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LifeNet

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FOUR PILLARS OF ICISF

Rick Barton

Finding balance in life measures the reward of each day. Weighing choices offers decisions about the ingredients in a formula for positive results. Such principles may leave us wondering, akin to seeking footholds on a foggy rock ledge. Identifying the next big thing in life's endeavors seems clear only in retrospect.

My previous contribution to LifeNet offered general description of a bold future for the ICISF, including the "next big thing". The value of critical incident stress management (CISM) remains strong and vital. The system of delivery must evolve, embracing modern technology and working

with partners to bring the product to the consumers. I am ready to share more specific plans with you. The plans described in this article resulted from many discussions with clients, partners and supporters, consultation with leadership professionals, reading countless emails and files and hundreds of hours of contemplation.

Without a doubt, we already embrace the next big thing. The next big thing is the demand for effective trauma stress programs. Regardless of what critics may say or write, the recipients of properly executed CISM offer the most powerful testimonials. The days

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TRAGEDIES TO STRATEGIES-HOSPITAL & SCHOOL

CAMPUS LOCKDOWN WITH AN ACTIVE SHOOTER

Roy E. Cox Jr. D.Ed, EMT-P

Operations Director & District Chief PDH CISM

On Thursday, March 8, 2012 at 2p.m., a single gunman armed with two semi-automatic weapons walked into the lobby of a regional mental health hospital in the Oakland section of Pittsburgh, PA, and opened fire. The hospital parallels the University of Pittsburgh campus. Several University Police Officers were nearby when the shooting occurred, and as the gunman continued through the first floor searching for innocents, he was found, shot, and killed, but not before killing one person and wounding six others. The

young man killed was an employee of the Hospital. One of the injured included a University Officer.

As the incident unfolded and details emerged, there was initially thought to be a second shooter. The 9-1-1 Center was swamped with phone calls. Patients from within the facility reported being held hostage, which complicated the scene.

Within minutes of the first shots, the Pittsburgh CISM Team anticipated a response and began to plan. Phone calls were made to Team

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REGIONAL CONFERENCE CALENDAR

April 30-May 4, 2014

-San Francisco, CA
San Mateo CISM Team

June 25-29, 2014

-Ellicott City, MD
ICISF

July 17-20, 2014

-San Antonio, TX
Alamo Regional Response Team

July 17-20, 2014

-Wichita, KS
Wesley Medical Center, LLC

September 9-14, 2014

-West Palm Beach, FL
CISM of Palm Beach County, Inc.

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

Submit a "Letter to the Editor"

ICISF welcomes comments from our readers. Please submit your comments to the editor at (lifenet@icisf.org)

HOWARD COUNTY'S CISM TEAM & THE NAVY YARD SHOOTINGS: WHEN THE BEST NEED THE BEST

By Steven H. Wilson

On, Monday, September 13th, 2013 a contractor employed at the Washington Navy Yard went on a one-hour shooting spree, killing twelve people and injuring three others, before being fatally shot himself by US Park Police. The victims were all civilian employees of the Navy, or contractors.

"You think of a military base as the safest possible place, the most secure," said C.P. Miedzinski, Regional Fire Chief of Fire & Emergency Services for the Naval District of Washington (NDW), speaking to an audience of his fellow public safety professionals at the Howard County Public Safety Training Center on January 8th, 2014. "But something like this, it was going to happen one day, we just never thought it would happen to us."

"One day" was the day of the second-deadliest mass murder on a military base in United States history. Miedzinski knew, with co-workers and friends dead and injured, that CISM services would be required for the multiple units and departments who responded in the aftermath of the shootings.

"You don't try to handle something like this yourself," said Miedzinski. He tasked

his staff with finding outside CISM support. George Morgan, Assistant Chief of Special Operations for NDW Fire, contacted his former colleague, Deputy Chief John Butler of Howard County, MD's Department of Fire & Rescue Services, to request support. Morgan retired as a Battalion Chief from Howard County in 2002.

Howard County sent a five-member team to meet with NDW command staff and assess their needs. Four separate group interventions were performed, bringing aid to more than 80 personnel from the Naval District Washington (NDW) Joint Base Anacostia-Bolling Fire & EMS, NDW Washington Navy Yard Fire & EMS, and DC Fire & EMS. One-on-one sessions were conducted with the command staff who were present for the incident response.

A team of eight from Howard County returned on Friday, September 20, 2013 to handle additional requests for aid from an additional 26 people.

Two members of the CISM team handled a final request for assistance from NDW Emergency Management command staff on behalf of four members of the dispatch staff at the NDW Washington Navy Yard Dispatch Center on Monday, September 25.



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CRISIS AT BIG BEAR, CALIFORNIA 2014

By Div. Chief Steve Seltzner

The date is February 3, 2013. It's a typical peaceful, sunny February morning in Southern California. The silence is broken when shots ring out. Two Police Officers have just been shot. They are ambushed in a cowardly, assassination attempt while they sit in their cruiser at a traffic light. Riverside Police Officer Michael Crain is deceased. No one heard the shots a few hours earlier in Irvine, Ca. when two college students, Monica Quan, the daughter of an LAPD officer, and her fiancé Keith Lawrence, were murdered as they sat in their car in a parking garage. Murdered in cold blood, execution style. The suspect? Christopher Dorner, a recently dismissed Los Angeles Police Officer (LAPD), who apparently decided to turn his rage towards those he once worked alongside, and their families. A killer, a cop killer, is on the loose. Thus began the largest manhunt in LAPD history.

One week later, in Big Bear Lake, CA, the day began as usual. In the mountain community in the heart of the San Bernardino National Forest, Forest Service Firefighters were beginning their day, planning to continue a prescribed burning project, designed to remove hazardous forest fuels in a strategic effort to create a buffer of defensible space between the community and the forest, in the event of another large wildland fire. While on his normal early morning patrol of the area, Fire Prevention Patrolman Bill Crews was patrolling the area that fire crews had burned the previous day. Firefighter Crews had a brief conversation with San Bernardino County Sheriff Deputies (SBSO) that were in the area. The deputies asked him if he had seen a burning vehicle in the project area. He had not. Bill continued his routine patrol when he spotted a burned out vehicle that

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PREDICTIONS FOR 2014

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

Happy New Year! Well it's that time of year when we pull out the old "crystal ball" and attempt to prognosticate the events of 2014 as they might relate ICISF, critical incident stress, and of course, CISM. With the understanding that these prognostications are equivalent to "wild guesses," I shall proceed.

First, I believe the demand for critical incident response and stress management will be higher than in recent years. That conclusion was pretty simple to reach. We know that change is stressful. Change often pushes people to extremes. We will see significant changes in the 2014 as healthcare dynamics are altered, service delivery systems are modified, and recipient populations are expanded. A societal crisis seems to be in the works.

Second, I believe we shall see a growing emphasis on "peer support" critical incident response teams, especially in emergency services, public safety, public health, and the military. It

seems obvious that the "standard of care" in the provision of psychological crisis response services to these populations, is, and should be, peer-based. As we shift increasing degrees of service provision to properly trained peers, we must heed several warnings, however. Peers and mental health clinicians must work harder than ever before to create a cooperative, non-competitive environment wherein the well-being of those we serve remains the highest priority. Peers must receive, not only basic training, but advanced training in individual and group crisis intervention and CISM in order to achieve that goal. Once such advanced training is obtained, the peers must resist the temptation to think they can function clinically without the oversight and support of the mental health clinicians. And as we know that crisis intervention/critical incident response is a separate skill set compared to diagnosis and treatment of mental disorders, mental

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Share Your Team's Milestone with *LifeNet* Readers

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

LIKE
ICISF ON
FACEBOOK!

