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## LifeNet

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*ICISF is a non-profit non-  
governmental organization in  
special consultative status with  
the economic and social council  
of the United Nations*

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## MESSAGE FROM THE CHAIR PERSON BOARD OF DIRECTORS

**A**nnouncing Reorganization to ICISF's organizational structure. On behalf of the International Critical Incident Stress Foundation's Board of Directors, I would like to announce reorganization to ICISF's structure.

On August 26, 2013, Rick Barton joined ICISF as interim Chief Executive Officer overseeing all aspects of our organization. Rick has a strong track record of executive leadership in the not-for-profit world. His charge from the Board of Directors is to lead the organization in achieving the goals of the Strategic Plan. The Board of Directors has not placed any expectation that Rick will function in a fund raising capacity but we are confident his direction will assist us in continuing to achieve financial stability and growth.

Don Howell will remain with the ICISF as Executive Director with his plan to retire, tentatively, in December 2014.

As the Board of Directors reviewed the structure of the ICISF office, we decided to conduct a reduction in force with the elimination of two positions. Effective September 7, 2013 the Director of Operations and the World Congress Program Manager positions have been eliminated. Currently the responsibilities of those positions are being reassigned.

For now, if you need to speak with someone at the ICISF office around operational issues please contact Don Howell [dhowell@icisf.org](mailto:dhowell@icisf.org) and if your need is around the World Congress please contact Victor Welzant [Welzant@icisf.org](mailto:Welzant@icisf.org)

While we are sad to see two of our long time staff, Kenny Bohn and Shelley Cohen, leave the organization, we are excited for this new chapter and our continued success.

We would like to thank Kenny and Shelley for their unwavering dedication and commitment to the ICISF for so many years and wish them the best as they pursue other opportunities.

Thank you for your dedication to ICISF and the people we all serve.

**Becky Stoll**  
Chair, ICISF Board of Directors

## Regional Conference Calendar

### **October 17-20, 2013**

-Phoenix, AZ  
*Crisis Preparation & Recovery, Inc.*

### **November 6-10, 2013**

-Columbia, MD  
*ICISF, Inc*

### **December 5-8, 2013**

-Nashville, TN  
*Centerstone*

### **December 5-8, 2013**

-San Diego, CA  
*San Diego CISM Team*

### **2014 Regional Conferences**

Locations Subject to Change  
Dates TBD

-Pittsburgh, PA

-West Palm Beach, FL

-San Francisco, CA

-San Antonio, TX

-Columbia, MD

-Victoria, BC

## AVIATION CISM NETWORK: PROFILES ACROSS THE INDUSTRY

By Pete Dillenbeck - FedEx/ALPA CIRP

Just over twenty years ago I attended a presentation by Capt. Al Haynes at Middle TN State University. He told the story of United Flight 232 that crashed in Sioux City (after an uncontained engine failure) in 1989. At the end of his story, Capt. Haynes mentioned a new program that helps pilots and flight attendants cope with stress after a traumatic event, called the Critical Incident Response Program (CIRP). He inspired me to look into the program and see what it was all about. Today I'm a Safety Advisor for FedEx, the company director of our CIRP Team, a member of the Airline Pilots Association (ALPA) CIRP Chairs Network and the only aviation representative on the ICISF Board of Directors.

There are two sides of our Aviation CISM Network that I'd like to share with

you here. First is the scope of our network across the Aviation Industry and second is the faces of our CISM Coordinators, Peer Volunteers and Mental Health Providers. To really understand what we do for aviation professionals, we need to introduce you to the different kinds of flight operations across the industry as well as the people who are the heart of our CISM Network.

The Airline Industry makes up the largest percentage of the Aviation CISM Network and probably needs no introduction into their flight operations. Passenger carriers will always have the highest visibility when it comes to aircraft incidents and accidents. I mentioned that Capt. Haynes inspired me and many others to get involved in CIRP. But I would be remiss if I didn't also mention Capt. Mimi Tompkins, the First Officer (Co-pilot) on Aloha Flight 243

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## DEVELOPING A CRITICAL INCIDENT STRESS MANAGEMENT RESPONSE TEAM

By Major Chuck Hecker and Alexandra Mahr, MSW, LCSW-C

It was a typical hot and sunny day in the summer of 1993 at a park in western Maryland. Several visiting families were enjoying a picnic near the park's popular scenic waterfalls. A group of young family members had ventured off to discover a place where the water was deep enough to jump in to cool down. The first one to jump in did not resurface. Alarmed by the sudden disappearance, a second person jumped to try to save him. Finally, a third person plunged in the water to help rescue his family members. Tragically all three drowned that day. They ranged in ages from 7 to 12.

Park Rangers responded quickly to the scene once the emergency call was received. Several entered the water in an attempt to locate the victims, but, were rendered fatally unsuccessful. The Rangers left the park that day burdened by a sense of responsibility and helplessness. They believed it was their job, their

duty to protect and rescue others from the unpredictable hazards in nature. In their minds, this was a day that they had failed and the devastating consequence was the loss of three young children's lives. A day they would probably never forget and on their own to emotionally reconcile. There were no crisis intervention resources in place to help them cope with this tragic event. No one from the organization knew how to help them through this difficult time. One year later a new Park Manager took leadership and detected something was not quite right with the staff. She discovered the staff was still haunted by what happened on that triple fatality day. The Park Manager was referred to Dr. Jeffry Mitchell, who had developed a program for providing psychological care for emergency services responders.

Dr. Mitchell facilitated what is known as group debriefing session for the affected responders in an effort to mitigate the

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## MENTAL HEALTH & DISASTERS: FROM 9/11 TO NEWTOWN

By Bruce P Baird

Mental health and disasters are intertwined. Disasters are expansive, impacting populations at the site and affecting millions more outside the disaster area who vicariously experience death, injury, destruction and displacement. In a recent poll conducted at a local chapter meeting of the National Alliance on Mental Illness (NAMI), over fifty percent of the audience felt lingering emotional effects of the September 11, 2001 World Trade Center attack, even though none of them was in New York at the time and did not personally know any of the victims. Several mentioned being agitated in crowds for over a year following the attack with those feelings carrying over to the present day. All audience members recalled where they were and what they were doing when the attack occurred (1). Psychological impacts of disasters

on victims and responders can continue long after physical and economic losses are recovered.

This article summarizes recent disaster impacts with a focus on the increasing frequency and magnitude of disasters. A discussion of the psychological impacts of disasters on victims and responders is followed by documentation of mental health impacts and hospital operational issues in Superstorm Sandy. The December 14, 2012 Sandy Hook Elementary School shooting incident is recounted, highlighting the value of enhancing both disaster mental health programs and preventive measures for reducing violence.

### Disaster Definitions and Psychological Impacts

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## CISM RESPONSE TO MOORE, OKLAHOMA DISPATCHERS

By Ellen Vest, MA NREMT-P

On May 20, 2013, I was driving the thirty minute commute to my home in Deltaville, Virginia, a town filled with marinas and summer cottages. Two years earlier I was employed with the Newport News Fire Department when I received a call that Deltaville had been “flattened” by a tornado. Fortunately, that was an overstatement. Still, it was a stressful twelve hours until I was able to get home.

Deltaville is a peninsula at the mouth of the Rappahannock and Piankatank Rivers at the Chesapeake Bay. My tornado damaged 90 homes, flattened 30 of them, and ripped the Baptist church in half. The neighboring county suffered two fatalities, but Deltaville had no reported injuries. I learned first-hand what it was like to have my community a disaster while my own home was intact. I experienced what it was like to live unscathed while others suffered.

