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LifeNet

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CRISIS AT SCHOOL

By Ine Spee

The more or less daily messages we hear about violence and accidents demonstrate that peaceful school life can very suddenly be disrupted by shocking events. Even if the dramatic event does not take place at the school itself, the impact can be all too clear. School leaders and teachers are often expected to undertake activities that have nothing whatever to do with their day-to-day work. This also often involves situations in which stress levels and emotions run very high and the capacity to deal with this effectively can be significantly undermined. Processing this type of occurrence is a serious business; members of staff and teachers have their own emotions to deal with and, on occasion, it is no longer clear who the professional is. Sometimes, pupils can demonstrate sudden leadership qualities or become extremely proficient at supporting fellow pupils and teachers. In times of confusion and chaos, certain people can excel themselves far beyond their expectations or, indeed, demonstrate themselves to be less decisive than they had imagined.

Schools that have been part of such drastic

events point, without exception, to the need to be prepared in some way. The method of dealing with crisis situations requires a delicate touch even though feelings of despondency and powerlessness will be running high at the time. Nobody likes preparing themselves for threatening situations. The school, however, bears responsibility for the wellbeing of the teachers and the pupils and preparation for this type of extreme event is part of that responsibility. Human suffering, inherent in disasters, cannot be avoided entirely but the manner in which the school responds before, during and after shocking events can determine subsequent reactions, how the trauma is processed and the restoration of ordinary life.

The school was caught unawares by a pupil's suicide: there were very few signs beforehand and it was an enormous shock. The school leaders decided not to publicise the method of suicide as this could give other pupils ideas. They thought it was best to pay as little attention as possible to the death.

In the meantime, however, the rumour-mill

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EARTHQUAKE IN CHRISTCHURCH NEW ZEALAND

By Susan Wall, Registered Psychologist

The days and weeks in Christchurch following 22 February 2011, were profoundly different to my time after the first quake in September 2010. Not being a local and not having experienced either of the shakes, the enormity of what the people of Canterbury suffered this time was oh so clear. The earthquake seemed to have contaminated every aspect of Christchurch life; the broken buildings, the holes in the roads and the lack of basic facilities. But more importantly it was in the faces of the locals - the tiredness; the fear; the vulnerability - all so raw. This was a city that had been hurt. This was a city that seemed fragile.

According to the locals, an earthquake

was never meant to happen in Christchurch - let alone happen twice. Buildings that had been assessed as safe following September, crumbled in February. Why should they believe the professionals now when they say the buildings are safe to return to?

This time was exponentially worse as people had lost their lives - the one thing many had held onto to help them get through after September. That safe anchor had been ripped away. Mother Nature had shown she was stronger than man and people seemed clear that it was a matter of luck whether or not you were a fatality - many recounting the "chance" incidents which prevented them being in the wrong place at the wrong time.

Continued on Pg 7

Regional Conference Calendar

January 26-29, 2012

- Pittsburgh, PA
Pittsburgh CISM

February 29-March 4, 2012

- West Palm Beach, FL
CISM of Palm Beach County

March 1-4, 2012

-Houston, TX
Bluebonnet CISM Team

April 12-15, 2012

-Atlanta, GA
GA Critical Incident Stress Foundation

May 17-20, 2012

- San Francisco, CA
San Mateo County Critical Incident Stress Team

-Columbia, MD
ICISF

-Boston, MA
Fallon Ambulance Service

-Albuquerque, NM
New Mexico Crisis Support Team

FROM THE EDUCATION & TRAINING DEPARTMENT

By Terri Pazornick

We are looking forward to 2012 with many opportunities for attendees at Regional Conferences to take our core, specialty and elective courses.

When planning conferences, we look at the geographical location of each conference and schedule courses as recommended by the local team and also based on the schedule throughout the year.

Keep an eye out on our website for schedules of courses, confirmed dates, and additional locations as they become

available.

