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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*

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A SALUTE TO OUR ICISF VOLUNTEERS

By: Donald F Gow, CTR

***“Volunteers do not necessarily
have the Time - They hane the
Heart”***

--ELIZABETH ANDREW

It has been my privilege to be associated with some of the most selfless, dedicated and loyal people I have ever known. I am speaking of the volunteers that assist the ICISF in times of need with any type of work like moving workbooks, or furniture when offices need to be changed or checking out A/V equipment to be sure it is all in working order for when it may be needed for a conference or the World Congress. So who are these people? They are all Emergency Services people, of all ranks from deferent departments who know the importance of the ICISF mission to assist their Brothers and Sisters in times of need, as there team members did to lead them through some hard times of their own.

How it has become what it is today is too long a story, and in case you have not noticed I am not quite a writer. Just an old retired Fire Fighter that started as a volunteer with ICISF in 1997.

Here is the point I wish to make. To let all of our members know that our World Congress Volunteers give of themselves to be available to help ICISF the week of and some even before the start of the World Congress to ensure all will be ready to go on time. After the Congress is over they pack up and bring all equipment

back to the foundation then a day or so later the equipment is all inspected for any damaged items. It is a large under taking that nobody but the Foundation is aware is taking place.

To get the time off to do this they swap days with other members of their department, use their vacation, take time away from part time jobs, and most important their families.

The days start for them at 0600 or 0615 and they work to set the classes for that day, they are always available for service when needed to make any type of change that may be needed.

They work until all classes are done at the end of the day usually 1730 by the time the equipment is stored away. Some even work the night classes that may go till 2000 or 2030 hrs.



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REGIONAL CONFERENCE CALENDAR

October 2-5, 2014

-Victoria, BC
Archipelago CISM Society

October 22-26, 2014

-Chicago, IL
Northern Illinois CISM Team

December 4-7, 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)

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A SALUTE TO OUR ICISF VOLUNTEERS

Then come back the next day to do it all over again, for the rest of the week.

They are also doing other things like moving all the equipment into the hotel then back to the Foundation.

They have never asked for anything in return. Their teams receive scholarships for their efforts so that the newer members can be trained.

Their time is in the area of 65 hours per volunteer; it cannot be compensated to any extent. These are just A/V VOLUNTEERS that I have been telling you about, many more work with the city desk, some are collage students that assist with getting people to the correct class on time. We provide transportation for Faculty, volunteers and staff when needed. Also volunteers are at Registration area and in classrooms to get the Instructors anything they may need for their class.

It is very unfortunate we do not have the funds to do more for all of our volunteers; there is no question that we could not do this without them.

I need to tell you that this is a coordinated effort on the part of organizing this large amount of volunteers.

#1- Frank Farrell Battalion Chief
Baltimore City Fire Department

Gathers all contact Information on
Emergency Service Personnel Volunteers



2 – Dianne Taylor, Ed.D, PMHCNS-BC-Retired Towson University Professor of Nursing

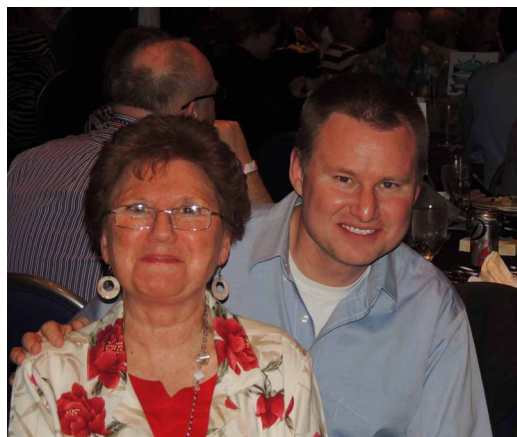
Gathers and checks in the entire student volunteers to work with information in relaying class locations, and helping Instructors with anything they need.

3 – Dwight Polk assists Dianne Taylor with Students from UMBC.

Please consider, If you think of it when you are at a conference or the World Congress, perhaps when you pass one of them you could say thank you to them, I know it would be appreciated.

Thank you,

Donald F. Gow, CTR, ICISF



"The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others..."

--DEANN HOLLIS

ARKANSAS GAME & FISH ENFORCEMENT CHAPLAIN AND CISM PROGAMS

By Dr Sterling D Claypoole, Arkansas Game and Fish Wildlife Chaplain
ICISF Member and Approved Instructor

Arkansas Game and Fish Commission Enforcement division has developed the first Wildlife Officer Chaplain program, following tragedy and training. In the aftermath of the Albert Pike tragic and fatal flooding in June 2010 the Arkansas Game and Fish Enforcement officers sought assistance in dealing with the emotional scars left from being the primary responders to the 20 fatalities and countless injuries. The following year Corporal Ken Key, Wildlife Officer and Chaplain, attended a State Chaplain training which featured an Individual Crisis Intervention course. From the experience during the CISM course training and the interaction with other local Chaplains the concepts of a Chaplain program and the development of CISM response team within the