During my commute this past May

I received a phone call telling me that Moore, Oklahoma had been destroyed by a tornado. This is significant because my daughter and her family live in Moore. It took some minutes for that to sink in and as soon as I was able, I turned on the news. The aerial views, as everyone outside of Moore saw immediately, were devastating and more so for me because I had been by those places named as damaged or destroyed. It was only fifteen minutes until I received a text message that my family was ok and their home was undamaged.

This background information was important as I did a complete self-assessment the next morning when Michael Player, Executive Director of the Peninsulas EMS Council, called me about going to Moore with one of our team's mental health providers (MHP), Dawn Linton. Our CISM team is a regional one

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## Share Your Team's Milestone with *LifeNet* Readers

ICISF would like to acknowledge CISM Teams that have reached significant milestones in organizational longevity (i.e. five, ten, fifteen year anniversaries, etc.) in future issues of *LifeNet*. If your team reached such a significant anniversary date this year, please contact George Grimm, ICISF CISM Team Coordinator (via email at [hotline@icisf.org](mailto:hotline@icisf.org)) and provide the appropriate information so we may proudly list your Team in a future *LifeNet* and provide a Certificate of Appreciation.

“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

- Pema Chodron



## FROM THE HOTLINE COORDINATOR...JULY 26, 2013

**The “Current Team Listing” has been updated as of July 26, 2013. If your team does not appear on the list and you think your records have been updated within the past twelve months please contact [hotline@icisf.org](mailto:hotline@icisf.org) and every effort will be made to clarify your team status.**

Teams are required to provide an annual update in order to remain on the “Current Teams” list. To accomplish this, a reminder and a team information form are sent to

the email addresses listed on the file that we have for your team. If you do not find your team listed on the “Current Teams” list on our Website, it is because we have not received any new information from you for the past year.

It is vital that we have the correct team information when a request for assistance is made to the ICISF office or the Hotline. No good can be accomplished if a person requiring CISM intervention finds that the number(s) is no longer in

service or the person contacted is no longer affiliated with the team.

Of the 785 teams in the ICISF files, only 201 have met the annual update requirement. Help me keep the information up to date by sending your completed form to us at [hotline@icisf.org](mailto:hotline@icisf.org). The form can be downloaded at [www.icisf.org](http://www.icisf.org).

Your cooperation is most appreciated, as this up-to-date information provides a more accurate CISM response when needed!

### PAUL TABOR

Paul A. Tabor retired from the Texas Department of State Health Services (DSHS) on May 31, after 31.5 years with the agency. Mr. Tabor served the last 20 years as the Critical Incident Stress Management (CISM) Coordinator for the state and is an approved instructor for the International Critical Incident Stress Foundation (ICISF). He was a paramedic for 18 years. Before coming to work for DSHS, he was the Assistant Director of Harlingen EMS in charge of the South Padre Island Division and was also a volunteer paramedic for Los Fresnos EMS. Tabor worked in the DSHS Health Services Regional office in Harlingen for five years where he had EMS responsibilities for 26 counties. He has also pastored churches in VA, WV, and TX.

Tabor founded DSHS’s CISM program. A state Network of CISM teams was established, an Advisory Committee was appointed with mental health professionals and emergency services peers from throughout the state, and sample policy and procedures for local CISM teams were developed. At the invitation of the Oklahoma City Fire Department, the Texas

CISM Network teams, coordinated by Tabor and Mike Fitts, PsyD, led 59 CISM debriefings over a ten-day period for OKC fire department personnel. Tabor received a Commendation from Frank Keating, Governor of Oklahoma, for his assistance. Tabor and the Network have also responded to:

- The Texas A&M University bonfire collapse (College Station)
- Shuttle Columbia Recovery Operations (east Texas, at the request of NASA)
- Branch Davidian event (Waco)
- Yearning for Zion FLDS Polygamist Raid (San Angelo)
- Bastrop County Complex Wildfires
- West, TX fertilizer plant explosion
- Numerous hurricane, flooding and wildfire events

Tabor began his new job on June 1 with Emergency Ministries where he serves as Lead Chaplain and Training Coordinator. He has created The Association for Crisis Intervention Response and Training (ACIRT) as the new training division

of Emergency Ministries. He will continue to teach ICISF approved courses, support Texas’ CISM teams through ACIRT, and develop new courses for Emergency Ministries.

Emergency Ministries provides on-scene (and “behind scene”) Crisis Chaplaincy for emergency workers. Our emphasis is on Critical Incident Stress mitigation. We have sat down with these everyday heroes on issues involving things such as child fatalities, multiple fatality accidents, Line of Duty Deaths and deaths of co-workers, marital problems, substance abuse, suicide and suicide prevention, and the like. Like the people we serve, we do whatever it takes to help.

The mission of Emergency Ministries is “to come alongside first-responders who experience extraordinary human events daily and to offer them emotional and spiritual support services. Founded in December of 1998, Emergency Ministries has served firefighters, paramedics and public safety professionals from 44 states in the United States and 16 countries across the globe with its internet

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## FROM THE APPROVED INSTRUCTOR DEPARTMENT

We would like to congratulate these current ICISF Approved Instructors for completing the Suicide Awareness: An Introduction for Crisis Responders Instructor Program held in West Nyack, NY July 16-17, 2013.

(Names listed below in alphabetical order)



Jim Baxendale  
Robert "Beau" Blair  
C.J. Caufield  
Ted Embry  
Glen Gemma

Linda Harms  
Donald Martin  
Jay Martin  
Wayne Maxwell  
Ron Miller

John Robertson  
Sandy Scerra  
Ricky Thrasher  
Suzanne Wavre  
Van Don Williams

Also in West Nyack, NY ICISF held the Law Enforcement Perspectives for CISM Enhancement Instructor Program July 18-19, 2013. Please congratulate these current ICISF Approved Instructors that have completed this program.

(Names listed below in alphabetical order)



Roxanne Affholter  
C.J. Caufield

Debra Ladd  
Jay Martin

Wayne Maxwell  
Naomi Paget

## Comments, Questions or Suggestions

Please direct any comments or questions regarding the contents of this issue to the attention of Victor Welzant, PsyD, Editor, at [lifenet@icisf.org](mailto:lifenet@icisf.org).

Letters to the Editor are also welcome. Have an idea for an article in a future issue of *LifeNet*? Send your suggestions to the attention of Michelle Parks, Content Editor, at [lifenet@icisf.org](mailto:lifenet@icisf.org). We welcome your input.

**Thank you!**

If your article is approved and used in an issue of the LifeNet you will receive a complimentary

Level One-1 year ICISF membership (\$50.00 value)

## Make Sure We're Able to Stay in Touch!

To be sure ICISF emails get through to your inbox, be certain to add ICISF email addresses to your address book. If you have a spam filter, adding ICISF.org to your "white list" of acceptable senders will also help to ensure that our emails get through. Thanks!

## FROM THE APPROVED INSTRUCTOR DEPARTMENT

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Group Crisis Intervention Instructor Program held in San Francisco, CA June 6-8, 2013. (Names listed in alphabetical order).



Teah Barrow  
Francesca Bartoccini  
Gary Berryhill  
Anne Bisek

William Burns  
Deidre DeLong  
Keith Driberg  
Anthony Frank  
Glenn Gemma

Belinda Jauregui  
Harry Mergel  
William (Greg) Seymour  
Randy Young

Also in San Francisco, ICISF held the Building Skills for Crisis Intervention Teams Instructor Program June 10-11, 2013. Congratulations to those participants.