ICISF relies on the local team or organization in the city we visit to provide us with local marketing and on-site technical support. In exchange, the local team earns scholarships to attend ICISF training as well as a portion of the net profit from the conference. If you are interested in hosting an ICISF Conference, please contact :

Terrip@icisf.org.

Thank you to all of our local teams for inviting ICISF to your area for training!

FROM THE APPROVED INSTRUCTOR SUPPORT DEPARTMENT

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Group Crisis Intervention Approved Instructor Program held in Toronto, Ontario Canada on October 12-14, 2011

Blaine Allan
Tyrone Anderson Jr.
Michael Beresford
Vincent Cucchetti
Michelle Eaton
Olivia Khoo Ruey Lin
Dale Leverknight
William Lotz
Tim Lucas
Govan Martin, III

Jay Martin
Stephanie Morris
Lester Palmer
Stephen Reed
Tina Rocha
Carl Russell
David Stillie
Ellen Vest
Lek Jie Ying



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- Earn Scholarships to attend classes
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- Network with other CISM Practitioners from around the World
- Discuss issues facing you or your team with ICISF faculty & staff

EXECUTIVE DIRECTOR'S TRIVIA QUIZ:

Don Howell submitted a Trivia Quiz at the end of his "Reflections Ten Years After" article in the last issue of the LifeNet. He is still waiting to hear from members with the answer to the Trivia Quiz.

Trivia Quiz: Excluding the terrible events of 9-11, what is this nation's (United States) second (2nd) worst commercial aviation disaster to occur resulting in fatalities? (Helpful Hint): It also ranks as the world's 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.
dhowell@icisf.org

HOW TO MAKE A REFERRAL THAT STICKS

By: Anne Bisek, Psy.D.

A 7-year veteran of the department had been having marriage difficulties after his wife had a miscarriage. She lost her job in high tech and was considering spending some time at her elderly mother's house because they were worried about her mother falling. Jim responded to two baby not breathing calls this past week and called Pedro, a member of the peer support team. They spoke each night for three days. On the fourth day, Jim admitted that he has been so drunk the previous night that he passed out in his garage. The next day he sobered up and told his wife to go to her mother's house, saying she would be happier there. When Pedro called Jim at home, it was clear additional support was needed, and Pedro suggested a mental health professional.

Jim asked, "What, do you think I'm crazy? Weak? Like I can't handle the job?"

Pedro reassured him, "I was afraid you'd say that. No, you are not crazy or weak. I think of individual counseling as just another tool in your toolbox. What you need is back up, code three. You're overwhelmed."

Pedro went on to explain that individual psychotherapy or couple's counseling can be helpful in the short term when life's challenges get to be too much. Psychologists can help sort out negative thinking, spot troublesome patterns, suggest some changes in behavior or communication, or help a first responder cope with critical incident stress symptoms. Weekly 50-minute sessions are typical; the client and the psychologist can set goals together and

determine how many sessions are needed.

THESE MYTHS ARE PEER PITFALLS

Pedro made a good referral because he was prepared. He also didn't believe some of the common myths about therapy:

- I am a trained Peer supporter. I don't need any back-up. I can do this myself.
- Therapy is new age or exotic.
- Going to therapy means you are weak or crazy.
- One session with a psychologist should cure you.
- Therapy is forever.
- All psychologists are the ones who take your gun and badge away.
- There are no therapists who "get" what first responders do. Only another first responder understands.

In his den at home, Pedro kept the Employee Assistance Program Directory handy for information on how many sessions are allowed, the amount of copay if any, and if a physician referral is needed. Pedro knew a helpful psychologist he would refer a colleague to, and kept a few business cards in his car.

However, Jim still resisted. He said, "I only want to talk to someone who gets it. You understand my situation, and the pressure we are under."

"Jim, if you don't like this psychologist you could ask your medical doctor or primary care physician, a friend, relative, or other peer support team member for a referral to a psychologist who is culturally competent with public safety work—

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



THE WORKPLACE BULLY:

MORE THAN SIMPLE STRESSOR

By: Susan Gillpatrick, LPC, CTS, CEAP

Can you be persecuted into developing PTSD?

