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LifeNet

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Improving the Lives of Those Who Make Us Safe

By: Rick Barton, Chief Executive Officer, ICISF

It is time to do more for more. Some people may call that growth, and others may call that expansion. At the ICISF, we view our mission as the reason we move forward, to bring this work to more people around the world.

This means creating additional online courses and new in person programs, using technology to replace old methods, nurturing CISM teams and supporting their work, effectively distributing meaningful information, seeking clear and close relationships with relevant partners, and exploring the overall wellness of people who serve other people. Our mission-driven rationale has been described in many ways, and perhaps now may best fit the notion of "improving the lives of those who make us safe".

You know, because you are involved in this movement, that the world is ready for more and better support, for a wider embrace of CISM and the work of the ICISF. Call this a time of growth, expansion, improvement, maturity, or cultivation. More important, please help make this happen.

A Note to Those Entering the Field of Corrections: "Survive Your Career"

By: John Bredin, ICISF Member & Approved Instructor since 2005

I have been in the field of Corrections for 20 years now, in different capacities, with the most rewarding one being a leader and trainer in CISM (critical incident stress management) and EAP (Employee Assistance Program) for much of the entire 20 years, which can see me traveling across Canada. I perform similar trauma related duties in a second career outside of Corrections for our communities as well.

Here's the deal folks; things are about to change and in particular "you" are about to change. A career in Corrections is a solid and rewarding career, but not without a price. You are about to enter a work environment where your "clientele" really doesn't want to be there, sees you as the reason they are there and will take out their anger from various origins on you the first chance they get.

2019 REGIONAL TRAINING SCHEDULE *

October 8 - 11 | Las Vegas, NV
Hosted by Vegas Strong Resiliency Center

October 17 - 20 | Atlanta, GA
Hosted by GCISF

November 13 - 17 | Baltimore, MD
Hosted by ICISF

December 5 - 8 | San Diego, CA
Hosted by San Diego CISM Team

COMING IN 2020 *

January 30 - February 2 | Pittsburgh, PA
Hosted by Pittsburgh CISM Team

February 20 - 23 | Nashville, TN
Hosted by Nashville Fire CISM Team

April 30 - May 3 | San Antonio, TX
Hosted by District 7 Fire Rescue

June 10 - 14 | Baltimore, MD
Hosted by ICISF

September 17 - 20 | Portland, ME
Hosted by Tri County EMS CISM Team

** Dates subject to change.
Please check website for more information.*

2019 ONLINE COURSE SCHEDULE

CISM Practical Review & Update
October 28 - November 15

**Law Enforcement Perspectives
for CISM Enhancement**
November 11 - 29

**Managing School Crises:
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October 21 - November 1

**Suicide Awareness: An Introduction
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October 7 - 18

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Embedded Models Create Foundations for Healing

*By: Lora E. Losier LMFT, Westmoreland Casemanagement
& Supports, Inc, Program Manager/CISM Team Lead*

Critical incidents experiences profoundly affect learning in school setting responses. Teachers, principals and support personnel can benefit from understanding the chemistry of survival. In these moments of critical thinking between flight or fight, a world of controversy begins to swirl, and some students land, able to normalize, while others continue in a whirlwind of the event.

Within Westmoreland County, a small rural speck in Pennsylvania, the Critical Incident Stress Team (CISM) is mobilized within our Student Assistance Program (SAP) already embedded in the school setting. This model has afforded the team and the school a relationship of working together throughout the school year to prepare for critical events. The team has responded to over 40 school events since the inception of the SAP model within the last 3 years. Those incidents include suicides, car accidents, accidental deaths, medical deaths and attempted homicides.

These events rip through schools and communities causing fear and uncertainty and challenge the belief that school is a safe environment. Following the model of CISM has given students a mechanism to remove barriers to learning and return to "the new normal" of the school environment. The team rehearses the debriefing steps: introduction, facts, thoughts, reactions, symptoms, teaching and re-entry as they participate in drills and sessions to refine their skills. These drills and practice settings come to life in more natural ways through the development of the SAP model that includes CISM.

The job of the Student Assistance Program is to remove barriers to learning through assessment and referral and implementing a CISM trained staff in each school has enhanced our ability to reach students, teachers and support staff and mitigate the impact of a traumatic event.

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ICISF Welcomes Sheila Ramsey Dail to the Board of Directors

It is with gratitude and a humble spirit that I introduce myself as a new member of the ICISF Board of Directors. It was happenstance that I became aware of ICISF and the Foundation's mission.

To tell you a little about myself, I was born and grew up in the mountains of North Carolina. In 1973 I graduated from Western Carolina University with a BS in Early Childhood Education. I enjoyed my chosen field as well as my other studies, although I was especially interested in the required psychology courses. Of special interest to me was the study of the mind, how it develops over time, and how it is affected by unusual or traumatic situations.



After teaching third grade for a year in St. Thomas, USVI, I focused on a career change and pursued becoming a flight attendant. I began my career with Northwest Orient Airlines in 1978, based in Minneapolis. After a year of frigid winters, I realized that I wanted to be closer to my home in North Carolina. In 1980, I was hired by Piedmont Airlines and following two major airline mergers, I retired from American Airlines in 2019.

My career was fairly non-eventful for the first 28 years. I experienced the usual situations many flight attendants have faced: medical emergencies, moderate/severe turbulence, disruptive passengers, mechanical problems requiring returning to the field, weather delays, etc. While many of these situations were stressful, I thought of them as "a bad day at the office." Given the fact that my office was at 35,000 feet, the level of stress was often intensified.

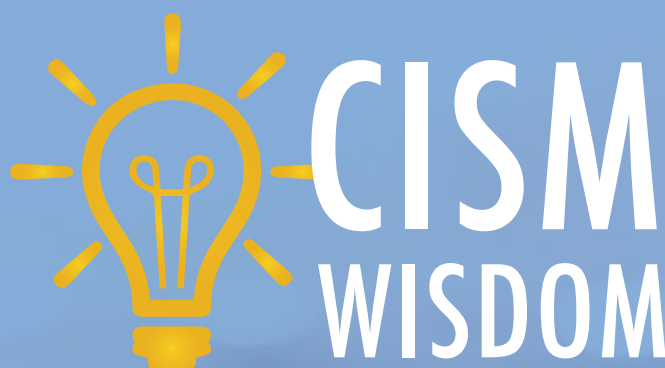
On January 15, 2009 I was part of a 5-member crew working the last flight of a 4-day trip- LaGuardia to Charlotte. Immediately after takeoff we had a major bird strike. Bird strikes are common, but these were adult Canadian Geese, and both engines were disabled. The cabin was eerily silent, and I assumed we were returning back to the runway. To my surprise, we ditched in the Hudson River. For the remainder of that day I felt like it was a bad dream from which I would hopefully awaken. The words "brace for impact" played like a broken record over and over in my head. This is where the happenstance developed.

