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## LifeNet

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of the United Nations*

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## DOES CRITICAL INCIDENT STRESS MANAGEMENT REALLY WORK?

By Chaplain John E Jamieson, M Div, Ph D

Several articles have been published during recent years that purport to have evidence that Critical Incident Stress Management processes do not produce the promised results. After nearly twenty-five years of involvement with CISM, I must take exception with their conclusions.

I was first introduced to the concept of Critical Incident Stress Debriefing in a magazine article by Jeffrey Mitchell that described and explained this new kind of psychological first aid to be used for the benefit of emergency responders. The firefighter who gave me the article thought I would find it

interesting because my background and training was similar to Jeff Mitchell's. At the time I was working as a paramedic and my concurrent role as a clergyman often led me to counseling sessions with traumatized firefighters, medics, EMTs and nurses. The principles developed in Mitchell's article gave me a totally new approach to help these co-workers. It would be a couple of years before I could receive formal training in the Critical Incident Stress Debriefing process, but once I had gained this certification, my appreciation for the process increased

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## WOMEN AS TERRORISTS

By Sherry Jones Mayo, RN, MS, DAAETS

View any media delivery of current events and acts, threats, or prevention activities surrounding terrorism are plentiful. Wishing the evil perpetrators away does not work, and sometimes our cautious eye, trying to keep ourselves aware and safe, is not sure what it is looking for, or what a typical terrorist looks like. If an image comes to mind, regardless of culture, age, dress, or mannerisms, most of us might consider the gender as male; that default is not sexist, it follows what and who we know as representing threats. After 9-11, my sister Nonie,

a short, gentle, inconspicuous Italian woman in her 60s travelling from Phoenix, Arizona to Michigan was stopped at every checkpoint for intense scrutinization, suspect largely because she appeared as the reverse expectation of threat or image of terrorism.

Women fighters bypass confines of gender in cultural and political eyes as they advance into roles unobstructed by social or political expectation. Traditional male roles of protective warrior and female as defenseless victim are no longer applicable or valid as females can be violent, do

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## Regional Conference Calendar

**April 11-14, 2013**

-Atlanta, GA  
GACISF

**May 16-19, 2013**

-Albuquerque, NM

**June 5-9, 2013**

-San Francisco, CA  
San Mateo CISM Team

**July 15-19, 2013**

-West Nyack, NY

**July 25-28, 2013**

-Denver, CO  
Mayflower Crisis Support Team

**August 1-4, 2013**

-Des Moines, IA  
Polk County Health Services, Inc.  
Polk County Mental Health Response Team

**September 19-22, 2013**

-Seattle, WA  
Washington State CISM Network

**October 17-20, 2013**

-Phoenix, AZ  
Crisis Preparation & Recovery, Inc.

**November 6-10, 2013**

-Columbia, MD  
ICISE, Inc

**December 5-8, 2013**

-Nashville, TN  
Centerstone

**December 5-8, 2013**

-San Diego, CA  
San Diego CISM Team

## REV. GEORGE GRIMM- ICISF HOTLINE TEAM COODINATOR 80<sup>TH</sup> BIRTHDAY CELEBRATION - DECEMBER 15, 2012

*'The Rev. George Grimm that I Know'*

I have known the Rev. George Grimm for two thirds of my life, and over one half of George's life. Many of you know of George's accomplishments over his 80 years, and most likely some of his significant events that I'm not even aware of.

The Rev. George Grimm I know is a multifaceted human being, so let me share with you the 'facets' of his life that I have observed over the years: George is a *son*, a *brother*, a *husband*, a *father*, an *uncle*, a *grandfather* and a *great-grandfather* (???).

I've known George as an *entrapeneur*, a *firefighter*, a *fire chief*, a *fire service chaplain* (Lisbon Volunteer Fire Company, Clarksville Volunteer Fire Department, Howard County Department of Fire and Rescue, Baltimore City Fire Department), a *community services/liason officer*, a *mentor*, a *role model*, a *peer counselor* and an *actor*.

George is a "MAN OF THE CLOTH", the Reverend George Grimm. He has welcomed many into this world. He has brought many couples together in matrimony. He has performed many hours of pastoral counseling. He has inspired many with his sermons from the pulpit. He has provided *courage* and *faith* when *guiding* the way for many as they were entering into the next world.

In the field of Crisis Management, George has co-authored two textbooks, is a CISM Manager, a CISM Team Leader



and a Crisis Responder, 24/7. (*No* is a word that is not in his vocabulary.)

I've personally seen George as a *trend setter*. His stylish facial hair, the way he wore *ice cycles* on his helmet and turnout coat just so, and he could easily give "Pig Pen" a run for the money when *returning*

home, *soot covered* and *blistered*, from a fire call. George was always the one to deliver the bad news. In those situations he provided *compassion*, a hand to hold, a shoulder to lean on, a Ministry of presense when others could/would not.

I first encountered George on a fatal house in Fulton Maryland, 44 years ago, 1969. Since then, George has been my *mentor*, my *role model*, an integral part of the Howell family (Wedding and Memorial Services, Retirements and Party Attendee extraordinaire). As he has been there for me, I've been there for George and his family on occasion in some of their darkest moments. What "*goes around, comes around*".

Of all of George's accomplishments and gifts that he has both given and sacrificed, the one descriptor that is foremost in my mind when I think of the man, the one that I cherish most, *Is to be able to call you FRIEND!!*

Don Howell-12/15/12

## 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 774 teams in the ICISF files, only 177 have met the annual update requirement. Help me keep the information up to date by sending your completed form to us at :

[hotline@icisf.org](mailto:hotline@icisf.org).

The form can be downloaded at

[www.icisf.org](http://www.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 LEGISLATION, STANDARD OPERATING PROCEDURES (SOP), DIRECTIVES, & STATUTES RELATED TO PEER CONFIDENTIALITY & PRIVILEGE

December, 2012

Research conducted by Diane Myers, RN, MSN  
& Donald Howell, Executive Director, ICISF

This document is the result of Google searches and Google alerts on the topic of confidentiality and privilege for peer CISM team members. As the authors of this compilation of information, we need to make clear that we have not read every piece of legislation, SOP, directive, or statute listed here. Thus, we cannot specify the extent to which these items "guarantee" protection of peer confidentiality.

