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LifeNet

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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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BERKS LODGE #71 FRATERNAL ORDER OF POLICE CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM - ONE TEAM'S HISTORY By Daniel P. Billings, M.S.

In 1988 the membership of Berks Lodge #71 Fraternal Order of Police (F.O.P.) voted to create an assistance program for police officers involved in critical events. Twelve members volunteered to research best practices and create a team that would respond immediately to critical events in the field. One local police department was utilizing the services of Dr. Donald W. Morrison, Ph.D. The F.O.P. contacted Dr. Morrison and found he had an in-depth background dealing with police officers and their spouses.

The concept of peer counseling was investigated and added to the services the program would eventually offer its members.

The F.O.P. program was drawn up on paper and was called the Trauma Stress Team. In order to "sell" this new program to the elected officials that oversee the 43 various departments that make up Berks County law enforcement a presentation was created. The presentation covered an awards program, a video training program and the C.I.S.M. Program,

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BAD THINGS CAN EVEN HAPPEN ON THE MOST BEAUTIFUL OF DAYS By Greg Young, M.Div.

On a day that was so beautiful that it defied anything bad possibly happening, a dark cloud hung heavy over the community of Oak Creek, Wisconsin. The day was August 5, 2012. On that day, a white supremacist drove up to the Sikh Temple of Wisconsin on Sunday morning at the time of worship and shot 6 people dead, and wounding three others, one of which was Lt. Brian Murphy, who by all accounts is a hero for his actions. Lt. Murphy was the first police officer to arrive after receiving the 911 call. He exchanged gunfire

with the gunman, and even after being shot several times by the gunman, he was more concerned about the welfare of the Sikh families in the temple than he was for himself, waving off initial officer rescue attempts by other officers.

The shooter took his own life after being shot by another police officer who had arrived at the scene.

It was an act of ignorant hatred to which I responded on that day. I remember it well. I remember counseling a couple having some marital issues in my office following the

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Regional Conference Calendar

12th World Congress
February 19-24, 2013
ICISF

April 11-14, 2013
-Atlanta, GA
GACISF

May, 2013
-Albuquerque, NM

June 6-9, 2013
-San Francisco, CA
San Mateo CISM Team

July, 2013
-Denver, CO
Mayflower Crisis Support Team

September, 2013
-Seattle, WA
Washington State CISM Network

October, 2013
-Phoenix, AZ
Crisis Preparation & Recovery, Inc.

December 5-8, 2013
-Nashville, TN
Centerstone

December 5-8, 2013
-San Diego, CA
San Diego CISM Team

ICISF TEAM HIGHLIGHTS

Missoula Valley CISM Team

The Missoula Valley CISM Team in Missoula, MT, has 12 members and includes those with experience in fire/emt, wild land fire, law enforcement, and dispatch. We have 2 clinical members and 2 who are chaplains to emergency responders. In addition to Missoula County, we have a contract with Mineral County, adjacent to Missoula, to provide CISM services as requested. The Missoula Team responds to requests from the Red Cross on local disasters. We have Team members on the regional Forest Service Team. The Missoula Team was formed in 1988 and has provided CISM services in 216 incidents to date.

Contacts 24/7 are with:

Bob Deaton, coordinator: 406-370-0650 deat@centric.net

Tom Hodgetts, clinical coordinator: 406-239-5279

Nashville Fire Department CISM Team

The Nashville Fire Department (NFD) in cooperation with the Local Firefighters 140 implemented a CISM policy and team September 11, 2012. It has 40 members and includes those with experience in fire suppression, emergency medical services and fire prevention/public education. The team includes three mental health professionals from Centerstone, Nashville. In addition to Davidson County, the team serves multiple surrounding counties outside of Nashville with CISM services.

Vice President of Crisis and Disaster Management, Becky Stoll, of Centerstone, the Local 140 President, Mark Young and the NFD Interim Director Chief, Billy Lynch oversee our Team Coordinator, retired Assistant Chief

David Warman assisted by NFD Assistant Chief Jerry Smith.

Hotline for NFD CISM Activation: 866-696-4267

Delaware State Police CISM Team

The Delaware State Police Critical Incident Stress Management (CISM) Team continues to provide services to law enforcement and emergency service personnel for both state and municipal agencies throughout the state of Delaware. The team continues to assist officers and other emergency service personnel with minimizing the harmful effects of job related stress, traumatic stress and personal stressors. The team is dedicated to maintaining strict confidentiality and to respect the thoughts and feelings of the individuals involved.