Teah Barrow  
Christina Dobson Brazzoni

Kim Cosley

Anthony Frank  
Belinda Jauregui

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We would like to congratulate these current ICISF Approved Instructors for completing the Advanced Individual Instructor Program held in Ellicott City, MD July 30-31, 2013. (Names listed below in alphabetical order)



Sam Bernard  
C.J. Caufield  
Bonita Frazer

Tom Greenhalgh  
Mary Leonard  
Jim Nelms  
Eric Skidmore

Denise Thompson  
Jane Tucker  
Naomi Zikmund-Fisher

# INTERESTED IN TEACHING ICISF CURRICULUM TO OTHERS? BECOME AN ICISF INSTRUCTOR!

## Calendar of Upcoming Approved Instructor Candidate Programs

Techniques for Delivering Bad News by Crisis Response Personnel  
Columbia, MD  
November 7-8, 2013

Advanced Group Crisis Intervention  
Columbia, MD  
November 9-10, 2013

Workplace Violence  
Nashville, TN  
December 3-4, 2013

Group Crisis Intervention  
Nashville, TN  
December 5-7, 2013

Suicide Awareness  
Nashville, TN  
December 5-6, 2013

More programs for 2014 will be finalized within the next few months. Please view the ICISF website ([www.icisf.org](http://www.icisf.org)) for the most updated information.

Just some of the Benefits of Becoming an ICISF Instructor:

- After successful completion of the instructor program you'll be able to teach the official ICISF course to others and provide official ICISF material to each participant.
- Learn from the experts! Each instructor program will be taught by the ICISF Faculty Member who created the curriculum.
- Earn discounted rates to future ICISF Regional Conferences and the World Congress on Stress, Trauma, & Coping.
- Discount application fees for the Certificate of Specialized Training program.
- Complimentary ICISF course advertising on our website.
- Join a worldwide network of dedicated instructors!

To request an application or more information, please email [AiSupport@icisf.org](mailto:AiSupport@icisf.org). Hurry before seats fill up!

## SHINING STAR PROGRAM

ICISF is proud to announce a new recognition program entitled "Shining Star" in CISM. Current CISM Teams or Liaisons may nominate a local person who has shown outstanding leadership/innovation (5 years plus) for their efforts in promoting CISM. Nominations will be evaluated by a committee comprised of Pete Volkmann from New York, Sandy Scerra from Massachusetts, Dennis Potter from Michigan, Mary Schoenfeldt from Washington State and Patty Stewart-McCord from Saskatchewan, Canada. This committee is independent of the ICISF office.

Announcements will be provided by ICISF on their webpage and in LifeNet Newsletter. This program will recognize the grass roots efforts and successes of CISM worldwide. The recipient being honored will receive a special pin and a Proclamation from ICISF. Please nominate those rising stars in CISM. We need to know.

Complete the nomination form ([form link](#)) and forward to Pete Volkmann ([pfvolkmann@fairpoint.net](mailto:pfvolkmann@fairpoint.net))

## CONFERENCE AWARDS AND SCHOLARSHIPS

Hosting a conference gives the opportunity for the local organization to distribute scholarships as an honor to those in the CISM community. Team Scholarships are offered by ICISF with recipients being selected by the local host. Typically, deserving individuals on their team or part of their organization receive scholarships and/or recognition in exchange for their service.

Marlatt Scholarships are offered in remembrance of Erin and Colleen Marlatt to deserving individuals in Fire Services. Recipients are selected by the local host and are acknowledged and presented with awards at the conference Award Ceremony & Town Meeting.

ICISF also awards Certificates of Appreciation in recognition of outstanding contributions in the field of CISM.

**At ICISF's San Francisco, CA Conference held June 5-11, 2013**

**Congratulations on being chosen as Marlatt Scholarship recipient:**

Christine Granucci



**At ICISF's Denver, CO Conference held July 25-28, 2013**

**Congratulations on being chosen for the Certificate of Appreciation Award:**

Hal Goldberg

**At ICISF's Des Moines, IA Conference held August 1-4, 2013**

**Congratulations on being chosen for the Certificate of Appreciation Award:**

Polk County Health Services, Inc.

Iowa Department of Public Safety CISM Team

## JAN SHUBERT RETIRES....

The field of disaster mental health will greatly miss Jan. She has been a courageous advocate for the institution of psychological support programs in EPA and throughout the Federal government. Jan was among the first to recognize that protecting the environment also entailed protecting those whose job it is to protect the environment... the human side of the enterprise, if you will. Her tireless advocacy for her co-workers, her agency, and for the health of our nation has made Jan stand out at a time when many failed to understand the endemic personal stress of protecting the environment, or when others simply lacked the courage to act. Jan dared to "rock the boat" and she did so with grace, respect, and credibility. We all thank you Jan!

--George S. Everly, Jr., PhD,  
ABPP, FAPA



# DIANE MYERS RETIRES....

Diane Myers is retiring after 31 years of service in the field of disaster mental health and Critical Incident Stress Management. Ms. Myers is a Licensed Clinical Nurse Specialist, consultant, and trainer. She completed both the Group Crisis Intervention Training and the Advanced Group Crisis Intervention Training in 1993. She has presented at numerous ICISF World Congresses on disaster mental health and other topics.

## Service

Diane's career spanned several decades. In 1982 Marin County, California, experienced devastating floods and mudslides, for which the Marin County Mental Health Department received one of the nation's first FEMA (Federal Emergency Management Agency) Crisis Counseling grants. Diane was assigned the job of program director, and organized the provision of mental health assistance to victims and responders.

In the early 1980s she had an "aha" experience when she met Jeff Mitchell and learned about Critical Incident Stress Management. CISD shaped much of her thinking and her practice, whether with disaster survivors or with disaster responders. It allowed her to meaningfully help probably thousands of people. Diane has experienced much impatience with the debriefing controversy in the last part of her career, because of her years of experience in the field, seeing first-hand how much CISM and CISM-inspired interventions helped so many people. She can honestly say she did not believe one single person in her whole career was harmed in any way by talking to her about "their story," their traumatic experiences, their thoughts, and their feelings, whether one-to-one or in a group.

She worked with the state of California providing disaster mental health services and with

numerous counties following disasters including the Loma Prieta Earthquake, Painted Cave Fires in Santa Barbara, Northridge Earthquake, Eastbay Firestorm, and many other disasters. She provided service in the Oklahoma City Bombing in 1995, the World Trade Center terrorist attacks of 2001, and numerous plane crashes. In addition to providing training to mental health professionals and disaster service workers, Diane provided valuable consultation and guidance to the organizations responsible for providing disaster mental health services across the United States. Working with the California Association of Marriage and Family Therapists, she developed a course, Into the Eye of the Storm, which is offered across the state of California. She was a founding member of the Central Coast Critical Incident Stress Management Team in Santa Cruz, California, and continues to work as consultant to the team.

At the federal level, Diane provided consultation to the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, Crisis Counseling Immediate and Regular Programs. She was a pioneer in the development, implementation, and management of the Stress Management Program following Hurricane Andrew in Miami, Florida for FEMA, a program that supported FEMA workers through many disasters, including the Oklahoma City Bombing.