### LEGISLATION

Numerous states have passed legislation protecting peer confidentiality/privilege. Here is

an example of laws that some of the states have enacted:

Arizona Senate Bill. 1235 2011 Arizona

Prohibits a critical incident stress management team member (member) who acquires information from an emergency services medical technician, officer or firefighter secretly and in confidence in the course of the member's response to a critical incident from being compelled or allowed to disclose the information in a

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## Share Your Team's Milestone with *LifeNet* Readers

ICISF would like to acknowledge CISM Teams that have reached significant milestones in organizational longevity (i.e. five, ten, fifteen year anniversaries, etc.) in future issues of *LifeNet*. If your team reached such a significant anniversary date this year, please contact George Grimm, ICISF CISM Team Coordinator (via email at [hotline@icisf.org](mailto: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

## Bring ICISF training to your area

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

[www.ICISF.org](http://www.ICISF.org) or call Terri (410) 750-9600





## CISM LEGISLATION, STANDARD OPERATING PROCEDURES (SOP), DIRECTIVES, & STATUTES RELATED TO PEER CONFIDENTIALITY & PRIVILEGE (CONT'D)

legal proceeding, trial or investigation, except under specified circumstances.

More information [here](#)

Louisiana Legislation:

The original can be found [here](#)

In summary, the following states have passed legislation addressing confidentiality of peer/counselee communication: AZ, CT, FL, GA, HI, IL, IN, LA, ME, MO, MS, MT, NE, NJ, NM, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA (27).

### STANDARD OPERATING PROCEDURES AND DIRECTIVES

There are hundreds of PD, FD, Dept. of Corrections, Dept. Public Works, Dept. of Transportation, Health Departments etc. across the country who have Standard Operating Policies (SOPs) and Directives that mention confidentiality.

The states that have SOPs addressing confidentiality within municipalities or branches of city or state government include: AZ, CA, CT, DE, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MO, MT, NE, NH, NJ, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, VT, WA, WI (36).

Below are excerpts from some Police Departments and Fire Departments so you can see how some of the teams word their policies and how they deal with infractions. Note, PDs have much more specific policies on confidentiality than do FDs.

Peoria, AZ PD

4. Confidentiality shall be maintained by CISM/Peer Support Team members on the information received from the individual employee.

a. Confidentiality shall be extended to employees during contacts by a CISM/Peer Support Team member(s) for violations of Peoria Police Department policy not amounting to a violation of the law enforced by the Peoria Police Department, and where there is no immediate threat to the employee or others. Policy violations amounting to a violation of the law or, in cases involving immediate threats

to others, will be documented by the CISM/Peer Support Team members and submitted to the Chief of Police for review and/or appropriate action.

b. Compromising a confidence will be considered a violation of Peoria Police Department policy. Members of the CISM/Peer Support Team who violate the confidentiality of an employee contact will be subject to disciplinary action and removal from the team.

c. Accusations of a breach of confidentiality by a CISM/Peer Support Member will be made in writing and submitted directly to the Chief of Police for review and/or appropriate action.

San Bernardino County Sheriff's Dept.

1405. CONFIDENTIALITY. The San Bernardino County Sheriff's Department recognizes as "confidential information" all the dialogue between members of the Peer Support Team and those individuals involved in a critical incident.

Exceptions to confidentiality include the following:

- Danger to self.
- Danger to others.
- Suspected child abuse.
- Narcotics offenses.
- Domestic violence.
- Elder abuse.
- In other cases where law or Department policy requires disclosure.
- Where disclosure is requested by the peer.

Corona, CA PD

Unit 4 - Confidentiality

The acceptance and success of the Corona P.D.'s Peer Support Program will be determined, in part, by observance of confidential. It is imperative that each peer supporter maintain strict confidentiality of all information learned about an individual within the guidelines of this program. The policy of the Corona P.D.'s Peer Support Program is to maintain the confidentiality.

Communication between the peer supporter and a person is considered confidential except for matters which involve the following:

- \* Danger to self.
- \* Danger to others.
- \* Suspected child abuse.
- \* Narcotic offenses (sales or transportation).
- \* Domestic violence.
- \* Factual elderly abuse.
- \* In cases where law requires divulgence.
- \* Where divulgence is requested by the peer.

A general principle for peer supporters to follow is to inform the person, prior to discussion, what the limitations and exceptions are regarding the information revealed. In those cases where a concern or a question regarding confidentiality arises, the peer supporter must immediately contact the Program Chairman or Counseling Team who will take appropriate action or contact the Program Coordinator.

### Internal Investigations

It may occur that a peer supporter is assisting an individual who is or becomes the subject of a disciplinary investigation. The peer supporter should be guided by the confidentiality policy of the Peer Support Program. He should not volunteer any information received in confidence, however, advisors may not hamper or impede the actual investigation, nor may they attempt to shelter the individual from the department's investigation.

The peer supporter's role in disciplinary situations should be one of support and assisting individuals through the stress they may face during the disciplinary process. If peer supporters have any questions or concerns regarding these situations, they should consult with the Program Coordinator for guidelines and assistance.

Scope of Peer Support Counseling:

## CT CISM TEAM RESPONSE TO NEWTOWN, CT – DECEMBER 14, 2012

By Charles Epstein, Operations Director - CT CISM Team  
Glenn Gemma, Mental Health Coordinator - CT CISM Team.



Friday, December 14th, 2012, started off as a typical morning. The weather was good – clear and cool, typical for a December morning just weeks before the holidays. People were at work, kids were at school, and just before 9:30am events started to unfold that would forever change a little town called Newtown, specifically the Sandy Hook section.

A young gunman confronted his mother at their house in Newtown, allegedly killing her in her sleep. He then loaded two handguns, a shotgun, and an assault rifle into his mom's car, and drove away. After stopping once or twice, he drove down a driveway past the Sandy Hook Fire Department (SHFD), arriving at the entrance to the Elementary School. Taking the assault rifle from the trunk, and with the two semi-automatic handguns, he proceeded to the secured front door.