FROM THE HOTLINE TEAM COORDINATOR

By Reverend George Grimm

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:

<http://icisf.org/images/stories/PDFs/0%20-%20team%20form%2005-11-11.doc>

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

CRITICAL INCIDENTS AND THE MEDIA

By Deputy Chief John Scholz
ICISF Board Member

Yogi Berra once said “I don’t like forecasting, particularly if the future is involved.” While Yogi Berra may have not enjoyed forecasting, he would have no problem forecasting that the media is most interested in events involving people, especially critical events. Events involving people are the focus of Critical Incident Stress Teams all over the world as well. The media and anyone involved in managing people that help people target the exact same incidents for either interest or action. CISM Teams clearly have a good handle on who their customers are, or do they? Is the media a customer or just a necessary evil that must be managed by someone else?

We tend to look at the media as a group that present an adverse view and is only interested in publishing and reporting on what sells papers. In some instances that view may be appropriate, in others we may be judging the media too harshly. Regardless, we have a responsibility to protect those involved in a critical incident, (the victims, as well as the responders) and we should remember that the release of accurate information may prevent harm to

those we are seeking to shield. CISM Teams aren’t responsible for managing the media: the release of information flows through a Public Information Officer of the authority having jurisdiction. It is absolutely critical however that the Public Information Officer (PIO/Information Officer) and the CISM Team have an effective and informed relationship.

So how does the media report something positive when there is a tremendous emotional or psychological loss? Well, it’s different in each form of media; print media has the best opportunity because they are not held to the instant time constraints of social or network media. Keep in mind the media does answer to an ethical code of conduct and has a responsibility for accurately reporting the news to maintain a reasonable level of dignity of the subjects they report on. The media in most instances will not report on suicides to limit the potential for copycats, nor will they publish pictures that aren’t appropriate. When responders make strides to protect the dignity of the victim,

such action becomes a component of the story, perhaps the biggest component of the story. An excellent example of this is when emergency workers create a human shield with responders and tarps while removing the body of a victim - that becomes an excellent photo opportunity - showing the compassionate nature of people helping people. This is also an area that should cause CISM Team members to be protective of their responders through the Information Officer providing the information instead of the responder.

Reporters often argue that the media has an opportunity and responsibility to go beyond the incident and tell the story of the victim’s life and accomplishments - which in some instances may be helpful to survivors. The media also reasons that telling the story gives the family emotional scale and helps with the grieving process - that is a very subjective and may not be justified, what may help one family could emotionally scar another for life. For example, we have seen in the past the picture of a fire fighter carrying a lifeless body of a baby used to illustrate

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LESSONS LEARNED BY A DETECTIVE ON THE STREETS

By Michael Saxe - President of Ocala/Marion County CISM Team
ICISF Member and Approved Instructor

I feel I must add a comment or two based on the various threads and the directions they have taken, as I mentioned I am a PEER and not a licensed counselor. The one mistake I made in my first answer to this thread was my reference to the "Certification" that I mentioned ICISF gives. As Dr. Mitchell mentioned, they do not offer certification in the courses offered. They issue a certificate that states you have completed whichever course you have taken. I have taken many courses offered by the ICISF. I started in 1993/94 when involved in personal crisis(s) of my own. I had been involved in an on the job shooting and soon after a near fatal car accident where I was the driver of the patrol car and both my partner and I suffered severe injuries. Don't let the picture fool you, I am in my 40's and use it as a reminder of my roots. Prior



to my service as a New York City Police Officer and Detective, I served as a Fire Fighter in Long Island and as a NYC Emergency Medical Service provider for 2 years prior to going on to my career in law enforcement. For those who mention the courses are expensive...My answer is that they are priceless. I had one single course paid for. The rest of the courses taken and the travel, lodging and food...

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2013: LESSONS LEARNED AND FUTURE DIRECTION OF CRISIS INTERVENTION AND MANAGEMENT AUSTRALIA

By Alexina Baldini - President

2013 was certainly a busy year for Crisis Intervention and Management Australasia (CIMA)!

Chris Long has been one of the main driving forces behind our small, not for profit organisation for the last five years and the commitment he has put in, all as a volunteer, is truly awe inspiring. When he announced to the Committee of Management his intention to step down as President at the end of 2013, we were all wondering who we would find to replace such an important person and role, within the organisation. I was honoured when Chris came to me and asked whether I would be up for the challenge and in October 2013 I was elected as CIMA's new President. It is now clear to me how much goes on 'behind the scenes' to make an organisation such as CIMA tick along for the benefit of members and others interested in Crisis Intervention in Australasia. We

are privileged to still retain Chris and his support of the organisation in his new role as the Chair of the Finance Sub-Committee and Deputy Treasurer, building on his expertise in the financial area, an essential aspect for our future development and opportunities for growth.

In February, 2013 a group of professionals sat around a table at Dr Robyn Robinson's house. It was at this meeting that the theme of the 2013 CIMA Conference; The Dynamics of Resilience: Building synergies between responders, recovery agencies and communities emerged and from there, the ideas kept flowing. Over the next seven months, a number of dedicated people put in countless hours of work to see a two-day program that some described as "the best CIMA Conference so far" in October. We had international

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Comments, Questions or Suggestions

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

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!

LIFE ON THE WHEEL: NON-FICTION OR IS IT?

By Lydia Bogar, Member of Central Mass CISM Team & ICISF



In Memory of Joanne

9/11/75-7/22/13

The year that is approaching an end has been full of stuff, life stuff, happiness and grief, fears and success, new friends and old friends, summaries and beginnings. I have learned who the true friends are, and avoided some of the friends who claim kinship, as their friendships are high maintenance. The past six months have been high maintenance, something that I hope to leave behind as the future of retirement beckons. Before the Melanoma metastasized to her kidneys, lungs and stomach, it stole my daughter Joanne's personality. The lesions could have been in her brain for as long as four years. That was the most painful of the losses. She was no longer the loving, appreciative wife, mother and daughter that we

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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 in Pittsburgh, PA from January 30-February 1, 2014.

Daniel Billings
Graham Borne
John Bryan
Trudy Cane
John Caruso
Carl Chamberlain
Darrell Craft
Erica Diethorn
Keith Drieberg
Paul Ellis
Edward Engstrom
Gary Eno
Linda Eshelman
Ned Fowler
Jarod Korchinski
Joelle Labert

Joe LaCognata
Danny Leonard
Paul MacKenzie
Steve McIlvaine
Edward Michalik
David Naples
Brad Nichols
Wendy Rafuse
Brent Richter
Michael Saxe
Meri Skilliter
Richard Skilliter
Agnieszka Smetana
Timothy Sprowls
Carolyn Uhlin

FROM THE APPROVED INSTRUCTOR DEPARTMENT

We held several instructor programs during the Nashville, TN Regional Conference. Please congratulate the following participants:

Workplace Violence - December 3-4, 2014

Gail Eastman	William Lotz	Michael Reighard
Doug Ellingsworth	Wayne Maxwell	Michael Saxe
Edward Engstrom	Philip Ohman	Rob Sipes
Tom Greenhalgh	Naomi Paget	James Williams

Suicide Awareness: An Introduction for Crisis Responders – December 5-6, 2014

Patricia Copeland	Philip Ohman
Doug Ellingsworth	James Williams

Group Crisis Intervention – December 6-8, 2014

Patricia Baker	Fran Graham	Derrelynn Perryman
Aaron Budhisetiawan	Ronald Jones	Wendy Rafuse
Trudy Cane	Joe LaCognata	Michael Reighard
Perry Denehy	Wai Wah Lee	Brent Richter
Paul Ellis	Jan Loser	Michael Saxe
Julee Engelsman	Larry Loser	Shaw Nancy
Edward Engstrom	Rodney Lowery	Loris Sutton
Ned Fowler	Charles Mays	Ron Winegar
Helen Fredlund	Rick Parks	Suzanne Wiseman
Seth Gahr		

THOUGHT ABOUT BECOMING AN INSTRUCTOR WITH ICISF? YOU MAY QUALIFY!

