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LifeNet

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TAKING THE CMB TO THE NEXT LEVEL

By Dennis Potter, LMSW, CAADC, ICCS, FAAETS

The Crisis Management Briefing (CMB) is one of the most powerful, but frequently under-utilized, tools available to a crisis intervention team. With the evolution of crisis intervention strategies, the CMB can be effective with any group affected by a critical incident, when the CMB is specifically tailored to the target population. The CMB can be especially powerful for workplace and school settings, but it is also a useful tool for first responder organizations.

The CMB currently consists of two steps:

1. The FACT phase is when a credible representative of the affected organization explains the facts of the event, as we know them at the time of the intervention. I believe it is important for the team to assist the leadership of the organization in crafting the message to the specific audience that is expected to be in attendance.
2. The EDUCATION phase is when the team provides information for helping the personnel increase their resilience and recovery skills to lessen the impact of the event.

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SAN BRUNO GAS LINE EXPLOSION

By Anne M. Bisek, Psy.D., San Mateo CISM Team

At dinner time on September 9, 2010 a gas pipe exploded in a San Bruno, California neighborhood which killed eight people, injured four firefighters, destroyed 38 homes, and damaged 70, and prompted the evacuation of 376 homes. The fire burned for 13 hours calling for a multiagency coordinated response by 600 firefighters/Emergency Medical Technicians, CALFIRE, and 325 police officers from eight cities within San Mateo County including Brisbane, Burlingame, Colma, Daly City, Milbrae, Pacifica, San Bruno and San Mateo. The explosion ruptured the main water supply so many fire trucks did not have water to extinguish the huge plume of

flames. The gas was not turned off for 1 ½ hours after the initial explosion. Media from all local sources carried the stories for over a year; national media sources such as CNN also paid close attention to the event.

The purpose of this article is threefold. First to describe a multidiscipline peer support response to a large-scale multifatality disaster attended to by public safety personnel in almost every discipline. A debriefer is a first responder who provided peer support using a group debriefing. The second purpose of the article is to provide data that examines the debriefer's opinion of what is helpful in preparing them from initial interest in a Critical Incident

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Regional Conference Calendar

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

ICISF, Inc

December 5-8, 2013

-Nashville, TN

Centerstone

December 5-8, 2013

-San Diego, CA

San Diego CISM Team

NEW ICISF COURSES

Techniques of Delivering Bad News for Crisis Response Personnel

By Jeffrey T. Mitchell, Ph.D

Whether we are a recipient or a messenger of bad news, it impacts and distresses each of us. The necessity of delivering upsetting information causes most people distress. No one likes to be the bearer of bad news. The difficult task, however, can be made less painful if certain principles and practices are employed. This one-day course provides the participants with a variety of insights that will help them to organize and deliver disturbing news. It also provides guidelines for assisting the recipients once the announcement of the information has been made.

Suicide Awareness: An Introduction for Crisis Responders

By Victor Welzant, Ph.D. & Becky Stoll, LCSW

The ability to recognize and effectively intervene with suicidal individuals is one of the most challenging aspects of crisis intervention. This course is recommended for those without formal mental health training. The course is designed to increase awareness of suicide, and equip participants with information and basic skills to respond to a person considering suicide. Discussions, demonstrations, and scenarios will be used to facilitate learning. This is an introductory level course.

Resilience in Healthcare: Performance, Meaning, and Connection

By Victor Welzant, Ph.D. & Lauren Gilbert

Resilience is recognized as an important factor in sustained health and performance in the workplace. Recent changes in healthcare delivery, ethics, and technology present both stress and opportunities for personal and career development and finding meaning in one's work. The role of specific behaviors, values, mindsets and relationships in sustaining resilience is becoming more commonly appreciated. This course will present the state of the field of resilience in Healthcare. It is designed for Nursing Professionals, Physicians, and Pre-hospital Providers, and all those who serve in healthcare today. Interactive exercises will assist in enhancing resilience from multiple perspectives. to elicit and teach the skills of resilience. The role of resilience training for new professionals, as well as the role of supervisors, mentors, and preceptors in enhancing resilience will be reviewed. The connection between resilience and expert performance and decision making will be discussed.

Advanced Individual Crisis Intervention and Peer Support

By: George S. Everly, Jr., Ph.D, CTS and Victor Welzant, Psy.D.

Crisis Intervention is NOT Psychotherapy; rather, it is a specialized acute emergency mental health intervention which requires specialized training. This program is the second in a two course series entitled Assisting Individuals in Crisis Intervention. The program is designed to teach crisis interventions it applies to assisting individuals in crisis, one person at a time. It does not teach group crisis intervention; although some of the skill sets contained herein are certainly applicable to group intervention. This program will teach advanced scenario-based crisis intervention techniques based upon an understanding of the basic crisis intervention concepts, principles, and tactics taught in the first assisting individuals in crisis program.

