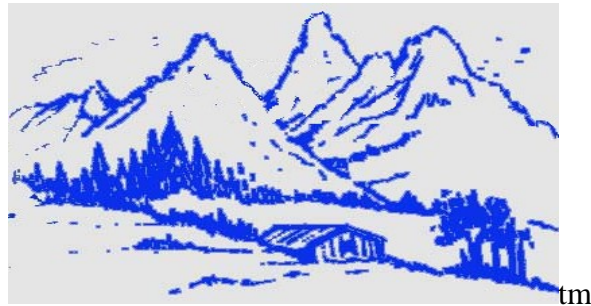


ROCKY MOUNTAIN REGION
DISASTER MENTAL HEALTH
INSTITUTE



Learning from the past and planning for the future

www.rmrinstitute.org/

Presents

*10th Rocky Mountain Region Disaster
Mental Health Conference*

**November 9-12, 2011
Great Hall – Community Center
Saratoga, Wyoming**

**“The legacy of trauma: lessons learned
for mitigation and response”**

ROCKY MOUNTAIN REGION DISASTER MENTAL HEALTH INSTITUTE

MISSION:

The Rocky Mountain Region Disaster Mental Health Institute is an independent, nonprofit, 501© (3) corporation whose mission is to promote the development and application of practice, research, and training in disaster mental health, Critical Incident Stress Management, traumatology and other emergency response interventions and the promotion of community awareness, resilience and recovery. This includes hazards vulnerability and mitigation research, planning and training for first responders, mental health professionals, chaplains and related personnel.

PURPOSE:

The purpose of the Institute is to provide a forum for presentation of research results, education, training and consultation in Disaster Mental Health Services (DMHS) and Critical Incident Stress Management (CISD/CISM), advances in delivery of DMHS and CISD/CISM, discussion and sharing of information, ideas and plans, development of a DMHS and CISD/CISM research and service delivery network, presentation of Continuing Education training for mental health professionals, first responders and chaplains, training for newly recruited DMHS and CISD/CISM volunteers and first responders, and publication of program proceedings and papers as appropriate for dissemination to DMHS and CISD/CISM professionals and first responders locally, regionally and nationally.

SIGNIFICANCE:

Mental Health Services before, during and following disasters, critical incidents, crises, and terrorist activities are becoming an integral part of disaster and critical incident preparedness, mitigation, response, and follow-up. Disaster Mental Health Services is a relatively new field which has expanded significantly within the past ten years. Critical Incident Stress Debriefing and Critical Incident Stress Management have been around since the early 1980s. In order to continue to grow and meet identified needs, both will require continued development as well as focused research and training. Research will help identify how Mental Health Services can best be utilized as well as how relevant changes need to be made in practice. Networking and sharing experiences can also help develop resources.

The long-term goal includes training emergency Disaster Mental Health teams and CISM teams to conduct interventions for corporations, states, municipalities and rural communities in the Rocky Mountain region and to evaluate their effectiveness in reducing the effects of trauma on first responders and others as well as affected communities and organizations.

WHO SHOULD ATTEND

The conference is a must experience for anyone working in the fields of: emergency medical services and trauma units, crisis intervention, mental health, traumatic stress, emergency services, disaster mental health, military, National Guard & Reserve, schools, law enforcement, firefighters, chaplains and other first responders.

CERTIFICATES OF ATTENDANCE

All conference delegates will be provided with Certificates of Attendance. Each presentation will be listed on the reverse with the number of contact hours. It is the responsibility of the delegate to have each presenter sign off on their certificate. Your Certificate of Attendance will be printed with your name exactly as it appears on your Registration form. Please make sure that you print it clearly. A small fee of \$5.00 will be assessed to make and mail a duplicate certificate. If you register late or onsite, your certificate will be printed and mailed approximately 3 weeks post-conference.

[ACCOMMODATIONS](http://www.saratogachamber.info/ChamberWeb2010/DIRECTORY.htm#ACCOMMODATIONS) Please make reservations for accommodations early <http://www.saratogachamber.info/ChamberWeb2010/DIRECTORY.htm#ACCOMMODATIONS> to avoid disappointment. Suggest: [Riviera Hotel](#) OR [Saratoga Inn](#) Mention you are attending the Conference.