Within 24 hours I was invited to sit in on a Critical Incident Stress Debriefing. Unbeknown to me, it followed the Mitchell Model. Without seeming melodramatic, this debriefing changed my life. Organized by the US Airways Pilots' Peer Support Team, it was attended by three pilot volunteers who offered invaluable support based on their training to follow the Mitchell model for debriefing. As the psychologist leading the session explained to us, we needed to deal with our feelings about the ditching now, instead of later. We were given a brochure with information on mental, emotional, and physical side effects and how to deal with them in a healthy way. This information set me on a road to recovery and finding my new normal.

Upon returning home, I read and reread this brochure. It served a purpose in stabilizing my many reactions that I experienced over the course of the following weeks. Credited with this information was ICISF. As the days went by, I began to do some research on ICISF. I located a contact online, George Grimm, and inquired about who and what ICISF was. He provided information and asked if he could share my email with airlines who had peer support programs trained under ICISF guidelines. I was happy to do this, and I received many responses from leaders of flight attendant peer support programs. One response was from Eileen Rodriguez, leader of Southwest Airlines Flight Attendant CISM Team. We talked over the phone many times and she provided me with information on how her team was selected, trained, and structured.

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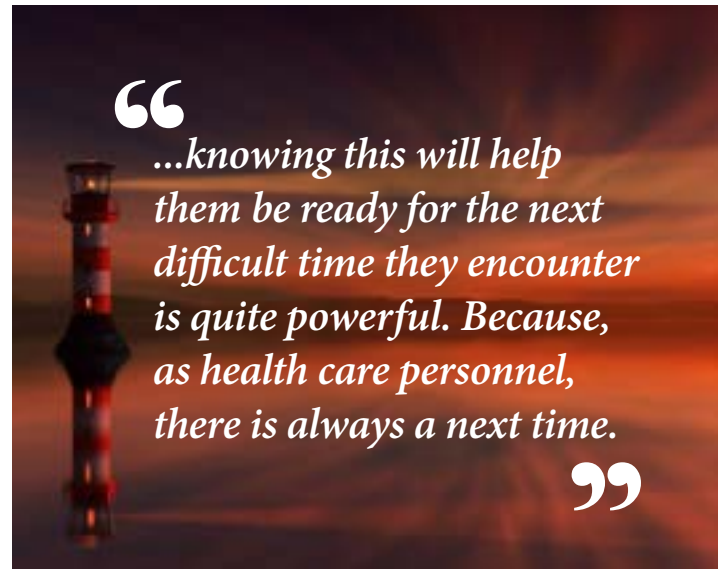
My CISM Journey

By: Ivy Hollinrake, RN, BSN, ICISF Member

I have been part of our CISM team for quite a few years. My nursing background includes Open Heart, ICU/CCU and Trauma. While working ICU/Trauma, I had worked many organ donor cases. These cases are very intense and can be very emotional. It usually takes several days to successfully achieve organ donation (from declaration of brain death and family acceptance for organ donation, to the Harvest Team carrying out organ removal from a body with a beating heart). There are many obstacles that can impede the progress and completion of a successful harvesting of the organs. The last summer I worked in this department, I'd worked 5 organ donor cases and my last case was a 5 year old child from an MVA (Motor Vehicle Accident), in which his whole family had been involved (parents and five kids). There were several deaths and the mother was in critical condition in the room right next to her child donor. After several emotional days helping the family cope (mom still hadn't woken up), coming to the decision of donation, and working through all the details for the harvest, the harvest team finally arrived and our team was rushing to the OR. The donor experienced cardiac arrest in the hallway, before reaching the OR, and we lost the option for organ donation. Our whole team was devastated. I could barely cope to finish my paperwork and charting. I really needed to talk to someone, to reach out for help. But at that time, we did not have a CISM program at our hospital. It was a very difficult recovery for me and after that, I made the decision to transfer to another area of nursing. It was taking too much of a toll on me, especially without the support that was needed.

Ten years later there was a CISM course offered at our hospital, and I became very interested in the concept. I took that early course and was involved in a few interventions, and then had the opportunity in 2014 to take a full individual and team intervention course and have been an active part of our team since then, leading many of the interventions. I am very passionate about having such a program at our hospital, to help my colleagues in times of need. I never want to have any colleagues have to cope on their own, as I did years ago.

I have seen countless times, the benefit of our CISM intervention, as we work with groups suffering a critical event. The freedom to talk, to cry, to support each other, and work through their overwhelming emotions, as individuals and as a team, is so positive. One such case was a code blue of a 14 month old. The family (parents and 4 kids) were in town and staying at one of our local hotels, all in one room. The child apparently suffocated in the bedding. When he was discovered, 911 was called. The first three emergency



“...knowing this will help them be ready for the next difficult time they encounter is quite powerful. Because, as health care personnel, there is always a next time.”

personnel arrived and resuscitation was initiated. It became very crowded and complicated initially, with all the other siblings standing around and watching, and the mother sobbing and screaming. Initially there weren't enough responders for crowd control. They stated later that it seemed so long before the rest of the responders arrived, but in reality, it was a very short time. They continued resuscitation on the way to and after arriving at the hospital. Despite the child already being “cold” they ran the code for a fairly long time. It was a child after all.

The very same day of the incident, we were contacted to arrange an intervention. The attending group consisted of nurses, lab techs, firemen and EMS. As their grief unfolded through the intervention, the hardest part was that most of them had little children at home around the same age, which brought the situation very close to their hearts. The EMS/Fire captain was part of the code and remembered going through this when he was younger (has teens now) and expressed his concern for his teams well-being. He was quite thankful they were invited to our CISM intervention and stated they did not have such a program at their department. The common philosophy was to “suck it up and be a man” point of view. It was such a blessing to watch them each work through their grief as individuals and as a team, and support each other with the CISM team's guidance. To facilitate this healthy coping and recovery, is quite incredible. To know that through these interventions, these people will heal faster, cope better, and improve the ability to maintain a cohesive team, is so meaningful. Also knowing this will help them be ready for the next difficult time they encounter is quite powerful. Because, as health care personnel, there is always a next time. It is the nature of our work.