In 2011, the Delaware State Police CISM team Team Leader was Sgt Francis L Fuscellaro II and the team assistant was Mr. John Shoemaker, a supervisor with Kent County Communications. The team presently consists of 13 sworn and 6 civilian members who have received training endorsed by the International Critical Incident Stress Foundation. In 2011, Robert Kracyla and Jeff Weaver retired from the State Police. Robert Kracyla retired as a Sergeant with the Executive Protection Unit and Jeff Weaver as a Master Corporal with the Crash Reconstruction Unit. However, both continue to remain active with the CISM Team.

During the past year, the CISM team assisted non-sworn members of law enforcement or emergency service personnel by providing CISM services to members of DELDOT in response to one of their



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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

ICISF TEAM HIGHLIGHTS

members being fatality injured performing his duties. The team also provided CISM services to numerous members of Kent County Fire Service since their CISM team dissolved.

In the year of 2011 the Delaware State Police CISM team responded to 39 incidents/responses, which included an In-line of Duty Death, police shootings, military re-integration, fatal accidents, and other traumatic events for law enforcement and emergency service personnel. The team responded to those incidents in an effort to provide support to the involved officers, co-workers, and in some instances family members. The most significant response of 2011 was in providing support for the New Castle County Police, New Castle County Emergency Service Personnel, and surrounding law enforcement officers, who were involved with the in-line duty death of Lt. Joseph Szczerba. The CISM team provided numerous peer support contacts, defusings, one-on-ones, and debriefings over a period of several weeks.

Also during 2011 several Team members attended the 11th World Congress on Stress Conference in Baltimore Maryland, which afforded them the opportunity to net-work with other CISM Teams throughout the Nation and learn new techniques to assist them in performing CISM services.

The CISM team continues to work closely with Dr. Ellen Marshall and other police organizations for joint training opportunities. Dr. Marshall serves as a full time Criminal Justice professor at Delaware Technical and Community College in Georgetown, Delaware and volunteers her time as the team's Mental Health Coordinator. She has conducted approximately 10 one-on-one CISM sessions (approximately 30 hours of counseling services) not including the responses she does with the Team, making the team's total number of incidents/responses just under 50 responses. This year Dr. Marshall instructed a Peer on Peer Refresher Course for the Team which was an outstanding course of instruction. Several team members benefited tremendously from this training.

Tri-County CISM Team

The Tri-County Critical Incident Stress Management team is a Non-Profit group of volunteers that provides Critical Incident Stress Management services in Lee, Charlotte, and Hendry counties in the State of Florida. This is a well-established and very loyal team of dedicated professionals who serve law enforcement and emergency service personnel

by providing a range of services within the ICISF model. The team was formed in November 1988 and been strongly committed to the emergency services community for the past 24 years. Currently, the team comprises 31 peers from law enforcement, communications and dispatch, fire service, probation and EMT/paramedics. There are three mental health professionals. All members have received training endorsed by the ICISF.

During 2011-2012, the team provided 24 debriefings and 38 defusings including officer involved shootings and other high impact incidents.

The team places a strong emphasis on education and contributes to the training of emergency service personnel and management alike. We rely on our members for their strong ethic of dedication and teamwork to meet the needs of an expanding and diverse group of emergency service workers.

These services are provided at no cost to the agencies we serve, while we maintain the highest standards set forth by the International Critical Incident Stress Foundation.

Clinical Director: Mary Ellen Frazier, Psy. D.

Team Coordinator: Dena Macomber

Team Contact Telephone number: 239 851 6318

Yale New Haven Hospital CISM in New Haven, CT

In 2011, a concerned group of Yale New Haven Hospital (YNHH) Employees recognized the need for peer to peer support in a busy, urban, magnet, destination hospital. The YNHH Critical Incident Stress Management team was developed to provide debriefing following critical incidents. We are a professionally trained peer group that can provide compassionate, timely, effective assistance to all staff of the hospital with a special focus on the emergency services and protective services departments of YNHH. Our highest priority is to help mitigate the harmful effects of extraordinary job stress, particularly in severe crisis or emergency situations by utilizing educational services i.e.; on scene support, defusing, debriefing and referrals for individuals. The team will always maintain confidentiality and respect the feelings of all persons involved. It is not the function of the team to replace professional counseling but to simply provide education, information and immediate crisis intervention.

