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LifeNet

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REFLECTIONS TEN YEARS AFTER

By Donald Howell, Executive Director

September 11, 2001

That day for me, it was a beautiful and clear late summer morning.

As I was informed that a second tower had been struck, I knew at that moment, that my life, my families lives, the lives of the nation, the world and many generations yet to come would be impacted in ways unknown by this horrific event.

To this very day, I am saddened by the loss of so many emergency services heroes and citizens. The sadness only continues to deepen as emergency services personnel continue to perish from the physical effects and memories that lingered as well as the countless service men and women who give their lives protecting our freedom.

I still remember the days immediately following the 9/11 attacks, when taking a break and walking out onto the ICISF balcony and looking towards the skies. Still a brilliant blue sky, pleasant warm summer days, and yet, not a plane, a contrail nor a sound from above, all planes had been grounded. Truly an eerie sensation.

September 11, 2011

“Those who cannot learn from history are doomed to repeat it.”

- George Santayana -

What are the lessons we have learned in the arena of CISM since that fateful day ten years ago:

-We as a nation and as individuals are resilient. The willingness of so many to serve in a time of crisis...the fact that we acted as one community to help each other during 911 was truly amazing.

-Cognitive Behavioral Therapy, Psychological First Aid, Critical Incident Stress Management, Community Crisis

Support, EMDR, EAP as well as others modalities, are but a few of the interventions that are a piece of the continuum of post incident care. None of these are “the magic bullet”, but each has their own appropriate timing, target, type, theme and threat values.

-Sometimes the most important service that can be provided to individuals post incident from

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KEEPING YOUR BOOTS CLEAN

By Officer David A. Rhoades
Amherst MA Police Department

A police officer sits in his cruiser, in the back lot of the police station, just beginning his eight hour shift as the dispatch radio crackles to life. The dispatcher advises the officer of a reported suicide in the south sector and he immediately responds. Upon arriving at the scene, he discovers the body of an individual who apparently, as a result of a self-inflicted gunshot wound, committed suicide. The officer attempts to calm the very distraught family while securing the scene. Hours later, night has fallen and he returns to his cruiser to leave the area and handle the next call. As he closes the door to his darkened police cruiser, he is overwhelmed by the foul pungent odor surrounding him. With the faint lighting radiating from his dashboard

the officer is able to glimpse the dog-doo on his boots and covering the cruiser floor board. He immediately knows he must have stepped in it as he exited the residence and knows that it is going to be a long shift this evening. The officer begins to reflect on the emotional toll the suicide has taken on him and begins to realize he “Has Really Stepped In It”. The stress from witnessing the death scene, the cumulative effect of hyper vigilance and the handling of violent offenders for so many years comes crashing down on the officer as he sits in his dark, rancid cruiser. What can the police department and mental health professionals do to “Clean These Boots”?

The Amherst Police Department is located in Amherst, Massachusetts

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Regional Conference Calendar

October 5-8, 2011
.. Toronto, ON
Peel Regional Police

October 27-30, 2011
.. Victoria, BC
Archipelago CISM Society

November 9-12, 2011
.. Greenville, SC
ICISF

November 3-6, 2011
.. Indianapolis, IN
ICISF

December 1-4, 2011
.. San Diego, CA
San Diego County Critical
Incident Stress Team

2012 locations and dates
coming soon!

FROM THE CONFERENCE DEPARTMENT

By Terri Pazornick

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. Typically, deserving individuals on their team or part of their organization receive scholarships 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 acknowledged and presented with awards at the conference Award Ceremony & Town Meeting.

Team Scholarships are offered by ICISF and individuals are selected by the local host.

ICISF's San Francisco, CA Conference held June 8-12, 2011

Congratulations on being chosen as a Marlatt Scholarship recipient
Jessica Warren
Jimmy Anderson

Congratulations on being chosen for the **Certificate of Appreciation** award

Jeff Dick

Bill bcGuigan

Mike Gonzales

ICISF's Columbia, MD Regional Conference - July 13-17, 2011

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

Vickey Ludwig – Carroll County CISM Team

Meghan Ryan – Baltimore City FD

Stacey Curtis – Baltimore County FD

Debra Hopkins – Queen Anne County FD

Kim Bunn- Prince Georges County FD
Team Scholarships Awarded

ICISF awarded team scholarships at the Columbia, MD Regional Conference to those local teams that volunteer and assist ICISF throughout the year and especially at ICISF's World Congress. ICISF awarded 41 individuals from seven local CISM Teams the equivalent of over 120 days of training!