## Publications

In addition to her exemplary contributions to training and practice in the field of disaster mental health and Critical Incident Stress Management, Diane has contributed to the field of disaster mental health and emergency worker stress. In addition to numerous publications

in professional publications and journals, she was the lead author in Disaster Mental Health: A Primer for Mental Health Practitioners. New York: Brunner-Routledge, (2005) and Disaster Mental Health Workers. In Figley, C.R. (Ed.) in Treating Compassion Fatigue (pp. 181-211). New York: Brunner-Routledge, (2002). In addition she co-authored many other publications including, Disaster Mental Health: Impact on the Workers. In Kendal Johnson. Trauma in the Lives of Children (pp.257-263), Hunter House Press. Alameda, CA. (1998), Compassion Satisfaction and Fatigue in Critical Incident Stress Management. International Journal of Emergency Mental Health, 5(1), 33-37.(2003), and Research Findings Focusing on Oklahoma City Bombing Disaster Workers. In Figley, C.R. (Ed.) Treating Compassion Fatigue (pp. 57-83). New York: Brunner-Routledge. (2002).

## Family

Diane's plans for her retirement include spending more time with her husband, Scott, and their two daughters, Elisa and Katie. As her daughters grow into womanhood, she sees the values and inspiration they have taken from her work, and how those values are shaping their careers. She believes they have been inspired by her stories about her work, and by stories of people like David, Jeff, and George—indeed, by all our colleagues at ICISF, the Red Cross, the Salvation Army, the VA, Green Cross, and CAMFT who pull on their boots and march into the eye of oh-so-many storms. A recent addition to the family is their dachshund puppy Marco Polo, and Diane's hope is to train him as a certified therapy dog. Diane and Scott intend to continue their love of travel, with the goal of seeing all

# DIANE MYERS RETIRES....

50 states in their RV (just 5 more states will bring their total to 50!).

## Future

Her work in crisis intervention, CISM, and disaster mental health was the most meaningful career she could imagine. She always felt so privileged to be available to help people whose needs were so immediate. She was so honored that people would openly

share their thoughts, feelings, and needs with her, a stranger in their midst. She was awed and inspired by the courage and strength and spirituality and resilience of people in a time of devastating loss. Her life was greatly enriched by what she learned from them, as well as from her colleagues in the trenches.

Diane Myers is one of a very select group of special people who

has contributed so significantly to the art and science of disaster mental health over the years. Her dedication, achievements, and vision are unsurpassed. I wish her the very best in her retirement and I believe that her achievements will continue to provide inspiration and guidance to practitioners in the future.

--David F. Wee

Diane Myers, a California psychiatric nurse, a disaster mental health specialist, and an ICISF Instructor, has decided to retire. She leaves behind a stellar career in the disaster mental health field. She first trained as a nurse and later specialized in psychiatric nursing. Over her long and illustrious career, she has served as a University Clinical Instructor at Yale University and at the University Of Kansas School Of Medicine. She ran a successful private practice for individual, group and family psychotherapy.

Later, she provided extensive services with the Federal Emergency Management Agency's National Institute of Mental Health Crisis Counseling Program in Marin County, California. Diane was a program manager for the Loma Prieta Earthquake Recovery Program under the auspices of the California

Department of Mental Health. Diane has enjoyed extensive work with the American Red Cross, The California Highway patrol and the International Critical Incident Stress Foundation.

Diane has received prestigious awards from the American Red Cross, The Federal Emergency Management Agency, California State Coroner's Association, the International Critical Incident Stress Foundation, and the Governor's Office of Emergency Services, State of California, among many others.

Diane leaves behind an extensive list of professional publications. Among my particular favorites is a book she wrote with David Wee entitled, Disaster Mental Health Services and published by Taylor and Francis in 2005. It is the finest work on disaster mental health

services that I have ever read. It is a real legacy for anyone working in the CISM and disaster psychology fields. It will remain a benchmark for many decades to come.

We will miss her enthusiasm, her teaching skills and her impressive care for suffering human beings. We are privileged to continue our friendship with her and we appreciate her continued support of the CISM field.

Diane taught all of us something and we are blessed to have had her with us as a teammate these many years. We hope her retirement is as wonderful and fruitful as her work life has been. We will always hold a place for her if she decides to return to the trauma work especially with ICISF. She will always be welcome as a dear and cherished friend.

--Jeffery T. Mitchell, Ph. D

I have had the honor of knowing and working with Diane Myers for over two decades. She has taught me much.

Bright, articulate, engaging, and a true visionary is she. Diane is one of the true pioneers in the field of disaster

mental health. In was with dedication and courage that she spearheaded crisis intervention and disaster mental health from a nursing and public health perspective. Her mere presence gave energy and credibility

to this nascent field. Over the somewhat tumultuous evolution of her field, Diane has been the voice of reason and dignity, in times when both were rare commodities. Thank you Diane!

--George S. Everly, Jr., PhD,  
ABPP, FAPA

# GRANT WOOD AEA CRITICAL INCIDENT STRESS MANAGEMENT TEAM

By Sharon Llewellyn Clark, PhD, NCSP and Katy K Lee, LISW

Over the past ten years the Critical Incident Stress Management (CISM) team at Grant Wood Area Education Agency (GWAEA) in Cedar Rapids, IA has responded to a wide variety of events (a major flood, suicide deaths including multiple suicide deaths in one school within the same year, student or staff deaths both unexpected and anticipated). When asked by the school districts, the team helps them deal with such crisis events.

Our team employs a wide variety of interventions to address the multitude of crisis situations described above. We provide pre-crisis planning, strategic planning, debriefings, CMBs, use the SAFER-R model with individual students and school staff, post-event lessons learned planning, Post Action Staff Support for our team members, and other supports as needed.

In addition to providing individual and small group interventions the primary mission of the CISM team is to stabilize the learning environment so that students can return to learning, supporting staff so that they are able to return to teaching or other responsibilities, and identifying who will need additional support to be able to return to their routines. This includes covering classes for teachers, providing a presence (and support if needed) in hallways, lunchrooms, and other areas of the school, helping to draft handouts and statements, and assisting the school in planning next steps. We also provide consultation and strategic planning about related matters as they arise, such as holding funeral services at the school and planning for memorials. When an event involves a suicide ongoing consultation is a priority as our team recognizes that response efforts can help to prevent contagion.

The GWAEA CISM team was

formed in 2002 in partnership with Kirkwood Community College (KCC). Our team was awarded a grant funded by the U.S. Department of Education – Office of Safe and Drug Free Schools focusing on mitigation/preparedness, prevention, response, and recovery. KCC focused on reviewing and updating school safety plans, NIMS training, practicing drills, and obtaining supplies needed by schools to carry out their plans. Grant Wood AEA focused on training for recovery and by March, 2007, seven GWAEA CISM team members had become approved instructors and prepared over 60 individuals across GWAEA to serve as CISM team members.

The team is unique in that it is made up of GWAEA staff, local school district staff, community members, and community clergy. In order to join the team as a Peer Member an individual must complete either the Individual Crisis Intervention or Group Crisis Intervention course. Mental Health Team Members must have masters level training in a mental health field, complete the Individual Crisis Intervention Course, Group Crisis Intervention Course, and the Advanced Group Crisis Intervention Course through ICISF.

Our current membership of 100, includes 32 GWAEA employees, 6 faith-based community members, 9 retired GWAEA employees, and 53 members from schools served by GWAEA. Our team has a significant amount of mental health experience due to the large number of social workers and school psychologists on the team. The team responds to an average of twelve incidents per year ranging from short term consultation to week long on-site interventions.

The GWAEA CISM Team meets as a large group three times a year to refresh our skills. We share information on topics related to crisis response, lessons learned, participate in role plays, and run table top simulations. Team members are asked to attend at least one meeting per year to be considered an active team member.

