

WYO CISM NET



July 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

Swine Flu Community Mitigation Intervention Recommendations:

- Avoid contact with ill persons.
- Cover nose and mouth with a tissue or sleeve when coughing or sneezing, and throw used tissues in a trash can.
- Wash hands frequently with soap & water, or use an alcohol-based hand gel.
- Stay home from work, school, or travel while ill with flu-like symptoms such as fever, cough, sore throat and body aches. *However, those who are severely ill (such as having trouble breathing) should seek medical care.*
- If any household contacts develop symptoms of a respiratory illness or a fever they should remain home at the earliest sign of illness. They should not go to work, school, attend large gatherings, and should minimize contact with others outside their home.
- Persons who are at high risk for complications from influenza (such as persons 65 years or older, children younger than 5 years, pregnant women, and persons with chronic medical conditions) should consider avoiding crowded or large gatherings if ill persons may be present.

Still Open: CALL FOR PAPERS – UPCOMING Annual Conference – Cheyenne, WY – Nov 5-7, 2009
http://www.rmrinstitute.org/Call_For_Papers-2009.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.

SOME GUIDELINES FOR CISD GROUP LEADERS

Critical Incident Stress Debriefing (CISD) is a simple but effective way to attenuate the stress reactions triggered by a disaster. It also makes it possible to attenuate, or even eliminate, the stress reactions that continue following the event.

The literature on the subject suggests that Critical Incident Stress Debriefing sessions yield good results if they take place shortly after the disaster. Basic needs (lodging, clothing, food, etc.) must be met prior to holding these sessions. This is so that cognitive activities can make room for emotional release and examination of emotions.

This type of intervention makes it possible to:

- provide an opportunity, under appropriate conditions, for expressing emotions and avoiding repression and denial of symptoms;
- normalize stress reactions through group discussions and exchanging of information;
- reorient irrational and negative thoughts;
- provide a mechanism for identifying persons who may need further support services; and
- provide people with information regarding services available to them in the community.

Optimal Intervention Must:

TAKE PLACE

- as soon as possible following the appearance of symptoms (idea of "immediacy")
- as near as possible to the site of the disaster or evacuation (idea of "proximity")

BRING TOGETHER

- similar groups (idea of "community")

CREATE

- a favorable atmosphere that promotes the following message: *What people are experiencing is normal. They can recover and go back to normal lives.* (idea of "expectancy")

Timing For Group Debriefing

Critical Incident Stress Debriefing (CISD) sessions can be held at anytime. However, the lapse of time between the event and when a session is held can have a significant influence on the behavior of individuals during the CISD session.

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

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Would an Influenza Pandemic Qualify as a Major Disaster Under the Stafford Act?

Under the Stafford Act, a major disaster is defined as *any natural catastrophe* (including any hurricane, tornado, storm, high water, winddriven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), *or, regardless of cause, any fire, flood, or explosion*, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this chapter to supplement the efforts and available resources of States, local governments, and disaster relief organizations in *alleviating the damage, loss, hardship, or suffering caused thereby* For further information, go to:
<http://www.flutrackers.com/forum/showthread.php?p=189304>

DMH Conference

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

8th Rocky Mountain Disaster Mental Health Conference November 5-7, 2009
Cheyenne, WY

CONFERENCE Brochure is located at:
<http://www.rmrinstitute.org/CYS-Brochure-2009-Conf.doc> Brochure will be updated regularly.

- **Never: Within the 24 hours of the Incident** Time is needed to allow one's psychological defense to drop. Only then can one deal with the underlying psychological impact of the incident. Defuse - don't debrief.
- **Ideal: 24 to 72 hours after the Incident** Individuals have had an opportunity to recover from the initial trauma and reflect on the incident either at a conscious or unconscious level. If one is going to deal with the pain, this is the opportune time - before suppression begins.
- **Good: Within a Few Weeks of the Incident** Suppression of the psychological aspects of the incident is still minimal and the psycho-educational process is still effective.
- **Acceptable: Within 12 Weeks of the Incident** Mitchell's experience with trauma incidents indicates that within this time most individuals are able to access the psychological issues in a constructive and non-therapeutic manner. The author's experience also indicates that certain individuals may not be able to respond appropriately, however, the group process should be manageable.
- **Discouraged: 12 Weeks or Later** By this time it is probable that the psychological impact of this event has been suppressed to the subconscious. As a result, individuals may react in a less than constructive fashion or require a more strategic debriefing performed on an individual basis. An EDUCATIONAL SESSION would be the intervention of choice. In this way, distressed individuals can still be advised of the signs and symptoms of critical incident stress, strategies for effective coping and stress management. As well, individual debriefings could be offered.

