

WYO CISM NET



January/February 2010

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

ONLINE TRAINING AVAILABLE:

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 CEUs

• **FROM CRISIS TO RECOVERY: Strategic Planning for Response, Resilience and Recovery**

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

NEW BOOK:



See Book Reviews and further information at:

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

Purchase directly through the Institute, click here:

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

PSYCHOLOGICAL FIRST AID IN CRISIS RESPONSE

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 post-traumatic 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 disaster treatment using critical 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 (Davis and Stewart, 1999) disaster, many disaster assistance, public safety, and emergency workers developed a variety of psychological problems and emotions 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. There are 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. Recommendations include 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.

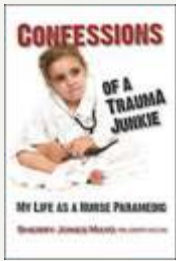
This is not, however, referring to the use of CISD exclusively. Routine use of any technique in any setting is always contra-indicated. It is important that any intervention be preceded by an adequate assessment to determine which tool(s) might best be used in the presenting situation. Rather, Critical Incident Stress Management (CISM) is a strategic approach that includes CISD as just one of the tactical interventions useful in crisis response. Others include: one-on-one interventions (including psychological first aid), defusings, family CISD interventions, Chaplain/Pastoral spiritual interventions, Crisis Management Briefings, 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 (PFA), 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 our 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.

REFERENCE:

Davis, J.A. and Stewart, L.M. (Apr 1999). The PSA 182 airlift disaster twenty years later: What have we learned about disaster response and recovery? *Human performance in extreme environments*, Vol 4(1), pp. 30-34.

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



Confession's Website

http://sherryjonesmayo.com/Confessions_of_a_Trauma_Junkie/Confessions.html

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.

http://sherryjonesmayo.com/Confessions_of_a_Trauma_Junkie/Endorsements.html

GIVE AN HOUR

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

is asking mental health professionals nationwide to literally give an hour of their time Give an Hour 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.

Links to Red Cross for
Haiti Assistance:

<http://www.wyomingredcross.org/>

<http://www.redcross.org/>

<http://www.redcross.org/en/givehere/>

EARTHQUAKES

The following article was found and forwarded by John G. Jones, PhD, ABPP ART-BC San Angelo State University, Texas John has presented at two of our Disaster Mental Health Conferences. He has had extensive experience working with traumatized patients, both within the military at the Veterans Administration Hospital and in civilian settings. *This is useful and informative. I've never been through an earthquake, so it was very interesting to me. I think back to my childhood "enemy aircraft/bomb drills" during WWII where we were told to curl up under our desk. What's surprising is the things we've all been taught or told....are wrong! – John Jones, PhD*

EXTRACT FROM DOUG COPP'S ARTICLE ON THE: "TRIANGLE OF LIFE"

Boy! Is this ever an eye opener. Directly opposite of what we've been taught over the years! I can remember in school being told to, "duck and cover" or stand in a doorway during an earthquake. This guy's findings are absolutely amazing. I hope we all remember his survival method if we are ever in an earthquake!!!

My name is Doug Copp. I am the Rescue Chief and Disaster Manager of the American Rescue Team International (ARTI), the world's most experienced rescue team. The information in this article will save lives in an earthquake.

I have crawled inside 875 collapsed buildings, worked with rescue teams from 60 countries, founded rescue teams in several countries, and I am a member of many rescue teams from many countries. I was the United Nations expert in Disaster Mitigation for two years. I have worked at every major disaster in the world since 1985, except for simultaneous disasters. The first building I ever crawled inside of was a school in Mexico City during the 1985 earthquake. Every child was under its desk. Every child was crushed to the thickness of their bones. They could have survived by lying down next to their desks in the aisles. It was obscene, unnecessary and I wondered why the children were not in the aisles. I didn't at the time know that the children were told to hide under something.

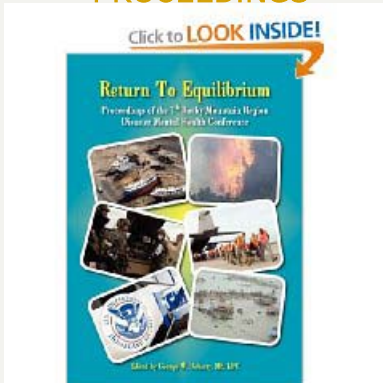
Simply stated, when buildings collapse, the weight of the ceilings falling upon the objects or furniture inside crushes these objects, leaving a space or void next to them. **This space is what I call the "triangle of life".** *The larger the object, the stronger, the less it will compact. The less the object compacts, the larger the void, the greater the probability that the person who is using this void for safety will not be injured. The next time you watch collapsed buildings, on television, count the "triangles" you see formed. They are everywhere. It is the most common shape, you will see, in a collapsed building.*