Suicide Awareness: An Introduction for Crisis Responders Online Student Comment

By: *Evette Zurbriggen, ICISF Member*

After completion of my first course with ICISF "Suicide Awareness: An Introduction For Crisis Responders," I was invited to write a corresponding article for LifeNet.

There will always be a need to bring awareness to the general public regarding suicide and a need to be willing to ask the right questions, without fear. What does this mean to ask questions without fear? There tends to be a widespread belief that if a person suggests that another might be considering taking his/her own life, that they are suggesting the "thought" or planting the seed. It is a false belief. The truth is that we as a community can take brave steps to act upon "our natural" instinct to care for one another, by directly asking if the person is thinking about taking their own life. Asking if they would really rather just not live in this current circumstance, instead of ending their life. This is not to be taken lightly, especially after witnessing unusual behaviors from either someone we know or possibly catching someone in their actual plan of committing suicide.

The course compared CPR to QPR. We would naturally help someone with CPR if they suffered from a heart attack. QPR is a well-known model of suicide intervention developed by Dr. Paul Quinett. It is used widely in the US and Canada. It stands for Question (about suicide) Persuade (try to convince the person not to act on suicidal impulses in the moment) and Refer (to a mental health professional (for ongoing care.)). You would be acting as a gatekeeper.

This reminds me of the Bible story about the Good Samaritan. In Luke 10:33, after several others had passed by a man that was obviously attacked, robbed and stripped of his clothing, the Samaritan was brave enough to stop, he took pity, in other words, had compassion on him and took action by

bringing the man to a place where he could receive help. The injured man was not able to express what he needed as are many people who are contemplating suicide, due to despair or mental illness. (which is another culturally taboo subject that needs awareness).

The one common thread is those who attempt but do not succeed, all say they are glad they did not die. This is where they receive counsel, medical help and family assistance. Unfortunately, those who complete their plan cannot be questioned.

Many people "seemed fine" and the surviving family, friends and even doctors report the victim of suicide declared no warning signs, but wished they would have asked more questions. My personal experience that I can share is that after a loved one takes his own life, survivor's guilt can set in and then the tell-tale signs come to mind. I lost a brother and two close family members to suicide. It was devastating to our family. This is why educating ourselves about what we can do together as a community is vital to saving lives. Let's keep our eyes open and be aware of others who may be hurting, ask direct questions and have a plan to refer for help. Keep the National Suicide Hotline Number handy 1-800-273 TALK(8255) and if possible, stay with the person until help arrives.

In conclusion, allow me to remind each person reading this article that you matter, you are a valuable resource in your community and you can help others and save lives by caring. That includes caring for yourselves too! We have resources available to avoid burnout and compassion fatigue and to be equipped to carry on being "Good Samaritans".

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The Applicability of Critical Incident Stress Management (CISM) Principles to General Aviation

By: Gus Hawkins, General Aviation Pilot and Founder of Back to the Cockpit

As CISM practitioners, we have accumulated knowledge, experiences and skills to help people cope with extremely stressful experiences. We understand how to conduct an intervention, how to lead a debriefing. We are conversant with the SAFER Model of Individual Crisis Intervention. But how do we use these skills to help a distressed individual who is not in a readily identifiable group already known to us? How do we assist someone when we don't know who or where they are? Can we find a way to help someone who does not even know that such resources are available?

These are some of the difficulties of assisting general aviation (GA) pilots who have experienced a serious aircraft incident or crash. They are often alone in their experience. Perhaps they have passengers. Both the pilot and his or her passengers have a shared experience, but differing responses. There are usually no other pilots involved. Few know of any available resources for helping them cope with the stress and emotional trauma of their accident. Few are aware of the principles and practices of CISM.

In talking about general aviation pilots, I mean unpaid pilots. Pilots who fly simply for the love of aviation. I don't use the terms professional or amateur, because no GA pilot I have ever met would admit to being an "amateur". We take our commitments seriously, and always strive to be the best pilots we can be.

We know that CISM resources are available to airline and test pilots. Critical Incident Response Programs (CIRP) are available to this group and we are well aware of their successes. But, no similar system exists for GA.

Why? It is simple. Airline accidents are high profile and garner a lot of attention. The airlines and unions have financial resources that GA pilots do not.

What kinds of GA incidents are we referring to? Here are some examples:

An ATP rated pilot loses power immediately after takeoff in a GA aircraft. She crash-lands with fairly minor injuries, but worries about what she could have done better.

A private pilot flipped his experimental aircraft upside down while landing. He and his wife both received very serious injuries. He returned to flying, but has been unwilling to take his wife flying again, even though she has asked him to.

Another private pilot lost his engine while taking off. Without sufficient runway to land, he felt his only two

options were to head toward a grove of trees, or crash into the FBO building. He chose the trees and was seriously injured. He lost his job because of time taken off work to recover. He is still very stressed over the incident.

A pilot experienced two serious incidents. In the first, he lost his engine while in flight, and had to set the plane down in a small clearing created by logging operations. He was injured, the AC was totaled, but he returned to flying. His second incident occurred when he was hand-propping a light plane. Due to an admitted error, he left the throttle set too high, and when the engine started, he nearly was struck by the spinning prop. Which incident do you think bothered him the most? Surprisingly, it was the first one. Not the one where he admittedly made a mistake.

An ATP (Air Transport Pilot) on a passenger carrying flight, experienced catastrophic turbine engine failure on takeoff, at an altitude of about 300 feet. His only option was to make a water landing, where he avoided flipping the fixed gear aircraft onto its back. In spite of being injured, he got all of his passengers out safely, even giving his life preserver to a passenger who had failed to take one upon exiting the plane. Sadly, a passenger died in the water from a pre-existing health condition. He was troubled by this loss of life, even though he knew he could not have prevented it.

A commercial-rated pilot flying an experimental aircraft, lost his airspeed indicator upon take off. He forgot Bob Hoover's maxim of "Fly the airplane first, the emergency second", and crashed after a power-on stall. His confidence in his flying skills was seriously damaged. This confidence was significantly restored after a subsequent mechanical emergency in a different aircraft was successfully handled.

What do all of these stories have in common? Simply that they all involved general aviation and none of the pilots were aware of any resources to help them cope with their traumatic experiences. Their angst did not always seem directly proportional to their sense of guilt, in terms of having made an error. Most questioned their responses and wondered how they could have performed better.

