

WYO CISM NET



April 2009

A Newsletter For Critical Incident Responders In Wyoming

WYO CISM NET and Rocky Mountain Region Disaster Mental Health Institute, Box 786, Laramie, WY 82073-0786 <http://www.rmrinstitute.org> rockymountain@mail2emergency.com 307-399-4818

UPCOMING TRAININGS:

Wounded Warrior Wellness Conference

May 13-15, 2009 - Casper, WY

For Agenda, BIOS and Brochure:

[CLICK HERE](#)

http://www.angelfire.com/biz7/rmrinstitute/Final_Wounded_Warrior_Registration_Packet.pdf

April 17 is the Early Bird cutoff. \$75 for Early Bird Registration and \$150 for the Regular Registration after 17 April.

REGISTRATION FORM

http://www.angelfire.com/biz7/rmrinstitute/Final_Registration_Insert_WWW_Wx.pdf **Pay Registration Fee online by credit card at secure site and receive immediate receipt: [Click Here](#): <http://www.rmrinstitute.org/wwwrior-conf.html>**

CISM Workshops and Others

June 15-19, 2009

Rock Springs, WY

<http://www.rmrinstitute.org/rscism-registration.pdf>

Give An Hour

<http://www.giveanhour.org/skins/gah/home.aspx>

Give an Hour is asking mental health professionals nationwide to literally give an hour of their time each week to provide free mental health services to military personnel and their families. Target population is the U.S. troops and families who are being affected by the current military conflicts in Afghanistan and Iraq.

WOUNDED WARRIOR WELLNESS CONFERENCE

Military personnel are deployed in Afghanistan and Iraq for various lengths of time and number of tours, leaving jobs, family and college for extended periods to serve our country. While deployed, they are in harm's way 24/7. Some are severely wounded physically. Many others are wounded emotionally and behaviorally. Family members are all affected by deployments. In April of this year (2009) the largest deployment of National Guard personnel in Wyoming has left for a tour of duty. Recently, 200 Air National Guardsmen returned from a tour in Afghanistan. They are supported by Family Services groups during deployment. Veterans and families receive assistance upon return to their communities. Veterans organizations provide additional support.

Increasing numbers of Veterans return with PTSD, anxiety, depression, somatic problems and Traumatic Brain Injury (TBI), directly affecting relations among spouses, children, friends, relatives and fellow employees in our communities. Particularly disturbing is the number of suicides occurring among military personnel. Most affected is the returning veteran. Adjusting to changed lives and re-adjustment in families and community is not always smooth.

How can communities better understand these adjustments, support returning veterans and become involved in re-integrating them back into communities? What resources are available? What is the role of mental health professionals? Who do they network and interact with? Do they have a role with other healthcare providers, public health, hospitals, veterans organizations, veterans administration, military support groups, etc.? How can these groups strategically plan how to address and respond to needs in a combined effort? What issues need to be addressed? These and other concerns about our returning veterans and their families and our communities will be discussed at length during the **Wounded Warrior Wellness Workshop** to be presented in Casper, WY May 13-15, 2009 at the Ramada Inn Riverside. Registration fees have been kept very low to encourage participation. Lunches, snacks and an evening meal will be provided. Please review the Agenda

http://www.rmrinstitute.org/Final_Wounded_Warrior_Registration_Packet.pdf . Please register http://www.angelfire.com/biz7/rmrinstitute/Final_Registration_Insert_WWW_Wx.pdf and come to both learn about our Veterans and their families and how we can support our friends, neighbors and co-workers who are supporting us through their deployments by putting themselves in danger for our well-being. Please also pass this information along to colleagues, friends and fellow Veterans. The 3-day conference is co-sponsored by the Department of Mental Health and a number of other groups.

Please support this Workshop and our military veterans and families by attending and encouraging your colleagues, friends and fellow Veterans to also attend. Read related News Article: <http://billingsgazette.net/articles/2009/04/12/news/wyoming/25-mentalhealth.txt> If link doesn't work, paste it in.

