



INSIDE:

Resiliency at Its Best	1
The Task of Advancing Forward	1
Lessons of Life Learned with CISM	2
The Five "F"s of Healthy Coping	3
A Symbolic Critical Incident Stress Debriefing	3
From the Hotline Coordinator	4
ICISF Courses in the Philippines	4
Crisis Intervention Teams in First Nation Communities	5
The Development of CISM in MD	5
Shining Star Program	6
Awards and Scholarships	7
From The AI Department	8
13th World Congress	10
Dangers & Pitfalls of Self Deployment	16

LifeNet

Is a publication of the
International Critical Incident
Stress Foundation, Inc.

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

3290 Pine Orchard Lane
Suite 106
Ellicott City, MD 21042
Tel: (410) 750-9600
Fax: (410) 750-9601
Emergency:(410) 313-2473
Website: www.icisf.org

RESILIENCY AT ITS BEST

By Mindy Albright, CCRC - ICISF Member and Approved Instructor

April 15th 2013 was a day I will never forget. I was in Boston teaching at Regis College, a sunny spring day and our class was going well until phones started resounding alerts, mine included. Something horrible had happened.

It was 2:49 pm, two pressure cooker bombs hidden in backpacks exploded within 13 seconds of each other, sending shrapnel tearing through the packed crowd near the Boston Marathon's finish line on Boylston Street.

Immediately two of the students in the class informed me they were members of the Boston Crisis Response Team and placed a call to inform their team that my partner

and I were available to assist.

The only information we had at that time was, two bombs had gone off and many were injured. The final impact of the crisis was four dead, sixteen limbs lost, and 264 injured. Although, that does not account for those with unseen wounds. As we are all aware this event will never be erased from the minds and hearts of those present that day.

As we entered the bomb site, our intent to be available to assist many of the runners and first responders that were in the Boylston Street area was our first priority. Chaos was still present, though the emergent situation of the day had calmed a bit.

Continued on page 9

THE TASK OF ADVANCING FORWARD-

ARE OUR CISM TEAMS EVOLVING WITH THE CHALLENGES OF CHANGE?

By Anne Balboni, Psy D - ICISF Board Member/Faculty

As I look at the strength, the progression and the evolving of our CISM teams, I am reminded of a King Whitney, Jr. quote "Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better." I guess it is fair to say that over the past twenty five to thirty or so years, our CISM teams have strengthened, progressed and evolved. Some teams have dissolved

and others have emerged. So change is happening in the organizational realm. This is not threatening but instead is both encouraging and inspiring.

The field of crisis intervention is one of constant advancement of good practices, revision, modification, and development of new ideas and concepts. As our CISM teams continue to evolve, it is worthy of our attention to explore and keep an open mind to some change and modification of our practice of crisis intervention. The emergence of new

Continued on page 11

REGIONAL CONFERENCE CALENDAR

July 17-20, 2014

-San Antonio, TX
Alamo Regional Response Team

July 21-24, 2014

-Wichita, KS
Wesley Medical Center, LLC

September 9-13, 2014

-West Palm Beach, FL
CISM of Palm Beach County, Inc.

October 2-5, 2014

-Victoria, BC
Archipelago CISM Society

October 22-26, 2014

-Chicago, IL
Northern Illinois CISM Team

December 3-7, 2014

-San Diego, CA
San Diego CISM Team

Submit a "Letter to the Editor"
ICISF welcomes comments
from our readers. Please
submit your comments to the
editor at (lifenet@icisf.org)

LESSONS OF LIFE LEARNED WITH CISM

By Scott Huntley, District Fire Chief
North Lyon County Fire Protection District
Fernley, NV

Two teens found dead in car by a loved one, couples found dead in a motel, parents scream as they watch their baby be treated, a fellow responder falls from a tree to his death. All of these terrible moments; lessons in life.

Early as a kid growing up I dreamed about one day becoming a Firefighter. Emergency Medical Services was not even on my view for a path in life. Johnny and Roy of the show *Emergency* had their mark on me but for some reason I never thought of myself being a provider of emergency care.

The show *Emergency* focused on paramedics John Gage and Roy DeSoto (played by Randolph Mantooth and Kevin Tighe respectively) of the Los Angeles Fire Department squad 51 based out of station 51 in Carson (actually LACoFD).

It was a show I liked to watch re-runs of and I never understood their impact to what would become a huge part of my life until a few years back. In High School I even dared to dream bold. I answered in our year book on a where you will be in the future that I would be the Friendly Fire Chief. I am amazed and blessed that the dream is now a reality. Way back then I never knew the path I would take to where I'm now. I never imagined the thousands of lives of others I would enter. It never occurred to me the tragedy, pain, and sorrow I would be exposed too. My First incident was responding to a cardiac arrest when I was 18. I only had the skills of an Entry Level Firefighter, First Aid, and CPR. I had what I thought at the time was a huge task of directing California Department of Forestry Paramedics to an address by reading maps that I had spent weeks studying. I completed my first task just by pointing them in the right direction of travel. We arrived with my contained excitement to a home of a non-responsive adult male. I found his meds and quickly was told to start compressions. In the back ground his wife of many years cried as she was overcome

with loss. We transported the elderly male to a nearby Emergency Room while I watched a Paramedic provide care I knew little about. Still providing compressions and concretizing the man's face in my mind for years. After leaving the hospital I felt we had accomplished so much. The patient had a pulse and we had saved a life. The straight forward and honest comment by the Paramedic took years to settle in my mind and to understand. He said you know he has a pulse but now he will likely be a vegetable until they let him die.

