

WYO CISM NET



March 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:



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

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ROLES OF MENTAL HEALTH IN DISASTER RESPONSE

How to coordinate with mental health professionals: Ideally, pre-disaster planning at the State level should incorporate mental health components in emergency situations. A direct line of communication to mental health professionals potentially available for disaster work should be already established. When this is the case, once the decision to participate and the plan of action is in effect, mental health professionals can assist in the triage operations, in crisis counseling, and in debriefing of disaster workers. To smoothly coordinate all these efforts the administrative design should include the mental health professional in decision making, logistics, schedules, and function priorities. When this is not the case, local community mental health centers and mental health associations should be contacted for assistance.

Use of mental health professionals in the initial post-disaster period - how they can assist in triage: Disaster triage operations are the procedures used by mental health professionals to evaluate behavior, ascertain level of crisis, and supply information. This knowledge is provided to the assisting team so that disaster planning can alleviate the severity of the psychophysiological reactions of victims. Since victims become cognitively and emotionally impaired for a short interval of time, intervention focuses on increasing awareness of the emotional effects of disaster and improvement of the ability to cope.

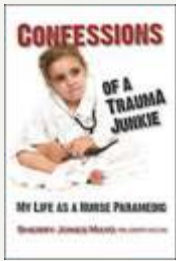
The mental health professional has begun to enhance the disaster emergency efforts by bringing knowledge that is needed to deal with behavior patterns not only of the victim but of the helpers as well. The knowledge base of mental health professionals working side by side with medical teams is continually increasing as more begin to practice at a field level.

Use of mental health professionals in the initial post-disaster period - How they can assist in crisis counseling to victims: Post-disaster crisis counseling is a mental health intervention technique that seeks to restore the capacity of individuals to cope with and resolve stressful situations as well as to provide assistance for individuals in reordering and integrating their new circumstances. This is accomplished by a process of education about and interpretation of the overwhelming feeling which results from post-disaster stress. It is designed to instill a greater sense of self confidence and hope.

Post-disaster intervention offers a unique model for mental health services by broadening the perspective of service providers and offering the possibility of a resolution to crisis reactions for victims. To be effective, however, the mental health component of the intervention program must prove useful to the victims and comfortable for the community service providers.

Use of mental health professionals in the initial post-disaster period - How they can assist in debriefing disaster workers: A mental health debriefing is an organized approach to the management of stress responses following a traumatic or critical incident. It is a specific, focused intervention to assist workers in dealing with the intense emotions that are common at such times. It teaches them about normal stress responses, specific skills for coping with stress and providing support for each other. A debriefing involves a one-to-one or group meeting between the worker(s) and a trained facilitator. Group meetings are recommended, as they provide the added dimension of peer support.

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/>

A debriefing is not a critique. A critique is a meeting in which the incident is discussed, evaluated, and analyzed with regard to procedures, performance, and what could have been improved. A critique is a valid and important meeting. It can help workers to sort out facts, get questions answered, plan for what to do in the future. A debriefing, though, has a different focus, that of dealing with the emotional aspects of the experience.

Use of mental health professionals in a later post- disaster period - How can they help in long-term referrals of victims or disaster workers: Although most disaster victims do not suffer adverse mental health effects, a conservative estimate is that 10 percent experience mental health consequences over time. Larger percentages are found in disasters that are sudden and unexpected, where many deaths and injuries occur, when the potential for recurrence is higher, and where the affected population is high risk. Mental health professionals can evaluate those individuals who continue to appear emotionally stressed and unable to cope in order to refer them to appropriate community mental health facilities for longer term care.