Mary Pat Murphy, RN is the Team Coordinator
Lt Donald Costa is the Clinical Director

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 COORDINATOR...

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 766 teams in the ICISF

files, only 215 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 icisf.org.

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

CISM FOR THE VOLUNTEER FIRE DEPARTMENT

By Gary Lillie

It was the late 1970s. The only "Jaws of Life" was located in the major city in Oklahoma. One volunteer fire department decided to begin raising funds to purchase the first set of Jaws of Life to be owned and operated in North Central Oklahoma by a volunteer department. The Nash, OK community caught the vision and soon a set of Hurst Tools were delivered. Within a few days of delivery of the Hurst Tools the Nash Volunteer Firefighters were called to a fatality car accident in Grant County to extricate the survivors.

That one call became the first of many fatalities and near fatality accidents where the Nash FD were called to extricate both the living and the dead, however, those major incidents began to take a toll. The volunteers decided to do two things. First they made a decision to participate in a program called "Critical Incident Stress Debriefing" and secondly they asked a local minister to join their department and serve as Chaplain. Both concepts were new to the volunteer fire service.

My first call as their Chaplain/firefighter involved a single vehicle accident with 2 fatalities; a young mother along with her small child that had been strapped into a child's

car seat and placed in the open bed of her pickup. Once again the Jaws of Life were called and Nash responded. Following the incident, a CISM Team was called to do a debriefing for our department, my first. That team from Midwest City Fire Department traveled 2 hours one direction just to do our debriefing.

As a result of that one debriefing there was a tremendous benefit to myself and many of my firefighters, I decided I wanted to become trained in CISM. Fortunately, a class was being offering in Oklahoma City and my FD paid my way to that training. Several others from north central Oklahoma also attended and we were able to get acquainted. Although we did not have enough trained people to form a team, it was a huge start. We all went back to our departments and areas and began encouraging others to become trained. Soon we had enough Firefighters, EMT's, Chaplains and Mental Health personnel in North Central Oklahoma to form our own team. That was almost 20 years ago. north into Kansas, east to Kaw City, OK and south to Kingfisher, basically all of north central and most of northwest OK.

We have debriefed Fire Departments, both paid and volunteer; Emergency Medical Services departments, Law Enforcement agencies, schools and even a bank requested our team following an armed robbery.

Our goal is simple, we want to help others cope with the most horrific of events and to let them know that what they are feeling and experiencing is a "normal reaction to an abnormal event". We still follow the basic outline and bring 3 peers, 1 chaplain and 1 mental health professional to each debriefing. None of us are paid and we never charge for conducting a debriefing. Our desire is to help others in the same way we were helped.

Today the Oklahoma State Fire Chaplains organization (<http://okfirechaplains.org>) continues to provide CISM training on a regular basis so that more volunteers can be trained to help our brothers and sisters. And yes, I still respond to calls where not only do I set up a debriefing for my firefighters, but for myself as well. I haven't kept track of all the fatality accidents and other tragic calls I have worked, but without a strong CISM team in our area, I doubt I would still be answering the fire call.

SUICIDE IN THE FIRST DEGREE

By Jessi Farnsworth

It is time to start categorizing suicide as we do every other cause of death. In situations when a life is taken by force we, as a society, label that homicide and within that label of homicide we have multiple labels including murder in the first degree, second degree and manslaughter. Why then is suicide given a broad label with no categorization? Organization of types of suicide deaths could lead to changes in social stigma, life insurance support after death and better data tracking for prevention and outreach.

At a recent ICISF training we considered many questions surrounding suicide. Is it wrong? Is it a sin? Why does it happen? Could suicide be an option for you to consider at some point? In small groups we discussed these questions and found that depending on the situation the answer varies. We all had differing responses to these complex questions. Our group conversation led me to this idea about categorizing suicide deaths. There is so much variance and opinion regarding death by suicide; this because suicide is so complex. We attempt to contain it with a single categorization and that confinement no longer works.

Consider the case of a soldier who jumps on a live grenade to save the rest of his surrounding troops from the blast. This was by definition suicide and yet it does not seem the same as a suicide death that is preceded with intent, premeditation, practice and perhaps even a note written in advance to explain the death. Those two suicide examples differ when we consider a person who is suffering acute pain and chooses suddenly to drive his/her car off a bridge. All three of these examples have many contributing factors that cause the death much like any other type of killing. Often in suicide cases it is assumed that psychological instability is a strong factor however there are many cases in which a person of sound mind makes this choice to end his own life.