I only saw in the future the possible fires knocked down and responding to make things better. Becoming an EMT was just another feather in my hat. Time has shown me I have multiple loves in my career and they are fire, EMS, and Incident Command. In all these loves I've had easy and hard lessons. One of the lessons I've learned while on my path is that the path keeps getting longer, but time goes faster. A big lesson has impacted me as a person affecting all areas of my life including my soul. Reflecting on it I know I am a better Dad, Grandfather, Husband, and human being because of it. It even has made me a better Fire Chief. I have learned like I'm sure many of you have just how precious life is and at times we are just at the world's will. I cherish so much more than I did prior to my experiences in providing care. The ability to just be thankful for all the good in my life is the best reward I've obtained as a responder.

I will forever be thankful to the individuals I sat with during that first Critical Incident Debriefing. They provided me with a lesson that has helped me countless times over the years. The lesson hit me early in my career and it struck me like a train or other object that has hit the countless victims I've responded to. Just after a few years of numerous incidents that I just chocked up to being part of the job I loved, I responded to an incident that would expose me to a Critical Incident Debriefing. That incident

Continued on page 11

THE FIVE “F”S OF HEALTHY COPING

By Patty Stewart McCord, BGS - ICISF Faculty

Over the years we all develop our own brief teaching points and responses when providing crisis intervention. One way to remember the basic points of healthy coping is what I call it the “Five F’s”. If you can remember them in any order at all, you should be able to provide consistent and fairly complete advice on healthy coping.

The Five “F”s of Healthy Coping

FAMILY

“Your family can be some of your best support right now. Although it is not a good idea to tell them details about the traumatic event, you can certainly tell them what it was like for you to be there. Rely on family for support over the next few weeks. Tell them what you need. Children notice differences in our behaviour too. It’s alright to ask them to help you through this time.”

FRIENDS

“Surround yourselves with friends you trust. They know you best and those friendships can be very helpful in these times as you try to bring a sense of balance back into your life. Remember this is your story to tell. If you don’t want to talk about it, that’s fine too.”

FAITH

“Often people turn to their spiritual beliefs for strength in times of extreme distress. Do what is most helpful to you personally to bring your life back to a sense of balance again.”

FOOD

“Your body has just been through a very physically challenging experience. It needs healthy nutrition to refuel. Drink lots of water, avoid high sugar, high caffeine. Be sure that what you eat tastes good and is good for you. Avoid numbing out on alcohol or other substances which

Continued on page 13

A SYMBOLIC CRITICAL INCIDENT STRESS DEBRIEFING

...WHEN PEOPLE ARE CAUGHT IN THE PAST

By Patty Stewart McCord BGS - ICISF Faculty

Many people have traumatic experiences in their lives that some would call a “defining moment”. Although these events can be a time of healing and personal growth, there are times when people are not able to move beyond that experience as easily.

It is for this type of prolonged reaction that the Symbolic CISD was created. It requires a thorough assessment, skilled team, appropriate timing and a focus on achievable goals. The following is an example of how the seven phases can be adapted for a Symbolic CISD.

INTRODUCTION

As time passes wounds can be deep and it’s important to start with an explanation and a reminder of why you’re there. I have found that by briefly stating rules and suggesting the “common thread that brings them all together”, the team can focus the group and provide a starting point for the discussion.

FACTS

Keeping the passage of time in mind, you might choose one of the following questions as you help the group build the story again:

a) “What is your name? ~~ Tell me what you remember and what you did.”

b) “What do you know now that you didn’t know then?” (With the passage of time there may be new information that wasn’t previously known).

THOUGHTS

This question gives individuals an opportunity to reflect on their dominant thoughts since the tragic event. You might choose one of the following questions:

a) “Thinking back now to that event, (or that loss...or that tragedy), what thoughts have stayed with you?”

b) “This experience has never really

Continued on page 12

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) 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

LIKE
ICISF ON
FACEBOOK!

FROM THE HOTLINE TEAM COORDINATOR

By Reverend George Grimm

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 774 teams in the ICISF files, only 177 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. The form can be downloaded at:

<http://icisf.org/images/stories/PDFs/0%20-%20team%20form%2005-11-11.doc>

Your cooperation is most appreciated, as this up-to-date information provides a more accurate CISM response when needed! And also...‘cause it makes my job easier

ICISF COURSES TAUGHT IN THE PHILIPPINES

By Chaplain Fuzzy Lake

ICISF Member & Approved Instructor

I recently was able to have the opportunity to go to the Philippines and teach the GRIN class in Critical Incident Stress Management. This is the combined Individual and Group class that is a three day, 27 contact hour class. It was a very interesting time and I would like to take this time to elaborate.

The Filipino people learn to read and write English in school. They can read and write fluent English, however their spoken English would seem broken to us because they have not been around Americans much and the words are pronounced differently much like an Australian or even an English speaking person from Great Britain. I found out the hard way when I asked our driver from the Bureau of Fire Protection what time he was picking us up to take us to the training site. I was informed that in their culture the word “pick up” was what a man did with a woman when they were at a night club and they were going out afterward. They refer to our phrase “pick up” as “fetch”. So from that point on I had to learn to ask how they would say things so as not to offend anyone. I told them I would

not use the word fetch to describe picking up my wife as in our culture it is used to have a dog chase and return a piece of wood. You can imagine my thought process as I knew I would be teaching two GRIN classes and have to continually worry about the wording I was using. It was challenging to say the least.

It didn’t take long to realize that many of the jokes and stories I was about to tell over the next several days of training would have to be explained first before they would be understood. I learned to use more written slides because it was easier for them to understand and communicate. It was the spoken word that was hard to communicate. As I said before, English is taught in their public school setting.

