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## LifeNet

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

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## CISM Requested On Scene At Community's Worst Nightmare

By Deb Boehme, Ph.D., LPCC, EMT-I, NM Crisis Support Team

A female employee at an Albuquerque solar and fiber optics company had been telling co-workers that she feared her former live-in boyfriend and felt that he may try to harm her or their twin sons. Her worst fear became a reality on Monday, July 12th, 2010.

Shortly before 9:30 on that Monday morning, her former boyfriend entered her place of employment and shot and killed two people and wounded an additional four before taking his own life. The incident was calculated and planned as the shooter stopped to reload the weapon at least once during the episode.

At 10:50, the Employee Assistance Provider (EAP) contacted six contracted individuals in the Albuquerque metro area to provide Critical Incident Response to the scene.

In addition, the New Mexico Crisis Support Team, the Albuquerque Fire Department and Albuquerque Police Department Chaplain personnel and the American Red Cross Disaster Mental Health team were dispatched to the scene.

Incident Command was already in place at the time of my arrival and all roles were clearly delineated via vests and signage. Over 250 employees were evacuated from the shooting site and transported by bus to a city multicultural community recreational center. There, intake and medical triage/transport units, an interview site, a cafeteria, and an information/family meeting site were set up. In the gymnasium, a member of the EAP team conducted a Crisis Management Briefing (CMB) that included a phone number and web site where employees could find out information regarding when to return to duty, how to return to the site to retrieve vehicles, key, badges, personal belongings, etc.

In the interim, among all of the confusion and chaos, CISM trained personnel floated throughout the compound just answering questions and checking the status of individuals without drawing a lot of attention to the process. After employees and upper management of the business knew who we

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## ***The Comfort Garden. Tales from the Trauma Unit.*** **(Fresh Pond Press, San Francisco) by Laurie Barkin** Book Review by David F. Wee

*The Comfort Garden. Tales from the Trauma Unit*, written by Laurie Barkin, is a compelling story about the experiences of a psychiatric clinical nurse specialist working as a liaison to San Francisco General Hospital's medical trauma unit. While the names have been changed to protect the privacy of the patients she encounters, she describes the complex and heartfelt challenges each patient confronts while receiving trauma care. She also

vividly describes the experience of the health professionals, including herself as psychiatric liaison nurse, providing care. Through the course of the author's work over many years, the psychological stress of providing professional and humane care to the patients becomes overshadowed by the personal, political, and environmental stresses in the workplace. She consistently strives to effect changes in the workplace that would allow her and her colleagues to process the stress,

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## Regional Conference Calendar

April 28-May 1, 2011

∴ Atlanta, GA

GA Critical Incident Stress Foundation

May 12-16, 2011

∴ San Antonio, TX

Alamo Regional Response Team

June 8-12, 2011

∴ San Francisco, CA

San Mateo County CISM Team

July 13-17, 2011

∴ Columbia, MD

ICISF

October 5-8, 2011

∴ Toronto, ON

Peel Regional Police

October 27-30, 2011

∴ Victoria, BC

Archipelago CISM Society

December 1-4, 2011

∴ San Diego, CA

San Diego County Critical Incident  
Stress Team

Additional dates and locations soon  
to be announced!

## Great World Congress Content Available Electronically

By Shelley S. Cohen, World Congress Program Manager

Whether or not you attended the 11th World Congress, access to 48 Main Congress Plenary and Afternoon Workshop presentations is available through the purchase of either the standard or premium Electronic Proceedings. Recorded presentations include Keynote presentations by FEMA Deputy Administrator Richard Serino, and James T. Reese, PhD, well known author, consultant and speaker, as well as presentations by ICISF co-founders Jeff Mitchell and George Everly. Also included are presentations from the Military Symposium, and on such topics as the Chilean earthquake and mining disaster, the Tennessee floods, and the Haiti earthquake, to name just a few. A link to the list of all recorded and included presentations can be found on the Electronic Proceedings order page.