Arkansas Game and Fish Commission was established. With the support of the Colonel and officers the Ark. Game and Fish Enforcement division offered an Individual Crisis Intervention course to Wildlife officers with more than 20 attending the course in August of 2011. The majority of the Wildlife officers who attended served in response to

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ALCOHOL, TOBACCO AND FIREARMS SUPPORTS EMPLOYEES' FAMILIES THROUGH PEER RESPONDER PROGRAM

By John Golder - ATF Certified Fire Investigator

Joshua Knapp - ATF Peer Support Program Manager

In the wake of a personal or professional crisis, ATF's Peer Responder Program (PRP) is there to support employees and their family members. Since 1988, this program has been used by ATF, federal, state and local law enforcement agencies, and fire and emergency services departments nationwide.

The Special Operations Division (SOD) is responsible for administering and operating the PRP. Clinical oversight is provided by the Department of Psychiatry and Behavioral Sciences at Johns Hopkins Medical Institutions (JHMI) in Baltimore.

When PRP support is needed, the local manager alerts SOD, who coordinates the appropriate peer responders to respond to the best location to assist the affected person(s). In the case of a large-scale event, psychiatrists from JHMI will

deploy with the peer responders to assist.

The success of the PRP is founded on the demonstrated professionalism, dedication, and integrity of the individual peer responders and the pledge of confidentiality. ATF's PRP is not psychotherapy. It is a confidential and voluntary process designed to provide psychological first aid (PFA) to those impacted by a severe event. The members of the PRP are just that: Peers. They are ATF employees from all job series (special agent, industry operations investigator, administrative support). Though ATF's partnership with the JHMI Department of Psychiatry and Behavioral Sciences and the Bloomberg School for Public Health's Center for Public Health Preparedness, PRP members are trained to use the 3R model. The 3R model asserts that disasters, critical

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Share Your Team's Milestone with *LifeNet* Readers

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

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

- Pema Chodron

FROM THE HOTLINE 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

CISM: DOES IT WORK?

By Bruce Ramsay-CTR, TFT, -Adv, Cerified Traumatologist, Long Time ICISF Approved Instructor

I was introduced to Critical Incident Stress Management when I attended a training in Alberta, Canada that was taught by Dr. Jeffrey Mitchell. This was in 1988. At the time I was a Captain in the training division of my fire department-District of North Vancouver, BC Canada. I thought it might be interesting as I had always had an interest in psychology. It was far more than interesting. I sat with my mouth open for two days as Dr. Mitchell explained normal response to trauma. I had no idea I was a trauma survivor. I had witnessed the death of nine former co-workers when I attended a fire at a grain elevator where I had worked for several years right out of high school. I did know that my life was a wreck at the time. I had suffered depression and suicidal ideation for years and simply thought I was “losing it”-more accurately that I had “lost it”. I spoke with Dr. Mitchell after the training and I told him that. He assured me I was acting normally but was kind enough to spend time with me and to ask about symptoms. In that discussion I confessed that I was in fact suicidal. Through his intervention, caring and support, I slowly began to realize that I was

in fact normal but had been highly traumatized in my fire department career which at that time spanned just over nine years. CISM and particularly the kindness of Dr. Mitchell saved my life and started me on treatment and recovery.

I realized that if this could happen to me in what I considered to be a bedroom community fire department, then there must be others impacted in similar ways. I took every class I could get on trauma and CISM. I was lucky to have a Fire Chief who understood and wanted his fellow fire fighters and staff to have the best in health and safety. He encouraged me and supported me in attending training. I became friends with Jeff Mitchell and to this day count him as one of the most influential people in my life. I joined the American Critical incident Stress Foundation and attended every possible training and conference.

I began immediately after that initial training in 1988 to educate my own department about critical incident stress. My Chief encouraged me to present to meetings of the Fire Chief’s Association and to spread the word.

I began to train other departments as well as my own and at the same time to provide interventions for my own co-workers and other fire departments. This was done long before the ICISF determined the need for authorized trainers. Almost all the training was of course Basic CISM. Advanced training was only provided by the ICISF and particularly Dr’s. Mitchell and Everly.

One of my favourite recollections of the early days in training is receiving a call from some folks asking me to provide an advanced course. As a fire fighter and having what I thought was very limited education, I referred this group that had social workers, a psychologist and several other counsellors and therapists, to the ICISF-and more particularly to Jeff Mitchell. The gentleman I was talking to said “where do you think I got your name-from Jeff Mitchell”. I called Jeff and said “what are you doing to me? These guys are professionals and I am just a fire fighter”. He responded that they wanted education that they did not have and that I did. I taught the class and it was OK. I think I was terrified the whole time.