The first class I taught was a group of 63 firefighters, EMT’s, nurses, mental health professionals,



and special response team members. The Bureau of Fire Protection in the Philippines is based out of Quezon City and has approximately 16,400 employees. The Bureau was begun in 1975 and General Carlito Romero is currently the Officer in Charge of the Bureau of Fire Protection. The bureau just recently purchased many new fire trucks through an agreement with the Australian government and a grant from another country. General Romero was very gracious and his staff and driver treated us like royalty as we began our classes and our one on ones

Continued on page 13

CRISIS INTERVENTION TEAMS IN FIRST NATION COMMUNITIES: A BLEND OF OLD AND NEW

By Patty Stewart McCord, BGS - ICISF Faculty - Saskatchewan, Canada

Northern First Nations communities struggle with a much higher suicide rate and challenges that can include substance abuse, physical, emotional and sexual abuse, gang activity, addictions, housing shortages and unfortunately, a lack of support systems. Many remote northern communities are accessible only by plane or on icy roads in the winter.

Medical and mental health support is provided by nurses, physicians and therapists who often fly into these communities and stay for 2-3 weeks at a time. Although other support services are offered through the wellness centers, they may have limited local resources. The development of peer driven CISM teams has been an effective way to address these challenges.

Team membership should include addictions counsellors, child and family

service workers, social workers, wellness staff, (receptionists, secretaries, case workers), school staff, daycare staff, elders, clergy. One of the unique dynamics of First Nations communities is the familial relationships between many community members. This is a consideration when selecting team members, and all should be trained in Group, Individual and Advanced Group Crisis Interventions.

The CISM training and the program should be adapted to blend in with the cultural practices and language of the people who may be requiring services. Small group crisis interventions resemble "talking or healing circles" from First Nations traditions. For the interventions and team response, handouts are often translated, and extra time is given to accommodate traditional practices such

Continued on page 15

THE DEVELOPEMENT AND EVOLUTION OF CISM IN MARYLAND

By Randy Linthicum - Director of Emergency Operations

Maryland Institute for Emergency Medical Services Systems

On Sunday March 23, 2014, over 40 CISM team coordinators representing 17 CISM and crisis response teams from across Maryland came together for a Maryland CISM Coordinators Symposium. The symposium was a joint effort between the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the International Critical Incident Stress Foundation (ICISF) and is part of an on-going effort to build on the strengths of Maryland's CISM teams through increased collaboration among the many independent teams in the state.

During the planning for the symposium a shooting took place at the Mall in Columbia in Howard County, Maryland, during which a gunman killed two shop employees and himself. In the response and aftermath of the incident, the local CISM team and a community crisis response team addressed the needs of first

responders, patrons, and merchants. Immediately after the shooting, the local CISM team was placed in the role of addressing the needs of first responders, as well as providing initial support to patrons after they fled the mall. Sharing the best practices from this event was tied into the symposium as presented by a panel of responders. Members of the panel discussed the response and illustrated the benefit of close collaboration between public safety CISM teams and community crisis response teams. The community crisis response team discussed their role and how they addressed the needs of mall patrons and merchants in the days after the event. Overall, members of the panel agreed that understanding the roles and capabilities of all crisis response teams in the community, and knowing how

Continued on page 14

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.

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. 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!

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 (7 years plus) for their efforts in promoting CISM. The Categories and Eligibility for this program are as follows:

Rising Star: Those individuals who have shown 7 years of dedication, commitment and enthusiasm towards the mission of ICISF and CISM.

Guiding Star: Those individuals who have shown 8 plus years of involvement in CISM and who have shown dedication and commitment to those in need, mentoring others to become involved in CISM thru training, team building and team support.

Heavenly Star: Those individuals who made significant contributions to the field of CISM and have left us far too soon.

Nominations will be evaluated by a committee comprised of Pete Volkmann from New York, Sandy Scerra from Massachusetts, Dennis Potter from Michigan and Mary Schoenfeldt from Washington State. 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.

Contact Michelle Parks (mparks@icisf.org) for a nomination form

ICISF is Happy to Announce the First Two Shining Star Recipients!



Dr. John Durkin is a psychologist specializing in posttraumatic growth and social support. As a direct result of his experiences of emergencies and disaster from an earlier career as a firefighter in the UK he was made aware of the effects of stress and trauma and became interested in understanding the processes leading to recovery. John became a member of ICISF in 1992 and an approved instructor in 2003. He is the UK representative of the European office of ICISF between 2007 and 2010. After many years of training studying and trying to change how people are treated after a traumatic experience, John was accepted in July 2013 on the Post-traumatic stress disorder (PTSD) Evidence Update Advisory Group at the National Institute for Health and Care Excellence (NICE). In addition, John is a fellow at the Institute of Mental Health, Nottingham and co-founder of the BETR Foundation, a charity devoted to the resolution of trauma relating to combat, rape and childbirth. John has a passion for extending the research of Crisis intervention and is an advocate for CISM. ICISF would like to congratulate him on becoming one of the first recipients of the Guiding Star award under the Shining Star program!



Michael Hegenauer, Ph.D. of World Vision has made a significant contribution in the field of CISM. He became an ICISF approved instructor in 2005. Michael has been instrumental in promoting the value of CISM and providing CISM training in World Vision. He has built a pool of over 100 peer supporters selected from various parts of the world who in turn provide support to the staff of World Vision who are responding to disaster and who experience critical incident at ground Level. By his visionary leadership through this remarkable initiative, Michael has managed to place World Vision in an advantageous position in the humanitarian industry today. This ground breaking initiative has grown over the years and now World Vision has a global peer support team which is capable of providing CISM support anywhere in the world. Michael's passion for supporting people has inspired. ICISF would like to congratulate him on becoming one of the first recipients of the Guiding Star award under the Shining Star Program!

ICISF thanks both John and Michael for their dedication and support of ICISF and CISM!

