



INSIDE:

A Dynamic Future For ICISF	1
The Influence of CISM on First Responders	2
Ron Richardson Hangs up his Hat	2
How the Board can Successfully Discharge its Fiduciary Responsibilities	3
Team Highlights	3
The 13th World Congress	4
Human Resilience and CISM	4
Public Safety Communicators & PTSD	5
From The Conference Department	6
Lessons Learned	7
The Thirty Year Benchmark	8

LifeNet

Is a publication of the International Critical Incident Stress Foundation, Inc.

ICISF is a non-profit non-governmental organization in special consultative status with the economic and social council of the United Nations

3290 Pine Orchard Lane
Suite 106
Ellicott City, MD 21042
Tel: (410) 750-9600
Fax: (410) 750-9601
Emergency: (410) 313-2473
Website: www.icisf.org

A DYNAMIC FUTURE FOR ICISF

Rick Barton, ICISF Chief Executive Officer

A series of events brought me to the backdoor or the ICISF office in Ellicott City, Maryland in late August 2013. Those events shaped me, and in some regards may influence the future of the foundation. My approach to the job is to implement the best strategies to effectively serve the mission of the organization as we cross into the future.

My journey toward the ICISF likely began during another autumn season while completing law enforcement training at the Maryland State Police academy. I was not being groomed to become a trooper, but instead shared the experience with a dozen new Maryland Park Rangers who were being trained by the state police. In those days, Maryland's rangers were law enforcement officers, among an array of other duties. We often managed difficult incidents in

remote areas that presented a rather unique first responder duty. Rangers in such cases often work with limited tools and wait a long time to receive any backup or assistance during incidents.

We faced every sort of crime, medical emergency, and destructive incident over the years. Often outnumbered by drunks and otherwise disorderly subjects, we learned to use our wits more than our brawn, and kept our ego in check. Most often we arrived first on the scene of a fire, automobile accident, or injury and tried to control the situation until the troops could arrive. We worked closely with local and state police, with fire companies and medical responders who rescued us from the overwhelming grasp of incidents more times than I care to remember.

Continued on page 9



REGIONAL CONFERENCE CALENDAR

January 30- February 2, 2014

-Pittsburgh, PA

Pittsburgh CISM Team-Allegheny County

May 1-4, 2014

-San Francisco, CA

San Mateo CISM Team

June 25-29, 2014

-Ellicott City, MD

ICISF

October 2-5, 2014

-Victoria, BC

Archipelago CISM Society

October 23-26, 2014

-Chicago, IL

Northern Illinois CISM Team

December 4-7, 2014

-San Diego, CA

San Diego CISM Team

Pending Dates:

-West Palm Beach, FL

-San Antonio, TX

-New England area

THE INFLUENCE OF ICISF ON FIRST RESPONDERS

By Brian Stoothoff, Assistant Fire Chief, Ocala Florida

Prior to 1989 I had never heard of critical incident stress management, despite being a career firefighter and paramedic. By the late 1980's I had seen my share of tragedy and death, and witnessed careers of coworkers cut short by early retirements or leaving the profession because as first responders we had no knowledge or formal training to handle stress effectively. Fortunately for Ocala Fire Rescue located in north central Florida, the fire department administration took the initiative to allow several of our firefighters to attend Basic and Advanced CISM classes. Thus began my association with I.C.I.S.F. that has lasted more than two decades.



If you know of a department or agency that is not yet on board with critical stress management, please encourage them to consider it. The lives of their members are worth the investment.

I can personally attest to all the benefits of a properly managed and trained team. Stress debriefing has been shown to decrease use of sick time among employees, increase longevity on the job, decrease alcohol and drug dependency, and lead to healthier relationships both on and off duty. The Ocala/Marion County Critical Incident Stress Management Team has conducted hundreds of debriefings, defusings and one-on-ones over the years to help keep our peers healthy. Our team consists of representatives from several disciplines to include all

Continued on page 10

RON RICHARDSON, A LONG TIME APPROVED INSTRUCTOR HANGS UP HIS INSTRUCTOR HAT

Letter to Executive Director Don Howell -August 23, 2013

Dear Don:

I am writing to express my appreciation for your support, for the amazing opportunity I have had as an approved instructor, and for the privilege of representing and promoting International Critical Incident Stress Foundation from 2002 through 2012.

I first met you in Bakersfield, CA at an ICISF Conference. I was a new law enforcement chaplain attending with my Chief of Police. You announced that a new course, Pastoral Crisis Intervention would soon be developed and I approached you afterward to ask how I might apply to be an instructor since I had begun training volunteer chaplains. You told me there was not much of a chance since California had more than its share of Instructors.

I returned home to Fresno, CA disappointed, but found a letter from the State of California POST accepting my application to serve on a committee

to develop law enforcement chaplain training curricula. When I returned to the Conference the next day and showed the letter to you, it seemed you were more interested in me applying to be an Approved Instructor. When the course was introduced, I applied and was amount the first class of Approved Instructors. I became (according to Kate Loomam) one of y our most prolific trainers.

Looking back, it has been an incredible journey. I couldn't have planned the script and better.

1. I eventually became approved to teach ten courses. Over 1,400 people attended my law enforcement chaplaincy training and/or ICISF courses.
2. Based on my education with ICISF, field experience and being and Approved Instructor, the Chief Security Officer for Ferguson Enterprises recruited me

Continued on page 10

HOW THE ICISF BOARD OF DIRECTORS CAN SUCCESSFULLY DISCHARGE ITS FIDUCIARY RESPONSIBILITIES - By Dave Evans, CPA

In any organization, the board of directors' is entrusted to fulfill certain obligations to the organization. One of these obligations is to set and maintain high standards for financial accountability. This entails ensuring that sufficient financial resources are available to carry out the mission and vision of the organization. Fulfilling this responsibility means making sure that sound financial practices are in place. While it is not possible to completely ensure that issues relating to financial practices will not arise, there are certain steps the board can take in assessing the adequacy of practices being used.

The board should approve the annual operating budget. The budget describes the organizational goals for the year and attaches dollar amounts to those goals.

Preparing the budget is a management task, while approving the budget is a board responsibility. In order to help secure the long-term viability of the organization, the budget should provide for a surplus. Attaining surpluses over a multi-year period will provide funds needed for that "rainy day". The board should closely examine the proposed budget and ask challenging questions before approving it. At regular intervals during the year, management should present reports comparing the budgeted amounts to actual amounts, as well as an explanation for unusual variances. The board should hold management responsible for taking aggressive action to correct problem areas. Problems that may threaten the organization's financial stability could

Continued on page 12

TEAM HIGHLIGHTS



The mission of the **Georgia Dept. of Public Safety Critical Incident Support Team** is to provide Critical Incident Stress Management support to the employees of the Georgia Dept. of Public Safety. We specialize in support for Emergency Services personnel and we respond to requests for assistance from other Georgia Public Safety agencies. Our first group of twenty members received Individual Crisis Intervention and Peer Support and Group Crisis Intervention training as guests of Dr. Tom Griggs and the North Carolina State Highway Patrol at their Headquarters training facility in Raleigh, N.C. in September of 2010. The training was given by Rev. /Dr. Eric Skidmore and Andy Gruler, LISW-CP,

of the South Carolina Law Enforcement Assistance Program. In addition to the fifty-four blue chip DPS Officers who volunteered to join this effort, we owe our existence to the backing we have received from two DPS Commissioners, Col. Bill Hitchens (ret.) and Col. Mark McDonough; to the operational guidance from Deputy Commissioner, Lt. Col. Russell Powell; to the foresight and compassion of Col. McDonough and DPS Human Resources Directors Dan Roach and Lisa Maier, and to the generous and tireless assistance provided to us for more than half a decade by Eric Skidmore and Andy Gruler of South Carolina Law Enforcement Assistance Program (SCLEAP).