Go here for [further information about Saratoga and the Platte Valley](http://www.saratoga.govoffice2.com/)
<http://www.saratoga.govoffice2.com/>

[Transportation information](#) We have made an arrangement for Conference Attendees to receive special rates for Rental Vehicles with Enterprise Rent A Car. Go to the following page to find out how to take advantage of this special deal: http://www.rmrinstitute.org/Conference-2011-Enterprise_Rentals.pdf Renting a vehicle will give you a chance to explore the surrounding countryside during your free time or, if you extend your stay for a day or two before or after the Conference, you can see some of Wyoming.

For vehicle rental information, go to:
http://www.rmrinstitute.org/Conference-2011-Enterprise_Rentals.pdf

[CONFERENCE LOCATION:](#) Located near the center of the United States, getting to Saratoga is relatively easy. It is located on the west side of the scenic Snowy Range from Laramie. Fly into Cheyenne Regional Airport or Brees Field in Laramie. Saratoga is readily accessible by automobile.

Air:

[Cheyenne Regional Airport](#), located just north of downtown Cheyenne, offers daily flights to Denver International Airport. 200 E. 8th Ave. Cheyenne, WY 82001
307-634-7071

[Denver International Airport](#) is conveniently located only 90 minutes south of Cheyenne by car. To drive to Cheyenne from Denver International, take toll-road E-470 north to I-25. Exit north on I-25 north to Cheyenne.

Shuttle Service [Shamrock Express](#) offers shuttling between Denver International Airport and Cheyenne 866-482-0505 or 307-638-394

AREA ATTRACTIONS AND INFORMATION

WELCOME TO SARATOGA, WYOMING

<http://www.saratoga.govoffice2.com/>

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CONFERENCE AGENDA/SCHEDULE Subject to change

◆ WYO CISM TRAINING



Training For Critical Incident Responders In the Rockies
Rocky Mountain Region Disaster Mental Health Institute

LOCATION: Saratoga, WY – Great Hall – Community Center
November 9-12, 2011

7:30 AM **Workshop Registration/Sign-in Table Open** YOU MUST SIGN IN EACH DAY TO RECEIVE CREDIT FOR WORKSHOPS.

WEDNESDAY – November 9:



WORKSHOP: Healthcare CISM:

Establishing CISM Teams in Rural Hospitals – 1 Day

Presenter: Bob W. Rudichar-Chaplain

Campbell County Memorial Hospital – Gillette, WY

BIO: <http://www.rmrinstitute.org/BIO-Rudichar.html>

Course Description: <http://www.rmrinstitute.org/Workshop2011-1.html>

Continuing Education: *8 Hours* POST Credit also Available

Date: Wednesday – November 9 **Time:** 8:00 AM – 5:00 PM

Fee: \$50 if not registering for full Conference

WEDNESDAY – November 9 – Thursday November 11:



WORKSHOP: Combined Rural/Frontier Individual/Peer and Group CISM
– 2 Days

Presenter: George W. Doherty, MS, LPC

BIO: <http://www.rmrinstitute.org/BIO-GWD.html>

Course Description: <http://www.rmrinstitute.org/cismcombined.html>

Continuing Education: *21 Hours*, POST Credit also Available

Date: November 9-10 **Time:** Wed & Thurs; 8 AM – 6 PM

Fee: \$150 if not registering for full Conference

THURSDAY November 10:

◆

WORKSHOP: Chaplaincy Development in Rural Communities: How Faith and Medicine Can Co-Exist – 1 Day
Presenter: Bob W. Rudichar-Chaplain-Campbell County Memorial Hospital
BIO: <http://www.rmrinstitute.org/BIO-Rudichar.html>
Course Description: <http://www.rmrinstitute.org/Presenter-Rudichar-conference.html>
Continuing Education: 8 Hours POST Credit also Available
Date: Thursday – November 10 **Time:** 8 AM – 5 PM
Fee: \$50 if not registering for full Conference

FRIDAY – NOVEMBER 11, 2011:

■

WORKSHOP: AWD – 160 - WMD Awareness-Level Training Course
Presenter: WHS
BIO:
Course Description: <http://www.wleacademy.com/HLS/courseinfo/AWR-160%20CourseDescription.pdf>
Continuing Education: 8 Hours POST CREDIT also Available
Date: Friday, November 11, 2011 **Time:** 0800 - 1600
Fee: NO FEE – Does require pre-registration

CONFERENCE DISCUSSION SESSIONS

The overall theme of this Conference includes looking at the past history of response to disasters and critical incidents, the trauma involved, review what we have learned from them and determine suggested goals for dealing with such events in the future, including mitigation, prevention and responses. One major focus is on the mental health of responders and victims, including post-traumatic stress, readjustment, resilience, and recovery.