Please view our website (www.icisf.org) under Education and Training for location information on taking these exciting NEW courses!

ICISF TEAM HIGHLIGHTS

Monroe County EMS CISM Team

In 1990 after a few tragic events a CISM team supported by Mercy Memorial Hospital System was trained and formed. The team currently is comprised of 20 active members from EMS workers: EMT's, First Responders, Paramedics, law enforcement, nurses, clergy, dispatchers and firefighters. Scores of debriefings from traumatic events have been done over time to support our peers in an effort to battle the emotional stress that results from their work. A strong focus on peer to peer support, maintaining confidentiality, providing education and letting them know what they are experiencing is normal and a reaction to an abnormal event. We also have a CO-CISM team comprised of mental health professional from the Monroe County Community Mental Health Authority who respond within the community; for example they would respond to the workplace where regular citizens are involved

Edmonton Police Service CISM Team

The EPS CISM Team based out of Edmonton, Alberta consists of 29 sworn Police Members trained in the ICISF model as well as a Chaplain and Organizational Psychologist. On our team we have 5 full time and 1 part time Employee Assistance Members. We serve both the sworn and non-sworn members of the EPS totalling approx. 2470 employees. In addition to CISM our team delivers a wellness model which includes access to 18 psychologists and counsellors, addictions centers, emergency housing, a variety of fitness programing and a proactive education program focusing on family wellness.

Over the 2011 – 2012 period our team responded to 341 CISM Events which includes 8 formal CISM'S. The team was formed in 2008 and has been steadily growing since then.

Contact:

Cst. Serge Soucy

CISM Co-ordinator

Edmonton Police Service

Serge.soucy@edmontonpolice.ca



Share Your Team's Milestone with *LifeNet* Readers

ICISF would like to acknowledge CISM Teams that have reached significant milestones in organizational longevity (i.e. five, ten, fifteen year anniversaries, etc.) in future issues of *LifeNet*. If your team reached such a significant anniversary date this year, please contact George Grimm, ICISF CISM Team Coordinator (via email at hotline@icisf.org) and provide the appropriate information so we may proudly list your Team in a future *LifeNet* and provide a Certificate of Appreciation.

“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

- Pema Chodron



FROM THE HOTLINE COORDINATOR...

Teams are required to provide an annual update in order to remain on the "Current Teams" list. To accomplish this, a reminder and a team information form are sent to the email addresses listed on the file that we have for your team. If you do not find your team listed on the "Current Teams" list on our Website, it is because we have not received any new information from you for the

past year.

It is vital that we have the correct team information when a request for assistance is made to the ICISF office or the Hotline. No good can be accomplished if a person requiring CISM intervention finds that the number(s) is no longer in service or the person contacted is no longer affiliated with the team.

Of the 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. The form can be downloaded at 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.

LANCASTER COUNTY EMERGENCY MANAGEMENT AGENCY CELEBRATES ITS 25TH ANNIVERSARY



The Lancaster County Critical Incident Stress Management team traces its roots to a residential fire on Mother's Day 1987 in during which a child died. An initial training provided by Dr. Mitchell had the support of the Lancaster County Mental Health/Mental Retardation Director and a working group was formed including responders and mental health volunteers. This group functioned as a branch of the South Central PA Team for about 10 years. With communications and operations becoming more county centric the team formally formed under the support of the Lancaster County Emergency Management Agency.

Growth has continued in

numbers, training, and experience of course. The team currently has 97 members with about an even split between peers and mental health. The team primarily serves EMS, Fire, Law Enforcement, Dispatchers and has also served life guards and other community groups involved in critical events. The team has special resources in the areas of grief counseling and canine crisis response. Back-up is provided to the county's Disaster Crisis Outreach and Referral Team (DCORT) as many volunteers are on both teams. The team coordinated mental health resources to both responders and the community during the Amish Shooting tragedy at Nichol Mines

in support of Bart Fire Company.

On Saturday morning, May 4, 2013 the team observed its 25th anniversary in addition to instituting a Volunteer Recognition Program in memory of recently passed volunteer Betty Finney PhD. Betty influenced the team's development in many ways including a multifaceted team member manual, good follow-up and quality assurance practices, and the recognition program which will be named in her honor.

Reverend George Grimm, ICISF CISM Team Coordinator, represented ICISF in providing a Key Note presentation at the 25th Anniversary celebration as well certificate and Proclamation recognizing their accomplishments.