TIPS FOR EARTHQUAKE SAFETY

- 1) Most everyone who simply "ducks and covers" WHEN BUILDINGS COLLAPSE are crushed to death. People who get under objects, like desks or cars, are crushed.
- 2) Cats, dogs and babies often naturally curl up in the fetal position. You should too in an earthquake... It is a natural safety/survival instinct. You can survive in a smaller void. *Get next to an object, next to a sofa, next to a large bulky object that will compress slightly but leave a void next to it.*
- 3) Wooden buildings are the safest type of construction to be in during an earthquake. Wood is flexible and moves with the force of the earthquake. If the wooden building does collapse, large survival voids are created. Also, the wooden building has less concentrated, crushing weight. Brick buildings will break into individual bricks. Bricks will cause many injuries but less squashed bodies than concrete slabs.
- 4) If you are in bed during the night and an earthquake occurs, simply roll off the bed. A safe void will exist around the bed. Hotels can achieve a much greater survival rate in earthquakes, simply by posting a sign on The back of the door of every room telling occupants to lie down on the floor, next to the bottom of the bed during an earthquake.
- 5) If an earthquake happens and you cannot easily escape by getting out the door or window, then lie down and curl up in the fetal position next to a sofa, or large chair.
- 6) Most everyone who gets under a doorway when buildings collapse is killed. How? If you stand under a doorway and the doorjamb falls forward or backward you will be crushed by the ceiling above. If the door jam falls sideways you will be cut in half by the doorway. In either case, you will be killed!
- 7) Never go to the stairs. The stairs have a different "moment of frequency" (they swing separately from the main part of the building). The stairs and remainder of the building continuously bump into each other until structural failure of the stairs takes place. The people who get on stairs before they fail are chopped up by the stair treads - horribly mutilated. Even if the building doesn't collapse, stay away from the stairs. The stairs are a likely part of the building to be damaged. Even if the stairs are not collapsed by the earthquake, they may collapse later when overloaded by fleeing people. They should always be checked for safety, even when the rest of the building is not damaged. The farther inside you are from the outside perimeter of the building the greater the probability that your escape route will be blocked.

WYO CISM NET

Institute BOOKS AND PUBLISHED CONFERENCE PROCEEDINGS

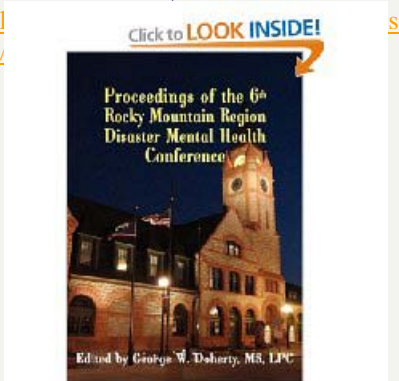


RETURN TO EQUILIBRIUM: Disaster Mental Health and Returning Military and Families
- Proceedings of the 7th Rocky Mountain Disaster Mental Health Conference – Laramie, WY
<http://www.rmrinstitute.org/ROCKY MOUNTAIN REGION-books.pdf>

ORDER AND PURCHASE BOOKS online

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

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



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/>

8) Get Near the Outer Walls Of Buildings Or Outside Of Them If Possible - It is much better to be near the outside of the building rather than the interior The farther inside you are from the outside perimeter of the building the greater the probability that your escape route will be blocked.

9) People inside of their vehicles are crushed when the road above falls in an earthquake and crushes their vehicles; which is exactly what happened with the slabs between the decks of the Nimitz Freeway. The victims of the San Francisco earthquake all stayed inside of their vehicles. They were all killed. They could have easily survived by getting out and sitting or lying next to their vehicles. Everyone killed would have survived if they had been able to get out of their cars and sit or lie next to them. All the crushed cars had voids 3 feet high next to them, except for the cars that had columns fall directly across them.

10) I discovered, while crawling inside of collapsed newspaper offices and other offices with a lot of paper, that paper does not compact. Large voids are found surrounding stacks of paper.

In 1996 we made a film, which proved my survival methodology to be correct. The Turkish Federal Government, City of Istanbul, University of Istanbul Case Productions and ARTI cooperated to film this practical, scientific test. We collapsed a school and a home with 20 mannequins inside. Ten mannequins did "duck and cover," and ten mannequins I used in my "triangle of life" survival method. After the simulated earthquake collapse we crawled through the rubble and entered the building to film and document the results. The film, in which I practiced my survival techniques under directly observable, scientific conditions, relevant to building collapse, showed there would have been zero percent survival for those doing duck and cover. There would likely have been 100 percent survivability for people using my method of the "triangle of life." This film has been seen by millions of viewers on television in Turkey and the rest of Europe, and it was seen in the USA Canada and Latin America on the TV program Real TV.