Suggestions for categorization:

When the suicide is premeditated, practiced and planned that is suicide in the first degree. The person is prepared; she has the intent to die. In this case psychological instability is often a factor. Perhaps a note is left (or not) either asking forgiveness,

blaming others for this action or a collection of incoherent information. The degree to which psychological instability is a factor can be drawn from these notes and interviews with surviving family and friends. It is unfortunate that at times these interviews are not done due to time constraints, financial limits and/or incorrect cause of death.

Suicide in the second degree would include those cases in which a sudden event causes tragic, impulsive suicidal actions. There is a lack of concern or care for self, or intent to die with no premeditation. This is the example of the woman hearing of the death of her only child and driving off a bridge. This sudden acute pain causes suicidal action without true planning. The intent is there to die and yet it has not been planned; it is done with impulse.

In murder cases the next classification is manslaughter, in which there is a death without malice. This definition really fits for the unintentional death that occurs with suicide intended to save others. For the soldier who jumped on the grenade; the friend who runs in front of another to take a bullet. Neither case likely had a predetermined plan or intent to self-harm or die. It was a split second decision made to protect others and yet sometimes life insurance is denied due to the suicide label as cause of death. Cases like this should be considered manslaughter suicide.

In a final category I suggest the permanent problem suicide category. A common tag-line used in suicide prevention is, "suicide is a permanent solution to a temporary problem." What if the problem is not temporary? What if the person has a terminal illness and he knows what symptoms lay ahead with death as the final stage? They have intent to die, often they make a plan, yet this is different than suicide in the first degree as often they are of very sound mind when they make this choice. Also with medical factors being a part of the equation it is necessary to separate this type of suicide. For this terminally ill population,

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)

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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!

FROM THE APPROVED INSTRUCTOR DEPARTMENT

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Group Crisis Intervention Instructor Program held in Regina, SK, Canada October 10-12, 2012.

Conant Carr
Michael Dismore
Luc Durand
Diane Ens
Charles Epstein

Don Howe
Kimberly Lorman
Mohamad Marwa
Marlene Mirasty
Gisele Poirier

Robert Sipes
Agnieszka Smetana
Lisa Swadling
Michael Swainson
Suzanne Wavre

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Grief Following Trauma Instructor Program held in Chicago, IL October 18-19, 2012.

Melinda Albright
Martin Feldbush
James Kirk

Jay Martin
Philip Ohman
Carl Russell
Aubrey Vincent

Muriel Williams
Van Don Williams
Steven Willsey

JOAN DURLING, SST, CCW OF THE SHIAWASSEE COUNTY MENTAL HEALTH AUTHORITY “RETIRED”

By Dennis Potter



Joan Durling, a longtime supporter of CISM, is retiring from “active full time” duty after 44 years of working for the Shiawassee County Mental Health Authority. Joan is the founder and has been the Coordinator of the Community Critical Incident Stress Management Team (CISM) for the last 27 years at the Authority. Her background is in crisis work, traumatic events, suicide prevention and sexual assault.

Joan has been a Board Member and Past-President of the Michigan Crisis Response Association for 20 years. She is also involved

with the International Critical Incident Stress Foundation and an approved instructor for Group Crisis Intervention, Advanced Crisis Intervention and Individual Crisis Intervention courses.

In her “spare time” she has served as liaison for the Disaster Mental Health committee of Region 1 Mobil Medical Response and the County Collaborative Bodies, a volunteer Disaster Mental Health Worker for the American Red Cross, and a member of the Michigan Suicide Prevention Coalition.

Joan has been with Michigan

Association of Suicide Prevention for over 20 years and is currently serving as their president.

ICISF office of the Executive Director on the occasion of her retirement, presented Joan with a Certificate of Appreciation and an Award for her Pioneering Spirit and Leadership to the organization’s that she was much a part of, the MCRA and the Shiawassee County Mental Health Authority.

Joan will be greatly missed at her place of work, but we are grateful that she will maintain her work in the world of CISM.

FOLLOW YOUR COMPASS TO BALTIMORE

FOR THE 12TH WORLD CONGRESS

By Shelley Cohen, World Congress Manager

Registration for the 12th World Congress on Stress, Trauma & Coping opened at the end of October, with 800 providers of crisis intervention and disaster mental health services expected to convene in Baltimore to gain insight from over 100 presenters in nearly 90 educational sessions. The presentations, special events and activities have been planned to make time spent at the World Congress both professionally and personally fulfilling. With just a couple more months until the conference opens in Baltimore, have you made your plans to attend? Visit www.ICISF12thworldcongress.org for complete details and registration information.

