Responses to the Columbine Tragedy and

Critical Incident Response

Jennifer Hagman, MD

Jeffco Schools Pro-Bono program: Collaborative effort led by CCAPS, CPS, the Colorado Psychoanalytic Society, in partnership with the Jefferson County Public Schools

CCAPS and CPS task force recommendations

Children’s Hospital Colorado Critical Incident Response guideline and community support and education efforts
August 4, 1999

Dear Mental Health Professional,

In the aftermath of the Columbine Tragedy, Jefferson County Schools is predicting that all staff and students will have significantly increased mental health needs which, in turn, will place increased demands on our school based mental health professionals (Counselors, Nurses, Psychologists and Social Workers). In an effort to support their needs, we are proposing a collaborative project with various mental health professional organizations, of which yours is one.

We are seeking pro bono mental health clinicians to consult with Jefferson County school professionals during this school year.

What is it?

- Bi-monthly clinical consultation groups of 6 to 8 Jeffco Schools' mental health professionals with one pro bono mental health facilitator. The purpose of the clinical consultation is to provide resources/support to school district mental health staff who will be dealing with increased student and staff need during the school year. School district staff will be supported by being:
  1.) Provided consistent opportunities to discuss complexities of responding to student needs including dealing with stressful case situations, and
  2.) Provided an opportunity to work collegially with professional colleagues from the wider mental health community.
- These are not intended to be group therapy sessions.

What is the time commitment?

- First semester 1 to 1.5 hours twice per month in September, October and November and once in December.
- Second semester, once or twice per month as set by each group.
- Total time commitment for school year is 12 to 17 sessions, driving time plus orientation meeting and feedback meetings.
- An orientation meeting is scheduled for September 8 from 6:00 P.M. to 7:00 P.M. In addition, three feedback meetings of pro bono clinicians will occur. These are tentatively scheduled for a similar time frame in November, February and April.
Where will this occur?

- Specific locations are to be determined in four geographic areas of the county: North, Central, South and Mountains.
- In determining the area you might wish to work in, specific locations will be reserved in the following areas:
  I. North
    - Within 10 minutes of I-70 and Wadsworth
    - Within 10 minutes of Highway #36 and Wadsworth
  II. Central
    - Within 10 minutes of Sixth Avenue and Wadsworth
    - Within 10 minutes of Colfax and Wadsworth
  III. South
    - Within 10 minutes of C-470 and Wadsworth
    - Within 10 minutes of Hampden and Wadsworth
  IV. Conifer/Evergreen area

When will sessions occur?

- Specific group times may be scheduled within three different time blocks sometime between:
  7:00 A.M. – 9:00 A.M. (Tues.-Fri.),
  11:00 A.M. – 1:00 P.M. (Mon.- Fri.)
  2:00 P.M. – 5:00 P.M. (Mon.-Thurs.).
- Pro bono clinicians may select the day and time that works best for them after considering all variables including driving time.

How do you participate?

- Fill out the enclosed form indicating: 1) the general area and cross streets you would like your session scheduled for, the day and time you would like to facilitate a group and the date for your first meeting.
- Return to your organization by August 11. Someone will contact you if your group time and location fills.

Thank you in advance for being willing to give of you time and skills to assist us in ensuring that the students and staff of Jefferson County Schools receive sufficient support for the healing process.

Sincerely,

Kay Cessna

Kay Cessna
Executive Director Interventions
As part of our effort to respond to the community in the wake of the Columbine Tragedy, we are working with Kay Cessna, Director of Intervention Services for Jefferson County Public Schools to develop a Pro-Bono Program to provide clinical consultation and support to the staff who provide most of the mental health services in the public schools.

We need volunteers for this effort. The attached letter provides more details about this project and an application form. We estimate that approximately 50 volunteers are needed. This is a joint effort with the psychological and social work organizations.

We appreciate your prompt consideration of this opportunity. Jeff Co students return to school on August 16th and we plan to start the Clinical Consultation program by September 8th.

Please return the forms if you are interested by August 20th
To the CCAPS/CPS central office:
Fax: 303-692-8783
4596 East Iliff Ave. Suite B
Denver, Colorado 80222-6021

For more information call:
Don Bechtold MD 303-315-7748
Kay Cessna (JeffCo Public Schools) 303-982-6698
VOLUNTEERS FOR
DISASTER TASK FORCE PROJECTS

The CPS/CCAPS Disaster Task Force needs volunteers for two projects that we hope will contribute significantly to our community this fall as students and staff return to school. If you are interested in participating in one or both of these projects, please fill out the form below and return it to our office.