Since the above information and suggestions became available following previous earthquakes cited, controversial articles and varying suggestions have been discussed. It would be constructive to review some of these. Try using Google search to find these. Here is a link to suggestions made by FEMA through such a search: http://www.fema.gov/hazard/earthquake/eq_during_shtm This and related topics will be addressed in future Newsletters. Please send any discussions and/or articles concerning this and related topics to rockymountain@mail2emergency.com

Severe damage and casualties in the Port-au-Prince area

Felt throughout Haiti and the Dominican Republic, in Turks and Caicos Islands, southeastern Cuba, eastern Jamaica, in parts of Puerto Rico and the Bahamas, and as far as Tampa, Florida and Caracas, Venezuela.
[Earthquake Summary Poster](#) [USGS Issues Assessment of Aftershock Hazards in Haiti](#)

The January 12, 2010, Haiti earthquake occurred in the boundary region separating the Caribbean plate and the North America plate. This plate boundary is dominated by left-lateral strike slip motion and compression, and accommodates about 20 mm/y slip, with the Caribbean plate moving eastward with respect to the North America plate.

Haiti occupies the western part of the island of Hispaniola, one of the Greater Antilles islands, situated between Puerto Rico and Cuba. At the longitude of the January 12 earthquake, motion between the Caribbean and North American plates is partitioned between two major east-west trending, strike-slip fault systems -- the Septentrional fault system in northern Haiti and the Enriquillo-Plantain Garden fault system in southern Haiti. The location and focal mechanism of the earthquake are consistent with the event having occurred as left-lateral strike slip faulting on the Enriquillo-Plantain Garden fault system. This fault system accommodates about 7 mm/y, nearly half the overall motion between the Caribbean plate and North America plate.

The Enriquillo-Plantain Garden fault system has not produced a major earthquake in recent decades. The EPGFZ is the likely source of historical large earthquakes in 1860, 1770, and 1751, though none of these has been confirmed in the field as associated with this fault.

Sequence of events possibly associated with the Enriquillo fault in 1751-1860 are as follows.

- October 18, 1751: a major earthquake caused heavy destruction in the gulf of Azua (the eastern end of the Enriquillo Fault) which also generated a tsunami. It is unclear if the rupture occurred on the Muertos thrust belt or on the eastern end of Enriquillo Fault.
- Nov. 21, 1751: a major earthquake destroyed Port Au Prince but was centered to the east of the city along the Cul de-Sac plain.
- June 3, 1770: a major earthquake destroyed Port Au Prince again and appeared to be centered west of the city. As a result of the 1751 and 1770 earthquakes and minor ones in between, the authorities required building with wood and forbade building with masonry.

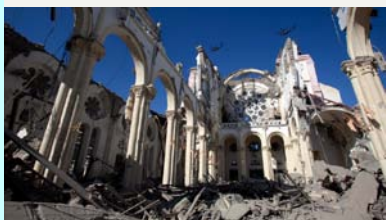
Earthquake Photos – Haiti



Port au Prince, Haiti



Haiti - UN Workers helping with feeding



Haiti – Destroyed Cathedral



Haiti – Presidential Palace - Before



Haiti – Presidential Palace - After

We are planning a training for CISM here in Laramie the end March 25,26,27 at the Canterbury House in Laramie (9th St., one house before Iverson intersection, across from campus). Send any folks you would like to begin CISM training. Do you and your folks have an interest in CISM training? Would like to have it with a mixed group (MH and First Responders). This can help with developing a team. If enough people are interested, we can keep the individual fee for the 3-day course at \$75 which is less than half what it would normally be. The number of Contact hours is also 21 (POST Approved). That would provide a good start toward certification and team development. The CISM Course info and REGISTRATION form is located at: http://www.rmrinstitute.org/CISM_Tng-Laramie-2010.doc Register as soon as possible if you and your folks are interested in the CISM trainings and certification as well as Team Development for CISM Team. Call with questions, etc. (307-399-4818).

Below is also the link to online courses available for credit and the two interviews done on PODCAST mp3 with some folks in Austin, TX the two books. We are also considering possible conference presenters dealing with earthquakes and/or Haiti response if we can find some way to get it funded.

Certification Process for CISM teams and members who meet the requirements: The certification requirements are located at: http://www.rmrinstitute.org/Certification_Requirements.pdf

Certification Fees: <http://www.rmrinstitute.org/Paybutton.html>

WHO SHOULD ATTEND The training is 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.