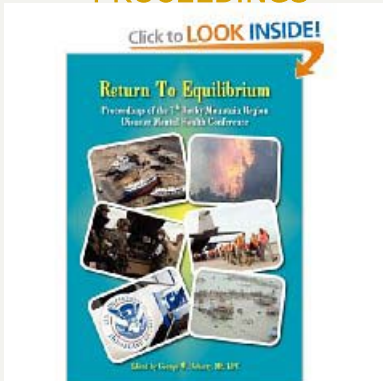
SELECTED REFERENCES

- Baker, G. (1964). Comments on the present status and the future direction of disaster research. In: Grosser, G., Wechsler, H. and Greenblatt, M., eds. The threat of impending disaster. Cambridge: Massachusetts Institute of Technology Press.
- Barton, A. (1969). Communities in disaster. Garden City: Doubleday and Company.
- Cohen, R. and Ahearn, F. (1980). Handbook for mental health care of disaster victims. Baltimore: The Johns Hopkins University Press.
- Dohrenwend, B. and Dohrenwend, B., eds. (1981). Stressful life events and their contexts. New York: Prodist.
- Frederick, C. (1980). Effects of natural vs human-induced violence upon victims. Evaluation and Change. Special Issue: 71-75.
- Kastenbaum, R. (1974). Disaster, death and human ecology. Omega 5 (1): 65-72.
- Lystad, M. (1985a). Innovative mental health services for disaster victims. Children Today 14(1): 13-17.
- Kystad, M. (1985b). Human response to mass emergencies: A review of mental health research. Emotional First Aid 2(1): 5-18.
- National Institute of Mental Health (1986). Training manual for human service workers in major disasters. by Farberow, N. DHHS Pub. No. (ADM) 86-538. Washington, D.C.; Supt. of Docs., U.S. Govt. Print. Off.
- Slocic, P.; Lichtenstein, S.; and Fischhoff, B. (1979). Images of disaster. Perception and acceptance of risks from nuclear power. In: Goodman, G. and Rowe, W., eds. Energy Risk Management. London: Academic Press, pp.223-245.
- Taylor, V. (1978). Futures directions for study. In: Quarantelli, E., ed. Disasters: Theory and research. Beverly Hills, CA: Sage Publications, pp. 251-280.

DISASTER IMPACTS IN RURAL AREAS – Part 1 in a series

Background/Introduction The mental health component of disaster relief was incorporated in Public Law 93-288 in the 1970's and mandated the National Institute of Mental Health to provide counseling services and training materials. Much attention has been devoted to this over the years. However, studies have shown that small rural communities require a different kind of attention because of their unique characteristics (Farberow, 1985). These include pride in independence, rejection of the unfamiliar, a tendency to take problems to family rather than professionals, a larger number of persons living well below the poverty line, and less acceptance of mental illness. The impact of disasters occurs in several major phases: pre-impact (knowledge of legislation, resources, services), immediate post-impact (information, coordination, crisis intervention techniques), and recovery (ongoing needs assessment). Those able to cope better have been found to be older and to have strong and stable relationships with a past reserve of emotional experience. Special attention is needed for children involved in disasters, especially if they lose a family member, and for staff in the immediate post-impact phase when burnout is common.

Institute BOOKS AND PUBLISHED CONFERENCE PROCEEDINGS



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

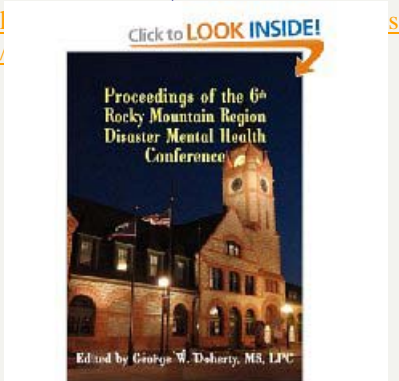
- Proceedings of the 7th Rocky Mountain Disaster Mental Health Conference – Laramie, WY

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/>

PTSD is often looked at in relation to disasters at various levels. Shore, Vollmer & Tatum (1989) analyzed lifetime rates for posttraumatic stress disorder (PTSD) in two rural Northwest US communities, one of which was affected by a major natural disaster, the eruption of Mount St Helens. Individuals from the affected community were divided into groups of 410 low-exposure and 138 high-exposure Ss; 477 Ss from the other community served as controls. Community-wide rates of PTSD related to the disaster and to other events (e.g., combat, sexual assault) were identified. The community lifetime rate of PTSD was about 3% when measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). A much higher rate of disaster stress response syndromes was obtained for disaster victims when a broader definition including generalized anxiety disorder and depression was used.