WE ARE GOING DOWN

By Pat Wilson, REACH Team, Mason City, IA

These were the last words heard by the Mercy Life Flight on January 2, 2013, as they crashed almost completely without warning in a barren, snow swept cornfield, just north of Ventura, Iowa. The time was 9:56 PM, just 7 minutes after takeoff from Mercy helipad in Mason City, IA, which is about 12 miles due east of the site. The entire crew had agreed to fly, as is required; they were going to transport a patient from Palo Alto Hospital in Emmetsburg, IA, about 90 miles west. There were no survivors. Killed were the flight nurse, the paramedic and a pilot who had just been transferred to Mason City from Texas in October.

The crash was gruesome, with little left of the craft and even less of the crew. It was controlled chaos, with the incident commander assisting to not only keep most of the nearly 100 first responders away from the scene (which was off the road a ways), but also making an attempt to expose as few as possible to what they witnessed when they arrived. Ambulances were sent home, there were no survivors. Some responders kept circling the site, in every widening circles hoping against hope to find at least one alive. That was not to be.

The preliminary report from NTSB implied perhaps they had run into weather, sleet and ice were reported by first responders coming to the site; one police car had slid through an intersection very close to the crash. It had been reported by witnesses that it seemed as though the craft had started to turn around and head back. Part of the problem may have been that they were flying so low to avoid the weather, they had no opportunity for any type of "soft" landing. Flight crews have often said, a helicopter without power is just a rock.

The tragedy of a lost medevac is compounded in a rural area with many responder groups. Everyone knows everyone. Some responders are on a paid and a volunteer service or even more than one if they live in neighboring towns, because of the shortage of volunteers in communities of a few hundred or a few thousand. One of the flight crew who was not on the flight was also on a volunteer service that had responded. The nurse on the crew had worked at the

hospital for 20+ years and was known by almost everyone. And, oh, by the way, her spouse was the sheriff of a nearby county. The paramedic was the supervisor of two different communities at one time or another.

The crash happened on Wednesday night and was announced on the 10 O'clock news. No names or information was released, although I'm certain many of us had the same thought. The airspace over Mason City is not populated with helicopters. Within minutes our fire chief, who is also on our team, was calling me from the scene. He confirmed my worst fear. Then began the process of notifying the team. Definitely it was late, but it felt too horrifying to have people read it in the paper or hear it on the news the next morning. As I made the call to our coordinator, her grief came through the line...Shell, the flight nurse, was one of her best friends. She immediately became one of our secondary victims. Many of us called each other through the night. Bob Platts (the chief) was already talking about services needed and doing what he could to collect names of contact people so we could start in the morning.

That night, (Thurs) we had planned to have the immediate responders for a defusing...just to see how folks were doing and to set up for the debriefings to come. Fifty Five people showed up. Our country sheriff, who is very supportive of CISM required all his deputies who were at the scene to be there. We had Highway Patrol (they hardly EVER come) as well as DNR (Dept. of Natural Resources), two local law enforcement organizations and 4 fire depts. in attendance. I know that in metropolitan areas, disciplines are more divided into separate groups. Don't recommend you try that in rural America, at least not in Iowa. Tried that, nearly caused a mutiny. These folks work together, play together, hang together and want to be there for each other.

The process was cathartic, emotional and didn't really end up being a defusing or a debriefing, but the team members

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!

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 Albuquerque, NM May 16-18, 2013.

Kathy Abram
Susan Balling
Sharon Clark
Deirdre DeLong
Natalie Duran
Anthony Frank

Mark Hidlebaugh
Edwin Justiniano
Mary Leonard
Jan Loser
Larry Loser
Don Moran

Teia Poulin
Michael Reighard
Jane Tucker
Susana Uribe
Kent Withington
Mari York

INTERESTED IN TEACHING ICISF CURRICULUM TO OTHERS? BECOME AN ICISF INSTRUCTOR!

Calendar of Upcoming Approved Instructor Candidate Programs

Suicide Awareness for Non-Mental Health Professionals
West Nyack, NY
July 16-17, 2013

Law Enforcement Perspectives for CISM Enhancement
West Nyack, NY
July 18-19, 2013

Advanced Individual Crisis Intervention
Ellicott City, MD
July 30-31, 2013

Managing School Crises: From Theory to Application
Ellicott City, MD
August 1-2, 2013

Pastoral Crisis Intervention II
Ellicott City, MD
August 1-2, 2013

Emotional and Spiritual Care in Disasters
Ellicott City, MD
August 3-4, 2013

Some of the Benefits of Becoming an ICISF Instructor:

- After successful completion of the instructor program you'll be able to teach the official ICISF course to others and provide official ICISF material to each participant.
- Learn from the experts! Each instructor program will be taught by the ICISF Faculty Member who created the curriculum.
- Earn discounted rates to future ICISF Regional Conferences and the World Congress on Stress, Trauma, & Coping.
- You receive a discounted application for the Certificate of Specialized Training program.
- Complimentary ICISF course advertising on our website!
- Join a worldwide network of dedicated instructors!
- To request an application or more information, please email AiSupport@icisf.org. Hurry before seats fill up!