ONLINE COURSES AVAILABLE FOR CONTINUING EDUCATION

The following courses are available online:

- **RETURN TO EQUILIBRIUM: Disaster Mental Health**

http://www.psychceu.com/Doherty/Equilibrium_index.asp - 4 CEU

- **RETURN TO EQUILIBRIUM:**

Returning Military And Families

http://www.psychceu.com/Doherty/Equilibrium_index.asp - 8 CEU

- **CRISIS INTERVENTION TRAINING FOR DISASTER WORKERS**

http://www.psychceu.com/CISM/cism_index.asp - 12 CEU

- **FROM CRISIS TO RECOVERY:**

Strategic Planning for Response, Resilience and Recovery

http://www.psychceu.com/Doherty/crisis_index.asp - 12 CEU



Alaska's Mt. Redoubt volcano has been relatively quiet -- it remains at an "orange" watch level instead of a "red" eruption level -- but it's still emitting steam and producing interesting imagery for the region. Redoubt is located about 100 miles southwest of Anchorage and 50 miles west of the Kenai Peninsula. - April 12, 2009



Chile's Llaima volcano, one of South America's most active, belched ash 4 miles into the sky that was blown toward neighboring Argentina in an intensifying eruption that prompted more evacuations. April, 2009

THE ROLE OF MENTAL HEALTH IN EMERGENCY RESPONSE AND RECOVERY

Disasters are complex human, bureaucratic and political events. The numbers and types of responding agencies, groups, and jurisdictions increase tremendously. The relationships among organizations change. Alterations in the traditional divisions of labor and resources increase the need for multi-organizational and multi-disciplinary coordination among all responding participants. Without such coordination, the resources may not be shared or distributed according to need. Insufficient communication and control may result in a duplication of effort, omission of essential tasks and possibly even counterproductive activity.

PLANNING

A mental health disaster plan is essential for coordination of mental health emergency response efforts with other emergency response organizations during and following disasters. Each state department of mental health should have a mental health disaster plan which is a component of the state emergency management plan. In many states, the governor mandates a mental health disaster plan by executive order. Each department of mental health (municipal, county, or regional) should also have a mental health disaster plan. The plan should be a well-integrated component of the comprehensive emergency management plan of the jurisdiction. Some states have mandated this by legislation.

Purpose

The purpose of the mental health plan is to ensure an efficient, coordinated and effective response to the mental health needs of the affected population during times of disasters. It will enable mental health to maximize the use of structural facilities, personnel, and other resources in providing mental health assistance to disaster survivors, emergency response personnel, and the community (California Department of Mental Health, 1989; New Jersey Department of Human Services, 1991). The mental health disaster plan should specify the roles, responsibilities, and relationships of the agency to federal, state, and local entities with responsibility for disaster planning, response, and recovery (Doherty, 2007).

Plan And Response

The mental health plan must also specify roles, responsibilities, and relationships within the mental health agency in responding to disasters (South Carolina Department of Mental Health, 1991). The plan should be organized so that it reaches each level and each component of the agency. It should also identify the respective individuals (by position) who are responsible for carrying out the functions. Individuals should all have back-ups, preferably three deep.

Mental health services to disaster survivors must be provided in community locations where survivors congregate, such as meal sites and shelters. Such sites are often operated by the Red Cross in cooperation with social services or other organizations. For long term recovery, mental health efforts must be integrated with other human services to survivors. Close cooperation with these agencies is necessary. Therefore, the mental health disaster plan is often a component of, or an attachment to, the social services/shelter plan. In some areas, mental health agencies have found it beneficial to include in their plan a Memorandum of Understanding (MOU) with the Red Cross, delineating roles and responsibilities of the two agencies. Mental health services to survivors may also be provided at hospitals, first aid sites, and the coroner's office. Consequently, the mental health plan requires coordination and integration with the emergency medical plan, the public health plan, and the coroner's plan.