PRESENTATIONS TO SCHOOLS, COMMUNITY GROUPS

The Task Force is preparing three presentations to offer to parent, school, and other community groups. The three topics are: Process of Recovery, Asset Building, and Identifying Risk Factors. Outlines for each presentation, back-up materials, and transparencies will be available from our office for our members to use when they make presentations. Please indicate below if you would like to be on our list of speakers:

Name: _______________________________  Phone: __________________
Address: ________________________________________________________

I would like to speak on the following topic(s):

____ Process of Recovery
____ Asset Building
____ Identifying Risk Factors

Area of town most convenient to me: _________________________________
Time of day/evening most convenient: ________________________________

JEFFCO PRO BONO SCHOOL PROJECT

The Jefferson County School District is planning to create groups for the front-line providers in the school system. They need psychiatrists to facilitate the small groups, providing clinical consultation to the school psychologists, counselors, and nurses who will be required to attend the sessions. The groups will each be comprised of eight mental health professionals who will consult with the psychiatrist twice a month for 1 ½ hour sessions from late September through December for a total of approximately 8 hours. There will be an orientation session provided for the psychiatrists who volunteer. Please indicate below if you would like to participate in this pro bono project:

Name: _______________________________  Phone: __________________
Address: ________________________________________________________

Time of day/evening most convenient: ________________________________

Return form to CPS/CCAPS Office: 4596 E. Iliff Ave, Ste. B., Denver, 80222
Or Fax (303) 692-8823. THANKS!
CLINICAL CONSULTATION

Suggested Format for First Session

Desired Outcomes:
- Facilitate the group getting to know each other, including the facilitator
- Encourage participation by all group members
- Develop direction for Clinical Consultation groups based upon participants needs and interests.

Establishing the Group:
- Select a district person to be the group liaison
- Agree on specific time and location for future meetings
- Determine who will make room arrangements
- Set up phone tree
- Take attendance

Setting Norms:
- Confidentiality will be maintained within the group, as defined by the professional and legal standards of each discipline and Jeffco Public Schools. Information shared with the group will not be shared outside of the group except for the following:
  - Conflict of interest
  - Danger to self and others
  - Child abuse
- Other areas for which the group may choose to have norms
- Referrals Jeffco school personnel will make referrals to Jefferson Center for Mental Health.

Introduce self/background

Group interaction Process:
**This process was adapted by Nancy Sanford, Los Angeles Unified School District, based on the Jeffery Mitchell’s debriefing model:**
- Have group members sit in a circle
- Ask the group members to respond to each question in turn without response or discussion by other group members. Non verbal encouragement/reinforcement only. (i.e. start with Question #1 and allow each member to respond, then proceed to the next question.)
- Allow set amount of time for each person to respond to each question (for example 1st question 1 minute is probably adequate, last two questions 3 minutes might be more appropriate.)
- Facilitator acts as timekeeper.
Suggested questions:

1. Your name, role and experience in Jefferson County Public Schools?
2. What made you choose this field?
3. Strengths you bring to your work as a mental health professional?
4. Something(s) you wish you knew in order to be more effective in your role as a mental health professional?

Summarize the groups' needs
- Facilitate a discussion about the desired direction for future/next meeting
- Agree on format for next meeting

Evaluation:
- Ask them to complete the UCD evaluation questionairre.
Jefferson County Schools
Clinical Consultation Pro Bono Program

Application for
Mental Health Professional Volunteers

Please answer all items. Mark N/A is not applicable to you. Starred (*) items require copies of documents. Use additional paper if necessary.

