LifeNet

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INSIDE:

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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Critical Incident Stress Management from an RN Perspective

By Eddie Blackkock

I went to work in Alice Springs twelve months after the tragic air balloon crash that killed the thirteen people on board. Because of Alice Springs geographical isolation emergency service workers there were stretched to the limits of their capabilities. They also provided a lot of education to a broad range of health professionals about Critical Incident Stress Management (CISM) for some time after the event. In 1991 I was fortunate enough to be working in a family community centre as an RN mental health counsellor under the guidance of an American psychologist Rose Boehm whom I am eternally indebted to for the education she provided on CISM and for the learning opportunities that were presented to me to put those skills into practice.

After my contract in Alice Springs was completed I left for employment at the largest private multispecialty hospital in Queensland as a Clinical Nurse Consultant in charge of their Acute Mental Health Unit. In the first twelve months there I became aware of how much emotional trauma RNs and other health professionals in the general environment managed on a routine basis but without any structured support. I formed alliances with the hospital's nurse counselling and chaplaincy services and shared my Critical Incident Stress Management experiences from my time spent in Alice Springs. All agreed about its need within the hospital community and its adaptability to the nursing / medical environment. The hospital executive approved our starting an educational program that was extended throughout the hospital complex. We also engaged the services of a CISM academic from the University of Queensland who held a number of workshops for a core group

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Silent Suffering

By Susan Fisher Brown, RN

In 2004 I noticed that staff in the emergency department (ED) was saturated with emotional distress. Time after time critical incident events were ripping the stamina and cohesion of our ED family apart. Nothing seemed to diffuse the distress most of us experienced. Not our sessions at the bar after work, not the yelling at the first defenseless patient we came in contact with, not calling out for our next shift, and certainly not the meds that we may have turned to hoping to alleviate some of the intense pain or emotional suffering we thought we alone were experiencing. You see, *suffering in silence* is what many health care staff believe is their only option after a difficult shift or critical event. I have heard many refer to critical events as *just being part of the job* or that the event was *just another day at work*. Many are lead to believe that emotional distress or suffering in silence is, in fact, part of the job. I for one believe that this type of attitude is unacceptable and enables self-destruction.

Allow me share with you a critical event that changed my life, the event that led me to critical incident stress management (CSIM). Two young drowning victims were brought

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Regional Conference Calendar

June 28-July 1, 2012
-Columbia, MD
ICISF

August 15-19, 2012
-San Francisco, CA
San Mateo County CISM Team

September 19-23, 2012
-Nashville, TN
Centerstone

October 10-14, 2012
-Regina, SK
North Star CIS Response Team

October 18-21, 2012
-Chicago, IL
Northern Illinois CISM Team

October 25-28, 2012
-Vancouver, BC
Lower Mainland CISM Association

November 1-4, 2012
-Albuquerque, NM
New Mexico Crisis Support Team

December 6-9, 2012
-San Diego, CA
San Diego CISM team

From the Hotline Coordinator...

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 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 209 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, your 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 www.icisf.org.

For more information regarding your team's status, please contact the HOTLINE Coordinator at hotline@icisf.org. This e-mail address is being protected from spambots. You need JavaScript enabled to view it .

ICISF Presents Awards at Disaster Chaplaincy Services Tribute

On June 14th, 2012, ICISF Executive Director Don Howell and Director of Operations C. Ken Bohn attended a tribute event in New York City benefiting Disaster Chaplaincy Services (DCS). ICISF presented an award to Chief Peter Volkmann, MSW for his "dedication, compassion and selfless service to DCS, ICISF & the community" and honored Rev. Julie Taylor with an award " in appreciation of her spiritual leadership in DCS & continued support of ICISF." ICISF congratulates all these recipients and thanks Disaster Chaplaincy Services for their commitment to the NYC community.

ICISF Team Member Highlights

Rappahnnock CISM Team
Fredricksburg, VA

Rappahanock CISM Team has been a registered team with ICISF since 1999. They currently have 35 active members representing fire rescue EMS, Dispatchers, chaplains and mental health professionals Their mission is to provide stress management needs of those exposed to critical incidents-they exist to meet these needs. They service all requests in their area. Patricia Copeland is the team coordinator. You can visit their website (www.rems.varems.org).