Continued on page 11

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



SAVE THE DATE -- 13TH WORLD CONGRESS ON STRESS, TRAUMA & COPING

By Terri Pazornick, Education & Training Manager

ICISF is pleased to announce that based on input from past attendees, the scheduling of the 13th World Congress on Stress, Trauma & Coping has moved its dates forward several months to ensure warmer weather. Save the Date- May 11-16, 2015, in Baltimore, MD.

Planning is underway for a dynamic, engaging education program to include inspiring experiences, shared learning, current trends, as well as relevant problem solving. Extended networking opportunities will empower attendees to turn their

vision, conviction and passion for Stress, Trauma & Coping into take-away leadership opportunities that can be utilized within their own communities.

Updates and announcements about the World Congress will be provided on www.ICISF.org. If you are interested in receiving email updates about the ICISF 13th World Congress on Stress, Trauma & Coping, be sure to update your preferences in your email profile by clicking on the "E-News Sign Up" button near the top right corner on every page of www.icisf.org.

The Call for Presentations will

open in March of 2014. You are encouraged to submit a presentation proposal for an opportunity to present your topic at this premier event. Detailed information regarding submitting presentation proposals will be available in February. Look for details about the educational programming and registration information in the Fall of 2014. Please direct any questions about the 13th World Congress to Terri Pazornick, at Terrip@icisf.org. We are springing into action!

HUMAN RESILIENCE AND CISM

By George S. Everly, Jr., PhD, ABPP, FAPA

Co-founder ICISF; ICISF Chairman Emeritus

The notion of human resilience stands on the cutting edge of public health policy initiatives and psychological services, especially crisis intervention and disaster mental health services. Indeed, many in the field of critical incident response have become enamored with the notion of promoting human resilience as if it were a new concept...it is not. There persists a false assumption that fostering human resilience, clearly an idea, whose time has come, is in contradistinction to Critical Incident Stress Management (CISM)...it is not. Let's explore human resilience from the CISM perspective. In doing so we shall see that CISM and human resilience are complementary. Indeed, CISM may be thought of as a means to achieve the goal of human resilience.

To begin, human resilience may be thought of as the ability to withstand, adapt to, or rebound from

adversity. The problem with such a definition is that it aggregates what may be clinically distinct phenomena. One integrative model contributing heuristic value and greater granularity to the construct of resilience is the Johns Hopkins Tripartite Model of Resistance, Resilience, and Recovery (henceforth, the Hopkins Model), which embraces the distinction between proactive protective factors (immunity) and reactive rebound capability (Kaminsky, McCabe, Langlieb, & Everly, 2007). Finally, recovery refers to observed improvement following the application of treatment and rehabilitative procedures. Thus using this model, we see that the overarching term "resilience" can be used to describe a continuum of more granular processes and interventions within the rubric of crisis intervention and disaster mental health services.

Using the lens of CISM, we shall focus our attention on the resistance and resilience aspects of the Hopkins continuum. Recovery is well beyond the scope of acute critical incident response interventions as it consists of formal psychological assessment, psychotherapy, psychopharmacological interventions as well as rehabilitative services. We shall see that CISM can be a useful strategic construct from which to promote both resistance and resilience.

So if we see "resistance" as proactive psychological immunity, i.e., the ability to withstand or adapt to adversity, how does one foster "resistance?" Though we know the least about this aspect of the continuum, we do have some understanding of the processes that appear to support resistance. Pre-incident preparation appears to be essential in promoting resistance, and it is a core element of CISM. Pre-incident preparation serves to set

Continued on page 13

PUBLIC SAFETY COMMUNICATORS & PTSD

By Cindra Dunaway

July 4th was a great day for me and my family. My husband and I were off duty and we spent the day with friends and family grilling and playing red, white and blue games. We ended the night watching fireworks on TV. Before I went to sleep, I logged in to see how my Facebook friends were doing and how their holiday went.

As I was scrolling through different pages and profiles, one of the pages that I am a “fan” of struck me: the owner is a young military veteran who recently got home from his last tour of Iraq. His update read something to the effect of “Fireworks and PTSD aren’t a great combination,” followed by several comments of encouragement and similar stories from vets and spouses of vets. I am embarrassed to say that I have never thought of what those who suffer from posttraumatic stress disorder (PTSD), particularly our returning soldiers, have to contend with when they return home. It made me appreciate even more what these brave people sacrifice for our freedom. It saddens me that some of them will never be the same when they come home.

It is almost ironic that those soldiers who serve their country and ensure that we remain free cannot even enjoy one thing many of us look forward to every year—fireworks. For generations, fireworks have represented our celebration of the freedom and independence that our forefathers fought for years ago. It seems unfair that one simple pleasure that brings us all together as Americans can bring such dread and anxiety to those who sacrificed so much.

Being on my county’s CISM team, we’ve seen a lot of PTSD-related issues lately. We recently had an officer stop in the middle of a busy roadway during a rainstorm after seeing a trashcan that had blown into the median. He couldn’t bring himself to drive by it, thinking that it must be an improvised explosive device (IED). Not long after that, an officer was first on the scene of a crash where a man had shot himself while driving during a

police chase. The officer had served as a field medic in the service and instead of securing the weapon and scene, he switched into rescue mode and starting working on trying to save the suspect.

Loud noises, sights, smells, victims and more can trigger an episode for someone suffering from PTSD. Some studies are finally being published, as well as classes being offered, that examine the effects of public safety work on call takers and dispatchers. It has been found that one doesn’t have to actually witness or be on scene of a traumatic event for it to have a negative effect on those who work on the other side of the radio. We go through much of the same types of anxiety and stress, though it may be a little varied. We rely on our other senses to do our job. We often only have our hearing to rely on while sitting in the communication center. And what we can’t hear can sometimes be more stressful than what we do hear. I have often said that the longest moment in a dispatcher’s life is waiting for a scene secure, suspect in custody or a personnel accountability report (PAR) on a fire scene.

Some agencies, including one in my area, have started putting together programs that will assist veterans as they return to the workforce at home. They are developing greater understanding for how the vet can fit into their organization and how to best utilize their skills, and it has been very successful and beneficial for both parties. These services reach out to returning service men and women as well as teaching civilians how to recognize the possible difficulties service people may face and appreciate the veteran and how they can continue to serve their community.