Name: _______________________________ Date: _______________________________

Professional Organization Affiliation:
_____ Colorado Child and Adolescent Psychiatric Organization
_____ Colorado Psychiatric Society
_____ Colorado Psychoanalytic Society
_____ Colorado Psychological Society
_____ Colorado Society for Clinical Social Work

Office Address: ________________________________

Office Phone / Fax / E-mail ________________________________

Attach CV and/or answer following questions if not on CV:

Education /Training:
Graduate School: ___________________________ State ______________ Dates ______________

Post-Graduate School ___________________________ State ______________ Dates ______________

Special Training ______________________________ Dates: ______________

*Psychiatric Board Certification:
Child and Adolescent Psychiatry # ___________________________ Date __________________

General Psychiatry # ___________________________ Date __________________

*Licensing and Certification Information: (please enclose copy of current license)
Licensed as: ________________________________
License # ___________________________ State ______________ Dates ______________

*Professional Liability information: (Please enclose a COPY of policy in force)
Agent / Carrier ___________________________ Policy # ___________________________
Amount of coverage per incident ___________________________ Aggregate amount ______________

Have you ever been disciplined for an ethical violation? ___________________________

Have you ever settled a malpractice suit or had a malpractice judgement against you? ______________
Employment History: (Including hospital, agency or practice affiliations)
Current Employment: ____________________________ Position: ____________________________


I authorize my professional organization to verify any of the above information. I do not have a health condition, including alcohol or drug dependence that affects or is reasonably likely to affect my ability to perform my professional duties appropriately.

Signature ____________________________ Date: ____________________________

Why are you interested in volunteering for this project:


Relevant Experience to the Jeff Co School Pro Bono Program
Therapy with children______________
Therapy with Adolescents______________
School consultation experience______________
Experience in working with survivors of trauma______________

Location and Approximate Time of day preferred for consultation:
Please rank in order of preference (times given are ranges. Specific times will be determined in this range based on the volunteer’s preference):

I. North Jeffco_______________________7-9am______11-1pm ______2-5pm_______

I. Central Jeffco_______________________7-9am______11-1pm ______2-5pm_______

II. South Jeffco_______________________7-9am______11-1pm ______2-5pm_______

III. Conifer / Evergreen________________7-9am______11-1pm ______2-5pm_______

Please complete this entire form and return to your professional organization by Fax or mail by August 20, 1999.

Questions? Call your professional organization listed on the cover letter or call Kay Cessna, Executive Director Interventions, 303-982-6698.
PURPOSE:

To provide a resource/support for Jefferson County School District mental health staff (nurses, social workers, psychologists, and counselors) who will be dealing with increased student needs during the 1999-2000 school year.

By:

1. Providing consistent opportunities for dealing with stressful case situations in a structured, time efficient format.

By:

2. Providing an opportunity to work collaboratively with professional colleagues from the wider community
CLINICAL CONSULTATION GROUP NORMS

Structure:

The recommended structure for all groups will be the same (model presented by Marlene Wong) for the first few sessions.

Jeffco Point Person:

To be identified at first meeting - responsible to create distribution list.

Time:

First Semester: 1.5 hours twice a month in September, October, November and once in December. Second Semester: to be set by group once or twice per month (commit 12-17 session - 1.5 hours

Attendance:

Attendance is expected at every meeting. Attendance will be taken and may be shared with building principals for accountability.

Location:

Will be organized by Cluster. Efforts will be made to establish convenient meeting locations. If schools are used as meeting space, it must be a school where no one in the group works. Other possibilities: clinician's office, public library conference room.

Confidentiality:

Confidentiality will be maintained within the group, as defined by the professional and legal standards of each discipline and Jeffco Public Schools.

Information shared within the group will not be shared outside of the group except for the following:

- Conflict of interest
- Danger to self & others
- Child abuse
CREDENTIALING PROCESS

1. Role Description and Time Commitment will be shared with pro bono clinicians through their agency representatives.

2. Agency representatives will screen and select the pro bono clinicians from their professions and submit to Norma in Kay Cessna's office. (Fax: 303-982-6653; Office Phone Number: 303-982-6698)

3. Norma will prepare lists by Cluster: times and dates of the week available. Individual groups will agree on specific locations.

4. Sign up sheets will be distributed on August 13 at the Special Education Inservice training. A later opportunity will be provided in each Cluster. No group will have more than two representatives from any one discipline. Best practice would be that group members do not work with each other on a daily basis in their professional role/assignment.

5. Sign up sheets will be available in Cluster I on August 16, Cluster II on August 17 and Cluster III on August 18.

6. Those who are unable to personally sign up, may register by calling Norma at 303-982-6698.
DESCRIPTION OF ROLE AND TIME CONSTRAINTS

➢ Name/Address/Phone Number/Office Location
➢ Professional Credential (Copy of License)
➢ Cluster locations/days of week, times (No., Central, So., Mtns.)

Role:

1. Facilitation of clinical consultation to support Jeffco staff members: nurses, counselors, social workers, psychologists.