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 Conference held April 30-May 4, 2014
Congratulations on being chosen for the Certificate of Appreciation Award:

Christine Reed

William McClurg

THOUGHT ABOUT BECOMING AN INSTRUCTOR WITH ICISF? YOU MAY QUALIFY!

We are accepting applications for the following Approved Instructor Candidate Programs:

- Suicide Awareness: An Introduction for Crisis Responders
West Palm Beach, FL September 12-13, 2014
Application deadline: August 1st
Taught By: Becky Stoll, LCSW
- Individual Crisis Intervention and Peer Support Approved Instructor Candidate Program
Chicago, IL October 22-24, 2014
Application deadline: September 12th
Taught By: Jeffrey T. Mitchell, PhD, CTS
- Group Crisis Intervention Approved Instructor Candidate Program
San Diego, CA December 4-6, 2014
Application deadline: October 24th
Taught By: Jeffrey T. Mitchell, PhD, CTS

If you are interested in more information about these programs or wish to receive an application please email AISupport@icisf.org.

Information about 2015 Instructor Programs will be available this fall. Stay tuned for more information or visit www.icisf.org for updates.

CONFERENCE AWARDS AND SCHOLARSHIPS

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Group Crisis Intervention Instructor Program in Niagara Falls, ON, Canada April 24-26, 2014.

Tania Battisti
Marie-Hélène Brunet
Carl Chamberlain
Cody Cook
Betty Ann Cormier

Clara Coward
Monica Grey-Coker
Joelle Labert
Natalie Milard
Paul Morganstein
Brendon Olson

Tolokun Omokunde
Sheree Schiavon
Tim Sprowls
Dodd Tapp
Mario Verrelli



Photo by: Tolokun Omokunde

Between March 16-20, 2014 ICISF held two Instructor Programs in Frankfurt, Germany. The students below completed the Individual Crisis Intervention and Peer Support and/or the Group Crisis Intervention Instructor Programs. Please join us in congratulating them

Rena Achten
Julien Barrau
Francesca Bartoccini
Maria Boukaa
Hans Walter Braun
Diana Brumme
Dieudonné Dard
Michael Dohle
John Drimmie
Sandra Huber

Angelika Ivinger
Leon Kraus
Helmut Langosch
Manon Lawin
Wai Wah Lee
Claudia Mantke
Markus Meyer-Nixdorf
Mohamed Mohamed
Su Ching Ng
Soeren Petry

Jose Ponz
Karl Richstein
Uwe Rieske
Stefanie Schramm
Michaela Schwarz
Nancy Shaw
Lucas Van Gerwen
Andrea Walraven-Thissen
Berenike Waubert de Puiseau



SAVE THE DATE!

13TH WORLD CONGRESS ON STRESS, TRAUMA & COPING

By Terri Pazornick, Education & Training Manager

Experience a whole new World Congress with more opportunities to Engage, Learn, Share. This theme doesn't just summarize the 13th World Congress on Stress, Trauma and Coping mission and purpose - It also describes the atmosphere we're striving to create: an environment where solutions are evolving to deal with the ongoing challenges facing crisis interventionists.

We invite you to share in our efforts to demonstrate the impact that enhanced quality can have on our agencies, organizations, businesses, communities, and our world. We are developing the 2015

World Congress on Stress Trauma and Coping with presentations that integrate the conference theme with one or more of these focus areas:

- Emergency Services and Public Safety
- Disaster Response
- Faith Based Applications
- Family, Children and Schools
- Healthcare Settings
- Industry / Corporate / EAP
- Military / Veterans
- Research / Innovations
- Specialty Populations
- Team Development and Sustainability

Please support us, and transform

this vision into reality by submitting your presentation and planning to attend - Baltimore, MD, May 11-16, 2015. Look for details about the educational programming, networking opportunities, social events and registration information this November.

A variety of Sponsorships and Exhibiting Opportunities will be available to maximize your company's exposure at this industry leading experience.

Please direct any questions about the 13th World Congress to Terri Pazornick, at terrip@icisf.org.

RESILIENCY AT ITS BEST

Continued from page 1

We started walking through the "hot zone" area and working with individuals and some responders providing interventions to those in the streets. We worked in a number of areas and found that many of the runners had moved to one of the hotels nearby.



As we entered the large lobby, it was filled with runners who had escaped without bodily injury but were dripping with trauma. Scattered through the room, there were clusters of people talking, standing with blank stares on their faces, many just trying

to make some sort of sense of what had happened. With that in mind my associate and I made a plan to split up and meet later at a designated area.

As I assessed the crowd, I spotted a group of folks clustered together. I approached them, introduced myself, and began to speak with them, learning that they were Fort Bend Fit, a marathon group from Sugarland, Texas that trains together. However, one member stuck out as she had been in the mix of the explosions.

As I worked with her I learned her son works in Boston, her significant other Dave, who trained with her, ran the marathon and was waiting on the other side of the finish line for her when the bombs exploded. Though she was hit with debris and the impact of the blast shockwaves, she was just far enough not to have had any shrapnel penetrate her body.

However, that did not displace the psychological and emotional impact from what she had experienced. Susie Eisenberg-Argo was showing all the aspects of the horror and trauma

of the event. The "thousand mile stare", bewilderment, uncollected thoughts, shaken, uncompleted statements, all natural for what she had experienced.

Fast forwarding through the past year has been a collective effort for Susie and me. I have had the privilege of watching the Crisis Intervention tools work for her and her family through this year.

In addition to all of the hurdles to overcome from the Boston bombing, six months later Susie was diagnosed with breast cancer. It was as if another terrorist had made itself present in her life but taking on another form. Her response was to win and not allow it to defeat her goal of running Boston 2014. The resilient driving factor of "I'm running Boston no matter what" carried her through surgery and a full course of radiation.

These are some of her reflections as we talked about the victory of crossing the finish line this year.

