

DOCUMENT RESUME

ED 474 713

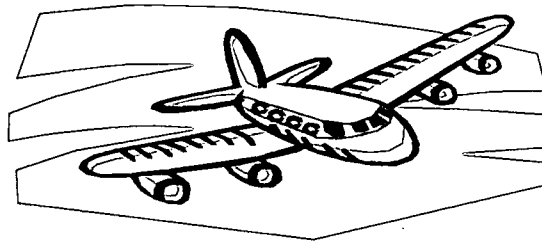
CG 032 312

AUTHOR Tramonte, Michael R.
TITLE Aviation Disaster Intervention: A Mental Health Volunteer's Experience.
PUB DATE 2003-04-00
NOTE 21p.; Paper presented at the National Association of School Psychologists' Convention (35th, Toronto, ON, Canada, April 8-12, 2003).
PUB TYPE Opinion Papers (120) -- Speeches/Meeting Papers (150)
EDRS PRICE EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS *Counseling Techniques; *Crisis Intervention; *Emergency Programs; *Mental Health
IDENTIFIERS *Aircraft Disasters; Disaster Planning

ABSTRACT

The goals of this presentation were to help mental health professionals learn more about intervening in aviation disasters, learn about the uniqueness of disaster mental health, and share the presenter's mental health disaster experiences as they relate to aviation disasters. Survivors' emotional phases during the disaster recovery process are highlighted, as are mental health concept differences from non-disaster mental health. (Contains 11 references.) (GCP)

Reproductions supplied by EDRS are the best that can be made
from the original document.



NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS' CONVENTION
Toronto, Ontario, Canada
April 11, 2003

**Aviation Disaster Intervention:
A Mental Health Volunteer's Experience**

by

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND
DISSEMINATE THIS MATERIAL HAS
BEEN GRANTED BY

M. TRAMONTE

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

1

Michael R. Tramonte, Ed.D., NCSP
Associate Professor in Education
Rivier College
Nashua, New Hampshire 03060
(603) 897-8487 (Direct)
(603) 888-1311 #8487 (Switchboard)
e-mail (mtramonte@rivier.edu)
fax-(603)897-8887

and

Retired School Psychologist
Lowell Public Schools
Lowell, Massachusetts 01852

and

Adjunct Instructor in Psychology
Middlesex Community College
Bedford, Massachusetts 01730

TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
○ Title Page	1
○ Table of Contents	2
○ Goals of This Workshop	4
○ Professional Experiences of the Workshop Presenter	4
○ Definition of Disaster	4
○ Disaster Classifications	5
○ Anatomy of a Disaster	5
○ Eight Time Phases of a Disaster	5
○ Four Survivor Emotional Phases During the Disaster Recovery Process	6
○ Fourteen Mental Health Concept Differences From Non-Disaster Mental Health	6
○ Six Goals of Disaster Mental Health	8
○ Differences Between Airline and Other Disasters	8
○ Some Causes of Aircraft Accidents	10
○ Other Causes of Air Disasters	11
○ Disaster Relief: Aviation Incident Response Orientation	11
○ Some Experiences From the 2000 Logan Airport Aviation Drill and the 2000 Aviation Incident Training Experienced By This Workshop Presenter	15
○ Some Experiences of the Workshop Presenter Who Assisted at the Egyptair Disaster	16

TABLE OF CONTENTS (2)

<u>Topic</u>	<u>Page</u>
○ Some Experiences of the Workshop Presenter Who Helped at the World Trade Center (WTC) Terrorist Disaster	17
○ My Adjustment at Home	19
○ Bibliography	20

➤ **Goals of This Workshop**

- Learn More About Intervening in Aviation Disasters
- Learn About DMH Uniqueness
- Learn About the Presenter's Mental Health's Disaster Experiences
As They Relate to Aircraft Information Shared in This Paper
- Consider Becoming a Disaster Volunteer
- Learn About Self

➤ **Professional Experiences of the Workshop Presenter**

- Retired School Psychologist With 28 Years Experience
 - ⊗ Crisis intervention experiences include helping students, school staff, and relatives of the deceased after homicides, suicides, and accidental deaths.
- American Red Cross Disaster Mental Health Volunteer since 1999
 - ⊗ Disaster experiences include helping survivors/victims, relatives, and Red Cross workers after tornadoes, wildfires, floods, airline catastrophes, workplace shootings, and fires.