What if, in your next team meeting, you get the now common but all too uncomfortable glare from your boss? The one that says, “Agree with **me**, or **else**.” The meeting begins. You sit; you listen; you nod your head. Your stomach churns, your heart races, and you consider any means of escape.

As time goes on, you lose sleep, find yourself cowering in your cubicle, and your mind is constantly reliving the feelings of intimidation and desperation from being controlled in your workplace.

It's about control

I am talking about workplace bullying. The abusive and demeaning behaviors of a bully can infect a business like an incurable virus. Bullying can take many forms but basically comes down to manipulative—and perhaps threatening—behavior that attempts to control a situation, a person, or groups of people. A bully can be a boss, a co-worker, or even a customer.

Workplace bullying has been referred to as psychological warfare. The workplace bully takes no responsibility for his or her behavior. They violate boundaries, reject you, betray you, and hijack your personal power. All bully behaviors are self-serving and calculating. They often leave victims confused if they have any rights or options for positive change.

To answer my original question: Yes, any person may develop PTSD that has been exposed to, or experienced a traumatic event. The traumatic event may have involved a threat to the individual's physical or emotional health. And a victim of workplace bullying with symptoms of PTSD will experience frequent, intrusive visualizations and replaying of events and conversations, to name a few.

PTSD can also result from the accumulation of many negative, yet non life-threatening events or experiences that occur in the workplace. Reactions to the traumatic event(s) can bring feelings of fear, anger, confusion, and—most debilitating – helplessness. Victims will try to avoid anything associated with the abuser. Others may have mental scarring from being bullied, but not the full effects of PTSD.

Further results of being bullied at

work can result in a mental breakdown, deteriorating health, depression and even suicide. These negative outcomes are part of PTSD symptoms for many victims—including those who are bullied in the workplace.

Make time to get help

The stress of “making the numbers” from a demanding organization is enough to send one over the edge, and I have seen that firsthand. It was a Friday afternoon and the Executive had stayed late every night that week, ignoring his family and his health. He had directions from his employer to produce more, no matter the costs. He was put down in front of his peers. His successes went without notice. To keep his job he did what it took – as long as he could take it. That Friday afternoon he placed a ladder near his desk to climb to the rafters with a rope. A note was left on his computer to his wife. The payroll manager with a deadline entered his closed-door office needing a signature. It was too late. He was too busy to seek help for his stress crisis.

Symptoms of PTSD can also emerge in current bullied work situations but have roots in a previous trauma, such as domestic violence or child abuse. A current stressor can trigger a previous trauma. A critical boss can be a trigger for an abusive parent situation. The victim then has double the despair to cope with.

There is no doubt the symptoms of PTSD resulting from being bullied at a place of business can be very disruptive to the individual's personal and professional life.

If anyone feels they have been victimized by a workplace bully, they should not suffer through the stress alone. And experiencing symptoms of PTSD does not mean you are going crazy – you are simply having reactions common to being victimized and controlled. There are strategies for surviving and even excelling through situations like malicious meetings and demeaning day job dramas, or anywhere there lurks a workplace bully.

All companies should create a zero tolerance anti-bullying policy. This policy

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!

THE WORKPLACE BULLY_(cont'd)

should be part of the wider commitment to a safe and healthful working environment and should have the full support of top management. Employees should be educated and trained about all types of workplace violence, including bullying behaviors that can produce significant physical and mental problems. They should be made aware of how to report such behaviors within

the workplace, and when witnessed or reported, the bullying behavior should be addressed immediately. Employees may also want to consider discussing their physical and emotional health with their primary care physician, and with their family. Supportive family and trusted professionals can very helpful as victimized employees navigate through the corporate process of respect and

resolutions.

There is no place for the Workplace Bully.