Unable to get in by normal means, he fired multiple rounds through the glass alongside the door to create an opening. Once inside, he encountered several school staff and administrators, and began firing upon them. He moved toward the office, and after staff put the school's public address system on so that the entire school would know what was occurring, he killed the principal.

The gunman then went to a first grade classroom. Once inside, he began firing the assault rifle, hitting each child and teacher multiple times. By this time, 911 calls were being placed from other parts of the building

and both the local Newtown Police and State Police were responding. Within minutes, the first Newtown officer had arrived, and while the gunman was still shooting in the second classroom he was in, the police entered the building. Apparently realizing that time was short before a confrontation, the gunman purportedly took his own life.

Police began responding to the school in numbers not seen in this small town. During several of the debriefings that would take place in the subsequent days, the answer to the question "tell us what made you first understand that this was going to be a bad incident" was the number and speed of arriving police vehicles.

As soon as it was apparent that there were injuries, both the Newtown EMS and Sandy Hook Fire Department were dispatched. Several members of the SHFD were at the station, located about 1,000 feet from the school. They moved their rescue truck as close as they could to the police vehicles that were crowded close to the school. Newtown Police Officers assessed the victims very early to determine their chances of survival and carried those to waiting rescue crews outside. Every adult and every child was carefully checked for any signs of life.

When it was determined to be safe, the remaining 600+ children and staff were evacuated to the Sandy

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## Comments, Questions or Suggestions

Please direct any comments or questions regarding the contents of this issue to the attention of Victor Welzant, PsyD, Editor, at [lifenet@icisf.org](mailto: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](mailto: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!

## 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 San Diego, CA December 6-8, 2012.

Brettina Adams  
Raewyn Anderson  
Patricia Baker  
Sam Buser  
Kenneth Butler  
Julee Engelsman  
Stephanie Gibbs  
Rose Gould

Michelle Jarocki  
Sheila Kaur  
James Kirk  
Fuzzy Lake  
Norman Lee  
Bekki McQuay  
Harry Mergel  
ShereeSchiavon

Deborah Silveria  
Robert Sipes  
Darren Sroufe  
Kristen Strother  
David Tetrault  
Angie Wagar  
Suzanne Wavre  
Ron Winegar

We would like to congratulate the newest Approved Instructors to the ICISF Family. The following individuals recently completed the Comprehensive Crisis Preparation and Response for the Workplace Instructor Program held in San Diego, CA December 10-11, 2012.

Raewyn Anderson  
Gregory Childs  
Stephanie Gibbs

Rose Gould  
J. Thomas Greenhalgh  
Tom McSherry

Sheree Schiavon  
Ken Schlenker  
Deborah Silveria

## ICISF ANNOUNCES THE SHINING STAR PROGRAM!

This program was created to promote those individuals who have made significant contributions in the field of Crisis Management. A diverse committee has been chosen to accept the nominations and vote on those applications that they feel meet the criteria for this award. A framed proclamation will be awarded to those recipients chosen to receive this award. Their name and a brief bio will be posted on the ICISF website and in the LifeNet newsletter.

\*It is with great sadness that ICISF mourns the loss of first Shining Star Recipient Jaci Phillips\*

The Shining Star Award for January 2013 was given to Jaci Philips

Jaci Phillips was one of the first trained CISM members in Indiana when Drs. Mitchell and Everly taught their "basic" course in French Lick, IN in 1989. At the time, Jaci was already a Registered Nurse (with experience in emergency medicine, neuroscience, and hospice care) and a career firefighter with Pike Township Fire Department. A few years ago, Jaci completed her Masters degree in Informatics and began a second career in nursing research. From the beginning, she was poised to help in crisis situations. After her CISM training, she regularly was called to be a peer member on teams



throughout Central Indiana. Her home team has been the St.Vincent CISM Team as its co-coordinator until December 2012 when she asked to retire. The team will continue to seek her advice as a consultant. She is an ICISF approved instructor and taught or assisted with many Individual Crisis Intervention & Peer Support as well as Group Crisis Intervention courses over the years. Jaci was part of Indiana's Task Force One (search and rescue operations) and participated in New

York City just a couple of days after 9/11. She held offices as treasurer and secretary of the CISM Indiana Network, Inc. and was instrumental during the formation stages of the organization. She helped to shape the state team during her years of service to the Board of Directors. She is a past member of the Indiana School Crisis Intervention Team, and ICART (Indiana Crisis and Response Team). Her debriefing skills took her from farms in rural Indiana, to area hospitals, local banks, law firms, and a number of other businesses. She is the epitome of grace under pressure and has added her wisdom, leadership, and sense of humor not only to her teammates but to countless individuals involved in and suffering from traumatic events.



## CONFERENCE AWARDS AND SCHOLARSHIPS

Hosting a conference gives the opportunity for the local organization to distribute scholarships as an honor to those in the CISM community. 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 San Francisco, CA Conference held August 15-19, 2012**  
**Congratulations on being chosen for the Certificate of Appreciation Award:**  
John Warren

**At ICISF's Nashville, TN Conference held September 20-23, 2012**  
**Congratulations on being chosen for the Certificate of Appreciation Award:**  
Ramona McKenzie                      Dennis Temple                      Angie Thompson

**Congratulations on being chosen as Marlatt Scholarship recipient:**  
Jerry Smith                      David Warman

**At ICISF's Chicago, IL Conference held October 18-21, 2012**  
**Congratulations on being chosen for the Certificate of Appreciation Award:**  
Dave Barrows

**At ICISF's Vancouver, BC Conference held October 24-28, 2012**  
**Congratulations on being chosen for the Certificate of Appreciation Award:**  
Pam Scott

**Congratulations on being chosen as Marlatt Scholarship recipient:**  
Melissa Browne                      Robert Scruton

**At ICISF's San Diego, CA Conference held December 6-11, 2012**  
**Congratulations on being chosen as Marlatt Scholarship recipient:**  
Keith Kokoszka                      Suzann Leininger

**Congratulations on being chosen for the Certificate of Appreciation Award:**



Lance Fickas

Lisa Duchow

Greg Childs

## THE NOVA BRIDGE COURSE



Members of the Arkansas Crisis Response Team (ARCRT) were pleased to host the Pilot ICISF Bridge Course held in Little Rock on January 10-11, 2013. The pilot course is in response to numerous requests by NOVA trained responders that expressed an interest in being dual trained. The pilot course acknowledges the acquired experience of NOVA responders by condensing the ICISF Group Crisis Intervention and Individual Crisis Intervention and Peer Support into a two-day format. The usual training format is four-days. Each participant received certificates for both courses.