➤ **Definition of Disaster** - (FEMA, Pub. 229 (4), November 1995, p. 1).

- Natural Catastrophe – A disaster is typically natural. It can also be caused by humans (added by workshop presenter).
- Damage of Sufficient Severity – There must be significant damage to warrant outside assistance.
- Requires Federal Government. Supplementary Assistance – Because the disaster is so severe, it requires federal assistance.

- Alleviates Damage, Loss, Hardship, Suffering – The federal intervention lessens the impact of the disaster.

➤ **Disaster Classifications**

- A Three-Fold Category (National Center for PTSD, 2001)
 - natural - earthquakes, floods, hurricanes, tornadoes, wildfires
 - technological - chemical, explosions, fires, toxic spills, transport accidents
 - criminal - arson, gang violence, riots, mass killings, terrorist acts
- A Two-Fold Grouping (Young, 1994)
 - cause: - natural, industrial, or human, such as school shootings and terrorism
 - elements: - earth, air, fire, water, and people

➤ **Anatomy of a Disaster** – (Parad et al (1975, pp. 6-7)

- A Precipitating Event – a trigger stressor
- Perception of the Event – victim/survivor’s appraisal and interpretation
- Response to the Event – the crisis state
- Resolution of the Problem(s) - coping toward recovery

➤ **Eight Time Phases of a Disaster** – Farberow and Gordon (1981, p. 3)

- Pre-disaster - initial and distant warning of a disaster
- Alarm - concrete warning
- Threat - assessment of degree of real danger
- Impact - the disaster strikes
- Inventory - surveying the damage

- Rescue – victims/survivors are helped/saved
- Remedy - large-scale relief efforts
- Restoration - recovery
- **Four Survivor Emotional Phases During the Disaster Recovery Process** –
(Farberow and Gordon, 1981, pp. 3-4).
 - Heroic – This is the survival and immediate phase; the community works together. This stage can last up to two weeks.
 - Honeymoon –Promised government and communal agencies’ assistance encourage the survivors. This phase can extend from two weeks to two months after the disaster.
 - Disillusionment – This refers to the “Second Disaster;” promised assistance is slow or nonexistent. This stage can last months to a year or more.
 - Reconstruction – The community works together to rebuild. This phase can last several years.
- **Fourteen Disaster Mental Health (DMH) Concept Differences From Non-Disaster Mental Health** – (Center for Mental Health Services (CMHS)-formerly (National Institute of Mental Health-NIMH)-compiled by Myers (1994, pp. 1-2)
 - All are affected – No one who sees a disaster is untouched by it.
 - Individual and Collective Trauma – Trauma affects the individual as well as the bonds connecting people together.
 - Survivors Pull Together – At first, there is energy, optimism, and altruism; later, the survivors’ effectiveness is diminished.
 - Survivors’ Normal Reactions to Abnormal Situation – A mental health

worker assumes that most reactions to a critical situation are normal.

- Reactions to Problems of Living – Survivors’ problems are immediate and practical in nature.
- Relief: The Second Disaster – Waiting for bureaucratic assistance is hampered by red tape, hassles, delays, and disappointment.
- Survivors’ May Avoid DMH Services – Since their focus is on basic needs, many survivors do not see themselves as needing mental health services.
- Survivors May Reject All Disaster Assistance – Survivors are busy cleaning up and completing other concrete demands and may underestimate their losses and resources.
- DMH More Practical Than Psychological – Initially, mental health workers provide practical and survival intervention to help survivors solve problems.
- DMH Tailored to the Community – The demographics and culture of the community must be considered as well as the appropriate DMH intervention.
- Outreach & Avoidance of Labeling – Mental health workers reach out to victims/survivors wherever they are.
- Helpers and Compassionate Presence- Empathic mental health workers provide safety and trust for helping survivors tell their stories.
- Interventions Related to Disaster Phase – The mental health interventions must be attuned to the stage of the disaster.
- Support Systems Are Very Crucial – The most important support group for individuals is the family.