With the diversity of our team we find ourselves facing two primary ongoing challenges: training new team members and having enough team members available to respond to an event. In the past five years we have lost several of our trainers to retirement. Last year we wrote a proposal to send some of our current team leaders to approved instructor trainings through ICISF so that we would be able to continue to provide the Group Crisis Intervention and Individual Crisis Intervention courses. We would also like to expand our trainers' expertise by having team members become approved instructors in the Suicide Awareness, Advanced Group Crisis Intervention, and Managing School Crises courses.

Since the team is composed entirely of volunteers, it can be a challenge for our members to get away from their full time job responsibilities to respond to an event. In this area we have learned that contacting team members who are assigned to or near the affected school district or who live nearby is more effective than a blanket e-mail or phone message asking for volunteers. We have also worked with GWAEA management staff to identify people working or living near the affected school that have CISM training.

As mentioned above we have

## GRANT WOOD AEA CRITICAL INCIDENT STRESS MANAGEMENT TEAM



a large team and the group response varies with each event. To help support our efforts, the team has developed a website with forms and resources that we use to plan and organize responses and that we have found to be helpful to our schools (<http://www.aea10.k12.ia.us/schcomplan/cism.html>).

The GWAEA is one of nine educational service agencies in Iowa and serves 32 urban and rural school districts in eastern Iowa. GWAEA's mission is to "Ensure Success for all Learners." The Iowa State Legislature established Education Agencies in 1975 to provide equity in education

programs across the state.

Sharon Llewellyn Clark is a school psychologist and member of the GWAEA CISM leadership team. Katy K. Lee is a school social worker and Team Coordinator of the GWAEA CISM team.

## SEVEN MOUNTAINS EMERGENCY MEDICAL SERVICES CRITICAL INCIDENT STRESS MANAGEMENT TEAM

The Seven Mountains EMS Council CISM Team is located in Central Pennsylvania and our Team primarily provides services to Centre, Clinton, Mifflin and Juniata Counties. Our Team also provides assistance outside these counties when requested. We currently have twelve team members consisting of 2 clinical members, one nurse and nine other team members with extensive background and experience in Emergency Services. The Seven Mountains EMS Council CISM Team was formed in 1992 and is overseen by David Ray, M.ED.

David Ray has provided multiple team trainings over the years and has dedicated numerous hours in making sure that our Team meets the ICISF model standards by attending ICISF based training. The majority of our team has been serving since its inception in 1992 bringing many years of experience to the Team. Over the years the Team has provided CISM services for approximately 200 requests, including Line of Duty Deaths, Peer support, Defusings and Debriefings for EMS, Fire and Police. All services provided by our team are

at no cost and are available 24 hours a day. For more information on our CISM Team please refer to our website at: [www.smemsc.org](http://www.smemsc.org).

The contact number to activate the CISM Team is:

Seven Mountains EMS Council Office  
814-355-1474 from 8:30-4:30

or

Mifflin County 911 Center  
717-248-9607 after hours/weekends



## AVIATION CISM NETWORK

*Continued from page 2*

(April 28, 1988). Her Boeing 737 jet suffered an explosive decompression at 24,000 ft. over Hawaii and the lead flight attendant was killed. Mimi and her Captain successfully landed the crippled 737 in Maui with 65 of the 95 on board injured in the accident. Mimi continued to fly as a Captain for Aloha and in 1995 she founded the ALPA CIRP Program, built on the ICISF Model of CISM. Mimi served as the ALPA CIRP National Chairperson for ten years and still teaches Aviation CISM.

The current Chairperson for ALPA CIRP is Louise Cullinan. Since 2007, Louise has led the ALPA CIRP Committee and the International CIRP Chairs Network. She is a certified ICISF instructor teaching Aviation CISM to teams around the world and under her leadership the network has grown both in size and reputation. Two of her strongest international colleagues are Hans Rahmann, founder of Stiftung Mayday Foundation and a retired Lufthansa Captain in Frankfurt Germany, and Keiko Nakahama, the lead Mental Health Professional (MHP) with CISM Japan and Japan ALPA. Both Hans and Keiko have been very active with ALPA CIRP and ICISF for many years. Domestically, Louise has also built strong relationships with other important aviation groups including Air Traffic Controllers, led by Tom Morin with their CISM program, and the NTSB Transportation Disaster Assistance (TDA) Office, led by Paul Sledzik.

Flight Attendants (FA) also network with the pilot group and ICISF. They face the difficult challenge of working with passengers during some stressful events and their perspective of an aircraft incident or accident can be very different from the pilots on the flight deck. Two of the leaders in Flight Attendant CISM are Sheila Dail,

CIRP Coordinator for the US Air Flight Attendants and crew member on US Air Flight 1549 “Miracle on the Hudson”, and Tania Glenn, one of the lead MHP’s and ICISF certified CISM instructors for FA CISM.

Looking outside of the airline industry, the US Coast Guard has one of the most active aviation CISM groups in the military. Terri Blais has been one of the lead Coast Guard CISM Coordinators since well before Hurricane Katrina in 2005. Her group responded to a tragic helicopter training accident near Mobile, Alabama in February of 2012. The moving story of USCG Flight 6535 was presented during Aviation Day at this year’s ICISF World Congress by Capt. Dennis Young (USCG Atlantic Area Chaplain), CDR Kurt Richter (Chief of Personnel, Portsmouth) and Capt. Tom Maine (Commanding Officer, USCG Aviation Training Center, Mobile, Alabama).

EMS (Life Flight) helicopter operators have unfortunately needed CISM assistance with their recent accident history. Miles Dunagan, a pilot with Hospital Wing in Memphis and Donna Tosches, the EAP Director with Methodist LeBonheur Healthcare, shared their story of the CISM response after the tragic Hospital Wing accident in March of 2010.

General Aviation (GA) has also become more active in CISM in recent years. Mayday USA and airline CISM instructors like Capt. Jim Woodke have shared their expertise in aviation CISM with GA pilots at Oshkosh and other GA venues.

Aviation CISM has come a long way in the last 20 years. Domestic and international networks have grown and proven their worth in responding to many high visibility

accidents. Team coordinators have shared their CISM “best practices”, even with competing carriers (like FedEx and UPS!). We couldn’t have accomplished all this without a firm foundation in the ICISF model, carefully adapted for the aviation industry, and the long-term dedication of this amazing group of CISM volunteers.



**Pete Dillenbeck** has worked in Flight Operations with FedEx for over 23 years. He is currently a Flight Safety Advisor and Co-Coordinator of the FedEx/ALPA CIRP Team. He has worked with other airlines through the ALPA CIRP Network since 1995. In January 2010, Pete became the first Airline Industry representative to sit on the ICISF Board of Directors. He has a BS degree in Applied Psychology from Georgia Tech with a four year NROTC Scholarship. Pete served eight years flying anti-submarine P-3 Orions in the US Navy.

# DEVELOPING A CISM RESPONSE TEAM

*Continued from page 2*

lingering impact of the event.

This fatal tragedy and the restorative follow-up care leveraged the Maryland Park Service to develop a Critical Incident Stress Management Service to develop a Critical Incident Stress Management Team (CISM). Today the team is comprised of 18 peer members and 3 mental health care professionals. The CISM team includes Park Rangers, Maintenance and Administrative personnel operating at the heart of the program. The team has executed between 90 and 120 responses each year since its inception in 1998.