Exercises



Scenes of molten lava are relatively commonplace, but this otherworldly picture of Chaiten Volcano in southern Chile shows a truly spectacular, and devastating, volcanic phenomenon.



As clouds of toxic ash and dust tower into the sky, they ionise the air, generating an explosive electrical storm. Colossal forks of lightning spark around the noxious plume as it spews from the volcano's crater, creating an image of raw, terrifying energy - as if the air itself were ablaze.



The worst-case scenario is the collapse of the volcano accompanied by a "pyroclastic flow" - a devastating super-eruption of scorching dense gas and molten rock that would roll down the mountainside at 100mph or faster, incinerating and flattening all in its wake.

Mental health disaster teams should participate in the regular, official disaster drills of the jurisdiction. The role of mental health response in disasters is very new in some areas. Working side-by-side with more traditional disaster response agencies will increase the knowledge of mental health personnel regarding roles of other disaster responders. In addition, it will increase the knowledge of other disaster agencies regarding the roles and capabilities of mental health in disasters. It will help establish mental health as a regular and essential part of the response team (Doherty, 2007).

If mental health has disaster responsibilities agreed upon with specific agencies, such as schools, special exercises of the conjoint disaster response will be important. If mental health has agreed to respond to incidents such as a school suicide or other tragedy, mental health response to those scenarios should be practiced before the event occurs.

ROUTINE EMERGENCIES

Management of day-to-day non-catastrophic emergencies in the United States is influenced by a national preference for local control. Because of this, tasks are divided among a multitude of community organizations (public and private) and individuals. Roles and responsibilities are determined by tradition, laws, contracts, and charters (Auf der Heide, 1989; Drabek, 1987; Quarantelli, 1981, Doherty, 2007). Allocation of tasks and resources is fairly standardized and there is relatively little confusion (Auf der Heide, 1989). Community mental health agencies routinely interact in well-defined and understood relationships with other agencies such as social services, schools, law enforcement, probation, etc. In disasters, things change.

Management

The Federal Emergency Management Agency (FEMA) defines disaster as:

"An occurrence of a severity and magnitude that normally results in deaths, injuries, and property damage that cannot be managed through the routine procedures and resources of government. It...requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet human needs and speed recovery" (FEMA, 1984).

Disasters differ from routine emergencies in that they cannot be adequately managed merely by the mobilization of more personnel, equipment, and supplies. Disasters often create demands that exceed the capacities of single organizations. This requires them to share tasks and resources with other organizations that use unfamiliar procedures. As Auf der Heide (1989) has reported, disasters may cross jurisdictional boundaries. They change the number and structure of responding organizations, and may result in the creation of new organizations. They create new tasks, and engage participants who are not ordinarily disaster responders. Disasters also disable the routine equipment and facilities needed for emergency response.

The complexity of government in the United States compounds the difficulty in understanding "who does what" in disaster responses. The 1982 Census of Governments found over 82,000 separate governments operating in this country. This decentralization results in a lack of standardization in disaster planning and response. It complicates coordination in times of disasters (Auf der Heide, 1989).

Additionally, organizations inexperienced in disasters often respond by continuing their independent roles, failing to see how their function fits into the complex, total response effort. Auf der Heide (1989) describes this as the "Robinson Crusoe syndrome" ("We're the only ones on the island").



Pyroclastic flows are also called *nuees ardentes* - or "burning clouds" - and are probably the single most destructive weapon in nature's armory, capable of flattening cities in seconds.

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BOOKS AND PUBLISHED CONFERENCE PROCEEDINGS

RETURN TO EQUILIBRIUM:

Disaster Mental Health and Returning Military and Families -

Proceedings of the 7th Rocky Mountain Disaster Mental Health Conference – Laramie, WY

http://www.rmrinstitute.org/ROCKY_MOUNTAIN_REGION-books.pdf

ORDER AND PURCHASE BOOKS online

<http://www.rmrinstitute.org/books.html>

Taking Charge In Troubled Times

Proceedings of the 5th Rocky Mountain Region Disaster Mental Health Conference Casper, WY November 8-11, 2006

<http://www.amazon.com/exec/obidos/ASIN/1932690379/>

From Crisis to Recovery: Resilience and Strategic Planning For the Future -

Proceedings of the 6th Rocky Mountain Region Disaster Mental Health Conference - Cheyenne, WY November 8-10, 2007

<http://www.amazon.com/Proceedings-Mountain-Region-Disaster-Conference/dp/1932690565/>

This isolation occurs not just in response, but also in planning. Too often, private sector groups and different levels of government may not have plans that realistically consider the roles and resources of other groups.