PTSD used to carry a certain stigma and was something rarely discussed. The only time you heard about it was when someone suffered the most severe of episodes that impacted the public in some negative way or in movies that

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!

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 Seattle, WA Conference held September 19-22, 2013

Congratulations on being chosen for the Certificate of Appreciation Award:

Chief Murray Gordon

Assistant Chief Nick Metz

John Powers



At the ICISF's Columbia MD Conference held November 6-10, 2013

Congratulations on being chosen for the Marlatt Scholarship Award

Gary Nelson

Jen Utz

Linda Sears



LESSONS LEARNED FROM MOORE & EL RENO, OKLAHOMA TORNADOES

By Michael Friedman, Ph.D.

Not everyone who is a member of the International Critical Incident Stress Foundation (ICISF) is a member of an ICISF recognized team or even an unrecognized team. In February of 1991, I took the Red Cross Disaster Mental Health class because I needed some CEUs. Little did I realize that my life was going to change. Subsequently, I have acquired training primarily from ICISF and Crisis Management International. I have been dispatched to 20 states and 6 foreign countries as a trainer of Corporate Crisis & Threat Response Team development and the delivery of critical incident stress management services. I am currently a responder for Crisis Care Network, multiple rural fire departments in Oklahoma and the behavioral health team leader and trainer at Ft. Sill.

My assignments for the Oklahoma City (OKC) tornadoes involved: 1) a retail pharmaceutical chain in 2 locations with 2 hours per location; 2) a banking institution in 2 locations with 2 hours per location; 3) a very large printing company (700 employees) 9 days at 8 hours/day; 4) a large energy company with 1 (4) hour shift and; 5) a media outlet for 2 days at 8hrs/day.

Being a member of a team you have a variety of in-kind supports e.g. logistical, administrative, personnel (peers) and your time on site is not necessarily time limited. When you are an independent contractor you have the administrative supports of your referring company but regarding logistics and personnel, you are usually on your own and your assignment is time limited.

When you go into a commercial site you are usually in during working hours and your meeting space can be quite limited along with limited access to employees. In addition you usually have to take the time to educate the local manager and/or supervisor as to why you are there and what you are able to provide within the time allotted. You

are representing an EAP and using their handouts. Usually management does not know how to use your skill set and will simply try and put in a room away from everyone and hope that the employees will come by. While not an ideal situation, you have to be flexible and use the right tools. This pretext was true for all the assignments except the large energy company. They were actually dealing with a death in the company not related to the tornadoes but still coinciding with them. In all my assignments, I primarily relied on the Crisis Management Briefing, 101s and the EAP's handouts. You made sure to leave time for any 101 followup before leaving and you always made sure you gave them the handouts which had the EAP information with helpful hints and contact information for follow-up. Most of the people I worked with were in Moore & OKC in May 1999 when another significant tornado went through. As a result there was a baseline event to work from. When asked how they were doing prior to the May 2013 tornadoes almost everyone indicated they were doing just fine. I reinforced their responses about their resiliency. Asked how they were doing the evening of and hours after the 2013 tornadoes many responded we can get through this one too. I acknowledged their normal reactions e.g. the 5 categories: physical, emotional, cognitive, behavioral and spiritual. I also relied heavily on the flu analogy. Everyone is aware of the flu, its symptoms, duration and taking care of yourself, but not many are aware of symptoms, duration and taking care of yourself after a critical incident. (see the end of the article for more information on the flu analogy)

My 2 biggest challenges in providing services were 1) initial logistics and 2) working with

companies that run 24/7. The 2 retail pharmaceutical locations were in the heart of the devastation and Mother Nature and debris don't cooperate with your travel plans. Even though I have credentials with several local fire departments and a couple of federal agencies, when power lines and debris are all over the road be prepared to get as close as you can to your assignment; have proper identification, H2O and still be prepared to walk several blocks or a mile and still present on time.

When a company runs 24/7 and there are 700 employees, trying to convince management how to effectively utilize you is challenging. It was easier to get one of the working groups together that had an employee whose daughter had died at the elementary school. My shifts were 5:00 AM to 1:00 PM or 1:00 PM to 9:00 PM. Getting information out to the remaining 650 employees over a 9 day period was challenging. Your ability to walk around was limited to the nature of the work environment. This was a production company with lots of noise and not conducive to walking around and schmoozing e.g. hard toe shoes and a helmet were part of my wardrobe when I was on the floor. You could catch the employees on breaks, during mealtime and when I got a hold of the company's training schedule I asked if I could have 15 to 30 minutes to do a brief CMB involving the 5 categories, flu analogy and EAP handouts. The trainers were very accommodating and no one turned me down. The last day I was there was the night of the El Reno tornado. That tornado passed over us. I was in 1 of 2 safe rooms with about 200 employees and 5 managers. I could have used this time to do a CMB but I took my cues from the employees.

Continued on page 15

THE THIRTY-YEAR BENCHMARK

By Jeffery T Mitchell, PhD

Co-founder and President Emeritus of ICISF

This year, we all passed a significant benchmark and few of us even noticed. The anniversary of the formal initiation of Critical Incident Stress Management did not generate any fanfare. Thirty years ago, in January 1983, the very first article in the world on the topic of Critical Incident Stress Debriefing (CISD) was published in the Journal of Emergency Medical Services (JEMS). When it was published it caused a positive stir among emergency services personnel throughout the US and Canada. Before long it was being favorably reviewed in Australia, New Zealand and in Europe.

1983 was also the year in which the very first Critical Incident Stress Management (CISM) team was trained in Arlington and Alexandria, Virginia. It is noteworthy that, thirty years later, nearly to the exact day of that training, Chip Theodore died. Chip, a fire captain in Arlington in the early 1980's, pushed very hard to have a team established in his community. Both as a soldier in Viet Nam and as a firefighter, Chip had suffered the ill effects of traumatic stress and he wanted to do something to make a difference for his personnel. He pressured me for nearly a year to train a team of people to provide crisis support for his friends in the fire and law enforcement services. I had answered his requests by telling him that when my first article on the topic was published, I would then train his team. That promise was kept and Chip got his team by mid January 1983.

Thirty years ago, things were very different. Trained peers were just beginning their CISM work and only a few had been trained in the early stages of the program. I wanted to make sure that the concepts and applications of crisis support were well understood and carefully applied. I was very confident that peer support

personnel were critical to the success of crisis support services for emergency personnel, but I needed to have the programs develop cautiously to avoid mistakes and misunderstandings. Mistakes would have harmed the overall development of the CISM field. In the early stages of CISM development, mental health professionals were often the most frequently used people on a CISM team. The peers developed their own skills by watching the mental health professionals do their work to reduce the impact of traumatic events. Gradually, peer support personnel took on increasing responsibility within the CISM field.