We are accepting applications for the following Approved Instructor Candidate Programs:

- Group Crisis Intervention Approved Instructor Candidate Program
Niagara Falls, ON, CANADA April 24-26, 2014
Application deadline: March 15TH
- Workplace Violence Approved Instructor Candidate Program
San Francisco, CA May 1-2, 2014
Application deadline: March 22ND
- Resilience in Healthcare: Performance, Meaning and Connections Approved Instructor Candidate Program
Ellicott City, MD June 26-27, 2014
Application deadline: May 17TH
- Advanced Individual Crisis Intervention and Peer Support Approved Instructor Candidate Program
Ellicott City, MD June 28-29, 2014
Application deadline: May 17TH
- TEAM: Team Evolution and Management Approved Instructor Candidate Program
San Antonio, TX July 19-20, 2014
Application deadline: June 6TH

If you are interested in more information about these programs or wish to receive an application please email AISupport@icisf.org. We hope to finalize more 2014 instructor program calendar within the next two months. Stay tuned for more information or visit www.icisf.org for updates.

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 the ICISF's Nashville, TN Conference held December 3-8, 2013

Congratulations on being chosen for the Certificate of Appreciation Award:

Kandy Templeton

David Warman

Congratulations on being chosen as a Marlatt Scholarship Recipient:

James Nelson

Jay Cohen

Rich Knight

Stuart Rhinehart



At the ICISF's Pittsburgh, PA Conference held January 30-February 2, 2014

Congratulations on being chosen for the Certificate of Appreciation Award:

Mary Ann Scott

Dave Naples

Jill Moorehead

Congratulations on being chosen as a Marlatt Scholarship Recipient:

Christopher Dell

James Kuzak

Thomas Cook



From Left to Right:

Dave Naples, Scott Schubert, Thomas Cook, James Kuzak, Jill Moorehead, Mary Ann Scott and Chris Dell

CONFERENCE AWARDS AND SCHOLARSHIPS

**At the ICISF's San Diego, CA Conference held December 4-8, 2013
Congratulations on being chosen for the Certificate of Appreciation Award:
Leslie Fadem**



Congratulations on being chosen as a Marlatt Scholarship Recipient:

Aaron Via

Harry Jackson

Richard Wierenga



GET READY FOR A REWARDING EXPERIENCE

13TH WORLD CONGRESS ON STRESS, TRAUMA & COPING

By Terri Pazornick, Education & Training Manager

We value the time and energy that you invest in your personal and professional development and share your desire to connect to those within the crisis community. If you are looking to participate in a motivating and engaging experience with others, from the US and abroad, who share your same fundamental values, needs and concerns, the 13th World Congress is being designed for you!

Here's what you can expect:

- Inspirational and dynamic speakers that share your passion and dedication;
- A wealth of expertise, current

resources and take-away tools for you to utilize in your own community;

- Engaging discussions on emerging issues and recent developments within the field of crisis intervention;
- Collaboration and connections - build relationships with others in your profession and/or geographic area.

Please support us, and transform this vision into reality by marking your calendar now- Baltimore, MD, May 11-16, 2015. Look for details about the educational programming, networking opportunities, social

events and registration information this November.

Call for Presentations will be available this May. You are encouraged to submit a proposal for an opportunity to present and be a thought-leader at this premier event.

A variety of Sponsorships and Exhibiting Opportunities will be available to maximize your company's exposure at this industry leading experience.

Please direct any questions about the 13th World Congress to Terri Pazornick, at Terrip@icisf.org.

FOUR PILLARS OF ICISF

Continued from page 1

before the arrival of CISM were filled with tough people silently shouldering their burden. They rarely sought help. Those tough people suffered, resulting in reduced work performance, disintegrating family life, and loss of mental health. Trauma or disaster stress management remains the next big thing.

Delivery of the message, selling people on the value, inviting participation, working closely with allied organizations and agencies and support of the ambassadors offers the plan for the future. Making that list comes easy; creating effective change presents the challenge. History offers the starting point as the textbook of how we got here. Much of my work over the past few months included study and analysis of our history. Now, the entire network of CISM can help bring about this evolution.

Recent years at the ICISF included high levels of organizational distress during the aftermath of the 2008 economic recession. Many non-profit organizations never recovered from the recession. The ICISF took

hits, including reduced business that continues to pressure the organization. Devoted efforts by the staff and partners kept the organization alive. The next steps for the ICISF must include thoughtful measured risk, taking the sort of chances that result in almost certain success. The greatest question is how to lead change while also enhancing the important work currently carried out each day. The answer is to take one step at a time.

The management plan for the ICISF includes four primary themes of action, essentially pillars that support the entire Foundation. The categories include connections, program quality assurance, fiscal stability and a sound management organization. Those pillars support numerous specific actions to advance the mission of the ICISF, boosting proven winners and introducing new endeavors.

The ICISF serves an important role in the connection of teams, hotline support, and bringing CISM information and services to people. That role as a facilitator

should be expanded, and become an even greater part of the ICISF service to people around the globe. Those connections ultimately represent the heart and soul of the Foundation's mission.

The ICISF must become more of a membership organization. Membership in the ICISF significantly declined, reduced more than 50% over the years. Michelle Parks manages this program for the ICISF and is implementing a strategic approach to increase membership. Her effort includes an examination of benefits, incentives and services to members. This offers another case of easy to say and not so easy to achieve in regard to changes to the ICISF. Membership must become a primary aspect of the future ICISF as a means to connect the CISM community around the world.

The quality of the ICISF program of service must remain the highest priority. Dr. Victor Welzant is leading a review of each ICISF course of instruction. Concurrent with that effort, he is reviewing the

FOUR PILLARS OF ICISF(CONT'D)

cadre of approved instructors, creating a new database of active instructors. Kate Loram will assist Victor in the review of the instructor roster as part of her management of the Approved Instructor Department.

Revenue enhancement, as a means to fiscal stability, includes two distinct initiatives. First, a development department is being created at the ICISF this year. Development is a non-profit term for fundraising, including a charitable giving program. The revenue attained from the development department will financially stabilize the ICISF and ultimately enable the Foundation to offer grants and support CISM programs. The second revenue action will include a comprehensive review of the pricing structure of ICISF services. We want the ICISF to be a bargain, but not at the cost of going out of business. Pricing decisions depend upon an overall thoughtful strategy regarding costs, value and demand.

Another key initiative features the development of the fifth edition of the individual and group student manuals. ICISF founders Dr. Jeffrey T. Mitchell and Dr. George S. Everly, Jr. have developed edits of their books enabling publication of new editions. These and other key manuals and books shall also become available in a digital format. The digital formatting requires the assistance of a special contractor who ensures the integrity of the materials and minimizes unauthorized use of the products. Digital version enables easier distribution, especially to distant destinations. People will be able to read the books on various digital devices.

The market place for books may also change. There are numerous steps along the way to selling books to a wider distribution including on-line services. Selling hard copy and digital books via on-line market places offers great appeal. Some challenges lay along the way to such distribution,

and hopefully we overcome those obstacles in a reasonable timeframe.