Using your computer, tablet, iPod or smart phone you can listen to the audio recordings of these presentations on the

standard Electronic Proceedings. The premium Electronic Proceedings has the added benefit of the audio recordings synchronized with the slides from those presentations (except for a few presentations that did not use PowerPoint), which can be viewed on your computer, tablet or smart phone. An archive of all available presentation handouts is also included.

These upgrade versions of the Electronic Proceedings are a great permanent record of the 11th World Congress presentations you missed, and priced at just \$124 and \$150, respectively, are almost as good as being there, for less than the cost of registration. Purchase one for yourself or your company, team or agency as a way to experience and share the great content from the 11th World Congress with your colleagues.

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# The Emergency Mental Health Response To the Crash Of Flight #3407

By Bonita S. Frazer, MS, CTS, FAAETS

Following a disaster, it is important to evaluate the response to better prepare for the next emergency. This LifeNet article reports on the Emergency Mental Health Response to a local disaster. The full report can be found in the current edition of the journal Disaster Medicine and Public Health Preparedness (Homish GG, Frazer BS, McCartan DP, Billittier AJ 4th. Disaster Med Public Health Prep. 2010 Dec; 4(4):326-31).

On February 12, 2009, Continental Connections Flight #3407, operated by Colgan Air, Inc., crashed into a residential home in Clarence Center, New York fatally injuring four flight crew members, 45 passengers, and one person on the ground. Three separate but coordinated Peer and Emergency Mental Health teams were responsible for providing crisis intervention, psychological first aid, and critical incident stress management services to different populations. The first of these teams on-scene was the Western New York Stress Reduction Program, the CISM team for first responders in Erie, Wyoming, Niagara, and Genesee Counties. In accordance with the Aviation Family Assistance Act of 1996, the American Red Cross Disaster Mental Health teams provided and coordinated all services for family members and significant others of those who died in the crash and for residents of the area immediately surrounding the crash site. The third team and focus of this article, the Metropolitan Medical Response System/Specialized Medical Assistance Response Team (MMRS/SMART) Emergency Mental Health Sector (herein after referred to as EMH) provided services to other personnel involved in the crash response and to the Clarence Center community.

Within 10 hours of the crash, the EMH function was activated. From the outset, it was necessary to begin a process of

comprehensive and ongoing assessment to determine and meet the needs of those affected. The function was deployed across nine locations and EMH presence was maintained at the county's Health Operations Center as well as the county's Emergency Operations Center. EMH consulted with multiple agencies to assess and implement interventions, and oversaw the management of a variety of mental health and other supportive services including clergy/chaplaincy teams, canine therapy teams, massage therapy teams, and specially trained emergency mental health responders.

Consistent with federal guidelines for emergency response, operations followed the Incident Command Structure (ICS) and National Incident Management System. The involvement of EMH, including EMH representation at Command meetings, helped to ensure that mental health was well integrated into a coordinated response effort.

Event-specific mental health incident action plans were developed and updated reports on the implementation of the plan and subsequent revisions as the response evolved were presented at this forum. All three teams maintained ongoing communication in an effort to ensure adequate coverage to those in need while preventing duplication of services.

In total, EMH teams consisting of 43 volunteers delivered 332 units of psychological first aid, 54 individual crisis interventions, 12 during and post-event educational sessions on critical incident stress and stress management, one crisis management briefing, and 183 follow-up contacts which continued for 14 months after the crash.

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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. 5, 10, 15 year anniversaries, etc.) in future issues of *LifeNet*. If your team reached such a significant anniversary date in 2010, please contact George Grimm, ICISF CISM Team Coordinator (via email at [hotline@icisf.org](mailto:hotline@icisf.org)) and provide the appropriate information so we may proudly list your Team in a future *LifeNet* and provide a Certificate of Appreciation.