“The idea for the bridge course was discussed seriously at the NOVA CRT Conference in Louisville in 2008.

Don Howell, ICISF Executive Director, was a presenter at the conference and we subsequently invited him to present at the ARCRT 2009 Annual Meeting. The bridge course concept was well received by the membership. The curriculum and the presentation of the bridge course were very well done. The differences as well as the similarities in NOVA and ICISF were well covered. There are definitely tools in the ICISF model that will be valuable for the NOVA trained responder. I would recommend the bridge course training for anyone with an interest in increasing his or her emotional first aid skills.”

Jack Bell, MS, ARCRT Past Chair  
2009 - 2011

(NOVA Trained, 1998)

Retired Nationally Certified School Psychologist and Psychological Examiner  
Chief of Staff, City of Conway, AR

*Why would NOVA trained responders want to consider the training?* The primary benefits for NOVA responders are (1) continuing education and (2) the expansion of an individual or team’s crisis intervention network.

ICISF has earned respect in providing quality educational opportunities in collaboration with the University of Maryland. Educational opportunities through ICISF not only focus on individual and group crisis intervention, but also on more than 40 topic specific courses relevant to crisis responders.

ICISF has an expansive crisis intervention network. By completing the bridge course, NOVA responders will be part of another existing network of dedicated intervenors that share a similar mission to serve those in the immediate aftermath of tragedy.

“The bridge course was an excellent completer for my crisis intervention training. I was impressed with the depth of education available from ICISF, which will allow continuing education opportunities not available anywhere else. There is obviously a wealth of experience and knowledge that we would all do well to discover. Because of this training, I am better equipped to serve those in need.”

Stan Wilson, D.Min  
ARCRT Past Vice Chair, Board Member, 2009-2011

(NOVA Trained, 2002)

System Director of Pastoral Care, Baptist Health

Most of our NOVA trained responders affiliated with ARCRT were introduced to crisis response by Cheryl Guidry Tyiska, former NOVA Deputy Director. As our primary NOVA trainer for many years, she provided ARCRT a strong foundation that has made us a viable state team. Cheryl was the first person to mention the importance of working in collaboration with ICISF. The pilot course effectively “bridges the gaps” between levels of knowledge and operational models by respecting the dedicated services provided by both organizations.

“Our mission is the same and whether we are NOVA, ICISF or a blended version of both, we can benefit by working more closely together. This doesn’t mean that you need to abandon your primary model of response; it simply means that you have additional opportunities. With these additional options – continuing education, sharing resources and responding together – we can strengthen the scope of our mission to better serve those in the midst of suffering.”

Ginger Bankston Bailey, MBA,  
ARCRT Executive Director, 2003-2012  
(NOVA Trained, 1996)

Director, Community Outreach and Training, Methodist Family Health and Behavioral Hospital



## THE NOVA BRIDGE COURSE



Dr. Victor Welzant and Don Howell provided the synergy for the bridge course. Their collective knowledge, sense of humor and genuine dedication to peer-to-peer intervention created a positive learning experience. Combining lecture, experiential exercises and conversational styles kept the class participants interested and challenged. ARCRT members were pleased to host the pilot course and to complete the ICISF Group Crisis Intervention and Individual Crisis Intervention and Peer Support training. We hope other NOVA responders will consider the ICISF Bridge Course as a continuing education opportunity.

A Special Thanks goes to Cheryl Tyiska for her contributions to this training!

## DID YOU KNOW?

Our own Pete Volkmann from NY is riding the Police Unity Tour May 9-12, 2013 with Chapter 37 of NY/NJ. The Police Unity Tour is a 4 day bicycle ride from New York City Ground Zero to Washington DC Law Enforcement Memorial that honors officers who died in the line of duty and support the National Law Enforcement Memorial site and Museum. Pete is riding in honor of Columbia County NY Sheriff Cornelius Hogeboom who was shot and killed October 22, 1791. Sheriff Hogeboom was the first recorded law enforcement line of duty death in the US. Please check out Pete's webpage and support our fellow CISM member in this wonderful endeavor.

<http://www.firstgiving.com/fundraiser/PeterVolkmann/2013-police-unity-tour-chapter-37-new-york>

## REMS CISM TEAM

The REMS CISM Team is proud to be the first team in Virginia to be accredited under the Virginia Office of Emergency Medical Services. The Virginia Office of Emergency Medical Services recognizes a need to standardize the training, composition and protocols of Critical Incident Stress Management (CISM) teams. Through a multi-phase process the Governor's Advisory Board CISM Committee has created both an accreditation program and standardization of training expectations.

This process will allow for a standardization of teams that will be utilized in requests for CISM Teams at the state level or to fulfill Emergency Management Assistance Compact (EMAC) requests from other states. The process of fulfilling requests at the state level will be based on prioritizing those teams that have received accredited status over those teams that have not. In order to receive accredited status, a CISM team must complete an application and provide supporting documentation of the additional requirements. The accreditation period is a 3-year period – after that a team must reapply for recognition, meeting any new requirements that may be in place.

Any additional information can be obtained from Karen Owens at OEMS ([Karen.Owens@vdh.virginia.gov](mailto:Karen.Owens@vdh.virginia.gov)).

# DOES CRITICAL INCIDENT STRESS MANAGEMENT REALLY WORK?

*Continued from page 1*

significantly. When the State of New Jersey organized regional CISD Teams, I was quick to affiliate with the team in my region.

Since I joined the regional team, I have participated in dozens of Critical Incident Stress Debriefings, defusing and individual interventions. As a mental health professional and a team leader, one of my responsibilities was to make certain that the process was properly followed so that the intervention would not increase the problems the participants were already experiencing. When the process is followed fully, the results we have seen have been consistently positive. There is an almost immediate reduction in the visible signs of stress, accompanied by greater clarity of mental processes and improved coping mechanisms.