The world of on-line communication offers another clear opportunity for the advancement of ICISF courses of instruction. There are practical limitations to this method of delivery. Despite that obstacle, webinars and computer-based instruction shall become a greater part of the ICISF future. This challenge is another of the quality assurance items that Dr. Welzant shall explore.

Three of the top delivery methods of ICISF merit a fresh look although each remains a primary function for the organization. The regional conferences, the World Congress and the Speaker's Bureau continue to offer great value to carrying forward the mission of the ICISF.

The regional conferences once were essentially the primary delivery method of ICISF courses, attracting large audiences across the country. Today, the attendance has dwindled to much less than half the prior numbers, depending upon the location. This creates a severe planning challenge when trying to craft an agreement with a hotel that guarantees the number of overnight rooms rented, food and other specific details. Low registration numbers also results in the cancellation of classes, thus limiting opportunity for people who want to accumulate necessary credentials. Terri Pazornick is leading a review to improve the demand and create a management strategy. Terri also manages the Speaker's Bureau that offers a direct service to a considerable demand.

Terri is also leading the coordination of the 13th World Congress on Stress, Trauma and Coping scheduled in Baltimore on May 11-16, 2015. Those dates alone represent a significant change from the past. Moving the World Congress from February to May

almost certainly makes the event more attractive. Visiting Baltimore in the spring, rather than winter, will be like visiting an entirely new city. The program, activities and many other details remain under development.

Many of the areas of attention described in this article are interrelated. The Approved Instructor program influences the attendance at conferences, the attendance at conferences affects the membership totals, membership affects the overall interest in following the activities of the ICISF. The quality of the instruction and courses affects the entire Foundation. The lack of a charitable development program affects the ability of the ICISF to offer any services and to operate like a true foundation. Coordinated comprehensive marketing presents another unmet need of the ICISF.

Managers often make the mistake of dabbling in marketing, working from the bottom to the top, so to speak. They implement specific advertising programs, initiate strong focused programs, and advance public information campaigns that lack an attachment to overall objectives. That may result in success raised from a lucky guess. A better approach involves the identification of clear marketing objectives tied to the product line that ultimately connects to the mission statement. This results in a review of the projected identity of the organization, a process often referred to identifying a "brand".

While the ICISF needs a comprehensive marketing strategy, marketing first aid may help as long-range ideas are developed. Those actions are underway, and members and other interested parties should stay tuned for some subtle but noticeable steps related to marketing in the coming weeks. That

FOUR PILLARS OF ICISF(CONT'D)

will not likely include the unveiling of other items mentioned in this article. a glitzy marketing plan, but a strategic approach to marketing is already in the works. This work brings together four pillars serving as the strategies regarding other initiatives including the World Congress, Structure, Quality Assurance, Fiscal and now the course is set to create a regional conferences, membership and Stability, and Connections contain the

programs, the method of delivery, The approach to the ICISF future, and the necessary support to help instructors, teams and staff carry out the mission of the ICISF. The ICISF survived rough waters in recent years and now the course is set to create a better tomorrow.

TRAGEDIES TO STRATEGIES

Continued from page 1

members inquiring of availability. While the shooting was still in progress the Pittsburgh (PGH) CISM team was activating their team and making calls to team members to gear up for a CISM response. The local county mental health director was notified by the operations director of Pittsburgh CISM and a strategy was developed with those who responded to the staging area the Bureau of EMS training Site about 1 mile away from shooting scene. Pittsburgh CISM coordinated the response in cooperation with the regional responders. A plan was initiated and safety of the CISM team was paramount.

The Center for Victims of Violent Crimes (CVVC) and the Pittsburgh CISM Team planned their responses, all while the scene was still considered 'hot.' In the next couple of hours, these organizations worked harmoniously to plan and integrate a CISM response for the responders, the staff of the our appreciation goes out to those who

hospital, the consumers in the hospital, and the public. In less than two hours, forty people from five organizations responded and implemented a plan to defuse all those immediately affected. While a preliminary response was being developed trained CISM responders from the local county mental health contractor also responded to the scene, which was also their home hospital. These forces joined hands with Pittsburgh CISM and CVVC offered a comprehensive well rounded response to the crisis.

Once the scene was considered safe, the CISM Teams were shuttled in marked emergency vehicles and escorted into the first two building on the University Campus: The Peterson Event Center and Scaiffe Hall. Once their work of defusing staff was completed there, they were escorted into the hospital where the shooting occurred and for approximately two more hours, these

forty CISM responders traversed eleven floors above the lobby where the massacre occurred. Defusings were done through the hospital, by the Pittsburgh CISM team, CVVC and the hospital.

Over the next week Pittsburgh CISM was called upon to continue to provide mental health responders trained in CISM to debrief hospital staff in both the mental facility and trauma facility. In times like these pre-planning and ongoing cooperation of all mental health responders and CISM teams builds a strong foundation for team work. Pittsburgh is lucky to have a superior mental health institution, a professional comprehensive county health department and an active diverse Pittsburgh CISM team with volunteers from all levels and professions aimed at providing critical incident stress management. Our hearts and prayers go out to those involved in this tragedy and

City of Pittsburgh & Allegheny County Crisis Team Committee (CTC) & Critical Incident Stress Management Team (CISM) Response Plan for Major High Impact Events of the Community

Phase 1

Pre-Plan

- Develop an ALL HAZ CISM Response Plan
- Determine potential needs of personnel (Crews/Adm.)
- Suggest methods for assessment of incident (By Adm)
- Develop plan of organizational response (Actions of Org.-CTC)
 - work with Dept Public Safety & Mayor's Office
 - work with Mental Health & Resolve Crisis Teams
 - work with Red Cross & Pittsburgh CISM
 - develop activation plan & develop a response plan
 - create Crisis Team Committee (CTC)

TRAGEDIES TO STRATEGIES (CONT'D)

- Develop City & County -CISM & CTC Activation Plan

Phase 2

Plan

Build a plan:

- CTC & CISM process & protocol- internal procedures
- Develop ID for CTC & CISM org. members / promote security
 - Determine chain of command /internal notification
 - Activation of CTC & CISM Internal team and External
 - Internal team –host external team
 - Activate mutual aid
 - Coordinate with CISM Team Leader-response needed
 - Activate Crisis Team Committee (CTC)
 - Activate County Mental Health & a crisis team
 - Organize County Mental Health, Resolve Team & Red
 - Cross to Share info/ensure coverage of large areas
 - Obtain grants for handouts & education materials

Phase 3

Response

- Coordinate with Public Safety & ID needs assessment
- Options of CISM Response & CTC Response
 - De-fusing
 - De-briefing
 - Follow-up
 - EAP/professional individual support
- [Determine which agencies will provide services needed from needs assessment]
- [Plan for area coverage of service area if possible put affected crews OOS]
 - Provide basic needs for responders:
 - Shelter, food, water, comfort (like station)
 - Attempt to limit exposure of another critical call
- [Determine Community Area involved –support CTC Response]
 - CTC teams report to command post at scene if necessary
 - Determine response plan & approach
 - Ensure protection of CTC crews
- [Determine site, time and number of crew members attending CISM session]
 - Select location of de-fusing in required
 - Select time of de-fusing (prior to going to sleep/end of shift)
- [Management staff should not attend crew CISM session]
 - A separate CISM session should be held for manage staff
- [Ensure management staff offers emotional support and listens to crews-post event]
- [If necessary host a voluntary CISM de-briefing post 10 days]