- **Six Goals of Disaster Mental Health (DMH)** – National Center for PTSD (2001)
 - **Protect:** - Help preserve survivors' and workers' safety, privacy, health and self-esteem.
 - **Direct:** - Get victims/survivors where they belong, help them to organize, prioritize, and plan.
 - **Connect:** - Help victims/survivors communicate supportively with family, peers, and resources.
 - **Detect:** - Screen, triage, and provide crisis care to persons at-risk for severe problems.
 - **Select:** - Refer victims/survivors to health, spiritual, mental health, or social financial services.
 - **Validate:** - Use formal and informal educational opportunities to affirm the normalcy and value of each victim/survivor's reactions, concerns, ways of coping, and goals for future.

- **Differences Between Airline and Other Disasters** (Butcher & Hatcher (1988, pp. 724-725) & Butcher & Dunn (1989, pp. 89-90)
 - **Sudden and unexpected** – The disaster is unforeseen.
 - **Little warning, and if recognized, helpless to avert it** – The disaster happens quickly.
 - **Impact phase may be brief compared to natural disasters** – Unlike some natural disasters where there may be a warning, airline disasters impact swiftly.

- Innumerable fatalities – Deaths and injuries can be in the hundreds.
- Incredible human carnage – There can be mass deaths all around.
- Bodies typically not found – Bodies are usually destroyed in the disaster.
- Scattered human remains of what is located – Some body parts may be found.
- Extensive destruction to property and environment as well as fire – Besides human deaths, there are significant property and environmental damages with fire.
- Bits of remaining personal possessions – Passengers' material possessions are scattered.
- Victims/survivors are among strangers – Passengers are strangers in an airplane and connected interpersonally only by being passengers.
- Victims/survivors are far away from familiar settings – The airplane disaster occurs at a location far from the passengers' homes.
- Lack of community – The passengers are all individuals and have no emotional bonds with the others in the airplane.
- Victims/survivors are not residents of the impact community – The passengers are not residents of the impact community.
- Traumatic reactions by both victims as well as emergency and relief workers – Everyone who is involved at the scene experiences trauma reactions.
- If survived, may return home without resolving immediate feelings – By rushing home, survivors may lose a support system by not sharing their experience with other survivors.
- Interference from media – The media enters the scene and asks questions and

takes photographs.

- Human responsibility is often cited as cause – A human caused airplane disaster is common and causes more stress on victims/survivors/relatives than a natural disaster.
 - Families of victims are barraged by unwanted media and lawyers seeking litigation – Outsiders intrude in the lives of the victims/survivors who are trying to cope with their trauma emotional reactions.
 - Survivors or relatives live with a mortality stressor (fear of injury or death) – Fear of death may be a common reaction of survivors and/or relatives.
 - Little or no closure – With no bodies, there is little closure for the relatives.
 - Survivor guilt – Anyone who survived the disaster may experience guilt for surviving.
 - Unlike other disasters such as hurricanes, there is no season for airplane disasters – Airplane disasters can happen anytime.
- **Some Causes of Air Disasters** -(Butcher & Dunn, 1989, pp. 87-88)
- Increased air traffic – There is more and more air traffic today.
 - Air traffic control problems – Difficulties may occur at the airport's tower.
 - Failures in crew coordination – Personnel may not be in tune with one another.
 - Economic pressures on airlines – Lack of money can cause airlines to take short cuts.
 - Pilot error (most common) – This is the human element of disaster causation.

➤ **Other Causes of Air Disasters**

- Faulty material design and/or failure – The airplane may be designed imperfectly.
- Icing – Ice can cause airplane accidents.
- Darkness – With no light, it may be difficult to pilot at times.
- Airport or Terrain – There may be airport or terrain aspects that may cause accidents.
- Bird Hazards – Birds may get into parts of the outside of the plane to cause a problem and accident.
- Sabotage and Terrorism – Humans may deliberately cause a disaster.
- Undetermined – Airplane disasters may have no known cause.
- Other – These are disasters whose causes are not included above.

➤ **Disaster Relief: Aviation Incident Response Orientation** - (The following is quoted from an American Red Cross 2000 brochure).

