

WYO CISM NET



August/September 2009

A Newsletter For Critical Incident Responders In Wyoming

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FIRE UPDATE

Wildland fire activity was light throughout the western states as of September 4. Three new large fires were reported in Montana. Five large fires were contained: two in California; and one each in Utah, Oregon, and Arizona.



Fire crews work to contain the Station fire, burning in the San Gabriel Canyon, just outside Pasadena, California, USA, 03 September 2009. The Station Fire has burned over 150,000 acres, destroyed 64 homes, and is 28 per cent contained.
EPA/MICHAL CZERWONKA

National Interagency Fire Center website:
http://www.nifc.gov/fire_info/nfn.htm

UPCOMING Annual Conference –
Cheyenne, WY – Nov 5-7, 2009
<http://8dmhi-conference-2009.eventbrite.com/>

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.

PSYCHOLOGICAL FIRST AID IN CRISIS RESPONSE

Most authorities agree that mass disasters and critical incidents leave in their wake a need for some form of acute mental health service. A review of current literature on crisis intervention and disaster mental health reveals differing points of view on the methods that should be employed (Raphael, 1986; NIMH, 2002). However, there has been a general endorsement of the value of psychological first aid (American Psychiatric Association, 1954; USDHHS, 2004; Raphael, 1986; NIMH, 2002). However, there has been a general endorsement of the value of psychological first aid as an acute mental health intervention. It seems uniquely applicable to public health settings, the workplace, the military, mass disasters, and even the demands of critical incidents (e.g., dealing with the psychological aftermath of accidents, robberies, homicide, or community violence).

One form of major crisis is critical incidents. Critical incidents are recognized disasters or other crisis situations that evoke unusually strong emotions. Appropriate critical incident crisis care can provide needed emergency behavioral health services, prevent the formation of some types of posttraumatic stress disorder (PTSD), 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-incident stress debriefing, grief counseling, brief multimodal therapy, referral to traditional therapy or counseling if necessary, and follow-up.

Crisis intervention is commonly thought of as acute psychological first aid applied within close temporal proximity to the precipitating event. While all disaster workers should have familiarity with the common patterns of reaction to unusual emotional stress and strain, relatively few are versed in the principles of care for the psychological or emotional casualty. In the aftermath of the Pacific Southwest Airlines Flight 182 disaster, many disaster assistance, public safety, and emergency workers developed a variety of psychological problems and emotional or behavioral symptoms when returning to work or their families following the intensive week-long cleanup effort. Acute crisis reaction, intense stress, and job related impairment were found to be quite common,

In helping mitigate post-traumatic stress reactions, Critical Incident Stress Debriefing (CISD) and defusing were found to be effective methods in decreasing the severity of the effects. Davis and Stewart (1999) suggest some key points to incorporate into the debriefing process used when providing assistance to a traumatized community, victim, first aid responder, or deployed disaster emergency rescue worker. They recommend a community-wide outreach critical incident stress intervention program and referral network for ongoing continued care and support for all disaster response workers during the immediate aftermath.

However, I'm not referring to using CISD exclusively. Routine use of any technique in any setting is always contra-indicated. It is important that any intervention be preceded by an

**ONLINE COURSES
AVAILABLE FOR CONTINUING
EDUCATION CREDIT:**

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

**8th Rocky Mountain
Disaster Mental Health
Conference**

November 5-7, 2009 - Cheyenne, WY

CONFERENCE Brochure located at:

<http://www.rmrinstitute.org/CYS-Brochure-2009-Conf.doc>

Brochure will be updated regularly.

<http://8dmhi-conference-2009.eventbrite.com/?ref=ebtn>



Taken in Gillette, WY by [jangelos](#) on Aug 16, 2009

Adequate assessment to determine which tool(s) might best be used in the presenting situation. Rather, Critical Incident Stress Management (CISM), is a strategic approach that includes CISD as just one of the tactical interventions used in crisis response. Others include: one-on-one interventions, defusings, family CISD interventions, Crisis Management Briefings, Chaplain/Pastoral spiritual interventions, Demobilizations, pre-incident educational programs, and others. One-on-one interventions generally occur far more often than CISDs. The CISD is usually done only when requested and is most often done *after* other interventions.

The use of Psychological First Aid, usually in one-on-one interventions, is also an effective triage tool, useful in determining possible need for referral for therapy or counseling. In our rural areas and small towns in Wyoming, all of these techniques have been found useful by those involved and out teams utilize them quite effectively when indicated. Remember, our mission is to help maintain our responders on the job and to assist them in adequately adjusting to any effects from a traumatic incident and to assist them in returning to equilibrium and functioning effectively on the job, at home, with family, co-workers and friends, etc. Choosing appropriate interventions, when indicated and needed is always a judgment call. When intervention is requested by the responder group, it should always be respected and accomplished. Not every incident will warrant intervention.