Phase 4

Education/Training

- Coordinate educational training of all Public Safety Crews and administrators
- Build an internal team to promote observation & support of a Critical Incident Stress Management approach
- Training crews in early recognition of the S & S of Stress & CISM # and County wide support programs
- Promote relaxation techniques & stress reducers
- Education of crews on CISM process & protocol/procedures
- Promote confidentiality of all CISM interaction

TRAGEDIES TO STRATEGIES (CONT'D)

Phase 4 - Continued

Community Education

- CTC to provide community education of Crisis Team Response
- CTC to attend Zone meeting
- CTC to attend School PTO & Functions promoting Response plan
- Disperses handouts & education materials
- Work with County Mental Health, Resolve Team, PGH CISM & Red Cross to share info and resources to ensure coverage and immediate response when possible

Phase 5

Post Review/Assessment

- Improve and update City & County CTC & CISM- All
- HAZ- Response Plan
- Participate in a table top drill with EOC, County & City

HOWARD COUNTY'S CISM TEAM & THE NAVY YARD SHOOTINGS

Continued from page 2

On January, 8, 2014, Howard County Fire and EMS Chief William F. Goddard III presented a unit citation to the members of Howard County Fire and Howard County Police, as well as representatives of ICISF, who provided CISM services to NDW personnel. Those honored were:

Assistant Chief Daniel Merson

Captain Douglas Welsh

Chief Chaplain Steve Stone

Firefighter John Caruso

Lieutenant Gordon Carpenter

PFC Bonita Linkins

Dispatch Supervisor Larry Mindel

Dispatcher Steven Sandler

Diversion Coordinator Katie Turner

Dr. Mark Maggio

Dr. Victor Welzant

“As a Chief,” said Miedzinski, “You lie awake nights, hoping everyone gets home safe. ‘Safe’ means mentally as well as physically safe.” That need for mental and emotional safety, he explained, is answered by CISM. Assistant Chief Daniel Merson of Howard County’s Office of the Fire Marshal echoed the sentiment, adding, “We’re fortunate to have ICISF here in our own County. Over the years, their staff has been a tremendous help to us.”

Howard County’s Fire CISM team was founded over two decades ago

after a tragic motor vehicle crash claimed the lives of two small children. Dr. Jeff Mitchell, Dr. Mark Maggio, Battalion Chief Donald Howell (later Executive Director of ICISF) and Battalion Chief Dale Gardner (who also served with ICISF for many years) were instrumental in the team’s foundation.

Steven H. Wilson is Chief Information Officer for Howard County (MD) Department of Fire & Rescue Services, and serves as a consultant to ICISF.

PREDICTIONS FOR 2014

Continued from page 3

health clinicians must also receive basic and advanced training in CISM.

1. Third, human resilience will be the “hot topic” for the next several years. Human resilience may be thought of as the ability to withstand, adapt to, or rebound from adversity. Individuals, families, groups, athletic teams, organizations, communities, and even nations can possess resilience. There appears to be a growing

consensus that organizations which best weather adversity possess an organizational culture of resilience. The organizational culture of resilience is one in which there is an atmosphere, or organizational climate, wherein growth is promoted, support is abundant, and crisis is viewed as an opportunity. Simply stated, the culture of resilience is an environment

- wherein resilience is, not only fostered, but is the core fabric of the culture itself. The organizational culture of resilience has certain characteristics: A cohesive, unifying identity. Simply said, people identify with the group.
2. Group competence. The group is successful. Failures are viewed as exceptions to the rule.
 3. The willingness and ability to collaborate within the group.

PREDICTIONS FOR 2014 (CONT'D)

4. An environment wherein interpersonal and sub-group communications are fostered.
5. A cultural context, ie, a group culture that fosters personal and group success and promotes resilience...no one left behind!
6. Commitment to the mission, or group goal. The power of the group is focused upon the long-term success of the group.

Most would agree that an organizational culture of resilience represents a most desirable climate to promote. So the remaining question is how might one create such a climate. Based upon the observations of Malcom Gladwell (*The Tipping Point*, 2000) and consistent with his "Law of the Few," a handful of resilient leaders can create the "tipping point" that changes an entire culture. The notion of resilient leadership should be compelling to any training officer or human resource manager in that in order to reach the "tipping point" one only need train a small minority or the workforce. Thus the cost of such an organizational shift is relatively minor indeed. Resilient leadership is consistent with the Institute of Medicine's 2013 recommendation for the resilient workforce.

Lastly, 2014 will see increased attention dedicated to developing "psychological body armor" in first responders, first receivers, and all those who provide CISM services. Psychological Body Armor may be thought of as psychological and behavioral "immunity" to adversity. It is the ability to resist compassion fatigue and avoid professional and personal "burnout." So what are the core elements of "psychological body armor?" There might be as many as seven key characteristics that can be learned so as to develop or increase psychological body armor. I will review three of them here: 1)

active optimism, 2) interpersonal connectedness, and 3) tenacity.

When you first enter the Johns Hopkins University you can feel that something is different. Hopkins is a rather unique place. Among its many accolades is that, at the time this is being written, Hopkins houses the nation's top rated school of public health, the nation's top rated department of psychiatry, and for 22 of 23 years it housed the top rated hospital in the United States. Hopkins demands unwavering excellence of its faculty and staff. Some would say that working under such conditions would be burdensome, but for most it is not. For most it is motivating, even exhilarating. The key to prospering in such a unique environment I believe is what we call "active optimism." You see in the faces of the staff. You feel it. It says to those who work there, "We ordinarily perform in an extraordinary manner." It says to those who are served, "It's going to be ok, we have this one!" It is an optimistic view that seems to create its own destiny. Optimism is the tendency to take the most positive or hopeful view of matters. It is the tendency to expect the best outcome, and it is the belief that good prevails over evil. Optimistic people are more perseverant and resilient than are pessimists. Optimistic people tend to be more task oriented and committed to success than are pessimistic people. Optimistic people appear to tolerate adversity to a greater extent than do pessimists. Optimistic people tend to be less depressed than pessimistic people. Truly optimistic people do not wait for things to happen...they compel them to happen.

The second element of psychological body armor is interpersonal connectedness and support. This element may be the

single most powerful predictor of human resilience and is a cornerstone of psychological body armor. In the military, the mantra is "unit cohesion, unit cohesion, unit cohesion." In the social and business worlds, sometimes it really is whom you know that counts, and how strong the bond of affinity is. Perhaps you've heard the term *esprit de corps*. It refers to a sense of unity, identity, common interests and responsibilities, held a by a group of individuals. The benefits of interpersonal support have been long known.

The final element of psychological body is tenacity. Perhaps the best predictor of success within any given endeavor is tenacity. Tenacity virtually defines the concept of resilience. It has been said that the only difference between humankind's greatest successes, and its most dismal failures, has been the willingness to try again, and again...and again. Calvin Coolidge is credited with saying... "Press on! Nothing in the world can take the place of perseverance. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination are omnipotent."

So the rallying cry for 2014 must be, "Persistence and determination are omnipotent." This is certainly true in the world of critical incident response.



CRISIS AT BIG BEAR, CALIFORNIA 2014

Continued from page 3



had very recently been consumed. As he approached, his training and situational awareness told him, caution! “something was not right”. No one was around. He immediately backed out of the area, and drove out to contact the deputies. After leading them into the area, they guardedly inspected the vehicle’s identification number (VIN). A match! It was the suspect Dorner’s vehicle. Tension’s escalated and a SWAT Team was ordered.