Each topic area will present a background and will be followed by a group discussion that will assess the incident(s) and changes in approach to date. This will be followed by discussion of mitigation, prevention and disaster mental health goals for recovery and future Implementation.

FRIDAY – NOVEMBER 11, 2011:

●

DISCUSSION GROUP-1: Tsunamis
Major Discussant: BIO:
Description: [Earthquake Effects and Resultant Tsunamis in China, Japan, and the Minoan Culture \(Atlantis\)](#) -
Continuing Education: 2 Hours
Date: Friday – November 11, 2011 **Time:** 1:00 PM – 3:00 PM

Ancient Tsunami: 5,000 years ago the Minoan civilization on the island of Crete in the Mediterranean disappeared. Was it due to volcanic ash, Greek invaders or a massive tsunami? Was this the origin of the myth of Atlantis?

Japan Earthquake/Tsunamis: In its worst crisis since World War II, Japan faces disaster on an epic scale: a rising death toll in the tens of thousands, massive destruction of homes and businesses, shortages of water and power, and the specter of nuclear reactor meltdowns.

Japan's Killer Quake combines on-the-spot reporting, personal stories, compelling eyewitness videos, and exclusive helicopter footage for a unique look at the science behind the catastrophe.

The 2008 Sichuan earthquake or the Great Sichuan Earthquake occurred at 14:28:01.42 CST (02:28:01.42 EDT) on May 12, 2008 in Sichuan province of China and killed at least 68,000 people. It is also known as the Wenchuan earthquake after the location of the earthquake's epicenter, Wenchuan County in Sichuan province. The epicenter was 80 kilometres (50 mi) west-northwest of Chengdu, the capital of Sichuan, with a focal depth of 19 kilometres (12 mi). The earthquake was also felt in nearby countries and as far away as both Beijing and Shanghai—1,500 kilometres (932 mi) and 1,700 kilometres (1,056 mi) away—where office buildings swayed with the tremor. Official figures (as of July 21, 2008 12:00 CST) state that 69,197 were confirmed dead, including 68,636 in Sichuan province, and 374,176 injured, with 18,222 listed as missing. The earthquake left about 4.8 million people homeless, though the number could be as high as 11 million. Approximately 15 million people lived in the affected area. It was the deadliest earthquake to hit China since the 1976 Tangshan earthquake, which killed at least 240,000 people, and the strongest since the 1950 Chayu earthquake in the country, which registered at 8.5 on the Richter magnitude scale. It was the 21st deadliest earthquake of all time. Strong aftershocks, some exceeding magnitude 6, continued to hit the area even months after the main quake, causing new casualties and damage. **Discussant: TBD**

FRIDAY – NOVEMBER 11, 2011:

DISCUSSION GROUP- 2: Hurricanes Camille, Gilbert and Katrina

Major Discussant: *TBD* **BIO:**

Description: *Hurricane Impacts Due to Camille, Gilbert and Katrina*

Continuing Education: *2 Hours*

Date: Friday – November 11, 2011 **Time:** 3 PM – 5 PM

Camille - The most devastating hurricane ever to strike the United States was Hurricane Camille on August 17, 1969 . Hear first-hand accounts from survivors of Camille. Camille was the third and strongest tropical cyclone and second hurricane of the 1969 Atlantic hurricane season. It was the second of three catastrophic Category 5 hurricanes to make landfall in the United States during the 20th century. The other two were the 1935 Labor Day hurricane and Hurricane Andrew in 1992. Camille was the strongest landfalling tropical cyclone recorded worldwide and one of four tropical cyclones worldwide ever to achieve wind speeds of 190 miles per hour. It had a storm surge of over 24 feet – the highest ever measured in the United States.