Within weeks of the publication of the JEMS article, calls requesting training or actual support services started to come in. The number of responses to traumatic incidents spiked upward. When tragedies occurred in Maryland, Virginia, West Virginia, Pennsylvania, New Jersey, and Delaware, only a few people would be available within the region to respond. Two and, occasionally, three of us from the few teams that were trained at the time would drive hours to come to the aid of emergency personnel in other states. Sometimes only one peer was used to assist a mental health professional in a CISD when two or three would have been more helpful. There were circumstances in which we would finish our regular work, drive two or three hours to help out a group of emergency personnel for two to three hours and then drive home in the early hours of the morning so we could be back at our jobs the next day. We were few in overall numbers, but we were the fortunate ones. Our communities thought enough of their emergency response personnel to support us in our efforts to build

these first emergency services support teams. In my case, the University of Maryland Baltimore County enthusiastically supported my efforts to reach out beyond the walls of the University to wherever there was a need. Sometimes a notification of a call out came so suddenly and without warning that we had to quickly cobble together a team from two or three states to provide a Critical Incident Stress Debriefing (CISD). We would travel together or separately to another state that had endured a tragedy. Standardized training, policies and procedures made that mix of team members possible and proved its value in the provision of quality support services.

Team training in the early days of CISM consisted of a two-day course in which multiple topics were covered (more accurately, crammed into a short period of time). The topics included crisis intervention theory, the principles and practices of crisis intervention, assessment in a crisis, developing a crisis action plan, individual support, and group support, referrals, and building and managing a team. There were virtually no exercises or practice time as there is in today's courses. It wasn't very long before that type of training was seen as extremely limited and the course was split into separate courses and exercises and practice times were added. People who were going to be team leaders, for instance, were given the information on building and maintaining a team. Regular team members were only given the information on providing the services. Today, ICISF has over 40 courses available to enhance the knowledge and skills of CISM team members.

Continued on page 16

A DYNAMIC FUTURE FOR ICISF

Continued from page 1

My experience eventually featured seventeen years as the Superintendent of the Maryland Park Service, including responsibility for a force of 218 law enforcement officers, directing a complicated budget and revenue stream, and managing through all the struggles of a state agency. Over those years I either performed sufficiently well, or remained enough of a secret that I served four governors who decided to retain my services.

We learned about CISM initially as the result of response to the employee stress aftermath of a triple drowning. That specific incident was described in the piece written by Chuck Hecker in the last issue of Life Net. The lesson learned in that single case taught us to do more, and we developed a CISM team that began to make a difference for employees. It is the single most important initiative that occurred during my tenure with the Maryland Park Service.

My most important education was on the job, although people want to know that I hold a Bachelor of Science in Business Administration from Bryant University and a Master of Science from the College of Agriculture and Natural Resources at Michigan State University. My studies focused upon work in accounting, economics, English, planning, budgeting, resource management, customer service, and strategic management. A lifetime of learning followed those days, as I became a self-taught professional gardener, a naturalist, a law enforcement officer, and a freelance writer.

Over the years, I kept my hand in the business world through study and contacts with entrepreneurs.

During my years leading the agency responsible for 97 state land holdings (including state parks), I managed a \$45 million annual budget, supervised a force of 900 employees, and directed the collection of more than \$200 million in revenue. The expenditures

and revenue occurred in relatively small amounts at hundreds of service locations, presenting significant accounting obstacles. Communication with the staff, the customers, citizen advocates, political leaders, partner agencies and business partners presented the largest challenge and the primary focus of my energy.

After leaving State service, my professional plan featured helping great missions through volunteerism and consulting. Before long, the Commissioners of Caroline County Maryland asked me to serve as their County Administrator and to help them through a difficult time caused in part by the recession of 2008. Caroline is my adopted home county, so I accepted the honor to serve the local population. My three years with them included extensive work navigating through severe budget cuts and numerous local challenges. They faced the dilemma of meeting an increasing demand for public safety services, while dealing with dramatic reductions in revenue due to the severe decline in property taxes. In 2011, I resigned that position, and headed into an uncertain world of finding the next worthy cause.

One of my adventures involved helping the Delaware State Parks develop emergency operation plans for each of their state parks. This required me to draw upon the experience of managing through nearly every sort of natural and manmade disaster. I worked closely with their top managers to create a new approach to the preparation, response and recovery associated with various large emergency incidents.

Before long, I began to assist various non-profit organizations and agencies that support wonderful missions. This included helping to organize their budgets, marketing

their programs, carrying out functions in a manner consistent with their bylaws, and to develop strategic management plans. This interesting niche included an eight-month assignment as the President and CEO of Special Olympics Maryland and seven months with the Caroline County Humane Society. In each case, I learned a great deal about solving problems in the non-profit world.

It was during this journey that I reconnected with the ICISF, and ultimately the Board of Directors asked me to serve the foundation as the CEO. The Board leads under the guide of an excellent strategic plan, and they asked me to help bring the organization into the future. There is a long tradition of dedicated service to CISM founded by Dr. Jeff Mitchell and Dr. George Everly, and it is my challenge to advance that service.

Anyone who cares about CISM wants to know what I plan to do in the short and long term. The first answer to that question is that I intend to take the necessary time to become informed and introduced to the organization, to listen and understand functions, history, and challenges. I believe in the value of the past as a source of information about how we arrived in the present and as a resource to plot future strategies. I also believe in the business model that welcomes the notion of taking risks, but only those risks that are measured against the rule of unintended consequences. Successful leaders walk with the confidence to take risks because they took the time to measure the likely outcome. In the end, they know that unknown risk never actually existed.

The vision for the future of the ICISF is still being formed. The pathway to long-term prosperity holds only slight mystery. We

A DYNAMIC FUTURE FOR ICISF(CONT'D)

must embrace new delivery methods that satisfy the reality of one world. Technology offers a key to future success via digital publication, long distance video delivery of training, and using social media for interactive communication. Many people carry a small computer in their pocket, on their hip, or in their purse. People continually check email, watch videos on their portable devices, and converse via social media in an almost nonstop tidal surge of information.

This is the world of 2014, with more innovation speeding down the track of tomorrow. New updates and upgrades arrive every day, teasing our curiosity while testing our patience. These are not even new models any longer, so our way of delivering service must embrace thoughtful change. The obstacle rests in the details of transferring material into a new delivery system.

An exciting initiative awaits our attention somewhere amid the incredible value of CISM. The idea

begs our attention, impatient for the notice, ready to seize our energy. Such a vision is being developed, as a new chapter in the world of CISM. It is the “next big thing” as entrepreneurs like to say. The appetite remains the same, while the delivery of the product and identification of the reward must evolve along with the world we inhabit.

Such bold talk may excite people, while causing anxiety at the same time. My leadership style focuses upon building consensus, embracing partnerships, and encouraging creativity. I value the wisdom, knowledge, skill and experience of the people who work with me, and that is especially the case at ICISF. In addition to the staff, there are thousands of instructors, faculty, volunteers, partners and clients who have a world of knowledge. I do not need to know all the answers, to solely possess the vision for the future, or to know the best

approach to solving problems. My management philosophy is to foster an environment where good people team together to bring the organization into a bright future.