TRIAGE IN A TROLLEY: AN E.M.T. IN LONG BEACH, NY

REPORTS ON HURRICANE SANDY

By Laurie Nadel, Ph.D.

Nicky Astone, 22, is a volunteer EMT in the Long Beach, NY Fire Department. He was on duty during Hurricane Sandy, a storm that reached a 5.8 out of 6 on the National Oceanic and Atmospheric Administration's "destruction potential" scale. Sandy claimed the lives of 125 people in the U.S. and 71 in the Caribbean. In New York State, the death toll was 60, 48 of whom were in New York City. The hurricane left more than \$6.65-billion of damage on Long Island, where more than 58,000 homes were flooded and more than 1.2-million consumers were without electricity for one month or more.

Located on a barrier island on the south shore of Long Island, the City of Long Beach, NY is the 24th most densely populated community in the U.S., with 33,275 residents, according to the 2010 U.S. Census. Stretching about three and a half miles from east to west in Nassau County, Long Beach is less than half a mile wide from the Atlantic Ocean on the southern coast, to the Reynolds Channel on the northern coast. The channel is a section of the Intracoastal Waterway System.

A volunteer E.M.T. with the City of Long Beach Fire Department (LBFD), Long Beach resident Nicky Astone reported to the fire house on the morning of October 29th. Accustomed to staying at the firehouse during storms, including Hurricane Irene in August 2011, Astone reported that staff and volunteers were normally told to bring one or two nights of clothing. "This time, we were told to expect to stay longer and to bring more clothing. They expected a bad storm," he said. "We didn't initially expect it to be so bad. We expected Hurricane

Irene with a bit more water, but as the storm started progressing, we realized there could be catastrophic outcomes and it made a lot of us nervous. But we were prepared and ready." LBFD's fleet--four engines, three ambulances, and two ladder trucks-- was readied along with additional FEMA ambulances.

Around 6 p.m. Eastern Daylight Time, about two and a half hours before high tide, Astone said, "Initial reports were coming in that dirty water and sewage was filling the street." (The city's sewage pump broke during the first phase of the storm.) As the number of 911 calls increased, dispatchers advised people to stay put. "We told people, 'don't try to leave now.' The worst time was during the storm," he said. "We told people to find higher ground. Even people who stayed in one-story homes were advised to go up into their attics."

The Atlantic Ocean, Reynolds Channel, and the smaller canals flooded the island with as much as six feet of water in the West End and four feet in the East End, where a group of seven houses caught fire after seawater ignited one car's battery fluid. "One of the first ways we found out about the fire was on Facebook. Someone put a post up that if anybody could send help, so we went up to the rooftop. But we couldn't get there because there was four feet of water in the street," Astone said. "That was probably one of the most difficult decisions for the chief. There is a point during a hurricane where you are not supposed to send your resources out."

Two firefighters attempted to respond in an inflatable raft with portable equipment but they were unable to help. By the time the fire

was extinguished, around one a.m. on October 30th, seven homes had burned down. Residents had evacuated to safety and no fatalities or injuries were reported.

Dispatched to the scene in a heavier fire truck, Astone's crew stopped en route to respond to another car fire. "With the cars, seawater was getting in and the horns started honking and the windshield wipers started working. And there were no keys in the cars. It was a huge problem because we could see the cars in the middle of the street with their lights on and the horns honking. We were in the middle of the street in the truck but we didn't know if the car had someone calling for help," he said. (Car fires were a huge problem in Long Beach for the next six weeks. When insurance adjusters arrived to inspect the flooded vehicles, the Fire Department issued orders for them not to turn the cars on lest they start more fires.) "On the same call, we got stuck on a street because there was a car and downed fencing blocking the street," he said. "On another call, we got stuck in sand that had been carried in off the beach."