Gilbert - Hurricane Gilbert was an extremely powerful Cape Verde-type hurricane that formed during the 1988 Atlantic hurricane season and created widespread destruction in the Caribbean Sea and the Gulf of Mexico. It is the second most intense hurricane ever observed in the Atlantic basin behind only Hurricane Wilma of the very active 2005 Atlantic hurricane season. Gilbert was also one of the largest tropical cyclones ever observed in the Atlantic basin. Gilbert wreaked havoc in the Caribbean and the Gulf of Mexico for nearly nine days. In total, it killed 433 people and caused about \$7.1 billion (1988 USD, \$13.2 billion 2011 USD) in damages over the course of its path.

Katrina – On August 29, 2005, Hurricane Katrina ravaged the Gulf Coast. It killed over 1,300 people and destroyed over 600,000 houses. It turned downtown New Orleans into an uninhabitable swamp. The film presents information about the forces behind hurricanes and how scientists foresaw the impact of a strong hurricane on New Orleans a year before Katrina struck.

It looks at the fatal flaws in New Orleans' levees and the immense challenge that is posed by protecting and rebuilding the city. As global temperatures rise, will killer storms like Camille, Gilbert and Katrina become a growing threat? What long-term effects have these storms had? What can be done to help mitigate and avoid such trauma among survivors? What mental health effects have occurred as a result of these storms? How can we prepare for recovery in the future? **Discussant: TBD**

SATURDAY – November 12, 2011:

DISCUSSION GROUP- 3: Triangle Shirtwaist Fire

Major Discussant: James Wamsley,

BIO: Chief, Fire District 1, Rock Springs & Sweetwater County, WY

Description:

Continuing Education: 2 Hours

Date: Saturday – November 11, 2011 **Time:** 8 AM – 10 PM

The Triangle Shirtwaist Fire March 25th, 2011 was the 100th anniversary of the Triangle Shirtwaist Factory fire in New York's Greenwich Village. The fire ripped through a congested loft. Huge piles of trimmings fed the flames. Petrified workers attempted to make their way down the stairs. However, factory owners had kept the doors on the 9th floor locked. The inadequate fire escape soon crumpled. As hundreds of horrified onlookers soon arrived, they saw young men and women jumping from the windows. When the fire had finally burned itself out, there were 146 people who had died.

About two years earlier the factory workers had been leaders in an industry-wide strike to protect dismal wages and dangerous working conditions. In spite of support from some of the wealthiest women in the city. Including Anne Morgan, the majority of the workers returned to their shops without having their demands met. It took the tragedy of the fire and the ensuing outrage to force government action. The landmark legislation that followed gave New Yorkers the most comprehensive workplace safety laws in the country. **Discussant:** James Wamsley, Chief, Fire District 1, Rock Springs & Sweetwater County, WY

SATURDAY – NOVEMBER 11, 2011:

Presentation: Wyoming National Guard Family Assistance Centers

Presenter: TBD

Debbie Russell, Family Assistance Coordinator, Wyoming National Guard

BIO: <http://www.rmrinstitute.org/BIO-Russell.html>

Abstract:

Continuing Education: 1 Hour

Date: Saturday – November 12 **Time:** 10 AM

SATURDAY – NOVEMBER 11, 2011:

Presentation: Hemingway and PTSD

Presenters: Jamie Egolf, MSW, LCSW and Chavawn Kelley, MA

BIOS:

Abstract:

Continuing Education: 1 Hour

Date: Saturday November 12 **Time:** 11 AM

DISCUSSION GROUP- 4: Survivors of the Dust Bowl Major Discussant: TBD

Description: Dust Bowlers who stayed overcame an almost unbelievable series of calamities and disasters. **Continuing Education:** *2 Hours*

Date: Saturday – November 12, 2011 **Time:** 3 PM – 5 PM

Surviving The Dust Bowl We are all aware of the disaster and traumas associated with the Dust Bowl. We know of the “Dust Bowl Refugees” who sought refuge in California. Most of us have read the book or seen the story of the Joad family in John Steinbeck’s *The Grapes of Wrath*. However, the Dust Bowlers who stayed overcame an almost unbelievable series of calamities and disasters. In 1931, the rains failed and the “black blizzards” began. Powerful dust storms carrying millions of tons of stinging, blinding black dirt swept across the Southern Plains – the panhandles of Texas and Oklahoma, western Kansas, and the eastern plains of Colorado, Wyoming and New Mexico. Topsoil that had taken a thousand years per inch to build suddenly blew away in only minutes. This presentation relates a remarkable story about the determined and resilient people who clung to their homes and way of life. They endured drought, dust, disease and even death for nearly a decade. Was such a disaster preventable? What long-term psychological effects did this trauma have on survivors, refugees and the country as a whole? Is there a looming disaster again on the horizon? What, if anything did we learn from this tragedy? What can be done to mitigate and/or avoid such a disaster in the future? How?