Thanks you for all of your hard work and dedication!



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Speakers Bureau Program

- Dynamic speakers
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Host A 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

TEAM MILESTONE: CEDARS-SINAI HEALTH SYSTEM

Cedars-Sinai Health System CISM Team Celebrates Its 15TH Anniversary!

In the summer of 1996, ICISF approved trainer, Dr. Gary Brown of Los Angeles, was contacted by Nancy Nuechterlein, who was the Director of the EAP at Cedars-Sinai Sinai Medical Center. They discussed the fact that employees of the entire Health System, which includes the 959-bed Medical Center, were routinely exposed to critical incidents. Cedars-Sinai requested that Dr. Brown help to establish, train, and co-lead a CISM team for the hospital staff. Senior and executive management at the hospital heartily endorsed the program from its inception.

The first training was completed on October 6, 1996 and it was on that date that the Cedars-Sinai CISM Team was formed. Several planning meetings took place during the first three weeks and within a month the team began responding to the first requests for services.

The initial plan was to roll out the CISM program in the emergency department only for the first year. However, within just 60 days of its inception, the team had responded to several critical incidents in the ED and the word was spreading that there was now an organized and effective means to take care of clinical staff in the immediate aftermath of a critical incident.

AN UPDATE FOR CISM SERVICES IN JOPLIN:

RESPONDING TO THE MOST DEADLY TORNADO IN OVER 60 YEARS

By: Gary Brown, Ph.D, LMFT, FAAETS, BCECR

At 5:41 p.m. on May 22nd an enormous EF-5 tornado struck Joplin, Missouri with unimaginable devastating power. As of this writing the official death toll from the tornado is 156 with over 1,100 injured. Over 8,000 structures were destroyed and 6,600 families have been displaced.

To give some perspective, the area of total devastation in Hiroshima after the atomic bomb was dropped was 3.0 square miles. In comparison, the area of total devastation in Joplin is 8.2 miles, which is equivalent to almost three atomic bombs.

In the immediate aftermath requests for first responders and crisis

The team began to receive requests for crisis intervention services from throughout the entire Health System. As standardized protocols had already been established consistent with ICISF best practices, and based upon the expressed need for these services, the decision was made to roll out the CISM program to the entire organization.

Over these fifteen years, the team has responded to almost 600 critical incidents and served several thousand employees, physicians and volunteers in both clinical and non-clinical areas. In addition to serving in-house staff, the CISM team has also delivered mutual aid to other medical centers in the region. Over the years, Joint Commission surveyors have commented positively on the existence and mission of the Cedars-Sinai CISM team and, as a result, are looking for similar initiatives at other hospitals and medical centers.

Marilyn Shirk, R.N., Clinical Nurse Specialist & Mental Health Liaison for the Medical Center, and Dr. Brown, serve as the team co-leaders. There are currently 43 CISM team members consisting of eight licensed mental health and 35 peers. The Cedars-Sinai CISM Team is organized and operates under the auspices of the Cedars-Sinai Sinai Work 'n Life Matters/ EAP via a directive from Human Resources. The team has received numerous accolades and commendations from staff and leadership during its first fifteen years of service.

intervention services quickly began pouring in. Numerous public and private organizations were and are continuing to provide CISM services in Joplin.

Among those organizations is the Salvation Army. The unit within the Army's incident command structure that uses the CISM model is the Emotional and Spiritual Care unit – ESC.