I have received anecdotal reports from individuals who were involved in traumatic stress debriefings where the process was not appropriately followed and the outcome was more injurious than beneficial. Unfortunately, this left a very negative opinion of CISM in the minds of the participants. It will be very difficult in the future to convince these individuals to participate in the process when they encounter a new stressful trauma.

After a decade in E.M.S., I accepted a position as Director of Pastoral Care with the largest hospital system in our area. I continued working part time as a paramedic and also was appointed as Chaplain of our local fire department. Each of these positions increased my opportunities to utilize the CISM process for the benefit of my co-workers. In the meantime I had attended trainings in a variety of CISM applications. These have proved helpful on a number of occasions. In each situation in which the CISM process was involved, the same positive results were observed -- reduction of visible signs of stress, improved mental capacity and strengthened coping skills.

Over the years I have gained an appreciation for the importance of following the program as it was designed. As a leader, I insist that all group interventions be conducted by a balanced team that includes peers, both to lead and support, and at least one mental health professional. Organizing the CISM team members from the same or closely similar occupations or backgrounds as those who will be participants lowers resistance of the participants and allows them to benefit more fully from the process. Because of the intimate sharing that takes place in the interventions, disparate groups do not interact as freely as homogeneous groups do. A second important consideration is the importance of using the most appropriate kind of intervention at the proper time to obtain the optimal benefit for the participants.

One aspect of CISM that gets little notice is pre-education. I have found this element to be very useful. Although our fire department does not have a formal program for pre-education in the principles of critical incident stress management, the deputy chiefs understand the importance of the process for the health of the firefighters exposed to traumatic stress. Therefore they encourage all on-duty personnel to participate in the defusing or debriefing process. (The department is small, so almost everyone is usually involved in the incident.) The result has been that nearly every firefighter has been exposed to the educational portion of the intervention multiple times. The benefit we have seen from this exposure is that company captains and even other firefighters can recognize when someone in their company is showing signs of traumatic stress. Another benefit has been that those with the most frequent exposure to the education demonstrate greater resiliency in

stressful situations.

An unusual application of pre-education that I have used is teaching pre-operative bariatric surgery patients about the possible stress reactions they may experience following their procedure and how best to cope with them. Some were surprised to learn that surgery is a trauma. This was done as part of the "bariatric boot camp" run by the bariatric surgical service. Several of the patients contacted me months after being discharged from the hospital to tell me how helpful the pre-education was in coping with the stress they experienced post-operatively.

It is known that failure to address critical incident stress can result in worsening symptoms that may eventually lead to a person leaving their career in emergency services, medicine, or other occupation with a high potential for exposure to traumatic stress. The community I serve is a seashore resort that employs 160 lifeguards on a seasonal basis. Many of these lifeguards are in high school or college. The medical emergency on the beach or the near drowning may be the first exposure to trauma that these lifeguards have experienced. How they respond to these events may determine whether or not they return to this job next year. The beach patrol operates as part of the fire department and, as a result, Critical Incident Stress interventions are made available to them whenever such an incident occurs. Most of these interventions are one-on-one sessions utilizing the principles of "individual" CISM.

To the best of my knowledge, the beach patrol has not lost anyone due to exposure to trauma. There have been situations when I have recommended time off, vacation, or even consideration of a new line of work when the individual's condition seemed to indicate the need. But,

## DOES CRITICAL INCIDENT STRESS MANAGEMENT REALLY WORK?

for the most part, I have observed the same positive results as were reported earlier.

What about the skeptics we mentioned in the first paragraph? Further investigation into the data upon which these articles base their conclusion has provided useful answers. Two major flaws have been noted in these articles. First, in some cases, the intervention utilized was not the CISM process at all, but some form of short term cognitive

therapy or a hybrid that used only a portion of the CISM process. Second, in other cases, the subjects were not emergency personnel exposed to a traumatic event, but instead were psychiatric patients with no exposure to trauma. Neither case proves the ineffectiveness of the Critical Incident Stress Management processes. Quite the opposite, they demonstrate the ineffectiveness of using other psychological

processes on inappropriate subjects. If the CISM process is followed as designed, we have observed consistent beneficial outcomes when applied for appropriate subjects – individuals exposed to extreme traumatic events.

Does Critical Incident Stress Management work? My response is a resounding yes, based on more than twenty years of applied experience.

## WOMEN AS TERRORISTS

*Continued from page 1*

participate actively in war zones, and have joined their male terrorist counterparts in committing actions that are the antithesis of female gender expectations, such as suicide bombers (Naamen, 2007). Naamen (2007) relates the writings of Anne Applebaum (2002), naming Palestinian Ayat Arrah who was neither a political nor religious zealot, lacked known mental defect, and had a family and future before engaging in a “suicide operation” (p. 936). In the Palestinian Muslim patriarchal culture, women have found a route to leave their formerly subdued roles of service to men by pushing for a way to gain status and equality with men, to become “virtuous heroine[s]” by pushing for inclusion in terrorist organizations and activities (Berger, 2009). Dass-Brailsford (2009) adds that sometimes women become over-involved in activities beyond their original intent as their supportive roles, like fund raising and taking care of the men, do not receive the accolades or recognition the women thought they deserved, reflective of their roles in society.

Although they often lack recognition of contribution or value in terrorist groups, women achieve a shock value level much

greater than men; women receive more attention as their causes and actions stir media debate as media professionals attempt to explore motives (Nacos, 2012, p. 109) whereas far less information about men becomes public (Naamen, 2007). The unquestioned ideology within the specific terrorist group structure that guides those women’s behaviors more likely receive the public notice desired by the group, which is one possible motivation for terrorist actions (Borum, 2004). Another motive for women may include, as with men, groups and the psychology of cohesion (Bongar, Brown, Beutler, Breckenridge, & Zimbardo, 2007), as the “Arab women, feminists and others take great inspiration from the women’s messages and acts” on the road to gender equality (Naamen, 2007, p. 950). Despite barriers of religious extremism that forced early women in terrorism to act within the more acceptable secular arena, women have fought the restrictions of their place within specific cultures to fight again for a place within terrorist organizations (Ness, 2005). In Western nations, during the tumultuous 1960s-1970s, some feminists held hands with left-wing radicals, forging new paths for women (Ness, 2005) to participate

within groups like the Weather Underground organization (Wyker, 2009).