Dave and Susie's plan for this Boston 2014 was to run together to be there for each other all 26.2

RESILIENCY AT ITS BEST(CONT'D)

miles. This year Susie's daughter, both son's and their girlfriends along with cousins from the Boston area were there for the much needed support. She was excited as she approached the date to travel but there were thoughts of apprehension too. This played out on a shopping trip in Boston a few days prior to the marathon when a young man, looking very much like one of the bombers stood in front of her in a store.



Flashbacks were unsettling and she realized she was "not over all of it yet." Resiliency was what she was telling herself. She told me that our conversations together had gotten her through and had driven her all year for this moment. She was not going to allow her goal to be "stolen" by a terrorist!

Pre marathon CMB's were done for runners who had been a part of last year's marathon. Susie stated that it was informative and brought a reassurance.

The day of the Marathon was different than any other. Security was unlike any other event that she had ever run. This was her 64th marathon and her 11th Boston marathon. She notes that it was the longest and yet the most memorable. As she and her husband walked to their corral to start, looking up she could see police snipers on the rooftops, FBI vested and armed, roads barricaded, and police helicopters overhead giving a bittersweet uneasy

feeling of, "I am glad you are here but I wish you did not have to be."

Standing waiting to start, the rush of thoughts began. "What emotions will I feel as I approach Boylston St? How am I going to feel when I do this?"

Many emotions erupted during the marathon. Susie expressed that at mile 16, there was a heavy presence of law enforcement in the area. She remembered thinking "Thanks for being here" but she cried and felt as if she was "loosing it." When they reached mile 20, another heavy presence of law enforcement but it was their "cheering the runners on" that rekindled the resilient emotion within her to allowed her to continue.

She shared that the roller coaster of feelings repeated as she drew near to miles 25 as she saw a concentrated number of tactical forces trailers. She felt uneasy, anxious, and wondered, "Why?"

As Susie approached the finish line on Boylston St., she glanced at where the bombs had gone off. Her hopes now were to see a dear friend of her son's there to cheer her on. She as well, had been at the finish line last year cheering Susie on to the finish. Both women experienced the horror of that moment and now were experiencing victory over the terror of the event. Susie expressed it as being a "magical, healing process." It brought healing to both of them.

So what do we, as Crisis Interventionists, gather from all of the dynamics of Susie's journey? I think we can all see the strong foundation of the SAFER-R model working here. Susie reinforced that by stating, "You were right there for us. What you said and asked made the difference. I was trying that night to stuff it down and you said it could be a healing start to talk with you about it. You were right and I will never forget that."

I have seen through this year the

basis of how PIE was so evident.

The immediacy of working with Susie and her family soon after the event last year was the beginning of healing for her. Assisting to bring a stabilizing factor into the moment was essential.

The proximity of working at the event was helpful as well and the familiarity of returning to do the marathon this year. She said, "The reason people run is to overcome something. Initially starting to run over ten years ago was mid-life crisis but now, it was winning over evil."

But the expectancy of her running again played out so sweetly.

She said, "It was really healing. If I could not have gone back, I don't know where I would have been." It was the building of the resilient factor that carried her through to the goal. I have witnessed in many events that the support system of CISM tools in our toolbox can be a part of healing for those who have been in the midst of trauma.

I asked Susie, "What was the most memorable healing factor of the day for you?" "Dave was with me, never leaving me. The other runners inspired me. The crowds cheering us on inspired me, family and friends. Relationship!" She finished with this, "I was going to do it!"

And she did!

Boston Strong, Susie Strong.



THE TASK OF ADVANCING FORWARD

Continued from page 1

ideas or the evolution of methodology that changes because the world of emergency services is changing must be reviewed and incorporated to meet the needs of the individuals we serve.

One evolution that comes to mind is the increased use of personal technology and the ease many have with letting friends know where they are and what they are doing. In our ICISF protocol where we caution participants in our group interventions to silence cell phones and radios, has necessitated evolution with the change in technology efficiency. We must now include in our opening remarks a reminder and awareness of smart phone functions and capabilities.

When setting up the introduction for interventions the appropriate use of social media as it pertains to crisis intervention should be reviewed. Innovation in personal hand held devices include apps that tell us the location of our friends and acquaintances as well as functions that can alert anyone to our whereabouts. Perhaps we should ask that cell phones be turned off not just silenced. Another life style change that should be incorporated is the importance of reminding participants that if they choose to use social media as a communication tool with their friends, they must respect the privacy of others who participate in the group intervention. Facebook, Flipboard,

Twitter, Goggle Wave, Live Profile and more than I will ever know of social media platforms, are potential tools for discussions of attendance at group crisis interventions. So often I am amazed at the ease with which personal information is shared so willingly and openly. So if this is the change, then we need to not only take this into consideration with a reminder not to post content of event reactions being discussed, but we must be able to assure others in the group that their attendance as well as group content will be confidential. This will certainly require the assistance of all participants to accomplish this.

For team leaders, be aware that social media might be considered an optional tool to provide kudos to responding team members and acknowledge when they have provided an intervention for a department or agency. Resist the temptation to thank team members through this medium. Though not directly reporting any information about the contents of the intervention, the perception that a department or agency participated in a group intervention may cause unnecessary stress for some participants. Many times a change such as this is dependent on the interpretation of the person who experiences the change. Two individuals can see the same change

and one will call it good and the other will call it bad. Even one CI participant worried by the use of social media would be one too many.

One final thought that should be considered by our team members as important, is a reminder to participants not to read the blogs that are addressing the critical event. Can any good ever come from this? So let us be careful with social media platforms and yet continue to stay current with the changes that will come in the field of communications and social media as well as trauma and stress. Change need not be feared but instead must be incorporated into our future protocol and practices.