Gainesville Police Dept CISM Team
Gainesville, FL

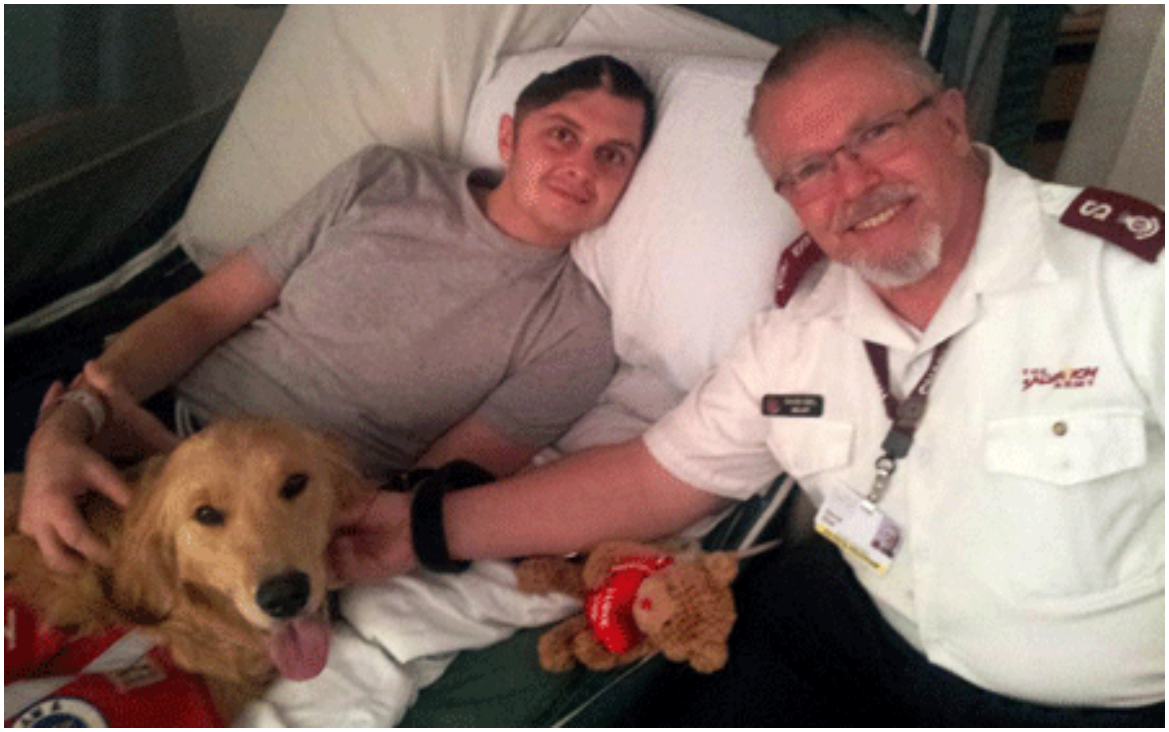
The Gainesville Police Dept CISM Team has just joined ICISF. They currently have 13 team members representing law enforcement and mental health professionals. Their mission is to provide stress management needs of those exposed to critical incidents in the area-they exist to meet these needs.
The Team Coordinator is Dr. Patricia Grundar. You can visit their website at (www.gainesvillepd.org).

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 2011, 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

Rescued to rescue



Major David Ebel helps a dog and man to recovery. Before being traumatized—Bucky was training to become an assistance dog. His previous owner had struck him, causing Bucky to suffer from severe anxiety attacks. He was now too nervous and frightened to be an assistance dog the way he was.

Hoping to help rehabilitate him, Escondido Corps Officer Major David Ebel adopted the shy puppy and took him to visit patients at the hospital. There, they happened to peek into Michael's room. Michael had been badly injured during a friendly pool game that went bad. According to a witness, during a pick-up game of pool, a player became angry and punched Michael. He was knocked out, fracturing his temporal lobe and cracking his skull. When he awoke, he could only move his thumb. Progress was slow and Michael became depressed and discouraged.

The first time Bucky and Michael met at the hospital, they were both shy; but Michael asked if Bucky could come back. On the next visit, both man and dog were transformed.

"I lifted him and immediately Bucky cuddled Michael with his back resting against Michael gently," Ebel said. "Michael whispered to Bucky, 'You're beautiful.' They were that way for 20 minutes, with Bucky licking Michael's hands."

Michael says Bucky helped him turn the corner in his recovery. His wife agreed saying, "Michael's happier! Bucky has helped his entire perspective. I think part of it is seeing the puppy that was hurt and knowing that he made it. Bucky gives Michael hope."

God is always the God of the second chance, states Major David Ebel.

"For me, disability since birth became the challenge to serve others. Salvation Army Officership became the path. Years later, when I needed assistance in mobility … Bucky became my "second chance" to keep serving others … and his second chance". He is my mobility dog and my "Trauma Dog" when I serve as an Emotional and Spiritual Care responder for The Salvation Army using Critical Incident Stress Management.