Information about clergy responses to crises and disasters in rural areas is not very extensive, especially in areas of the rural American west. Echterling, Bradfield & Wylie (1988) contrasted the roles, activities, and stresses of 24 urban and rural ministers in responding to the November 1985 flood in West Virginia and Virginia. Ss completed questionnaires 7-26 months after the flood that assessed the challenges they faced, the special contributions they offered survivors, and the problems they experienced in their disaster work. Urban and rural Ss faced similar challenges, such as helping people to integrate disasters into the theological context of their religious beliefs. However, they often differed in the resources available to them, in the variety of disaster relief roles they took, and in the strategies they pursued in ministering to the needs of their communities.

Southeast Wyoming Mental Health Center in Wyoming sponsored a workshop in crisis intervention as a means of training non-mental health professionals (mainly ministers) in abilities to deal more adequately with mental health problems (Oetting, Cole & Adams, 1969). Several techniques frequently used in eliciting and recording proceedings were unacceptable to this group because of their professional orientation, so some aspects of the workshop were incomplete. It was concluded that participants need to know the worth of evaluation, that all staff participants should have a positive view about the project and be thoroughly familiar with the evaluation plan. This should include more than one kind of information gathering.

Different approaches following disasters in rural areas need to be tailored to the communities and groups affected. Heffron (1977) discusses Project Outreach, a specially designed crisis intervention program funded by the National Institute of Mental Health following the devastating 1972 Agnes flood disaster in the Wyoming Valley of northeastern Pennsylvania. The project was in operation for 32 months and employed 60 individuals, primarily specially trained, indigenous nonprofessionals. Utilizing a neighborhood canvassing effort, Human Service Counselors encountered individuals with a wide range of problems ranging in severity and difficulty from those requiring limited assistance from community resources to those involving the need for direct mental health services. Over 25,000 client contacts were made. The project demonstrated that a cadre of local residents can be recruited, selected, and trained within a very short period of time to provide crisis intervention services to disaster victims. Further, Project Outreach has shown that an active, community-based, outreach/case-finding effort can be a highly effective approach in dealing with the problems of disaster victims.

The National Institute of Mental Health (NIMH) has emphasized improved mental health and mental health services in rural areas through funding for research projects and research centers (Hutner & Windle (1991). The five research areas include the epidemiology of mental disorders, behavioral and psychological factors of mental illness and health, mental health services, community support demonstration programs, and child and adolescent service system demonstration programs. NIMH has also supported related activities including state planning, improvement of state data systems, protection of and advocacy for mentally ill individuals, disaster relief, professional training, and education concerning depression. It is suggested that those planning work in these areas contact NIMH for more current and up-to-date information.

Mental Health Professionals are encouraged to broaden their skills to include training in disaster intervention as global awareness of the need for disaster mental health increases. As members of the Association of Virgin Islands Psychologists, Dudley-Grant, Mendez & Zinn (2000) recount

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Earthquake Photos - Chile



Traumatic Incident Reduction (TIR) and Equine Therapy Training: Workshops in Laramie, Wyoming in June, 2010. TIR Trainer and Facilitator - Nancy Day.