- The Aviation Disaster Family Assistance Act of 1996 authorizes the American Red Cross to “coordinate the emotional care and support of the families or passengers involved in an aviation disaster,” (p. 1).
- During and after an aviation disaster, the following three layers of security are set up for access to the area (p. 5).
 - Level I (unrestricted sites) – “Includes headquarters, staff processing center, warehouse and kitchen. There is usually no need for photographic identification at these sites.”
 - Level II (restricted access) – “Includes recovery/crash site and family

assistance center.” “Identification is provided only to those staff whose work requires access to a restricted area.” Photographs, names of workers, and access levels are on the identification badges.

- Level III (highly restricted access) – “Includes morgue, incident command post, reconstruction site.” “Identification is provided only to those staff whose work requires access to a restricted area.” These are the same as Level II badges but with “highly restricted access” added.
- **Responsibilities of the Government and Other Agencies** (Besides local and state response, there are seven lead agencies that are responsible for aviation disaster response). “The first four are activated immediately while the fifth through seventh are activated based on the nature and scope of the aviation disaster”(p. 6). They work separately but also together as a team. They include:
 - The National Transportation Safety Board (NTSB) – “This agency coordinates integration of resources of federal government and other organizations to support efforts of local and state government and the airline to meet the needs of aviation disaster victims and their families” (p. 7). It is the principal agency that investigates every civil aviation accident in the United States. It provides daily briefings. The Safety Board determines the probable cause of the accident.”
(http://www.nts.gov/Abt_NTSB/history.htm)
 - Affected Airline(s) – “The airline will verify the names of passengers and crew members on board the flight and begin the process of

notifying family members” (p. 8). The airline will also provide family assistance through crisis response and by helping survivors and family members with travel and hotel arrangements. The airline as well will provide a safe and private area for the survivors and families to gather.

- American Red Cross (ARC) – “The Red Cross will coordinate the emotional care and support needed by the families and provide crisis and grief counseling to survivors and family members at the crash site and for those not at the crash site as well.” “The Red Cross will also arrange an interfaith memorial service following the crash.” “The Red Cross will work in close collaboration with government officials to provide services, information and other assistance to victims and survivors of disasters.” The Red Cross will work with “the Church of the Brethren to provide childcare services for aviation disasters” (p. 9).
- Spiritual Aviation Incident Response (SAIR) – “Spiritual care will be needed within the first few hours following an aviation disaster” (p. 10) as well as throughout the disaster response.
- Department of Health and Human Services (DHHS) – This agency “provides disaster mortuary team members as necessary to assist the local medical examiner in victim identification and mortuary services. They may ask family members and survivors to obtain dental records, x-rays, and other relevant information to help with positive identification of passengers” (p. 10).

- Department of State (DOS) – Family Assistance/Consular Services -
“The Department of State notifies foreign governments when their citizens are affected by an air disaster within the United States, assists the families of foreign victims, and arrange translation services and when possible, expediting visa entry documents for travel to the United States” (p. 11).
- Federal Emergency Management Agency (FEMA) – Communications.
This independent agency “is tasked with responding to, planning for, recovering from and mitigating against disaster.” “Its mission is to lead America to prepare for, prevent, respond to, and recover from disaster.” (<http://www.fema.gov/about/history.shtm>).
- Department of Justice (DOJ) – Criminal Investigation – “The Federal Bureau of Investigation (FBI), an agency of the Department of Justice, responds to all accidents. If there is a probable cause to believe that the crash was caused by criminal activity or terrorism, the FBI will lead the investigation in an effort to uncover evidence and identify the perpetrators of this violent crime” (p. 11). The disaster site becomes a crime scene. It is a criminal act to remove anything (e.g., souvenirs) from the disaster site. No video, photographic pictures and audio recordings are allowed at the site.

➤ **Some Experiences From the 2000 Logan Airport Aviation Drill and the 2000 Aviation Incident Training Experienced By This Workshop Presenter**

- With a team, I was assigned to the Family Assistance Center (FAC) hotel parking lot to be ready for the debris and bodies of the simulated airline disaster.
- I greeted family and relatives (college students who role-played) at the FAC lobby and escorted them to the Family Assistance Room.
- I communicated with a hotel guest who thought the drill was real.
- I interacted with a relative who was resistive and refused to communicate.
- I spent some time talking with a male relative who questioned angrily why God allowed the tragedy to happen. He was distressed. I later referred him to a chaplain, a team member.
- I escorted six relatives to the Ante-Mortem room where one of them asked me to sit next to him as he answered numerous questions about his deceased relative.