Discussant: TBD

REGISTRATION FORM



Training For Critical Incident Responders In the Rockies **Rocky Mountain Region Disaster Mental Health Institute**

LOCATION: Saratoga, WY – Great Hall – Community Center

DATES: **November 9-12, 2011** daily from 08:00 to 17:00 hours.

REGISTRATION: If you have paid registration fee for the 10th Rocky Mountain Disaster Mental Health Conference, you do not have to pay additional workshop fees. If you are taking Workshop only and are not attending the Conference, the fee is \$150 for 2-Day Workshop. If taking one-day workshop only, fee is \$50. Please register for course by submitting the form below in either case so that we can provide a roster and can print out your Certificate of Completion. If any questions, please call: 307-399-4818. All checks for payment should be made out to: **RMRDMHI**. You can also pay by credit or debit card directly through our PayPal site at: <http://www.rmrinstitute.org/RS2010.html> POST Credit for CEUs also available for CISM course(s). CEUs available as indicated for all. Be sure to check CEU Hours when you check in.

PRINT CLEARLY

NAME: _____

ORGANIZATION: _____ **POSITION:** _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ **CISM Team Member:** Yes ___ No ___

If not Team Member, are you interested in joining? Yes ___ No ___

If registering for Rural/Frontier Individual/Peer and Group CISM only: (\$150) _____
If registering for one-day Workshop only: Healthcare CISM (\$50) _____
If registering for one-day Workshop only: Chaplaincy Development CISM (\$50) _____

TOTAL COST: _____

Make checks payable to **RMRDMHI**

If paying by credit card, go to the following secure site and pay through PayPal online:

<http://www.rmrinstitute.org/RS2010.html> If any questions, please call **307-399-4818**.

MAIL REGISTRATION TO: Rocky Mountain Region
Disaster Mental Health Institute,
Box 786
Laramie, WY 82073-0786

CONFERENCE FEES:

Early Bird Fees:

- _____ Register for Full Conference prior to November 1, 2011: \$175
- _____ Graduate Students: \$150
- _____ Single Day: \$75

Regular Registration or Onsite:

- _____ Register for Full Conference after November 1, 2011: \$200
- _____ Graduate Students: \$175
- _____ Single Day: \$100

Conference Fees include lunch and breaks

- _____ Dinner – on your own
- _____ Exhibitor – 1 Day: \$75
- _____ Exhibitor – 2 Days: \$150
- _____ Sponsor: Fill in Amount – *Thank-you*

Special Training Workshops

_____ Combined Rural/Frontier Individual and Group CISM (If registering for this workshop alone, \$150. Otherwise, included in Conference Registration fee if attending full Conference.).

_____ Homeland Security Course (AWR-160)(Friday – November 11): **Free** **You MUST PRE-REGISTER for this course.**

_____ If attending one-day workshop only, \$50. Otherwise, included in Conference Registration fee if attending Full Conference.

TOTAL FEES: _____

If you have registration questions, please call for further information: 307-399-4818 or email: rockymountain@mail2emergency.com Please enclose full payment with registration form. Check method of payment below. If paying by Credit Card, please go to website: <http://www.rmrinstitute.org/RS2010.html> and pay through PayPal. You will receive an immediate email receipt for payment.

_____ Check for \$_____ (Make payable to: **RMRDMHI**)

_____ Credit Card through PayPal _____

_____ If paying by PO or Voucher, please make out to **RMRDMHI** (Please have copy of PO or Voucher accompany registration form)

Brief Course Descriptions

COMBINED Rural/Frontier INDIVIDUAL/PEER and GROUP CISM

This course is designed for anyone in the fields of Business & Industry Crisis Intervention, Rural and Frontier Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.

Crisis intervention is NOT psychotherapy, rather it is a specialized acute emergency mental health intervention which requires specialized training. As physical first-aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called “emotional or psychological first-aid.” Crisis interventions are typically done individually (one-on-one) or in groups. This program is designed to teach participants the fundamentals of, and specific protocols for, individual and group interventions. The audience for this class includes both emergency services, military, and business/industrial peer support personnel without formal training in mental health, as well as mental health professionals, who desire to increase their knowledge of individual (one-on-one) and group crisis intervention techniques. Please note that this is a two day class. The topics listed below will be covered over the course of three days. Emphasis will include how this model relates to and is used in rural areas of the western frontier states.