When we met Michael, Bucky and he bonded immediately and Michael became committed that if Bucky can make it…. So can he.

That is God's love played out over and over again. Bucky has thrived and become more amazing than I have ever dreamed. We visit the trauma ward of our local hospital every Friday and Bucky never fails to draw someone out of their shell and into a place of hope. At our Salvation Army corps, Bucky thrives on the kids and the adults and is now a favorite to all. Together, Bucky and I are always looking forward to God's next great adventure in faith.

Berkeley Police Officer Honored for Distinguished Service

Officer Jeff Shannon – Exceptional Service Award

Officer Shannon was honored for spearheading the efforts of the Berkeley police to "ensure that our members are better served in dealing with immediate and long-term stressors that we face on a regular basis." Shannon, who has a master's degree in clinical psychology, has spent many hours counseling Berkeley officers after they have been involved in critical incidents. He was the catalyst for creating the Critical Incident Stress Debriefings that are now routinely conducted after officers go through traumatic events such as suicides, SIDS, deaths and officer-involved shootings. Shannon also helped develop a Crisis Intervention Team. "Officer Shannon's commitment to the mental health and well-being of our officers is noble," said Sgt. Emily Murphy, the vice-president of the BPA.

Berkeley Police Department Program Developement

By Jeff Shannon

I joined the Berkeley (CA) Police Department in 2004. For years before that our department regularly provided critical incident stress debriefings, both for our own agency and others in the county. By the time I got there, however, the program had fallen somewhat into disrepair. The prior team leader, a well-respected officer by the name of Gary Larson, did an outstanding job but he left well before my time, producing a leadership gap that wasn't filled. One day, I read an e-mail announcement regarding openings on the team. Until that time, neither myself nor most other newer officers knew we had peer support.

Upon joining the team I saw that it was composed of some our agency's most highly regarded officers, sergeants and dispatchers. As an ancillary duty I realized no one else on the team had the time to act as team leader, so I energetically took on that role.

Looking for a framework for our program, I found ICISF and CISM. We changed the team's name from the Peer Support Team, to the Critical Incident Stress Management team to reflect a more comprehensive agenda. We began a CISM team newsletter, each one focusing on a specific topic such as suicide prevention, critical incident stress or alcohol education.

I scheduled team meetings in which we sharpened our skills in some area (i.e., the importance of confidentiality in individual peer support meetings and debriefings) and covered administrative matters. I made sure our team members had the requisite training in peer support, CISM or CISD.

I worked with the administration to streamline the process for activating CISD's. No more getting to work after a weekend and hearing about a critical incident in the locker room. Now, the incident commander calls or e-mails the CISM team leader immediately after an event to begin the who, what, when, where for the CISD.

If an entire patrol team is involved in a critical incident, we try to get a CISM team member to attend the next roll call briefing The peer briefly educates officer's about reactions they may have and makes themselves available for individual peer support. We have posted the names of peer support staff and ensured our dispatchers can access them should an employee call requesting one.

I always have someone on the hook that knows more about this stuff than I do. For questions like, "Who should be at this debriefing?" or "What's the latest idea on automatic versus voluntary attendance?" I have turned to two local experts, David Wee and Douglas Cyr.

Our CISM team members are veterans who have earned solid reputations in the department. Our administration has been unflagging and sincere in its support for our CISM. These are the nuts and bolts of our program.

To be sure, our CISM has a long way to go. There's always more to do. I have a laundry list of future projects to flesh out CISM's full potential. However, what makes a CISM team truly successful isn't its end state, but its drive to get to an end state that may not really exist. At present, we have a program that ensures our personnel get education, emotional support and referral information.

As Dave Grossman writes in, On Combat, "Pain shared is pain divided." Dividing the pain that first responders inevitably confront in their careers, is an honorable goal, and is the promise of CISM.

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!

We're Making Plans...Are You?

By Shelley Cohen, World Congress Manager

The Call for Presentations for the 12th World Congress on Stress, Trauma & Coping recently closed, and reviewers are hard at work evaluating and making recommendations for the educational program for the February 10 - 24, 2013 conference. Meanwhile, planning continues for the various events and activities that will be held alongside the presentations during the six day conference. Look for the launch of the 12th World Congress website in September, with the full lineup of presenters, presentations and activities, as well as registration, lodging and transportation details. Until the 12th World Congress website goes live, you can find some preliminary information about the event in the World Congress section of www.icisf.org.

