source</u>: O'Brien, L Stephen. Traumatic events and mental health, 1st ed., pp. 262-281. Cambridge: Cambridge University Press, 1998 (ISBN: 0-521-57886-8; Psychiatry and medicine).

Form of Material: Book Chapter.

Affiliation: Aintree Hospitals NHS Trust, Liverpool, England.

Instruments: General Health Questionnaire (Goldberg). Impact of Event Scale

(Horowitz, et. al.). Year: 1998.

<u>Language</u>: English. Availability: General.

Descriptors: Adults. Americans. Australians. British. Disasters. Health Care Policy. Israelis. Military Personnel. Prevention. Psychological Debriefing. PTSD. Emergency Personnel. Survivors. Treatment Effectiveness. Veterans. War. Abstract: As recently as 1994, Lundin has said, "It is not quite clear that it is possible to prevent PTSD by means of early psychological support, counselling, or psychotherapeutic treatment." However, despite this, he nevertheless expresses the view, which is no doubt held by many who work in the anagement of provision of health services, that there is a "basic human duty" to try to do so. Interestingly, he sees the introduction in DSM-IV of the new category of acute stress disorder as a step in the process of trying to prevent PTI. In fact, if we look at the evidence, it is necessary to go further than Lundin and accept that it is far from clear that it is possible to prevent PTSD and PTI with the techniques which have been championed. Indeed, we need to examine the evidence that there is any way to prevent PTI. [Adapted from Text, pp. 262, 263]

14. <u>Author</u>: O'Brien, L Stephen.

<u>Title</u>: Epidemiology of post-traumatic stress disorder and post-traumatic illness. <u>Source</u>: O'Brien, L Stephen. Traumatic events and mental health, 1st ed., pp. 53-82. Cambridge: Cambridge University Press, 1998 (ISBN: 0-521-57886-8; Psychiatry and medicine).

Form of Material: Book Chapter.

Affiliation: Aintree Hospitals NHS Trust, Liverpool, England.

Note: Review Article: 108 references.

<u>Instruments</u>: Diagnostic Interview for Children and Adolescents (Herjanic, et. al.). Minnesota Multiphasic Personality Inventory (Hathaway and McKinley). PTSD Reaction Index (Frederick). Schedule for Affective Disorders and Schizophrenia (Endicott and Spitzer).

Year: 1998.

<u>Language</u>: English. Availability: General.

<u>Descriptors</u>: Adults. Americans. Australians. British. Children. Crime. Disasters. Emergency Personnel. Epidemiology. Females. War Imprisonment. Israelis.

Literature Review. Males. PTSD (DSM-IV). Survivors. War.

Abstract: As with so much else, the vast majority of the research into the epidemiology of post-traumatic illness has looked at PTSD specifically. However, whereas the combat studies tend to concentrate solely on this, there are a number of civilian trauma-related and disaster-related studies which have looked at the incidence and prevalence of other conditions following trauma exposure. There are generally three types of epidemiological studies which have been carried out in post-traumatic research: (1) those looking at patients presenting for treatment, (2) those looking at identifying high-risk groups or at those otherwise selected, (3) genuine community studies of prevalence. The last of these seems to be the most important and is the least common. It is unsurprising that community studies of a "new" condition would be preceded by studies of complainants and of high-risk groups. However, there can be no doubt that the only way to estimate the real relevance and importance of the condition is to measure its prevalence in the general population. Such studies do now exist. [Text, p. 53]

15. Author: O'Brien, L Stephen.

Title: Aetiology and predisposing factors.

<u>Source</u>: O'Brien, L Stephen. Traumatic events and mental health, 1st ed., pp. 83-118. Cambridge: Cambridge University Press, 1998 (ISBN: 0-521-57886-8; Psychiatry and medicine).

Form of Material: Book Chapter.

Affiliation: Aintree Hospitals NHS Trust, Liverpool, England.

Instruments: Addiction Severity Index (McLellan, et. al.). Brief Symptom Inventory (Derogatis and Spencer). Eysenck Personality Inventory (Eysenck and Eysenck). Eysenck Personality Questionnaire (Eysenck and Eysenck). Millon Clinical Multiaxial Inventory (Millon). Minnesota Multiphasic Personality Inventory (Hathaway and McKinley). Mississippi Scale for Combat-Related PTSD (Keane, et. al.). Structured Clinical Interview for DSM-III-R Posttraumatic Stress Disorder (Saxe).

Year: 1998.

<u>Language</u>: English. Availability: General.

<u>Descriptors</u>: Adults. Disasters. Etiology. Neuroendocrinology. Neurophysiology. Personality Traits. PTSD (DSM-IV). PTSD (ICD-10). Emergency Personnel. Social Support Networks. Survivors. Twins. Veterans. Vietnam War. <u>Abstract</u>: If trauma causes PTSD and Post Traumatic Illness (PTI), then the aetiology – the causes and origins of the disease – is defined. This does not, however, explain the cause of PTI fully. The simple equation [that] trauma [causes] PTI does not hold good. [It is] by no means [the case that] everyone exposed to trauma develops PTI. Even those exposed to the same trauma do not

develop PTI. We will focus on the underlying substrate of PTSD as the biological changes of other PTIs are described in works on the individual conditions, such as affective disorder or specific phobia, and have been investigated for many years. This chapter will explore the question of whether or not there are specific physical changes or signs associated with the development of PTSD: Are there neuronal changes? Are there hypothalamic-pituitary-adrenal (HPA) axis changes? Are there other pathological or biochemical changes? Are there physiological changes? Is there a Grand Unified Theory which will explain the observed changes? There will be an attempt to answer these questions, coming to some sort of view of the aetiology of PTI and PTSD and of the teleology of PTSD, in particular. [Adapted from Text]

16. <u>Author</u>: Miller, Laurence.

<u>Title</u>: Shocks to the system: psychotherapy of traumatic disability syndromes, 1st ed. (332 pp.).

Source: New York: Norton, 1998 (ISBN: 0-393-70256-1).

Form of Material: Book.

Affiliation: Private Practice, Boca Raton, FL, USA; Florida Atlantic University,

Boca Raton, FL, USA.

Note: Selected chapters are indexed individually [14935-14946].

Year: 1998.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Adults. Children. Crime. Disasters. Etiology. Family Members.

Injuries. Medical Procedures. Mental Health Personnel. Prevention. Psychotherapy. PTSD. Emergency Personnel. Survivors. Treatment Effectiveness.

Abstract: In an effort to understand and aid patients, I began to research the clinical and scientific literature on stress, pain, and trauma to see what insights others had to come up with that I could combine with my own observations and experiences. It soon became apparent that many clinicians are treating the proverbial trees while missing the forest. That is, they are addressing chronic pain, or postconcussion syndrome, or PTSD, as an individual, discrete clinical entity, without recognizing how each of these procrustian diagnostic categories relates to the larger issue of psychic wounding and traumatic disability. All too often, even well-meaning and conscientious clinicians who may be skilled therapists in their own areas of specialization simply don't have adequate knowledge of, or experience with, these traumatic disability diagnoses and treatments. Therefore, one goal of this book is to make the necessary information accessible to those in the helping professions who are charged with the task of caring for trauma survivors. [Adapted from Text, p. xiv]

Author: Marmar, Charles R; Weiss, Daniel S; Metzler, Thomas J.
 <u>Title</u>: Peritraumatic dissociation and posttraumatic stress disorder.
 <u>Source</u>: Bremner, J Douglas; Marmar, Charles R ed. (ed.). Trauma, memory, and dissociation, pp. 229-252. Washington: American Psychiatric Press, 1998 (ISBN: 0-88048-753-4; Progress in psychiatry, 54).

Form of Material: Book Chapter.

<u>Affiliation</u>: Department of Psychiatry, University of California, San Francisco, CA, USA; Mental Health Service, Department of Veterans Affairs Medical Center, San Francisco, CA, USA.

Note: The text of the Peritraumatic Dissociative Experiences Questionnaire - Self-Report Version appears on pp. 249-250; the Rater Version appears on pp. 251-252.

<u>Instruments</u>: Peritraumatic Dissociative Experiences Questionnaire (Marmar and Weiss). Minnesota Multiphasic Personality Inventory-2 (Butcher, et. al.).

Dissociative Experiences Scale (Bernstein and Putnam).

Year: 1998.

Language: English. Availability: General.

<u>Descriptors</u>: Vietnam War. Disasters. Survivors. Veterans. Emergency Personnel. Adults. Americans. Males. Females. Dissociative Symptoms. PTSD. Diagnosis. Trauma Assessment Instruments. Self-report Instruments. Interview Schedules. Psychotherapy. Etiology.

Abstract: Independently replicated clinical and research findings point toward an important vulnerability role for peritraumatic dissociation as a risk factor for subsequent PTSD. These findings were at first surprising, given the prevailing clinical view that dissociative responses to trauma at the time catastrophic events occur conferred a sense of distance and safety to the victim. For example, an adult survivor of childhood incest reported that, during the experience of being sexually abused, she would leave her body and view the assault from above, with a feeling of detachment and compassion for the helpless little child who was being assaulted sexually. Although out-of-body and other peritraumatic dissociative responses at the time of traumatic stress exposure may defend against even more catastrophic states of helplessness and terror, dissociation at the time of trauma is one of the most important risk factors for the subsequent development of chronic PTSD. [Adapted from Text, p. 233]

18. Author: Rosser, Rachel M.

Title: Effects of disasters on helpers.

<u>Source</u>: Black, Dora; Newman, Martin C; Harris-Hendriks, Jean M; Mezey, Gillian C (ed.). Psychological trauma: a developmental approach, pp. 326-338. London: Gaskell, 1997 (ISBN: 0-902241-98-2).

Form of Material: Book Chapter.

Affiliation: Department of Psychiatry, Middlesex Hospital, London, England.

Year: 1997.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Burnout. Clergy. Disasters. Effects. Trauma Contagion. Mass Media. Medical Personnel. Mental Health Personnel. Prevention. PTSD. Emergency Personnel.