It is easy to label these reactions as Post Traumatic Stress. I personally choose to not use the "D" word at the end. PTS is a perfectly natural response to insane circumstances. It should not be labeled a disorder which stigmatizes the individual and inhibits their willingness to seek help.

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Retirement? Why Would I Do That? CISM is Too Important!

By: Richard Grice, ICISF Member

After 8 years in my CISM team, I often ponder what would take the place of the incredible sense of fulfillment that is such an essential component of who I am. It is the main reason I am not yet retired. At age 67 and having lived the last 50 years in a small valley town in northern British Columbia, Canada, volunteering for my community has long been one of my joys. As a musician, that community volunteer fix was through helping to bring music festivals, concerts and instrument camps to my home. As the old guard (me) started to step aside for new and younger folks to do their musical community part, CISM appeared to be a worthy next step for me.

I work for the British Columbia government Ministry of Forests, Lands, Natural Resources Operations and Rural Development (FLNRORD). In 1994, some people within our Ministry saw the need for a Critical Incident Response team after observing the effects of fatalities and other serious incidents on some members of our Wildfire crews. The Ministry agreed and supplied the funding for a CISM team to be established. With Dr. Jeff Mitchell and Dr. George Everly formulating the protocols of CISM only a couple of years earlier, our team is one of the longest running CISM teams on the planet. The stature and presence of our team has only increased since then as has the commitment of the government to the team.

Having always had an ability to listen closely to what my friends had to say, especially under duress, it was natural that the CISM concept piqued my interest. Oddly enough, that ability to listen stemmed largely from the fact that I have an 80% hearing loss in both ears due to a bout of measles when I was 4 years old. Measles vaccinations did not exist in 1956. I had to pay close attention to whoever was talking to me. I still do.

Little did I realise what an extraordinary skill set I would develop when I was accepted into our CISM team in early 2011. Little did I realise what an incredible team I would become part of. With our government using Competency Based interviews as the platform for hiring employees for new jobs and promotions, there is nearly always a question around teamwork: "Tell me a time when you were part of a well functioning team". My CISM team is the best team I've ever been part of. Period. Were I to pick a single why that is so, is that we all feel as I do about helping others and we all take care of one another.

The learning journey down the CISM road has been so much more than I ever thought it would be. After all, how can we be



*“...I have never in my life
felt more fulfilled than
I do when on a CISM
intervention.”*

good Peers without having at least a rudimentary knowledge of mental health issues, suicide, grief and bereavement and how the biological thing that is our brain and body reacts to Critical Incident Stress.

Our team has had to learn and change and grow this last few years in very similar ways as our US neighbours. In events that somewhat mirror what has happened in California this last couple of years, 2017 and 2018 saw the two worst forest fire seasons in British Columbia's history. From our CISM perspective, a one to two month long critical incident was virtually unheard of. Upwards of 50,000 people evacuated from fire zones. Firefighters experiencing extreme fire behaviour on a scale and scope rarely seen before. 'Short' Critical Incidents such as faller fatalities, aircraft incidents, MVA's and near misses occurring within the larger event of the wildfire. All of which drastically increased the amount and kind of stresses our firefighters, first responders and support teams had to endure.

While 'new' concepts as Building Resilience are the buzz these days, I've found that a more daunting task is affecting a cultural change and mindset about CIS. We've all heard those stories of having to be 'tough', to 'suck it up buttercup' and so on. Wildland Firefighters, in this case, pride themselves on being tough, not to let down the team etc. With more and more women being hired in these roles, they feel the pressure to perform equally alongside their male counterparts and the males not wanting to be seen as weaker than their female brethren. I will mention an interesting caveat here: a couple of female crew leaders I've met these past two fire seasons who have gone above and beyond in taking care of their crews. Perhaps we need more female crew/incident commanders? Back to the word 'tough'. Being tough is admitting to yourself and your crew that you're having trouble.

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Constant Need

By: Chris (Buster) Holzer, ICISF Member, Ordained Minister & Outdoor Evangelist for Livin' Loud Outdoors

I have been working in ministry for the past 23 years, 21 of those years in some form of full time or paid staff position or supported ministry position. I was introduced to CISM some 20 years ago while serving as a youth minister in North West New Mexico. My first introduction was completing a Pastoral Crisis Intervention Course offered to our area youth pastors alliance. Little did we realize how quickly these learned skills would be put to the test in our local High Schools ranging from Auto Accidents to Teen Suicide.

I went on to complete the Suicide Prevention and Intervention, Group Crisis Intervention, Advanced Group Crisis Intervention courses and most recently completed the Suicide Awareness Course online. These Courses have helped me a great deal in dealing with the trauma others have incurred through a multitude of avenues including the crisis encountered nearly daily as I served for a time as a Juvenile Detention Center Chaplain where youth of all ages dealt with the emotions of their consequences resulting from their choices.

Today I serve as an Outdoor Evangelist and Board Chaplain for ministries who offer recreational outdoor therapy to our Nation's Wounded Veterans and physically challenged individuals through Hunting and Fishing events. Our Nation's Military are challenged on a daily basis from things they are and have been subjected to that are contrary to our human nature, thus creating the atmosphere for PTS to have an effect on their lives. Obviously suicide is a great concern for our Military Veterans, and even within the active duty realm, CISM is a crucial tool that I use every day as I spend time on phone calls or on social media or in person interacting with people who may or may not be struggling to survive.

Nearly every day I utilize one of the simplistic phrases that I learned from my course time in CISM training, ... "What your feeling is Normal" I have literally watched the fog and even pain leave the eyes of someone who has experienced trauma when they are able to grasp that what they are feeling is a normal human response to something a normal human shouldn't have to experience. The training within the CISM courses to "Normalize The Feelings" has been a crucial element in my ability to help someone who is experiencing Post Traumatic Stress, no matter where its coming from. I am thankful for International Critical Incident Stress Foundation for their ongoing research and development in order to bring these must have tools to the table for our benefit in reaching out to those in need.

SHARE YOUR TEAM'S MILESTONES 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 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.



ICISF Welcomes Sheila Ramsey Dail to the Board of Directors

(continued from page 3)

Eventually I had the privilege to attend one of her training programs, and I began to understand the unique necessity for a volunteer group structured to assist flight attendants. Although pilots and flight attendants are a team in many aspects, our challenges are sometimes very different.

I also met Pete Dillenbeck, at the time an ICISF board member. He invited me to do a presentation at an Aviation Day Workshop during The World Congress. It was through the ICISF's community of aviation team leaders that I realized the necessity of leadership, education, training, consultation, and support as stated in ICISF's mission statement.