The World Congress is the premier forum for multidisciplinary exchange of best practices, ideas and information among those who provide crisis intervention and disaster mental health services. What makes it special? Over 800 crisis intervention practitioners from across the U.S. and around the World will converge in Baltimore next February for the opportunity to learn from leaders in the field and develop meaningful connections with colleagues from a broad range of professions and practice settings. While our smaller Regional Conferences offer the opportunity to attend and complete ICISF courses, those who have never attended a World Congress might be surprised to know that the majority of educational programming at this biennial event is unique to the World Congress. ICISF courses are typically offered as Pre-Congress Workshops along with a selection of other one and two day topics not available at Regional Conferences. Additionally, unique presentations covering, for example, lessons learned from major disasters, examining successful programs and reporting on recent research are presented throughout the three days of the Main Congress. Moreover, we work hard to build a variety of activities into the schedule that are conducive to making those important connections and to facilitate the sharing of experiences and ideas among participants.

Although the 12th World Congress is still six months away, we encourage you to begin making your plans to attend. If you need preliminary information about registration fees or hotel costs in order to prepare your training budget for next year, please contact Shelley Cohen, World Congress Manager, at scohen@icisf.org (please note, however, that the host hotel, the Hilton Baltimore Hotel, is not yet accepting reservations for the 12th World Congress). We also recommend making sure we have your current mailing and email addresses so that the Registration Brochure and email updates reach you in a timely way. The best way for Members to update this information is via an email message sent to Michelle Parks, Membership Coordinator, at mparks@icisf.org, or Jean Gow, Information Specialist, at jgow@icisf.org. To ensure that you receive email updates about the World Congress, be sure that you've also updated your preferences in your email profile by clicking on the "E-News Sign Up" button near the top right corner on every page of www.icisf.org.

Look for details about the educational programming and registration information in the Fall of 2012. Please direct any questions about the 12th World Congress to Shelley Cohen, World Congress Manager, at scohen@

CISM in Oaklahoma

Michael Freidman an ICISF Approved Instructor in Tulsa Oklahoma says: CISM is Alive & Well in Oklahoma!

Introducing ICISF Team Membership

For Several years we have received calls from CISM teams inquiring if ICISF offered a CISM team membership. The answer was unfortunately not at this point in time. Well you asked for it and effective April 1, 2012 ICISF has available to current updated teams within our database an ICISF two year membership for $250.00
Team Membership Benefits include:

1. Membership in ICISF places the team in an international network of Critical Incident Stress Management teams, service providers, administrators, commercial and industrial services, researchers and educators who function in the field of activity associated with critical incident stress and post trauma syndromes.

2. Your team will be able to access the quarterly ICISF LifeNet Newsletter which provides important updates on Critical Incident Stress and Psychological trauma on our website.

3. The Team will receive a certificate of membership and team card.

4. All active team members will receive a 15% tuition discount on all ICISF regional conferences and the World Congress. When registering for a conference or the World Congress a letter from your team leadership stating that the individual is a current member in good standing along with a copy of the team membership card must accompany the registration form.

5. Routine critical incident stress consultation without charge.

6. Emergency critical incident stress consultation without charge.

7. Regular ICISF emails announcing ICISF activities

8. Quarterly team spotlight in the ICISF LifeNet newsletter.

For more information contact Michelle Parks at mparks@icisf.org.

From the Conference Department

During the 1st quarter of 2012, a total of 112 training days were awarded via scholarships at ICISF Regional Conferences.

Hosting a conference gives the opportunity for the local organization to distribute scholarships as an honor to those in the CISM community. Team Scholarships are offered by ICISF with recipients being selected by the local host. Typically, deserving individuals on their team or part of their organization receive scholarships and/or recognition in exchange for their service.

Marlatt Scholarships are offered in remembrance of Erin and Colleen Marlatt to deserving individuals in Fire Services. Recipients are selected by the local host and are acknowledged and presented with awards at the conference Award Ceremony & Town Meeting.

ICISF also awards Certificates of Appreciation in recognition of outstanding contributions in the field of CISM.

At ICISF's Houston, TX Conference held March 1-4, 2012

Congratulations on being chosen for the Certificate of Appreciation Award

Christine Cunningham Chuck Salustri

Congratulations on being chosen as Marlatt Scholarship recipient

Ricky Christmas Carl Green Dave Collado

At ICISF's West Palm Beach, FL Conference held February 29-March 4, 2012

Congratulations on being chosen for the Certificate of Appreciation Award

Harry Mergel The Dispatchers at the Communications Center

Congratulations on being chosen as Marlatt Scholarship recipient

Garry Blackman Amee Uzzle Tracy Neathery

At ICISF's Atlanta,GA Conference held April 12-15, 2012

Congratulations on being chosen for the Certificate of Appreciation Award
David Bradley