<u>Abstract</u>: The characteristics of traumatic reactions, which are general to any helper, were considered briefly. Then, experiences more characteristic of helpers in specific roles were discussed. These include people involved in the

physical act of rescue as professionals or as volunteers, such as fire officers, ambulance staff, police, and those involved in the immediate aftermath, including religious leaders, those identifying the dead, accident and emergency staff, cleaners, and mortuary attendants. Those with particular occupational hazards, especially transport workers, are also considered. Therapists' experiences and the timing of their interventions are explored. Role confusions, reversals, and misunderstandings are desribed in relation to all helpers, victims, expert witnesses, and professionals in senior positions. This leads into two new notions of the 'wounded healer' and the multigenerational transmission of trauma. [Adapted from Author Summary]

19. <u>Author</u>: Gerrity, Ellen T; Flynn, Brian W.

<u>Title</u>: Mental health consequences of disasters.

Source: Noji, Eric K (ed.). The public health consequences of disasters, pp. 101-121. New York: Oxford University Press, 1997 (ISBN: 0-19-509570-7).

Form of Material: Book Chapter.

<u>Year</u>: 1997.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Children. Critical Incident Stress Debriefing. Disasters. Effects. Emergency Personnel. Mental Health Personnel. Research Needs. Survivors. Treatment Effectiveness. Vicarious Traumatization. Victim Services. <u>Abstract</u>: Experiencing a disaster is often one of the single most serious traumatic events a person can endure, and this experience can have both shortand long-term effects on mental health and functioning, such as dissociation, depression, and PTSD. To understand these effects, we must first grasp the nature of trauma, understand what happens to people when they experience it and then try to cope, and acknowledge what works and what does not in the process of recovery. Large-scale preparedness and emergency response programs need to consider the behavioral and emotional factors underlying the responses of people to such trauma, responses that can lead to the ultimate success or failure of disaster-relief and -preparedness programs. [Text, pp. 101-102]

20. Author: Burkle, Frederick M.

<u>Title</u>: Acute-phase mental health consequences of disasters: implications for triage and emergency medical services.

<u>Source</u>: Annals of Emergency Medicine (ISSN: 0196-0644), v. 28, no. 2, pp. 119-128 (August 1996).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Surgery, John A. Burns School of Medicine and School of Public Health, University of Hawaii, Honolulu, HI, USA.

Note: Review Article: 78 references.

<u>Year</u>: 1996.

Language: English. Availability: General.

<u>Descriptors</u>: Acute Stress Disorder. Adults. Aged. Children. Critical Incident Stress Debriefing. Disasters. Epidemiology. Literature Review. Prevention. PTSD. Emergency Personnel. Survivors. Victim Services.

Abstract: The focus in disaster management is usually directed to the surgical and medical needs of the primary casualties, because our emergency medical services (EMS) systems are trauma-oriented. Triage and disaster management plans, for the most part, fail to include in their classifications the primary casualty who, in addition, suffers acute psychologic consequences of the physical trauma, or the primary casualty who suffers psychologic signs and symptoms alone, without physical trauma. Secondary victims include bereaved, anxious, or depressed relatives or friends of primary victims, as well as persons who witness the destructiveness of the disaster but who do not experience the actual impact. Tertiary victims include those noninjured rescue workers who present either acutely or over time with symptoms suggestive of posttraumatic stress. This article focuses on building an EMS system framework for recognition and response to psychologic problems in the acute phase of the disaster only. [Text, pp. 119, 120]

21. Author: Stuhlmiller, Cynthia M.

<u>Title</u>: Studying the rescuers.

Source: Reflections (ISSN: 0885-8144), v. 22, no. 1, pp. 18-19 (Spring 1996).

Form of Material: Journal Article.

Year: 1996.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Americans. Critical Incident Stress Debriefing. Loma Prieta Earthquake (1989). Natural Disasters. Negative Therapeutic Reaction. Nursing. Oakland Fire (1991). PTSD. Emergency Personnel.

<u>Abstract</u>: Argues that nurses can play a beneficial role in dealing with rescuers after a disaster, and warns that debriefings that focus on the potential for PTSD symptom formation may be counter-productive. [FAL]

Author: Paton, Douglas; Stephens, Christine.

Title: Training and support for emergency responders.

<u>Source</u>: Paton, Douglas; Violanti, John M (ed.). Traumatic stress in critical occupations: recognition, consequences and treatment, pp. 173-205. Springfield, Illinois: Charles C. Thomas, 1996 (ISBN: 0-398-06578-0).

Form of Material: Book Chapter.

<u>Affiliation</u>: Department of Psychology, Massey University, Palmerston North, New Zealand.

Year: 1996.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Critical Incident Stress Debriefing. Disasters. Effects. Prevention. Emergency Personnel. Self Esteem. Social Support Networks.

Treatment Effectiveness.

<u>Abstract</u>: Discusses training of members of high-risk professions to prepare them for the psychological and emotional demands imposed by involvement in traumatic incidents. Reviews evidence for the effectiveness of critical incident stress debriefing and considers event-related and social-organizational factors that might explain its failure to consistently demonstrate a positive impact on post-trauma morbidity. [Adapted from Introduction, p. 13]

23. Author: Dick, Lois Chapman.

<u>Title</u>: Impact on law enforcement and EMS personnel.

<u>Source</u>: Doka, Kenneth J (ed.). Living with grief after sudden loss: suicide, homicide, accident, heart attack, stroke, pp. 173-184. Washington: Hospice Foundation of America, 1996 (ISBN: 1-56032-578-X).

Form of Material: Book Chapter.

Year: 1996.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Bereavement. Disasters. Effects. Family Members. Emergency

Personnel. Survivors. Treatment.

<u>Abstract</u>: Discusses the impact of traumatic loss on emergency services personnel and police, and suggests ways to counsel and care for them and their families. [FAL]

24. Author: Moran, Carmen C.

<u>Title</u>: The 1994 NSW bushfires: perception of the disaster response from a psychological perspective.

<u>Source</u>: International Journal of Mass Emergencies and Disasters (ISSN: 0280-7270), v. 13, no. 2, pp. 179-196 (August 1995).

Form of Material: Journal Article.

<u>Affiliation</u>: School of Social Work; University of New South Wales, Sydney NSW, Australia.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Australians. Emergency Personnel. Fire Fighters. Fires. Government Agencies. Mass Media. Natural Disasters. PTSD. Survivors. Victim Services.

Abstract: In Australia, the term "bushfire" refers to a variety of fires, ranging from minor fires in isolated scrub areas to major conflagrations by forests or parklands. In January 1994, over 150 bushfires burned across New South Wales (NSW), the most populous state in Australia. The majority of bushfires were of the extreme type and resembled those termed "wildfire" in many other parts of the world. The fires occurred over the period of December 31, 1993, to January 14, 1994, but some fires burned before and after this. This paper examines the reactions of participants in and observers of the emergency response to the fires from a behavioral perspective during the 4 days [of] January 6-9, during which the bushfires were at their peak. The information presented here has been selected to reflect the types of stimuli, decisions, and emotions faced by those

involved in responding to bushfires. This paper does not present a technical description of the fires. The information about the emergency response here includes information presented on radio, television, and in newspapers during the period of major outbreaks, especially radio interviews. [Text, p. 179]

25. Author: Skolnick, Andrew A.

<u>Title</u>: First complex disasters symposium features dramatically timely topics. <u>Source</u>: Journal of the American Medical Association (ISSN: 0098-7484), v. 274, no. 1, pp. 11-12 (July 5, 1995).

Form of Material: Journal Article.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Emergency Personnel. Survivors. Terrorism. Victim

Services.

<u>Abstract</u>: A brief report on the first Harvard University Symposium on Complex Disasters (Boston, 1995) which brought together an interdisciplinary group of experts to examine the ethical and logistical problems that follow disaster. [Adapted from Text]

26. Author: Morgan, Jane.

<u>Title</u>: American Red Cross Disaster Mental Health Services: implementation and recent developments.

<u>Source</u>: Journal of Mental Health Counseling (ISSN: 1040-2861), v. 17, no. 3, pp. 291-300 (July 1995).

Form of Material: Journal Article.

Affiliation: American Red Cross, Washington, DC, USA.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: American Red Cross. Disasters. Hurricane Andrew (1992).

Emergency Personnel. Prevention. PTSD. Survivors. Crisis

Intervention. Voluntary Organizations.

Abstract: The American Red Cross (ARC) Disaster Mental Health Services program uses a multidisciplinary approach (model) to deliver crisis intervention to disaster workers and victims in the aftermath of a hurricane. This model was used for the first time in 1992 in response to Hurricane Andrew and is now a part of all major disaster operations involving the ARC. The author discusses the impetus for the ARC's development of the program, the early implementation of the program, and ongoing challenges in the further development of this approach to disaster services. [Author Abstract]

27. <u>Author</u>: Everly, George S.

<u>Title</u>: The role of the Critical Incident Stress Debriefing (CISD) process in disaster counseling.

<u>Source</u>: Journal of Mental Health Counseling (ISSN: 1040-2861), v. 17, no. 3, pp. 278-290 (July 1995).

Form of Material: Journal Article.

Affiliation: International Critical Incident Stress Foundation, Ellicott City, MD,

USA.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Critical Incident Stress Debriefing. Disasters. PTSD. Emergency

Personnel.

Abstract: Even before its inclusion in the official psychiatric nosology, posttraumatic stress was known as an occupational hazard for certain high-risk professional groups such as personnel in emergency services, public safety, and disaster response. Critical Incident Stress Debriefing (CISD) represents a structured posttrauma group intervention explicitly designed for the mitigation of posttraumatic stress. This article provides an introduction to and an overview of the CISD process, which has been used in various settings for approximately 10 years. [Author Abstract]

28. <u>Author</u>: Westerink, Jan.

Title: Peer support programs.

Source: Australian Counselling Psychologist, v. 11, no. 1, pp. 32-38 (June 1995).

Form of Material: Journal Article.

Affiliation: Charles Sturt University, Bathurst NSW, Australia.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Australians. Critical Incident Stress Debriefing. Disasters.

Prevention. Emergency Personnel.

<u>Abstract</u>: Peer Support Officers (PSOs) comprise an important component of a critical incident stress debriefing team. This paper will present some of the historical premises for PSOs, in addition to providing a basic framework for the development of a PSO program. [Author Abstract]

29. Author: Everly, George S.

<u>Title</u>: Traumatic stress as a consequence of emergency and disaster response. <u>Source</u>: Everly, George S (ed.). Innovations in disaster and trauma psychology, volume one: applications in emergency services and disaster response, pp. 4-15. Ellicott City, Maryland: Chevron, 1995 (ISBN: 1-883581-03-6).