During my 10 months of leave from the airlines following the Hudson River ditching, it was leaders like Eileen and Pete, as well as many others I had met at the World Congress, who inspired me to take on a new mission.

I was determined to ensure that all my fellow flight

attendants were provided the same level of support that I received following my experience. Their traumatic events might not reach the national spotlight that mine did, but they are often just as life altering and will possibly affect them in all aspects of their lives. I approached my company, USAirways, with the need for a peer support team modeled after Southwest Airlines CISM team. I am proud to report that in 2011, I was asked to help create a flight attendant peer support team. We began small with about 34 team members, and following the merger of USAirways and American Airlines, the team has now grown to almost 200 volunteers. Training is done following ICISF's guidelines.

It is my hope that my experiences and the knowledge gained over the last ten years will be an asset to the ICISF community, especially in the Aviation sector. I am so eager to begin working with a diverse team that shares a common goal, and I look forward to growing in my role as a board member.

The Individual Employee in Crisis; a Not So Insignificant Event!

By: Diana Sorrentino, Ph.D.

Ever more frequent than the major Crisis or Critical Incident for which our clients have prepared is the development or manifestation of an individual employee's personal or family problem which has reached the point where it has overwhelmed the individual's ability to contain, cope with and manage their situation.

All too frequently; occurring now on a monthly basis, we will receive a call from either a new or existing client indicating that "we have a problem employee" and we do not know how to handle this development. Handling this development is a challenge for the employer because the employee in question has had a favorable and trouble free employment history and the current "problem" appears to have developed out of nowhere and is now having an adverse effect on the employee's performance; his colleagues and the workplace environment.

For the employer the problem came out of nowhere because they were not aware of the employee's personal or family problem; a problem which may have been developing or existing for a significant period of time, until such time as the employee's behavior and professional performance have been adversely affected. In essence; the employee's personal problem has now become a problem for the employer.

Each of the interventions we have been involved with; when

an employer has enlisted our assistance with their "problem employee", the cause of the behavioral and performance changes has proven to be a significant critical incident or crisis for the employee as their issue is overloading their ability to deal with their problem. In many instances their life is spiraling out of control and their personal inhibitors are collapsing around them.

One of the most challenging aspects of our involvement when the employer has enlisted our services; when we have our initial meeting with the employee, is to convince the employee that our team and their employer are there to help and that we need their cooperation, cooperation in the form of information on situation they are experiencing, so that we can collectively provide assistance or direction to the individual.

There are times when the employee refuses to cooperate. This is when the employee will be required to complete a fitness for duty evaluation with one of our psychologists. When completed; this evaluation has routinely been successful in obtaining the relevant information we need from the employee and as such becomes the basis for an appropriate intervention.

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The First Anniversary of the "Mid Air Collision over Lake Constance"

By: Niels Michael Hoi, CISM Coordinator for NAVIAIR/NUAC AB, Danmark & ICISF Member

As an air traffic controller, a collision between two aircrafts is the worst thing you can experience. The night between July 1st and July 2nd, 2002, this is exactly what happened over the city of Überlingen in Germany. The two aircrafts were under the control of "Skyguide", an air navigation service provider in Switzerland. At the time I was employed as an air traffic controller in this company and worked in Zurich.

At the time of the accident we had no CISM preparedness but were assisted by colleagues from Germany who performed debriefings and CMB's. Subsequently, we created and trained our own CISM team, which I became a part of. This story is about our efforts on the first anniversary of the accident.

After basic CISM training, the preparations for the anniversary of the accident over Lake Constance (Überlingen) was the first real task for the CISM group in Zurich. In the weeks leading up to July 1st, a peer group was set up to prepare and coordinate all activities in the period before and after July 1st. During the critical days just before and after the anniversary, a coordinator was appointed who kept track of which peers were available and who had an overview of all of the planned activities. As it was in the middle of the summer period, we only had a limited amount of peers home, therefore we had to adjust the activity level so that it did not exceed the crew requirement. It was exciting to be involved from start to finish, to see what seemed like a good idea at the planning stage, but which later turned out to be unnecessary or excessive. But furthermore, to notice the small things that seemed insignificant at first, but which turned out to be good support for our colleagues.

When the planning was finished, the various tasks were distributed among the peers who were present in the small week where we had assessed that the need for CISM was greatest. I was assigned the task of doing Teaching for the controllers who would be at work the night between July 1st and July 2nd. I also had to be present in the control center at the same time. Our thoughts were that it would be good support for the air traffic controllers who were on duty this particular night. Plus it would be a good signal to send, precisely on this night, that CISM had come to Zurich. In addition, there was, of course, the possibility that a peer would be needed for a conversation. During the preparations, we assessed that the need for a 1-1 safer was especially great on this shift.

According to the plan, the peer who was going to do teaching for the air traffic controllers with night shifts between the 1st and 2nd of July was supposed to do so "face" to "face" in the 15 minutes briefing time each air traffic controller had before

the start of the shift. However, after careful consideration, we found that it might be a little too ongoing and that perhaps it would create more harms than benefits. Therefore, it was decided to use email and written information in each employee's locker a few days prior to the 1st of July. In addition, posters were hung in the briefing room with relevant information on stress reactions and trigger factors.

It seemed like a normal evening when I arrived at the airport on July 1st, but everyone noticed that there was something different, something in the air. Maybe it was a small stress reaction you could feel- I don't know, but I found it difficult to be calm and time was passing very slowly. Already on the way up in the lift, I met one of the 3 air traffic controllers who had a night shift. The brief and polite conversation on the way up to the 6th floor showed that everyone knew what kind of night it was. I signed in with the shift leader and stayed in the common room. On the way, I received several positive comments, such as: "Do you really want to spend your night here with us voluntarily?", "it's great that someone thinks of us" and "it really means something that someone is here tonight". The positive comments were kind of the starting point for it becoming a good night. I went from having been a little nervous, to being unable to wait to talk to people, about CISM and about the attitude to the processing of the accident on July 1st over Überlingen the year before, both from Skyguide and from the air traffic controllers. At 11 pm I went down to the 3 air traffic controllers who were operating the night shift. I could immediately feel the positive mood, that I also felt I was a part of. The fact that someone (the CISM group) had reported that it was allowed and even normal to show reactions to abnormal events opened up the desire to talk about the situation and discuss. Without breaking the trusted and close relationship one naturally obtains in connection with such a special night, I dare say that on this night I gained more insight into the inner workings of an air traffic controller with regard to work ethic, pride and integrity than I had previously in over 15 years in the field. Once the seal was broken, everything could be talked about and brought to light. This, I think, is one of the strongest resources you as a peer can make use of when the opportunity appears.