Nancy is back from having trained First Nation People in TIR in British Columbia over past few years. She has presented TIR to a national group in Laramie in January, 2006 following Katrina and at the Rocky Mountain Disaster Mental Health Conference in Estes Park, CO in October 2005. She has presented TIR to Mental Health Professionals nationally and Internationally. She is very well known and respected by peers. CEUs have been approved for her trainings which are also approved through the Traumatic Incident Reduction Association (TIRA). For further details, consult the brochure web page below. Advance Registration is required. Due to the intensive personal training, the number of registrants is limited. If additional questions, use phone number or email listed in brochures, or call 307-399-4818. **Life Stress Reduction (LSR) & Case Planning Workshop & Equine Assisted Personal Empowerment (Laramie, WY)** <http://20100610lsw.eventbrite.com/>

REYKJAVIK, Iceland

A volcano erupted near a glacier in southern Iceland, shooting ash and molten lava into the air and forcing evacuation of hundreds of people from nearby villages. There were no immediate reports of injuries or damage from the Eyjafjallajokull volcano, but a state of emergency was declared and scientists feared the eruption could trigger a larger and potentially more dangerous eruption at the Katla volcano. The eruption came weeks after a series of small earthquakes. TV footage showed lava flows along the fissure. "This was a rather small and peaceful eruption but we are concerned that it could trigger an eruption at the nearby Katla volcano, a vicious volcano that could cause both local and global damage," said Pall Einarsson, a geophysicist at the University of Iceland's Institute of Earth Science. Authorities evacuated 450 people between the farming village of Hvolsvollur and the fishing village of Vik, some 100 miles (160 kilometers) southeast of the capital, Reykjavik. Vidir Reynisson of the Icelandic Civil Protection Department said Evacuation centers were set up near the town of Hella. The most immediate threat was to livestock because of the caustic gases.



<http://www.lonelyplanet.com/iceland>

Volcano in southern Iceland has erupted for the first time in almost 200 years



Aerial view of houses devastated by tsunami Photograph by Nicolás Piwonka



WYO CISM NET

TEAM UPDATES

SWEETWATER ASSIST CISM MEETING MINUTES TUES 2-15-10 5:30-7:30P
RSPD TRAINING ROOM - TOPICS:

- We discussed the recent CISM.net, Jan/Feb issue. There were several good articles in there about earthquake survival and CISM issue. If you haven't read them you should.
- We discussed that the e-mail (sweetwater_assist@yahoo.com) we were using has been "hacked". For security measures it has been cleaned out. Randy said he has spoken to the IT person for city of Rock Springs. She advised that Google has a new thing called "Google wave" where anyone can get into it and use it, however they have to be invited into the group. Randy will check into it further. Hopefully we can retrieve most of the information that was at the old site.
- We discussed the yearly training that we sponsor, along with Rocky Mountain Region Disaster Mental Health Institute. We decided to try to do it in 3rd week of June this year. (subject to George's availability, class sizes, and facility availability at the college) We hope to bring the 3 day CISM course to Rock Springs for beginner/ peer class and the advanced class for those who need it. We also hope to get enough people for a "CISM from a Pastoral perspective" class. Randy has been in contact with Bob Rudichar from Gillette who said he would come down and teach this 1-day class. We have to get enough people to cover his expenses for him to do it though. (at least 12 people @ \$25 each) Bob is a GREAT speaker, and I think the class would be beneficial to anyone involved in CISM- not just clergy!!
- We discussed possibly approaching the new CEO at the hospital to see if we can get more people involved from that facility.
- Shirley told us that she is planning on trying to RETIRE this year. She said she is planning on trying to phase herself out of Emergency Management and would try to get her replacement involved with our team. Hopefully she and Winston can continue to be involved, as their input and commitment to the team has been outstanding!
- **FINALLY:** we talked about the next month meeting... "THE OPEN HOUSE" This is a once a year meeting when we try to contact all the old people who have been trained and shown interest in the CISM process and team. To get them back into the commitment of the once a month meeting, and on call to help first responders in crisis. Also, it is an opportunity for anyone new to come and meet the members of the team, and get to know us, what we do, and ask any questions about CISM and the team. **SO PLEASE, TALK TO SOMEONE, BRING SOMEONE, FOOD AND REFRESHMENTS WILL BE PROVIDED BY THE TEAM MEMBERS.**

**** NEXT MEETING ****

"OPEN HOUSE"
TUES MARCH 16TH 2010
5:30-7:30pm
IN THE RSPD TRAINING ROOM
HOPE YOU CAN MAKE IT THERE !!!