Form of Material: Book Chapter.

Affiliation: International Critical Incident Stress Foundation, Ellicott City, MD, USA; Union Memorial Hospital, Baltimore, MD, USA; Loyola College, Baltimore, MD, USA.

Year: 1995.

Language: English.

Availability: General.

<u>Descriptors</u>: Critical Incident Stress Debriefing. Disasters. Effects. Paramedical

Personnel. PTSD (DSM-IV). Emergency Personnel.

<u>Abstract</u>: Introduces the concept of post-traumatic stress, examines the psychological hazards of emergency and disaster response functions, and briefly describes post-disaster psychological support for emergency-related personnel. [Adapted from Introduction, p. 2]

30. <u>Author</u>: Dyregrov, Atle.

Title: Effects of traumatized children on the rescuer.

Source: Everly, George S (ed.). Innovations in disaster and trauma psychology, volume one: applications in emergency services and disaster response, pp. 26-

41. Ellicott City, Maryland: Chevron, 1995 (ISBN: 1-883581-03-6).

Form of Material: Book Chapter.

Affiliation: Senter for Krisepsykologi, Bergen, Norway.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Children. Disasters. Effects. Paramedical Personnel. Prevention.

Emergency Personnel. Survivors. Victim Services.

Abstract: Rescue work with traumatized children often evokes several core psychological processes: it potentiates motivating factors in the helper's personality, activates "the child within," breaks down natural defenses, and intensifies identification with the victim or victim's family. Common reactions to working with traumatized children are: helplessness; fear and anxiety; existential insecurity; rage; sorrow and grief; intrusive images; and self-reproach, shame and guilt. Helpers can actively help traumatized children and, at the same time, help themselves by using honest, direct, and open communication; letting children get the facts; going through what happened with them; letting children visit the scene of the event and meet the rescuers and helpers; and allowing children to be part of the follow-up meetings. [Adapted from Text, pp. 27, 31, 40]

31. Author: Lee, Paul.

Title: The psychological effects of disaster.

Source: Macedon Digest (ISSN: 0817-4024), v. 9, no. 1, pp. 25-27 (Autumn 1994).

Form of Material: Journal Article.

Affiliation: Department of Child and Adolescent Psychiatry, Monash Medical

Centre, Australia. Year: 1994.

Language: English.
Availability: General.

Descriptors: Disasters. Effects. Emergency Personnel. Survivors.

<u>Abstract</u>: This article lists the seven stages in the development of disaster situations and the sources of stress which affect both victims and rescue personnel. [ALW]

32. <u>Author</u>: Hiley-Young, Bruce; Gerrity, Ellen T.

<u>Title</u>: Critical Incident Stress Debriefing (CISD): value and limitations in disaster response.

Source: National Center for PTSD Clinical Quarterly (ISSN: 1052-7168), v. 4, no.

2, pp. 17-19 (Spring 1994). Form of Material: Journal Article.

Affiliation: Clinical Laboratory and Education Division, National Center for PTSD,

Veterans Affairs Medical Center, Palo Alto, CA, USA.

Year: 1994.

Language: English.

<u>Availability</u>: Full text available at http://www.ncptsd.org/treatment/cq/v4/n2/hiley-yo.html.

<u>Descriptors</u>: Critical Incident Stress Debriefing. Disasters. Emergency Personnel. Survivors.

Abstract: Critical Incident Stress Debriefing (CISD) was originally developed to mitigate stress responses among emergency first responders. The growing use of these protocols with victims of community-wide disasters deserves scrutiny. In this article, we propose that important differences exist between a "critical incident" and a community-wide disaster and draw attention to clinical issues related to CISD and questions that await study. [Adapted from Text]

33. Author: Young, Marlene A; Stein, John H.

<u>Title</u>: Responding to community crisis.

<u>Source</u>: Williams, Mary Beth; Sommer, John F (ed.). Handbook of post-traumatic therapy, pp. 283-298. Westport, Connecticut: Greenwood Press, 1994 (ISBN: 0-313-28143-2).

Form of Material: Book Chapter. Note: References are on pp. 565-619.

Year: 1994.

<u>Language</u>: English. <u>Availability</u>: General

<u>Descriptors</u>: Crime. Disasters. Emergency Personnel. Outreach Programs.

Psychological Debriefing. Survivors.

<u>Abstract</u>: The authors discuss the development and utilization of the National Organization of Victims' Assistance (NOVA) Crisis Response Team Project. Suggestions for team development, selection, and functions could be utilized by other organizations that offer disaster-related debriefing services. [Adapted from introduction]

34. <u>Author</u>: Raphael, Beverley; Wilson, John P.

<u>Title</u>: When disaster strikes: managing emotional reactions in rescue workers. <u>Source</u>: Wilson, John P; Lindy, Jacob D (ed.). Countertransference in the treatment of PTSD, pp. 333-350. New York: Guilford Press, 1994 (ISBN: 0-89862-369-3).

Form of Material: Book Chapter.

Affiliation: Royal Brisbane Hospital, University of Queensland, Herston QLD,

Australia. Year: 1994.

<u>Language</u>: English. Availability: General.

<u>Descriptors</u>: Countertransference. Critical Incident Stress Debriefing. Disasters. Effects. Emergency Personnel.

Abstract: The authors discuss nine dynamic themes common to rescue work: (1) force and destruction, (2) confrontation with death, (3) helplessness, (4) anger, (5) loss, (6) attachments, (7) elation, (8) survivor guilt, and (9) voyeurism. Disaster and rescue workers are not immune from developing psychiatric disorders; empirical studies that show that from 20 to over 80 percent of rescue workers show symptoms of prolonged stress response. This has implications for job performance, as well as for the nature of clinical interventions necessary to provide care and an opportunity to work through the emotionally troublesome aspects of rescue work. At present, there are few controlled studies of interventions such as critical incident stress debriefing (CISD) and similar techniques, designed to facilitate stablization after disaster work. [Adapted from Introduction]

35. Author: Shechet, Arthur L; Jordan, Carol E.

<u>Title</u>: The Kentucky Post Trauma Response Team: development of a statewide crisis response capability.

Source: Journal of Social Behavior and Personality (ISSN: 0886-1641), v. 8, no. 5, pp. 267-280 (1993).

Form of Material: Journal Article.

 $\underline{\text{Affiliation}} : \text{Bluegrass East Comprehensive Care Center, Lexington, KY, USA}.$

<u>Year</u>: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Americans. Disasters. Prevention. Emergency Personnel. Survivors. Victim Services.

Abstract: The history, development, and implementation of a Statewide post trauma response capability are described in this article. The development of the Kentucky Post Trauma Response Team involved organizing resources from across the State to participate in the development and staffing of the Team. The mission of the Team is to provide services during and immediately after a disaster to victims, other impacted community residents, and emergency services personnel. A comprehensive development process was utilized to produce the Team's operations protocol. The model that emerged was of a centrally coordinated Team with clearly defined goals, procedures, roles, and intervention methodologies. Operations of the Team to this point in time are described, and advantages and disadvantages of the Team's design are explored. The need to further establish the Team's place within the State government structure is discussed. [Author Abstract]

Author: Rosse, William L.

<u>Title</u>: Volunteers and post-disaster recovery: a call for community self-sufficiency. <u>Source</u>: Journal of Social Behavior and Personality (ISSN: 0886-1641), v. 8, no. 5, pp. 261-266 (1993).

Form of Material: Journal Article.

Affiliation: Saybrook Institute, San Francisco, CA, USA.

Year: 1993.

<u>Language</u>: English. Availability: General.

<u>Descriptors</u>: Disasters. Emergency Personnel. Prevention. PTSD. Social Support

Networks. Survivors. Victim Services.

Abstract: Communities, like individuals, have their own strengths and idiosyncratic ways of dealing with trauma. The use of indigenous volunteer resources during a time of disaster or other community-wide trauma is explored, with a particular emphasis on how such deployment may foster both individual and community post-traumatic recovery and assist with the delivery of services to special, "high-risk" populations. [Author Abstract]

37. <u>Author</u>: Rogers, Ogden Willis.

<u>Title</u>: An examination of critical incident stress debriefing for emergency service

providers: a quasi-experimental field survey. [dissertation].

Source: University of Maryland at Baltimore, 1993.

Form of Material: Doctoral Dissertation.

Note: Ph.D. dissertation.

Year: 1993.

Language: English.

Availability: UMI, order no. AAT 9319842.

<u>Descriptors</u>: Critical Incident Stress Debriefing. Treatment Effectiveness.

Emergency Personnel. Disasters.

Abstract: Stress reactions have been considered a significant problem for providers of emergency services in the aftermath of traumatic events known as Critical Incidents. A group crisis intervention technique, Critical Incident Stress Debriefing (CISD), has become known as a useful approach to mitigate the stress reactions considered common to these events. In this dissertation, CISD was examined using standardized stress outcome measures in two groups of emergency medical and fire/rescue providers. The CISD process builds on work from a symbolic-interaction and field theory perspective. All subjects in the study were emergency services providers who had been exposed to emergency rescue operations that met operationalized definitions of exposure to a critical incident. Subsequent selection by the various groups led some of the subjects to engage in the CISD process, while others did not. Demographic and qualitative data were obtained about the various rescue events. A quasi-experimental, nonequivalent, pretest-posttest design measured psychosocial stress response using the Impact of Event and the Everly Stress Inventory. Data were obtained through measurements at pre-intervention and again at 60 days. Data were analyzed using qualitative and multiple regression techniques. The data were suggestive that the CISD process was helpful in reducing psychosocial stress through inculcating a moderate increase in a sense of control about the critical incident. Recommendations are made as to directions for further study. [Author Abstract]

38. <u>Author</u>: Mitchell, Jeffrey T; Everly, George S.

<u>Title</u>: Critical Incident Stress Debriefing (CISD): an operations manual for the prevention of traumatic stress among emergency services and disaster workers. (xiv, 223 pp.)

Source: Ellicott City, Maryland: Chevron, 1993 (ISBN: 1-883581-00-1).

Form of Material: Book.