Later in the night when I was on my way home, it became clear to me that it was often indifference to people's feelings and reactions that could trigger stress reactions. The fact that people now knew that there was a real opportunity to talk about things, a person or even group of one's own colleagues who were ready to help if there was a need for it, and to do so voluntarily, was something completely new here in Zurich.

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Lessons Learned – The Importance of Post Action Staff Support (PASS)- Debriefing the Debriefers

By: Anne Daws-Lazar, BSW, Coordinator of Washtenaw County CISM Team, ICISF Member

The day started out in a pretty ordinary manner. I worked in my office until about 2:30 and was walking to my car as I got the first call. A friend - counselor in a local school and long-time team member called to let me know about a death on the campus of a local school. I had heard the ambulance request on my way out of my office in emergency services at the sheriff's office. It came in as a 'person down' in the parking lot - possibly an allergic reaction. In the end - it was a student suicide. I drove directly to the school and we started planning the crisis response which included our team (Washtenaw County CISM) as well as other crisis response entities in the school system.

Members of our team spent the next 2 weeks on the grounds of the school for at least a couple of hours each day. We did CMB's, Debriefings and several Individual interventions. We tried to check in with each other at the end of each day - though this was a bit hit and miss since sometimes there was only one person from our team on scene at a time. Because this was a very large event we planned a formal PASS a week or so after the event ended. It lasted a few hours, was well attended and people had good things to

say about the experience - though not everyone was able to attend. This particular event got to me because, as the coordinator, I 'over immersed' myself in it and was there almost every single day (even though I'd tell team members NOT to do that). But I had a good friend and mentor in Mike Murphy - One of the original creating members of our team in 1987. I informally debriefed with him several days a week during this response - sometimes in person and sometimes by phone. (He passed away in 2017 and I miss him every day!)

This story isn't so much about THIS event though I WOULD pay more attention to ongoing PASS (Post Activation Staff Support) in a big event in the future. But, while there were things I'd do differently, I feel like it went as well as could be expected given the type of event. We will incorporate/have incorporated changes in how we handle similar responses in the future.

This story is more about all of the other responses. I've been the coordinator of the Washtenaw County CISM team for over 5 years.

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The First Anniversary of the "Mid Air Collision over Lake Constance" *(continued from page 10)*

One thing is for sure, the positive reception and acceptance of most peers in connection with the work of the anniversary means that even though the accident over Überlingen was a terrible disaster, it became the start of a good and strong peer team in Zurich.

Perhaps CISM is a slightly skewed size, that most executives prefer to hide away a little, but the fact is, that in addition to the pure actual utility, most employees find it good support that some of their colleagues will make themselves available in case someone needs help. For many, CISM is the same as the glider's parachute, the car's airbag, or the sailor's lifeboat, good to have, but you hope it will never come into use. When I was on my way home in the early morning between July 1st and July 2nd, I was stopped by a police checkup. When inquired by the policeman, I told him where I worked and what I had spent my night doing. He responded: "Yes, I've heard something about it being a special night for you guys tonight." And he was right. The Überlingen incident will never disappear or be forgotten, it will always be attached to us, but in these days we took the first steps to move on.

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The Applicability of Critical Incident Stress Management (CISM) Principles to General Aviation *(continued from page 6)*

Indeed, two doctors told one of these pilots to keep their feeling of “feeling blue” to themselves, for fear of having the FAA take licensing actions against him. Was that actually in the pilot’s best interest? Not at all!

So, how can we use CISM principles to help individual GA accident pilots? I am assuming that the reader is familiar with how to conduct an intervention and how to lead a debriefing. CISM certified practitioners are very conversant with the SAFER-R Model.

My experience is that the use of any of these approaches grows more difficult with the passage of time. If the pilot or passenger reaches out for help promptly, more techniques may be effective than if many weeks first go by.

The importance of peer groups is critical. It is important to note that pilots, like most peer groups, see themselves as unique, with specific skills, interests, passions and a sense of absolute responsibility. They often feel that only a fellow pilot can understand what they experienced and how they feel. They believe that non-pilots cannot really help them. A clinical practitioner I talked to about this subject very much disagreed with the assessment that non-pilots could not help. While she was technically correct, she missed the point that perception is reality. If the pilot feels that only another pilot can help them, then their perceptions form their own reality.

This makes sense doesn’t it? We use peer-response in CISM as often as possible. Why? Because it provides the best outcomes. That is why CIRP is based on peer responders.

However, we should never forget that a mental health professional who has worked around aviation, and who understands pilot culture, can normally establish a good connection with pilots. The key is to be able to convey to the accident pilot the fact that their issues and concerns are understood.

So, the effort to help accident pilots first centers on awareness. We need to find a way to inform the pilot that resources exist to help him or her obtain the help they may need. How can we find and reach out to these people?

My approach has been to read NTSB reports each week, cross reference their accident reports with the FAA aircraft ownership database, and then send a personal letter to the owner of each aircraft involved in a reported accident. Unfortunately, the NTSB reports do not specifically identify the pilot, so we have to rely on the owner passing the letter on to the pilot if it is not the same person. Because of the time it takes for the NTSB to issue their reports, it usually takes a minimum of two-three weeks for contact to be made

with the pilot. This timeline certainly does not meet the model for prompt CISM response.

The letter recipients are provided with a website, BackToTheCockpit.org, and are encouraged to visit the site to review the resources which are provided. Personal contact information is given so that they can reach out to a fellow accident-pilot if they wish. Participation and response are totally voluntary.

Those who have called almost universally want to talk about their experience with someone who they believe will understand what they have gone through. They want to “vent”. Sometimes, they want to express their frustration with the accident investigation process. Occasionally, they are very candid about their feelings, and seek validation. The most called-for CISM skill is to listen with empathy.

The bottom line is that we must find ways to better reach out to these pilots and offer our assistance. At that point, our CISM knowledge and training can be utilized to provide assistance.



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The Individual Employee in Crisis; a Not So Insignificant Event!

(continued from page 9)

When proactive, direct intervention is required on behalf of the employee the intervention is managed in the same manner; albeit on a much smaller scale, as an organization's response to a major critical incident or crisis. As such; Critical Incident Stress Management along with whatever intervention resources will assist the employee through their crisis will be provided. No two interventions are the same so creativity, flexibility and compassion will be required.