PREPARATION

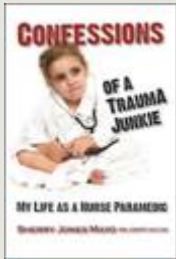
- **Leader** The leader and his/her co-leader contact the people affected and meet with the appropriate person or the person responsible for the group to gain an overview of the situation and get some idea as to the intensity of the emotions being felt by the members of the group.
- **Composition of the Group** To encourage exchanges, the composition of the group must be homogeneous. The characteristics of the participants must be taken into account:
- **Primary Clientele:** persons who experienced the traumatic event directly. They are the survivors and the people who directly witnessed the disaster or tragedy;
- **Secondary Clientele:** includes those persons who suffered the loss of someone close to them, who died at the time of the disaster or tragedy; and
- **Tertiary Clientele:** includes operational personnel, the various coordinators and officials, the staff providing psychological support and the population.
- **Who Should Be Included In A Debriefing Session?** Any person associated with a traumatic event may participate in a debriefing session.
- **Debrief Those In Greatest Need First.** Picture a target with concentric circles. The closer you are to the center of the circle, the more directly or more closely involved you were with the incident. Set your priorities so that those closest to the center of the circle get debriefed first. In this way, you ensure your energies go to those in greatest need. You have only so much energy and so many resources. Use them wisely.
- **Debrief Homogeneous Groups** For debriefings to work, individuals need to feel safe. Debrief those who attended an incident or those who witnessed one separately from those who did not. Those who attended an incident often feel uncomfortable with those not directly involved with the incident present. As well, details forthcoming in a debriefing could unnecessarily traumatize those who were not in attendance. As well, when debriefing emergency service groups, ensure they are professional equals. The debriefing may not work if others not of similar occupational status are present.

Number of Participants

A group should ideally have **no more than twelve** participants (fewer if the event has taken a very heavy emotional toll on the participants).

PRELIMINARY STEPS for the organization of CISD activities:
CLIENTELE Identify the group that has experienced or been affected by the event.

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



Confession's Website

http://sherryjonesmayo.com/Confession_s_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.**

CASPER FLASH FLOOD

More than 450 Casper home and business owners have called a hot line to report damage from a storm and flash flood July 3, 2009. Authorities are still adding up the costs. The storm hit Friday, July 3 with 2 1/4 inches of rain and winds of up to 65 mph. No deaths or injuries were reported, but seven families were displaced. Callers to an emergency center hot line reported flooded basements ranging from less than an inch to several feet of water. Natrona County officials reported little road damage from the deluge. **Video of Casper Flooding – July 3** <http://www.youtube.com/watch?v=rUrh9clkJmA>

INFORMATION TO BE COLLECTED

Determine certain fears and reactions of specific group. For Example:

- contact persons themselves or significant persons (spouse, friend, teacher, employer and so on) or key suppliers of information (mayor, priest or minister, recreational director, golden age club president, etc.);
- listen to media news reports; and
- obtain information from the people who alerted the local community services center.

Has this group been influenced? For Example:

- "The children arrive at school loaded down with adult worries. They've heard their parents talking at night."

Are rumors or behaviors amplifying the group's reactions? For Example:

- Is fear spreading throughout the community?

Is the group made up of persons from different cultural communities? Could certain beliefs, traditions or customs be influencing some people's reactions and fears and their expression of what they are feeling? For Example:

- Some cultural communities do not encourage expression of emotions. Sometimes you may find yourself with a silent group.

GROUP HOMOGENEITY

PRIORITY: Primary Clientele

PARTNERS

With whom should the debriefing sessions be organized? For Example:

- Daycare teacher, school teacher, employee assistance program and so on.

DEBRIEFING ACTIVITY

Are the tools involved meaningful for the target clientele?

PHYSICAL, MATERIAL ORGANIZATION

Take into account the living environments of the specific groups.