Campbell County CISM Team - December activities

- Monthly meeting was on Monday, December 1. In lieu of our regular business/training meeting, we met at the Golden Corral for a Christmas dinner. Spouses were invited. Gifts were exchanged that reflected some aspect of CISM. Thanks to Dave King for the gift idea.
- No CISM pre-incident educational presentations this month.
- The CISM Group Crisis Intervention course scheduled for January 16/17 with ICISF approved instructor Gordon E. Harper has 21 registered, of which 9 are in the mental health profession.
- Pre-incident brochures got a final polish. Obtained permission from several entities to use in-state testimonials. Specifics and identifiers were removed to accommodate confidentiality concerns. Thanks to Rod Warne for bringing up the permission concern.
- Team put in a total of 16 volunteer hours for December. *Respectfully Submitted, Bob W. Rudichar, Team Coordinator*

their experiences as professionals and as individuals when violent hurricanes hit the U.S. Virgin Islands. They provide suggestions for individual and community-level interventions as well as potential collaborations with disaster relief agencies such as the American Red Cross and the Federal Emergency Management Agency. They discuss unique concerns related to working in multicultural settings, rural service delivery, and research opportunities.

REFERENCES

- Aderibigbe, Yekeen A.; Bloch, Richard M.; Pandurangi, Anand (Jun 2003). Emotional and somatic distress in eastern North Carolina: Help-seeking behaviors. *International Journal of Social Psychiatry*, Vol 49(2), pp. 126-141 .
- Crichton, Eric J.; Elliott, Susan J.; van der Meer, Joost (Feb 2003). Impacts of an environmental disaster on psychosocial health and well-being in Karakalpakstan. *Social Science & Medicine*, Vol 56(3), pp. 551-567.
- Hutton, David Gordon (2003). Patterns and predictors of psychological coping and adjustment among riverbank displacees in an urban environment: A case study of squatters in bangladesh. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, Vol 64(2-B), pp. 966.
- McDowell, Christopher (2002). Involuntary resettlement, impoverishment risks, and sustainable livelihoods. *Australasian Journal of Disaster and Trauma Studies*, Vol 6(2), pp. [np].
- Priya, Kumar Ravi (Jan,Jul,& Nov 2002). Suffering and healing among the survivors of Bhuj earthquake. *Psychological Studies*, Vol 47(1-3), pp. 106-112.
- Maltais, Danielle; Lachance, Lise & Brassard, Audrey(2002). Difficultes et effets a-6 long terme d'une catastrophe en milieu rural: Etude combinant les approches qualitative et quantitative. = A qualitative and quantitative study of the long-term psychological effects of a natural disaster on a rural community. *Revue Quebecoise de Psychologie*, Vol 23(3), pp. 197-217.
- Ginexi, Elizabeth M.; Weihs, Karen & Simmens, Samuel J. (Aug 2000). Natural disaster and depression: A prospective investigation of reactions to the 1993 Midwest floods. *American Journal of Community Psychology*, Vol 28(4), pp. 495-518.
- Hartsough, Don M. & Myers, Diane Garaventa (1985, reprinted 1987). *Disaster work and mental health: Prevention and control of stress among workers*. Rockville, MD, US: National Institute of Mental Health. v, 149 pp.