Due to the complexities and challenges of disaster environments, key factors in an organization's effectiveness are *flexibility* and the ability to *improvise*. It is crucial, however, for responding agencies to educate themselves about the roles and responsibilities of other local, state, and federal agencies in times of disasters. They must *plan* for disaster response based on a solid knowledge of the organizational environment (Doherty, 2007).

COMPREHENSIVE EMERGENCY MANAGEMENT

In order to manage disasters efficiently and predictably, a concept called Comprehensive Emergency Management (CEM) has been developed. It applies mitigation, preparedness, response, and recovery activities to all types of hazards in a municipal/county/state/federal partnership.

Mitigation is any activity aimed at reducing or eliminating the probability of a disaster. Zoning, land use management, and public education are examples of mitigation activities. Inspection and proper maintenance of mental health facilities include fire mitigation activities.

Preparedness includes endeavors that seek to prevent casualties, expedite response activities, and minimize property damage in the event of an emergency. Pre-disaster training of a specialized mental health disaster response team is an example of preparedness activities (Doherty, 2007).

Response activities occur immediately before, during, and after an emergency or disaster. Examples include search and rescue or implementation of shelter plans. Mental health response activities include providing mental health staff at shelters, first aid stations, meal sites, morgues, or command centers.

Recovery includes short and long-term activities. Short-term activities attempt initially to compensate for damage to a community's infrastructure and quickly return its vital life-support systems to operation. Short-term recovery assistance includes providing temporary housing, welfare, and unemployment assistance. Psychological first-aid, crisis intervention, and shift-change defusing (mini-debriefings) are short-term mental health recovery activities. Long-term mental health recovery activities include outreach, consultation and education, individual and group counseling, support groups and referral/information services. Both short and long-term mental health programs may be funded by a grant from the Federal Emergency Management Agency (FEMA) in a presidentially-declared disaster. The program is authorized by Section 416 of the Disaster Relief Act, Public Law 100-707 (FEMA, 1988).

INTEGRATED EMERGENCY MANAGEMENT SYSTEM

The second concept which currently helps to define roles and responsibilities of emergency management is the Integrated Emergency Management System (IEMS). Drabek and Hoetmer (1991) point out that Comprehensive Emergency Management (CEM) provides an inclusive framework that encompasses all hazards and all levels of government. It includes the four phases of mitigation, preparedness, response and recovery. IEMS shows how the framework can be operationalized. It spells out the details of CEM. IEMS requires that a community carry out a hazard and risk analysis. The community then must assess its capabilities in the areas of mitigation, preparedness, response, and recovery. The shortfall between existing and required levels of capability leads to the development of a multiyear development plan. The

plan usually covers a five-year period so that projects can be properly scheduled and funded, with annual work increments. Thus, IEMS supports the development of emergency management capabilities based on functions that are required for all hazards (e.g., warning, shelter, public safety, evacuation) (FEMA, 1983).

SUMMARY

Because the field of disaster mental health is highly specialized, mental health jurisdictions should have disaster plans that are thoroughly integrated with the Comprehensive Emergency Management (CEM) plan for their jurisdiction. It is advisable that in a disaster of any magnitude a mental health representative with decision-making authority should be present in the Emergency Operations Center (EOC). Mental health staff can also play a vital role in providing stress-management functions for EOC personnel during and after EOC operations.