Pre-Congress Workshops

Pre-Congress workshops will be held February 19-21 and will include, among many other offerings, the opportunity to attend a course needed to complete a Certificate of Specialized Training. These include *Individual Crisis Intervention & Peer Support* combined with *Group Crisis Intervention* as a three-day training, as well as *Advanced Group Crisis Intervention* and *Pastoral Crisis Intervention I & II*. Twelve other one and two-day courses will be presented that are unique to the World Congress, on topics such as post-traumatic growth, the Bulletproof Mind, ethics, death notification, preparing to deploy your team, and CISM in the aviation field. Look for a complete list online and in the Registration Brochure.

Main Congress Plenary Presentations

The Main Congress educational program (February 22-24) will

feature 22 plenary presentations, including several that will review lessons learned from recent major incidents, such as the shooting of Congresswoman Gabrielle Giffords, the stage collapse at the Indiana State Fair, the 2011 Japanese earthquake, the shooting at the Sikh Temple in Wisconsin, and the Deepwater Horizon explosion and oil spill. Keynote presentations will be given by high-ranking officials

lessons learned from an assortment of incidents, including school-based trauma, line of duty deaths, hurricanes and shootings, to name just a few. Afternoon Workshops offer tools you can use, examinations of successful programs, reports on recent research, and lessons learned in an interactive setting, during which participants are able to explore topics in greater depth than is possible in the Plenary presentation setting.

Other Events & Activities

Breaks throughout the six days of the World Congress as well as evening hours offer multiple opportunities to make valuable connections with other

attendees and help you find an important balance to the serious subject matter covered during the days' presentations. In addition to coffee breaks in the exhibit area, meaningful conversation with poster presenters and other interested attendees about poster topics, and the Sunday morning "Breakfast in the Ballroom", the "Food for Thought: Navigating Complex Situations" lunch discussion program returns on Friday with a new panel of experts welcoming all questions, dilemmas and issues for a lively discussion about solutions amongst panel members and lunch participants. For those interested in Spiritual Care, the Spiritual Care Special Interest Group will meet, as will the International Crisis Response Coordinators Network. And for those interested in becoming an ICISF Approved Instructor, ICISF's

Main Congress Afternoon Workshops

Thirty-nine different topics will be presented during 1.5 hour Afternoon Workshops on Friday, February 22 and Saturday, February 23. Topics include ethical behaviors in disaster management, post action staff support, CISM in the context of diversity, vicarious trauma, and



FOLLOW YOUR COMPASS TO BALTIMORE FOR THE 12TH WORLD CONGRESS(CONT'D)

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Approved Instructor Support staff will host an informational meeting. Lastly, you won't want to miss the major social event of the World Congress, the "Ready! Set! Sail!" party on Saturday night. The party will be a cruise-themed night of fun, with dinner, fun & games, music, dancing & great prizes! What better way to relax after a full day of presentations than to take a "cruise" to nowhere with your World Congress friends, without leaving the hotel?

Registration

There are three ways to register for the 12th World Congress: online, by fax and by mail. We encourage the use of our secure online registration system as it ensures that your registration will be complete and processed more quickly. As an added benefit, those who register online will be entered to win a refund of

some or all of their registration fees! New for this World Congress, those who attend the 3-day Main Congress and any Pre-Congress Workshop(s) will be able to save \$50 off of their registration total (applicable to Advance and Regular pricing). Be sure to register on or before January 27 to take advantage of Advance registration pricing; regular rates go into effect on January 28. A full schedule of Registration Fees is available on the 12th World Congress website and in the Registration Brochure.

Why Should You Attend?

Ask past World Congress attendees why they keep coming back, and there would probably be a couple of common themes among their answers. Most would probably say that they come for the variety of presentations on disasters, lessons

learned, research, etc. But they would also be just as likely to say they return for the incredible sense of community they feel when they're amongst hundreds of others who do the same type of work and speak the same "language". The opportunity to make personal connections, learn from one another and be among friends often renews their commitment to the selfless work they do, and they return to their communities, agencies and jobs with fresh ideas, reinvigorated. If you haven't yet experienced a World Congress, we hope you'll give it a try. Make it your early New Year's resolution to attend in February 2013!