People describe some period in the past as better days. My view is that when we look back we refer to these times as the “good old days”. We need to understand the past, enjoy the present, and invent an exciting bold future. Let’s create some more “good old days”.

Inspiring a team to achieve remarkable success is a matter of pointing motivated people toward the value of a worthy mission. We invent a dynamic future by giving good people a chance to do great things. The mission of the ICISF offers the inspiration. That is the mindset I brought to the backdoor of the ICISF office in August of 2013. With your help we can craft the future.

THE INFLUENCE OF ICISF ON FIRST RESPONDERS

Continued from page 2

first responders. The Ocala/Marion County CISM Team is comprised of the following agencies: Ocala Police Department, Marion County Sheriff’s Office, Marion County Fire Rescue and Ocala Fire Rescue. Our team motto is “Helping those who serve others”.

We all became first responders to help people. Let’s make sure we help ourselves also.



Brian Stoothoff has been with Ocala Fire Rescue for more than 30 years, and is a founding member of the Ocala/Marion County CISM Team. He is past president and serves currently as the vice president, and can be reached at bstoothoff@ocalafl.org.

RON RICHARDSON, A LONG TIME APPROVED INSTRUCTOR HANGS UP HIS INSTRUCTOR HAT

Continued from page 2

to develop a chaplain program for the company service, 1,400 locations and 30,000 employees. I developed a network of chaplains who could respond to calls within 30 minutes of contact with us. I also developed

an internet training for my upper tier chaplains with sixteen training session on specialized topics. These courses were also made available to the Fresno County Sheriff to be available for use in their training division.

3. Our POST committee work was

interrupted by 9/11/01. We reorganized in 2009, completed the work, and the course was POST certificated in November, 2011. I was privileged to write the course curricula for Crisis Intervention, Suicide Intervention and co-wrote

RON RICHARDSON HANGS UP HIS INSTRUCTOR HAT(CONT'D)

many of the other subjects.

4. In 2012 I received a Chaplain of the Year award from the National Sheriff's Association.

One of the greatest joys of teaching is to see the look in the eyes of students when they "get it" and know they can apply it. It is also a joy to hear the feedback from those who share their success stories and those who develop a hunger for more ICISF training.

It has been my privilege to teach in seven states to people from many professional backgrounds. Two of my greatest and most humbling events were the two three-day courses I taught for the U.S. Coast Guard on their base in Alameda, CA.

What impresses me most is that people of the highest professional

level-Dr. Everly, Dr Mitchell and others – are willing to take the risk of sharing their knowledge and experience with many of us non-professionals and allow us to teach these important skills, taking the vital tools of crisis intervention to those in need. It would be impossible to measure the effect of your gifts of knowledge and the impact you have made throughout the world.

On a personal level, I have enjoyed the friendship of you all and always looked forward to seeing you and all my ICISF friends at the Conferences. I am now at the age where I will be hanging up my Approved Instructor hat but will continue as a pastor in a church and serve a congregation that is excited about ministering to the needs of the community. Skills I've learned from ICISF continue to be a vital part of what I do and I will

always be a vital part of what I do and I will always be thankful for my journey with you all. If time and opportunity permit, I may one day pop in a nearby conference to renew acquaintance.

Again I can't say enough about my appreciation for you and all the support staff at ICISF. You work so hard and always understood and were helpful when I didn't get it right.



TEAM HIGHLIGHTS

Continued from page 3

Beginning with the September 2010 one or more of our members have attended eighteen separate ICISF sanctioned training programs. All of the fifty-four sworn and two civilian employees who volunteered to become part of this team have earned credit for completion of at least one ICISF sanctioned course of instruction. Thirty members of the team have completed the required seven courses of instruction and are in the process of receiving the Certificate of Specialized Training-

Emergency Services. Five more team members are only one credit short of achieving this goal. Today we have forty-three sworn and two civilian team members who are actively participating in the program.

Since September 2010 the team has performed in excess of 100 one-on-one interventions, performed or participated in 44 Critical Incident Stress Debriefings, and hosted Georgia's first Post Critical Incident Seminar. The PCIS was attended by critical incident survivors from

Georgia, South Carolina, North Carolina, Virginia, Connecticut, and Colorado.

Our Team is led by Team Coordinator - LT Andy Carrier, Assistant Coordinators: SGT Daniel Fagan, SGT Crystal Griffin, LT Lee Robertson and SGT Stacey Collins. Our Clinical Director is Jessica Epps, LCSW, CADC, and our Team Administrator is Martin Teem, SPHR.

The NAV Portugal Critical Incident Stress Management (CISM) Team provides services to air traffic control and communications' personnel of the company NAV Portugal E.P.E., the Portuguese Air Traffic Services (ATS) Provider.

The team was created in 2001 and it serves all ATS units in Lisboa and Santa Maria Flight Information Regions. There are Peers in every unit: Aerodrome Control Towers and Approach units of Lisbon, Faro, Porto, Cascais, Funchal and Porto



TEAM HIGHLIGHTS(CONT'D)

Santo (Madeira Islands), Horta, Ponta Delgada (Azores islands), and also Lisbon & Santa Maria (Azores islands) Area Control Centers.

Currently, the team comprises 33 peers (Air traffic controllers and communications officers) and 3 mental health professionals, one for the mainland, one for the Azores islands and one for the Madeira Islands. The team coordinator is Rui Filipe, air traffic controller (ATCO) and On-Job Training Instructor (OJT) at Lisbon Area Control Centre (ACC). The MHP for the mainland, Dr. Marta Aleixo Aguilar, is also the Clinical Coordinator of the team. The team Coordinator is assisted in his tasks by the Local Coordinators, one per each ATS unit. All members (both peers and MHP) have received training endorsed by the ICISF.

The CISM team gives support to air traffic controllers and communications officer's personnel in order to minimize the harmful effects of job related stress, traumatic stress and personal stressors. The team is devoted to always respect the thoughts and feelings of the individuals' involved and maintaining strict confidentiality.

The main purpose of the team is to help mitigate the effects of extraordinary job stress, particularly related to ATS incidents/accidents through the provision of educational services and crisis intervention.

Usually, the most common stressful situations for Air Traffic Controllers are related with separation minima infringement (known as "Airmiss"). Other situations where a potential risk of collision exists and avoiding action maneuvering instructions are issued are called "Airprox" or "Near Collision", and they are the next step before an accident. The worst scenario will always be the collision between aircraft flying or on the ground. Any detected separation infringement (Airmiss) is stressful, an "Airprox" or "Near Collision" situation is very stressful and an accident/collision, even without direct ATC responsibility, is the unthinkable / unmentionable...

Since its foundation, the team has provided CISM services in 186 occurrences, mostly individual interventions but also group

interventions such as Defusing's, Debriefings and Crisis Management Briefings. If required, the team is also prepared to do the necessary referrals.

During its life period the team also made interventions beyond its predefined target: to other personnel outside air traffic control and communications' areas (e.g. colleagues in Santa Maria, Açores, following a case of suicide) and to Air Traffic Controllers in Brasil, after a plane crash.