Affiliation: University of Maryland, Baltimore, MD, USA; Union Memorial Hospital,

Baltimore, MD, USA.

Year: 1993.

<u>Language</u>: English. Availability: General.

Descriptors: Critical Incident Stress Debriefing. Disasters. Psychotherapeutic

Processes. Emergency Personnel.

Abstract: The Critical Incident Stress Debriefing (CISD) process is specifically designed to prevent or mitigate the development of post-traumatic stress among emergency services professions and other high risk disciplines. In this text, we will review not only CISD, but other interventions found useful in preventing or mitigating the effects of excessive stress and trauma. [Text, p. 1] TOPICS TREATED: fundamentals of Critical Incident Stress Debriefing; the nature of human stress; psychotraumatology; history and background of critical incident stress management services; CISD from start to finish; defusings; mechanisms of action and a rationale for consideration; demobilizations; a mass disaster CISD intervention; troubleshooting the CISD process; components of an emergency services CISM team; establishing and maintaining an emergency services CISM team.

39. <u>Author</u>: Mitchell, Jeffrey T; Dyregrov, Atle.

<u>Title</u>: Traumatic stress in disaster workers and emergency personnel: prevention and intervention.

<u>Source</u>: Wilson, John P; Raphael, Beverley (ed.). International handbook of traumatic stress syndromes, pp. 905-914. New York: Plenum Press, 1993 (ISBN: 0-306-43795-3; Plenum series on stress and coping).

Form of Material: Book Chapter.

<u>Affiliation</u>: Emergency Health Services Department, University of Maryland Baltimore County, Catonsville, MD, USA.

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Prevention. PTSD (DSM-III-R). Emergency Personnel. <u>Abstract</u>: Disaster and emergency personnel are not exempt from the devastating impact of tragic events on their emotions, their health, their careers, their families, or their lives. In fact, they may be more seriously affected because they suppress their reactions in order to maintain their ability to function during the crisis, and later because they fear debilitation from their own emotions within their family systems or other aspects of their personal lives. However, the impact on emergency personnel is often hidden from the view of the general public. Specialized preventions and intervention programs, such as those described within this chapter, will be necessary to assist emergency personnel in

maintaining physical and emotional health in the line of duty, as well as a balanced life. [Text, pp. 911-912]

40. Author: Lloyd, Camille; Creson, Daniel L; D'Antonio, Marian S.

<u>Title</u>: A petrochemical plant disaster: lessons for the future.

Source: Journal of Social Behavior and Personality (ISSN: 0886-1641), v. 8, no.

5, pp. 281-298 (1993).

Form of Material: Journal Article.

Affiliation: Department of Psychiatry and Behavioral Sciences, University of

Texas Health Science Center, Houston, TX, USA.

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Emergency Personnel. Family Members. Fires. Prevention. PTSD.

Survivors. Technological Disasters. Victim Services.

Abstract: This paper describes a petrochemical plant disaster, its impact on the psychological functioning of plant employees and their families, and the mental health interventions which were organized to minimize the adverse mental health effects of the disaster event. Mental health interventions consisted of: (1) facilitating the communication of accurate information, (2) providing immediately available counseling services, (3) developing an outreach strategy to serve highrisk individuals, and (4) providing referrals and follow-up care. Based upon observations and experiences in the delivery of these mental health interventions, specific detailed recommendations are offered regarding how to organize and deliver post disaster mental health services. [Author Abstract]

41. <u>Author</u>: Lanou, Frank S.

<u>Title</u>: Coordinating private and public mental health resources in a disaster. <u>Source</u>: Journal of Social Behavior and Personality (ISSN: 0886-1641), v. 8, no. 5, pp. 255-260 (1993).

Form of Material: Journal Article.

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Natural Disasters. Nongovernmental Organizations. Prevention.

Emergency Personnel. Victim Services.

Abstract: To assist disaster mental health professionals in effectively coordinating private with public resources, this paper discusses: (1) the possibility of new ways of thinking and acting; (2) committing and channeling people's energy early; (3) brief, focused training programs; (4) respect for, and transcending, traditional "turf" boundaries; (5) sophisticated computer and telephone systems; and (6) private/public debriefing sessions. [Author Abstract]

42. <u>Author</u>: Gibbs, Margaret S; Drummond, Jill; Lachenmeyer, Juliana R. <u>Title</u>: Effects of disasters on emergency workers: a review, with implications for training and postdisaster interventions.

Source: Journal of Social Behavior and Personality (ISSN: 0886-1641), v. 8, no. 5, pp. 189-212 (1993).

Form of Material: Journal Article.

Affiliation: Department of Psychology, Fairleigh Dickinson University, Teaneck

NJ, USA.

Note: Review Article: 76 references.

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Effects. Literature Review. Medical Personnel.

Prevention. Emergency Personnel.

<u>Abstract</u>: This paper presents a review of the literature regarding the psychological impact of disasters on the emergency workers themselves, with attention to: (1) the type and extent of stressors they experience, and (2) variables, such as coping strategies, that mediate between stressors and psychopathology. Within each section, the implications for interventions with workers are discussed. [Author Abstract]

43. Author: Eranen, Liisa; Liebkind, Karmela.

<u>Title</u>: Coping with disaster: the helping behavior of communities and individuals. <u>Source</u>: Wilson, John P; Raphael, Beverley (ed.). International handbook of traumatic stress syndromes, pp. 957-964. New York: Plenum Press, 1993 (ISBN: 0-306-43795-3; Plenum series on stress and coping).

Form of Material: Book Chapter.

Affiliation: Department of Social Psychology, University of Helsinki, Helsinki,

Finland. Year: 1993

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Effects. Emergency Personnel. Prevention. PTSD. Selfesteem. Survivors. Treatment. Victim Services.

Abstract: The effects of a disaster and the problems created by it can be addressed on different levels. On the societal level, the problem is the maintaining of social order. On the community level, the problem is how to act efficiently and stabilize the chaotic situation created by the disaster. In estimating and evaluating the work of organizations, the expectations of control contained in the culture may be at odds with the situation, especially if the disaster is massive and not easily remedied. Working in a disaster has been found to place stressful and often overwhelming demands on emergency workers. As noted by other authors in this Handbook, a disaster is often a traumatic experience for emergency workers. However, where disaster relief organizations adequately prepare, train, and debrief (i.e., faciliate the stress recovery progress), the emotional reactions can be diminished and effectively dealth with. [Text, p. 963]

44. <u>Author</u>: Kent, Gerry G; Kunkler, A Jane.

<u>Title</u>: Medical student involvement in a major disaster.

Source: Medical Education (ISSN: 0308-0110), v. 26, no. 2, pp. 87-91 (March 1992).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Psychiatry, University of Sheffield, Sheffield, England. <u>Instruments</u>: General Health Questionnaire (Goldberg). Impact of Event Scale (Horowitz, et. al.).

Year: 1992.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: British. Disasters. Effects. Hillsborough Football Stadium Crush (1989). Medical Personnel. Emergency Personnel. Students.

Abstract: Five to 6 months after the deaths of 95 football spectators at Hillsborough football ground, senior clinical students at Sheffield Medical School were surveyed in order to assess their degree of involvement with the disaster. Approximately one student in eight could be said to have had a high level of involvement. Students with high involvement showed higher levels of distress on both the General Health Questionnaire and the Impact of Events Scale. Only a small minority of students attended psychological debriefing groups or counselling sessions, perhaps due to the stigma attached to professional help-seeking. The results have implications for medical training and provision of support within medical schools. [Author Summary] KEY WORDS: disasters; anxiety; students; medical/psychol; stress; psychological; social support; counseling; attitude of health personnel.

45. <u>Author</u>: Raphael, Beverley; Meldrum, Lenore; O'Toole, Brian I.

<u>Title</u>: Rescuers' psychological responses to disasters.

<u>Source</u>: British Medical Journal (ISSN: 0267-0623), v. 303, no. 6814, pp. 1346-1347 (30 November 1991).

Form of Material: Journal Article.

<u>Affiliation</u>: University of Queensland, Royal Brisbane Hospital, Herston QLD, Australia.

Year: 1991.

Language: English.

Availability: General.

<u>Descriptors</u>: Commentary. Disasters. Effects. Emergency Personnel. Prevention. <u>Abstract</u>: Discusses the fact that valuable research has been done to clarify the impact of disasters (including PTSD) on rescue workers and suggests ways of preventing long-term morbidity. [ALW]

46. Author: Bradford, Roger; John, Alexandra Mary.

<u>Title</u>: The psychological effects of disaster work: implications for disaster planning.

<u>Source</u>: Journal of the Royal Society of Health (ISSN: 0035-9238), v. 111, no. 3, pp. 107-110 (June 1991).

Form of Material: Journal Article.

Affiliation: St. Augustine's Hospital, Canterbury, England.

<u>Instruments</u>: General Health Questionnaire (Goldberg). Hopkins Symptom

Checklist (Derogatis, et. al.).

Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Disasters. Effects. Emergency Personnel. Prevention.

Abstract: The paper focuses on the psychological consequences of disaster work. The issue of identifying staff who may be more vulnerable to psychological distress is discussed, as is the need for services to plan psychological screening and support for staff who will be exposed to the trauma of dealing with the aftermath of disasters. It is concluded that active steps need to be taken to incorporate psychological aspects into disaster planning. Specifically, attention should be paid to staff selection, training use of resources, supervision, debriefing, counseling, and feedback. [Author Abstract]

47. <u>Author</u>: Duckworth, Douglas H.

<u>Title</u>: Information requirements for crisis intervention after disaster work. <u>Source</u>: Stress Medicine (ISSN: 0748-8386), v. 7, no. 1, pp. 19-24 (January-March 1991).

Form of Material: Journal Article.

<u>Affiliation</u>: School of Business and Economic Studies, University of Leeds, Leeds, England.

Note: Presented at Symposium on Stress, Psychology and Disasters, 2nd ISIS Conference. Athens. 1989 October 10-11.

Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: British. Disasters. Emergency Personnel. Police Personnel. Crisis Intervention.