2. Record attendance.

Commitment:

• 12-17 sessions of 1.5 hours
  (7 first semester, 1 to 2 per month - January-May)

• Travel: to/from site

• Attendance at:  
  Three Meetings (November, February, April) - 2 hours each, plus travel, to get/give feedback
  Orientation Session - 2 hours (plus travel) - One time
Dear Facilitator,

We appreciate your assistance in again completing this questionnaire which will help us assess if your expectations and readiness to serve as facilitators are the same now as at the onset of this experience, and if not, how it has changed. All identifying information will be eliminated from our data analysis in order to maintain your confidentiality. If you have any questions, please contact Dr. Karin Jordan at 303-556-2859.

Name: ___________________________ Date: ______________

Age: ___________ Gender: M F Ethnicity: ______________________

Years of Experience: ______ Title: __________________________ Degree: ____________

Supervisory Experience? YES NO Please explain: ______________________________

Please rate each question in the following section:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1. The group is meeting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>The participants’ needs</td>
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<td></td>
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<td></td>
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<tr>
<td>2. I feel that participants are</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>comfortable in this group</td>
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<tr>
<td>3. The group facilitator</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Trusts me</td>
<td></td>
<td></td>
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<tr>
<td>4. Group members feel that what they</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>say to the group is being respected</td>
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<tr>
<td>5. Group members feel valued</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>6. Group members value peers</td>
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</tbody>
</table>
17. Group members are unsure of the confidentiality of this group

<table>
<thead>
<tr>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

*Please rate each question in the following section.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am familiar with the school system structure</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I have worked in the school system</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I have been trained to deal with trauma (i.e. EMDR)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I have experience working with children</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I have experience working with adolescents</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. I have supervision experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. I sometimes felt overwhelmed in facilitating this group</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. In my clinical work, I operate from a systems perspective</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. I felt prepared to facilitate this group</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I expected this group to be resistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. I was concerned that I would not have all the answers the group needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
2. The group was primarily
   ___ a support group.
   ___ a resource group.
   ___ a personal growth group.
   ___ a griping/venting group.
   ___ a continuous education group.

3. Supervision has entailed
   ___ respect.
   ___ support.
   ___ boundaries.
   ___ need for protection
   ___ flexibility.
   ___ confidentiality.

4. School violence is the result of
   ___ television and VCRs
   ___ movies
   ___ modern music
   ___ today's families
   ___ other

Comments:
Summary of Disaster Response Task Force CCAPS/CPS  
February 26, 2001

Meetings were held weekly for one month: 9/12, 9/18, 9/25 and 10/2/2001  Then frequency decreased based on our assessment of need to 10/23, 11/27 and the summary meeting 2/26/2002.

We began with discussion and review of our own reactions, what were we observing in our practice and work environments in patient and staff, and in the community. We discussed a broad range of topics including needs of our membership, what we could do to support the NYC area psychiatrists and sensitivity to needs of our patients and community.

An action plan was developed and ideas were prioritized for action. Some of these areas are listed below:

1. Articles appeared in the local newspapers where psychiatrists from CPS/CCAPS were interviewed related to normal reactions to the trauma and coping.
2. Disaster Discussion groups were held for our membership on 10/27 and 12/15/2001. These groups were 2 hours long and provided support and discussion opportunities for members.
3. The CPS town meeting on 12/1/2001 included a discussion on coping with the disaster and responses, continued interventions.
4. Dr. Stern and Dr. Levy revised their presentation on “The Process of Recovery” to address the current situation. This was provided in powerpoint form and made available to CPS and CCAPS.
5. Dr. Stern and Dr. Levy gave a presentation for residents, and Dr. Stern gave two presentations at Children’s Hospital.
6. Dr. Puls gave a Child Grand Rounds on “Children and Terror” on 12/1/01.
7. Information was provided to members and residents on coping with disaster, reactions to trauma, useful articles were made available to members and trainees.
8. We increased our awareness of CISM and are trying to increase training.
9. Articles were published in the CPS and CCAPS newsletters.
10. Donations were sent by members to the NYC area adult and child DB’s.
11. Residents were identified as a group in need of additional support and training around issues related to trauma, disaster and coping

Areas which still need action:

1. Integrate CISM training into residency curriculum. Pursue funding, possibly through pharmaceutical companies.
2. Make CISM training available to CPS/CCAPS members: increase the number of psychiatrists trained.
3. Work with Joyce K. on project related to 9/11 anniversary
4. Continue to increase awareness of multicultural issues / needs
5. Distribution of “The Process of Recovery” Should there be a videotape made?
Colorado Psychiatric Society and
Colorado Child and Adolescent Psychiatric Society Disaster Response Plan
Please call 303-692-8783 for additional information. 8/99

1. Standing Joint Task Force should be maintained by CPS/CCAPS
2. Co-chairs to be president or president-elect (alternate may be appointed by each organization if president/president-elect unable to chair)
3. Task Force is not limited in size and all meetings are open to membership
4. Task Force reports to the Executive Council of CPS/Executive Committee of CCAPS

Task Force should meet ASAP or within 72 hours of a disaster
Co-chairs initiate the meeting. Members of CPS/CCAPS can request a meeting be convened.
• Participate in needs assessment of community
• Coordinate with state level/other mental health organizations regarding response
• Alert members to opportunities to aid in response
• Educate the membership regarding disaster and response
• Participate in efforts to provide educational resources to the community regarding emotional response to trauma
• Communicate with national organizations (APA/AACAP) regarding resources available

Committee should meet weekly after the “acute phase” of the disaster (at least one month)
• Continue efforts listed above

Committee should meet monthly after the acute phase has subsided and needs assessment/response continues (estimated 3 months)
• Focus on needs/responses specific to the disaster
• Review response of organizations
• Communicate with APA/AACAP regarding response/efficacy/resources
• Develop plan for ongoing organizational response/target areas to focus on

Committee should meet quarterly or every 6 months in the absence of disaster
• Maintain contact with local organizations related to disaster response
• Maintain contact with APA/AACAP committees on trauma and disaster and other relevant committees
• Maintain current list of members’ skills/availability with respect to disaster response efforts through mailings or update to directory
• Forward current lists of members available for disaster response to relevant state organizations
• Increase access to debriefing training for members. Continue to study the efficacy of debriefings and explore alternatives/additional interventions.
• Coordinate with other local mental health/medical organizations (CMS, AAP), work to increase membership/awareness of/involvement in disaster response task force CPS/CCAPS of psychiatrist in community mental health
CPS/CCAPS Disaster Response Task Force
9-12-01, UPDATE 10/2/01

1. Weekly DRT meetings
2. Colorado as a “vulnerable community” due to Columbine
3. Increased awareness of vulnerable populations, in addition to children: mentally ill, elderly, Muslim community
4. Impact of unparalleled media coverage
5. Coping with a sense of hopelessness / need for mastery
6. K. Kelsey is on the CMS Task force on violence prevention
7. J. Hagman is on the AACAP Disaster and Trauma Committee

Ideas:
1. Meetings for CPS / CCAPS members to address educational needs and support their work with patients.
   Discussion groups scheduled for Saturday, October 27th
2. Pressure on managed care to authorized treatment for those whose symptoms are exacerbated by this. (general issue of access to care issues made worse by MCO’s)
3. Consider trying to develop a story for the Post / News that discusses coping for different vulnerable populations as the crisis evolves.
4. Levy/ Stern presentation on grief and loss: adapt for current situation and format for PowerPoint, consider making available to APA or AACAP.
   Presentation adapted, converted to powerpoint, distributed to APA and AACAP. Dr. Stern gave a presentation at TCH 10/1/01.
   Consider other places to present.
5. Use List Serve for member to member communication and updates.
6. Partner with other MH organizations and Red Cross, etc re: response and outreach efforts
7. Educational outreach to PCP’s on PTSD and coping.
8. Encourage more members to get CISD training.
   Some members are signed up for the Oct 19-20 training.
   We are exploring scheduling a private training for CPS / CCAPS
   And will explore subsidizing cost if there is enough interest
   Will work with UCHSC psychiatry dept. to encourage residents to have CISM training.
9. Offer training opportunities for members who want to give the grief and loss presentation.
10. Collect donations to send to NYC child and adult psychiatric organizations to support their own response efforts.
    Donation opportunities made clear to members through mailings and e-mail
    Central office is collecting and sending checks on the NYC.
11. Issue of access to care: Return more calls, even if you aren’t able to take new patients, provide referrals and information on how to get managed care to cover tx. If they can’t locate in-network providers. Do what you can to increase access to your own practice. Could also give the psychol / or SW general number for referrals to non-MD’s. Barbara will see if there is a central source for those seeking therapists. Some members are doing this. While access to care remains a critical issue, Callers appreciate being able to get other phone numbers and not getting a voice mail rejection.