LESSONS OF LIFE LEARNED WITH CISM

Continued from page 2

was a death of a fellow responder. In my twenties it was just a daily thing to be at a horrific death or other event in other people's lives that most hold in their hearts and minds as life changing events. I ended my day going home to my loved ones and not thinking of the day as anything notable. Then it was up the next day to repeat the cycle. Never

did the true impact of those events to others occur to me. Never did it occur that someday those incidents would be treated differently. Never did it occur to me that all those incidents would someday take their toll on me if I did not get the opportunity to be educated. As a young Firefighter/Emergency Medical services provider I did not take in the true picture I was seeing. In the Fire service we talk

about situational awareness and back then it was not fully in focus. A good example is I recall transporting patients for multiple hour transports over miles and miles to return home not to recall how I got home. As the reader you might be thinking I can't believe that, or you might be saying that was me in the past. Today as an administrator I hope I am impacting my staff to ensure those transports

LESSONS OF LIFE LEARNED WITH CISM (CONT'D)

doesn't occur with them. Thinking about those times, they are a good example of my past in EMS and the Fire Service before I truly was given some very important tools. I never knew that train was coming around the corner.

Somehow today I hope all care providers are given the important tools or lesson even earlier than I got them. They will be better providers and as I've said, humans. So what tools am I talking about? Early on I was taught well by my superiors and mentors. Scene safety, size-up, Intubation, name it, I was pretty set due to the individuals that molded me back when. Still I was lacking a huge part of the person I am today. That simply was the knowledge of the impact of a critical incident on me and others. How such an incident might impact my deepest loves. How such an incident might impact my emotions, my ability to think clearly under certain conditions, or even my health.

Recently I responded to a true tragedy where a young child lost her life after being struck by a car. The incident was like many I've been on before that pushed responders to their limits. Faces

expressed the sadness and reality of the circumstances ripping in all that witnessed hearts. On the scene it was like being in a center of a storm with all things circulating around us. That incident like others after I was given the knowledge I feel is different than those I had been exposed to before my first Critical Incident Debriefing. Early incidents of the same level I was spinning like everything else that was part of the incident. Still to this day I feel and see the effects of critical incidents but now I recognize their effects. I prepare even while responding, while on scene, and manage the scene based on the possible effects. Early in my career I just reacted and I did not see what I was reacting too.

Over the years there have been incidents that I responded to that truly should have required debriefings. Even the old method of returning to the fire house and discussing the incident with your fellow responders may have not taken place. Still I had the tools to deal with what I was experiencing. The greatest gift that early exposure to a debriefing has given me has been being able to watch out for my work family. My experiences I try to share and use to

watch my personnel and monitor their safety. I've seen that young provider I was in my Emergency Medical Providers and Firefighters. The lesson I've learned I work hard to pass on so they have a better path. The earlier we share the lesson of CISM with new providers the better they will be in the future.

As supervisors in the emergency services we must embrace CISM and get our people exposed to these lessons early. To ensure your people are prepared send them to CISM courses, have them read articles, encourage them to take part in debriefings. Communicate with them during and after critical incidents. Show them their value to you by providing this powerful lesson early. Most Emergency Medical Providers only get a few pages regarding how to deal with stressful incident. The Well Being of the EMT's in the Chapter in the book in my District training room only has about three pages to assist the new EMT student. We have to keep the lesson alive and ensure our people are ready. In the center of the storm of a tragic incident we don't want them spinning.

A SYMBOLIC CRITICAL INCIDENT STRESS DEBRIEFING

Continued from page 3

gone completely away has it? So as you remember it now, what thoughts have you carried with you since it happened?"

REACTIONS

Reactions can vary greatly and change over time. This question is designed to identify the emotional aspects of the experience.

a) "We can't change what happened. As you think back to this experience what remains the hardest part for each of you? What is the emotion

that has stayed with you since it happened?"

SYMPTOMS

This step will offer people an opportunity to understand the long term affect of this experience on them and their families. This is where the CISM Team begins to listen for strengths...one of the team's objectives is to guide the group in identifying their individual strengths and resiliency. Choose the most appropriate question.

a) "What have you noticed about

your own behaviour over the last months (or years), that is different since this happened?"

b) "How has this experience changed you?"

c) "How has this experience affected your family?"

TEACHING

Teaching should emphasize resiliency and the strengths they've identified. Encourage the group to focus on the future, and also to honour their ability to live with this experience over the past several

A SYMBOLIC CRITICAL INCIDENT STRESS DEBRIEFING (CONT'D)

months or years. Begin by asking:

a) "What is it in each of you that gives you the strength to carry on in spite of what happened?"

RE-ENTRY

There may be people in the group who have never spoken with others about their experience so this can be a very powerful intervention. Encourage them to find what works for them personally and also to rely

on the support of others. For some there is no "final moment" because a body hasn't been recovered or there is mystery around the disappearance.

Thank them for their stories and the courage to share them with you.

The entire team should focus on the resiliency of the group by discussing their strengths, support systems, courage, spirituality,

healthy coping and their overall well being. It is also important to give advice on family support here as well. In these instances it's not uncommon for families to struggle with signs of vicarious trauma. Follow up support is extremely important to assure that everyone benefits from the group process and to identify those in need of further assistance.

THE FIVE "F"s OF HEALTHY COPING

Continued from page 3

can only prolong the healing process.
FUN

"It's important over the next few days/ weeks to take time to for physical activity. Spend time with family and friends. Humour helps to bring things back into balance again. It's a normal part of healing too."

Patty Stewart McCord, B.G.S. is a consultant and ICISF Faculty member with 23 years experience providing support to those who have experienced traumatic events. She has been part of the ICISF Faculty for 16 years. Patty works with government agencies throughout

Canada and spends a great deal of time focusing on building teams in First Nations Communities. Her summertime job is Consultant/Team Leader for the Saskatchewan Ministry of Environment Wildfire Management CISM Team.