Tons of Debris

"As we drove through the streets, we came across a traffic light floating in the street, pieces of the boardwalk, and a sewing machine," said Astone. "Tons of debris. Cars were all over the street, up on the sidewalk. It was problematic trying to get to the emergency or fire scenes." By the end of the night, contaminated seawater had put more than half of the fire department's fleet out of commission. "The firehouse flooded and stayed like that for a month," he

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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 Atlanta, GA Conference held April 11-14, 2013

Congratulations on being chosen for the Certificate of Appreciation Award:

Charles J. Corva (Not Pictured)

Scott J. Maddox



Congratulations on being chosen as Marlatt Scholarship recipient:

Matthew Christie

Virginia LePage



SHINING STAR PROGRAM

ICISF is proud to announce a new recognition program entitled "Shining Star" in CISM. Current CISM Teams or Liaisons may nominate a local person who has shown outstanding leadership/innovation (5 years plus) for their efforts in promoting CISM. Nominations will be evaluated by a committee comprised of Pete Volkmann from New York, Sandy Scerra from Massachusetts, Dennis Potter from Michigan and Mary Schoenfeldt from Washington State. This committee is independent of the ICISF office.

Announcements will be provided by ICISF on their webpage and in LifeNet Newsletter. This program will recognize the grass roots efforts and successes of CISM worldwide. The recipient being honored will receive a special pin and a Proclamation from ICISF. Please nominate those rising stars in CISM. We need to know.

Complete the nomination form found on the website and forward to Pete Volkmann (pfvolkmann@fairpoint.net)

A WORD OF GRATITUDE FOR DELAWARE STATE POLICE TEAM MEMBERS

As you are well aware, members of our DSP CISM Team are normal people with a special skill set. They frequently repair emotional issues affecting others, using a successful combination of compassion, commitment, knowledge, and experience. On Saturday night February 23, 2013 I saw a display of these qualities as three of our teammates went above and beyond their calling.

While having dinner at P.F. Chang's in Baltimore, Cpl. Donna Saucier, Sr. Telecommunications Specialist Patricia Tucker, Wilmington Police Sgt. Fray Lynch, and I were discussing the day's training and enjoying our meal.

Towards the end our dinner, a man started to choke and was turning blue. He could neither speak nor signal for help. Our 3 teammates quickly jumped into action. They advised a bystander to call 911 and immediately attempted the Heimlich Maneuver to clear his airway. Initially, due to the size of the victim their attempts were unsuccessful. Finally, after Saucier and Lynch joined arms and did it together, the food was dislodged and the man started breathing again. The man was literally seconds away from losing consciousness, so without their response the man would have died.

The man that was choking was

me. There is no way to adequately thank these three women. No words will ever describe the gratitude and no actions will ever repay the appreciation I feel for them. I am blessed to call them friends and honored to call them teammates.

I respectfully request that these three teammates receive nomination for the Delaware State Police Lifesaving award. Their quick thinking, immediate action, and unselfish, compassionate caring saved my life. For that I am forever grateful.

John W. Shoemaker
Delaware State Police
911 Public Safety Blvd.
Dover, DE 19901

TAKING THE CMB TO THE NEXT LEVEL

Continued from page 1

I believe we have not adequately discussed what should go into the EDUCATION phase. The CMB can be used more effectively and specifically geared toward the target audience. So what should go into the EDUCATION phase?

When a team is establishing their potential Targets of intervention, one of the main questions we need to ask is what are the primary issues or themes the target group may be wrestling with, based on their connection to the event. The CMB works most effectively with people who are in the secondary or tertiary tier of the event. They have very different issues than the primary participants, who may be better targets for a Defusing or Critical Incident Stress Debriefing (CISD).

It is not enough to teach the standardized critical incident stress management information with personnel who are in the secondary and tertiary tier. Their primary concerns are with how the incident is affecting them, how it is affecting

their colleagues, and how it might be affecting the primary participants. So, while the teaching about such things as use of alcohol, caffeine, exercise, eating and talking is important, the participants' other concerns take priority over these issues.

Below are eight common events for which a CISM team might be deployed and some of the participant's most common issues. This is not a comprehensive list of events or themes, but a starting point for you to consider.

Core Issues/Themes for Various Events

1. "Natural" Death of a Colleague

- Shock/denial
- What to say to family members
- What to say to the deceased's close friends
- Possible loss of sense of immortality (it could happen to me/who is next)
- Sadness/grieving
- Guilt over "unfinished business"

2. Accidental Death of a Colleague

- Higher level of shock/denial
- What to say to family members
- What to say to the deceased's close friends
- Possible loss of sense of immortality (it could happen to me/who is next)
- Sadness/grieving
- Guilt over "unfinished business"

3. Death of a Colleague's Family Member

- Shock/denial
- What to say to colleague
- Possible loss of sense of safety (could this happen to my family member?)
- Possible loss of sense of immortality (it could happen to me/who is next)
- Sadness/grieving
- Guilt over "unfinished business"