At the completion of this course, participants will be able to: Define stress, CIS, and PTSD; List the 10 basic interventions of CISM; and Define and describe in detail the CISM group processes of Demobilizations, Defusings and Debriefings; List at least four fundamental principles of crisis intervention; Describe common psychological symptoms after trauma; Demonstrate crisis communication techniques; and List risk factors for suicide.

- Relevant research findings
- Relevant recommendations for practice
- Incident assessment
- Strategic intervention planning
- “Resistance, resilience, recovery” continuum
- Large group crisis interventions
- Small group crisis interventions
- Adverse outcome associated with crisis intervention
- Reducing risks
- Critical Incident Stress Debriefing (CISD)

CONTINUING EDUCATION: 21 HOURS

WMD Awareness-Level Training Course **(AWR-160)**

Course Description:

Developed by the National Domestic Preparedness Consortium (NDPC), the WMD Awareness-Level Training Course is a six-hour training program that provides emergency responders with awareness-level instruction on recognition, avoidance, isolation, and notification techniques in a Weapons of Mass Destruction (WMD) environment. The course covers prevention and deterrence and chemical, biological, radiological, nuclear, and explosive (CBRNE) hazards.

Course Objectives:

After completion of the course, first responders will be to:

- ❖ Demonstrate a working knowledge of the prevention and deterrence strategy, to identify indicators of potential terrorist targets

- ❖ Understand recognition, avoidance, isolation, and notification techniques of chemical agents and toxic industrial chemicals and materials in a WMD environment

- ❖ understand recognition, avoidance, isolation, and notification techniques of biological hazards when used as WMDs

- ❖ understand recognition, avoidance, isolation, and notification techniques of radiological and nuclear materials when used as WMDs

- ❖ understand recognition, avoidance, isolation, and notification techniques of explosive devices when used as WMDs

The course is open to all Wyoming first responders regardless of discipline. Members of private sector responder groups may be eligible for this training as well.

Cost:

This training is funded by a DHS grant, which provides for the associated training site costs, and curriculum-related delivery expenses. It **DOES NOT** include the cost of transportation, meals and lodging. Agencies may be able to use their local DHS grant funds for any traveling expenses, but should confirm this with their grant administrator.

CONTINUING EDUCATION: 8 HOURS

Healthcare CISM: Establishing CISM Teams in Rural Hospitals

Description: Having been involved in the development of two CISM teams in his community while serving as the Chaplain Services Coordinator at Campbell County Memorial Hospital, Bob Rudichar will assist attendees in understanding a practical and realistic approach to team development in a rural medical setting. His perspectives generate from 38 years of ministerial experience, 20 years of chaplaincy, and 9 years in CISM. Bob has overseen the development of H.E.A.R.T., Healthcare Emergency Action Response Team, an in-house CISM team comprised of medical personnel providing interventions to their peers. Having originated through the auspices and authority of the Campbell County CISM Team under his former leadership, H.E.A.R.T. has provided numerous crisis interventions on the group and individual level and continues to provide pre-incident CISM training to various entities within and outside of Campbell County. The accomplishments of H.E.A.R.T. warrant consideration by those interested in developing a hospital/clinic CISM team in their area.

Objectives:

- Provide validation for CISM teams in rural hospitals/clinics
- Discussion on how to promote the CISM concept to hospital administration

- Compare intervention costs with employee recruitment/retention/litigation
- Provide a framework for team development
- Share real-time Policy & Procedures, brochures, recruitment issues and challenges, crisis events and their outcomes, including impact on staff and administration
- Discuss pre-incident education development/implementation perspectives
- Open floor brainstorming and problem solving session

Continuing Education: 8 Hours

Chaplaincy Development in Rural Communities:
How Faith And Medicine Can Co-Exist

Objectives:

- Discuss how chaplaincy can benefit a community
- Provide a practical approach to program development
- Review obstacles to development
- Discuss recruitment/training/orientation of local clergy
- Investigate potential community programs involving chaplaincy
- Overview on Chaplain Services Policies & Procedures
- Open floor brainstorming and problem solving session