Congratulations on being chosen as Marlatt Scholarship recipient

Darrell Sanders Christopher Smith Damion Vaughan

From the Approved Instructor Department

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Individual Crisis Intervention and Peer Support Instructor Program held in West Palm Beach, FL, March 1 & 2, 2012

Roxanne Affholter
John Avery, Jr.
Marti Barton
Robert Blair, Jr.
Donald Bluestein
Daniel Boyd
Monique Campos
Devon Corpus
Kim Cosley
William Dorman
Charles Epstein
Tim Faulk
Mark Gessner
Lori Gray
Patrick Hamlin
Linda Harms
Lloyd Henderson
Don Howe
Mike Jarrett
Sky Kershner
Chee-Wai Koh
Daniel Kwek
Christoph Lindentromberg
Lawrence Mckeithan
William Mitchell
Jack Munday
Jeffrey Naber
Philip Ohman
Corinne Pascoe
Brent Ramsay
Uwe Rieske
Stephanie Sieben
Michael Swainson
Lisa Turbeville
Jutta Unruh
Robert Wallace

The following participants completed the Pastoral Crisis Intervention Instructor Program in West Palm Beach, FL, March 3 & 4, 2012.

Charles Barnes
Evelyn Biles
Christine Cunningham
Patrick Hamlin
Don Howe
Mike Jarrett
Sky Kershner
Jack Munday
Philip Ohman
Lester Palmer*
Ellen Vest
Robert Wallace

*It is with great sadness that ICISF regrets the sudden passing of Sr. Chap. Col. Lester Palmer on April 22, 2012 D.H., Ex, Dir.

Dutchess County's Critical Incident Response Team Celebrates 10 Years of Services to Emergency First Responders

By Steve Tuttle and Collen Pillus

Poughkeepsie NY… Dutchess County Executive Marcus J. Molinaro congratulates the Dutchess County Critical Incident Response Team on the celebration of its 10th anniversary. Originally established in 2002, the Critical Incident Response Team is a highly trained group of peer volunteers who provide services to first responders to help them deal with the high levels of pressure and stress when faced with horrific circumstances at emergency scenes. The Dutchess County CIRT is an all-volunteer team from various Dutchess County Fire, EMS, Police and 911 Dispatch services.

"First responders are often faced with unimaginable circumstances and our trained Critical Incident Response Team helps them deal with the stress that can come with tragic events," said County Executive Molinaro. "The CIRT volunteers are there, at the scene, to provide the necessary support to help first responders stay focused on the emergency and are again there for them after the event to deal with the post event stress and trauma."

The focus of the CIRT is to support the efforts of emergency services personnel and minimize the harmful effects of the crisis on individual responders. In recent years, the needs of emergency personnel have been more widely recognized. The work first responders do can be emotionally difficult, physically draining and can have a profound impact on all aspects of their life. First responders are subject to stress reactions that can include fatigue, nausea, headaches, depression, guilt, anxiety, insomnia, flashblacks and more. The CIRT, which is often supplemented by mental health professionals from the Dutchess County Department of Mental Hygiene, is trained to assist emergency responders to deal with that stress.

The CIRT team provides services in three primary ways:

On-scene Assistance - opportunities for first responders at the scene of a horrific or prolonged emergency event that allow them to "unload" emotions and or frustrations of what is unfolding. The CIRT utilizes an enclosed trailer as a mobile command post for the team when it's deployed to lengthy critical events or mass casualty incidents. These defusing sessions enable firefighters, EMT's, paramedics, police officers, and 911 dispatchers to remain on the job and

Dutchess County's Critical Incident Response Team Celebrates 10 Years of Services to Emergency First Responders(Cont'd)

continue to serve.

Post Incident Interventions - These sessions are generally held anytime from immediately after the conclusion of an incident up to a couple of days following an event. They allow first responders who were on scene to discuss the event and help them deal with the emotions they are feeling including sadness, grief, fear, wanting to quit, etc.

Training - the CIRT provides Critical Incident Stress Awareness presentations to emergency services agencies throughout the year to help prepare for future events. These training events are designed to help first responders deal with stressors and recognize warning signs and symptoms of mental exhaustion.

Since its inception, the CIRT has provided a total of 151 interventions including debriefings, defusings, and peer assistance sessions to emergency responders throughout Dutchess County at the request of various emergency services' agencies. Some of the critical incidents that the CIRT has responded to and has provided support at include:

-Sudden Death of a 911 Dispatcher in 2003
-Firefighter Line of Duty Death in 2005
-Firefighter Line of Duty Death in 2006
-Morey Family Tragedy in 2007
-Firefighter Line of Duty Death in 2010
-Police Officer Line of Duty Death in 2011

In total, the dedicated members of CIRT have volunteered more of 7,300 hours of service to emergency responders.