Park Rangers encounter many emergency situations that have resulted in a fatality or life threatening injury. Urgent incidents most often include, but are not limited to, suicides, accidents associated with boating, climbing, swimming and search and recovery. Incidents can be distinguished by three categories intentional, accidental and natural disasters. Powerful and complicated circumstances are often intertwined with the situation such as harsh or challenging environmental conditions, loss of life especially involving children, multiple casualties, unsuccessful missions and media and/or public scrutiny. International traumatic events marked by human cruelty, violence or malice are usually more difficult to encounter and require enhanced efforts to restore psychological resiliency as it can fracture one's faith in mankind.

Adequately and effectively training team members is an essential component of any viable CISM program. Training peers for specific crisis intervention skillsets, protocols and core competencies has the potential to accelerate healing and mitigate the development of more entrenched symptoms long past the event. Park Rangers

may also be vulnerable to a gradual build up effect from managing numerous critical incidents or a variety of life and workplace pressures combined known as cumulative stress. Cumulative stress can be a slow and subtle creep of deterioration over time and difficult to detect until symptoms become serious. CISM Peer Response team members can provide valuable frontline psychosocial support and information related to strategic coping and restoration of stress resistance prior to and after an event by facilitating individual and group discussions and preventative educational strategies.

## **Why should you have a CISM Response Team?**

There is significant evidence that Park Rangers encounter various stressful situations to put them at risk for a wide range of acute, delayed, chronic and cumulative stress related physical and psychological disorders. CISM provides psychological first aid, reassurance, education and the potential link for professional assistance should the need present to the impact Ranger and others responding to the scene. This can greatly enhance the overall psychological immunity and well-being of the one's co-workers and workforce. A robust and respected CISM Team can reach out to help in many ways. The return on investment is immeasurable. Some of the benefits include reduction in acute distress symptoms and emotional isolations by enhancing natural peer support networks and diminishing stigma for receiving a helping hand. Interventions are designed to reinforce recovery and encourage healthy coping, accelerating healing and personal mastery. Overall, programs promoting psychological first aid efforts create a healthier work atmosphere and more resilient organization.

Our team was mobilized for New

York and the Pentagon following the events of September 11, 2001. We have deployed teams to assist following line of duty deaths, drowning's, suicides and natural disasters such as Hurricane Katrina. We consider ourselves brothers and sisters to all who serve our country regardless of your emergency services professional affiliation. CISM programs are intended to bolster the resiliency of an individual, group or organization at risk for stress related wounds inflicted by line of duty exposure to threatening situations.

An excerpt from the National Park Service's CISM Response handbook states "The National Park Service (NPS) supports its employees during critical incidents through the nationwide Critical Incident Stress Management Program (CISM). The National CISM Program enables managers to offer tangible support by providing valuable techniques to reduce the impact of an incident on employee productivity."

## **Critical Incident Stress**

Critical Incident Stress is the reaction or response a person or group has to a critical incident or crisis situation. A critical incident is an event that has a stressful impact severe enough to overwhelm the usually effective coping skill of either an individual or a group. Examples of critical incidents potentially impacting Park Rangers include line-of-duty death, suicide of fellow employee, significant event involving harm to children, knowing the victim(s), multi-casualty disasters, serious line-of duty injury or near-injury, a prolonged hard won operation, a grueling rescue or failed mission. Psychological injury can be a serious consequence to fulfilling one's job responsibilities over the course of a career as a Park Ranger.

Common reactions to critical

## DEVELOPING A CISM RESPONSE TEAM(CONT'D)

incidents manifest as natural and expected temporary disruptions in one's cognitive, physical, emotional, spiritual and/or behavioral capacities. Individuals react to stress in their own personal way depending upon a myriad of pre-event, event and post-event factors influencing the ability to adapt effectively. Given the uniqueness of each individual's experience it would be impractical to list every possible human stress reaction symptom constellation.

Some of the more common reactions are re-experiencing the event or the sensory elements of the event such as sights, sounds or smells as if the event is happening in the here and now. These symptoms can present with intrusive images or memories, flashbacks or nightmares. Headaches, changes in appetite, nausea, fatigue, teeth grinding and chest pain are possible examples of physical stress. Emotional symptoms such as depressed mood or anxiety, feelings of guilt, helplessness, fear, irritability and anger are also common. Cognitive

symptoms may present as memory loss or lack of concentration, difficulty in making decisions potentially leading to a decline in job performance. Family or marital problems may be a troublesome outcome of withdrawing from others, diminished interest in pleasurable activities, excessive silence or emotional outbursts ultimately impacting meaningful relationships. Self-medicating with alcohol, substances or the internet to escape or numb discomfort may be a significant warning sign on how powerful the event was for an individual. Avoidance of anything,

anyplace or anyone that may remind one of the situations is a hallmark symptom of post-traumatic stress. Anger at one's higher power or a loss of a sense of belonging and purpose may be indicators of a spiritual wound as an aftershock of the critical event. Symptoms may appear rapidly or be delayed for weeks, months or even years after the event has passed. Additionally, symptoms may persist continuously for a few hours, days or weeks or come and go overtime with intensity. Again, this sample of symptoms is not exhaustive and do not usually occur singularly but in clusters across the spectrum of a person's overall functioning. Exposure to a threatening event may impair the way one thinks, feels, behaves and relates

A successful and credible program requires high potency leadership, steadfast ethical practices and confidentiality policies, political neutrality, ICS integration, voluntary participation, education for first-line supervisors, team maintenance activities, continued training and a conservative.

Pam McMillan, CISM Program Coordinator, oversees over 50 trained "peer supporters" located in various park units and park divisions service wide. "The National Park Services (NPS) is dedicated to keeping our employees healthy and ready to re-enter the workforce after a critical incident", was her response to our inquiry as to why NPS has this program.



During difficult economic times funding to actively maintain a CISM peer support program may be reduced or cut. This was the case in South Carolina recently. South Carolina State Park's Director Phil Gaines reported that "although the formal program was eliminated, the concept and

to others, one's sense of purpose and meaning and physical well-being temporarily or indefinitely.

### **Building a CISM Response Team**

A CISM Response Team consists of mental health care professionals, peer support coordinator, peer responders and oftentimes clergy. The recruitment and selection of peer team members is a crucial component and should follow a consistent strategy that includes a selection committee, and application review, structured interviews and finally the successful completion of the mandatory training requirements.

principles and the message of CISM remains strong and is used in South Carolina State Parks today. A heightened awareness and sensitivity of the stress associated with the critical incidents that Park Rangers deal with is recognized and addressed in a sensitive manner".

The Critical Incident Stress Foundation (ICISF) provides leadership, education, training, consultation and support services in comprehensive crisis intervention and disaster behavioral health services. ICISF hosts approximately 42 courses in crisis intervention that



## DEVELOPING A CISM RESPONSE(CONT'D)

address areas such as suicide, pastoral crisis counseling, terrorism, trauma in law enforcement, CISM and its application with children, compassion fatigue, emotional and spiritual care in disasters, response to trauma in the corporate settings and managing crises in school settings, to name a few. ICISF's membership spans the US and abroad, and has CISM teams in all 50 states and in more than 15 countries worldwide.

**Major Chuck Hecker** recently retired after 35 years of service with the Department of Natural Resources Maryland Park Service. He has been a law enforcement officer and park ranger for 30 years and was actively involved in training Maryland Park Service Rangers. Major Hecker served as the Department's Critical Incident Stress Management Response Team Manager from 1996 until 2010 and is currently on the Board of Directors for the International Critical Incident

Stress Foundation. He has responded to natural disasters in Virginia and as a wild land firefighter in Montana, Wyoming, Washington, Oregon, Idaho, Colorado, Florida and Texas. He currently works as a Park Ranger in Annapolis, MD. Major Hecker is a graduate of Virginia Tech.