4. Murder of a colleague

- Very high level of shock/denial
- What to say to family members
- What to say to the deceased's

TAKING THE CMB TO THE NEXT LEVEL(CONT'D)

- close friends
 - d. Sadness/grieving
 - e. Guilt over "unfinished business"
5. Suicide of a colleague
 - a. Highest level of shock/denial
 - b. Guilt and anger
 - c. What to say to family members?
 - d. What to say to the deceased's close friends?
 - e. Possible loss of sense of safety (who is else might be thinking about this?)
 - f. Sadness/grieving
 - g. Guilt over "unfinished business"
 - Did I miss something?
 - What could I have done differently? "Monday morning quarterbacking"
 6. Workplace Violence
 - a. Acute loss of sense of personal safety
 - b. High level of shock/denial
 - c. What to say to own family members
 - d. What to say to own children?
 - e. What to say to the deceased's close friends
 - f. Sadness/grieving
 - g. Guilt
 - Did I miss something?
 - What could I have done differently? "Monday morning quarterbacking"
 7. Domestic Violence Situation
 - a. Who else might be in this situation?
 - b. Loss of sense of personal safety
- (could it happen here?)
 - c. High level of shock/denial
 - d. Sadness/grieving
 - e. Guilt
 - Did I miss something?
 - What could I have done differently? "Monday morning quarterbacking"
8. Adverse Event affecting Colleague(s)
 - a. Shock/denial
 - b. What to say to colleague?
 - Acknowledge the event
 - Ask how they are doing
 - Share any appropriate things you did in their situation
 - Let them know you care
 - c. Possible loss of sense of safety (could this happen to me?)
- It is important for the CISM team to understand what the most common issues are for the participants in the group so that they are prepared to teach about those issues. The team should also develop handouts that are related to the expected education issues.
- Finally, I would like to suggest that you consider using the following outline as a structure for your CMB.
1. Introduction
 2. FACT
 3. Education
 - a. Common reactions for the identified group in front of you
- b. Common reactions for the primary participants
 - c. Some things you can do to take care of yourself (standard critical incident stress management information)
 - d. Some things you can to take care of each other
 - Check in with each other
 - Talk with each other
 - Be supportive of each other, etc
 - e. Things you can do to take care of the primary participants
 - Things to say
 - Things not to say
4. Re-Entry
 - a. Hang out and be available for questions or follow-up
- I hope this article stimulates discussion by your team and that you consider further developing and utilizing this information for your Crisis Management Briefings.
- Dennis Potter, LMSW, is on the ICISF Faculty and has done trainings all over North America and in several other countries. He is a founding member of two local CISM Teams and the state-wide Michigan Crisis Response Association 26 years ago.. In addition to his CISM work, Dennis is the Clinical Supervisor for two health care clinics that integrates mental health and physical healthcare in Grand Rapids, MI.

SAN BRUNO GAS LINE EXPLOSION

Continued from page 1

Stress Management (CISM) team to leading or participating in a large scale, multiagency peer support response to an event such as the San Bruno pipeline explosion. Of the 34 debriefers 17 of them returned a survey. Data from these debriefers are illustrated in graph #1. These debriefers will be referred to as "respondents." The third purpose

of the article is to present the lessons learned from these debriefings. The data presented here represent a subsection of a larger study by the author. The public safety personnel who attended the debriefings were not surveyed in this study.

The Respondents

Thirty-four debriefers (or respondents) from three Critical

Incident Stress Management Teams were involved in providing 75 one on one peer support contacts, facilitating three medium sized group debriefings, and four large group debriefings with a maximum of 25 personnel attending between September 11, and October 13, 2010 (John Warren, personal communication). These efforts reached 400 individuals within 30

SAN BRUNO GAS LINE EXPLOSION(CONT'D)

days of the event. A single large group debriefing was held for Chief Officers and command staff of the involved agencies.

Limited demographics of the respondents were taken to keep the survey brief, and protect the anonymity of the group. The respondents were an experienced group of peer supporters with a minimum of two years experience on a peer support team. Of a total of 17 respondents, 11% had 2-4 years of experience in a peer support team, and 88% had over 5 years. In keeping with the peer support model, the respondents were either public safety personnel on active duty (13) or who had retired from work in public safety (3). One mental health provider completed the survey.

Due to the enormity of this catastrophic event, many of the debriefing teams were also on duty or working at the site of the explosion. Six of the 17 surveys returned (35%) were from respondents who worked on the scene of the explosion. Nine of the seventeen surveys returned (53%) were from respondents who were not working on the scene at any time.