Please direct any questions about the 12th World Congress to Shelley Cohen, World Congress Manager, at scohen@icisf.org.

BERKS LODGE #71 FRATERNAL ORDER OF POLICE CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM - ONE TEAM'S HISTORY

Continued from page 1

all at no cost to municipalities. The Mayor's Association and the Borough, Towns and Townships Associations viewed the presentation as a great service to their communities and their police officers. Jackets were ordered and distributed to the new 12 officer team. This original group was selected from volunteers with an eye toward geographic coverage of the entire county.

Training was provided to all team members by Dr. Morrison. Team contact information was provided to all members. The county wide police dispatch center was also given the contact information for team members.

Before the official roll out set for November 1989 a police officer shot and killed a suspect who had taken a female hostage in an attempt to evade arrest. The shooting took place

on October 18, 1989 in a shopping center parking lot. Within moments of the incident, the Team was contacted by a police officer and members responded to the scene. Word spread quickly that this team, made of police peers would be there for cops in a crisis.

From this "baptism by fire" start the program has grown in size, scope and professionalism. The "Trauma Stress Team, long since renamed Berks Lodge #71 F.O.P. Member Support Team is now comprised of 24 members from Lodge #71 and Reading City Lodge #9 and five mental health practitioners. Calls outs are now dispatched by County or City dispatch centers. All members are trained by ICISF certified instructors and follow a 42 page Operational Manual based on ICISF principles. This team

has responded to over 40 officer involved shootings, including 7 line of duty death incidents.

In November 2006, Mark Koch, then president of the PA State Fraternal Order of Police asked Dan Billings, the coordinator of the Berks Lodge #71 F.O.P. to help create a statewide program based on the Berks model. The Pennsylvania State Fraternal Order of Police secured a grant to assist in this project. A group of 15 ICISF trained officers came together and mapped out a plan to provide police officers in PA a resource for critical incident stress management. This group identified teams already providing services (readily available on the ICISF website). The goal was to assist teams who may be overwhelmed by an event and provide services to officers in areas where services were

BERKS LODGE(CONT'D)

not readily available.

Pennsylvania is an F.O.P. state, with over 30,000 members. While the model of service delivery is the same with ICISF trained teams, cops tend to talk openly to other cops. When police involved shootings occur the F.O.P. frequently gets contacted at both the local and state levels. The State F.O.P. team has responded to critical events in various parts of the state at the request of local police.

On April 4, 2009 Pittsburgh police officers Paul Sciuillo II, Stephen Mayhle and Eric Kelly were gunned down in the line of duty. This unspeakable act overwhelmed the city, its police and the long serving Police Officer Support Team of Allegheny County. Over the next week and a half members of the PA

State F.O.P. team, the Berks F.O.P. Team as well personnel from three other teams assisted the Police Officer Support Team in providing CISM services to over 1000 City of Pittsburgh police personnel. The ICISF course on Strategic Planning was instrumental in helping the teams coordinate debriefings and crisis management briefings at 11 shifts in 6 zones as well as locations that house specialty units. The cooperation of the Pittsburgh Police administration, the generosity of the Station Square Sheraton in housing the 36 responders and the financial resources of the PA State F.O.P. made this response successful.

Part of the success of the Berks Lodge #71 F.O.P. CISM program is

that it is self-funded and fiercely confidential. Officers referred to the team's mental health providers are assured of confidentiality. Up to 3 visits per year per member are paid for by the F.O.P. The other part of the program's success comes from living a quote from Dr. Donald W. Morrison, "What you water tends to grow, what you don't tends to wither away". We water our program.

Dan Billings is a founding member and coordinator of both the Berks Lodge #71 F.O.P. and the PA State F.O.P. CISM Programs. He is the Director of Security for St. Joseph Medical Center, Reading, PA and a retired Wyomissing Borough police sergeant.