Abstract: Over the past 10 years, researchers and employers have shown an increased interest in the psychological problems that can be experienced by firstline disaster workers. This article briefly reviews available research in the area and then illustrates the increased management concern over these problems by describing recent developments in the UK Police Service. Disaster contingency planning in this Service has come to place particular emphasis upon the provision of crisis intervention after potentially traumatic disaster work experiences: early, brief, problem-focused treatment, which aims to restore distressed individuals to a precrisis level of functioning. The possible benefits of such early intervention are considered, and then attention is turned to the types of information required for guiding intervention in specific cases. Beyond basic information relating to current symptoms and coping activities, it will be useful to determine what experiences from before, during, and after the disaster work are implicated in the person's current disturbance, and how the person is modelling these experiences. It will also be important to identify those contemporaneous, psychological appraisal processes that are sustaining the disturbance: individuals who are left to adjust "naturally" typically pay little or no attention to these powerfully disturbing, but, in principle, modifiable appraisal processes.

[Author Summary] KEY WORDS: disasters; post-traumatic stress; professional helpers; adjustment; crisis intervention.

48. <u>Author</u>: Duckworth, Douglas H.

Title: Facilitating recovery from disaster-work experiences.

Source: British Journal of Guidance and Counselling (ISSN: 0306-9885), v. 19,

no. 1, pp. 13-22 (January 1991). Form of Material: Journal Article.

Affiliation: School of Business and Economic Studies, University of Leeds, Leeds,

England. Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Emergency Personnel. Prevention.

Abstract: Over the past 10 years, increasing attention has been given by both employers and researchers to the psychological problems which can be experienced by first-line disaster workers. These developments are briefly charted. Following a discussion of the nature of psychological trauma, the role of the professional counsellor is explored in connection with: (a) preparing rescue and emergency staff for working in a disaster situation, (b) supporting them at the scene of a disaster, and (c) providing psychological assistance in the days and weeks after a disaster. Attention is then turned to the kind of preparation and self-management that might be called for in the counsellors who offer such support. [Author Abstract]

49. Author: Gibson, Marion C A.

<u>Title</u>: Order from chaos: responding to traumatic events. (viii, 170 pp.) <u>Source</u>: Birmingham, England: Venture Press, 1991 (ISBN: 0-900102-88-8).

Form of Material: Book.

Year: 1991.

<u>Language</u>: English. Availability: General.

Descriptors: Adults. Children. Disasters. Effects. Prevention. PTSD (DSM-III).

Emergency Personnel. Survivors. Terrorism. Victim Services.

Abstract: This book is about the emotional needs of those experiencing the results of a personal or major disaster, which has caused confusion and disorder in their lives. The book aims to guide those who may be part of the helping process. The chapters of the book identify needs, provide theoretical perspectives, use case material, and include prescriptive guidelines for helpers. These guidelines may be adapted to meet the specific demands with which the helper is confronted. [Text, p. 2]

50. <u>Author</u>: Holloway, Harry C; Ursano, Robert J.

<u>Title</u>: Relief effort and psychological trauma of the Armenian Earthquake and Ufa train disaster.

<u>Source</u>: Journal of the US Army Medical Department (ISSN: pp. 41-46), (September/October 1990).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Psychiatry, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences, Bethesda, MD, USA.

Year: 1990.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Armenian Earthquake (1988). Explosions. Earthquakes. Railroad Accidents. Russians. Armenians. PTSD. Victim Services. Civil Warfare. Refugees. Displaced Persons. Survivors. Effects. Multiple Traumatic Events.

Emergency Personnel. Telemedicine. Ufa Rail Explosion (1989).

Abstract: This paper reports on some of the psychological consequences of the Armenian earthquake disaster for patients and care givers and describes the consultation provided from a clinical perspective. Another paper, currently being prepared in collaboration with American and Soviet colleagues, will describe the technical aspects of setting up telemedicine communications, including video, voice, and fax, to permit this kind of consulting during the recovery period following a disaster. The following paper will make only [a] brief reference to these matters. [Author Abstract]

51. Author: Alexander, David Alan.

<u>Title</u>: Psychological intervention for victims and helpers after disasters. <u>Source</u>: British Journal of General Practice (ISSN: 0035-8797), v. 40, no. 337, pp. 345-348 (August 1990).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Mental Health, University of Aberdeen Medical School, Aberdeen, Scotland.

Year: 1990.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Survivors. Medical Personnel. Emergency Personnel.

Treatment.

Abstract: Disasters can have long-term and damaging effects on survivors. In addition, those who are involved in disaster work, such as rescue and medical personnel, may become hidden victims. Different kinds of psychological assistance can be provided, but this must be systematic and well organized. Professional help should supplement and facilitate community, personal, and social resources rather than supplant them. This paper provides guidelines for providing such help. [Author Summary]

52. Author: Dunning, Christine M.

<u>Title</u>: Mental health sequelae in disaster workers: prevention and intervention. <u>Source</u>: International Journal of Mental Health (ISSN: 0020-7411), v. 19, no. 2, pp. 91-103 (Summer 1990).

Form of Material: Journal Article.

<u>Affiliation</u>: Department of Governmental Affairs, University of Wisconsin, Milwaukee, WI, USA.

Year: 1990.

<u>Language</u>: English. Availability: General.

<u>Descriptors</u>: Disasters. Emergency Personnel. Prevention. Victim Services. <u>Abstract</u>: TOPICS TREATED: Predisaster stress management (stress inoculation

training and stress audits; planning for disasters); Postdisaster stress

management; Post-trauma intervention; Conclusions.

53. <u>Author</u>: Shepherd, Melanie A; Hodgkinson, Peter E.

Title: The hidden victims of disaster: helper stress.

Source: Stress Medicine (ISSN: 0748-8386), v. 6, no. 1, pp. 29-35 (January-

March 1990).

Form of Material: Journal Article.

Affiliation: Bexley Health Authority, Bexley, Kent, England.

<u>Year</u>: 1990.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Effects. Emergency Personnel. Mental Health Personnel.

Witnesses.

Abstract: The effects of disaster work on helpers, both of the emergency services type (rescue, recovery, and identification personnel) and those who offer psychological support, are reviewed. In terms of emotional, cognitive, and behavioural effects, a significant number experience short-term stress, and a small percentage experience long-term effects, which may be of the fluctuating nature. The extent and nature of the encounter with death and organizational factors appear as particular stressors. Coping styles (e.g., hardiness), age, experience, and social support have been identified as moderating factors. Positive, as well as, negative effects are observed. [Author Abstract] KEY WORDS: disaster stress; helper stress; aircrash; fire; mass suicide; avalanche.

54. Author: Walker, Gail.

<u>Title</u>: Crisis-care in critical incident debriefing.

Source: Death Studies (ISSN: 0748-1187), v. 14, no. 2, pp. 121-133 (1990).

Form of Material: Journal Article.

Affiliation: Alfred University, Alfred, NY, USA.

Year: 1990.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Adults. Critical Incident Stress Debriefing. Disasters. Emergency

Personnel. Crisis Intervention.

<u>Abstract</u>: Critical incidents are recognized disasters; individually significant events involving death or serious injury and necessitating rescue or emergency care; or other crisis situations that energize unusually strong emotions. Critical incident participants respond with predictable systemic stress reactions, involving normal and pathological grief patterns, and may develop PTSD. Moderating variables that influence patterns of stress vulnerability include the following factors: the objective and subjective severity of the catastrophe; characteristics of

the victim or the perceived demographic similarity of the victim to a significant other; personality characteristics; social factors; relative viability of coping strategies; and ethical or spiritual concerns. The more central and significant an experience or relationship, the more intense will be the reactions. Appropriate critical incident crisis care can provide needed emergency mental health services, prevent the formation of some PTSDs, and therapeutically modulate the long-term effects of calamity for victims and emergency care providers. Effective provision of mental health services includes pre-incident preparedness, early intervention with psychological first aid, and post-disaster treatment using critical incident stress debriefing, grief counseling, brief multi-modal therapy, referral to traditional therapy or counseling, if necessary, and follow-up. Procedures and issues at each level of intervention are discussed in this article. [Author Abstract]

Resources with Information on Disasters and Fire Fighters

Author: Regehr, Cheryl Diane; Hemsworth, David; Hill, John.
 <u>Title</u>: Individual predictors of posttraumatic distress: a structural equation model.
 <u>Source</u>: Canadian Journal of Psychiatry (ISSN: 0706-7437), v. 46, no. 2, pp. 156-161 (March 2001).

Form of Material: Journal Article.

<u>Affiliation:</u> Institute for Medical Sciences and Faculty of Social Work, University of Toronto, Toronto, ON, Canada; Centre for Applied Social Research, University of Toronto, Toronto, ON, Canada; School of Business and Economics, Wilfrid Laurier University, Waterloo, ON, Canada; Mississauga Fire and Emergency Services, Mississauga, ON, Canada.

<u>Instruments</u>: Bell Object Relations Reality Testing Inventory (Bell, et. al.). Impact of Event Scale (Horowitz, et. al.). Beck Depression Inventory (Beck, et. al.). Year: 2001.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: PTSD. Social Support Networks. Fire Fighters. Predisposition. Australians. Adolescents. Adults. Bereavement. Injuries. Disasters. Interpersonal Interaction. Survivors. Alienation. Self-esteem.

Abstract: OBJECTIVE: Recent research has called into question the "dose-effect" model of understanding response to trauma and has turned attention to the contribution of personality and environmental factors. This research seeks to model the interrelation of relational capacity (a component of personality), perceptions of social support, and posttraumatic distress. METHOD: A group of firefighters (n = 164) completed questionnaires that addressed exposure to traumatic events, social support, current level of distress, and relational capacity. Structural equation modeling was used to develop a framework for understanding traumatic reactions. RESULTS: The overall fit of the hypothesized model was excellent. Relational capacity had a significant negative effect on support, indicating that perceived social support decreased as disturbances in relational capacity increased. Perceived social support had a significant negative effect on level of distress. CONCLUSION: While some emotional response to disturbing events may be normal, the severity of symptoms covaries with the ability of the

individual to develop and sustain supportive relationships to buffer the impact of events. [Author Abstract] KEY WORDS: critical incidents; trauma; relational capacity; social support; attachment.

Author: Miller, Laurence.

<u>Title</u>: Helping the helpers: psychotherapeutic strategies with law enforcement and emegency services personnel.

<u>Source</u>: Miller, Laurence. Shocks to the system: psychotherapy of traumatic disability syndromes, 1st ed., pp. 215-248. New York: Norton, 1998 (ISBN: 0-393-70256-1).