Of course when the opportunity

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CRISIS DOG TEAMS BUILD BRIDGES

By Raquel Lackey - ICISF Member

If you have ever had a tough day only to come home, plop down onto the couch not wanting to face another thing and have the family dog come over, get you to pet them and within minutes you find yourself taking a big breath and letting it out? After a few minutes, your tension about the day starts to fade and before you know it, you are up tackling another task.

Doris Day once said, "I have found that when you are deeply troubled there are things you get from the silent devoted companionship of a dog that you can get from no other source." I experience this over-and-over again when a trained crisis response dog sits with someone who has experienced a traumatic event and provides comfort.

Research shows that interactions with animals have powerful physical and emotional impacts on humans. It has

been shown that petting a dog reduces our heart rate and our anxiety levels also decrease. The levels of cortisol (stress-related hormone) in our bodies automatically decline in as little as five minutes of interacting with a dog. Dogs help us focus on the present moment instead of worrying about the past or the future, which is very important after experiencing a traumatic experience. When a person has experienced something they perceive as traumatic, they feel isolated. The dog has the ability to break this isolation and is a bridge to open up the lines of communication. Oxytocin (hormone of affiliation) increases while interacting with a dog. It improves collaboration in humans and helps foster a sense of community.

A non-profit organization called

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THE TIME IS NOW - EARLY & SUSTAINED RESPONSE CISM AT INDIANA UNIVERSITY HEALTH

By Glenn C Calkins, M.Div, BCC, LCSW

Beth Newton Watson, M.Div, BCC

"Trauma 1. LIFELINE – 3 mins out." Reads the Chaplain's Alpha page message. The chaplain meets the flight crew coming out of the elevator. "Pt. right leg torn off at grain auger. Family enroute here. Requested their FD EMS to retrieve leg. They are transporting limb on ice. FD EMS pretty traumatized. We suggested they call LIFELINE Dispatch for Critical Incident Stress Management (CISM)." The chaplain stayed with Trauma Pt. and family. Also met with ambulance crew, spoke with local Fire Chief and CISM team responded 2 days later to town 60 miles distant for CISM.

Since the late 1980s, Methodist Hospital and its successor Indiana University Health, has continued to respond to Critical Incidents for staff and community needs. Included have been tragic staff injuries or deaths, traumas, Code Blues, and many

Critical Incidents as requested by staff. A more recent example was a Debriefing combined with a Moral Distress Ethics based discussion after a patient's daughter insisted on mechanically continuing emergency breaths for her mother after she was declared dead by medical staff.

The continuity of Critical Incident service includes all phases of CISM, Pre-Incident education, follow-up referrals and even Memorial Services. In a recent tragedy, after a staff person suffered self-inflicted burns, the Spiritual Care and EAP Critical Incident Response team visited the burn unit at a neighboring hospital with colleagues who were emotionally affected.

SETTING

Indiana University Health is a major

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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.

Complete the nomination form (form link from website) and forward to Michelle Parks (mparks@icisf.org)

CONFERENCE AWARDS AND SCHOLARSHIPS

ICISF’s Ellicott City, MD Conference held June 25-29, 2014

We were able to offer complimentary or reduced registration to the following teams:

Montgomery County Fire Rescue Service

Baltimore County Fire Department

Carroll County Emergency Services CISM Team

Department of Natural Resources

ICISF’s San Antonio, TX Conference held July 17-20, 2014

ICISF awards Certificates of Appreciation in recognition of outstanding contributions in the field of CISM. Congratulations on being chosen for the Certificate of Appreciation Award:

Denise Thompson

Marguerite D. Scott

Karen S. Stocks

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. Congratulations on being chosen as Marlatt Scholarship recipient:

William Lay

ICISF’s Wichita, KS Conference held July 21-24, 2014

Congratulations on being chosen for the Certificate of Appreciation Award:

Charissa Jochems



FROM THE APPROVED INSTRUCTOR DEPARTMENT

We held two instructor programs during the Ellicott City, MD Regional Conference. Please congratulate the following participants:

Resilience in Healthcare: Performance, Meaning and Connections – June 26-27, 2014

Michael Dohle
Ed Engstrom
Tom Greenhalgh

Sherry Jones Mayo
Mike Lombardo
Jim Nelms
Michael Saxe

Sandy Scerra
Agnieszka Smetana
Denise Thompson

Advanced Individual Crisis Intervention and Peer Support – June 28-29, 2014

Mindy Albright
Francesca Bartoccini
Jim Baxendale
Beau Blair
John Caruso
James Crowley

Michael Dohle
Ed Engstrom
Stephanie Gibbs
Govan Martin
Wayne Maxwell
Naomi Paget

Michael Saxe
Agnieszka Smetana
Michael Swainson
Dan Sweeney
Paul Tabor



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

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

- 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.