A Synopsis of a Recent Case:

Recently we received an early evening call from one of our restaurant clients; a conference call with the Director of Human Resources and the restaurant's manager, in regards to a line cook's statement that he was so overwhelmed and frustrated that felt like killing himself and, should he decide to do so, he was going to take everyone there with him.

Needless to say in today's environment a statement such as this would send anyone into a state of panic; as was the case with the restaurant manager.

I asked the HR Director and restaurant manager about the employee's employment history and the existence of any previous disciplinary problems. The restaurant manager stated that individual had been employed for over two years and during that time proved to be a reliable and responsible employee with no issues or concerns. As such; based on the preliminary information, this sounded like an acute life crisis development for the employee.

I personally responded to the restaurant to intervene and have a conversation with the employee. Initially the employee tried to blow off the severity of his statement by claiming that he has a dark sense of humor. I explained to him that I was a behavioral analyst and that statements such as his were not associated with a dark sense of humor and that more often than not were a cry for help.

I also explained to the employee that I was there to speak with him because management gave a damn and that his employer wanted to provide whatever assistance they could to help him deal with whatever the situation was which prompted him to make such a statement. I also advised him that too many employers would have terminated him on the spot for such a comment and that his employer was interested in helping and not adding to whatever his problem was.

It required the better part of an hour's worth of conversation and prodding before he took confidence in our desire to help before he finally opened up about what was going on in his life that had him so frustrated and overwhelmed.

He stated that he had a fight that morning with his fiancé about their wedding plans and that their disagreement became a very ugly fight. He indicated that he said things that he should not have said and he was afraid that he was going to lose her; especially since she threw him out of their apartment.

I listened intently and then asked him what else was on his mind and troubling him. He went on to explain that he was so distressed over trying to put together his guest list for the wedding because so many of the friends he wanted to invited were dead because of drugs or gang violence. Needless to say this; on top of the fight with his fiancé, was weighing heavily on his mind.

He spoke at length about his lost friends and how lucky he was not to have been caught up in the drug and gang scene. Needless to say there was a certain amount of survival guilt at play here influencing his emotions and state of mind.

We are now about three hours into the conversation when I asked what else was troubling him. While it did require some additional prodding he did indicate that he was in welding school and that graduation was six weeks away and that in order to graduate; as well as to start a welding apprenticeship, he had to pass a written and a practical examination. The stress of the pending examinations; coupled with the fight with his fiancé and his distress over deaths of so many of his friends, became too much to handle.

With this background information; and an agreement from the employee to accept counseling through the employer's EAP, I contacted the EAP provider to provide them with a briefing on the young man's situation so that counseling sessions could be scheduled.

The employee diligently attended and participated in the counseling sessions; as well as to include his fiancé when the counselor requested that she do so.

The employee; with the assistance of his counselor and his fiancé, was able to get his stress levels and his anxiety about his exams under control. He and his fiancé were able to move beyond their "fight" and continue with their wedding plans. He was also able to pass each of his exams and prepare for his new career path with the welding apprenticeship program.

We were fortunate enough to receive this feedback because the employee expressed his appreciation to his manager after passing his exams; and submitting his resignation from the restaurant, with a heart-felt thank-you for not terminating him and for helping him through his personal crisis.

A Mother's Pain: I Will Not Leave You

By: Dr. Kathleen carterMartinez, CRT, CSA, ICISF Member

What I hope to do in this article, is to share my experiences with a tragedy that I responded to without the benefit of a team and armed only with my knowledge of CISM and trauma response at the time.

When I received the invitation to write an article for the LifeNet Newsletter, quite to my surprise, I found myself focusing on an event that happened many years ago when CISM and the concept of debriefing teams were still 'new.' During that time, I was working on finishing my graduate degree in Clinical Psychology, and at the same time, I was already working in E.R.'s in Psych Emergencies and Crisis Intervention. Having already come to this field with a medical background and a law enforcement degree, I was an ardent advocate of CISM and a true believer in the need for and the healing power of CISM Teams.

The event I want to share turns out to still evoke a powerful emotional affective response from me to this memory, decades later. That alone attests to the importance of now having comprehensive CISM services. I chose to talk about this event here because it is really the first time, I have had the opportunity to do so. While I initially responded to this event in an emergency room and then through my private practice, while not on a team at that time, (one was not available), it was my basic understanding of CISM that carried me through a very-very difficult 1.5 years.

At the time of the event, we were living in a tiny New England town, and I was working as a consultant for the local hospital E.R. Geographically we lived very close to the hospital which worked for the needs of our young family at the time. The things that I want to share here might seem 'small' in the larger picture for traumatic events and CISM response, but even now I think they are details we should all be aware of when responding to any event.

Before I was advised that a traumatic event had occurred in our community, I could 'feel it.' Perhaps if you live in a small community, you might know what I am talking about when I say that the air was charged with a heightened energy 'that something had happened' before most people knew for a fact that it did.

I received a call from the E.R. that there had been an accident in the community with multiple deaths. There had been a car accident wherein a father and all of the children were killed. The mother was not with them, she had been taking care of other errands. The hospital was 'small' by any standard, yet within 30 minutes of the incident, the entire parking lot was filled, and cars poured over into the surrounding streets.

Who was there? Everyone. The hospital was on high alert. The E.R. was filled with family members, friends, police, EMS, firefighters... 'what happened'... 'who died'... 'is anyone alive'... 'does the mother know'?

What does the mother know? What I learned here, was that even in the indisputable face of tragic and violent death where a father and (3) children were killed, the most critical question was... 'Does the mother know'? This immediately became the focus of all organized activities at this point.

The father and two of the children were killed upon impact. One of the children was decapitated. One child did not die immediately from the impact. From the E.R. the child was transported by helicopter to the medical center three hours away. The child was transported before the mother could get to the E.R., she then had to drive three hours to the medical center, where she got to hold her child in her arms one more time before the child passed.

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“The event I want to share turns out to still evoke a powerful emotional affective response from me to this memory, decades later. That alone attests to the importance of now having comprehensive CISM services.”



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A Note to Those Entering the Field of Corrections: “Survive Your Career” (continued from page 1)

Then there is the constant “con games” in which offenders can attempt manipulation to meet their needs, have second and third agendas in their presentations with you and the ever present possibility you could be subject to physical and emotional violence intermittently or constantly depending on the security level and unique dynamics of each Institution.