The Salvation Army to Joplin initially deployed several ESC personnel: the majority of them trained and experienced in providing CISM. Personnel checked in each day at IC center, located at the Salvation Army headquarters at 7th and Kentucky. Due to an incredibly large and unstable debris field, coupled with low

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 in 2010, 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 COORDINATOR

By George Grimm, CTR

When CISD/CISM was first introduced several decades ago, the ICISF established a "HOTLINE" phone number on a 24/7/365 basis, so that organizations or individuals needing assistance would have access to the limited number of teams that had been organized. Because of the growing acceptance of CISM and more training being offered, more individuals getting that training, and more teams being established, the number of calls to this HOTLINE has been considerably reduced as local teams are more readily available to handle their own requirements and also, in some cases, provide assistance to other teams within their local areas. This HOTLINE number is still available; however, most of the calls for assistance now come directly to the ICISF office from organizations or agencies looking for assistance at larger incidents, from civilians needing help who have used the ICISF website, or from established teams who need assistance from other CISM teams or personnel.

Currently there are 735 teams worldwide listed in the HOTLINE database. From this database ICISF has been able to provide referrals for many large local and

major national disasters. Recently, however, fewer of these teams have supplied the up-to-date contact and activity information that ICISF requires on an annual basis. Therefore, ICISF cannot always provide reliable information about many teams when called on to do so. As of today, of the 735 teams in our database only 174 have kept their information current enough to be reliable. These teams are listed on the ICISF webpage under "CISM Teams/CISM Team Listing." Only those who have supplied information during the past year are on that list.

If your team is not on the list, it is because ICISF does not have current information from you and has been unable to contact the team from the information we have. If your team is still functional and would like to be considered for referrals, the team information needs to be brought up to date, and your team should file a "Team Information Form" annually. This form can be downloaded at <http://www.icisf.org/images/stories/PDFs/teaminfo.pdf>. For more information regarding your team's status, please contact the HOTLINE Coordinator at hotline@icisf.org.

FROM THE ICISF BOARD OF DIRECTORS: STRATEGIC PLAN FOR 2012-2014

By Becky Stoll, LCSW, CTS

The Board of Directors will be spending the next few months developing ICISF's 2012-2014 Strategic Plan which will guide the organization towards improvement and opportunity for the next three years. Our current Strategic Plan has greatly assisted us in navigating the economic downturn and in finding opportunities to improve our operations and pursue new ideas/ventures. This has resulted in more overall fiscal stability at a time when other like organizations continue to struggle in the current economy.

The current Strategic Plan we are operating under is very ambitious with eight identified goals. We were acutely aware when we created it, with assistance from an outside strategic planning consultant, it was a "heavy" plan and not

all goals would be achieved in the 2009-2011 timeframe. We are very pleased some goals/objectives were achieved and significant progress was made in others. However, there is still much work to be done. We realize there continues to be areas that need our attention and focus to make improvements in certain areas of operation.

The Board welcomes your input into the 2012-2014 Strategic Plan. You as the users and supporters of ICISF services and products are well aware of what we are doing well and what areas need improvement. If you have feedback for us, you can e-mail me at Becky.Stoll@centerstone.org

I hope everyone's summer has been restful. We look forward to hearing from you!

*Editor's Note: The 2009-2011 ICISF Strategic Plan may be viewed on the ICISF website (www.icisf.org)

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!

REFLECTIONS ON 9/11

Donald Gow
ICISF

September 11, 2001 was in all probability one of the strangest days of my life. I never turn on the TV while I'm getting ready for work, but that day was different in more ways than one.

In order to give you an understanding of my thoughts on that morning I will need to give you some history on my background. First I was born in Manhattan NYC (Yorkville) not all that far from the World Trade Center, I also was a Fire Fighter in Baltimore City for 30 years. Back in the mid 80's I was at a FBI seminar on terrorism and a comment was made by a Fire Chief Officer that no one enters a building because of a possible secondary device. We had a few unpleasant words with each other, but I attempted to tell him that he may be able to do that with a small department but it will not happen in a larger Department with professionals, you will not be able to stop them with people are known to be trapped! While he called me an A*****e and I sat down I kind of hoped he was right (and he may be).

After the first airplane hit the tower and I visually saw it my fear grew to unbelievable heights for any and all first responders going to the location and I prayed that Chief was correct, but I know in my heart and I could see what was about to happen, although I did not anticipate a complete collapse I did foresee a partial.

Watching the brave men going in and at least some knowing what may happen at any moment but pushing forward regardless of the cost to themselves makes me proud to be part of a family of men and woman that will do whatever needs to be done to save a life.