Dutchess County Legislature Chairman Robert Rolison said, "As a former Town of Poughkeepsie police officer, I know the need was great for the services the CIRT offers. Police officers and first responders have to go into circumstances they have no control over and can be unspeakable. The addition of the much needed CIRT services was an important tool to help first responders successfully deal with the impacts of tragedies."

Dutchess County Legislator Ken Roman, who serves as the Chair of the Public Safety Committee, concurred, "Serving as an active Police Lieutenant with the Town of Poughkeepsie and previous Crisis Negotiator, I know how valuable it is to have a local CIRT available for our first responder community. The availability of trained emergency services peers to talk to you at the scene, or later when you are trying to deal with the lingering effects of the event, is so vital to the mental health and well–being of police and other emergency first responders."

The CIRT was formed in April, 2002 when the Dutchess County Legislature, including then County Legislator Molinaro, adopted the resolution to establish the team. The original team consisted of 8 members, 4 of who continue to serve on the team today. As the need for the team's services has increased, the size of the team has grown. Today, 20 volunteers serve on the CIRT.

Current CIRT members include: (*identifies the four Charter Members, still serving on the team today)

Beth Alter
Laura Becker
Bill Butler*
Paul Coiteux*
Heather Cooper
Theresa Dean
Janice Elderkin
Colleen Feroe*
Patti Fusco
Bryant Knapp
Mary Ann Lamay
Vinny Lopez
Patti Lynch
Chris Manning
Sue Puggioni
Carl Quaglino
Greg Rayburn
Dee Sagendorph
Chuck Tuttle
Steve Tuttle*

According to CIRT Team Coordinator Steven Tuttle, Dutchess County's CIRT is a recognized and registered team with the International Critical Incident Stress Foundation with its members committed to ongoing education and training. Over the past decade, team members have participated in numerous courses focusing on Critical Incident Stress Management (CISM) techniques including Peer Support, Suicide Intervention, Line-of-Duty Death, Strategic Response to Crisis, CISM for Families, School Crisis Response and more.

"To voluntarily take on the pain and suffering a colleague is experiencing and then assist them back to duty is only something that an extraordinary person could do," said Emergency Response Coordinator Dana Smith. The members of our Dutchess County CIRT provide an extremely valuable resource to our community, yet operate quietly outside the spotlight. Congratulations to each of them for the invaluable contributions they have made."

The Dutchess County CIRT will be recognized by County Executive Molinaro and the Dutchess County Legislature at the Legislature's April board meeting on Monday, April 16th at 7pm in the Legislative Chamber at 22 Market Street in Poughkeepsie. Legislative meetings can be viewed online at www.dutchessny.gov.

Critical Incident Stress Management from an RN Perspective

(Continued from page 1)

of personnel about the philosophy of CISM and its practical application to the culture of the hospital we worked within. That core group then went out into all wards and departments holding mini-education sessions at clinical handovers about the proposed CISM Team and calling for volunteers as peer support personnel. A hospital policy and procedure was then drawn up outlining who the key players were in the CISM Team and how to contact them in an emergency.

The Team was officially launched in 1993. Both medical and nursing staff availed themselves of the CISM Team's services and some typical emergency calls came from staff on the intensive care unit, especially when there was the death of a young person that staff had invested considerable time with; staff on oncology wards who managed end of life scenarios with both patients and their families; staff at the breast screening clinic from having to tell outpatients some emotionally challenging information; and staff from the maternity unit which, while generally seen as a celebratory environment, can at times have things can go very wrong. The atypical calls came from a very public suicide, the collapse of a surgeon in theatre during an operation, the cultural clash of a grieving process from a large extended Islander family on a busy thoracic unit and calls from the emergency department following traumatic admission issues from both the patients and their family members.

These incidents are not peculiar to the hospital concerned and any medical or nursing professional would recognise them as the routine business of any large busy metropolitan hospital. Unfortunately CISMTs' are not a regular feature of hospitals and given the universal shortage of nursing staff, it is my argument that hospital management need to be looking at strategies to retain their current staff and attract a future generation of nurses. One of the best strategies in keeping health professional's happy and content is to make them feel safe by providing emotional support for when they are confronted with emotionally challenging situations. Accumulated grief issues, poor patient management, extended sick leave and professional burnout are the price management will have to pay for failing to do so.