PUBLICITY

Who do you want to reach and how will the groups be organized? For Example:

- Registration of participants.

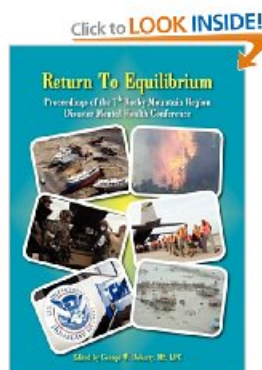
STRUCTURE OF THE SESSION

- The leader and his/her co-leader should arrive at least 45 minutes prior to the debriefing session to make contact with the persons responsible for the group, receive further information, examine documents or reports on the event, and welcome the participants.
- The leader ensures that people are seated in a circle or around a table, and that each individual can see all the participants. The co-leader sits among the participants, in order to observe the reactions of those persons seated near the leader.
- The role of the co-leader is simply to be present and to provide support by speaking briefly or call attention to points that remain outstanding. He/she must accompany any individuals who leave the session because of the emotions they are experiencing.
- It is important that boxes of tissues be available for participants who might need them when they are recounting or experiencing moments of intense emotion.
- Develop special sheets to help the leader during the debriefing session.
- The leader ensures that the rules governing debriefing sessions are followed.

A FEW INSTRUCTIONS

Freedom to speak Anyone is free not to speak if he/she so wishes, but everyone should be encouraged to do so.

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

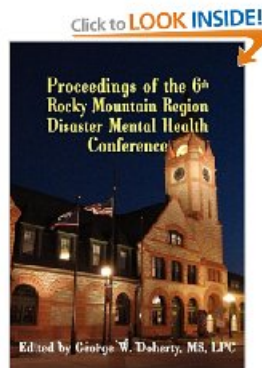
**ORDER AND PURCHASE BOOKS
online**

<http://www.rmrinstitute.org/books.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/1932690370/>



**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/>

- **Speaking about oneself** People may speak only about themselves; hearsay is not allowed.
- **Respect for others** Do not relate details that could embarrass other participants.
- **Equality** During the session, there is no seniority. All are to participate as equals.
- **Psycho-education rather than therapy** The session is not intended to provide therapy. Rather, it is intended to help the participants return to normal and find their equilibrium as soon as possible.
- **Respect for cultural aspect** The cultural characteristics of the group must be taken into account. Some traditions, beliefs and customs may influence the expression of emotions.
- **Expressing oneself during session** The people working with the group involved are usually available after the session, if necessary, but the participants are strongly encouraged to express themselves during the session.
- **Directly associated with event** Only people who were directly affected by the event or who witnessed it directly should participate in the debriefing session.
- **Special needs** Smokers are allowed to smoke, as long as this does not bother the other participants.
- **No interruptions** Pagers (including those of the leaders) must be turned off.
- **Respect for privacy** The taking of notes, the making of sound recordings and the presence of the media are strictly prohibited.
- **Pay attention to people who remain silent** Attention must be paid to people who do not speak, but who seem upset. They can be approached later one-on-one if it is found that they were reluctant to express themselves in front of a group.
- **No late arrivals, no early departures** If the members of the group are to feel confident and secure, they must all be present from start to finish.
- **No black humor** After a traumatic event, humor is not effective. Rather, it can cause strong negative reactions.
- **No breaks** If people are to move from objective facts to emotional reactions, the process must be continuous.

Confidentiality Confidentiality should be maintained.

ATMOSPHERE The meeting must take place in a favorable atmosphere of support and understanding. The reactions of the various individuals are pooled and accepted. The basic rule is that no one may criticize anyone else. All kinds of problems can arise during debriefing sessions. Here are a few, along with some suggestions as to how to deal with them.

People who want to leave mind them that all that is being asked of them is that they tell us what they witnessed. Add that what they have to say could be very useful to the others. If someone does leave, ask the co-leader to speak to that person, encourage him/her to stay, and, if the person does not wish to remain, tell him/her how to reach us later.

Overly talkative people take advantage of a pause to thank the person for participating and ask clearly: "Does anyone else have something to add here?" If several people talk too much, ask clearly: "Is there anyone who has not had an opportunity to state an opinion regarding this aspect of the event and who would like to speak now?" Allow them to express their feelings. Offer facial tissues. Do not intrude on their privacy, but offer symbolic support. Touch base with them at the end of the session and ensure that they are all right.