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WYOMING CISM TEAM UPDATES

SWEETWATER ASSIST CISM TEAM - MEETING MINUTES, TUES MARCH 24TH 5:30-8:00PM @ RSPD TRAINING ROOM

Attending: DFS- Christy Doak
 SW Co Emergency Mgmt- Judy Roderick
 Daggett Co Em. Mgmt- Winston & Shirley Slaugh
 RSFD- Ben Fausett, Ron Atkins
 RSPD- Randy Hanson, Steve Van Valkenburg, Jason Wright
 SW Counseling- Mike Bauer
 Christ's Ministries- Bonnie Rice & Christie Sing

Topics:

- * Mike Bauer put on a presentation on "BEYOND BLUE" on depression and grief issues. It was a good presentation with a lot of information. "THANKS MIKE"
- * We discussed the upcoming "OPEN HOUSE MEETING" in April. The open house meeting is to try to get old friends to get back in touch with the team, AND to invite new people to attend, and see who we are, and what we are about as a team. To the old members ...PLEASE ATTEND. To current members ...Bring some food or beverage for the meeting. BUT to everyone ... JUST COME !!! It should be a fun and eventful night !!!
- * We discussed the upcoming, team sponsored training in June 15th-19th at WWCC. Randy has sent out teletypes already. On the 15th -17th is a combined basic and advanced class. On the 18th is a WMD class. On the 19th is CISM Test and personal certification. George has told us that most of us can almost grandfather in. we will discuss this further at the meeting. REGISTRATION & DESCRIPTION: <http://www.rmrinstitute.org/rscism-registration.pdf>
- * REMINDER: check out our email site at yahoo.com, e-mail site is "sweetwater assist"; password is "rocksprings" for past and ongoing info.
- * REMINDER: The April edition of Wyo CISM.net is out. It has a lot of current info from around the state and country on the subject

****NEXT MEETING****

**"OPEN HOUSE"
 TUES APRIL 21ST
 5:30 to ?**

@ The RSPD Training Room

HOPE YOU CAN MAKE IT !! Meetings are the third Tues each month in the RSPD Training room At the Rock Springs Police Dept. Everyone is WELCOME

**Campbell County CISM Team
 March 2009 activities**

- * There was no meeting in March due to circumstances beyond our control. (That does not mean we were *out of control!*)
- * Rod Warne taught a 2-hour stress management class at the Wyoming Law Enforcement Academy for the Detention Officer Basic class on March 6th with about 20 in attendance.
- * Gordon Harper went to St. Louis, Missouri, to attend the *Law Enforcement Perspectives for CISM Enhancement* class. He enjoyed a brief holdover in Salt Lake City due to our local weather conditions.
- * Rod Warne & Bob Rudichar worked on *Facts About Critical Incident Stress Management* brochures (70 total) to be handed out to Firefighters and EMS students at the upcoming EMS University being conducted in April. A Team representative will be teaching at that event.
- * Rod Warne has been accepted to attend the ICISF Approved Instructor course on *Law Enforcement Perspectives for CISM Enhancement* on April 21st.
- * A recent comment from the VP of Patient Services for Campbell County Memorial Hospital was an encouragement for the Team. She praised the CISM concept, the use of CISM teams and the value of using them with hospital staff. She mentioned the incident with the child who had been run over by the school bus in February and how it was very helpful to hospital staff when HEART was implemented. In her 30 years of nursing she has come to appreciate the value of CISM. - Respectfully Submitted, Bob W. Rudichar, Team Coordinator



Rainstorms have drenched most of North Texas and parts of Oklahoma, helping firefighters contain several large blazes that have burned for days. Wildfires have burned More than 192,000 acres across North Texas



A tornado that hit the western Arkansas city of Mena caused three deaths, injured 22 and serious damage to more than 100 homes (some of which were there since the Civil War).



North Dakota Army National Guard helicopters land demolition crews on the Missouri River, near Bismarck, N.D. Wednesday March 25, 2009. Demolition crews blasted chunks of ice near a huge ice jam in the Missouri River in a bid to open a channel.