While Jeffrey Mitchell and his colleagues originally designed the Critical Incident Stress Debriefing Model for emergency service personnel it is my contention that medical and nursing staff is also confronted with routine emotional trauma. Mitchell's model is effective for the identification and management of emotionally charged situations and I am indebted to him and his colleagues for its creation. We found it to be very user friendly and I believe can be adapted to a broad range of work cultures. It is also cost effective as the only financial outlay we had was the education sessions received from the CISM academic. What it does require though is a strong commitment from some key hospital personnel who need to be available at short notice. This requires hospital management to recognise the necessary mobility in the roles of these key staff members.

The CISMT has both a symbolic and practical value to employers and employees. Health professionals within an acute hospital environment have the opportunity if they wish to avail themselves routinely of structured emotional support. They are also aware that hospital management care enough about them to sanction the CISMT. Conversely, hospital management have the knowledge they are providing psychological support to a broad range of their health professional employees for a minimal cost. With the need internationally to attract and retain health professionals the time has never been more opportune for CISMT's to become a regular feature in acute hospital environments.

Eddie Blacklock is a Lecturer at the School of Nursing and Midwifery, Nathan Campus, Griffith University at Brisbane in Queensland Australia

Silent Suffering

(Continued from page 1)

into our emergency department. They decided to go for a swim because their family would be moving from their present place of residence one that did not have a pool. The two young girls did not know how to swim, but decided to attempt it just the same. Needless-to-say, they did not succeed. After pronouncing the two young girls in our department, I could not believe the distress in my heart. I couldn't breathe. I couldn't think straight. I couldn't imagine that what I thought would be a wonderful job could take such a turn of defeat and failure. I found myself smoking alone (we were allowed to smoke on campus back then) contemplating my choice to be a nurse. How unfair God was to allow such tragedy to happen to 2 young ladies.

After the pronouncement, an angel of God came into our department into our department to assist our staff through this horrible event. Dr.

Silent Suffering(Cont'd)

John Jamieson (Team MH and Clergy Specialist) explained that what we were experiencing was normal, and that no one could imagine how hard this event must have been for us. I can tell you that on that day, this man gave me back my breath. He gave me back my desire to continue what Christ had intended, my career as an Emergency Department (ED) Nurse. Unbeknownst to me, he was trained in CISM. Fifteen years after being confronted with that event, I can still vividly recall the bodies lying on the stretchers, the family that gathered in the parking lot to pray, the clothes their mother was wearing, and the smell of the smoke coming from my cigarette. The memories do not go away, but the emotion that immobilized me that day did

After that event, many others occurred, until one day in 2004 my friend and colleague, Maureen Kane, and I decided to stop the silent suffering in our department. We became trained in CISM and began, out of survival, assisting our own ED family with their critical incident stress (CIS). Because of our training we recognized that a Mental Health professional should be present, but for now, we had to do something to help stop the destruction that seemed to be taking over our environment. With the assistance of Dr. John Jamieson, we assisted in a few interventions here and there but came across more barriers that we did solutions. Many coworkers kept telling us they did not want or need CISM in our department. We were often sternly reminded that nursing and CISM did not mesh. Regardless of majority opinion, we chose to care. We knew that our ED family was hurting and that many other multi-disciplinary staff might have been as well. We also believed that even if we assisted only one co-worker through an event that had the potential to cause emotional distress, it was worth it.

We pushed and pushed to get our message out to the entire organization. Then finally, in 2007, I applied to the American Nurses Credentialing Center (ANCC, 2012) Magnet Conference in Atlanta, Georgia. I wanted nurses to know that they did not have to suffer alone any longer and that there was a process that could change the culture in which we worked. After speaking to 1000 men and women over 2 consecutive days, I met numerous individuals that shared our experience with CIS. They opened their hearts and shared some intense events that had occurred 20+ years ago but were still ever-so-alive in their memories. Participants shared tears and told me they wished they had CISM when they were going through their critical events. Accompanying me on this life changing experience was Robyn Begley, CNO, for AtlantiCare Regional Medical Center (ARMC, 2011), the organization for which I worked.

After witnessing the affect CISM had on so many around us at that conference, Mrs. Begley, CNO decided to allow us to take this process hospital wide. In 2008, ARMC financed our journey to become approved instructors through the International Critical Incident Stress Foundation (ICISF, Inc) so that we could educate and properly train ARMC staff.

In 2009 Maureen Kane, RN and I had the honor to speak at the ANCC Magnet Conference in Louisville, Kentucky. Not only did our presentation have the same effect as the 2007 conference, but in addition, this venue would allow us the opportunity and privilege to help other health care organizations as well; allow me to expound. Some attendees invited Maureen and I to their perspective organizations to educate their staff and assist them with building their own CISM Teams.