12. Work with APA / AACAP on national level response outreach efforts We have had regular contact with the national organizations and are distributing information they are sending to us, as well as sending them what we have generated. The APA web site has some very useful links.

13. Consider holding a CPS / CCAPS town meeting on a related theme. Town meeting scheduled for December 1st.

14. List drafted of “15 things you can do” related to the September 11th event. The list will be published in the CPS and CCAPS newsletters

15. Information is being provided for the adult and child residents on responding to the event and working with their patients. We may provide special lecture or discussion opportunities.

16. Outreach is being explored to medical students as well.
What can you do to be helpful and make a difference during this time of uncertainty, loss and stress for the nation?

From the CPS / CCAPS Disaster Response Task Force
September 25, 2001

1. Take care of yourself; be aware and modulate your own responses.
2. Be more aware of how those around you are coping. Check-in, and be supportive
3. Sign up to take Critical Incident Stress Management Training so you can be part of the response to disasters.
4. Return calls to individuals seeking care, even if your practice is closed to new patients. Offer referrals to other providers and remind them that their MCO is required to provide care with an out of network provider if they are unable to locate an in-network provider. Just getting a human voice is helpful when you are seeking care.
5. Donate money to the New York psychiatric and child psychiatric societies to help with their disaster response efforts.
6. Become familiar with the CCAPS / CPS presentation on “The Process of Recovery”. Consider giving the presentation in your community, or for an organization.
7. Organize a small group of colleagues to discuss how they and their practice has been impacted.
8. Provide hand-outs in your office that patients may find helpful on coping with disaster
9. Reach out on a personal or professional basis to threatened ethnic minorities in your community, both individuals and groups.
10. Limit your own media exposure and encourage others to do the same.
11. Educate yourself on relevant issues like trauma, grief, bullying and hate.
12. Reflect on the positive things that are happening; the national and international efforts of support and help, people coming together, increased awareness of others.
13. Eat, Sleep, Exercise, Nurture and seek Nurturing.
14. Connect with friends, family and neighbors
15. Practice, take note and celebrate random acts of kindness.
Disaster Response Task Force Report
Dec. 1, 2001
CPS Town Meeting

Task force formed immediately after Columbine.
Started meeting again on September 12th
Met weekly for 5 weeks, now monthly.

Generated a list of areas of concern and potential focus
Defined scope / goal of task force:
- Understand and the concerns and needs of members
- Discuss and monitor response and needs of psychiatric patients / community

Initial list 2 pages long, chose several areas of focus:
1. Donations to NYC DB and child organization to assist with outreach efforts
2. Adapted “the process of recovery” by Mary Ann Levy and Harriet Stern.
   Presentations have been given, regular and powerpoint versions given to APA
   and AACAP and posted on national websites.
3. Initiated ongoing discussion of the responses in our patients and overall MH
   needs of patients and the community based on what we are seeing in our clinical
   practices.
4. Several articles in Denver Post and RMN with CPS /CCAPS members
   interviewed regarding mental health aspects of disaster and trauma.
5. Distributed educational materials / good websites
6. Discussion of educational needs / opportunities for residents
7. Focused on encouraging more members to become CISM trained, discussion of
   providing CPS sponsored CISM training, seeking funding.
8. Generated a list of “what you can do” and published in newsletters
9. Set up Disaster Discussion Groups (first one held October 27, next one scheduled
    for December 15th. 9-11 at University North Pavilion)
10. Town meeting
CPS/CCAPS
Disaster Task Force Update

During a brainstorming session of the CPS/CCAPS Disaster Task Force, the group generated this list of ways to channel our energies. We reprint it here to share with all of our members.

What can you do to be helpful and make a difference during this time of uncertainty, loss, and stress for the nation?

1. Take care of yourself, be aware and modulate your own responses.

2. Be more aware of how those around you are coping. Check-in and be supportive.

3. Sign up to take Critical Incident Stress Management Training so you can be part of the response to disasters.

4. Return calls to individuals seeking care, even if your practice is closed to new patients. Offer referrals to other providers and remind them that their MCO is required to provide care with an out-of-network provider if they are unable to locate an in-network provider. Just getting a human voice is helpful when you are seeking care.