ICISF COURSES TAUGHT IN THE PHILIPPINES

Continued from page 4

around the city and different fire stations.

The second class was made up of a few Bureau of Fire Protection employees who could not attend the first class and Mental Health Professionals, some participants from the Bureau of Jails and Prisons, some were nurses, EMT's, Doctors, dentists, others who were EMT trainees and one Major from the Philippine Air Force. We had a total of 38 for the second class. We met in the building that was started as the Asian Center for Emergency Preparedness, Inc.

All participants were so gracious and so thankful that we were there. I took a colleague with me who has been working with me in CISM for approximately 12 years. We have done many debriefings and defusings together and we

have even done a few CMB's. He is a First Sergeant with the Indiana State Police. His name is Todd Fields. It was invaluable to have an extra set of eyes and ears in the class to help provide extra support as I taught.

Shortly after the first class started we found out that many of the participants had been on the ground helping with rescue and recovery efforts in Tacloban after Typhoon Yolanda and many had been there after the earthquake a few months earlier. We did several one on ones before I even started teaching class. After the class started, Todd and I were able to facilitate several debriefings after class hours and between classes.

I was fortunate also to have Pastor Jun Mateo with us part of the time. He operates an organization called "River City Christian Ministries". He lives in the United States but was born in the Philippines and goes back three or

four times a year to help with missions. It was invaluable having his knowledge of the culture.

The things that were difficult to work through were the cultural differences that are not the same in the Philippines as they are in the United States. The class is designed with Americans in mind. One slide says that approximately 80% of Americans will be subjected to a tragic event in their lives. After three days there and before the class started I would have to say that number if it were translated to the Filipino people would be closer to 100%. I believe that if we continue to teach this class we must find a way to use some statistics that will be directly related to the people of the Philippines. With a population of 99 million people and growing at a pace of 1.5 million per year, sitting squarely in the middle of Typhoon alley, the threat of frequent earthquakes, there will definitely be

ICISF COURSES TAUGHT IN THE PHILIPPINES (CONT'D)

the need for Crisis Management and the need for teams to be taught in Critical Incident Stress Management.

Another cultural difference we did not expect was twofold. In the United States many times we see people who express anger at themselves, someone else, or even God. We did not see that in the Filipino people. In most debriefings we did, there was no anger expressed at all. It was a part of the CISM process that was very foreign to us. There also seemed to be a resistance and resilience to certain stressors that I have not seen in the United States that I can only attribute to the many disasters that the Filipino people have endured over the years. It is as if they expect the trauma and thus have somewhat of a tolerance built up that seems to raise their level of adaptive functioning as compared to those that do not have active Crisis in their lives. General Romero asked me if I thought his people were "normal". I asked him to define "normal". As we looked out of his office window, we could see such a contrast of lifestyles.

There was a condo to the right with a huge apartment complex next to it. To his 12:00 o'clock there was a huge mall, and then directly under his window between those three views was the view of a group of people who lived in 10' X10' wooden and metal shacks and lived day to day on what they could manage to survive on. They call them "squatters". There was a little girl playing in that area that we could see clearly and she was laughing and playing. I am sure to her this seemed "normal". I told the General that in my eyes it was not "normal" to run into a burning building while others are running out, however all of his firefighters would tell me that it was quite "normal" for them.

All in all it was a very successful trip as we trained 101 participants in the GRIN class which has become the pilot class for CISM in the Philippines. This will be the start of a CISM team in the Philippines based out of Quezon City. I feel very blessed to be part of that process.

I would like to say a special thank you to some whom without them

this trip would have never been possible. The Philippine Bureau of Fire Protection under the leadership of General Carlito Romero, his staff including Dr. Vilma Carlos, Mum Jen Lee, the Asian Center for Emergency Preparedness, Inc., including Dr. Joy Medina; Pastor Jun Mateo, who's group River City Christian Ministries helped plan the trip and offset part of the cost, ICISF and their staff for being willing to think outside the box to facilitate, one of my best friends who selflessly gave his own time to travel by car, plane, taxi, and van for more than 28 hours one way to help the Filipino people with me, and our wives who gave us up for 2 weeks.

It was amazing to watch the transformation of the people as we put the techniques of CISM into practice. A couple of participants said afterward that they had not felt that good emotionally in several years and now knew how to help others, whether one on ones, or through the other leaves of the CISM tree.



THE DEVELOPEMENT AND EVOLUTION OF CISM IN MARYLAND

Continued from page 5

to access them, clearly benefited those impacted by the tragedy.

The symposium is part of an effort by MIEMSS and ICISF to increase collaboration among CISM teams throughout the state. CISM in Maryland began in 1980s. In the early years most

statewide coverage by either a local team or the MIEMSS-coordinated state team. Although there has been a tremendous increase in the number of teams in the state, most operate independently with limited collaboration among them.

Initial efforts to increase

collaboration included adding CISM presentations and training courses at the state's EMS conferences and the annual ICISF conference held each year. MIEMSS has also utilized federal grant funds to offer CISM training to members of all teams at no cost, including five courses this

THE DEVELOPEMENT AND EVOLUTION OF CISM IN MARYLAND (CONT'D)

year. The next step was to bring the leadership/coordinators from all the various teams together to jointly discuss how best to work as a state network of independent teams.

Howard County's public safety and community response to the mall shooting was one of several best practices shared during the symposium. Each team represented shared information about their team including best practices on a wide variety of topics such as how CISM education is shared with all personnel, how teams work with community based crisis response teams, activation/call down procedures, and how teams are backed up via mutual aid from surrounding jurisdictions.