That day will stay with me like December 7, 1941 stayed with my grandparents. And the truth be known I DO NOT WANT TO FORGET.

So there are the thoughts I have on that day 10 years ago.

Jeffrey T. Mitchell, Ph.D.
Co-Founder, ICISF

As we watched television, the second aircraft flew into one of the towers. I turned to my university crisis students and said, "Ladies and Gentlemen, this is war and it will change our lives." They simply stared at me in profound shock. The collateral

damage from those attacks has literally impacted everyone who was in the classroom that day. Some experienced the loss of people they knew. Others actually worked at ground zero and still others have endured dramatically increased workloads in the years since. All have had to adjust to the increased economic demands of a nation engaged in two simultaneous wars generated by the attacks. Most have experienced the delays and inconveniences spawned by the "new normal" in security. Some spend time training for the next attack on America. We have all been changed and we all remember September 11 with sadness, but also with hope. We will never forget.

Dr. George Everly, Ph. D
Co-Founder, ICISF

In April of 2001, I was just completing the largest disaster-related project of my career. In 1993, I had been asked to help develop a "resiliency-based" mental health initiative in Kuwait subsequent to the Iraqi invasion of Kuwait. My work in the project was completed in 2001. That assignment had changed my life. I was convinced that nothing else I could do professionally would have as large an impact on me both personally and professionally as my experiences in the Middle East...I was wrong. A mere five months later the terrorist attacks of 9/11 would once again change my views on disaster response in general, and more specifically on disaster mental health, and perhaps most importantly on the nature of human resilience.

Within 72 hours of the attack, we were asked to come to New York City by Mayor Giuliani's office. Ken Bohn and I headed north. Our initial efforts were coordinated by Peter Volkmann who was instrumental in establishing an amazing critical incident stress management response system in the early hours after the disaster. We were quickly introduced to the heroic efforts of POPPA (Police Officers Providing Peer Assistance) and later to the NYPD Early Intervention Unit. Later I was to meet one of the most amazing people

I have ever encountered...Cherie Castellano. Cherie taught me much about self-less, tireless, dedication to others. Cherie performed many tasks, but what she taught me most was the importance of a strategic vision. Cherie was a gate-keeper, coordinator, but mostly a "kick butt and take names" leader who commanded the respect of the most hardened NY and NJ law enforcement personnel. Her efforts included brilliant initiatives on behalf of the Port Authority Police of New York and New Jersey, the New York City Police, where I worked with Michael Peruggia and others, and the New Jersey State Police, with Jim Nestor. I also had the opportunity to work closely with a remarkably gifted man former SSA FBI (retired) James Reese. Cherie, Peter, Jim, Michael, James, POPPA and countless others changed the way critical incident stress response for law enforcement would be done...forever. They set the new "gold standard," the new standard of care. The tireless efforts of Ken Bohn and Douglas Mitchell, both firefighters, demonstrated that the commitment to helping transcended professions.

What did we learn? We learned the importance of a strategic plan and vision. We learned that crisis intervention is best provided by properly trained peer responders. We learned the importance of having a properly trained team of crisis chaplains. We learned that intervention systems and protocols need to be flexible and take into consideration the nature of the recipient population as well as timing. We learned the importance of specific training in critical incident stress management. We learned that crisis intervention was more effective than psychotherapy. We learned that the politics of healthcare, and the quest for recognition adds to the complexity of a disaster. But most importantly, we learned the power of human resilience and the need to focus our future efforts on enhancing proactive resilience, rather than focusing solely upon reactive, pathology-oriented approaches to intervention. We learned the importance of resilient leadership as embodied by Mayor Giuliani and others...such as Cherie Castellano. Thanks for all you have done!

AN UPDATE FOR CISM SERVICES IN JOPLIN

(Continued from page 3)

or no visibility conditions at night, operations were conducted during daylight hours.

The history of the Salvation Army in providing disaster relief spans three centuries and its track record is impressive: the “boots” of the Army are typically first to arrive on the scene and also the last to leave. At a point in a response effort when other relief agencies are winding down their own operations, the Salvation Army is usually ramping up its efforts to ensure that a wide array of services are made available for prolonged periods of time to assist survivors with post-incident recovery.