Form of Material: Book Chapter.

Affiliation: Private Practice, Boca Raton, FL, USA; Florida Atlantic University,

Boca Raton, FL, USA.

Note: References for this chapter appear on pp. 308-311.

Year: 1998.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Body Handlers. Crime. Critical Incident Stress Debriefing.

Disasters. Etiology. Family Therapy. Fire Fighters.

Psychotherapy. Paramedical Personnel. Police Personnel. PTSD. Spouses.

Survivors.

<u>Abstract</u>: This chapter describes the types of stresses and problems experienced by police officers, firefighters, paramedics, and other crisis workers and outlines the psychotherapeutic strategies that may prove most effective in helping these emergency responders. [Adapted from Text, p. 216]

3. <u>Author</u>: Cardena, Etzel; Holen, Are; McFarlane, Alexander Cowell; Solomon, Zahava; Wilkinson, Charles W; Spiegel, David.

Title: A multi-site study of acute stress reactions to a disaster.

<u>Source</u>: American Psychiatric Association Task Force on DSM-IV. DSM-IV sourcebook, v. 4, pp. 377-391. Washington: American Psychiatric Association, 1998 (ISBN: 0-89042-056-4).

Form of Material: Book Chapter.

Year: 1998.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Acute Stress Disorder. Americans. Anxiety Disorders. Ash Wednesday Brush Fire (1983). Australians. Cognitive Impairment. Disasters. Dissociative Symptoms. Earthquakes. Fire Fighters. Fires. Hyatt Regency Kansas City Collapse (1981). Israelis. Israel-Lebanon War. Loma Prieta Earthquake (1989). Memory Impairment. Nosology. Somatic Symptoms. Survivors. Veterans.

<u>Abstract</u>: Authors looked at the prevalence of short-term anxiety and dissociative reactions in previously conducted studies, which included data that could be analyzed according to the proposed criteria for the diagnosis of actue stress disorder. A majority of respondents in the studies examined experienced cognitive and memory alterations, and about 20 to 40 percent also experienced

dissociative anxiety symptoms. Thus support is lent to the diagnosis of acute stress disorder, composed as it is of dissociative, numbing, and hyperarousal symptoms. [Adapted from text]

4. Author: Barram, Robert Andrew.

Title: Coping style and perceived social support among firefighters [dissertation].

<u>Source</u>: George Fox University, 1998. Form of Material: Doctoral Dissertation.

Note: Psy.D. dissertation.

Year: 1998.

Language: English.

Availability: UMI, order no. AAD99-06503.

<u>Descriptors</u>: Accidents. Adults. Coping Behavior. Disasters. Fire Fighters. PTSD.

Social Support Networks.

Abstract: Firefighters work in an occupation that repeatedly exposes them to disasters and accidents. This exploratory investigation examined how firefighters' perceived social support and supervisors' ratings of their job performance correlate with their reported patterns of coping. Social support is recognized as a helpful element among civilian populations for avoiding PTSD following exposure to traumatic incidents. Lazarus and Folkman described coping as cognitive and behavioral efforts to manage internal and external stressors. The results provide evidence of a relationship between firefighter coping styles and different levels and kinds of social support. Lower levels of social support indicated greater use of Planful Problem Solving. Results indicated greater use of Planful Problem Solving, Positive Reappraisal, and Self-controlling among all firefighters, in contrast to the less often used Accepting Responsibility and Escape-Avoidance styles of coping. Positive performance evaluations were correlated with less use of Escape-Avoidance coping. Results provide information about firefighter coping styles which may be useful in mental health programming in this population. [Author Abstract]

Author: Paton, Douglas.

<u>Title</u>: Responding to international needs: critical occupations as disaster relief agencies.

<u>Source</u>: Paton, Douglas; Violanti, John M (ed.). Traumatic stress in critical occupations: recognition, consequences and treatment, pp. 139-172. Springfield, Illinois: Charles C. Thomas, 1996 (ISBN: 0-398-06578-0).

Form of Material: Book Chapter.

<u>Affiliation</u>: Department of Psychology, Massey University, Palmerston North, New Zealand.

<u>Year</u>: 1996.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Effects. Family Members. Fire Fighters. Nurses. Policy

Issues. Relief Workers.

Abstract: The increasing incidence of major disasters overseas, coupled with the limited capability of many affected countries to manage all facets of the ensuing relief effort, have resulted in the members of critical occupations becoming involved in relief work outside their country of origin. Paton explores the implications of working in international disaster relief contexts for the members of critical occupations. In addition to having to contend with the typical demands that disaster work makes on the members of these groups, working overseas presents some unique problems. Paton discusses the influence of the political and cultural environment on relief worker well-being, as well as outlining the special demands associated with working for prolonged periods of time under impoverished and often dangerous and threatening conditions. [Introduction]

6. <u>Author</u>: Moran, Carmen C.

<u>Title</u>: The 1994 NSW bushfires: perception of the disaster response from a psychological perspective.

Source: International Journal of Mass Emergencies and Disasters (ISSN: 0280-7270), v. 13, no. 2, pp. 179-196 (August 1995).

Form of Material: Journal Article.

<u>Affiliation</u>: School of Social Work, University of New South Wales, Sydney NSW, Australia.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Australians. Emergency Personnel. Fire Fighters. Fires.

Government Agencies. Mass Media. Natural Disasters.

PTSD. Survivors. Victim Services.

Abstract: In Australia, the term "bushfire" refers to a variety of fires, ranging from minor fires in isolated scrub areas to major conflagrations by forests or parklands. In January 1994, over 150 bushfires burned across New South Wales (NSW), the most populous state in Australia. The majority of bushfires were of the extreme type and resembled those termed "wildfire" in many other parts of the world. The fires occurred over the period of December 31, 1993, to January 14, 1994, but some fires burned before and after this. This paper examines the reactions of participants in and observers of the emergency response to the fires from a behavioral perspective during the 4 days [of] January 6-9, during which the bushfires were at their peak. The information presented here has been selected to reflect the types of stimuli, decisions and emotions faced by those involved in responding to bushfires. This paper does not present a technical description of the fires. The information about the emergency response here includes information presented on radio, television, and in newspapers during the period of major outbreaks, especially radio interviews. [Text, p. 179]

7. <u>Author</u>: Moran, Carmen C; Colless, Evelyn.

Title: Perceptions of work stress in Australian firefighters.

Source: Work and Stress (ISSN: 0267-8373), v. 9, no. 4, pp. 405-415 (1995).

Form of Material: Journal Article.

Affiliation: School of Social Work, University of New South Wales, Sydney NSW,

<u>Year</u>: 1995. <u>Language</u>: English. Availability: General.

Australia.

Descriptors: Accidents. Adults. Australians. Disasters. Effects. Fire Fighters.

Males. Prevention. Treatment Effectiveness.

Abstract: This study surveyed 747 firefighters on their perceptions of work stress. The current emphasis in the fire brigades is on the management of traumatic or critical incident stress, but other work stressors may also be important. The firefighters rated their jobs as more stressful than other occupations and psychological work stress as highest among a set of potential sources and types of stress. Although many factors were mentioned, the most frequently indicated stressors were associated with exposure to traumatic incidents such as major accidents or the suffering of others. Those who had previous experience with stress were more likely to rate current and future risk of stress as higher. Knowledge of existing organizational approaches to stress management was limited. The firefighters rated individual and informal sessions for dealing with stress as potentially more useful than the formal debriefing sessions now common in many emergency organizations. Those who had previous experience with stress, however, were more likely to favour a formal organisational approach. [Author Abstract] KEY WORDS: firefighters; traumatic incidents; critical incidents; work stress; perceptions of stress.

8. <u>Author</u>: Beaton, Randal D; Murphy, Shirley A; Pike, Kenneth; Jarrett, Monica. <u>Title</u>: Stress-symptom factors in firefighters and paramedics.

<u>Source</u>: Sauter, Steven L; Murphy, Lawrence R (ed.). Organizational risk factors for job stress, pp. 227-245. Washington: American Psychological Association, 1995 (ISBN: 1-55798-297-X).

Form of Material: Book Chapter.

Affiliation: University of Washington, Seattle, WA, USA.

<u>Instruments</u>: Social Desirability Scale (Edwards). Symptoms of Stress Inventory (Beaton, et. al.).

Year: 1995.

Language: English.

Availability: General.

<u>Descriptors</u>: Adults. Americans. Disasters. Effects. Etiology. Fire Fighters.

Paramedical Personnel. Prevention.

<u>Abstract</u>: One purpose of this chapter is to empirically identify and delineate the relative frequency-intensity of self-reported somatic, behavioral, and psychological stress-symptom factors in a large sample (N = 2,042) of professional firefighters/paramedics (FFs/PMs). An assumption made was that the nature and extent of their symptoms of stress reflected their exposure to the numerous and potent occupational stressors identified earlier in this chapter. In conjunction with what is already known about FF/PM job-related stress, these data have theoretic and pragmatic implications for remedial and preventive occupational-stress-management interventions. [Adapted from Text, p. 231]

9. Author: McCloy, Elizabeth.

Title: Management of post-incident trauma: a fire service perspective.

Source: Occupational Medicine (ISSN: 0962-7480), v. 42, no. 3, pp. 163-166

(August 1992).

Form of Material: Journal Article.

Affiliation: Department of Occupational Health and Safety, Manchester Royal

Infirmary, Manchester, England.

Note: This paper is based on a presentation given at a symposium in October 1989, titled "Post Incident Trauma in the Emergency Services," organized by the Lancashire Group of the Institution of Fire Engineers.

<u>Year</u>: 1992.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Fire Fighters. Prevention. Treatment.

Abstract: Post-incident trauma relates to the results of exposure to death and destruction. It has specific features relating both to the incident and symptoms it produces. Reactive symptoms occur in most people in the immediate afterperiod, but rising or persisting anxiety towards the end of the first week indicates a risk of a serious disorder developing. Management should start immediately after the event and is a three-stage process. Immediate management involves debriefing and peer group support of the participants in the incident. For those who continue to experience rising or persisting anxiety after the first week, referral to occupational health advisers, welfare/counselors, or general practitioners is necessary, and, if symptoms persist or recur, tertiary referral to specialist advisers such as psychologists or psychiatrists may be required. The most important factor in the treatment of post-incident trauma is to acknowledge its existence. Whilst the coping mechanisms are well established in theory, they require widespread implementation in practice. [Author Abstract]

Resources with Information on Disasters and Police Personnel

1. Author: Miller, Laurence.

<u>Title</u>: Critical Incident Stress Debriefing (CISD): clinical applications and new directions.