The machismo and chauvinistic Weatherman (WUO) movement squinted at liberating females for the sake of revolution, acting to quell the movement within their ranks, by including women who mistook self-masculinity for power (Wyker, 2009). Subordinating women within the WUO put them further behind their counterparts in general society; allowing women to participate in the guerrilla warfare, violence, and counterfeit view of broader influence, those women’s liberation experience came mainly through ingroup solidarity (Wyker, 2009). Ness (2005) notes that women terrorists’ actions sometimes weave through creative filters, justified by history, inspiration of those who came before, and desperate measures taken in desperate times. Motives and intent may be as particularized as the individuals who hold them, within context of the culture, time, and place, regardless of the perspectives, psychological autopsies, and explanations of outsiders attempting to understand.

My sister travels with greater ease now, still bearing a name suspect for



## WOMEN AS TERRORISTS (CONT'D)

its simplicity (Jones), still entertained by those TSA (Transportation Security Administration) officers who think she may be a little too ordinary and pull her aside for thorough examination. For those of us who respond to the things that go wrong, who deal with the evidence of what people have the

capacity to do to one another, that watchful eye stays open despite the probable inaccuracy of what image we may consider threatening. *Trust No One* is a sentiment echoed through the ages with varying appendages, like *but yourself* and

*suspect everyone*. We may not all be able to identify suspicions persons or behaviors with complete accuracy, but we do know that the horrific acts committed against others is happening more frequently and in ways we never imagined.

## CT CISM TEAM RESPONSE TO NEWTOWN, CT – DECEMBER 14, 2012

*Continued from page 5*

Hook firehouse by running past the classrooms that incurred heavy casualties. Once outside, they ran down the road. Sandy Hook fire mobilized its membership and auxiliary to assist school staff in caring for the children, and to begin the process of reuniting students with their parents.

Along with this process came the almost unbearable task of notifying 20 sets of arriving parents, that their children were not at the fire house – that they were either still in the school or were being transported. The two children who were transported, along with 18 of their classmates all succumbed to their injuries. Given that class lists were in disarray due to the gunfire in the office, that the teachers of the two classrooms and the Principal were all dead, the names of the children lost were not readily available. This resulted in the notification being more like a process of elimination if their children were not at the firehouse.

An hour or two after the incident, the building and neighborhood were still in lockdown as police searched to ensure there were no accomplices. The first shots occurred at about 9:30am, and the last person hiding in the school was found inside an inner closet at about 1:30pm.

The Connecticut state CISM Team was activated shortly after 11:00am, after being requested by Newtown EMS, who were serving until this time as the coordinator for support services. It was apparent that Sandy Hook Fire, the Police and other emergency services were inundated with the demands of an active crime scene, and the need

to care for the many children still in the firehouse. A leadership team from the CT CISM Team consisting of the Operations Director, Deputy Operations Director, Mental Health Coordinator and several other senior members met in a conference room at Newtown EMS – about 2 miles away from the scene at about 12:30.

The CT CISM Team instituted its own Incident Command System and assigned various duties. A small contingent was asked to provide immediate interventions for crews that were on scene and transported several of the critically injured. Other members of the team were assigned to be liaisons with the various target groups – one was assigned to EMS, another to the School System, another to the Police Department, and another to the Fire Department. Members reached out via cellular communications where possible, but it quickly became apparent that the information volume flowing among agencies required that any meaningful conversation needed to be face-to-face.

The CT CISM Team Mental Health Director and Fire Service coordinator went to the Sandy Hook firehouse – getting there in the back of an ambulance complements of Newtown EMS, as there was no other way to move around town due to the volume of residents, parents, and incredible amounts of arriving media. After what took about 20 minutes for a normal 5 minute ride, team members arrived at a sight that seemed surreal. Parents were still

arriving to find out if their children were among the fortunate to be alive. Police officers were realizing the impact of what they had seen and several were breaking down. Four helicopters were circling above consisting of news agencies and at least one from law enforcement. The parents that were notified that their children were not alive exhibited significant and inconsolable distress. Sandy Hook Firefighters and members of their Ladies Auxiliary were exposed to the overwhelming onslaught of the chaos that had invaded their small firehouse.

Our Team members met with the Fire Chief to establish a line of communication and set up an off-site location for immediate interventions as needed. The team also met with representatives another ICISF recognized team in our state, the Connecticut State Police Team. State Department of Health Services staff was present and a plan was initiated to interact with them as well. One of our team members was assigned to work with the CSP CISM team to coordinate interventions at the scene, as he also serves as a CSP Chaplain. He then relayed information from the scene to the CISM staging area established at the Newtown EMS facility.

The CT CISM Team member assigned to the Police Department is a Police Chief in a nearby town. He met with the Public Safety EAP Director, and assisted with the coordination of several early interventions for police first responders. He remained to assist with the operational and logistical

## CT CISM TEAM RESPONSE TO NEWTOWN, CT – DECEMBER 14, 2012

planning for scene coverage and to continue police operations.

Small group defusings of various groups of law enforcement took place at their Police Headquarters. The first responders, the detectives, the school resource officers, the Communications Center staff etc. all met in homogeneous groups at various times to defuse. EAP staff remained at the Police HQ throughout the night to provide one-on-one interventions as needed.

The school system was doing an excellent job of bringing in area psychological support, best described as a school system mutual aid agreement, along with two large area hospitals sending in crisis support teams for the staff, parents, and children affected. One member of our team, who worked extensively with an incident earlier in the year involving a child killed in a wood chipper, put that school system's Superintendent in contact with the Newtown Superintendent. We maintained contact to make sure the schools, parents, and children were receiving needed support.