Our intervention numbers have just kept growing each year, proving that what we so passionately believe is, in fact, true: CISM is needed within our nursing culture. Once validation for emotional distress is accomplished

and staff gain awareness that they are experiencing is normal, they are able return to work feeling healthier and more resilient (Mitchell 2006). Adaptive functioning is enabled and their *trunk of junk* is less full. Staff gain confidence, feel a valued part of the team, and do not feel judged by their co-workers (Scott, Hirschinger & Cox, 2008). In our department, the CISM process has increased group cohesion and teamwork. After an intervention, staff verbalized they were less likely to do the following: (a) callout for their next shirt, (b) resign, and (c) use drugs or alcohol to alleviate the pain. The culture becomes less judgmental because there is understanding and validation gained through the process, resulting in a sense of belonging.

Our journey continues as our team has more and more opportunities to help hundreds of people in our area. Since our inception in 2004, our interventions have increased over 140%.; in 2004 we had 1 intervention and in 2011 we had 140. This data proves that when you truly believe in something and you know the process will change someone's life, you need to place everything on the line and go for it! Lives will never be the same.

Maureen and I are two nurses who truly believe in the CISM process. We have honored to have had the opportunity to educate and train, and then assist with team building for the following healthcare organizations: Atlanticare Regional Medical Center in New Jersey, University of Pittsburgh Medical Center Shadyside in Pennsylvania, Shore Memorial Hospital in New Jersey, Baptist Healthcare System in Kentucky, and Anne Arundel Medical Center in Maryland (AAMC). We are dedicated and determined to change the culture of healthcare into one that provides emotional support for every staff member within its hallowed halls. Everyone matters! No one should suffer in silence when there is a process that has the potential to help so many heal and move past their critical event(s). In order for us to continue caring for our patients we must first care for ourselves. Knowing that one is not alone when suffering through the pain associated with a critical event is priceless. Critical Incident Stress Management assists those who suffer in silence. It is an honor for us to witness the healing and empowerment this process allows for so many.

If I may end quoting John Bunyan (passed on to me by someone I respect immensely, Dr. George Everly)….."**You haven't lived today until you have done something for someone who can never repay you". Enough said!!**

References:

American Nurses Credentialing Center. (2012). About ANCC. Retrieved from http://www.nursecredentialing.org/FunctionalCategory/AboutANCC.aspx

AtlantiCare Regional Medical Center. (2011). About. Retrieved from http://www.atlanticare.org/about/index.php

Good Reads. (2012). John Bunyan quotes. Retrieved from http:// www.goodreads.com/author/quotes/16244.John_Bunyan

International Critical Incident Stress Foundation. (2010). Home page. Retrieved from http://www.icisf.org

Mitchell, J.T., (2006). Critical incident stress management (CISM): Group crisis intervention (4th ed.). Ellicott City, MD: Chevron Publishing.

Scott, S.D., Hirschinger, L.E., & Cox, K.R. (2008). Sharing the load: Rescuing the healer after trauma. Modern Medicine: Healthy Patient, Healthy Practice. Retrieved from http://www.modernmedicine.com/modernmedicine/article/articleDetail.jsp?id=570171

University of Pittsburgh Medical Center in Shadyside. (2012). Retrieved from http://www.upmc.com/HospitalsFacilities/Hospitals/Shadyside/Pages/default.aspx

Stay Tuned For Information Concerning NFPA 1500 in the Defense of CISM From Those That Attended and Testified at the National Concensus Standard Meeting in Las Vegas June 11-14, 2012

Media Release

June 2012

To the members and supporters of (ATSS) (Green Cross Academy of Traumatology) (ICISF):

Several years ago, the leaders in our three organizations informally discussed ways in which we could work more closely with each other and be mutually supportive. We recognized that each of us provides a high quality and respected product for those working in the trauma and crisis response fields. We also acknowledged that we were not competitors, but that each of us offered sound and time tested complimentary services.

Over time, we formalized this process and held several conference calls and informal meetings. We then developed a draft collaborative agreement and encouraged input from the leadership and representatives of the three groups.

We are extremely pleased to announce that we now have a formal agreement that has been endorsed by the Board of Directors of each of our organizations.

The heart of the agreement speaks to mutual respect for one another, while endorsing the trainings or certifications each offers. We will also cross-promote such things as conferences, trainings and special events of the partner organizations, and any other product or service as offered.

In these times of extreme fiscal pressures and uncertainty, this agreement goes a long way in offering reputable and sound resources to all who serve the traumatized populations worldwide.

Please refer to our websites to view the collaborative agreement.

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