WHAT'S HOT, NEW AND COOL? CHARM CITY IS CALLING 13TH WORLD CONGRESS ON STRESS, TRAUMA & COPING MAY 11-16 2015

By Terri Pazornick, Education & Training Manager

The Renaissance Hotel in Baltimore is just steps away from:

- Great Food - Baltimore is for CRABS
- Outstanding restaurants, bars and pubs.
- Historical Sites
- Unique neighborhoods
- Museums- Visionary Art Museum
- Camden Yards- Home of the Baltimore Orioles
- M&T Bank Stadium-Home of the Baltimore Ravens
- Arts & Culture

Visit www.baltimore.org today to

start planning your trip.

It can be difficult navigating unknown territory, and when you're visiting a new city you want to be able to enjoy the sights – not to worry about how to get to them. That's one of the reasons Baltimore introduced the Charm City Circulator - a fleet of free bus shuttles that travel four routes throughout the city. Tourists and city visitors are welcome to hop on and off the Charm City Circulator – absolutely free of charge!

If you arrive to Baltimore via train, bus or car, the Charm City Circulator can be used as your connector from various train stations, bus

and commuter lots. The shuttle also offers a convenient, reliable and eco-friendly form of public transportation to many popular attractions within the city.

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.

Got questions about the 13th World Congress? terrip@icisf.org.



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

ALCOHOL, TOBACCO AND FIREARMS SUPPORTS EMPLOYEES' FAMILIES

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incidents, and trauma events are best planned for psychologically and dealt with clinically by conceptualizing risk and intervention in terms of resistance, resilience, and recovery.

The 3R model is described as:

Resistance is the capacity of organizations and individuals to be “immune” to traumatic events through planning, preparation, knowledge and leadership.

Resilience refers to the capacity of organizations and individuals to “bounce back” quickly and in this context, is achieved through PFA provided after an incident. PFA is now the standard for response to traumatic incidents and employs triage, case finding, communication, support, direction, referral and monitoring, and promotes and facilitates rapid return of functioning.

Finally, Recovery refers to those who become clinical cases, having developed psychiatric symptoms that cause the individual to suffer and/or to be dysfunctional. In short, the model operates on the principles that resistance can be created, resilience can be enhanced, and recovery sped. The model is largely evidence-based and represents what are currently considered best practices.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is the federal agency primarily responsible for administering and enforcing the criminal and regulatory provisions of the federal laws pertaining to destructive devices (bombs), explosives, and arson. Over nearly 40 years, ATF has developed scientifically proven investigative capabilities, expertise and resources they have positioned ATF as the nation's primary source for explosives and fire investigative knowledge and assistance. All ATF special agents are trained in fire and explosion behavior and have the expertise to investigate arson and explosions. In addition,

ATF has a cadre of specially trained ATF Special Agent Certified Fire Investigators (SA/CFI) who provide technical expertise, analysis, and assistance in support of ATF's arson enforcement mission in the area of fire origin and cause determination. The ATF CFI training program is a two-year, two-phase program designed to train select special agents in the science of fire origin and cause determination. The goal of the program is to provide the requisite knowledge, skills and abilities through training, mentorship, education, and experience enabling ATF CFIs to render accurate origin and cause determinations and to obtain the expertise to testify as expert witnesses in the field of fire origin and cause. Among the many courses a candidate completes, he/she must also complete a research project. This project must be of sufficient quality to survive peer review and be submitted for publication.

ATF SA/CFI Candidate William Visnovske began a research project in 2010 as part of his fire investigator training. The topic, Impact of Fatality Fires on Fire Service and Law Enforcement Fire Investigators, Crime Scene Investigators, and Firefighters, has opened a whole new area of focus for the ATF PRP and the Critical Incident Stress Management (CISM) community as a whole. It is not an understatement to say a significant percentage of the ATF special agent workforce was not being engaged by the PRP. Based on the research findings of Visnovske and Dr Jeffrey Mitchell (his research partner), the CISM community was equally at fault in meeting the needs of the fire investigation community. Below

is an excerpt of the summary of the study:

The results indicate that fire investigators and emergency personnel have significant reactions to fires involving the loss of life. Follow-up interviews suggest that fire investigators feel unique in their reactions. They hesitate to seek assistance for fear that their careers might be negatively impacted or that they will be perceived by colleagues as weak and unstable. This study indicates that fire investigators are open to certain types of assistance. The report concludes that fire investigators would benefit from crisis support services in the aftermath of fatality fires.

CFIs whether federal, state, county or city-based are unique. Firefighters see them more as police while police officers see them more as firefighters. As a result, they operate largely within a world of their own. Because of the nature of their investigative work, CFIs become very intimate with the bodies of those who succumb to fire. The body(s) provide part of the story. Oftentimes, a body is covered with debris, which must be excavated by a hand. The CFI must study details such as burn patterns of flesh, condition of nostrils and mouth, loss of tissue, ears, fingers or toes, signs of physical injury or abuse that may have existed before the fire, and the like. Each of these facts helps explain the intensity of the fire, direction the fire travelled through the structure, how long the victim was alive until the succumbing to the fire, and actions at time of death, etc. CFIs are usually responsible for placing fire victims into a body bag and overseeing the removal of the same from the fire scene. This intimacy takes a psychological toll.