Another phenomenon that was quickly developing was the arrival and freelancing of various well-intentioned people. By early afternoon, people arrived hoping to help all of the first responders, many of whom were self proclaimed trauma experts. There were even complete teams, trained in ICISF standards but not recognized by ICISF, who showed up ready to go to work on anyone who would lend them an ear. The CT CISM Team began attempting to control the CISM response between all agencies and limit the interaction of non-authorized groups and individuals with the chiefs of services all of whom were apparently overwhelmed. Contact and coordination also took place between the CT CISM Team and two local Employee Assistance Programs (EAPs) that were working for various public employee groups.

Well intentioned politicians also came to visit. The Governor

did a very good job providing a Crisis Management Briefing Friday afternoon. Accompanying him were our two US Senators and a Senator Elect, several members of Congress, and State and local leaders.

By late afternoon Friday, the final counts of casualties inside the school and those transported were known – 20 children, 6 staff, the mother of the gunman and the gunman. A revolving door of small group sessions (defusings or five phase debriefings) was being conducted by CT CISM Team members in the various nooks and crannies inside the Newtown EMS facility.

Saturday brought several smaller group interventions for groups with similar tasks and/or exposure levels. A large Crisis Management Briefing was held at the Sandy Hook fire house for all interested first responders. The session appeared beneficial. Plans were made to provide one or more debriefings Monday evening to attempt to get the public safety agencies back into service to support the rest of the community who were grieving for those lost, for their school, for their small town privacy that had been lost on Friday.

Saturday the CT CISM Team communicated early with various statewide organizations who routinely use our services. The purpose was to let them know that while our team was very busy helping in Newtown, that they should not hesitate contacting us for assistance. In fact due to the potential collateral distress from this incident, they were encouraged to contact us for incidents that might not normally seem as traumatic to first responders.

The CT CISM Team received a request for some individual peer support on Sunday (12/16). Team members that had not yet been in Newtown were sent in to work with several of the first responders. The town was seemed overwhelmed with outsiders, including TV satellite trucks creating a profound media presence. When President Obama arrived, his

motorcade and support/security staff further crippled the transportation in this little town.

Monday (12/17) late afternoon, the CT CISM Team assembled. Leaders met at the Newtown EMS facility, and the locations for where the evening debriefings would take place were finalized. Two separate sessions would be conducted – one at the Town Hall in a private area for EMS personnel, and a second at Sandy Hook Fire for their firefighters and Ladies Auxiliary members.

The debriefing at Sandy Hook Fire turned out to be larger than ideal, but due to the close knit organization, it was decided to keep the group as a whole – 52 participants were there. Time was made for every person to be able to fully participate, and they did. We followed the five phase debriefing, going around the room allowing everyone the opportunity to speak about their roles. The stories of first hand exposure to the children when they arrived at the firehouse, to parents both elated and grieving, to setting up support for the police late that Friday night when the victims were removed, were some of the most chilling accounts one could imagine. Near the end, a police officer who was part of the session made the comment that while everyone may feel that they were helpless and could do nothing to save lives at the scene, the presence of firefighters in bunker gear next to shiny trucks made officers feel safe as they exited the building.

The CT CISM Team that facilitated the Sandy Hook debriefing feels it was a huge success. The department had previously cancelled both the Christmas party that they put on for children in the town, as well as their own gathering. It was decided after the debriefing that both events would go on as scheduled, although the children's party would be done off-site, away from the firehouse since it was located next to the school. It was learned that along with Santa Clause arriving on a Sandy Hook engine, one little girl – the lone survivor of one

## CT CISM TEAM RESPONSE TO NEWTOWN, CT – DECEMBER 14, 2012

of the classrooms, also accompanied Santa in the engine. That was a huge boost for Sandy Hook Fire.

CT CISM Team members stayed late into the evening at the Sand Hook fire house talking and socializing with firefighters, Ladies Auxiliary, and members of law enforcement who were still using the fire house as their command post. Leaving the facility at the end of an incredibly intense evening, one could not help but walk out into the night feeling a great sense of accomplishment. But as the team walked out the door of the firehouse into the cold rain, the living memorial alongside the entrance to the school driveway was being viewed and added to by many even at midnight. Twenty live Christmas trees had been erected, one for each child, and visitors from all over were bringing ornaments, candles, bouquets of flowers, cards, childrens' toys – again, over the top overwhelming.

For our own Team, we kept several of our best providers away from Newtown so they would be able to be there for those who worked the incident. A gathering was held on Wednesday (12/19) where members had the opportunity to talk among themselves. Many team members had follow-up conversations after that night to make sure there were no lasting impacts from the events in Newtown. The number of children involved, as well as the number of CT CISM Team Members that are parents made this response especially challenging.

On Friday, December 21st, all sworn members of the Newtown Police Department met. After remarks by the Chief and Captain, all uniformed officers participated in a debriefing, and then were relieved of duties for the first time in a week. Funerals for children had been completed, and the town was now being covered by police department staff from Fairfield County. It was also arranged that all police department officers and communications staff were relieved

of duties for Christmas Day to spend that day with their families.

On January 23rd, a session was conducted at the Sandy Hook firehouse. The CT CISM Team chose to have firefighters review the events since the debriefing on December 17th took place. A review of how members had been doing in their efforts to get back to “business as usual,” and a discussion of the Red Cross phases of how people recover after a disaster were conducted. It was reassuring to note that no members had stopped responding to calls, or left the department since the event. In fact there appeared to be more activity from members who had previously reduced their commitment to the organization. Members were advised to continue to watch for signs or symptoms of significant critical incident stress.

As for lessons learned, several points have become evident. It was extremely important for the team to be closely connected to ensure the broadest possible coverage of such a large group of responders. We did this well. Not only were our services critical in supporting the emotional needs of the emergency responders, but the timeliness of our response was equally imperative. The response was a good blend of police, fire, EMS and mental health professionals. Plenty of hand-out informational material was available to be provided to all emergency responders. Confidentiality was adhered to under extreme media attention.

Things to improve include better coordination of changing venues when sites for interventions changed. Our team's ability to be identified beyond ID Tags was discussed and plans are underway for uniformed embroidered clothing/vests to easily identify team members at large events. It would have helped to know who was leading which intervention in advance – while at all times venues were coordinated, last minute leadership/facilitator changes led to some confusion. Even

though our Team has done some pre-incident education over the past year, more should be done to train first responders in advance on CISM coping skills.