5. Donate money to the New York psychiatric and child psychiatric societies to help with their disaster response efforts.

6. Become familiar with the CCAPS/CPS presentation on "The Process of Recovery." Consider giving the presentation in your community, or for an organization.

7. Organize a small group of colleagues to discuss how their practice has been impacted.

8. Provide handouts in your office that patients may find helpful on coping with disaster.

9. Reach out on a personal or professional basis to threatened ethnic minorities in your community, both individuals and groups.

10. Limit your own media exposure and encourage others to do the same.

11. Educate yourself on relevant issues like trauma, grief, bullying, and hate.

12. Reflect on the positive things that are happening; the national and international efforts of support and help, people coming together, increased awareness of others.

13. Eat, Sleep, Exercise, and Nurture.

14. Connect with friends, family, and neighbors.

15. Practice and take note of random acts of kindness.

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Disaster Support Meeting
December 15, 2001
Saturday
9:00 a.m. - 11:00 a.m.

University North Pavilion
4455 E. 12th Avenue, Denver
Rooms #129, #130, and #150

All are welcome to attend this informal gathering. The Task Force had a support meeting of a similar nature on Saturday, October 27th.

It was helpful to all present as each person was able to express his or her feelings, concerns, and experiences during these traumatic times.

If you wish to attend, please call the CCAPS office at 303-692-8783 so that we may keep a count.
Critical Stress Management Training
by Jennifer Hagman, M.D.
and Harriet Stern, M.D.
Both of the authors are CCAPS Past Presidents and work at The Children's Hospital, Denver

We received Critical Incident Stress Management (CISM) training (basic) the weekend of October 19-20 and found it to be an exciting and refreshing approach to mitigating and alleviating possible long-term sequelae of trauma. In view of current, and possible future events affecting our community, nation and world, we feel that psychiatrists should strongly consider pursuing it.

The training was given by Nancy Rich, L.P.C. and Pat Tritt, R.N., in association with HealthOne, and cost $130. This model of CISM is widely used to support individuals who are exposed to "critical incidents," or events which have the potential to engender a crisis response. Those with a high risk of such exposure include paramedics, police, firefighters, and hospital personnel. However, a critical incident can happen to anyone. Examples include: the suicide of a colleague, friend or family member, line of duty death or serious injury; any death in the workplace, and disaster or multiple causality incidents.

The training hours were 8 a.m. to 5 p.m. for two days. The course was conducted in a highly interactive manner with many case vignettes to illustrate points; video and audio tapes of actual events and responses; role playing and frequent breaks. CISM consists of a set of core interventions including: demobilization, defusion and debriefing. While debriefing is most widely recognized, demobilization and defusion are equally important. Each has specific components, time frames and goals. The goal of CISM is to help the individual return to his or her normal level of functioning as quickly as possible after a traumatic event, and to prevent the development of more serious related symptoms. It is a multi-component crisis intervention system appropriate for schools, businesses, industry and communities. An important part of CISM is providing information about the crisis/stress response.

The importance of having a team of CISM trained "responders," especially in the face of large scale disasters, is that individuals who have not worked together before will still be able to work in the same framework with groups of people and individuals. The standard format for CISM is for teams to be carefully developed, to train and practice together and to function as a resource for their region or facility. It is the unusual situation (Oklahoma City, Columbine, New York City/Washington, D.C.) that requires coordination of large numbers of diverse individuals to respond to the emotional needs of a population. CISM teams are made up of 1/3 mental health professionals and 2/3 peer responders, who are often from police, fire, or medical arenas. The peer responders are vital, as their presence helps facilitate the process and understanding felt by someone who has "worked in their role" or in a similar way.

Taking CISM training is somewhat like being trained in CPR. You may hope that you never need to apply the skills learned, but will be glad that you are trained if a situation arises requiring the skills. It is important for psychiatrists to be prepared to respond to the needs of our communities. CISM training is one way that you may be able to help. The next basic CISM course in Denver is April 25-26, 2002. You can also find good information by logging onto the International Critical Incident Stress Foundation website at www.icisf.org.

If you have any questions, please contact the authors directly at their e-mail addresses: hagman.jennifer@tchden.org or stern.harriet@tchden.org.
1. There should be a standing task force, with a chair and co-chair.
2. Task force meetings should be open to department members who want to attend.
3. The task force should report to the Department Chair and Executive committee

The Task force should meet ASAP or within 72 hours of a disaster or community based traumatic event. Co-chairs should initiate the meeting.