After a week, could it be that Christopher Dorner would flee deep into the National Forest to evade the expanding manhunt throughout Southern California. His freshly burned vehicle told the story. Dorner was in the area! Sheriff’s Deputies, Law Enforcement Officers from the United States Forest Service, and Officers from LAPD responded. An Incident Command Post (ICP) was established at the nearby Bear Mountain Ski Park, SBSO taking the lead. A press conference carried live on local news and CNN shared

the latest information. A door to door search was ordered of the immediate area. Deputies and officers endured freezing temperatures and a blinding snow storm in an all-night search. After several days, the search perimeter expanded which included a large segment of the San Bernardino N.F., so even more Forest Service Officers were mobilized to support the search.

Then, on February 12, 2013, the owners of the home on Club View Drive, a location a block away from the command post, drove to their property. When they unlocked the front door and entered in, they discovered Christopher Donner hiding in their home. He tied them up, stole their car, and attempted to make a run for it. The couple bravely escaped and alerted authorities. Deputies were immediately notified and the suspect vehicle was spotted by an alert deputy, and the chase was on. During the course of the pursuit, shots were fired by Dorner,

and a California Department of Fire & Game warden was nearly killed when a bullet blew out his front windshield. The pursuit continued when Dorner made a turn down a county road, from which there would be no escape. Deputies stayed engaged and officers following in behind the pursuit set up a road block, effectively trapping the accused murderer. A few miles further down the road, Dorner abandoned his vehicle, and took refuge in an unoccupied mountain cabin. A violent gun battle ensued, and two more San Bernardino County Sheriff’s Deputies were wounded. One of the deputies, Jeremiah Alan Mackay, wounded, but laying in the line of fire, did not survive. The stand-off and gun battle continued, and when SWAT Officers finally introduced pyrotechnic tear gas into the structure in an effort to force Dorner to surrender, a single gunshot was heard within. Then silence. The mountain cabin had caught fire and subsequently burned to the ground. Investigators and the Coroner’s Office later determined the official cause of

CRISIS AT BIG BEAR, CALIFORNIA 2014 (CONT'D)

death to Mr. Dorner was an apparent single, self-inflicted gunshot wound. The saga was over. Or was it?

As I observed on the news, and listened throughout the day in the Federal Interagency Communications Center (FICC), I realized, this was a critical incident of the first order for all of the Law Enforcement community involved. My assumption was that each agency would provide the necessary support to their respective deputies and officers. Forest Service Officers needed support as well, so after some consultation, I contacted the Forest Service Law Enforcement Patrol Commander. I knew that it had been an intense day, and fatigue was a factor, but due to the Critical Incident Stress Management Training I had been receiving through the International Critical Incident Stress Foundation (ICISF), I just could not conceive of the idea that our officers would be demobilized and released back to their home units without first receiving some Critical Incident Stress Management support. The officers involved needed an opportunity to transition back to duty. My training told me that RITS, Rest-Information-and-Transition-Services (RITS, formerly known as Demob) was in order. As I spoke to the Commander on her mobile phone, she expressed real appreciation for the idea. The next morning, she had made the contacts, and twenty Forest Service Law Enforcement Officers arrived for RITS at our headquarters. Included along with the Commander, and in a real show of support to his officers, was the Forest Service's Special Agent in Charge (SAC), from the regional office, in Vallejo. Although I had never facilitated a RITS session, I felt it was time to put my training to work. My colleague and Forest Training Officer, who incidentally, is organizing and establishing a CISM Team and program for the greater forest service throughout California,

assisted me in organizing the session. Her training received from ICISF proved invaluable. During the session, I was determined to stay focused and brief, and just let the process work. Not surprisingly, when a cop is killed in the Line of Duty, emotions spilled over. These men and woman had had coffee together at the ICP the morning of the shootout. Now, two were missing, one deputy was in the hospital, the other dead. After that session, using the "Strategic Response to Crisis" model that the US Forest Service had initiated to begin the process, we determined that a debriefing was in order. A trained clinician was mobilized, a retired deputy, and a debriefing was scheduled for Friday morning, two days out, at an off-site location. Following the RITS session, I received very positive feedback such as officers saying they could not believe that someone cared enough to provide food before they left. Many would return to duty that day. Then, after the debriefing, the more positive feedback from officers. They expressed relief at the opportunity to process emotions, and were also convinced of, and thankful for, the confidentiality of the sessions. Participants also mentioned having access to future, follow-up support was great.

The SAC, and Southern California Patrol Commander could now see in vivid detail, the tremendous value of Critical Incident Stress Management support to their officers.

Lesson's Learned

Early Intervention: I need to , and would recommend, be prepared, and engage with the CISM process as early as possible.

Training: Although I am an Experience Chaplain, had this occurred 5 years. Previous, I doubt whether I would have felt equipped

to lead the CISM response. Continue training. You will gain confidence and eventually feel compelled to serve in CISM

Acceptance: I am a Fire Chaplain by calling and training. I have learned that according to the U.S. Supreme Court decision in "Lemon vs Kurtzman", CISM is the concept that supports Chaplaincy ("secular purpose"). Then, when our Law Enforcement & Investigations program requested I serve as a Law Enforcement Chaplain, I was more motivated than ever to continue CISM training. After taking a step of faith to support our Officers, I feel more accepted than ever simply by serving them. Once people see that you care, they will welcome you into their world.

Personal Development: I recently received my Certificate of Completion in Specialized Training from ICISF. I now see how all of the separate courses that are required fit together. I would encourage everyone pursuing a better, fuller understanding of CISM to pursue this. I intend to continue ICISF training.

Networking: It will prove invaluable to have trained peers readily available to assist. In order to plan and execute CISM support on short or no notice, you will need preplanning and help that you can trust and rely on.

Written By:

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Region 5
Law Enforcement & Investigations,
Critical Incident Support Team

CRITICAL INCIDENTS AND THE MEDIA

Continued from page 4

an already emotionally charged story at an anniversary or perhaps when the accused perpetrator of an atrocity goes to trial; could one ever possibly gauge the psychological and emotional stress that is placed on the victim's family or responders when that image becomes evergreen and never goes away? So what is the bottom line? When managed appropriately the media, responders and CISM Teams can co-exist, but it requires media relations and management. Media relations must begin well before the incident occurs. Information officers will seldom be effective if the only time that they communicate with the media is when there is a deadline looming.

The media always has a strong desire to get the story from multiple perspectives - from the person directly involved, their family, responders most directly involved and those that managed the situation and it all must be gathered in a short period of time. Absent an information officer, the media will speak to whomever they can get close to, often with the goal of "getting the story." In most instances however, the people directly involved (first responders), are at a disadvantage because a) they aren't trained in media relations; b) they typically have a very narrow focus and; c) are often struggling to make sense of an event or situation that is unfolding and may not be complete when the media needs their information. The media needs a PIO that provides good information in a clear, accurate, concise and rapid manner. Without an Information Officer, the media may unknowingly create greater emotional distress which will need to be considered

by CISM leadership and mental health professionals as the incident is assessed.

One of the keys to being successful as a PIO is developing relationships and confidence with responders, the media and the public well in advance of the incident. If the media is not provided the information that they need they will aggressively pursue it from the very people that have just been exposed to an incident that is likely emotionally charged. The information will often be obtained from citizens that don't have the full story. This may bring an aspect of confusion, anger or greater stress to responders well before the CISM Team has an opportunity to positively intervene. This should always be in the minds of team members during their assessment of the event. Scanning the media is an important barometer of what may portend during the defusing process.