## Message from the Hotline Coordinator

By George Grimm, CTR

Thanks to all teams who have submitted their updated Team Information Forms. Due to a series of personnel changes, there was a delay in the processing of these forms

and ICISF thanks the CISM teams for their patience. Also, there is a new email contact for the Hotline Coordinator - [hotline@icisf.org](mailto:hotline@icisf.org). ■

# The Emergency Mental Health Response To the Crash Of Flight #3407

(Continued from page 3)

In evaluating the EMH response to the crash, several key successes emerged as follows. First, unlike other disasters, the authority and relationships of EMH responders and agencies were clear. Each of the three response teams were assigned to a specific population, and leadership from all three teams communicated by telephone or in person to ensure attention to various populations without duplicating services. Importantly, representation of the EMH function within the overall Incident Command Structure ensured that mental health needs were assessed and addressed in a consistent and timely manner.

As with other first responders, it is important to note that many EMH responders are cross trained and members of multiple teams. For example, a responder may be a Red Cross Disaster Mental Health volunteer and a member of the EMH function. Furthermore, individuals are typically assigned different roles for different teams. To minimize confusion relative to team of affiliation, volunteers were asked to designate which team they chose to work with and maintain that affiliation for the duration of the response. This requirement was implemented as a result of lessons learned from a previous disaster that suggested that procedures allowing cross-trained team members who work on multiple teams often created communication and coordination problems because it was not clear which team the individual was representing.

Second, the deployment of the function was comprehensive. Services were made available at multiple locations and EMH teams implemented a proactive approach to crisis management. Understanding that this work occurs in nontraditional settings and often involves informal contact is paramount. Third, ongoing referral services, especially to trauma therapists, were readily available. Team members fielded calls from families and responders for more than one year post disaster, and referrals were sometimes necessary to address the symptoms that were not mitigated through early and/or multiple crisis interventions.

Fourth, the comfort and stress

reduction provided by complimentary services were of great benefit to the populations served by EMH. Although the majority of the EMH response included traditional mental health providers (e.g., counselors, psychiatric nurses, therapists), these services were enhanced by alternative approaches such as canine therapy teams, massage therapists, and members of the clergy/chaplaincy.

Fifth, experience from previous local deployments, the provision of ongoing training, and participation in planning, deployment exercises, and disaster drills resulted in EMH being well positioned to respond to the crash. Predisaster relationships increased familiarity among all disaster response components, and improved our ability to work within the ICS. Although the overall EMH response was positive, there were several aspects that need to be addressed to improve performance. First, given that many of our EMH responders are cross-trained and have multiple team memberships, policy development and documentation (e.g., each person maintains affiliation with only one team during an event) is indicated for future events.

Second, scheduling and coordination was a challenge. Resources were limited and reliance on specially trained volunteers representing behavioral health, clergy/chaplaincy and the canine therapy teams was heavy. These individuals needed to reactively and urgently obtain authorization from their employers prior to reassignment to disaster duties. Thus, a more proactive approach would have been beneficial.

Third, a slight delay in a comprehensive response to those affected by the crash occurred because the EMH function was not initially represented during Command meetings. For the first 24 hours of operations, command staff made decisions relative to the mental health needs of the community without the benefit of a subject matter expert to provide consultation and direction. Lastly, the crash clearly demonstrated the need for ongoing

## Comments, Questions or Suggestions

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

Have an idea for an article in a future issue of *LifeNet*? Send your suggestions to the attention of Shelley Cohen, Managing Editor, at [lifenet@icisf.org](mailto:lifenet@icisf.org). We welcome your input.

**Thank you!**

If your article is approved and used in an issue of the *LifeNet* you will receive a complimentary Level One-1 year ICISF membership (\$50.00 value)

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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!



## The Emergency Mental Health Response To the Crash Of Flight #3407

recruitment and retention of a large cadre of trained EMH responders who have received prior approval for reassignment to disaster duties. The needs of the community were extensive, and resources were stretched considerably.

The EMH function's participation in pre-disaster planning and training in conjunction with evaluations of previous EMH deployments improved our ability to offer a coordinated approach to providing mental health services to those in need. By all accounts, this multifaceted approach appeared to be well received by those who interacted with EMH teams.