ADDITIONAL ONLINE DISASTER MENTAL HEALTH COURSES FOR CEUs

For those who may be interested, we also have a few courses that are available online and are approved for CEUs. They involve self-study, an online exam, and, upon successful completion, a certificate can be printed online. They are approved for APA and other CEU credits. The links for these courses and info about them are available at: <http://www.rmrinstitute.org/disas-courses.html>

INTERVIEWS: Interview for two of the books by an online and radio book reviewer in Austin, TX (Inside Scoop Live). They are mp3 available through the following links for those interested:

* *"From Crisis to Recovery: Strategic Planning for Response, Resilience, and Recovery"*
Interview is at:

http://insidescooplive.com/author-pages/Doherty-George_Crisis_to_Recovery.html

* *"CRISIS INTERVENTION TRAINING FOR DISASTER WORKERS: An Introduction"*

Interview is on Inside Scoop Live and is located at:

<http://www.insidescooplive.com/author-pages/Doherty-George-reading-interview.html>

TEAM UPDATES

Campbell County CISM Team - December 2009 activities

1. Monthly meeting was at the Prime Rib Restaurant with 100% attendance...20 total. Annual Christmas Dinner was a complete success. Gift exchange was kinda cool. Gordon & Dave are now officially the Team comedians on account of their humor hour presentation.
2. Bob is working on sponsorship requirements to bring our finances under hospital accounting. We are being set up as a separate department and will still have liberty to funds, just a little more paperwork.
3. Total interventions for the year 2009:
 - 1) Cumulative stress intervention for Moorcroft Ambulance
 - 2) Cumulative stress intervention for Hospice/Home Health
 - 3) HEART defusing (child run over by school bus)
 - 4) HEART debriefing (same)
 - 5) LEO debriefing (same)
 - 6) Civilian one-on-one (same...was the person who covered the child in a blanket)

Respectfully Submitted, Bob W. Rudichar, Team Coordinator

Snowy Range CISM Team – Planning Combined Individual/Peer and Group CISM Course in Laramie March 25-27 - George W. Doherty, MS, LPC
Team Clinical Coordinator

WYO CISM NET

SWEETWATER ASSIST CISM MEETING MINUTES

TUES JAN 19TH 2010 5:30-7:30pm RSPD Training room

Attending: Renee Schroeder- Family Dynamics
 Judy Roderick- SW Co Em mgmt
 Ron Atkins, Ben Fausett- RSFD
 James Baker- Free Church
 Wauneta Lutes, Randy Hanson, Steve Van Valkenburg – RSPD
 Libby Bougere-SW Wrap

Topics:

We discussed two local incidents in the community. We had a motor vehicle fatality where a garbage truck rolled and killed the driver. 2 members from the local hospital were first on scene and tried to help the driver. They were having trouble dealing with the incident. They were referred for follow up.

Also we had a chemical release from a local plant. As it turned out nothing bad happened. But, it was a good practice and could have been worse. It goes to show you bad things can, and do happen everywhere. BE VIGULANT !!

Randy brought up that George (Doherty) has a recent interview from the radio station in Texas. It was another GREAT interview explaining CISM and how it works and some of the principles. It is on our e-mail account for you to listen to. (Well worth the 1 hour!!)

Note: email account is "sweetwater_assist@yahoo.com" password is "rocksprings"

We discussed the upcoming meetings:

- In **Feb.** we are going to discuss and **PRACTICE** how we each do the Introductory phase to a debrief..
- Also plan the **March** meeting when we are planning our yearly "Open House" when we try to unite and reunite with new people, and some of the old members who haven't been coming regularly. J
- In **April**, Randy is trying to get SW Counseling to present their "Gatekeeper" suicide training.
- **June** is the month we are going to sponsor local training. Topics are the 3 day class for Peer/Individual and Group CISM., and a Pastoral class was brought up to try again. Hopefully we can get Bob Rudichar from Gillette down to teach that class. He is an excellent speaker and director of the Gillette CISM team. Keep the week of June 14th open on your calendars!!
- **July** will then of course be our "Team Builder Picnic" which is always productive and a lot of fun!! *We have lots planned this year for trainings and meetings...*PLEASE try to make it to the monthly meetings to stay on top of things so if and when the call comes you will be ready, and trained to assist those in need.

**** NEXT MEETING ****

TUES Feb. 16th 2010

5:30- 7:30pm

At RSPD Training Room

(STILL EVERY THIRD TUES OF THE MONTH)

- HOPE YOU CAN MAKE IT -