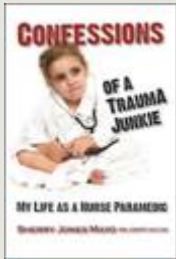
The concept of debriefing has been popularized as a behavioral health intervention in the early phases of response to disaster. Raphael (2003) addresses several issues about psychological debriefing techniques and their place as behavioral health interventions in the immediate post-incident phase. Special issues in early intervention and debriefing include physical needs; separation; loss of loved ones; dislocation; loss of home; destruction of community; human malevolence; making meaning; personality and individual coping styles; timing and culture. Any intervention should encompass principles such as psychological first aid, ensuring safety, security, survival, shelter, and other basics. For those at high risk following trauma and loss, specialized counseling may be beneficial. It is important to distinguish between immediate post-incident interventions and those that may be applied appropriately weeks or months after the incident. With respect to the former, the job of mental health responders is not to provide therapy. Rather, it is to administer "psychological first aid". Rather than intervening with exposure and cognitive restructuring techniques, the task is to offer comfort and support, to depathologize people's reactions to severe stress, to listen empathically, to encourage people to talk to family and friends, and to provide triage.

Leach (1995) describes a psychological first aid system based on the debriefings of survivors of life-threatening situations. Survivors were drawn from both civilian and military personnel who had been involved in shipwrecks, airplane crashes, aircrew ejections, major fires, shootings, mountain and caving accidents, floods, combat, and prisoners-of-war situations. The behaviors of survivors who coped well during such a threat to life were compared with behaviors of those who did not and distilled into a set of principles for psychological first aid.

This resulted in a series of simple actions for use within a disaster or other incident to return victims to functional behavior as quickly as possible, thus increasing their chance for survival. This model of behavior in disaster is restricted to three phases describing the behavioral natural history of a disaster, namely, period of impact, period of recoil, and period of post-trauma.

Singer (1982) reviewed literature dealing with the psychological reactions of individuals and groups to disaster. He looked at characteristic stages of human response to disaster situations as well as the specific immediate reactions of individuals and groups. He examined phenomena such as "scapegoating", long-term reactions, reactions of rescue and relief personnel, psychological first aid, and disaster planning. Singer concluded that the compassionate handling of disaster victims by psychologically informed Rescue Workers, and the development of intervention programs that facilitate and maintain rather than disband pre-disaster social support systems, can prevent more cases of subsequent

*Take a Ride in the back
of the ambulance...*



[Confession's Website](http://sherryjonesmayo.com/Confession_s_of_a_Trauma_Junkie/Confessions.html)

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Share the innermost feelings of emergency services workers as they encounter trauma, tragedy, redemption, and even a little humor. Sherry Jones Mayo has been an Emergency Medical Technician, Emergency Room Nurse, and an on-scene critical incident debriefer for Hurricane Katrina. Most people who have observed or experienced physical, mental or emotional crisis have single perspectives. This book allows readers to stand on both sides of the gurney; it details a progression from innocence to enlightened caregiver to burnout, glimpsing into each stage personally and professionally. **Sherry was a Keynote Speaker at the 6th Rocky Mountain Region Disaster Mental Health Institute Conference in Cheyenne November 6-8, 2007.**

Earthquake Fact:

During an earthquake: If you are in a moving **vehicle**, stop as quickly as safety permits, and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses or utility wires. Then, proceed cautiously, watching for road and bridge damage.



Turkey Earthquake September 6, 1975. Totally collapsed house in Lice. Photo by P.I. Yanev. Front cover, Earthquake Information Bulletin, v.8, no.2.

physical and emotional problems than physicians, counselors, and psychiatric professionals can ever treat later. This suggests that some form of early intervention can be helpful in preventing some longer term effects.

LaGreca and Silverman (2002) reviewed the current state of empirically informed interventions for children and adolescents. They used a chronological system to describe interventions offered pre-disaster (i.e., preparation activities), while disasters are in progress, and during the short- and long-term aftermath. They found that preparatory and early interventions focus primarily on crisis management and enhancing coping skills. In contrast, children and adolescents with persistent and long-term difficulties are likely to need formal treatments for trauma symptoms and bereavement. Interventions for the phases should focus primarily on prompting safety and coping skills and providing crisis management. Interventions appropriate for the first few weeks after the initial phases of disasters (i.e., the post-impact or short-term adaptation phase) should focus on immediate physical and psychological needs. Brief, present-focused interventions, such as instrumental aid, information giving, and trauma interviews or debriefings, should feature prominently in this phase. Difficulties persisting months or even years after the impact phase has ended will require more in-depth counseling and/or therapy.