With a large fire investigator population, ATF's SOD undertook a review of its PRP. Below are some findings ATF acknowledged, as well

ALCOHOL, TOBACCO AND FIREARMS SUPPORTS EMPLOYEES' FAMILIES (CONT'D)

as some steps taken to ensure the fire investigation community is included in PRP outreach efforts.

1. ATF has acknowledged its CFI cadre is unique among its special agents. They are frequently involved in investigations where death has occurred. In addition, often the CFIs physically handle dead bodies and in intimate fashion while reconstructing the events surrounding the fire and resulting death. As such, they are most exposed to critical incident stress of all ATF employees.

2. CFIs (ATF, state, county, city) as a group are extremely reluctant to ask for help dealing with their critical incident stress. Visnovske's research identifies several reasons for this reluctance. As a group, CFIs almost never access PRPs or Employee Assistance Programs (EAPs) offered by their home agency's.

3. ATF has created a new request model for the PRP that allows CFIs to bypass their chain of command if they need assistance. This new procedure is in response to

the study's findings that CFIs are reluctant to acknowledge to their supervisors the stresses of their job.

4. State/local CFI – traditionally ATF's PRP will assist allied police and fire personnel. This occurs only with the approval of the ATF Field Division Special Agent in Charge (SAC) approval. Greater emphasis will be given to allied fire personnel. If SOD identifies a non-ATF CFI in need of the PRP, the SAC of the field division will be notified by SOD. If the SAC approves the response, the PRP activation will proceed.

Since the results of the Visnovske study were made public, many CISM programs have taken notice. As is the nature of research, these findings generated new questions and avenues for the study. Visnovske and Mitchell continue their research efforts among the population of CFIs. A number of fire departments, CISM teams and CFI organizations have received presentations on the research

from Visnovske and/or Mitchell. These presentations are helping organizations refocus their CISM efforts for their CFI populations.

ATF's PRP is well established and respected throughout the bureau. Visnovske's research project demonstrates the CFI cadre within ATF has been engaged by the PRP. In response to this scientific research, members of the PRP consulted with Visnovske, as well as the managers of ATF's CFI Program and the Chief of Arson Enforcement Branch. The result of these consultations is a new procedure designed to better serve the CFI cadre, that has been in place for 12 months. CFIs have begun to access the ATF PRP. Outreach efforts specifically targeting the ATF CFI cadre have also been put in place. The PRP has also assisted several allied fire agencies with good results. Indications are ATF is moving in the right direction to better include its own fire investigation community, as well as allied fire investigators in its PRP.

ARKANSAS GAME & FISH ENFORCEMENT

Continued from page 3

the Albert Pike flooding and still others had encountered other tragic events including officer involved shootings, drowning's, and the Memphis Police Officers death and manhunt. Each officer including the Senior Administration who attended the CISM training expressed the desired need for more training and implementation of Critical Incident Stress Management into the field. In the following year of 2012 five Wildlife officers, including Corporal Key, attended the additional Group Crisis Intervention training lead by Sr. Chaplain Dr. Sterling Claypoole.

As preparation and development of the new Chaplain and CISM program continued with the Arkansas Game and Fish Enforcement division, the

CISM training and skills were put to use amid the death of an Arkansas Wildlife Officer and a local Sheriff. On May 31st, 2013 during a violent storm Arkansas Wildlife officer Joel Campora and Scott County Sheriff Cody Carpenter were swept away by flood waters during a boat rescue. Both perished and following several days of searching their bodies were recovered by Wildlife officers and other rescue agencies. During the searching period that weekend and the following months more than 15 Defusing's and Debriefings were conducted for Arkansas Wildlife officers and the participating agencies involved in the Y-City Flooding. All of these defusing's and debriefings were conducted

and led by members of the Arkansas Game and Fish Crisis teams including two volunteer law enforcement chaplains who had been trained in the prior year.

The newly developed Chaplain program for the Arkansas Game and Fish has selected 12 Chaplain Candidates from each region of the state of Arkansas. All chaplain candidates were recommended from Wildlife officers in their districts and will be the primary chaplain responder for those officers. The chaplains are all volunteers who serve as ministers in various churches and agencies in their local communities. Requirements for the chaplain positions are extensive and thorough to provide the best candidate for

ARKANSAS GAME & FISH ENFORCEMENT (CON'D)

the role. All Chaplains have had to complete the application process, background check, recommendation letters of good standing from their local church, and an interview with the Chaplain Selection committee made up of senior Wildlife officers. Key educational requirements for all chaplains are the 12 Core Courses and membership with the International Conference of Police Chaplains and completion of both the Individual Crisis Intervention and Group Crisis Intervention courses through International Critical Incident Stress Foundation. Additional trainings in law enforcement, CISM, and ministry will be recommended and

offered annually to support the growing needs of the Chaplains and Officers.