**Acknowledgments:** We are grateful for the opportunity to have worked with the dedicated personnel who responded to the crash of Continental Airlines Flight #3407 and to those affected by the event for teaching us

about human strength and resilience. We especially thank David Bissonette, Disaster Coordinator for the Town of Clarence Center and Chief David Case of the Clarence Center Volunteer Fire Company, who directed the initial incident response and recovery. In addition, we express our profound respect, admiration, and thanks to members of the American Red Cross Disaster Mental Health teams, the Western New York Stress Reduction Program, and the MMRS/SMART EMH function. These volunteers spend countless hours training and preparing for the event all of them hoped would never occur but unfortunately did. We are proud to call them our teammates, colleagues, and peers.

**Bonita S. Frazer**, MS, CTS, FAAETS is the Mental Health Emergency Planning Coordinator for the Metropolitan

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**Anthony J. Billittier IV, MD, FACEP** is the Commissioner of the Erie County Department of Health. ■

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## From the Approved Instructor Support 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 Approved Instructor Program held in Linthicum, MD on March 16-18, 2011

Blaine Allan  
Tyrone Anderson Jr.  
Michael Beresford  
Vincent Cucchetti  
Michelle Eaton  
Olivia Khoo Ruey Lin  
Dale Leverknight

William Lotz  
Tim Lucas  
Govan Martin, III  
Jay Martin  
Stephanie Morris  
Lester Palmer  
Stephen Reed

Tina Rocha  
Carl Russell  
David Stillie  
Ellen Vest  
Lek Jie Ying

We would also like to congratulate the participants of the most recent Approved Instructor Candidate Program. The following individuals recently completed Stress Management for the Trauma Service Provider Instructor Program held in Linthicum, MD on March 14-15, 2011.

Blaine Allan  
Tyrone Anderson Jr.  
Vincent Cucchetti  
Olivia Khoo Ruey Lin

Tim Lucas  
Lester Palmer  
Stephen Reed  
Carl Russell

Eric Skidmore  
David Stillie  
Ellen Vest  
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## Award and Scholarship Recipients Announced

As a benefit of hosting an ICISF conference, ICISF awards Certificates of Appreciation in recognition of outstanding contributions in the field of CISM.

Additionally, ICISF offers the Marlatt Scholarships in remembrance of Erin and Colleen Marlatt to deserving individuals selected by the local host.

Recipients are acknowledged and presented with awards at the conference Award Ceremony & Town Meeting.

Congratulations on being chosen as a Certificate of Appreciation or Marlatt Scholarship recipient at ICISF's Orlando FL Conference held January 27-30,2011

### Certificate of Appreciation

Karen Frost, Tampa FL

Reginald Michael, Chief, US Probation Southern District of Florida

Marlene Barratt, Deputy Chief, US Probation Southern District of Florida

Josh Cannon, Deputy Chief, US Pretrial Services, Middle District of Florida

Sheila Jacoby, Chief, US Pretrial Services, Northern District of Florida

Mark Cook, Chief, US Probation, Northern District of Florida

Elaine Terenzi, Chief, US Probation, Middle District of Florida

### Marlatt Scholarship

Louise Dandridge-Tampa Fire and Rescue

Tammy Mira-Gulley, Tampa Fire and Rescue, Tampa Bay Reg. CISM

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## World Congress Exhibit Area Provided Welcome Break

By Shelley S. Cohen, World Congress Program Manager

Attending the World Congress can be an intense learning experience. There is a large amount of information to be absorbed, some of which can, by nature of the subject matter, evoke an emotional response. Having a place to take a mental break throughout the day is therefore welcomed by World Congress attendees.