Susan Gillpatrick, LPC, CTS, CEAP
Centerstone Crisis Management
Strategies
susan.gillpatrick@centerstone.org

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.

HOW TO MAKE A REFERRAL THAT STICKS

(Continued from page 3)

someone who gets the job, and gets us."

Jim replied, "I'm still not sure, what if my Captain finds out?"

Pedro answered, "Man, if a psychologist repeated anything you said without a written release of information they would be in huge trouble. I'm talking about \$10,000 fine type of trouble. Asking a psychologist to provide therapy without confidentiality is like asking a surgeon to perform surgery without anesthesia."

Psychotherapy is confidential. This

means that what is said to a psychologist cannot be shared with anyone unless a release of information (which can be retracted at any time) is signed by the client authorizing the psychologist to do so. The exceptions to confidentiality include harm to self or others (e.g. suicide or homicide). Like public safety personnel, psychologists are mandated reporters for child or elderly abuse. Unlike public safety personnel, psychologists are not mandated reporters for domestic violence. Clients have the

right to review their file.

Jim sighed. "Pedro, I don't even know where to start. What would I say to a shrink?"

Pedro answered, "Jim I wondered the same thing. I also thought how would I know how to hire a psychologist? I called around and asked the doctors these questions:

- Do you have experience with critical incident stress?
- Have you had CISM training?

HOW TO MAKE A REFERRAL THAT STICKS (cont'd)

- Have you worked with first responders? Do you have experience with my situation (divorce, parenting, addiction, chronic pain, or PTSD)?”

PEER SUPPORT SKILL

Knowing when to refer a colleague for therapy is a critically important peer support skill.

Ask yourself: Are you the one calling your colleague to check up on them instead of your colleague calling you for help? Is your colleague taking active steps to solve the problem? Is your colleague feeling better? Have her/his symptoms improved in the past two weeks, or are things getting worse? Is s/he drinking more, sleeping less than when you began peer support?

Jim responded, “Well it is the middle of the night. I’m not going to call anyone now. I’ll call someone later.”

Pedro answered, “Fine. Would you be willing to check out some helpful online links?”

Jim agreed and Pedro sent him some helpful links. By way of example, the California Psychological Association has a psychologist locator service, which lists licensed psychologists who are members of the association:

<http://www.cpapsych.org/displaycommon.cfm?an=1&subarticlenbr=104>

Other states have Psychological Associations which may have a similar service.

Psychology Today website:

http://therapists.psychologytoday.com/rms/prof_search.php

Jim smiled. “You know, my brother is a cop in the Midwest. This might be helpful to him as well. I might email him these links.”

Pedro laughed. “Man, you need to help yourself first before you help others. If you think therapy works for you, you might suggest he check out the International Association of Chiefs of Police (IACP) website under Psychological Services Section. He could also call Kim Kohlhepp at (703) 647-7237 or 1 (800)843-4227 ext 237. He may be able to provide contact information for a psychologist who is a member of IACP in his state. It isn’t a recommendation, but a place to start.”

Jim shifted in his chair. “Ok ok. Did you see the game last night?”

Pedro smiled. “I did see the game. When are you going to call the psychologist?”

Jim flipped the business card between his fingers. “I’ll call at 9:00 am.”

Pedro leaned forward, “So if I call you at 10am...”

“You have my word Pedro. Thanks man.”

The two shook hands, and the referral stuck.

CALL OUT TO COMMAND STAFF

How well do you know your range master? What is her/his background?

Do you know the name of the mechanic to whom you send your fire engines when they need a tune up? Why not take that approach to the psychologists on your Employee Assistance Program (EAP) list?

Recruit first responder competent psychologists. Consider asking if they have police/fire/dispatch/highway patrol officers in their family. Look for psychotherapists who have been reserve officers, or volunteered at the fire department. Ask the psychologist if they have ever treated critical incident stress.

Train the psychologists in your area so they can better help the first responders in your department. Invite clinicians on the EAP list to do ride alongs or to meet the peer support team for lunch. Plan a one-day per year training day with peers and psychotherapists.