Source: International Journal of Emergency Mental Health (ISSN: 1522-4821), v.

1, no. 4, pp. 253-265 (Fall 1999). Form of Material: Journal Article.

Affiliation: Private Practice, Boca Raton, FL, USA.

Note: Review Article: 79 references.

Year: 1999.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Critical Incident Stress Debriefing. Disasters. Survivors. Police Personnel. Workplace Violence. Mental Health Personnel. Literature Review. <u>Abstract</u>: Critical Incident Stress Debriefing (CISD) was originally developed as a short-term, group-format, preventive mental health intervention for traumatized

law enforcement and emergency services personnel. The debriefing model has since been applied to a variety of clinical groups and crisis situations, correspondingly undergoing modifications in its structure and process. This review describes the CISD approach and explores some of he new directions being taken by practitioners of this intervention strategy. In addition, this review addresses some of the recent critiques of the CISD model and makes recommendations for optimal utilization of this clinical tool with those populations most likely to benefit from it. [Author Abstract] KEY WORDS: critical incident stress debriefing (CISD); law enforcement stress; emergency services stress; PTSD; crisis intervention; trauma psychotherapy.

Author: Miller, Laurence.

<u>Title</u>: Helping the helpers: psychotherapeutic strategies with law enforcement and emegency services personnel.

<u>Source</u>: Miller, Laurence. Shocks to the system: psychotherapy of traumatic disability syndromes, 1st ed., pp. 215-248. New York: Norton, 1998 (ISBN: 0-393-70256-1).

Form of Material: Book Chapter.

Affiliation: Private Practice, Boca Raton, FL, USA; Florida Atlantic University,

Boca Raton, FL, USA.

Note: References for this chapter appear on pp. 308-311.

Year: 1998.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Body Handlers. Crime. Critical Incident Stress Debriefing. Disasters. Etiology. Family Therapy. Fire Fighters. Psychotherapy. Paramedical Personnel. Police Personnel. PTSD. Spouses. Survivors.

<u>Abstract</u>: This chapter describes the types of stresses and problems experienced by police officers, firefighters, paramedics, and other crisis workers and outlines the psychotherapeutic strategies that may prove most effective in helping these emergency responders. [Adapted from Text, p. 216]

Author: Smith, Carl L; De Chesnay, Mary.

<u>Title</u>: Critical Incident Stress Debriefings (CISD) for crisis management in post-traumatic stress disorders.

<u>Source</u>: Medicine and Law (ISSN: 0723-1393), v. 13, no. 1-2, pp. 185-191 (1994).

Form of Material: Journal Article.

Affiliation: Sumter Police Department, Sumter, SC, USA.

Year: 1994.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Americans. Crime. Critical Incident Stress Debriefing.

Disasters. Police Personnel. PTSD.

<u>Abstract</u>: Critical Incident Stress Debriefings (CISDs) are a form of crisis management for rescuers such as police officers, fire-fighters, and others involved in rescue efforts during natural disasters. This article describes a

qualitative evaluation study of one police department's CISD implementation. Participant observation and semi-structured interviews were conducted with 10 police officers involved in violent incidents. Results indicated that CISD was perceived as helpful by the officers in alleviating the symptoms of PTSD they experienced after the violent incidents. [Author Abstract]

4. <u>Author</u>: Thompson, James Anthony.

<u>Title</u>: Psychological impact of body recovery duties.

Source: Journal of the Royal Society of Medicine (ISSN: 0141-0768), v. 86, no.

11, pp. 628-629 (November 1993). Form of Material: Journal Article.

Affiliation: Department of Psychiatry, University College and Middlesex School of

Medicine, London, England.

Note: Paper read to Section of Psychiatry, 10 December 1991.

<u>Instruments</u>: General Health Questionnaire (Goldberg). Impact of Event Scale

(Horowitz, et. al.). Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Body Handlers. British. Disasters. Effects. Epidemiology.

Paramedical Personnel. Police Personnel. Prevention.

Abstract: The psychological effects of body recovery duties were studied in two groups, 28 specialized police volunteers and 40 ambulance workers. The Impact of Event Scale and the General Health Questionnaire were administered to both groups. The results showed that 20 percent of the ambulance workers and 3 percent of the policemen were in the moderate to severe category of psychological distress. In neither group did age, number of incidents attended, or years in service correlate with distress. Possible causes of the difference between the two groups, such as the way they were managed, are discussed. [Author Summary]

Author: Zealberg, Joseph J; Santos, Alberto B.

<u>Title</u>: Mobile crisis: comprehensive emergency psychiatry for the future.

Source: Journal of the South Carolina Medical Association (ISSN: 0038-3139), v.

89, no. 10, pp. 485-489 (October 1993).

Form of Material: Journal Article.

Affiliation: Department of Psychiatry, Medical University of South Carolina,

Charleston, SC, USA.

Year: 1993.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Americans. Crisis Intervention. Disasters. Outreach Programs.

Police Personnel, PTSD, Survivors,

<u>Abstract</u>: The U.S. has the best hospital care system in the world, but, as a Nation, has only a fair record of providing basic health care. Nearly 60 million Americans have no health insurance during a given year. Our national health policy supports hospital care, not basic health care, and the emphasis is on

quality of hospital care, rather than access to care. In an effort to improve access to psychiatric care, a mobile psychiatric emergency service was developed in Charleston. By "taking the ER to the patient," this model of care is one that provides accessible, comprehensive care with a minimum of overhead costs. Additionally, it can prevent involvement of the sheriff's department and the escalation of agitated behavior that usually leads to involuntary commitment in South Carolina. This article will describe the program's focus on clinical service and teaching, its collaboration with law enforcement, and its role in disaster preparedness, including disasters such as Hurricane Hugo, where a team was called to evaluate a young man with symptoms of PTSD who was threatening to kill a public official. [Adapted from Text, pp. 485, 488]

6. <u>Author</u>: Duckworth, Douglas H.

<u>Title</u>: Managing psychological trauma in the police service: from the Bradford fire to the Hillsborough crush disaster.

Source: Journal of the Society of Occupational Medicine (ISSN: 0301-0023), v. 41, no. 4, pp. 171-173 (Winter 1991).

Form of Material: Journal Article.

<u>Affiliation</u>: School of Economic and Business Studies, University of Leeds, Leeds, England.

Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Bradford Football Club Fire (1985). British. Disasters. Hillsborough Football Stadium Crush (1989). Police Personnel. Prevention. PTSD (DSM-III-R). Victim Services.

Abstract: Particularly since the Bradford football stadium fire of May 1985, the UK Police Service has been developing increasingly sophisticated procedures for managing post-traumatic stress reactions in its officers. Coupled with the growth of dedicated occupational health units within the Police Service, this suggests that physicians working within police forces will have an increasingly important role to play in the management of such problems. A brief account is given of the confidential screening and counseling service for police officers that was instituted after the Bradford fire, and a corresponding description is given of the more elaborate procedures implemented after the Hillsborough football stadium crush disaster of April 1989. In conclusion, the possible scope for preventive management of PTSD is highlighted. [Author Summary]

7. <u>Author</u>: Duckworth, Douglas H.

<u>Title</u>: Information requirements for crisis intervention after disaster work. <u>Source</u>: Stress Medicine (ISSN: 0748-8386), v. 7, no. 1, pp. 19-24 (January-March 1991).

Form of Material: Journal Article.

<u>Affiliation</u>: School of Business and Economic Studies, University of Leeds, Leeds, England.

Note: Presented at Symposium on Stress, Psychology and Disasters, 2nd ISIS Conference, Athens, 1989 October 10-11.

Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: British. Disasters. Emergency Personnel. Police Personnel. Crisis

Intervention.

Abstract: Over the past 10 years, researchers and employers have shown an increased interest in the psychological problems that can be experienced by firstline disaster workers. This article briefly reviews available research in the area and then illustrates the increased management concern over these problems by describing recent developments in the UK Police Service. Disaster contingency planning in this Service has come to place particular emphasis upon the provision of crisis intervention after potentially traumatic disaster work experiences: early, brief, problem-focused treatment, which aims to restore distressed individuals to a precrisis level of functioning. The possible benefits of such early intervention are considered, and then attention is turned to the types of information required for guiding intervention in specific cases. Beyond basic information relating to current symptoms and coping activities, it will be useful to determine what experiences from before, during, and after the disaster work are implicated in the person's current disturbance, and how the person is modelling these experiences. It will also be important to identify those contemporaneous, psychological appraisal processes that are sustaining the disturbance: individuals who are left to adjust "naturally" typically pay little or no attention to these powerfully disturbing, but, in principle, modifiable appraisal processes. [Author Summary] KEY WORDS: disasters; post-traumatic stress; professional helpers; adjustment; crisis intervention.

8. <u>Author</u>: Thompson, James Anthony; Solomon, Michael J.

<u>Title</u>: Body recovery teams at disasters: trauma or challenge?

Source: Anxiety Research (ISSN: 0891-7779), v. 4, no. 3, pp. 235-244 (1991).

Form of Material: Journal Article.

Affiliation: Department of Psychiatry, University College and Middlesex School of

Medicine, London, England.

Instruments: Eysenck Personality Questionnaire (Eysenck and Eysenck).

General Health Questionnaire (Goldberg). Impact of Event Scale

(Horowitz, et. al.).

Year: 1991.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Adults. Body Handlers. British. Disasters. Lockerbie Air Crash (1988). Males. Marchioness Riverboat Sinking (1989). Police Personnel. PTSD. Females.