Presently the team is conducting its fourth process of peer candidates' selection to fill in the existing vacancies (twelve). The initial ICISF training for the new members is planned for December 2013.

Clinical Coordinator: Dr. Marta Aleixo Aguilar, Clinical Psychologist

Team Coordinator: Rui Manuel Santos Filipe, ATCO



HOW THE ICISF BOARD OF DIRECTORS CAN SUCCESSFULLY DISCHARGE ITS FIDUCIARY RESPONSIBILITIES

Continued from page 3

very well involve tough decisions by the board, such as reducing the scope of some programs or deferring expenses to a later date. Since the budget is based on estimates as of a certain date, it may be necessary to amend the budget during the year. Significant amendments should not be made to the budget without first

obtaining board approval.

Another very effective step the board should take in discharging its responsibility is to engage a certified public accountant to perform an independent examination (an audit) of the organization's financial statements. This allows the board to assess the overall financial health of the organization. It is very

important that the audit be conducted as soon as possible after the close of the fiscal year. Unusual delays will cause the financial statements to become stale information, and therefore less useful for decision making. The board should meet face-to-face with the auditor for two reasons. The first reason is to have the auditor review the financial statements and discuss

HOW THE ICISF BOARD OF DIRECTORS...(CONT'D)

significant variances from the prior year statements. While most board members have limited knowledge of accounting, they should not hesitate to ask questions they feel are appropriate. The second reason is to allow the board and the auditor to discuss the audit process. This would include such issues as cooperation received from management, preparedness of management, and efficiency of the audit process. To allow a candid discussion of these issues, management should be excused and the board should go into executive session.

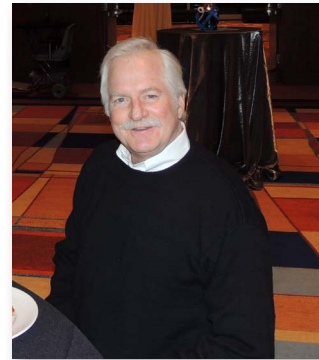
The board should be concerned with the adequacy of internal accounting controls. This consists of all the procedures in place to provide reasonable assurance that assets are safeguarded from waste, fraud and abuse and that timely accurate financial information is produced. Responsibility for implementing these controls rests with management. No system of internal control is airtight, and since the board should not normally involve itself in daily operations, assessing internal control

is a difficult task for the board. However, as part of its work, the organization's auditor will test the internal controls to determine if they are sufficient and if they are operating as intended. The board should discuss any weaknesses noted with the auditor and follow up to ensure that management has taken corrective measures.

Prior to its filing, the board should review the organization's Form 990 (Return of Organization Exempt from Income Tax). Almost all tax-exempt organizations are required by the IRS to file this return annually four and a half months following the close of the fiscal year. The form can be prepared either by management or by the auditor. IRS regulations require that the filing be made available for public inspection. While much of the information contained in the form is about finances, there are several disclosures concerning governance, management and major organizational policies. Specific questions on the form ask if the board has reviewed the

form prior to filing and requires an explanation of the process used to review the form. In its review, the board should pay added attention to issues such as accuracy, relationships among board members and management, and appropriateness of compensation amounts and policies. Since the 990 is a public document, board members should be aware of the public relations opportunities it presents and consider placing it on the organization's website.

The board's fiduciary responsibility to the organization is huge, and attention to the above areas will go a long way toward successful discharge of this responsibility.



HUMAN RESILIENCE AND CISM

Continued from page 4

appropriate expectations, allows for the preparation of a plan, and allows for rehearsal of that plan. FEMA argues that all communities should have a disaster plan. We agree. We also add the notion that all communities should have a disaster mental health plan designed to explicitly foster psychological resistance. "Resilient leadership" is another mechanism by which psychological resistance can be fostered. The US Institute of Medicine (IOM; 2013) has recently argued for the creation of a resilient workforce supported by an organizational culture of resilience. One means by which the

organizational culture of resilience can be promoted is through the practice of "resilient leadership" (Everly, Strouse, & Everly, 2010). Resilient leadership may be thought of as the leadership practices that promote resilience throughout the organization. The empirically-derived core pillars of resilient leadership practices appear to be active optimism, integrity, open communications, and decisiveness (Everly, Strouse, & Everly, 2010). A pilot investigation suggests that when resilient leadership principles are applied, workers perceive the organization as less stressful. This would seem to be important in an

era where organizations are being asked to do more with less.

Using the Hopkins' terminology, resilience is the reactive ability to rebound from adversity. CISM possesses a myriad of reactive tactical interventions ideally suited to promote rebound. Individual crisis intervention (including psychological first aid (PFA), psychological triage, small group crisis intervention, large group crisis intervention, pastoral crisis intervention, and family crisis intervention) are all core CISM interventions designed to foster resilience (Everly, 2013; Everly & Mitchell, 2013). Skills in individual

HUMAN RESILIENCE AND CISM (CONT'D)

crisis intervention (psychological first aid) can be seen as an essential management skill that all supervisors should be trained in. In fact, in a separate report, the IOM (2003) and the World Health Organization (WHO; 2003) advocated training in psychological first aid (PFA) for all disaster workers. The goals of PFA are psychological stabilization, mitigation of acute distress, and facilitation of access to continued care as indicated. A project underway at The Johns Hopkins Bloomberg School of Public Health has been fostering community resiliency through teaching psychological first aid in faith-based communities (McCabe, et al, 2008). From the CISM perspective, the individual SAFER-R crisis intervention model may be viewed as a variant on the theme of psychological first aid, albeit more structured than most PFA models. Defusing's and crisis management briefing may be viewed as a form of group psychological first aid. Pastoral crisis intervention may be viewed as a form of faith-based PFA. From an evidence-based perspective, CISD and variations on the CISD process, when submitted to randomized controlled trials has been shown to be effective with military and emergency services personnel (Adler, et al., 2008; Adler, et al., 2009; Deahl, et al., 2000; Tuckey & Scott, 2013). Thus the goals of reactive crisis intervention tactics such as PFA and CISM are stabilization, mitigation, and facilitation, we should now see the reactive tactics of CISM as a means to promote human resiliency.

In 1992, the author was asked to assist in the development of an entire mental health initiative in the State of Kuwait after the Iraqi invasion. Acute distress was evident

throughout the country. As the culture would not sustain a "pathological" approach to crisis, it was necessary to employ a resilience approach to foster rebound throughout the nation. CISM was one of the cornerstones of the Kuwaiti project.

Interestingly enough, the original intention of CISM was to support emergency services and disaster response personnel. It may be suggested that these are also "cultures" that recoil from the notion of a pathological approach to intervention, but are more likely to embrace a resiliency-oriented approach. CISM is an approach that seeks to build resistance and resilience, viewing psychological distress as temporary setbacks and as adjustment difficulties requiring minimal, but targeted assistance, in cases where one's ability to function has been temporarily compromised.