Wildlife Chaplains will serve in a variety of capacities from officer responses, to specific scene situations, to law enforcement family support. Monthly ride outs with Wildlife officers, participation in checkpoint activities, and responses to call out situations will be the primary roles of Wildlife Chaplains. In combination with the CISM trained Wildlife officers the Chaplains will form a Critical Incident Response Unit specific to Wildlife officers and situations. This Response Unit will not only support

Arkansas Game and Fish Officers but also other law enforcement agencies and even other state Wildlife agencies. Wildlife Chaplains will not only serve in the local districts but several will be assigned the specialty teams within the Game and Fish Commission. These chaplains will receive or have specialized training in area of Scuba diving, K-9, Disaster Response, and Honor Guard teams. Plans are developing to have CISM courses offered in the annual Wildlife Officer Recruit academy to allow new Officers to have the Individual Crisis training before reporting to their first duty assignments.

CISM: DOES IT WORK?

Continued from page 4

and need for authorized trainers came around, I signed on and have been one ever since. I do not recall the dates of the various train-the-trainer programs I have taken. Since those records have been kept and recently with the assistance of the ICISF-Kate Looman specifically-we have tracked the number of courses I have taught. . As of the start of 2014, I have taught 218 classes with registration of 4,538 students. This number does not account for the early years prior to train the trainer. Considering the additional courses this year and those early years I think it safe to say I have taught close to 300 classes and must be approaching 10,000 attendees.

I have had the privilege of meeting so many who are trauma survivors and do not realize as I did not, that they are OK. Many feel that they are in trouble emotionally. Education alone can provide the recognition of their resiliency which only promotes greater health and encourages

them to tell their stories and that accounts for a tremendous amount of healing for them and those who hear their stories. I had the opportunity around 1994 to teach in First Nations' communities in BC. Initially it was for fire fighters alone. Many of those communities have high levels of trauma, but being remote geographically, are underserved from a professional counselling/psychology perspective. Working with a team from First Nations' Emergency Services Society-all trained in the ICISF model of CISM, we began to expand the training to encompass community members. I called Dr. Mitchell and asked for his assistance in doing so. I asked him to have the ICISF find other teams world wide that were Aboriginal teams. None existed. We created the first team in the world that was an Aboriginal team. Today there are many both in Canada and in the United States and it has been my honour and privilege to have conducted many training sessions within a vastly different culture than that of a fire department. Does CISM work there? Absolutely. To quote a

dear friend in South Dakota, in order to make that happen "you must wrap this model in the blanket of our culture and traditional healing".

There have been many opportunities for me through CISM. I teach CISM for a local college that provides training for all first responders in British Columbia. Through them I was able to go to Saudi Arabia and teach. Does CISM work in that culture. Absolutely. As Dr. Everly said "trauma, like beauty, lies in the eye of the beholder". Anyone can suffer the impacts of post traumatic stress symptoms and it does not matter who you are, or where you are, early intervention can be helpful. I had the opportunity to assist Dr. Mitchell with a Group Crisis Intervention training in Oklahoma City. I responded to 9-11 with the On Site Academy and Boston Police. I have seen the effectiveness of early intervention in large events and in single person events.

What has all this taught me?

The need for CISM is strong. It always will be. There are so many who are exposed to trauma in their lives and in their line of work and who are

CISM: DOES IT WORK? (CONT'D)

not acknowledged or provided with basic intervention.

We must continue to teach and to learn how to be better equipped to help those in need. Personally, I will not stop. I have been retired from the fire service since 1999. I will not retire from CISM. Does it work-absolutely. Do you want to

know how I know. I am alive. I am alive because of CISM. When you hear of those who would question the importance of this work; tell them to call me. Tell them to call my children. Tell them to call some of the roughly 10,000 people I have had the privilege of teaching and ask them why they see the need.

Make use of the plan called CISM. It works. And finally, to borrow from the principles of Yogi Berra-“If you don't have a plan-it won't work”.

Keep up the good work and keep helping. Be well in health and spirit.

Ramsay Consulting

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THE TIME IS NOW - EARLY & SUSTAINED RESPONSE CISM AT INDIANA UNIVERSITY

Continued from page 5

health provider of the state of Indiana. The hospital system includes 18 Hospital facilities around the state. I.U. Health has been listed in the top 1% of health care providers by U.S. News & World Report. The system is not-for-profit and one of the largest employers in Indiana with corporate offices in the state. The system is a union of state university and faith based health care. Every hospital in the system has access to Spiritual Care.

Staff Chaplains are expected to be board certified with the Association of Professional Chaplains, the National Association of Catholic Chaplains, The National Association of Jewish Chaplains, and/or the Association for Clinical Pastoral Education. The Academic Health Center (AHC) Spiritual Care and Chaplaincy Services is made up of permanent staff chaplains, clinical pastoral education supervisors, residents and interns.