The symposium also gave CISM teams an opportunity to discuss and learn best practices for dealing with challenges they all face such as funding limitations, limited support from administration, lack of legislation that makes CISM communications confidential and difficulty in maintaining skill levels due to limited interventions and training opportunities. This networking among Maryland's CISM teams was of significant

benefit to the CISM community.

The attendees of the first statewide symposium jointly decided that meetings will be held semiannually. They will work jointly on continuing to share response plans and materials, crafting and supporting legislation to ensure the confidentiality of CISM discussions, creating a 24/7 contact list for mutual aid and access to each of the teams, increasing collaboration between public safety CISM teams and community crisis response teams,

identifying other teams/groups that should be included in the group, and continuing to look for ways to share best practices and training opportunities.

Over the years Maryland has progressed from a centralized state team to many strong individual and widespread teams that together provide CISM services for first responders across the state. Maryland already has a solid CISM system; through closer collaboration it will become even more robust.



CRISIS INTERVENTION TEAMS IN FIRST NATION COMMUNITIES

Continued from page 5

as smudging and sweat lodges in partnership with the interventions.

As people who work in these unique settings, we must always

be aware that an open mind and flexibility in the program and skills will make programs successful. In many cultures we are also the

students. By sharing our knowledge, we simply provide another option for healing practices.



Bring ICISF training to your area

The latest training and education on
Comprehensive Crisis Intervention Systems

Speakers Bureau Program

- Dynamic speakers
- Avoid travel costs - train your staff at your site
- Highest quality professional programs
- Wide variety of stress, crisis intervention and disaster psychology courses
- Specialized topics to suit your needs
- Keynotes, General Sessions and Breakouts

Host an ICISF Regional Conference

- Earn Scholarships to attend classes
- Choose classes to suit your training needs
- Earn a portion of the conference net profit
- Network with other CISM Practitioners from around the World
- Discuss issues facing you or your team with ICISF faculty & staff

www.ICISF.org or call Terri (410) 750-9600

DANGERS AND THE PITFALLS OF SELF DEPLOYMENT

By Donald F. Gow, CTR at ICISF, Logistic Specialist

Not intended to be a document issued from ICISF, it is only my observations and opinions of incidents in my 18 years of experiences of all types and lengths of all different classes of society and Emergency Services personal.

When an Incident occurs the local team closest to the Incident will usually be in charge of the CISM operation (generally requested by the Incident Command) to have a team observer to look for red flags.

By doing things step by step the observers can relay vital information to the team Coordinator in order for him or her to form a plan of action and the needs to be covered and have a preconceived idea of who he wants to be doing what and when and how with the numbers and types of people he has been given from the observer on the location. Example would be EMS, Fire, Police, dispatchers, civilians, and children.

So at the time the plan is placed in action, all members of the team have their rolls to perform always being

aware of a possible hitch in the plan and needing to make adjustments as needed.

The team coordinator will make a request for assistance if need be, at that time he will utilize requested personal as he sees fit (he or she has a plan in progress).

Here is where the big problem comes into play. There are agencies and mental health and social workers who want to come and help (so they say? Or are they looking for fast cash? we don't know.) There goes the plan. Now you have people from all over; you have no idea who they are or what their training is, and not reporting to anyone?

DO YOU SEE THE PROBLEM?

Anyone who has experienced this can tell you not to do it, it damages any set plan of action that has been placed in operation and interrupts progress the team responsible for has set in place and presently working on.

If the need is strong and you wish to help, please contact ICISF and

provide all contact information, the level of ICISF training you have and your profession. At that time you would be placed on an availability list should the team in charge request help from a particular profession, we could then contact you or the team could contact you should the need arise.

I know this will not be respected by everyone out there in the real world, but if you would just consider the damage that will be done if it continues.

Just wanting to do good is not enough, without proper training very serious damage to people can occur.



ICISF STAFF DIRECTORY

Richard Barton
rbarton@icisf.org
Chief Executive Officer

Victor Welzant, PsyD
welzant@icisf.org
Training & Education Director
LifeNet Co-Editor

Lisa B. Joybert
lisa@icisf.org
Finance Director, Invoicing,
Accounts Payable

Jeannie Gow, CTR
jgow@icisf.org
Information Specialist

Donald F. Gow, CTR
dgow@icisf.org
Logistics Specialist

Steven H. Wilson
swilson@icisf.org
IT Manager

Ethan Wilson
ethan@icisf.org
Webmaster
LifeNet Design

George Grimm
hotline@icisf.org
CISM Teams/Hotline Coordinator,
Hotline Records

Michelle Parks
mparks@icisf.org
Membership
CE Program Coordinator,
Certificate of Specialized Training
LifeNet Co-Editor

Kate Loomam
kate@icisf.org
Approved Instructor
Program Coordinator,
A.I. Workbooks,
Certificates & Invoicing

Amy Leonette
amy@icisf.org
Approved Instructor Support
Department

Terri Pazornick
terrip@icisf.org
Education & Training Manager,
Speakers Bureau, Trade Shows
World Congress Manager

Michelle Long
mlong@icisf.org
Conference Coordinator

Michelle Warshauer
Special Projects

Diane Taylor, Ed.D, PMHCNS-BC
Editorial Board

lifenet@icisf.org
Suggestions, comments and/or
inquiries about this publication.

ICISF BOARD OF DIRECTORS



Back Row L to R

Richard Bloch, Dave Evans, Pete Dillenbeck, Frank Sullivan, John Scholz, Wilbert Forbes

Front Row L to R

Anne Balboni, Becky Stoll, Chuck Hecker



INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION
connecting the crisis response community

www.ICISF.org

The International Critical Incident Stress Foundation
3290 Pine Orchard Lane, Suite 106
Ellicott City, MD 21042

(410)750-9600