**Alexandra Mahr, MSW, LCSW-C** is the Director of the Psychological Health Program for the Air National Guard Readiness Center at Air Force Joint Base Andrews, MD. Additionally, Ms. Mahr provides crisis intervention and consultation for various emergency personnel, law enforcement, private organizations and government agencies to prevent violence in the workplace and to minimize the emotional impact in the immediate aftermath of a traumatic event. These agencies have included the Bureau of Alcohol, Tobacco, Firearms and Explosives, National Broadcasting

Company (NBC), United States Naval Academy, Fire, Security and Police Departments, Maryland Department of Natural Resources, United States Coast Guard, United States Probation and Parole, US Air Marshals, United States District Courts of Maryland, National Park Services, University of Maryland at Baltimore Emergency Medicine Department, the Maryland Anne Arundel County Fire Department, Chicago and New York City Police Departments. Ms. Mahr provides consulting and professional coaching programs to the Maryland Park Service and other organizations. She is a member of the National Association of Social Workers, MD Chapter of International Coach Foundation and the International Critical Incident Stress Foundation, Inc. (ICISF).

## PAUL TABOR

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reach. Today, we primarily focus on 31 agencies operating in 46 counties in Texas, as well as three agencies operating in 15 counties in Minnesota and western Wisconsin. In total, these agencies are the headquarters for over 5,000 public safety and first-response personnel.

Tabor has completed over 40 different courses taught by the International Critical Incident Stress Foundation (ICISF) and is approved by them to teach 1) Basic Group Crisis Intervention, 2) Advanced Group Crisis Intervention, 3) Individual Crisis

Intervention & Peer Support and 4) Pastoral Crisis Intervention. He has also completed the 40-hour National Organization for Victim Assistance (NOVA) training course. Tabor has twice been awarded a Certificate of Appreciation from the ICISF "In Recognition of Outstanding Contributions to Critical Incident Stress Management". He is a member of the national Federation of Fire Chaplains. He earned his Bachelor's degree from Ozark Christian College in Joplin, MO and a Master's Degree from Abilene (TX) Christian University.



# MENTAL HEALTH & DISASTERS: FROM 9/11 TO NEWTOWN

*Continued from page 3*

Disasters are sudden, severe events which overwhelm local resources and compromise a community's ability to respond and function normally (Wee, 1995). They produce physical, economic and social damages and usually include mass casualty incidents. Disasters are classified according to their triggering events as being natural, man-made or technological. Natural disasters include earthquakes, wild land fires, tornadoes and floods; man-made disasters include riots, multi-victim assaults, mass murder, biological/chemical/nuclear attacks, and conventional explosives; and technological disasters include utility failures, hazardous materials incidents, and chemical spills.

Disasters are increasing in frequency and magnitude: four major natural disasters since 2001 posted records as being the largest or most destructive event of its type in over one hundred years. These were the 2004 Pacific tsunami (125,000 killed, \$120 billion in damages); 2005

Hurricane Katrina (1,800 killed, \$60 billion in damages); the 2010 Haiti earthquake (300,000 killed, \$20 billion in damages); and the 2011 Japan earthquake and tsunami (15,000 killed, \$300 billion in damages). In the U.S., FEMA recorded 138 Presidentially-declared disasters in 2010-12, a record for any two-year period since FEMA was organized in 1979.

The common psychological response to disasters can be described as 'normal people having normal responses to abnormal events' (Myers, 1995). These responses include problems in basic living caused by physical damage to the community, disruption of routines, and being forced to plan for recovery from an extreme event where no prior planning had been done. The psychological impacts of disasters,

even when treated through immediate crisis counseling, linger and reoccur in the form of trauma, anger and frustration long after the debris is cleared and infrastructure rebuilt.

Fifty percent of disaster workers are likely to develop significant distress which requires therapy (Myer, Wee: 2005). Post-Traumatic Stress Disorder (PTSD) resulting from experience in major disaster response operations is prevalent in up to 15 percent of law enforcement personnel and 30 percent of fire suppression personnel (Everly and Mitchell, 1991). Victims of natural disasters generally report better resilience and long-term recovery in their communities than victims of terrorism and man-made disasters (Myers, et. al).

The most effective approach in treating both disaster victims and emergency responders is to allow the subject to 'talk about it,' borrowing a page from the University of Chicago psychologist Bruno Bettelheim's Talking Cure – 'What you cannot put into words, you cannot put to rest.'(2). Debriefings focus on sharing thoughts, feelings and emotional reactions immediately following the event.

## **Superstorm Sandy: A Storm of Record Challenges the Health Sector**

Beginning as a late-season tropical system, Hurricane Sandy originated in mid- October, 2012 in the warm waters of the Caribbean. Following several days' of meandering, the system passed over Jamaica, eastern Cuba and the Bahamas, causing major flooding killed over one hundred people and produced more than \$5 billion in damages to five Caribbean nations and Puerto Rico(5). As it entered the U.S. mid-Atlantic coastline, Sandy collided with a polar jet

stream, extending the system's cloud canopy to one thousand miles in diameter.

Sixty million people in twenty-four states experienced the effects of this 'perfect storm' including heavy wind, rain, coastal surge, inland flooding and blizzards. The storm flooded the New York City subway system; knocked out power to over eight million residents and produced serious shortages of food, gasoline and basic supplies. Overall, Sandy damaged or destroyed two hundred thousand homes on the East Coast, produced over \$70 billion in damages and was blamed for 113 U.S. deaths (3).

Despite post-Hurricane Katrina improvements in medical transport equipment and the federal deployment of hundreds of medical personnel, power failures at both NYU Lagone hospital (with three hundred patients) and Bellvue hospital (with seven hundred patients) forced evacuation operations to be carried out in darkness during the height of the storm (4). At NYU, patients, including premature infants, were carried down darkened stairwells while at Bellvue two obese patients were stranded on an upper floor and had to shelter in place. A safer and more deliberate daylight transfer before flooding overwhelmed the city would have been preferable. The neighboring VA hospital, which had prudently evacuated ahead of the storm, reported no problems transporting and releasing patients. Timely evacuation is one of the major public health lessons of Superstorm Sandy.

Regarding mental health impacts, a Gallup poll survey found that residents in the most affected parts of New Jersey, New York and Connecticut experienced a twenty-five percent increase in depression diagnosis in the six weeks immediately following the storm, while those outside the areas of heaviest damage experienced

## MENTAL HEALTH & DISASTERS (CONT'D)

a 17 percent increase. Extrapolating from the adult population for those areas, increases in depression could represent up to seven hundred thousand new diagnoses of major depression (5).

An anecdotal report from a private psychiatric facility in New Jersey noted that once the storm had passed, even the most acute patients quickly returned to their normal comfort levels and engaged in quiet activities such as playing board games, seemingly unfettered by the disaster (6). A well-managed board and care facility can provide a refuge and give renewed value to the concept of shelter-in-place.

### **The Sandy Hook Shooting Incident: Response, Early Recovery and Future Impacts on Mental Health Programs**

On Friday morning, December 14, 2012, a gunman confronted his mother at home in Newtown, CT and killed her by shooting her several times in the face. Loading several firearms into his mother's car, he drove to nearby Sandy Hook Elementary School, shot his way into the facility, and systematically shot and killed twenty students and six adult employees of the school before taking his own life. The shooter, Adam Lanza, had a reported history of mental disorder which had been unsuccessfully treated by a combination of prescribed medications and talk therapy. He reportedly had access to firearms through his mother, a gun enthusiast, and was, by several accounts, playing violent video games (7).