Some Lessons I Learned

- “Prepare for the worse, Hope for the best”
- Be aware of the aviation phases of search and rescue as well as recovery
- Understand that identification of victims includes numerous types of physical/body evidence
- Realize that the airline will share victim information when appropriate as well as the designated location for arriving family members

- Be aware that several areas are set up in a Family Assistance Center such as Family, Quiet, Spiritual, Briefing, and Ante-mortem rooms
 - Recognize that some Red Cross Services include the crash/recovery site, Family Access Center, memorial service, disaster site visits for family, and outreach to families.
 - Understand that victims react intensely to preventable disasters and even may project anger at God
 - Remember that all individuals who help at the disaster as well as all airline staff and relatives and friends of the deceased are at risk
 - Be aware that mental health workers need multiple skills
 - Be ready to normalize, and do not pathologize
 - Understand grief's cultural differences
 - Recognize that you are a team member
- **Some Experiences of the Workshop Presenter Who Assisted at the Egyptair Disaster**
- I was assigned to the Family Assistance Center (FAC) hotel and had American Red Cross (ARC) ID access for the FAC.
 - Some other of my experiences: I escorted Egyptians to buses, to the site where the remains of the airplane and relatives' belongings were housed, to the Interfaith Memorial Service where we formed a Corridor of Honor for the family and relatives, and to medical staff where needed. Also, I participated in outreach outside of the Family Assistance Center.

- In addition, I as well as others attended Family and Relative Debriefings for a time and received Orientation on Islam from One of Its Adherers.

Some Lessons I Learned:

- Do not intrude on the family and relatives
- Maintain a compassionate presence
- Be aware and sensitive to cultural influences and differences
- Be cognizant of the power of nonverbal communication
- Recognize the strong effect religion has in helping others cope with tragedy
(Spiritual rooms were set up)
- Recognize the importance of closure for families and relatives
- Remember that a disaster may stimulate relatives of victims of past airline crashes to come to the current site to discuss their feelings
- Make sure everyone in the daily ARC information up-date room belongs there

➤ **Some Experiences of the Workshop Presenter Who Helped at the
World Trade Center (WTC) Terrorist Disaster**

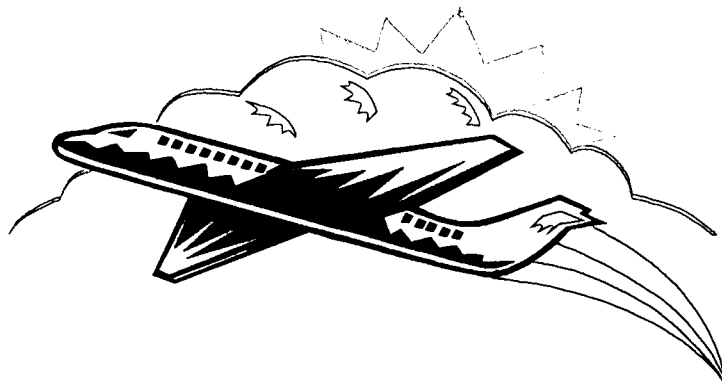
- I escorted families of deceased firefighters to Ground Zero where I had ARC ID access
- I was assigned to various high-rise apartment buildings near ground zero and had to wear a mask going to and from there
- I helped witnesses, relatives of the victims, survivors who were in the World Trade Center, parents of children who needed help, employers who lost their businesses and who lost some employees through death, and Red Cross workers

- I also distributed teddy bears and asked recipients to name them
- I intervened with employers whose businesses were destroyed and whose employees died
- I communicated with residents who searched for other tenants who haven't been seen since the terrorist attack
- I helped numerous individuals who were eager to tell their stories
- I met many residents who displayed Acute Traumatic Stress symptoms
- I learned that some neighborhood residents felt uneasy about the police and national guard who were stationed at all entrances
- I discovered several victims who were worried about more terrorists attacks
- I located some victims who had no support system

Some Lessons I Learned

- Take care of yourself as well
- Take breaks and move away from your helping setting
- Share your thoughts, feelings, and frustrations with another
- Allow time for some relaxing activities
- Seek help from chiropractic intervention to reduce bodily stress symptoms
- Participate in debriefings
- Eat nutritiously, sleep restfully, drink a lot of water, and exercise
- Be aware that helping at airline disasters may trigger some fears about future airline travel
- Realize that assisting at a site where numerous deaths have occurred may stimulate more consciousness about death