During this responder's time serving in the ESC unit in Joplin, it was noted that CISM services were being delivered to hundreds of survivors and responders, including Salvation Army personnel. Given the demands for emotional and spiritual care away from fixed service locations, the physical impact of the tornado, the size and overwhelming damage within the debris field, The Salvation Army deployed CISM trained Emotional & Spiritual Care personnel on all of their canteens (mobile feeding units).

In addition, due to the limited movement capabilities of canteens due to the heavy debris

field, the Army also deployed Emotional & Spiritual Care personnel on “gators,” four-wheel drive terrain vehicles. Four gators were manned by ESC personnel with ice-cold water and a focused intervention plan to meet people at their point of need, the ruins and remains of their homes. This tactic was first utilized in 2001 by Major Neil Timpson and myself on the “pile” during the Army's response when we were deployed to Hydration Station # 1 at Ground Zero of the World Trade Center.

These mobilization deployments resulted in many on-scene crisis intervention contacts with survivors precisely at their point of greatest need. Recipients of these on-scene services, both survivors and responders, reported that they were very grateful and felt tangibly supported in helping them to begin their own recoveries. On-scene support services included hydration, nutrition, informal one-to-one contacts and referral to the next level of care where appropriate.

Overall, CISM services provided by the ESC unit included one-to-ones, organizational consultation, CMB's, defusings, CISD's, demobilizations, as well as the on-scene support outlined above. The initial ESC and CISM services provided by the Salvation Army were coordinated by Major David Dalberg

who has been a national leader in the delivery of emergency disaster services for seven years. The entire operation was conducted within the structure of NIMS and the Incident Command System.

In addition, these services were provided at Salvation Army headquarters in downtown Joplin and numerous venues throughout the city including the MARC (Multi Agency Resource Center) and “The Oasis” at 26th and Main Street.

The degree of impact was understandably overwhelming and shocking in the initial phase of the post-impact period. While working in the most devastated area of south Joplin, I heard several accounts involving people who died while attempting to save others.

Their stories of survival in the midst of 220+ mph winds and the personal eyewitness accounts of numerous and sometimes ultimate selfless acts of heroism will remain with me forever. I was and remain simply amazed at the tremendous resilience and faith-based empowerment of the citizens of Joplin. Working on what has become hallowed ground has transformed many of us. It was easy to fall in love with the people of Joplin and a true honor to serve.

Post-script: As of this writing, recovery efforts continue and the Salvation Army is maintaining an active ESC presence in Joplin.

REFLECTIONS TEN YEARS AFTER

(Continued from page 1)

the crisis management perspective is, nothing.

- Fully assess before you initially assist.

- Be flexible, not rigid.

- Remember that you are providing your services to meet their need, not yours.

When assisting at disasters, no one should:

- self-dispatch; respond without a clear mission; respond without

- your own lodging, food and transportation being guaranteed (do not be an additional burden or another victim to an already over taxed system); respond without knowing to whom you are reporting and responsible to; respond without a definitive end time of service (7 days max.); return back home without being provided an emotional welfare check up.

- There will always be CISM team

casualties (emotional) from these events, be prepared to take care of your own.

- Adherence to chain of command, training and established procedures/protocols are paramount.

- Claims that CISM interventions alone may reduce future PTSD should be withdrawn. There are, however, many other ways that CISM has proven helpful, very well received and appreciated when utilized appropriately.

REFLECTIONS TEN YEARS AFTER (cont'd)

-No individual who may have been impacted by a stressful event should be 'ordered/forced' to participate in any form of intervention no matter how well intentioned.

-With disasters, long gone are the days when a single entity can do it all. All the more reason that Cooperation, Communication, Coordination and Collaboration shall determine the success of future events.

-There is always more need at disasters then there are services available. Translated, there is more than enough for each of us to do.

-The willingness of so many to serve in a time of crisis...we acted as one community to help each other during 911.

-Remember, you don't have to go to the disaster site to be of significant value, that the disaster will come to you

in the form of evacuees, distraught relatives/co-workers and the returning disaster workers.