Coordination between the Newtown Police, Connecticut State Police, local Sandy Hook and regional fire and ambulance agencies and federal responders was very effective and made for an exemplary response under extremely adverse circumstances. The state's Critical

Incident Stress Management (CISM) Team was on scene within ninety minutes and coordinated support services from a wide variety of incoming agencies. A major scene management issue was the need to control the unprecedented number of media representatives and unsolicited assistance arriving from outside the area.

Regarding disaster mental health, Sandy Hook reinforces the classic model showing the victim as central to the social and geographic impacts of the disaster. Family and community suffer the most direct loss with disaster workers and the media sharing in the impact, spreading impacts to the entire society. Crisis and grief counseling proved essential in Newtown to assist all involved in coping with the unprecedented horror of the event, with a carry-over benefit to the entire nation.

Regarding preventive programs, educating the public on the nature of mental disorder, developing appropriate interventions, and increasing community resources for those diagnosed with mental illness will avoid further stigmatizing the vast majority of those mentally ill who are not violent. In fact, people with mental illness are more likely to be victims than perpetrators of violence. Programs such as those developed from California's Mental Health Services Act which require that funds be set aside for prevention and early intervention have proved very effective in meeting local needs and reducing early symptoms of psychosis (8). The Newtown shooting incident strongly suggests that improved screenings for at-risk behaviors such as suicide and aggression, coupled with earlier help for troubled youth, are key to preventing future tragedies of this scope (9).

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- Bruce P. Baird** served twenty years in disaster response and recovery operations with FEMA and the California Emergency Management Agency. He was a Visiting Professor of Disaster Prevention & Crisis Management at Kyoto University, Japan in 2005-06 and is affiliated with the National Alliance on Mental Illness-Norwalk, at Metropolitan State Hospital, Norwalk, CA.

## CISM RESPONSE TO MOORE, OKLAHOMA DISPATCHERS

*Continued from page 3*

under the umbrellas of the PEMS Council, the Virginia Office of EMS, and the ICISF. We are among the oldest teams started when several of our current members were trained by Jeff Mitchell in his first classes in Virginia back in the 1980s. Our mission is to serve those in public safety. I am the Team Administrator and I receive the calls from our answering service, assess the needs, and assign appropriate team members to each critical incident response. My self-assessment, done almost instantly – I think due largely to practice, but cannot honestly remove the desire I had to see my daughter – told me I was ok to respond. This decision was later supported by our clinical coordinator, Faith Smagalski.

Terry Hall is the president of the International Association of Public Safety Communications Officers (APCO). The request for CISM came to him from the communications supervisor in Moore. Terry had worked with Mike Player and contacted him to respond personally. Mike suggested that Dawn and I go. We found out later that the supervisor, Tammy Koehn, had come from Utah only months earlier. She'd benefited in the past from CISM and

realized the need her people had for a response. No one in the dispatch center had heard of CISM. She made the request for help to APCO. (We found out later that Oklahoma CISM is largely law enforcement based. Until the first of this year, the Moore dispatch center was under Emergency Management. It is now under the Police Department and local CISM did make contact.)

In CISM timing is everything. The decision was made to go the first week in June to allow things to settle a bit. At that time, our expectations were not that the disaster would be over, but that at least the critical work of these responders would slow down and they would have time to work through some of their heightened responses as well as any personal losses. What none of us could plan was that second massive tornado just eleven days later.

Our team has great MHPs, but believes strongly in the power of the peer. As we were making our plans, I felt a bit unsettled at the idea that my background is primarily Fire/EMS. Logistically, though, Dawn and I were best able to respond. Granted, I have been on the receiving end of thousands

of dispatches. I am acutely aware of the stresses unique to someone who is both fully involved with our scenes, yet isolated from anything but auditory input. I asked Hershel Kreis, a communications peer on our team, if he would be available while we were out there in the event that someone would benefit from a phone call with a true peer. He was glad to do that for us.

All plans for travel were in place and the morning before our scheduled departure Dawn had a family emergency that required her to go to Connecticut. All attempts to find a qualified, licensed MHP able to go on short notice were exhausted. I must add that an interstate deployment, even one that is privately requested as this was, must go through proper channels. The deployment was reported to the Virginia Office of EMS and everyone on the state level who needed to know what was happening did. This made requesting someone outside of our local team much easier. It was the same with ICISF. When it was determined late that afternoon that Carol Morrow, an ICISF approved instructor and former CISM coordinator for Virginia, was able to go with me, it was Don Howell who assured me that we would make

## CISM RESPONSE TO MOORE, OKLAHOMA...(CONT'D)

a great team even in the absence of an MHP. He then provided us with names of some in Oklahoma we could contact if the need arose. One of those, Kathy Thomas, had worked with Carol on several Post Critical Incident Seminars for responders to the 9/11 attack on the Pentagon. Carol contacted Kathy on our way to Oklahoma. Kathy arranged for James, a communications peer out of Tulsa, to join us in Moore. This was well played as in a few days we would be gone and those in Moore would have a local contact.

As Carol and I made our way west, we discussed how we would best meet the needs of the dispatchers. All we knew was that we would be meeting with them at 1400 hours for a "debriefing". This was one time they would all be together and was a regular meeting time for them. We agreed that this was not the right time for a debriefing due to the impact of the second storm. The number of reported fatalities was still rising. All of the Oklahoma City greater metropolitan area was still in response mode. What they needed right away was information and Carol was able to bring enough copies of *Under the Headset: Surviving Dispatcher Stress* for each of the twelve of them. We

did a defusing. During that time we learned that two of the dispatchers also worked through what the locals call the "May 3rd Storm" of 1999 and one had only been there three months. Carol and I left that meeting with the promise to be available by cell phone for anyone who wanted some individual time with us to talk or just to visit. We also told them we would be back at shift changes just to touch base. We spent much time talking with the supervisor over the next couple of days. We did meet with one of the dispatchers over breakfast for a couple of hours the morning before we left. We heard later that she was able to sleep through the night for the first time in a long time.

During our visit we surveyed the damage and it was just as horrible as expected. The neighborhoods have hundreds of houses, mostly brick that look almost alike. Very few are two-story. The predominant roof is designed to deflect hail. The neighborhood directly to the south of my daughter's was leveled and much of the cleanup had already begun. The neighborhood to the west was almost as bad. The relative lack of damage surrounding Shannon's home was almost surreal

in comparison. The impact was felt by all when you consider the losses of family members and friends, the loss of a medical center, schools and daycares. The (stubborn) resiliency of the people in that area can be summed up by the things said by a displaced mother residing in our hotel. She said that she lived in the home that belonged to her grandmother. It had foundation problems and needed a new furnace. Thanks to insurance she would rebuild a newer, better house in the same location – as would her neighbors. In my area we prepare for a hurricane or two a year. In the heart of tornado alley they hear the sirens and head for the shelters. Not the dispatchers, however. In an unprotected building they are told to stay at their post. They will rest when it is all over and then return to their post. It is what they do.

**Ellen Vest** is the EMS Program Director at Rappahannock Community College in Glens, Virginia. Retired from the Newport News FD in 2011, she has been active in CISM since 1996 and is an approved ICISF instructor. In 2008 she received her MA in Human Services Counseling from Regent University.



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