In the days and weeks following the incident, several holidays passed, many funerals were conducted, living memorials grew, and little by little life got back to normal – however that would now be conceptualized in this small community in Western Connecticut. The CT CISM Team has maintained close contact with the various agencies and will no doubt be conducting various interventions with individuals and groups after the New Year, and on anniversaries of the tragic event.

The CT CISM Team would like to thank all of its members who gave incredible amounts of time during some of the hardest conditions, and also thanks ICISF for its support throughout the event. Knowing the offers of backup were made by so many from around the world gave our team added strength to provide some of the best support services any first responder and town could hope for.



## CISM LEGISLATION, STANDARD OPERATING PROCEDURES (SOP), DIRECTIVES, & STATUTES RELATED TO PEER CONFIDENTIALITY & PRIVILEGE (CONT'D)

Members seeking peer support and peer supporters are not exempt from laws, rules, regulations, directives or orders that govern them. Peer counseling is, however, intended to be a support system for department personnel and family members seeking their help. The assistance provided and the dialogue between supporter and peer is deemed confidential providing it meets the requirements of this section.

Palm Springs, CA PD  
Confidentiality: The goal is to maintain confidentiality between Peer Support Advisors and peers. The acceptance and success of the program is in part based on maintaining strict confidentiality of all information learned by a Peer Support Advisor that falls within the guidelines of the program. Communication between a Peer Support Advisor and peer employee is considered confidential except in the following circumstances:

- \* Peer is a danger to self or others.
- \* Suspected child abuse.
- \* Factual information supporting elder abuse.
- \* Domestic violence.
- \* Sales or transportation of narcotics/dangerous drugs.
- \* Cases in which the law requires divulgence.
- \* Peer gives consent for divulgence.

Internal Affairs Investigations: The Peer Support Advisor's role in disciplinary situations is one of support and assistance to the peer during the disciplinary process. The Advisor is guided by the confidentiality policy and will not volunteer any information. Advisors may not hamper, impede or shelter the peer from the actual investigation. The Department investigators and supervisors shall respect the confidential conversations between Advisors and peers. The Chief of Police shall have the authority to deviate from the confidentiality policy during an internal affairs investigation.

La Mesa, CA PD

### CONFIDENTIALITY

The acceptance and success of the La Mesa Police Department Peer Support program will be determined, in part, by observance of confidentiality. It is imperative that each Peer Supporter maintain strict confidentiality of all information learned about an individual within the guidelines of this program. All conversations between peer support personnel and employees are not privileged under the Evidence Code. The Department will respect the confidentiality of conversations between peer support personnel and employees, with the following exceptions:

- Information concerning the commission of a crime;
- The employee or a third party is a danger to themselves or another.

Disclosures under this exception will be made directly to the Chief of Police.

A general principle for Peer Supporters to follow is to inform the person, prior to discussion, what the limitations and exceptions are regarding the information revealed. In those cases where a question regarding confidentiality arises, the Peer Supporter should consult with the Team Leader.

Connecticut State Police STOPS Program (State Troopers Offering Peer Support), 2008

Indianapolis, IN Fire Department ethical statement for peer support personnel

### FEDERAL STATUTES

Statutes that address confidentiality of CISM peer communications exist in the following Federal agencies:

US Coast Guard, Occupational Safety and Health Administration (OSHA), Department of Health and Human Services, US Marshals Service, Office of Personnel Management, US Army Corps of Engineers, US Department of Labor, US Probation and Pretrial Services,

National Interagency Coordinating Center, US Department of the Interior, US Bureau of Indian Affairs, US Department of Agriculture, US Forest Service, National Park Service, US Fish and Wildlife Service, US Fire Administration, Federal Law Enforcement Training Center, US Army Military Police School, Federal Occupational Health, Federal Aviation Administration.

### NON - GOVERNMENTAL ORGANIZATIONS

The following non-governmental organizations have CISM programs that address peer confidentiality as a standard of CISM care: National Air Traffic Controllers' Association; Civil Air Patrol; Association of Public Safety Communications Officials; National Aeronautic and Space Administration; National Association of State Foresters; American Federation of State, County, and Municipal Employees AFL-CIO; the United Nations. (There are probably many more, but these we know of for sure).

For further information, contact Don Howell at [dhowell@icisf.org](mailto:dhowell@icisf.org)

**INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
*December 31, 2011 and 2010*

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**ASSETS**

	<b>2011</b> <b><u>(Unaudited)</u></b>	<b>2010</b> <b><u>(Audited)</u></b>
<b>ASSETS</b>		
Cash and cash equivalents	\$ 356,275	\$ 346,396
Cash held by others	9,411	47,046
Accounts receivable, net of allowance for doubtful accounts of \$1,900 and \$1,200, respectively	65,495	74,873
Inventory	28,149	38,512
Prepaid expenses	4,459	45,598
Deposits	4,792	4,792
Property and equipment, net of accumulated depreciation of \$97,848 and \$92,535, respectively	22,487	16,592
Restricted cash - deferred compensation plan	<u>96,850</u>	<u>91,325</u>
<b>TOTAL ASSETS</b>	<b><u>\$ 587,918</u></b>	<b><u>\$ 665,134</u></b>

**LIABILITIES AND NET ASSETS**

**LIABILITIES**

Accounts payable and accrued expenses	\$ 137,416	\$ 120,672
Accrued salaries and wages	7,854	8,213
Accrued vacation and sick leave	17,202	22,290
Deferred revenue	169,733	161,484
Deferred compensation	<u>96,850</u>	<u>91,325</u>
<b>Total liabilities</b>	<u>429,055</u>	<u>403,984</u>
<b>NET ASSETS</b>	<u>158,863</u>	<u>261,150</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b><u>\$ 587,918</u></b>	<b><u>\$ 665,134</u></b>

The compilation/audit is conducted by Gorfine, Schiller & Gardyn,  
PA in accordance with Statements on Standards for Accounting and  
Review Services issued by the American Institute of Certified Public  
Accountants.

*See accompanying notes and independent accountants' review report.*

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