SUMMARY

There exists a misconception that the pursuit and support of human resilience, on one hand, and CISM, on the other, are mutually exclusive... they are not! In the wake of the terrorist attacks of September 11, 2001 putative CISM interventions were shown to be effective in assisting resilience, perhaps even more effective than psychotherapy (Boscarino, Adams, & Figley, 2005; 2011). There remains much confusion in the field of disaster mental health (Hawker, Durkin, & Hawker, 2010; Regel, 2007), and much of that confusion may be semantic rather than of substance.

REFERENCES and FURTHER READINGS

- Adler, A., Bliese, PD, McGurk, D., Hoge, CW, & Castro, CA. (2009). Battlemind debriefing and battlemind training as early interventions with soldiers returning from Iraq: Randomization by platoon. *Journal of Consulting and Clinical*

Psychology, 77, 928-940.

- Adler, A, Litz, BT, Castro, CA, Suvak, M., Thomas, JL, Burrell, L, et al. (2008). Group randomized trial of critical incident stress debriefing provided to US peacekeepers. *Journal of Traumatic Stress*, 21, 253-263.
- Boscarino JA, Adams RE, Figley CR. (2005). A prospective cohort study of the effectiveness of employer-sponsored crisis interventions after a major disaster. *International Journal of Emergency Mental Health*;7:9-22.
- Boscarino, J., Adams, R., & Figley, C. (2011). Mental Health Service Use After the World Trade Center Disaster: Utilization Trends and Comparative Effectiveness. *Journal of Nervous and Mental Disease*, 199, 91-99.
- Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2000). Preventing psychological trauma in soldiers. The role of operational stress training and psychological debriefing. *British Journal of Medical Psychology*, 73, 77-85.
- Everly, GS, Jr. (2013). *Fostering human resilience* (2nd ed). Ellicott City, MD: Chevron.
- Everly, GS, Jr. (2013). *CISM: Key Papers and Core Concepts*. Ellicott City, MD: Chevron.
- Everly, GS, Jr., Strouse, DA, & Everly, GS, III. (2010). *Resilient Leadership*. NY: DiaMedica.
- Hawker, DM, Durkin, J, & Hawker, DSJ (2010). To debrief or not to debrief our heroes: That is the question. *Clinical Psychology and Psychotherapy*, Published online in Wiley Online Library (wileyonlinelibrary.com). DOI: 10.1002/cpp.730
- Institute of Medicine (IOM). (2013). *A Ready and Resilient Workforce for the Department of Homeland Security: Protecting*

HUMAN RESILIENCE AND CISM (CONT'D)

- America's Front Line. Washington, DC: National Academies Press.
- Institute of Medicine (IOM). (2003). Preparing for the Psychological Consequences of Terrorism. Wash., D.C.: National Academies.
 - Kaminsky, MJ, McCabe, OL., Langlieb, A., & Everly, GS, Jr. (2007). An evidence-informed model of human resistance, resilience, & recovery: The Johns Hopkins' outcomes-driven paradigm for disaster mental health services. Brief Therapy and Crisis Intervention, 7, 1-11.
 - McCabe, OL, Lating, JM, Everly, GS, Jr., Mosley, A, Teague, P, Links, J, & Kaminsky, MJ (2008). Psychological First Aid Training for the Faith Community: A Model Curriculum. International Journal of Emergency Mental Health, Vol. 9, No. 3, pp. 181-192.
 - Regel, S. (2007). Post-trauma support in the workplace: the current status and practice of critical incident stress management (CISM) and psychological debriefing (PD) within organizations in the UK. Occupational Medicine, 57: 411-416.
 - Tuckey, MR & Scott, JE (2013, in press). Group Critical Incident Stress Debriefing with emergency services personnel: A randomized controlled trial. Anxiety, Stress, and Coping, in press
 - World Health Organization. (2003). Mental Health in Emergencies. Geneva: Author.

PUBLIC SAFETY COMMUNICATORS & PTSD

Continued from page 5

usually depict the war veteran as some crazy loner who loses it and either ends up hurting himself or others. No wonder those affected often choose to suffer in silence. There are now many programs and support groups that focus on helping these courageous folks and puts them in touch with others that are suffering similar symptoms.

Law enforcement, fire safety, dispatchers, medical services and military personnel are all cut from the same cloth. We have very similar personalities and the desire to serve others. It's no wonder that our first inclination is to keep our own problems, worries and nightmares to ourselves. We don't want to be a burden to anyone.

Please seek help. There are

people who care about you and want you to be well. You deserve to be mentally healthy. Learn what you need to do in order to beat stress, or at the very least manage it. We want you to live a happy and productive life and certainly want you to have a successful career that leads to a happy retirement.

If your agency doesn't have a local Critical Incident Stress Management team and you have been through a critical or traumatic work incident, you can contact the International Critical Incident Stress Foundation at www.icisf.org and they can put you in touch with the closest team that can assist you. These teams are made up of professional mental health practitioners and trained public safety peers who know exactly what you do for a living and have been exposed

to similar incidents so that you can be assured that those you are talking to have been exactly where you are at some point in their careers.

If your symptoms persist, you may want to consider further professional assistance. Make sure they have experience with public safety personnel and/or PTSD. Be well and be safe my family.

About the Author

Cindra Dunaway is a 9-1-1 dispatcher for the Lee County (Fla.) Sheriff's Office and a member of the Tri County CISM Team. Contact her via e-mail at cdunaway@sheriffleefl.org.

Cindra also writes for the APCO Public Safety Communications website.

LESSONS LEARNED FROM MOORE & EL RENO, OKLAHOMA

Continued from page 7

They were calm, talking to each other, texting to family that they were safe and watching the path of the storm and tornado on a big screen TV. Some of them had been to one of my briefings and were talking to others who were there. Sometimes a compassionate

presence is all that is needed. They knew who I was and why I was there and during those 2.5 hours in the safe room while a few approached me for information the managers provided great psychological first aid. I made sure I passed that information along to the plant manager.

My last assignment was with a TV

station. Their focus for me was on-scene reporters and photographers, weather forecasters and storm chaser personnel. As a footnote, a professional storm chasing team of 3 from Colorado were killed during the El Reno tornado. TV stations run 24/7 but management made sure certain personnel did spend as much

LESSONS LEARNED FROM MOORE & EL RENO, OKLAHOMA (CONT'D)

time with me as they wanted. Everyone that was encouraged to see me did. Areas of concern were Physical: nausea, muscle tremors, headaches, sweating; Cognitive: confusion, poor attention/concentration; Emotional: guilt, grief, emotional shock, irritability and anger; Behavioral: loss of appetite, body complaints, sleeps disruption and; Spiritual: anger at God and thanking God for sparing them. Tools used were primarily 1:1s, crisis management briefings, a compassionate presence and cognitive reframing. I believe it's important for anyone or group impacted by a critical/traumatic incident that they recognize they are resilient and getting better. By setting them up with a series of questions that elicits from them the smallest, modest or even significant change(s) in the right direction they are better today than yesterday or a week ago, hope is instilled. People with hope do better. Upon leaving the station a member of the management team asked, "How can we thank you?" Without missing a beat I simply

replied, "You just did." We do make a positive difference.

