

Results: Although several aspects of the acute psychosocial care responses to terrorist attacks were similar across countries, there were substantial differences as to if and how long-term follow-up interventions were planned and implemented. There were also major differences in whether or not monitoring of and research on the psychosocial care responses were conducted, and existing research had important limitations.

Conclusion: In order to strengthen the public health responses to future terrorist attacks and other mass casualty incidents, there is need for more standardized registration of affected individuals, as well as international models for monitoring their health and longitudinal research on the countries' psychosocial care provision. During the presentation, it will be discussed how monitoring and research can be improved in this context.

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Resilience Trustees Program in Hospitals—A Case Study: Wolfson Hospital, Israel

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Introduction: Medical and paramedical staff endure a psychological toll of burn-out as part of the heavy personal consequences of their work, with an immeasurable increase during the Covid-19 pandemic outbreak. In Israel, there is an added stress of the highly unstable political situation, including war and racial-riots with direct hits of missiles leading to mass casualty events. Members often had to stay in the hospitals for days as the roads home were blocked. Wolfson Medical Center (WMC) is a medium size, level II hospital in the center of Israel. It serves a complex population, most from low to medium socioeconomic status, and a large population of displaced persons. The responsibilities of the staff weigh heavy, leading to psychological trauma, with clear signs of anxiety, depression and suicide. Israel Trauma Coalition (ITC) is a non-profit organization collaborating with over 40 organizations to create a continuum of care in psycho-trauma, response and preparedness.

Method: ITC has initiated a Resilience-Trustees program, establishing a strong and active group within the organization, with adequate representation from each department and profession. Training the team to identify a colleague in distress, to respond adequately and to refer to professional help as needed. The program has started implementation in various hospitals in Israel, including WMC.

Results: The expected results of this program is a change in the organization's culture of discourse and daily interaction so as to promote resilience and mutual trust and to help cope favorably with crisis situations. The actual results will be shown through a

case study of the WMC team of Resilience Trustees, in accordance with the steps of the program (resilience in the original team, then the overall staff).

Conclusion: This initiative will promote awareness and acceptance of mental, personal and team difficulties, as well as reduce risks of secondary traumatization, burnout and other disorders.

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Active Versus Comforting Aid: The SIX C's Model for Psychological First Aid: Empirical Evaluation. A Retrospective Study

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Introduction: Compassion, calming down and providing aid are common ways of helping people in need soon after traumatic events. However, such forms of help were seldom tested and other research suggests that active coping may have more positive long-term effects. The SIX C's model was created to provide simple and effective evidence-based Psychological First Aid guidelines that help shift the person from helpless into active and effective activation in a very short time. The model emphasizes the need for cognitive communication as well as effective activation in contrast to the previous concepts of calming and emotional communication

Method: This retrospective cross-sectional study examined empirically the SIX C's Model's basic concepts. We checked the association between whether people received activating versus more passive forms of aid during crises, their self-efficacy and post-traumatic stress disorder (PTSD) symptoms. 428 participants completed scales on the type of aid received during past traumatic events including activating aid (encouraging active and effective responses) versus passive aid (receiving compassion, calming down and general aid), as well as their current general self-efficacy (GSE) and PTSD symptoms

Results: Results revealed that passive aid was not related to PTSD while activating aid correlated inversely with PTSD. Importantly, both resilience and GSE emerged as mediators and moderators between activating aid and PTSD. The moderation showed that receiving activating aid was associated with less PTSD only in people low on resilience or GSE

Conclusion: The study revealed a major role for self-efficacy in protecting people from PTSD. Self-efficacy not only statistically mediated the relationship between active aid and PTSD but also moderated this relationship. The findings underline the importance of encouraging the person to act effectively during the event and to maintain cognitive communication. This type of aid leads to increased self-efficacy and contributes to the reduction of risk for PTSD.

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