- Dudley-Grant, G. Rita; Mendez, Gloria I. & Zinn, Juliana (Aug 2000). Strategies for anticipating and preventing psychological trauma of hurricanes through community education. *Professional Psychology: Research & Practice*, Vol 31(4), pp. 387-392.
- Wang, Xiangdong; Gao, Lan; Zhang, Huabiao (Aug 2000). Post-earthquake quality of life and psychological well-being: Longitudinal evaluation in a rural community sample in northern China. *Psychiatry & Clinical Neurosciences*, Vol 54(4), pp. 427-433.
- Wang, Xiangdong; Zhang, Huabiao; Naotaka, Shinfuku (1999). Assessment of the quality of life in a rural community affected by an earthquake. *Chinese Mental Health Journal*, Vol 13(1), pp. 24-27.
- Ritz, Sandra Ellen (May 1997). Survivor humor in disasters: Implications for public health training and practice. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, Vol 57(11-B), pp. 6878.
- Sharan, Pratap; Chaudhary, Geeta; Kavathekar, Surabhi A. (Apr 1996). Preliminary report of psychiatric disorders in survivors of a severe earthquake. *American Journal of Psychiatry*, Vol 153(4), pp. 556-558 .
- Sundet, Paul & Mermelstein, Joanne (1996). Predictors of rural community survival after natural disaster: Implications for social work practice. *Journal of Social Service Research*, Vol 22(1-2), pp. 57-70.
- Derosa, Ruth Reed (Dec 1995). Post-traumatic stress disorder and the subjective experience of disaster: The Hamlet fire. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, Vol 56(6-B), pp. 3441.
- Solomon, Susan D. & Smith, Elizabeth M. (1994). Social support and perceived control as moderators of responses to dioxin and flood exposure. In: Ursano, Robert J. (Ed); McCaughey, Brian G. (Ed) *Individual and community responses to trauma and disaster: The structure of human chaos*. New York, NY, US: Cambridge University Press. pp. 179-200.
- Norris, Fran H.; Phifer, James F. & Kaniasty, Krzysztof (1994). Individual and community reactions to the Kentucky floods: Findings from a longitudinal study of older adults. In: Ursano, Robert J. (Ed); McCaughey, Brian G.(Ed) *Individual and community responses to trauma and disaster: The structure of human chaos*. New York, NY, US: Cambridge University Press. pp. 378-400.
- Eyles, John; Taylor, S. Martin & Baxter, Jamie (Jun 1993). The social construction of risk in a rural community: Responses of local residents to the 1990 Hagersville (Ontario) tire fire. *Risk Analysis*, Vol 13 (3), pp. 281-290.
- Zargar, Akbar; Najarian, Bahman; Roger, Derek (1993). Settlement reconstruction and psychological recovery in Iran. In: Wilson, John Preston (Ed); Raphael, Beverley (Ed). *International handbook of traumatic stress syndromes*. New York, NY, US: Plenum Press. pp. 979-988.
- Silver, Thelma & Goldstein, Howard (Jun 1992). A collaborative model of a county crisis intervention team: The Lake County experience. *Community Mental Health Journal*, Vol 28(3), pp. 249-256.
- Hutner, Michael & Windle, Charles (Mar 1991). NIMH support of rural mental health. *American Psychologist*, Vol 46(3), pp. 240-243.
- Banta, Lawrence E. (1991). Major mental illness in two Kenyan outposts. In: Okpaku, Samuel O. (Ed) *Mental health in Africa*