Michael Friedman is a licensed psychologist in OK; Board Certified in Emergency Crisis Response; earned a certificate in Mass Disaster & Terrorism from ICISF; is a trainer in Group Crisis Intervention & Assisting Individuals in Crisis for ICISF and currently Chief, Community Behavioral Health – Forward Clinic at Reynolds Army Community hospital at Ft. Sill, OK. He can be reached at mafintulsa@aol.com

FLU ANALOGY

If this were 200 years ago and we were constructing this building and the flu virus came through, within 24 - 48 hours some of us would be vomiting, sweating, nauseous, headaches, diarrhea, fever etc.

What do you think would have happen to you back then?

SOME ONE WILL SAY - YOU WOULD DIE

What was in control back then, you or the FLU? THE FLU WAS IN CONTROL.

Today we are constructing this building and the flu virus comes

through the vents. Within 24 - 48 hours we could expect SOME of us to have the SAME symptoms as we did 200 years ago. What do you think will happen to you today if you get the flu? .

Today what is in control you or the flu?

THE FLU IS STILL IN CONTROL

The flu is still going to run through us and is still in control. The difference today is we know what to expect regarding flu symptoms. What we don't know what to expect is what happens when we are exposed and/or involved in a traumatic/critical incident. The incident is going to run through us. Depending on how you experienced it e.g. What did you see, hear, smell, taste, touched, proximity etc. will go a long way on some of the reactions you MAY experience. Initially what is in control after a critical incident, you or the incident?

The INCIDENT is going to run through you but you may not know what reactions to expect.

Reactions may appear in a variety of different categories: PHYSICAL, BEHAVIORAL, EMOTIONAL, SPIRITUAL & COGNITIVE.

THE THIRTY-YEAR BENCHMARK

Continued from page 8

The pace of training teams increased throughout 1983. Team locations outside of the Mid-Atlantic region soon came into existence. By the end of the year, teams could be found in Wisconsin, Illinois, Colorado, Connecticut, New York, Pennsylvania, Virginia, and the US Virgin Islands. There were also inquiries about potential trainings in Australia, Canada, and Norway.

There are young men and women today who are being trained to provide CISM services and they were not even born in 1983. They never knew a time when CISM services did not exist. They have a hard time imagining

recovering from an overwhelming traumatic event without the assistance of a trained CISM team. That is why so little attention was paid when the 30th anniversary of the first publication and the first CISM team training came around. People had grown used to the teams providing services to emergency personnel.

CISM support services have survived some pretty tough times including several economic downturns and illegitimate criticisms by the authors of horribly flawed studies that did not even study any recognized CISM tactics or processes. There were, in addition, some alternative programs that claimed that they were more effective than CISM and should replace the CISM program. Time,

experience, and positive results have affirmed the value of CISM teams around the world and CISM programs continue to grow and assist people struggling to recover from small and large scale tragedies.

CISM has grown tremendously during its first three decades. There are many services under the broad umbrella of CISM. There are also more ICISF courses to train people to properly provide those services. The number of teams operating today is close to 1500 worldwide. Twenty-eight nations use their CISM teams on a regular basis. CISM services have been endorsed and utilized by the United Nations.

It is fitting that, in this anniversary

THE THIRTY-YEAR BENCHMARK (CONT'D)

year, Professor Michelle Tuckey in Australia recently completed a randomized control trial of the CISD process. The study clearly indicates a positive benefit for fire service personnel who participated in Critical Incident Stress Debriefings (CISD) when compared with no services at all or an educational session only.

No fire service personnel reported any harm done to themselves or their colleagues. Her results mirror what has been found in several studies of US military forces conducted since 2004.

We have come a very long way. Perhaps it is a good thing that little was made of this 30th anniversary of the formal introduction of CISM.

Much still must be accomplished and we cannot afford to sit back and grow complacent when the battle to assist our colleagues still rages on. The 30th anniversary should serve as a stimulus for further appropriate action to keep emergency personnel healthy and functional. Thank you all for your dedicated work.

ICISF STAFF DIRECTORY

Richard Barton
rbarton@icisf.org
Chief Executive Officer

Victor Welzant, PsyD
welzant@icisf.org
Training & Education Director
LifeNet Co-Editor

Lisa B. Joubert
lisa@icisf.org
Finance Director, Invoicing,
Accounts Payable

Jeannie Gow, CTR
jgow@icisf.org
Information Specialist

Donald F. Gow, CTR
dgow@icisf.org
Logistics Specialist

Steven H. Wilson
swilson@icisf.org
IT Manager

Ethan Wilson
ethan@icisf.org
Webmaster
LifeNet Design

George Grimm
hotline@icisf.org
CISM Teams/Hotline Coordinator,
Hotline Records

Michelle Parks
mparks@icisf.org
Membership
CE Program Coordinator,
Certificate of Specialized Training
LifeNet Co-Editor

Kate Loomam
kate@icisf.org
Approved Instructor
Program Coordinator,
A.I. Workbooks,
Certificates & Invoicing

Amy Leonette
amy@icisf.org
Approved Instructor Support
Department

Terri Pazornick
terrip@icisf.org
Education & Training Manager,
Speakers Bureau, Trade Shows
World Congress Manager

Michelle Long
mlong@icisf.org
Conference Coordinator

Michelle Warshawer
Special Projects

Diane Taylor, Ed.D, PMHCNS-BC
Editorial Board

lifenet@icisf.org
Suggestions, comments and/or
inquiries about this publication.



Bring ICISF training to your area

The latest training and education on
Comprehensive Crisis Intervention Systems

Speakers Bureau Program

- Dynamic speakers
- Avoid travel costs - train your staff at your site
- Highest quality professional programs
- Wide variety of stress, crisis intervention and disaster psychology courses
- Specialized topics to suit your needs
- Keynotes, General Sessions and Breakouts

Host an ICISF Regional Conference

- Earn Scholarships to attend classes
- Choose classes to suit your training needs
- Earn a portion of the conference net profit
- Network with other CISM Practitioners from around the World
- Discuss issues facing you or your team with ICISF faculty & staff

www.ICISF.org or call Terri (410) 750-9600



12th World Congress Presentation Slides & Audio

**Get Your Own Permanent Record...
An All-Access Pass to 12th World Congress
Recorded Presentations!
Great reference materials
for you, your team, your co-workers!**



Standard Electronic Proceedings (\$124)

MP3 audio recordings...

listen to audio from presentations but not
synchronized with the slides.

Full audio recordings of 51 Main Congress
recorded presentations plus handout materials
(up to 61 total presentations)*

Premium Electronic Proceedings (\$150)

Listen to the audio synchronized with the slides
on your computer, smartphone, or tablet.

Full audio recordings of 51 Main Congress recorded
presentations, synchronized with PowerPoint slides when
available (up to 51 presentations), plus handout materials
(up to 61 total presentations)*



Purchase your copy today!

www.eventscribe.com/2013/ICISF/store

or contact ICISF for more information: (410) 750-9600 or terrip@icisf.org

*Excludes any presenters who did not provide permission to share their content.