BAD THINGS CAN EVEN HAPPEN ON THE MOST BEAUTIFUL OF DAYS

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worship service in my congregation, after which I got in my car, turned on a "sports talk" radio station to enjoy and decompress listening to on the way home. What I heard upon turning on the radio was the kind of on-air chaotic scramble including some dead air and reporters working on the fly to start to report on something big going down. The breaking news was the news of the Sikh Temple Shooting in a community on the far side of the Milwaukee metropolitan area where I lived. Because I wear multiple hats as a volunteer for the Salvation Army, police chaplain, an FBI chaplain, a debriefer for the Milwaukee Fire Department and numerous other agencies, a trainer in CISM known to many, a criminal justice program trainer and teaching law enforcement officers how to make death notifications, I knew that I was about to be called. And I was. The call was from the Disaster Services Director for the Salvation Army, Wisconsin

and Upper Michigan Division who said to grab your Salvation Army identification, and whatever other credentials you have and come down to Oak Creek. And I did. Enroute to the area where I was instructed to go and report, I found myself attempting to recall what little I knew of the Sikh religion and culture. I have to confess to say that my knowledge was sketchy at best. I did know that Sikhism was not Hinduism, and that Sikhism doesn't believe in a caste system. I also knew them to be good neighbors and citizens, and that was the extent of my knowledge.

After passing through several barricaded areas, (the area cordoned off was quite large.) I saw a Salvation Army truck and personnel in a parking area adjacent to a bowling alley parking lot which had become the staging area for the incident response. There were quite a few Sikh community members isolated behind crime scene tape separating them from the staging area. After talking briefly to the Salvation Army

staff, remembering Maslow's hierarchy of needs that we use in teaching Individual & Peer Support CISM, I grabbed a few bottles of water and began to approach some of the Sikh people standing or sitting clustered together, gently introduced myself and asked them if they would like water and to see if there was anything that I could do for them. If the people I approached were all seated, I crouched down to mirror their body language, all basic things we teach, but profoundly important in connecting with them. I found that some of those gathered were a mix of temple members, or friends of temple members. Some of them had recently come to this country and couldn't understand English, but English speaking Sikh's, (especially young people living here), were very helpful in translating. Some of these same young people later became an invaluable resource in assisting responding agencies in communicating with non-English

BAD THINGS CAN EVEN HAPPEN ON THE MOST BEAUTIFUL OF DAYS(CONT'D)

speaking Sikhs who were impacted by the incident.

As Sikh individuals and families fled the temple and police arrived and set up perimeters, barricades, and crime scene tape, some Sikh families were geographically cut off from one another temporarily.

One of the most frequently mentioned needs of the Sikh families and friends waiting behind the cordoned off areas was to know where other family and friends were and how they were doing. They wanted to be reunited, or to call them. Because some of them didn't have cell phones on them, I offered them mine, and some took me up on the offer and were able to make contact with loved ones. In some cases I was able to carry a message from people in one area cut off from people isolated in another area. I listened to many personal stories of loved ones they hadn't heard from and were concerned about.

The Bowling Alley owner decided to close his door and make the entire facility available for the incident response operation. Members of the Sikh community cut off from each other were able to get together, and the Salvation Army canteen was able to move into the parking lot staging area to meet food and hydration needs. Good business citizens in the community offered food and hydration supplies. A respite center was established in a large banquet room in the basement of the bowling alley where temple victims, and close family members could gather and wait and be available for interviews with investigative personnel. It was arranged to have food prepared at another Sikh Temple located elsewhere in the metropolitan area to be brought down to those gathered in the respite center. And then we waited.

Once we had established a central location, I encountered several people from various agencies who had received CISM training of one

sort or another from me. It was humbling and gratifying. The gravity of the incident also made me keenly aware of how important a resource that CISM is, and that we get it right. We, are, after all, only as good as we train. There were law enforcement officers who were conducting aspects of the investigation and assisting with the family death notifications with utmost compassion, CISM trained Salvation Army officers, staff, and volunteers who worked hard to provide food and water meeting the basic fundamental human needs, serving responders as well as the Sikh community, all the while providing a ministry of presence that spoke far louder than words. Kevin Ellers, Territorial Disaster Services Coordinator worked with me and others providing Emotional and Spiritual Care. There was the female Salvation Army officer who brought personal comfort, psychological first aid, a ministry of presence that transcended cultural and language barriers, to Sikh women after being given the horrible news that their loved ones were killed.

Throughout the night the Sikh families were gentle and in the midst of their unfathomable grief were thanking us for what we do, and put their hands together in an expression of "Namaste" a gesture of great respect nearly every time they passed one of us who had responded to help them.

There were briefings to quell rumors and provide information for families, (although in hindsight, and agreed upon at after action reviews, briefings perhaps should have been offered more frequently). Late on Sunday night as Sikh families spilled out onto the Bowling Alley parking lot after being notified, there were many of us simply walking around with

Klennex boxes quietly offering a tissue to grieving families. This simple act, too is CISM at work.