Method

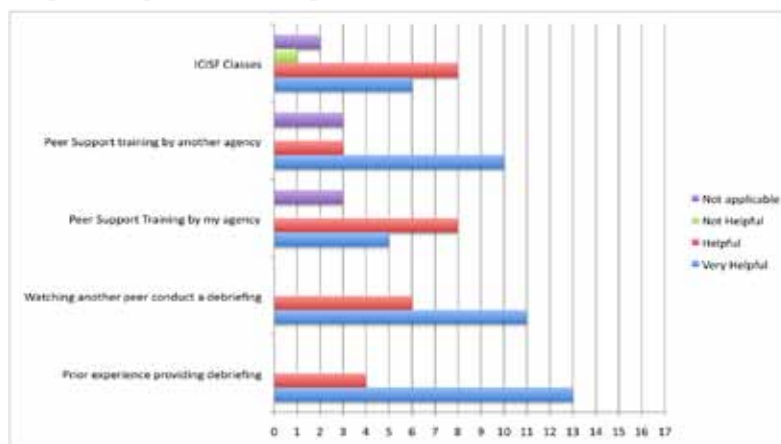
The author is the psychologist for the San Mateo CISM team and recruited respondents in person and by mail. The master list of debriefers who were sent a survey were given identifying numbers which were kept confidential from the author. Materials including the survey informed consent letters, and a self addressed stamped envelope were mailed out between October 2010 and January 2011. The last survey was returned on February 1, 2011.

Results

The respondents in this study were asked how helpful five different experiences were to their success

in providing peer support to public safety personnel involved in the San Bruno explosion.

Graph 1: Which experience was very helpful, helpful or not helpful?



Discussion

The current study examined how helpful five different experiences were to a respondent's ability to be successful as a peer supporter. Of those five experiences, prior experience providing a debriefing and watching another peer conducting a debriefing were the most helpful to their success. These data can point peer support team leaders to focus on two ways of training and experience.

First, how does a team decide which members go on call outs for debriefings? If the less experienced peer supporters are not given a chance to provide a debriefing in favor of more experienced peers, will they continue to participate on the team? If the most experienced peers continue to provide debriefings, how will the newer peers ever get that experience which is so helpful?

Second, if a new peer support team member is allowed to train by sitting in on a debriefing perhaps they will be more successful in a future debriefing. Mixing experienced peers with a newer team member may allow that person (i.e. the newer team member) to watch another peer conduct a debriefing. If a new peer support team

member is given a chance to watch another peer conduct a debriefing would they stay on the team longer? Could more exposure to real live debriefings instead of trainings keep

an individual engaged and involved on a peer support team?

FUTURE DIRECTIONS:

Peer Support teams do not have to wait for a large scale incident such as the San Bruno pipeline explosion to ask their team what is helpful in learning to be a better peer support team member. These data are too small of a sample within the debriefing population to make generalizations on a larger scale but are helpful for our three local teams. A similar survey could be created for any individual team now and future trainings, role-plays, or mentoring experiences could be scheduled based on the team's responses or preferences. A similar survey with other teams which would amass much more data may be helpful for local first responder agencies or large organizations such as ICISF to structure those training classes.

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WE ARE GOING DOWN

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who were there (7 of us—all but two of us knew at least one of these folks), started networking and setting up debriefings for the smaller groups... fire/ems departments (3 of those) and dispatch. All in all, we reached 123 people in the next 5 days.

Our greatest disappointment was that we were unable to break down the walls of the ER. We begged and groveled to allow us to meet with their staff to debrief. When they brought the bodies into the morgue (which is at the hospital through the ER) the staff was distraught and in shock. For them this was a line-of-duty death X 3. We are going to try to make in-roads with the new administrator since we have been stone-walled by the old guard of the ER and Behavioral Services (does

this sound familiar to anyone?) They said they were “fine.” They advised us that the staff was offered visits with the clergy and their EAP program... both good options...but it started to sound a lot like NYPD and FDNY.

For those of you who know me well, I did an amazing job holding my temper and not running amuk to the media, though I did request of one my contacts to run a story about the benefits of CISM by interviewing the Sheriff, the Police Chief and several fire chiefs, all of whom were very supportive. I wanted to make 2,000 copies to deliver to Mercy, but I restrained myself.

What we learned in the succeeding weeks was that:

1. This is something NOONE ever

wants to think about, so they avoid, deny and generally refuse to deal with the “what if...” As a CISM team I implore you to be persistent (without violence) to get the protocol written into the response.

2. I regret that I did not call more than twice in that night and following day and was not more persistent with the new administrator and head medical doc for the ER. They are the “old guard” that still are of the “suck it up” mentality.