CISM Team members should keep in mind that when the media interviews a responder or PIO they ask questions that are designed not only to gain information but to extract the associated emotions. Again, this can be unsettling to those that aren't prepared. Imagine if the CISM Team has not been requested - there could be responders that may have been processing information appropriately until asked questions that are emotionally charged, all without the ability to have a normalizing process, support, education or the ability to be assessed or provided access to a mental health professional. Again, trying to stay ahead of this once the incident has occurred is too late. First responders should receive education and training about what to do when asked for an interview.

Homeland Security - Presidential Directive 5 provides for enhancing the ability of the United States to manage domestic incidents by establishing a single, comprehensive

national incident management system, requiring the use of the National Incident Management System (NIMS) and the Incident Command System (ICS). The Incident Command System places the Incident Commander (IC) as ultimately responsible for overall management of the incident including the media and the health and safety of all responders. The release of information is most commonly delegated to the PIO, which is a component of the command staff. The responsibilities of a PIO include, but are not limited to providing for:

1. The basics - who, what, where, when, why and how.
2. Interviewing individuals and providing personal details to the media.
3. Providing opportunities for obtaining photos/video.
4. Providing reasonable and safe access to the scene
5. When confidentiality matters do not require protection or the potential for emotional harm is removed or at least reduced - the PIO may provide for and supervise the interviews of specific responders if information flow will be improved.

Denying access to responders is often not a popular decision with the media so the I/C or PIO must be prepared to not only provide the information, but to articulate why the requested individual will not be made available for comment. The mental and emotional health of responders is a legitimate reason to deny access without further comment.

Are the media customers? Without question they are, when a positive relationship and good media relations are established potential harm is reduced or even eliminated and a positive experience is practically a certainty. The media may actually be used to promote the positive benefits of critical incident stress management,

CRITICAL INCIDENTS AND THE MEDIA (CONT'D)

as long as it is done prior to a critical incident or event and the story protects the confidentiality and anonymity of the team activities. Educating the media on how the entire system operates in advance is as essential and productive.

It is important that the Information Officer and CISM Team members are acutely aware and understand that the media is often required to ask questions that may place them in a position of emotional/psychological crisis. Just as with emergency service providers, there may be a hesitancy to seek help from a mental health

professional. Seeking help may be seen by members of the media as a sign of weakness or they simply may not fully realize the benefit. Perhaps media members may not even know there is a mechanism to receive assistance. Each media agency approaches the mental/emotional health of their reporters and staff as they deem appropriate; however, the Dart Center which is a project of Columbia Journalism School specializes in journalism and trauma and is available – the site is located at: <http://dartcenter.org/>.

Just like Yogi Berra, we may all be

hesitant to forecast; however, doing so practically guarantees a more positive result.



LESSONS LEARNED BY A DETECTIVE ON THE STREETS

Continued from page 5

have been paid for by one person... and that was/is and will continue to be at my expense. I consider the lessons learned and the experience garnished priceless.

Please remember one simple thing....your audience and the people you are attempting to assist. I have been a leader in several organizations within and outside of the NYPD....I was on the board of the Police Self Support Group, I served on the NY State Board of the Fraternal Order of Police. Etc...

Most importantly I was a first responder to the 9/11 attacks in New York. I arrived approximately 10 minutes after the second tower came down. After doing Search and Rescue/ Recovery for approximately a month and after seeing incredible acts of selfless sacrifice...I was transferred into the Early Intervention Unit of the NYPD. This is under the Employee Management Division of the NYPD and while the unit was very small...it was incredibly powerful and the need...well the need for us was indescribable.

I can tell you as a person who served as a NYC Police Officer...

the input of someone who has not walked in their shoes. I am quite sure that I will get some grief over that comment...but I speak the truth. I will even go further to say that it was much easier for me to break through the wall that the Detectives put up when a Police Officer went to talk to them due to the mere fact that I am a Detective and have the similar job experience that they have and had. Without exaggeration and with the training of the ICISF and the backing of the NYPD, I completed well over 2000 Debriefings, Diffusion's, One on One's etc...

I can tell you that in my experience on that front and having worked many different incidents....If I had not served as a Medic, firefighter, Police Officer or Detective...a great deal of the affected people would have shut down and closed out those that were trying to assist them.

I also have served as Executive Director for the Central Florida Concerns of Police Survivors and have noticed a very interesting dichotomy....though I was not a person who lost a Family Member I was a Law Enforcement Professional and an Affected Co-Worker who lost three people in 9/11. (2 Law Enforcement Professionals and 1

EMS). I have noticed while assisting the Survivors from COPS that they are very accepting of the help that we offer to them.

As I originally joined the ICISF in 1993 and became an Approved Instructor in 2013/2014...I have seen the organization change and mold as the need arose....as one who was at 9/11 and assisted in the CISM process. That changed the history books as well as the books involving CISM.

Experience and training, as well as relating to the people getting assistance are priceless.



2013: LESSONS LEARNED AND FUTURE DIRECTION

Continued from page 5

representation from ICISF's own Dr Anne Balboni who presented on The Value of a Wellness Program for Individuals Exposed to Child Exploitation, Dr Debbie Hawker and Dr John Durkin, both UK-based psychologists, and Dr Sven Hansen, Founder of the Resilience Institute in New Zealand. Our opening keynotes Major General John Cantwell DSC (Retired), author of Exit Wounds and W/ Prof Carmen Lawrence, former Premier of Western Australia and Director of the Centre for the Study of Social Change provided presentations that inspired our 217 delegates. Dr Rob Gordon, who has been a valued member of our committee for the past 5 years, was also a keynote speaker, presenting Resilience, Consilience or Dissilience: How to bounce back in the right direction plus a range of other fascinating speakers on a diverse array of topics showing innovation, inspiration and the best of crisis intervention. Most of the presentations from our Conference are available on our website, should anyone like to view them (www.cima.org.au).

CISM training continues to grow throughout Australasia and we expect this to continue with the recent studies conducted by Dr Michelle Tuckey. Dr

Tuckey joined CIMA's Committee of Management in August in 2013. Only months earlier, the Anxiety, Stress & Coping: An International Journal published her article online, titled Group Critical Incident Stress Debriefing with Emergency Services Personnel: A Randomized Controlled Trial. This is the first high-quality scientific study conducted for group debriefing in its original setting and it found no evidence of harm but more importantly, it found some positive effects. The researchers found evidence that the subjects (volunteer firefighters) who were in the debriefing condition actually consumed less alcohol at the follow-up and rated a higher quality of life than participants in the other two groups. We encourage everyone to gain a copy of this paper. Our latest CIMA newsletter has a transcript of Michelle being interviewed by Natasha Mitchell from the ABC's Life Matters program.

With the 2013 CIMA Conference behind us, we started focusing on 2014 and what we could provide to our growing audience. We first contacted Dr Glenn Schiraldi, from Resilience Training International, in September through recommendation by Monica Kleinman, who has been a valued member of our committee for almost 10 years. Dr Schiraldi kindly agreed to be our 2014 Guest Lecturer, visiting Australia and New Zealand

and we look forward to welcoming him to our shores in September this year. Presenting Resilience Training: Psychological Survival Skills for Before, During and After Crises, Dr Schiraldi will present workshops in Auckland, Sydney, Brisbane, Perth, Adelaide and Melbourne. Registrations open in late March and already, the interest for Dr Schiraldi's presentation is very positive. We look forward to this upcoming venture. We are also looking forward to initiating low cost evening session for members and other interested people with specialists and key contributors in the field, commencing with Dr Rob Gordon (put some more words about this similar to what you have in the newsletter and email).

Whilst we know we have a lot ahead of us, we are very excited about the year ahead and continuing such an important relationship with all at ICISF and their members.