Description: Bob Rudichar has 21 years experience in the field of volunteer and employed chaplaincy in a medical setting. Bob is co-founder of Chaplain Services at Campbell County Memorial Hospital (CCMH), Gillette, Wyoming, and has served as the program's Coordinator for the past 13 years. Chaplain Services was initially staffed with local clergy volunteers to provide 24/7 on-call support. Under his leadership, the program has expanded to include lay-persons volunteering from local church congregations to staff the Associate Chaplain segment, providing further visitation support for the department. Such volunteers undergo an extensive training program. Abider Services has also been developed to provide a comforting presence for the dying when family and friends may not be available so that "no one dies alone." H.E.A.R.T. (Healthcare Emergency Action Response Team), an in-house CISM team, has been developed and operates under the Chaplain Services banner. After the acquisition of the Pioneer Manor long-term care facility by CCMH in 2004, Chaplain Services was asked to expand its horizons to provide spiritual support to the elderly and to those requiring extensive rehab services.

This presentation will endeavor to cover a step-by-step plan of program development; provide helpful insights into its structure and maintenance; and encourage chaplaincy networking for the purposes of ministerial support, camaraderie and resource options. Individuals or groups interested in developing a chaplaincy program in their hospital or clinic will benefit from this presentation.

Continuing Education: 8 Hours

**ROCKY MOUNTAIN REGION DISASTER MENTAL HEALTH INSTITUTE
BOARD OF DIRECTORS**

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Casper/Natrona County
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Casper, WY

ONLINE COURSES CEUs APPROVED

Crisis Intervention Training For Disaster Workers (Online Course) 12 CE

http://www.psychceu.com/CISM/cism_index.asp

The purpose of this course is to provide training for mental health professionals who work with victims of disaster related stress and trauma. This course prepares the disaster mental health professional to relate with disaster victims and co-workers. The warning signs and symptoms in both disaster victims and workers are explored together with stages, strategies and interventions for recovery.

This course will introduce you to disasters, the community response, the role of first responders, and the role of Disaster Mental Health Services and Critical Incident Stress management responders and teams. It will provide a brief overview of Disaster Mental Health Services and Critical Incident Stress Management and their roles in responding to the needs of both victims and disaster workers. The role of critical incident stress management will be presented and discussed both for disasters and for critical incidents. This includes discussion about war, terrorism and the follow-up responses by mental health professionals. This course is designed to help participants identify appropriate methods for activating Disaster Mental Health Crisis Intervention Teams (CIT) for disaster mental health services for victims, co-workers, and self.

The content of this course includes general theory and models of Disaster Mental Health, Critical Incident Stress Management, crisis intervention techniques commonly used in these situations, supportive research, and practice of approaches used in responding to the victims, workers and communities affected by disasters, critical incidents and terrorism threats.

Crises, Mental Health, Disaster Mental Health In Rural Environments (Online Course) 10 CE

http://www.psychceu.com/Doherty/rural/rural_index.asp

Rural psychology has very few major studies concerning practice in rural environments and small communities. Practitioners face some very different problems from their more urban counterparts. Rural practice presents important yet challenging issues for psychology, especially given North American and international distribution of populations, levels of need for psychological services in rural settings, limited availability of rural services, and migration of rural residents to urban centers. In our current times of crisis nationally and internationally with increased levels of stress, anxiety and concern about terrorism, it is critical that mental health professionals and first responders in rural areas become aware of recent research, training and approaches to crisis intervention, traumatology, compassion fatigue, disaster mental health, critical incident stress management, post-traumatic stress and related areas in rural environments.

Critical issues facing rural areas include:

- Land use, control of water resources, cheap food policy, use of chemicals and pesticides, animal rights, corruption in food marketing and distribution, land appropriation for energy development, quality of life, rural America's declining share of national wealth, problems of hunger, education and rural poverty among rural populations, farmers and ranchers.
- Direct service issues include the need to accommodate a wide variety of mental health difficulties, client privacy and boundaries, and practical challenges.
- Indirect service issues include the greater need for diverse professional activities, collaborative work with professionals having different orientations and beliefs, program development and evaluation, and conducting research with few mentors or peer collaborators.
- Professional training and development issues include lack of specialized relevant courses and placements,
- Personal issues include limited opportunities for recreation, culture, and lack of privacy.