This year's World Congress Exhibit Area had 14 companies, agencies and organizations exhibiting their products and services. Exhibitors dispensed useful information about their products and services, and enhanced the World Congress experience for attendees. ICISF thanks these companies, organizations and agencies for their support of the 11th World Congress on Stress, Trauma & Coping:

*Association of Traumatic Stress Specialists*  
*Billy Graham Rapid Response*  
*Brattleboro Retreat*  
*CadmiumCD*  
*Chevron Publishing Corporation*  
*Concerns of Police Survivors*  
*Emergency Response Massage International*  
*Fresh Pond Press*  
*Green Cross Academy of Traumatology*  
*International Critical Incident Stress Foundation*  
*Killology Research Group*  
*RSI Resiliency Sciences Institute International*  
*Trauma Disorders Program at Sheppard Pratt*  
*Veterans Moving Forward*

We encourage you to patronize these companies, and if you need contact information for any of them, please let us know.

# CISM Requested On Scene At Community's Worst Nightmare

*(Continued from page 1)*

were, they started seeking us out for individuals that appeared distraught or did not know who to talk with regarding information they had from the actual scene. We sent many of those individuals to Law Enforcement to give statements, and then had them come back to us in case there was something else they wished to discuss with us.

During the CMB, in addition to the above mentioned information provided, stress management tips and information related to self care and how to talk with families about the incident were also provided. We then offered to stay after they were released and many took advantage of the one-on-one offerings. Busses and shuttles were provided to assist with getting personnel home if they did not have rides, and other services were offered on an as needed basis. CISM trained individuals were on scene for the next two days providing appropriate interventions as needed. The CEO of the company indicated when the site opens for regular business they will utilize the CISM services for more formal debriefings, etc. The site contains three separate buildings with a total employee count of 695 individuals.

Only one building was impacted but services will be offered to all that feel the need to visit with someone. It is a powerful event to witness when CISM arrives on scene and folks are waiting for us, and know exactly how to utilize the process. We were directed to the proper Incident Commander for the task at hand, and kept in the loop every time the information was updated. CISM was recognized by all entities of public safety and the Mayor of Albuquerque personally thanked us for being on scene.

On Thursday, July 15th, I had the opportunity to return to the actual job site and conduct one-on-one interventions for a 6 hour time period. During that time allocation,

the CISM trained folks were invited to two employee briefings where again, we were a part of the update and once again, employees were encouraged to stop by just for informal conversation if that is what they were seeking. During my operational period, I intervened with five separate individuals and for those that need to revisit the SAFER model and the steps involved with that, I highly encourage you to do so. The safety issue and getting back into a normal routine were the common themes in the individuals that I saw. The memorial service for both deceased women was announced for Friday, July 16th and we will be back on site for those that need us for an additional two weeks. The EAP provider and the company involved are doing everything within their power to assist with the recovery process after a very tragic event. Memorial funds have been set up for both families, the company is paying the salaries of the two deceased individuals for one year, plus they completely covered the cost of both funerals. It is just another feather in our cap for the crisis intervention process, and for those who still insist on criticizing the International Critical Incident Stress Foundation and all of the statewide teams that exist, my words of advice would be to climb down from the ivory tower and participate in field work with trained personnel who know how to utilize the process. It is a beautiful thing!

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## ***The Comfort Garden. Tales from the Trauma Unit.* (Fresh Pond Press, San Francisco)by Laurie Barkin**

*(Continued from page 1)*

tragedy, and heartache that are part of their work environment. Her efforts are consistently rejected or ignored. To seek solace from the stress, she regularly visits a lovely garden at the hospital, which she comes to call the Comfort Garden. Her reactions and her visits to the Comfort Garden change over time. Her visits to the Comfort Garden become more frequent and her feelings more intense as time passes. She struggles to balance her roles as nurse and as wife and

mother. As compassion fatigue overtakes her, it becomes a key factor in her decision to leave the San Francisco General. The book is well written and the stories of both patients and staff are gripping. This book illuminates the issues of critical incident stress, compassion fatigue, and burnout in the hospital environment. If these issues are not addressed with the well-documented and researched stress management interventions available to us, the health care system will,

sadly, continue to lose compassionate, experienced, and highly talented workers to a preventable workplace hazard, compassion fatigue.

*The Comfort Garden. Tales from the Trauma Unit* is a vivid story of the experiences of a psychiatric clinical nurse specialist in the urban trauma center.

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