- and the Americas today: A book of conference proceedings.* Nashville, TN, US: Chrisolith Books. pp. 187-193.
- Shore, James H.; Vollmer, William M. & Tatum, Ellie L. (Nov 1989). Community patterns of posttraumatic stress disorders. *Journal of Nervous & Mental Disease*, Vol 177(11), pp. 681-685.
- Hessen, Erik (Oct 1989). Psykososial stottetjeneste etter en flyulykke: Erfaringer fra en psykiatrisk poliklinikk ved et lokalsykehus. Psychosocial support work after an aircraft accident. *Tidsskrift for Norsk Psykologforening*, Vol 26(10), 696-704.
- Echterling, Lennis G. & Hoschar, Kevin (1989). Using the personal computer in disaster intervention. *Computers in Human Services*, Vol 5(3-4). pp. 157-161.
- Webb, Dianne B. (Jan 1989). PBB: An environmental contaminant in Michigan. *Journal of Community Psychology*, Vol 17(1), pp. 30-46.
- Echterling, Lennis G.; Bradfield, Cecil; Wylie, Mary L. (Sum 1988). Responses of urban and rural ministers to a natural disaster. *Journal of Rural Community Psychology*, Vol 9(1), pp. 36-46.
- Earls, Felton; Smith, Elizabeth; Reich, Wendy (Jan 1988). Investigating psychopathological consequences of a disaster in children: A pilot study incorporating a structured diagnostic interview. *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 27(1), pp. 90-95.
- Reich, Wendy & Earls, Felton (Dec 1987). Rules for making psychiatric diagnoses in children on the basis of multiple sources of information: Preliminary strategies. *Journal of Abnormal Child Psychology*, Vol 15(4), pp. 601-616.
- Madakasira, Sudhakar; O'Brien, Kevin F. (May 1987). Acute posttraumatic stress disorder in victims of a natural disaster. *Journal of Nervous & Mental Disease*, Vol 175(5), pp. 286-290.
- Bertness, Jan E. (Mar 1987). Hazard perception research: A critique and proposal. *Dissertation Abstracts International*, Vol 47(9-A), pp. 3528.
- Hargrove, David S. (Win 1986). Rural community psychology and the farm foreclosure crisis. *Journal of Rural Community Psychology*, Vol 7(2), *Special Issue: Prevention and promotion*. pp. 16-26.
- Farberow, Norman L. (Fal 1985). Mental health aspects of disaster in smaller communities. *American Journal of Social Psychiatry*, Vol 5(4), pp. 43-55.
- Patrick, V. & Patrick, W. K. (Mar 1981). Cyclone '78 in Sir Lanka: The mental health trail. *British Journal of Psychiatry*, Vol 138, pp. 210-216.
- Thurber, Steven (Oct 1977). Natural disaster and the dimensionality of the I-E scale. *Journal of Social Psychology*, Vol 103(1), pp. 159-160.
- Perry, Helen Swick; Perry, Stewart E. (1959). *The schoolhouse disasters: Family and community as determinants of the child's response to disaster*. Washington, DC, US : National Academy of Sciences. viii, 66 pp.
- Plunkett, Scott W.; Henry, Carolyn S.; Knaub & Patricia K. (Spr 1999). Family stressor events, family coping, and adolescent adaptation in farm and ranch families. *Adolescence*, Vol 34(133), pp. 147-168.
- Cowen, Perle Slavik (Jul-Sep 1998). Crisis child care: An intervention for at-risk families. *Issues in Comprehensive Pediatric Nursing*, Vol 21(3), pp. 147-158.
- Forrest, Sandy (Sum 1988). Suicide and the rural adolescent. *Adolescence*, Vol 23(90), pp. 341-347.
- Paulsen, Julie (Sum 1988). A service response to a culture in crisis. *Journal of Rural Community Psychology*, Vol 9(1), pp 16-22.
- Thompson, Elizabeth A.; McCubbin, Hamilton I. (Oct 1987). Farm families in crisis: An overview of resources. *Family Relations: Journal of Applied Family & Child Studies*, Vol 36(4), *Special Issue: Rural families: Stability and change..* 461-467.
- Felner, Robert D.; Ginter, Melanie A.; Boike, Mary F. (Apr 1981). Parental death or divorce and the school adjustment of young children. *American Journal of Community Psychology*, Vol 9(2), pp. 181-191.
- Felner, Robert D (Win 1980). Family stress and organization following parental divorce or death. *Journal of Divorce*, Vol 4(2), pp. 67-76.
- Heffron, Edward F. (Apr 1977). Project Outreach: Crisis intervention following natural disaster. *Journal of Community Psychology*, Vol 5(2), 103-111.
- Oetting, E. R.; Cole, C. W. & Adams, R. (1969). Problems in program evaluation: A ministers' workshop. *Mental Hygiene*, 53(2), pp. 214-217.