

for diagnosis, prevention, and treatment are a target of research in many NATO countries.

Methods: This presentation describes recent HFM Panel technical activities related to psychological/mental health and mTBI and summarizes some of the main findings from those activities.

Results: In preparation.

Conclusions: NATO HFM Panel Technical Activities provide an opportunity for other NATO organizations to benefit from the efforts conducted with the support of the Research and Technology Agency of the Research and Technology Organization.

Keywords: armed conflict; blast effects; mild traumatic brain injury
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Psychological Team Organization following a Disaster

Joana Faria; Márcio Pereira; Jacinta Gonçalves; Gabriela Salazar; Sara Rosado; Sónia Cunha; Verónica Oliveira

National Institute of Medical Emergency

Introduction: Following an abnormally stressful event, such as a disaster, people can experience a wide range of psychological and physiological acute reactions, which can be extended to first responders. Psychological first aid for disaster-induced stress and trauma may be a precious resource to facilitate a resilience response. Given the disaster's dimension, the technicians may have to intervene in different places with different objectives.

Methods: This study results from documented research based on the past experience and on the best practices describes in the literature. A search was completed using terms “disaster”, “prehospital”, and “psychological intervention” using the EBSCO database, MEDLINE and PSYCHARTICLES.

Results: The Centre for Psychological Support and Crises Intervention (CAPIC) of the National Institute of Medical Emergency created a description of six role tasks that can be assumed in a disaster scenario: (1) Psychosocial Coordinator; (2) primary triage; (3) intervention with people in need of medical assistance and intervention with people in no need of medical assistance; (4) support in the area of bodies recognition; (5) intervention with first responders; and (6) support for relatives through the Information Centers. In addition, a triage protocol was produced.

Conclusions: This study suggests that following the proposed role, tasks in a disaster scenario that is, by nature, chaotic, may enhance the psychological intervention, producing a more resilient behavior.

Keywords: disaster; prehospital; psychological intervention; team organization
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Psychosocial Resilience as a Cross-Cultural Concept: Understanding and Measuring Psychosocial Resilience

Joana Faria

1. National Institute of Medical Emergency
2. Faculty of Psychology and Educational Sciences, Lisbon University

Introduction: Resilience refers to the process of coping with stressors, adversity, change, or opportunity in a man-

ner that results in the identification, fortification, and enrichment of protective factors (Richardson, 2002). Resilience has proved to be quantifiable by scales such as the Connor-Davidson Resilience Scale (CD-RISC) (Vaishnavi, Connor, Davidson, 2007). This study examines the psychometric properties of the Portuguese version of the CD-RISC.

Methods: The Portuguese version of the Connor-Davidson Resilience Scale was used. The CD-RISC items were translated with a process of translation and back-translation by persons fluent in both Portuguese and English. The participants were Portuguese adults from the general population, and of both sexes. The Scale consists of 25 items with an alpha value of 0.89 and test-re-test correlation of 0.87 in the studies with American participants.

Results: Preliminary results of the adaptation study will be presented, including factor structure and psychometric properties of the Portuguese version of the CD-RISC.

Conclusions: It is concluded that the construct of resilience and its measurement used on the American population can be helpful and applicable in understanding Portuguese people ability to thrive despite adversity.

Keywords: Connor-Davidson's Resilience Scale; cross-cultural; factor structure; protective factors; resilience; psychometric properties; trauma
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Trauma in Deployment

Comparison of Four Hemostatic Agents versus Standard Gauze Dressing in Control of Extremity Hemorrhage in a Model of Penetrating Combat Trauma

LCDR Lanny F. Littlejohn

Naval Medical Center Portsmouth

Introduction: A randomized, prospective, unblinded trial was conducted to investigate hemostatic agents in a model of severe vascular injury in a small, linear tract wound designed to replicate a penetrating combat injury.

Methods: A complex groin injury with transection of the femoral vessels through a 3 cm entrance wound and 45 seconds of uncontrolled hemorrhage was created in 80 swine prior to randomization to five groups. The groups included: (1) standard gauze (SD); (2) Celox (CX); (3) Chitoflex (CF); (4) Combat Gauze (CG); and (5) WoundStat (WS). Each agent was applied with five minutes of manual pressure prior to resuscitation. Hemodynamic parameters were recorded >180 minutes. Primary endpoints included incidence and the amount of rebleeding.

Results: Composite adverse events consisting of mortality, post-treatment hemorrhage, and failure of initial hemostasis were compared between treatment groups using a single degree of freedom chi-squares. Chi-squares were Yates corrected to obtain conservative tests of statistical significance. Four of 16 (25%) CX, 10 of 16 (62.5%) CF, 6 of 16 (37.5%) CG, 11 of 16 (68.8%) WS, and 7 of 16 (43.8%) SD subjects suffered from adverse events. A significant difference was found between the agents CELOX-A and WoundStat with respect to composite adverse events ($p = 0.0335$).