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LIFE ON THE WHEEL: NON-FICTION OR IS IT?

Continued from page 6

laughed with and eagerly spent time with. She yelled at everyone especially the ones that loved her the most. She hated her mother and her husband, and sometimes her little boys. Occasionally, her sister would connect with her and that was a love that bloomed among the thorns and weeds. We have been so blessed to see that bloom, and recognize its strength and beauty.

As a member of the CISM family, how do I categorize this critical incident? Is it the loss of a child, albeit her age of 37? Is it victim known to responder? My first and strongest instinct is to call it what it so painfully is and was: a prolonged failed rescue.

Her journey was only barely six months in length, with the real struggle lasting only seven weeks. Why can I say “only?” Her pain could have been so much longer. It could have been as long as the three or more years that she became lost within herself. Could we all have survived an odyssey of that length and intensity? No question in my mind that a dose of that toxicity would have killed her grandmother. My mother at the age of 93 continues to mourn my daughter with the intensity that she prayed to God to take her instead.

We survived because of our support systems: the extended families on both sides, the work families of each of us, the neighbors in the town where my daughters grew up, and for me, my CISM family. Meals were cooked, grass was cut and prayers said. Compassionate presence as Doctors Mitchell and Everly tell us. Did it make her journey any easier? We hope so but will never know. Did it make our continuing journey any easier? It is probably too soon to tell. The year of firsts

has taught us many things. Including, giving ourselves some slack. Right now, I need a nap.

Nine days since I started writing this. While I took a break from writing this, a great deal has happened. When you are “in the moment”, you see and hear more than when you are in the high speed lane trying to be everything to everyone. The sensory overload has been across the board.

It is New Years Day and I have jumped into Boston Harbor with the L Street Brownies. “The Plunge” has been on my bucket list for several years, and I feel the need to do it this year to help “turn the corner” on the sadness and stress. The air at 14 degrees was colder than the 42 degree ocean, and the shower ... well, that hot shower was probably the finest shower in my life. I am saving that imagery for my next EMDR session. The feel of the hot water, the fragrance of the shampoo, the feeling of accomplishment and the camaraderie of the other women singing and talking in the concrete cubicles around me. Powerful stuff.

Savoring this moment is brief. On Christmas morning, just seven days ago, my mother fell at my house. She did not break any bones but she is sore and scared. I need to remember all of the compassion and energy that our family shared during Joanne’s last weeks. I need to find where I have stored that energy and compassion, as well as the advocacy skills that my older daughter and my son in law taught me during the summer months. This could be the first of another seven weeks, or six months. I am aware of my perspective, including the fact that my mother does want to die. She cannot live without one of her granddaughters, and there are days when I am on a parallel track.

Does CISM make us more resilient to the stress and pain, as Doctor Flannery would teach us? To some degree. The pain and pharmacology become part of our daily lives, as does

the irrevocable advance of cancer, or in my mother’s case age, regardless of which doctor is giving us the daily report. All of our strength could not stop the “encroachment of a wound that cannot be healed,” as my firefighter team leader said. The wound, starting to heal and then ripped open again.

While I am not writing a clinical piece, please know that it is from my heart; a heart that has been fortified by CISM training. As team members around me have had health issues – surgery, cardiac issues, cancer – I have reached out to them because I understand the pain and what it takes to live with the pain. Knowing that you do have to take one day at a time, and sometimes in hourly increments. Knowing that self care can be lectured on but never fully understood until you are at the gates of despair and pain. Survival skills enhance our capacity to solve problems, thank you again Ray Flannery.

Thank you to my team members, the wonderful men and women of the Central Mass. CISM Team. You are courage and you are love.

Thank you to all of my CISM instructors starting with Sandy Scerra and Hayden Duggan, who taught the Basic course in Pittsfield MA 13 years ago; to Drs. Flannery, Mitchell and Everly who keep the “lamp lit” for the next generation; to Ann Balboni who taught me about the resilience of kids; and to Dr. James Reese who came to Massachusetts nine days after being discharged following a stroke. We talked and I absorbed his faith and his spirit. May you all be thankful to your teachers and colleagues in the CISM family. It is an honor to be one of you.

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COL. CHARLES E. WOODS, USAF- RETIRES AFTER 41 YEARS “A DAY OF CELEBRATION”- MARCH 23, 2014

How does one simply place into a few words all that Col. Charles E. Woods, USAF, has accomplished, not only during his distinguished military career, but as a father, husband and friend?

While I cannot speak to all his military exploits, though I loved hearing of the stories he would share, I can speak with authority of his impact made on Crisis Management and the International Critical Incident Stress Foundation, Inc.



His compassion and commitment to help his fellow man, be they in uniform or not, is second to none.

I first met Col. Woods during the ICISF 5th World Congress in 2001. He approached me with a challenge, but as is always his style, he was also willing to provide a solution.

The challenge was his concern over military personnel not being prepared for the emotional trauma they may experience during their careers and their abilities to recognize and assist those who may be impacted by these experiences.

Col. Charles Woods' solution was the development of the 'National Guard: Trained Crisis Responder Course'. Not only was he able to develop the curriculum but provide the funding as well. Tens of thousands of military personnel were able to benefit from this training which also proved quite prophetic because of the events of September 11, 2001.

A little known fact is that the monies received from this project, allowed ICISF, a non-profit, to weather several significant economic down turns in the years to come. Without question, ICISF would not be in existence today had it not been for the project Col. Woods presented to ICISF those many years ago.

Col. Woods was also responsible for developing, coordinating and moderating an evening 'Military Symposium' for our last three ICISF World Congresses, which have been one of our best attended presentations.

Col. Woods has dedicated his life unselfishly to those in need, be it spiritual, emotional or as a friend providing a strong shoulder to lean on.

To describe Col. Charles E. Woods, USAF, I would have to say, an impeccable Military officer, a hair not out of place (even when he had hair), strong ethical and moral values, always placing those in need first, a family man, husband, father, and for me, the honor to be able to call him 'FRIEND'.

Colonel, our friend, have a drink and a good cigar. Take your time to enjoy both, you have earned it!

- Your ICISF Family

2014 CANADIAN CRITICAL INCIDENT STRESS CONFERENCE



A MUST ATTEND EVENT OF THE YEAR!!

We are pleased to announce that the Critical Incident Stress Foundation will be hosting the 2014 Canadian Critical Incident Stress Conference April 24th to the 26th at the Sheraton on the falls in Niagara Falls, Ontario. This must attend event boasts a lineup of diverse speakers addressing our delegate's key challenges with innovative thinking, new perspectives and real life stories. We are also excited to announce we will be offering approved ICISF training in Individual, Group, & Advanced Crisis Intervention along with Suicide Awareness April 22nd - 23rd, 2014. This conference will unite hundreds of people from across Canada and internationally with a common interest in the field of CISM.

The CCISF is further pleased to announce that the International Critical Incident Responder Network (ICIRN) biennial Conference will also be held April 22nd and 23rd during this unforgettable week long event .

Training Being Offered

- Individual Crisis Intervention
- Group Crisis Intervention
- Advanced Crisis Intervention
- 1 Day Suicide Awareness
- 1 Day CISD refresher
- 4 day Approved Instructor Group Crisis Intervention

Who should attend?

Attendance is multi-disciplinary, with participants representing the fields of emergency services, peer CISM programs, public safety, mental health, school administration & counseling, medical, military, clergy, security, business and industry, among others.

**FOR FURTHER INFORMATION PLEASE
VISIT WWW.CCISF2014.CA Or call:
289-239-7978**

"Together we will make the Difference"