- Remember the importance of disaster site visits for family and relatives
 - Be aware of the power of transitional objects (stuffed animals) in the healing process
 - Understand that the attack was a wake-up-call to cherish family, friends, and life
 - Realize that the human-caused disaster was the worst of times (terrorist attack) and the best of times (thousands of heroes and volunteers)
 - Understand that the security of invulnerability has changed to the insecurity of vulnerability
 - Be aware of the need for new security measures that once seemed unthinkable
- **My Adjustment at Home:**
- After arrival home, I experienced several medical problems: conjunctivitis, exacerbation of GERD, high blood pressure, sinusitis, sore throat, nose problem, crying, and memory problems. They all improved in time with medical intervention and with opportunities to share my thoughts, feelings, and experiences with others.



BIBLIOGRAPHY

- American Red Cross (1993, February). Phases of disaster recovery. In *Disaster mental health services I: Participant's attachments* (Attachment 17, ARC 3077-1A). Washington, DC: Author.
- American Red Cross (2000, August). *Disaster relief: Aviation incident response orientation.*
- Butcher, J. N. & Dunn, L. A. (1989). Human responses and treatment needs in airline disasters. In R. Gist & B. Lubin, (Eds.), *Psychosocial aspects of disaster* (pp. 86-119). New York: John Wiley & Sons, Inc.
- Butcher, J. N. & Hatcher, C. (1988). The neglected entity in air disaster planning. *American psychologist*, 43(9), 724-729.
- Farberow, N. L. & Gordon, N. S. (1981). *Manual for child health workers in major disasters* (DHHS Publication No. ADM 81-1070). Rockville, MD: Center for Mental Health Services (CMHS) formerly National Institute of Mental Health (NIMH).
- FEMA (2001). <http://www.fema.gov/about/history.shtm>
- FEMA (1995, November). Publication 229 (4), p. 1
- Myers, D. (1994). *Disaster response and recovery: A handbook for mental health professionals.* Washington, D.C: U.S. National Institute of Mental Health (NIMH).
- National Center for PTSD (2001). *Helping survivors in the wake of disaster: At the disaster site or in shelters/relief centers.* www.ncptsd.org.
- Parad, H. J., Resnik, H. L. P., Ruben, H. L., Zusman, J., & Ruben, D. D. (1975). Crisis intervention and emergency health care: Concepts and principles. In H. L. P. Resnik, H. L. Ruben, & D. D. Ruben (Eds.), *Emergency psychiatric care: The management of mental health crises* (pp. 1-21). Bowie, MD: The Charles Press.
- Young, M. (1994). *The community crisis response team-training manual.* Washington, DC: Office for Victims Assistance (NOVA).



U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)



REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Aviation Disaster Intervention; A Mental Health Volunteer's Experience	
Author(s): Michael R. Tramonte	
Corporate Source: National Association of School Psychologists - Convention	Publication Date: April 11, 2003

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to each document.

If permission is granted to reproduce and disseminate the identified documents, please CHECK ONE of the following three options and sign at the bottom of the page.

The sample sticker shown below will be affixed to all Level 1 documents

The sample sticker shown below will be affixed to all Level 2A documents

The sample sticker shown below will be affixed to all Level 2B documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Level 1



Level 2A



Level 2B



Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) and paper copy.

Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only

Check here for Level 2B release, permitting reproduction and dissemination in microfiche only

Documents will be processed as indicated provided reproduction quality permits. If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate these documents as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, → please

Signature: Michael R. Tramonte	Printed Name/Position/Title: Associate Professor of Education	
Organization/Address: Rivier College, Main St., Nashua, NH 03060	Telephone: (603) 897-8487	FAX: (603) 897-8887
	E-Mail Address: mtramonte@rivier.edu	Date: 4/21/03

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, or, if you wish ERIC to cite the availability of these documents from another source, please provide the following information regarding the availability of these documents. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:
Address:
Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:
Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse: **ERIC Counseling & Student Services
University of North Carolina at Greensboro
201 Ferguson Building
PO Box 26171
Greensboro, NC 27402-6171**