On Indianapolis city campus the 3 hospitals are all tertiary care with the Indiana University Medical School and Nursing School as a part of the campus and connected by an elevated “mono-rail” called the People Mover for efficient and rapid response to need. Methodist Trauma center is a Level 1 center with the presence of 4 LIFELINE air transports.

CISM TEAM & OPERATION

employee assistance, and pastoral counseling. Calls to the AHC: Spiritual Care and Chaplaincy Department or to Chaplains on call bring an immediate response. AHC chaplains are in house 24/7/365. Pre-Incident brochures are available and regularly distributed for all staff for education and recognition of the signs and symptoms of stress and critical incident. When an incident occurs leaders and staff determine the need and the breadth of CISM services in consultation with the chaplain responder and chaplain managers.. Many of the staff care activities are continued beyond immediate interventions, defusings, debriefings and crisis management briefings. After helping staff make meaning of their experience, and energizing resilience, the Critical Incident Stress Management effort has at times extended to changes in operations or policy, vigils, and memorial services. At times, integrated in the CISM response is consultation with and referral to the Employee Assistance Program, Buchanan Pastoral Counseling Center, or Psychiatric Services on the campus of IU Health settings.

Education & Preparation of CISM Team Responders.

The CISM response at IU Health is initiated by staff request or consultation with assigned chaplains. Social work, psychiatric nursing, academic affairs, physicians have all been responders. Some of the AHC

chaplains also hold mental health licenses in the state of Indiana. All AHC permanent staff chaplains are required have a Master's level or equivalent degree, a minimum of 1,600 hours of Clinical Pastoral Education and be Board Certified within two years of hire as well as endorsed by the religious body. On the chaplain staff there are people of a variety of faith perspectives. Many religious faiths are also represented as volunteers or consultants to the full time Spiritual Care Staff. The team has included multiple trained peers as well. Such peers include Radiology Technicians, Paramedics, Physician Assistants and others. From time to time depending on the nature of the Critical Incident the mental health professionals may themselves need debriefing given an incident that is determined to be critical to them. Most recently this was necessary after the Indiana State Fair disaster when a concert platform and its lighting collapsed on hundreds of attendees. Family members were separated in a stampede. Patients arrived without identification. Crushing injuries and head trauma were common, and at one point six neurosurgeons were operating simultaneously.

Breadth of Service

Relieving Stress and connecting staff to the resilience necessary to continue their lives and professions is a priority for our teams. However, a primary goal for a professional

THE TIME IS NOW (CONT'D)

chaplain is to assist others as they make MEANING of the critical events of their lives and careers. It has been heavily recognized over the years of this Team CISM response that a leading cause of “burn-out” and PTSD has been disruption of core beliefs, when exposure to new and unexpected events, differences in values, and traumatic illness and injury, cause changes in emotional, spiritual, and physical homeostasis. With integration of other members of the health care team, chaplains design CISM response to mitigate immediate circumstances and stay with their fellow health care teams to connect to their beliefs and values. IN fact, Critical Incident Response tactics were used to provide staff care during a Reduction in Force.

A young mother of deeply religious faith and a large community of faith arrives in intensive care due to ingestion of heavily corrosive household cleaners. She ingested the liquids after her baby was found dead next to her in bed. She was awake, alert, and aware. She was also going to die. Many of the staff were

mothers and or parents of her age. Immediate and daily defusings of this Critical Incident were arranged with attending staff. Staff was aware that this patient’s religious community “may” be averse to certain kinds of medical care. With help from elders of that community and a nursing professor of that faith group a staff Community Management Briefing was helpful in addressing and mitigating many concerns. These interventions together and now with the inclusion of the elders of the religious community, facilitated a bedside team presence with the mother, family, and her other children as she visited and said good-bye to all present.

Days later both formally and informally Debriefings continued. For months to a year, the pain was managed, but the MEANING of the intimate experience brought a new level of values, beliefs and professional lives of the staff and the patients they continued to serve.

Continuing Education

Basic Training for the CISM Team and response is ICISF Group Crisis

Intervention. Many team members have had other ICISF courses as well as other early intervention training. In the last two years in service classes, practice response seminars and full Group Crisis Intervention classes have been offered for the entire I.U. Health system on four statewide campuses. At each hospital setting in the AHC: Spiritual Care and Chaplaincy Services, “Morning Report” is a required daily meeting. There are at least two purposes for each of these meetings. One is to make referrals for services initiated or needed as well as staff needs and CISM. The other purpose is to process each chaplain’s exposure to clinical experience and to connect to the significant change in the level of new disturbance, meaning and connection to the significant change in the level of new disturbance, meaning and connection in order for wellbeing and resilience to grow. Such contemplation and education enable the chaplains, CISM team, and health care staff to serve through the trauma to themselves and others.