-Don't forget that you still have CISM responsibilities back home that need to be maintained.

-There are a finite number of individuals who are available and willing to assist with disasters. The challenge is that the documentation of these individuals are truly inflated. How many Mental Health Professionals and Peers are

counted on multiple lists: CISM Teams, American Red Cross, NOVA, FEMA/USAR Teams, Salvation Army, Religious Disaster Response Teams, etc.,. We are all drawing from the same limited pool of individuals.

-Trained peers in a large scale event are extremely important. Mental health resources tend to be very taxed in an event like 911.

-Many Emergency Services agencies have long recognized the physical hazardous of their respective occupations and

taken appropriate action. Now we have seen a significant surge in the number of Emergency Service Agencies that are now recognizing there exists emotional hazards associated with the job as well. These are the agencies that have

developed and implemented pre and post incident Crisis Management programs, protecting their most valuable investment, their personnel.

-Because of the importance many states and agencies have placed on Crisis Management programs, in the last several

years there has been a surge in legislation passed and directives developed covering crisis management. As an example, the State of Texas is but the latest in a long series to do so.

-In subsequent disasters since 9-11, liability and compensation have been key issues now raised by Managers before

allowing personnel to be deployed to disasters.

-Involvement and planning before the 'event' with your states EMAC (Emergency Management Assistance Compact) shall

both prevent and solve many hurdles that might have previously existed.

-Always remember when responding to a disaster that Compressive Crisis Intervention leadership, modalities, methodologies, strategies and tactics should be integrated and in sync with the Emergency Management cycles of Mitigation, Preparation, Disaster Response and Recovery.

-The time for an entity or community to first find out about Crisis Management Services is not during the event

itself. Pre-incident education and knowing the regional support services beforehand is so important. This applies to both the small community incident and to the large scale disasters.

-With disasters, we are all learning and shall always continue to learn. All disasters are local, whether we like it or not.

-The role of Resiliency, Crisis Leadership, Crisis and Risk Management Communications cannot be overestimated.

-It took some time, but I eventually learned that it is OK for others and myself to laugh and smile once again.

-While these are some of my comments and recollections, as well as from Dr. Victor Welzant and Kenneth Bohn of ICISF, should you have any additional thoughts on this subject I would be very interested in hearing from you.

Trivia Quiz: Excluding the terrible events of 9-11, what is this nations (United States) second (2nd) worst commercial aviation disaster to occur resulting in fatalities? (Helpful Hint): It also ranks as the worlds twelfth (12th) worst commercial aviation incident (as of 8/12/11).

(No cheating now, what is your personal recollection without Googling. The answer may very well surprise you.)

The first ten (10) individuals to contact me with the correct answer shall receive either a one (1) year ICISF Level I Membership or a one (1) year extension to your current ICISF Level I Membership.

Donald R. Howell
Executive Director, ICISF, Inc.

KEEPING YOUR BOOTS CLEAN

(Continued from page 1)

and is home to the University of Massachusetts, the flagship

campus of the Commonwealth of Massachusetts, in addition to

Amherst College and Hampshire College. The town of Amherst is

KEEPING YOUR BOOTS CLEAN

a diverse community which offers educational and cultural opportunities that rival larger surrounding cities. Our population is comprised of students, retirees, professionals as well as blue collar workers. Amherst has many agricultural and open areas in addition to industrial and educational districts. The Amherst Police Department is responsible for patrolling all of these sectors in addition to the residential areas within the town. The residents of Amherst all seem to have dogs giving the Amherst police officer plenty of opportunity to "step in it."

One indication of stress within our profession is the fact that police officers are three times more likely to die from their own gun then by the firearm of a felon. The cumulative effect of stress takes a toll on their marriages and other relationships as well. Higher divorce rates and rampant chemical abuse are just a few symptoms of a larger problem. Police officers have historically hid their vulnerability for reasons that may include the fear of losing a potential promotion, appearing weak or losing control of situations which could endanger their lives or others. The unique culture of police work makes them reluctant to seek help.