Psychological first aid is emerging as the crisis intervention of choice in the wake of critical incidents such as trauma and mass disaster. It is similar to the concept of physical first aid. Physical first aid is the preliminary physical care provided by members of the general population, not by the medical professionals. In minor cases of physical injury, first aid can provide all the care an individual needs for recovery. There may be no need for follow-up with a medical professional. In the same way, psychological first aid is basic "grassroots" psychological support provided for family, friends, neighbors, and colleagues by members of the general population, not by mental health professionals. Just as physical first aid is used for injuries ranging from minor scratches to serious wounds, psychological first aid is used to provide psychological support for experiences ranging from minor stressors in daily life to traumatic events. Physical first aid teaches participants how to know when and how to make referrals for professional mental health care.

Next month, in the next segment, we will discuss [Referral For Therapy](#).

WILDLAND FIRES

The threat of wildland fires for people living near wildland areas or using recreational facilities in wilderness areas is real. Dry conditions at various times of the year and in various parts of the United States greatly increase the potential for wildland fires. Advance planning and knowing how to protect buildings in these areas can lessen the devastation of a wildland fire. There are several safety precautions that you can take to reduce the risk of fire losses. Protecting your home from wildfire is your responsibility. To reduce the risk, you'll need to consider the fire resistance of your home, the topography of your property and the nature of the vegetation close by. For Further Information, Go To:

<http://www.fema.gov/hazard/wildfire/index.shtm>

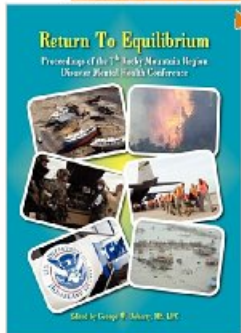
MEDICAL MINUTE: HEADACHES -- A COMMONLY MISUNDERSTOOD PROBLEM

Who has not had a headache? A poem on an ancient Sumerian tablet includes the line, "The head throbs, when pain smites the eyes and vision is dimmed." For centuries, most of us have experienced this common affliction, yet many misconceptions about headaches persist. Two common misperceptions about headaches are that a migraine is just a bad headache and new headaches may be due to a brain tumor. According to the Medical Minute, a service of the Penn State Milton S. Hershey Medical Center, migraines are a very specific type of headache, not just a bad one. In fact, there are many different types of headache -- the International Headache Society lists 20 types -- and only a very small percentage of new headaches are due to a brain tumor. Read the full story at

<http://live.psu.edu/story/18172>

Institute BOOKS AND
PUBLISHED CONFERENCE
PROCEEDINGS

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**RETURN TO EQUILIBRIUM:
Disaster Mental Health and
Returning Military and Families**

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

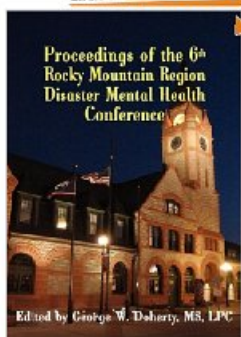
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**ORDER AND PURCHASE BOOKS
online**

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

**Taking Charge In Troubled
Times** Proceedings of the 5th Rocky
Mountain Region Disaster Mental
Health Conference Casper, WY
November 8-11, 2006

Click to **LOOK INSIDE!**



**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/](http://www.amazon.com/Proceedings-Mountain-Region-Disaster-Conference/dp/1932690565/)

CISM TEAM UPDATES

SWEETWATER ASSIST CISM TEAM MEETING MINUTES - Tues Aug 18th

2009: 5:30- 8:00pm @ RSPD Training room ATTENDING:

Trinity Lutheran- Scott Shields

RSFD- Ben Fausett

Family Dynamics- Jill Johnson

RSPD- Randy Hanson, Wauneta Lutes, Jason Wright

Sweetwater Co Emergency Mgmt.- Judy Roderick

SW-WRAP- Libby Bourgere

Topics:

We began the meeting and we worked on updating our book for the teams' certifications.

Wauneta is working on an updated "Excell List" of the certifications.

Please, if you have a certification, get a copy to Wauneta for our files !!!!

We discussed the possibilities of making Business cards for our team. These would help us get the information to others of our services. It would also be a good ice breaker when talking to others about CISM.

We brought up the upcoming conference in Cheyenne this November 4th-7th
It will be at the Plains Hotel and is always a interesting and informative conference.

Randy brought up that ALL members should go through the NIMS trainings. At least the NIMS 100 and 700 classes. They are on line and take about 2 hours to complete. (Please remember to get us a copy of the certificate upon completion).

We watched a video called "CISD, Techniques of Debriefing". This was a good video to show us how to do a debriefing step by step. Everyone (experienced or not) got something from the video. I think we will watch it again at the Sept meeting for those who missed it this past month...so,...