Dr. Anne Bisek is a licensed clinical psychologist in Fremont, California specializing in first responders and their families. www.Doc911.net. She can be contacted at Anne@Doc911.net. Pedro the Peer Supporter is a fictional character, but the resources are accurate. we were deployed to Hydration Station # 1 at Ground Zero of the World Trade Center.

CRISIS AT SCHOOL

(Continued from page 1)

had started to turn. The pupils were upset and sad, their teachers lacked information and were inconvenienced and parents rang the school to find out how they would prevent this from happening again.

Eighty percent of the schools in the Netherlands have a crisis protocol but this is often inadequate if a dramatic event takes place. No protocol can ever deal with a school leader who is murdered in cold blood or a fire, such as in Volendam, in which hundreds of school pupils were involved. In extreme situations, the reality is always more bizarre than what can be predicted by any protocol. Nonetheless, a

good protocol does provide a guideline if the school is involved in dramatic events. It provides guidance in times of panic and helps schools gain an oversight of the aspects involved in a catastrophe, even if this only involves the need to form a crisis team and which people will be involved. Huge disasters and calamities cannot be practised but there are other crisis situations that do not instantly turn the school completely on its head, in which a protocol would be a useful tool.

A pupil aged 15 had been missing for several days. People began to think in terms of the worst case scenario. The school leaders

drew up various protocols for the various moments at which they could receive the bad news: at the weekend, in an evening and if the message came in during the school day. When the news finally came in, alongside all of the grief, the fact that the various officials in the school knew exactly what to do provided a sense of security.

Communication and after-care play an extremely significant role in this type of protocol.

How do you ensure that communication to parents, colleagues and pupils is transparent?

CRISIS AT SCHOOL

How do you ensure that the crisis team's information head-start does not lead to bungling among the teachers who do not feel they are being listened to? How do you avoid teachers telling their own story in each class? How do you make sure that parents know that their child is still safe at school?

How do you ensure that your contact with the media takes the right line?

These components of crisis communication are precisely the aspects that determine whether (or not) personnel, parents, pupils and the environment feel listened to and recognised.

After news that a family murder had taken place, and that two children from the school had been involved, the school immediately formed a crisis team. All information from the police and judiciary was processed by the crisis team and they took the interests of the pupils, personnel and parents into careful consideration. These considerations, however, were not communicated to the personnel; the members of staff occasionally read about decisions the crisis team had taken in the newspapers before hearing it at school...

Despite the care taken by the crisis team, personnel did not feel that they had been considered to a sufficient degree.

When a disaster involves a school, the attention paid to pupils is usually sufficient but teachers and school leaders who are part of the crisis team are often forgotten because it seems as though they have everything under control and are managing the situation effectively.

Six months after the event at a school, those involved are often still dealing with heightened emotions and are doing so without much attention having been paid to them.

At school, the supervision of a terminally ill pupil was managed by a very committed teacher. She had intensive contact with the pupil and his parents and invested a great deal of effort in methods to prepare the children and allow them to process the events. When the youngster finally died, she led the entire farewell process, contributed towards the funeral and maintained contact with the parents. The school was extremely proud of her. Four weeks after the death, something snapped for the teacher: school (life)

had returned to normal and the teacher only then noticed how alone she had been and how her own ability to process the event had been left behind while the school had been working through the event.

Unambiguous advice for schools in certain crisis situations is not possible. Every situation, school culture and prior history demands different interventions. In some situations, some pupils and teachers want to get back to the timetable and the fixed structure of lessons as quickly as possible. Others cannot bear to think of lessons and just want to talk and talk. Schools often seek rituals in order to put an unsafe situation 'to bed' and make a new start together.

In Littleton, Colorado the school board wanted to break-up after a violent shooting incident involving several pupils. The remaining pupils, however, did not want to; they wanted to celebrate their graduation at their own school.