Someone who cries and leaves Ask the co-leader to follow the person. If appropriate, propose that the person walk around a bit. Encourage him/her to come back. If the person does not wish to return, offer him/her support outside the group. Ensure that the session leader discusses the matter if the person does not return.

Blamers Thank them for being concerned about the issue and focusing on the problem. Remind them that, for the time being, the idea is for everyone to speak about what they experienced when the event occurred. Ask them how they themselves experienced the problem...without analyzing the cause or responsibility.



Pine Bark Beetle infestation near Ryan Park – Medicine Bow National Forest



Theresa Simpson, deputy coordinator for the emergency management office, shovels sand into a bag that Community Emergency Response Team member, John Turner, holds open outside the Hall of Justice on Saturday afternoon. Flood waters from Friday night's storm broke through the door to the building's underground garage. Crews were trying to prevent more flood damage by laying down sandbags in case another storm hit on Saturday evening. Photo by Kerry Huller, Star-Tribune

BELOW: Steve Keim helps mop up the floor at the Nicolaysen Art Museum on Saturday afternoon after Casper storm left between a half inch to an inch and a half of water on the floor. The museum hoped to reopen by Tuesday after cleaning up. Photo by Kerry Huller, Star-Tribune



People who give advice Thank them for their comments and redirect the group's attention.

Discussions regarding previous traumatic events If such discussions go on very long, explain that it is perfectly normal to remember a previous incident, and bring the group's attention back to the actual event.

People who remain silent Keep an eye on them and make contact with them at the end of the session.

Group membership problems Do the best you can to make sure that the composition of the group is appropriate before the session begins. If the group includes people who should not be there, take them aside and redirect them (individual session if appropriate). If this occurs at the start of the session, take the necessary time and deal with the matter. Do not try to lead a group whose composition is not right; the session will be ruined.

AT THE END OF THE DEBRIEFING The leader states that he/she and the co-leader will be available following the meeting if the participants have anything to discuss. The leader informs the participants that they will be contacted again in two to four weeks to be asked how things are going.

CURRENT CISM TEAMS IN WYOMING

The following Teams have trained responders available within the state:

- **WSH CISM Team** – Wyoming Registered Team
Peer Coordinator: Jeremy Hill
Mental Health Coordinator: Pamela R. Fuller, PhD
CONTACT: 307-789-3464 Ext. 0
- **Uinta CISM Team** – Wyoming Registered Team
Peer Coordinator: Sgt. Dennis Hutchinson, Uinta County Sheriff's Office
Mental Health Coordinator: Pamela R. Fuller, PhD
CONTACT: 307-789-3464 Ext. 0
- **Snowy Range CISM Team - National Registered Team**
Peer Coordinator: Dave Smith, Laramie
Mental Health Coordinator: George W. Doherty, Rocky Mountain Region
Disaster Mental Health Institute **CONTACT:** 800-821-3711
During Business Hours: 307-399-4818
Email: rockymountain@mail2emergency.com
- **Sweetwater ASSIST CISM Team – Wyoming Registered Team** Peer Coordinator: Sgt Randy Hanson, Rock Springs Police Department Mental Health Coordinator: Michael Bauer, S.W. Counseling **CONTACT:** Ph: 307-352-1575
Email: randy_hanson@rswy.net
- **Fremont County CISM Team** Peer Coordinator: Sgt Jerry Evagelatos, Sheriff's Department Email – jerryev@trib.com
Mental Health Coordinator: Open **CONTACT:** Ph: 307- 857-3604
- **Campbell County CISM Team** Coordinator: Bob Rudichar rudichabw@ccmh.net
Peer Coordinator: Charlie Messenheimer
Mental Health Coordinator: Robin Voigt
CONTACT: 307-680-1519.
- **Southeast Wyoming CISM Team** Acting Coordinators: Dori Clark and Don Heiduk
CONTACT: 307-637-6525 or,
during business hours 307-637-6507 or 307-633-4756
- **Sheridan CISM**
Administrative Coordinators: Michelle Cunningham & Jennifer Shassetz
Sheridan Police Dept. **CONTACT:** 307-672-2413
- **Casper CISM Current** Acting Coordinators: Lt. Stewart Anderson & Theresa Simpson
CONTACT: 307-235-9205