<u>Abstract</u>: Police teams are often required to recover bodies after disasters and to carry out forensic investigations which involve handling and packaging bodily remains. This paper reports on the monitoring of experienced police body handlers and on the recruitment of new members to the team. Brief descriptions are given of the involvement of the team at the Pan Am Lockerbie crash, the Marchioness sinking, and other disasters. Results are presented for scores on

the General Health Questionnaire, 28 Item Version, the Impact of Events Scale, and the Eysenck Personality Questionnaire. The results show very low levels of psychological distress, moderately raised levels of intrusive thoughts, and an apparent decrease in time-off duty. In terms of personality, the officers appear to be more extroverted and stable than average. They were volunteers who were reasonably well-prepared for the task, received appropriate though not extensive training, and were well-managed during their work and well debriefed and monitored afterwards. [Author Abstract] KEY WORDS: disaster; PTSD; victim body recovery; stress questionnaires; police management.

Resources with Specific Information on Relief Workers

1. <u>Author</u>: Armstrong, Keith R.

<u>Title</u>: Multiple stressor debriefing as a model for intervention.

<u>Source</u>: Raphael, Beverley; Wilson, John (ed.). Psychological debriefing: theory, practice and evidence, pp. 290-301. Cambridge: Cambridge University Press, 2000 (ISBN: 0-521-64700-2).

Form of Material: Book Chapter.

Affiliation: Department of Veterans Affairs, San Francisco, CA, USA.

Year: 2000.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Relief Workers. Psychological Debriefing. Family

Members. Psychotherapeutic Processes.

<u>Abstract</u>: The purpose of this chapter is to provide a comprehensive discussion of the concept and practice of multiple stressor debriefing (MSD). Various types of MSD are outlined; strategies for improving debriefing, including coordinating the intervention with management, are proposed; research regarding the model is reviewed; and, finally, concerns and limitations of the model are discussed. [Text, p. 290]

Author: Austin, Linda S; Godleski, Linda S.

<u>Title</u>: Therapeutic approaches for survivors of disaster.

Source: Psychiatric Clinics of North America (ISSN: 0193-953X), v. 22, no. 4, pp. 897-910 (December 1999).

Form of Material: Journal Article.

Affiliation: Department of Psychiatry and Behavioral Sciences, Medical University

of South Carolina, Charleston, SC, USA.

Note: Review Article: 52 references.

<u>Year</u>: 1999. <u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Bereavement. Disasters. Literature Review. Psychological

Debriefing. Psychiatric Disorders. PTSD. Relief Workers. Survivors. Treatment.

Victim Services.

<u>Abstract</u>: Common psychiatric responses to disasters include depression, PTSD, generalized anxiety disorder, substance-abuse disorder, and somatization

disorder. These symptom complexes may arise because of the various types of trauma experienced, including terror or horror, bereavement, and disruption of lifestyle. Because different types of disaster produce different patterns of trauma, clinical response should address the special characteristics of those affected. Traumatized individuals are typically resistant to seeking treatment, so treatment must be taken to the survivors at locations within their communities. Most helpful is to train and support mental health workers from the affected communities. Interventions in groups have been found to be effective to promote catharsis, support, and a sense of identification with the group. Special groups to be considered include children, injured victims, people with pre-existing psychiatric histories, and relief workers. [Text, p. 908]

3. <u>Author</u>: Weaver, John D.

Title: How to assist in the aftermath of disasters and other life crises.

Source: VandeCreek, Leon; Jackson, Thomas L (ed.). Innovations in clinical practice: a source book, vol. 17, pp. 397-411. Sarasota, Florida: Professional

Resource Press, 1999 (ISBN: 1-56887-049-3).

Form of Material: Book Chapter.

Affiliation: Eye of the Storm, Inc., Bethlehem, PA, USA.

Note: ISSN 0737-125X.

Year: 1999.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Survivors. PTSD. Prevention. Critical Incident Stress Debriefing. Relief Workers. Victim Services. Psychological Debriefing. Practice Guideline. Nongovernmental Organizations. American Red Cross.

Abstract: The purpose of this contribution is to provide readers with an overview of key DMH (disaster mental health) principles. Special emphasis is placed upon the critically important concepts of defusing and debriefing -- two techniques that can greatly assist all clinicians, even in our more typical, nondisaster practice settings, when we find ourselves working with clients who have experienced any especially traumatic life experiences. For those readers who may be interested in volunteering some of their time for actual disaster relief work, this contribution also provides basic information about how to affiliate with the American Red Cross (ARC) DMH team. [Text, p. 397]

4. <u>Author</u>: Bierens de Haan, Barthold.

<u>Title</u>: Le debriefing emotionnel collectif des intervenants humanitaires: l'experience du CICR = Emotional group debriefing of humanitarian aid workers: the experience of ICRC.

Source: Schweizer Archiv fur Neurologie und Psychiatrie (ISSN: 0036-7273), v. 149, no. 5, pp. 218-228 (1998).

Form of Material: Journal Article.

Affiliation: Comite International de la Croix-Rouge, Geneva, Switzerland.

Note: Limited indexing applied.

Year: 1998.

Language: French.

Availability: General.

<u>Descriptors</u>: Disasters. International Committee of the Red Cross. Psychological Debriefing. Relief Workers. War.

Abstract: Humanitarian aid workers working in armed conflict and disaster situations are suffering from increasingly violent emotional reactions. In order to help them to complete their jobs successfully and to increase their resistance to stress and their efficiency in the field, they must be supported. For this, emotional debriefing in group (psychological debriefing) is the right measure to take. This paper reports on different interventions from the ICRC Stress Management Unit. The principles of emotional group debriefing are underlined. This procedure might be effective because it is based on an encounter group whose healing capacity is well-known. A simplified four-step procedure is proposed to make the conduct of such supportive groups easier. [Author Summary] KEY WORDS: humanitarian aid workers; stress; psychotrauma; PTSD; debriefing; encounter group.

5. <u>Author</u>: Eriksson, Cynthia B.

<u>Title</u>: Traumatic exposure and reentry symptomatology in international relief and development personnel [dissertation].

Source: Fuller Theological Seminary, School of Psychology, 1997.

Form of Material: Doctoral Dissertation.

Note: Ph. D. dissertation. An article based on this dissertation appears as: Cynthia B. Eriksson, Hendrika Vande Kemp, Richard Gorsuch, Stephen Hoke, and David W. Foy, "Trauma exposure and PTSD symptoms in international relief and development personnel," Journal of Traumatic Stress 14(1): 205-212, (January 2001) [15870].

Year: 1997.

Language: English.

Availability: UMI, order no. AAD97-30203.

<u>Descriptors</u>: Adjustment Disorder. Disasters. Diseases. Etiology. Famine. Nongovernmental Organizations. PTSD. Relief Workers. Social Support Networks. War. Culture Shock.

Abstract: International relief and development workers are often exposed to traumatic events which put them at risk for developing PTSD symptomatology and emotional distress during reentry to their home cultures. Surveys were administered to returned staff from five Christian relief and development agencies. As hypothesized, the amount of traumatic exposure reported correlated positively with PTSD symptomatology, and a negative correlation existed between perceived social support and report of PTSD symptomatology. A significant interaction existed between social support and the level of trauma exposure in relation to PTSD symptoms. Participants reporting high levels of trauma exposure and low levels of social support reported higher PTSD symptomatology than those reporting high levels of exposure and high levels of social support. Returning to one's home culture after working or studying abroad is a difficult cross-cultural adjustment. International relief and development staff work in environments that require facing war, famine, poverty, and disease. These workers are routinely exposed to chronic stressors which put them at risk

for developing emotional distress during reentry to their home cultures. As hypothesized, relief and development staff with higher levels of chronic stressor exposure reported higher levels of reentry distress associated with culture shock and negative affective states. A significant negative relationship also existed between perceived social support and culture shock distress. Returned relief and development staff reported significantly higher scores on measures of negative affective states for their feelings during the "worst day of reentry" than for how they "generally feel." Both quantitative and qualitative data offer a number of important practical suggestions for the agencies that sponsor relief and development work. The narrative data collected in the questionnaire offer rich insight into the range of experiences faced by international staff in their working environment. These seasoned staff offer suggestions for providing future colleagues with a more successful reentry transition. [Author Abstract]

6. <u>Author</u>: Paton, Douglas.

<u>Title</u>: Responding to international needs: critical occupations as disaster relief agencies.

<u>Source</u>: Paton, Douglas; Violanti, John M (ed.). Traumatic stress in critical occupations: recognition, consequences and treatment, pp. 139-172. Springfield, Illinois: Charles C. Thomas, 1996 (ISBN: 0-398-06578-0).

Form of Material: Book Chapter.

<u>Affiliation</u>: Department of Psychology, Massey University, Palmerston North, New Zealand.

Year: 1996.

<u>/ear</u>: 1996.

<u>Language</u>: English. <u>Availability</u>: General.

<u>Descriptors</u>: Disasters. Effects. Family Members. Fire Fighters. Nurses. Policy Issues. Relief Workers.

Abstract: The increasing incidence of major disasters overseas, coupled with the limited capability of many affected countries to manage all facets of the ensuing relief effort, have resulted in the members of critical occupations becoming involved in relief work outside their country of origin. Paton explores the implications of working in international disaster relief contexts for the members of critical occupations. In addition to having to contend with the typical demands that disaster work makes on the members of these groups, working overseas presents some unique problems. Paton discusses the influence of the political and cultural environment on relief worker well-being, as well as outlining the special demands associated with working for prolonged periods of time under impoverished and often dangerous and threatening conditions. [Introduction]

7. Author: Myers, Diane Garaventa.

<u>Title</u>: Worker stress during longterm disaster recovery efforts: who are these people and what are they doing here?

<u>Source</u>: Everly, George S (ed.). Innovations in disaster and trauma psychology, volume one: applications in emergency services and disaster response, pp. 158-191. Ellicott City, Maryland: Chevron, 1995 (ISBN: 1-883581-04-6). Form of Material: Book Chapter.

Affiliation: Private Practice, Monterey, CA, USA.

Year: 1995.

<u>Language</u>: English. <u>Availability</u>: General.

Descriptors: Adults. American Red Cross. Americans. Burnout. Disasters.

Effects. Government Agencies. Prevention. Relief Workers.

<u>Abstract</u>: TOPICS TREATED: Are disaster workers affected by their mission?; disaster response and disaster recovery: differences in worker tasks; roles and tasks of long-term recovery workers; key organizations in long-term recovery; review of the literature about these workers; sources of stress for long-term disaster workers; effects of stress on workers; stress mitigators for workers; a comprehensive stress management program for workers; recommendations for the future; innovations in intervention.