They decided together - as a ritual, they chose to paint the school together and, as a result, give the place a new and safe appearance.

Ine Spee is Senior adviser and disaster team project leader for the KPC Groep in Hertogenbosch, The Netherlands

EARTHQUAKE IN CHRISTCHURCH NEW ZEALAND

(Continued from page 1)

How could the people of Christchurch get back to normal – when there was no normal? For many – they had no water or electricity for weeks. For all – the roads were clogged – and to get anywhere took time – and patience. The latter a luxury item few had access to at this time.

What was clear was that as people tried to do the right thing – by returning to work and getting their children back to school – they wore a thin veneer of a mask that said they were coping. But it did not take much to see behind the mask. A traffic jam, a bus running late, a desk placed in the wrong position. Things people would normally tolerate, take in their stride became deal breakers. People's

resilience was low and this wasn't going to change quickly.

In September – after the initial shock had worn off – many returned to a new sense of normality. This time, three weeks down the track the cracks in resilience were still very evident for many. It was clear this time – it would take a long time for recovery to settle in, for a new normalcy to be established. Why? Because people no longer believed they were invincible and they could find no sense of certainty to offer them comfort.

The task for businesses following this quake was huge. And with each of the organizations I dealt with, they did wonders caring for their staff

in the initial aftermath of the quake. Examples included; personal phone calls from management to staff to check on their situation; the offer of financial or other support to individuals who had suffered loss or damage; the choice to relocate in the suburbs in single storey accommodation; acknowledging the need to create a sense of safety in the workplace for their staff; and having a counsellor on site for weeks to support staff as they made their return to work.

Their efforts did not go unnoticed. Employees were truly appreciative of the support from their workplaces, and in turn a new sense of loyalty developed for the organisation they worked for. People on the whole formed a sense of pride and passion for their organisation, and wished

EARTHQUAKE IN CHRISTCHURCH NEW ZEALAND

to work hard in return.

And yet – as with all business ventures, the inevitable question arose of how and when should “business as normal” return. A terrible tension for any Chief Executive to have to deal with, but an essential one - one almost impossible to get right in these circumstances. The reality for many was the selection of a magical date to be the day “business as normal” was to return. An approach assuming that all personal worries and vulnerabilities were to just disappear. Perhaps a little optimistically.

The best I think a business could hope for was a date to mark the start of a journey to a new normalcy. The destination – no one was exactly sure of. It couldn't be what was before – because the reality of how exactly this earthquake would affect each business for the future was, and is still, not clear. There was some wait and see involved in knowing how exactly the fallout from this quake would impact on the need for the goods and services these businesses had to offer. And indeed it would be a journey – and it would not always be a journey in one direction. Much like an infant learning to walk – it would be a jerky movement forward, a possible tumble and perhaps even a few steps backwards at times. The ongoing aftershocks – some of them causing additional damage to already weakened buildings and already hypersensitive minds- have not helped.

Following something as catastrophic as a fatal earthquake, the bigger picture needed to be addressed. Each person needed to be dealt with as an individual. No matter how everyone else was getting on – it was going to be important to assess what each and every person was going to need to make it for the long haul. And cynicism had to be put to bed. Yes for sure there would be a few who might milk the system at this time, but my sense was it would be very few. As such, management faced the challenging task of ignoring people's previous histories – and dealing with what stood in front of them now – a person who may have in some way been affected by the cruel shaking of the earth.

Each and every person may need something different to enable them to get firmly back on their feet – whether it be having the opportunity to work from home a few days a week to lessen the days of long travel to work, or whether it be moving a person's desk to a less exposed position. No matter what it is – people need to have their need heard and taken seriously and the return for such an investment? - A happier and more relaxed staff member and one would expect, a more productive staff member.

No matter the damage this earthquake wielded it cannot undermine the power of good will, of caring, and of community. Everywhere in Christchurch there was evidence of this. The challenge is to keep it going for as long as it is needed.

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