Recognizing the need for the department to have a resource for police officers and their families to address emotional and physical stressors that are a part of the law enforcement profession the Amherst Police Department developed a Peer Support Program. Critical Incident Stress Management (CISM) and peer support provide assistance to officers and at the same time provide an environment where they can safely discuss their stress and fears without the concern of losing their job. It provides an avenue for cops to confront issues that haunt them from exposure to societal ills and death. Chief Scott P. Livingstone implemented, through the department's policies and procedures, the Amherst Police Departments CISM/Peer Support Program to alleviate the number of officers

leaving work with unresolved issues due to the stressful demands of the job that might result in pursuing self-destructive behaviors.

The Amherst Police Department upon reviewing the current Employee Assistance Program (EAP), found major flaws with the contracted mental health agency that is used to assist officers and their families. Police officers are frequently required to send people, either voluntarily or involuntarily, to the hospital for psychological/mental problems related to suicide attempts or ongoing psychiatric issues. The contracted Mental Health Agency that the county and town use for the general public is one in the same that the EAP utilizes to assist cops. Officers who are looking to speak to a mental health professional could find themselves sitting in the same waiting room as a person who they had earlier in the day forced to go to the hospital for psychiatric help. To resolve this issue, the Amherst Police Department has, in essence, developed its own EAP within the department staffed by peer support officers with its' own contracted mental health professionals and agencies. The health professionals and agencies specialize in working with law enforcement and the unique issues that police work brings. R.C Stevens of PSII in Hadley, Massachusetts, a retired state trooper, is our licensed clinician, working in conjunction with Dr. Jerry Lewis of Compass Associates in Framingham, Massachusetts. The Brattleboro Retreat located in Brattleboro, VT reaches out nationwide to uniformed personnel to assist them with addiction and stress issues related to their employment as police officers. The clinicians have the support and trust of the members of the CISM/Peer Support Team thus eliminating the general distrust cops often feel toward the general public due to their job. TRUST is the most critical component in getting cops to talk openly and honestly about what haunts them and make them receptive to the assistance they may need.

Peer Support Team members of the Amherst Police Department

Get Your Own
Permanent Record!
Great reference
materials
for you, your team,
your co-workers!

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KEEPING YOUR BOOTS CLEAN(cont'd)

contacted the International Critical Incident Stress Foundation and the CISM/Peer Support Team was sent for training at the 10th World Congress. The team was trained in individual crisis intervention / peer support and group crisis intervention. The information provided a guide and model for diffusing, debriefing and peer support. The peer support is the nuts and bolts of the program because it allows cops to talk on a one to one basis.

At the Amherst Police Department trainings are conducted to give information to officers, their families, and emergency dispatchers concerning the warning signs of post traumatic stress disorder, career burnout, coping techniques, and the options available for help with these issues.

The department also recognized the need and initiated a policy and procedure that integrates returning men and women from combat back into a law enforcement mentality. Seemly innocent occurrences, such as seeing trash by the side of the road, may be viewed as a threat by returning military personnel as in combat zones trash may hide potentially life threatening IUDS. Upon patrolling the streets, trash day may result in increased levels of anxiety for a returning veteran. All

returning veterans for a two week period, or longer if needed, ride along with a fellow officer so they can become reacquainted with the town and any new departmental policies. The department also has an officer liaison in contact and available to the significant other or family members of the actively deployed officers to assist with the daily maintenance of their homes including lawn cleanup, car maintenance and snow plowing.

In addition, the Amherst Police CISM/Peer Support Team recognized that another area of concern was retired officers who often felt abandoned and disconnected. These officers while receiving their monthly check from the retirement board often feel disconnected and greatly miss the camaraderie that comprises the law enforcement community. In response to this concern, a quarterly newsletter was developed to provide updates and general news to retired officers thus enabling them to stay informed on what is going on within the department. Retired officers are also encouraged to provide information on what they are doing in retirement which provides an opportunity for new officers to get acquainted with senior retired officers, many who have given a lifetime of service to the field of law enforcement.

Integrating mind, body and spirit, Chief Livingstone created an on duty work out program that provides each officer one hour per shift for physical exercise to help alleviate stress on the job and carrying that stress home to their families. An additional benefit of this program is that it has reduced the amount of sick time used by officers.