CRISIS DOG TEAMS BUILD BRIDGES

Continued from page 5

HOPE Animal-Assisted Crisis Response (www.hopeaacr.org) began in 1998 after two animal-assisted therapy teams were asked to help comfort students, parents and staff following a shooting at Thurston High School in Springfield, Oregon. It was quickly determined that teams of specially trained dogs and human could help people cope with pain and anguish caused by traumatic events. Agencies call upon HOPE to provide comfort and support to people affected by disasters.

There is a substantial amount of training required for both ends of the leash. On the human side,

learn about Incident Command System, so we don’t add to the chaos at a crisis event. We also learn psychological and physical first aid for both humans and dogs. There is a lot of training on canine behavior stress management, because dogs are communicating with us all of the time, it just isn’t in our native tongue of spoken words. A primary role for the handler is to be their dog’s advocate at ALL times and that will keep us and everyone safe. Because a deployment can last multiple days, we learn how to practice self-care for our canine companion as well as ourselves so that we can both stay healthy. I can’t stress enough how important

listening and observation skills are when working with people that have been through a traumatic event.

On the dog’s end of the leash, they need to enjoy human contact and take pleasure from being petted and handled, even clumsily at times from a wide variety of people. Because crisis response work is often done in unpredictable and emotionally charged environments, it is very important that the crisis response dog is able to be calm and have the ability to recover from uncertainties and stressors. To train for this we socialize the dogs in as many places and experiences we can think of including, but not limited to: downtown city streets, restaurants,

CRISIS DOG TEAMS BUILD BRIDGES (CONT'D)

ferry rides, elevators and fire stations.

We continue to learn new things with each & every deployment, and the Oso Mudslide is no different! The mudslide happened on Saturday, March 22nd. Pickles (my HOPE animal-assisted crisis response dog) and I were deployed within 24 hours to the Snohomish County Emergency Operations Center (EOC), which had over 100 people there in a heightened state of stress that continued for days.

In hindsight, having the crisis dogs deployed so quickly after the disaster allowed them to become a trusted partner as the various groups' were forming. Through April 30th there had been 45 dog teams from four different organizations that were sent out over 200 times to various locations.

There is a study that was published in 2012 in the International Journal of Workplace Health Management, which indicated that employees who had access to pets at work were more productive workers. Being productive at an active EOC is exactly what is needed to be successful in dealing with a disaster.

After a few weeks of having the dogs at the Snohomish County EOC, one of the Incident Commanders came up to me and said, "Thank you for bringing these dogs to visit with all of us. This is the first time we have had crisis & therapy dogs invited into an active EOC here and I hope to never activate this EOC without the dogs in the future."

There was a study "conducted by researchers at Central Michigan University in Mount Pleasant, that found having a dog in the work place enhances collaboration among workers". Still another study published in 2011 quotes "Dogs in the office foster friendlier, more collaborative work environments." Several people that I spoke with during the Oso Mudslide also

noticed this.

One gentleman came up to me and said, "I have been deployed by FEMA to more disasters and activated EOC's than I can count, including two in the Pacific NW. This has been the most collaborative EOC that I have ever seen, which is further impressive considering the length of time it has been activated. I can only attribute this to having the dogs here."

What we did differently at the Oso Mudslide disaster that worked incredibly well was to pair a Green Cross Traumatologist volunteer with a dog team, one-to-one. In doing so we were able to serve the first responders and others in the community. The dogs were magnets and quickly opened lines of communication.

Many of those who are affected by a disaster have intense feelings that they are trying to process. In addition to processing the current disaster, some people have past experiences that also resurface at the same time. Being paired with a dog-less Green Cross Traumatologist allowed us to help support these individuals quickly and efficiently by having a second person that could have more in-depth conversations, as needed.

I'll give you a specific example. A woman walked into the Community Center in Darrington, which is the town on the east side of the mudslide. This woman was visibly upset and becoming f r a n t i c , unable to form words to communicate what she was upset about.

As she walked into the room she saw my chocolate lab, Bungee, and stopped dead in her tracks. She slowly sank to the floor, petting Bungee and began to sob. After a few moments, while continuing to get comfort from the dog, she was able to communicate to my partner and I about what she needed, which was that she couldn't find her kids, who had been playing outside.

Being paired with a Green Cross traumatologist allowed us to help this woman and also discuss with other Red Cross mental health volunteers who were going to be in the community center for a longer time frame, the needs of this particular woman at the current moment, as well as develop a plan for after we had gone.

It is hard to describe how humbled I am to have been part of a great group of Emergency Management professionals, volunteers and community members who welcomed the crisis response comfort dog teams with opened arms and invited us to participate during this entire event.

What we do is very simple yet at the same time very powerful & effective to build a bridge of communication with someone who has been through a traumatic event. The applications of well-trained crisis response dog teams are limitless!



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