PLEASE TRY TO MAKE IT TO THIS MONTHS MEETING

****NEXT MEETING****

Tues Sept. 15th 2009

5:30- 7:30p

@ RSPD Training Room

NOTE:

We notice that Renee wasn't at the meeting. She was gone as to her mother in law was in poor health and has since past away. We are all sorry to hear of this loss and our thoughts and prayers go to her and her family during this time.

Campbell County CISM Team - July 2009 activities

1. CISM in the Healthcare Setting presentation to Pioneer Manor CNA class of with 7 attendees.

2. Team meeting Monday, July 6. Discussed latest in communication technology. Dave King had done some research and shared findings with the group. He plans on finding out more to see how CISM might be involved with community info efforts in a disaster situation possibly using some of the new technology.

Viewed video *Ultimate Survivor*, segment on Officer Mike Buckingham's ordeal with being trapped inside a flaming patrol car after a high-speed pursuit that ended up in an accident. Discussion followed determining the impact of that event on family, friends and peers.



Charleston, South Carolina, Earthquake August 31, 1886. Fissure and a wrecked brick house on Tradd Street.

http://earthquake.usgs.gov/regional/states/south_carolina/history.php



AP Photo

Residents, rescue workers search for victims at site where earthquake-triggered landslide hit village in Cikangkareng, West java, 4 Sep 2009

BELOW:

Fourth in a series of undersea volcano eruption photos off the coast of Tonga, taken March 18th by photographer Dana Stephenson. (Dana Stephenson/Getty Images



3. Team also discussed some of the requests coming in by civilian organizations for CIs to cover their staff needs. Since the Team Coordinator has an office at Campbell County Memorial Hospital, several requests have come directly to the office of Chaplain Services. After a consult with the requesting agencies, referral has been made to Behavioral Services and their crisis on-call counselor. This sometimes results in a one-on-one intervention with the requestor who makes a personal drop-in visit.

4. Campbell County has been truly blessed with a lot of moisture and cool temperatures this summer. But there is rising concern about the potential for larger wildfire outbreaks later in the season.

5. The August meeting is being planned by Gordon Harper in the form of our "annual" Team picnic. Yes, yes...we realize he has been "at large" recently (a lot), but there are high hopes that he may pick up a quick flight back from out yonder long enough to flame up the grill and entertain some of Wyoming's finest! **Respectfully Submitted: Bob W. Rudichar, Team Coordinator**

Snowy Range ASSIST CISM Team – This has been a relatively busy summer. George Doherty represented the Institute and made an invited presentation at the Continental Divide Disaster Behavioral Health Conference in Colorado Springs (also got to tour the facility that has the "Stargate"); Conference on "Unable to Self-Evacuate" in Laramie; Wyoming Symposium on Emergency Services at Coe Library, UW; FEMA & Homeland Security Workshop on fundraising – all in August. Our Team provided two debriefings in one week in August: one in Encampment and one in Rawlins. Responding team members for both were Dave Smith and Pam Smith (peers), Gary Wilkins (Chaplain) and George Doherty (Mental Health).

USGS Cascades Volcano Observatory The U.S. Geological Survey's Cascades Volcano Observatory (CVO) strives to serve the national interest by helping people to live knowledgeably and safely with volcanoes and related natural hazards including earthquakes, landslides, and debris flows in the western United States and elsewhere in the world. CVO assesses hazards before they occur by identifying and studying past hazardous events. We provide warnings during volcanic crises by intensively monitoring restless volcanoes and interpreting results in the context of current hazards assessments. We investigate and report on hazardous events after they occur to improve our assessment and prediction skills, and to help develop new concepts of how volcanoes work. For Further Information, Go To:

<http://vulcan.wr.usgs.gov/>

The Pacific Northwest Seismograph Network The Pacific NW Seismograph Network is responsible for locating regional earthquakes and monitoring seismic activity at volcanoes in the Pacific Northwest. The PNSN currently operates seismometers on or near several Cascade volcanoes. For Further Information, Go To: <http://www.pnsn.org/welcome.html>

Mount St. Helens Seismicity Information Seismicity information provided by the Pacific NW Seismograph Network. The PNSN currently operates seismometers on or near several Cascade volcanoes. For Further Information, Go To: <http://www.pnsn.org/HELENS/welcome.html>

Alaska Volcano Observatory The Alaska Volcano Observatory provides information, data, and images Alaska Volcanoes. For Further Information, Go To: <http://www.avo.alaska.edu/volcanoes/region.php/volc/spurr/spurr2004/index.html>

National Earthquake Information Center The center rapidly determines the location and size of all destructive earthquakes worldwide and disseminates information to the public and national and international agencies. For Further Information, Go To: <http://neic.usgs.gov/>