- Participate in a needs assessment of the community
- Coordinate with state level / other mental health organizations regarding response
- Alert department members to opportunities to aid in response.
- Educate department about specific responses to the disaster / traumatic event.
- Participate in efforts to provide educational resources to the community regarding emotional response to trauma.
- Communicate with national organizations (i.e. AACAP, etc) regarding resources available.

Depending on the scope and impact of the event, the task force should meet weekly after the “acute phase” of the event for at least one month.

- After the acute phase / or first month, the task force should meet monthly as the needs assessment / response continues (estimated 3 months)
- Focus on needs / responses to the specific disaster
- Review response of organizations
- Develop plan for ongoing organizational response / target areas to focus on.

Task force should meet quarterly or every 6 months in the absence of a disaster / community based traumatic event.

- Maintain contact with local organizations related to disaster response
- Maintain contact with professional organizations on trauma and disaster.
- Maintain a current list of department members skills / availability with respect to disaster response efforts.
- Increase training in the department on disaster response
- Continue to study the efficacy of interventions and approaches to disaster response.
- Coordinate with other local mental health / medical organizations to increase awareness / involvement in disaster response in the state.
For Immediate Release:
Elizabeth Whitehead
Phone: 720-777-6388
Cell: 303-775-6601
Pager: 303-890-8314

Tips on How to Comfort Your Children after a School Shooting
Provided by The Children’s Hospital

DENVER (February 25, 2010) – In light of the recent shooting at Deer Creek Middle School in Littleton, CO, pediatric behavioral health experts at The Children’s Hospital have provided tips for parents on talking with their kids after a crisis.

Increase parental availability. Parents should be accessible to their kids physically and emotionally. Kids are likely to be scared and anxious in the aftermath of a crisis, and they may identify with the victims. Nurturing and supportive parents provide a safe space for children to vent their emotions.

Decrease media availability. Kids don’t understand the process behind a story they see on the news. Every time they see coverage of the crisis, they perceive it as happening again. Parents should be sensitive to this and limit the amount of crisis-related media their kids can access.

Display stability. Kids will look to their parents for cues on how to react to a crisis. If parents are anxious, particularly about their child returning to school after a shooting, the children are likely to be nervous as well. Parents should project stability and calmness in relation to the event.

Be open to kids’ fears. After a crisis, kids are most likely to fear the possibility of fear returning. They are less afraid of the event happening again than they are of re-experiencing the anxiety of that day. Kids need to tell their story, so parents should give them plenty of time and space to do so.

Be prepared for questions. Many of the questions kids ask will be difficult, if not impossible to answer. Parents should explain that a school shooting is a random event and discuss steps the school will take to ensure students’ safety. Remind kids that the teachers are there to protect them.

If you would like more information or are interested in interviewing a pediatric behavioral health expert, please contact the Media Relations Department at The Children’s Hospital.
Supporting Quote:
“Trauma-focused behavioral therapists have shown that kids are really afraid of their fear returning,” said Dr. Jeffrey Dolgan, Senior Psychologist in Behavioral Health at The Children’s Hospital. “They aren’t afraid of rifles, strangers, or even police cars patrolling around the school. They’re afraid of feeling that scared again.”

Supporting Resources:
Homepage: www.thechildrenshospital.org
Facebook: http://www.facebook.com/thechildrenshospital
Twitter: @childrensdenver
Link to additional information:
http://www.thechildrenshospital.org/wellness/info/parents/21726.aspx

About The Children’s Hospital
The Children’s Hospital has defined and delivered pediatric healthcare excellence for more than 100 years. Founded in 1908, The Children’s Hospital is a leading pediatric network entirely devoted to the health and wellbeing of children. Continually recognized as one of the nation’s outstanding hospitals by U.S. News & World Report, The Children’s Hospital is known both for its nationally and internationally recognized medical, research and education programs as well as the full spectrum of everyday care for kids throughout Colorado and surrounding states. With more than 1,000 healthcare professionals representing the full spectrum of pediatric specialties, The Children’s Hospital network of care includes its main campus, sixteen Children’s Care Centers and more than 400 outreach clinics. For more information, visit www.thechildrenshospital.org.

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