The Amherst Police Peer Support Team and Chief Livingstone will probably not help officers clean the actual dog-doo from their boots or the floor boards of their cruiser but we do guarantee that the Amherst Police Department will do our best to assist them with the emotional burdens they carry responding to the calls, and ghosts that can haunt them for a lifetime.

Special thanks to Chief Michael Kent of the Burlington, MA Police Department and Dr. Jerry Lewis at Jerry Lewis and Associates, Framingham, MA for their support and guidance. Thanks to the Vermont State Police, Boston Police Department, Barnstable Police Department and Cambridge Police Department for their policy and procedure guidelines. Please contact the Amherst Police Department at police@amherstma.gov for copies of our policy and procedure to assist your department's officers.

A REAL LIFE LESSON LEARNED AFTER ATTENDING AN ICISF CONFERENCE

By: Jill Perry, MS, NCC, LPC

After attending the 2011 ICISF Regional Conference in Columbia, MD in July, I was looking forward to putting my new knowledge and skills into practice. The three days of training I attended on "Resiliency" and "Psychotraumatology" would fit neatly into the work I do in the field of addictions. Little did I know when I walked out of the last day of classes that my lessons would be reinforced in an unexpected way.

During my last night there, after classes were complete, I decided to head out for some dinner. Unfortunately, my car refused to start in a local parking lot leaving me stuck in an

unknown town. Luckily a kind young man named William came to assist me. As we waited awkwardly while William tried to charge my car battery, we began a casual dialogue. I told him why I was in town; specifically learning about PTSD and veterans, and then he shared his story with me. This young man had received a medical discharge from the Navy because of a traumatic brain injury after 9 years of services. Once he returned home, he refused treatment thinking that he could handle it on his own, a story all too familiar to our military. Over the next several months, his symptoms increased, including nightmares, panic attacks and seizures. Wil-

liam felt lost and alone with no structure to his civilian life. His days were filled with isolation as he thought he was "going crazy." His family told him that he was "different" and encouraged him to get help. Eventually William agreed to see a therapist to appease his family. During the first session, the therapist helped him identify how the past was impacting his present life. He encouraged William to start with simple things at home, like nutrition and exercise, in addition to the work they would do in their sessions. Today William continues to work with that therapist, although not as frequently. He reports gratitude for an understanding of what happened

A REAL LIFE LESSON LEARNED AFTER ATTENDING AN ICISF CONFERENCE

to him, as well as for fewer symptoms and being able to "live life again."

As time went on, it was clear that my car was not going to start. Enter the even younger tow truck driver, Travis. After I told him the amazing coincidence of my training and the man I met, this young man shared his story of Post-Traumatic Stress (PTS) with me. Travis' history was different and began after significant childhood medical problems. After 3 heart attacks by the age of 12, Travis began suffering from anxiety attacks and insomnia and what he referred to as "unending fear." As a young teenager, alcohol seemed to be the answer. Travis found out quickly, however, that it only made things worse. Eventually his anxiety attacks increased, and he began having social and legal consequences as well. Travis' initial hope came to him dur-

ing a court-ordered Alcoholic Anonymous (AA) meeting. After giving sobriety a chance, however, his panic attacks began to increase again. That is when his AA sponsor, a veteran of the Gulf War, encouraged him to see a professional. His sponsor knew from experience what PTS looked like and how difficult it was to live with. He also knew it could contribute to relapses and ruined attempts at sobriety. Travis followed his sponsor's advice and continues in a program of recovery today. He practices mindfulness daily which he says is one of the techniques that helps him the most. Travis says he has a "long way to go" but is grateful for the chance to "try to figure it out."

Several hundreds of dollars

later, my car was fixed and ready to take me home. I was grateful for that, but I was mostly inspired by William and Travis. Because these two men were willing to share their stories with me, they reinforced the knowledge I had gained from Dr. Schiraldi and Dr. Everly during the conference about how our brains react to stress and what techniques are effective in treatment. They also helped me put this knowledge in perspective by reminding me that these are real people dealing with real life issues. William and Travis were able to put a face to the disorder and show me first-hand that people can heal.

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HAVE YOUR MANUSCRIPT PUBLISHED IN AN INTERNATIONAL PROFESSIONAL JOURNAL



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