The following day, I received a call from the Salvation Army Disaster Services Director indicating that a company located in a nearby suburban area where several of the Sikh women from the temple worked, wanted to have me come and be available to meet with any of the women who might want to talk. I talked to the plant manager, and the vice president of human resources about what to expect and look out for with their Sikh employees. I gave them copies of the Critical Incident Stress information sheets and went over that information with them. They were happy to have the information. A woman who had been shot in the arm and then hid out in the pantry with several others while the gunman was searching the adjacent kitchen came to talk to me. She had not slept at all following the incident on the previous night, and still seemed to be running on adrenaline. She couldn't stay home, and to keep her mind off the incident decided to go back to work, but try as she might, she wasn't ready to for that.

Although I wasn't a part of it, a CISM team did provide a Critical Incident Stress Debriefing for the Oak Creek Police department, Fire & EMS.

A couple of weeks following the incident, I had the opportunity to work with a team of counselors from Quantico and together we had a panel discussion with time for question and answer in the Milwaukee Division and in teleconference with the FBI offices in Madison and Green Bay. We then made ourselves available for anyone seeking individual sessions, and concluded with small group debriefings.

BAD THINGS CAN EVEN HAPPEN ON THE MOST BEAUTIFUL OF DAYS(CONT'D)

One never leaves such an experience as the Sikh shooting without taking something with them. I carry with me now several new friends from the Sikh community. I also carry with me the knowledge that the Sikh community is a very close-knit community, and that they are a very resilient people, whose spirit and grace inspire me to this day. The Sikh religion has an expression that they offer up in their prayers, in the midst of despair and pain, "Chardi Kala" which means to encourage strength, or lift up in high spirits, in hope. At the candlelight vigil on the Tuesday evening in Oak Creek following the incident, in the midst of many of the Sikh community and many others gathered, as the Sikh priest lifted up Lt. Brian Murphy in prayer, there was a loud proclamation from all the Sikhs gathered "Chardi Kala". The thought that came into my head as we were trying to surround the Sikh community with care, and as they sought to care for themselves and others is the same thought which was the title of a message I gave for my

suburban community immediately following 911 and that thought is: "We've seen what hate can do now let's see what love can do." "Chardi Kala!"

(Postscript) About two and a half months following the Sikh Temple Shooting, another mass shooting at the Azana Spa & Salon took place in the Milwaukee Metropolitan area. I responded to this incident providing crisis counseling to spa staff and their clients and was heartened to see two young Sikh men from the Temple shooting working as volunteers for the Salvation Army distributing food and water to those involved in the incident. One of the young men was the son of the Sikh Temple president who had been shot and killed on that dark day of August 5.

Greg Young is a chaplain for the FBI, a CISM trainer, Police chaplain and trainer, and a CISM team member for the Central Territory of The Salvation Army

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

SUICIDE IN THE FIRST DEGREE

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depression may be a factor. To know that they will certainly die however, many family and friends report that the decision for assisted suicide was made due to acceptance of death not escape from life. Although this too is suicide many people are building this solution terminal illness into their final wills and legal documents.

The insanity plea:

When mental health, bullying and hormonal/chemical imbalance are factors (and in many cases one or more of these are contributing factors in a pre-meditated suicide) why wouldn't we consider a type of insanity plea to life insurance companies, social supports and with data collect to

increase prevention and awareness? In homicide cases we often hear, "I don't recall", "I blacked out", "I totally lost it" the only problem in building this case for suicide is of course that the person involved in the killing is the deceased. Often the necessary psychological autopsy is seldom done and perhaps there is no need to complete one when a suicide, is a suicide no matter the circumstance.

More to Follow:

Too often suicide deaths are misappropriated as an accidental death or unknown cause. Who could blame survivors for this with our system the way it is? This categorization could protect families

from stigma and financial strain due to lack of life insurance coverage. Perhaps categorizing suicide deaths, getting accurate data on those suicide rates and raising awareness will increase prevention efforts and decrease social stigma. Maybe there are even more ways to organize and understand this type of death beyond these preliminary thoughts. The umbrella label, suicide, no longer fits; there is a social and medical need to start recognizing the differing causes and aftermath of all types of suicide.

Jessi Farnsworth is a State of Vermont, Licensed Clinical Mental Health and Drug and Alcohol Counselor, relocating to Ithaca, New York.

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