This event will affect this team for years. They just got a new helicopter yesterday but they still aren’t transporting patients yet. The verdict is still out on how many staff they might lose.

TRIAGE IN A TROLLEY: AN E.M.T. IN LONG BEACH, NY REPORTS ON HURRICANE SANDY

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said, adding that FEMA ambulances and ambulances from Oswego and other towns in the region came with fire trucks to help LBFD. “That’s pretty much how we functioned for the first month.

Triage in a trolley

Forced from their homes by flooding or fires, dozens of residents made their way to City Hall for shelter. Seeing them arrive with their pets, Astone began to realize the magnitude of the disaster. “I thought, ‘This is so much worse. It is going to take a long time to get through this.’”

Sanitation soon became a major concern. “The toilets weren’t working and you were not allowed to drink the water or flush the toilets. I had to pretty much bypass the smell by that point,” said Astone. “We had so many people in there and there were no port-a-potties. As you can imagine, it became very unsanitary until fortunately, they got in port-a-potties.”

The city’s medical trolley became a triage station/urgent care center. Having evacuated patients prior to the storm, Long Beach hospital itself was shut down due to flooding. This put additional strain on other hospitals in Nassau County where the waiting time for patients arriving in ambulances was often four to five hours. “One ambulance was off the road for five hours when there weren’t other ambulances to respond to the 60-plus calls that were coming into our city every day during the first week,” said Astone. People came to the triage center because they did not want to subject themselves to hours of waiting. “We saw a lot of asthmatic-related incidents and respiratory issues from mold and sewage. Elderly people came in with cardiac issues, some very serious. We also saw a lot of minor fractures of fingers and hands,” he said. As first responders, volunteers, and residents were exposed to toxins while trying to

salvage their belongings, “tetanus shots were huge.”

Stress Reactions

Working through the following day, Astone fell asleep on a cot in the City Hall courtroom. “I slept for an hour which felt like a full eight hours. I was on pure adrenaline,” he said. After working for seven days straight, he went home to help his father.

As volunteers from other firehouses showed up, Astone stayed away for a month. “I didn’t show back up there. First I had to mentally free myself from the initial situation and then get back to my routine of going to work and school,” he said. When he returned, a local counselor came in to do a debriefing with everyone who had worked during the storm. “It helped a lot to sit down and talk to her while it was still fresh,” he said, noting that six months later, “a lot of the firefighters and E.M.T.’s, we talk about it a lot. That’s our mechanism for coping.”

TRIAGE IN A TROLLEY: AN E.M.T. IN LONG BEACH, NY REPORTS ON HURRICANE SANDY(CONT'D)

The first months after a catastrophic event, responders and civilians are in crisis mode, making survival decisions under tremendous stress. Then numbness sets in. Five to six months later, such deeper emotions as vulnerability and anxiety frequently surface. "Unless we experience something in our lifetime, like a tsunami or a terrorist attack, we think it's never going to happen. We now know that we are susceptible to something like this and it's important to have a plan," said Astone. "Preparing more drastically for storms and hurricanes is going to

Laurie Nadel, Ph.D. has been a member of ICISF since 2002. Her home in Long Beach, NY was flooded during Hurricane Sandy. She runs a free weekly support group at Long Beach City Hall for residents suffering from excessive stress in the aftermath of the storm.

Footnotes:

1. Superstorm Andy Deaths, Damage, and Magnitude: What We Know One Month Later." Associated Press posted on Huffington Post. November 28, 2012.
2. Ibid. Associated Press.
3. Ibid. Associated Press.
4. Polsky, Carol. Sandy-battered Llers Brace for Vulnerable Future. Newsday. April 27, 2013.
5. Long Beach, NY entry. Wikipedia.
http://en.wikipedia.org/wiki/Long_Beach,_New_York
6. Interview with Nicky Astone, Long Beach NY. April 5, 2013.

LETTER TO THE EDITOR

Great edition (24-1); really good reading. I found the Newtown, CT article very useful. We recently had a double line-of-duty-death police shooting here in Santa Cruz, CA. Our team (6 of us) went through many of the same issues that the CT CISM team went through (their incident being on a much larger size than our incident, with the added intensity of the deaths of so many children). It was validating to know we were all operating on the same page, dealing with similar dynamics, providing similar interventions in the same time frame, and handling it with compassion, professionalism, and support from other CISM teams and ICISF. The CT team did a fabulous job and I commend them for it.

Many thanks to you, Victor and Ethan for a great edition of LifeNet.

Best Regards,

Diane Myers, RN, MSN



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