So now that you have read that and are considering working at Home Depot instead, I’ll try and give you some gems of wisdom to help you survive. I will leave the physical survival to those that will train you in such with the caveat that the mind and body are connected and what happens to you physically registers with your psyche as well. CISM and EAP are put in place to help you to deal with not only traumatic experiences you may be involved in within a career but they also educate you on how to become resilient against OSI’s (operational stress injuries) so that you build a psychological body armour as it were. Take these lessons to heart they can balance the negativity, cynicism, and disillusionment that can creep into your personality as a result of being immersed in a work environment where being on edge can save your life. There is a term, hypervigilance, which quickly means; in the morning you suit up (literally or metaphorically) to work in an institution, “you’re on” being hyper aware of everything so you can survive your day. Should you not be able to shed this post shift and it becomes a lifestyle you can become very difficult to live with. Post shift take 30 minutes or so to shift from Correctional Staff to family member. For example; all day long we issue directions to offenders, they are expected to comply, when told to in a timely manner and if not suffer consequences. Try that at home, I hope the garage is heated! Talk to your family and have them understand to give you a

few minutes to do the latter, its good practice.

Got a support network? Get one. Get a support network that involves those you trust those that you may work with, but perhaps more importantly people that don’t work in Corrections that represent a reminder that there exists a world where everything is not skewed and everyone is not a criminal.

Get to know stress in your body and behavior, what it looks like, what it feels like, what hurts and how you behave. Learn it and when it happens do something about it there is some great literature on the topic but be sure it’s a reputable source. PTED, nope not PTSD. PTED stands for Post Traumatic Embitterment Disorder and you won’t find it in the DSM V. It is out of a mental health journal from Germany and it refers to when an organization or system shatters a core belief in an individual they hold as an accepted truth. The Correctional world can often not seem to make sense or those making decisions and policies can seem detached from reality of the front lines. Many times I speak to those just starting out and full of optimism and pride and a will to make a difference only to speak to them a few years in and everything is “bullshit” and everyone is an “a..hole.” I ask them; “what changed?” Did the system or organization begin to operate differently than the past? They respond indicating that the organization has always been “f..ked up”. So that means that the individual changed. I mentioned the “price;” this is what I meant.

Be safe be aware and put safeguards in place to “Survive Your Career” heart, body, mind and soul!

The Individual Employee in Crisis; a Not So Insignificant Event!

(continued from page 13)

This is but one example; others cases we have been involved with have been even more significant in regards to the crisis an employee was facing. These cases underscore how early intervention and the application Critical Incident Stress Management can contribute to a very positive outcome for an individual employee as well those who have been emotionally and/or physically impacted by a major Critical Incident or Crisis.

This young man's case was addressed quickly and effectively through immediate intervention and counseling. However; many of the cases with which we have been called upon to intervene on behalf of our client were not so simple and straight forward.

Hostile divorce proceedings; home foreclosures; bankruptcies; death of a parent, spouse or child; terminal illnesses of a child or spouse; major motor vehicle accident; having been the victim of an assault; witnessing

the death of a coworker; have all taken their toll on individual employees in the absence of a company-wide Critical Incident or Crisis.

Many of these events required creative interventions on the part of management. Depending upon the nature and scope of the employee's issue, these are some of the responses from management: Flexible work scheduling to allow the employee to attend to their issue as well as to have counseling. Teaming up the employee with a coworker to relieve the stress associated with project completions. Provide advance payment to the employee for their unused and unearned personal or vacation time. Assist the employee with processing loans through their 401(k) plan as well as whatever resources the employer was in a position to offer.

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Lessons Learned – The Importance of Post Action Staff Support (PASS)- Debriefing the Debriefers *(continued from page 11)*

I have been a member of the team since 1996. By trade I was a dispatcher with a local law enforcement agency for 25 years (was coordinator of the team for 5 years during this time) and I have an undergrad degree in social work. Our CISM team has about 15 ACTIVE (35-40 on our roster) members of our team and we handle on average 35 incidents each year.

When we do a response there are usually 2-3 debriefers involved and they stick around to talk briefly after participants have left and before leaving the general scene of a response. They follow the basic form for the PASS – What went well? What do you wish had been done differently? What will you do to take care of yourself? We have only had the one large PASS after the fact though we have had other large (not quite AS large – but large) responses. The larger responses we have had have been after suicides in schools. It came to my attention not long ago that doing an informal PASS after each response had not always been happening in enough depth for all team members. Then I found that a few loyal team members were not calling back when I reached out to put together a response. In a regular team meeting - where we always do some type of skill building - it emerged that these individuals had been affected by responses and they felt that there had not been sufficient debriefing for debriefers after responses in all instances. I understand how this

happens – the team is made up of volunteers after all. They give up their evening, they are tired at the end and they just want to go home. I'm sure I've been guilty of this also! In addition, even for those of us who are trained as debriefers – it can feel stifling if the other person on your crisis response team says they are fine and ready to go home, and you don't feel that way. Do you say – 'you may be ok, but I need to talk'? For this reason, it is important to do this every single time you do a crisis response. The principle that applies here: 'you may not feel that you need it but something you say may be helpful to someone else.' Sound familiar?

Plus (and this is an admission from me that there is always a lot to learn even though I've been doing this for many years - and maybe because of that!) I had NOT scheduled a full PASS on a few large incidents that we have responded on. I was assuming that the people who were responding were touching base at the end of the day – and maybe they were but that's no excuse for me not planning the larger PASS at the end of prolonged incidents!

In response to these realizations I developed a presentation that would take an entire meeting regular meeting (2 hours) covering both how to do the PASS and why it's necessary and make clear that it's required to do this before leaving any response.

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Lessons Learned – The Importance of Post Action Staff Support (PASS)

(continued from page 16)

We also left time for people to ‘debrief’ during this time about incidents that have stuck with them and what they need (more discussion with a team member - one-on-one, referral to a mental health professional, was it enough to discuss this in a meeting {ventilate}).

In addition, whenever I coordinate a team response I now include documentation that outlines the PASS process as well as our regular team response report. Hopefully, a simple reminder will keep us all ‘honest’ and doing a PASS with each response. I also set reminders for myself and other coordinators to not neglect the PASS after larger events since, in the middle of these larger events, the coordinators need these steps to be ‘muscle memory.’

I found this reason for using the PASS every single time we have a crisis response on an information sheet about ‘debriefing the debriefer’ from the 90’s: ‘We do PASS every time to PRACTICE WHAT WE PREACH!’ It’s not done until the (minimal) paperwork is done and it’s not done until the PASS is done! PASS is essential in all crisis responses.

Retirement? Why Would I Do That? CISM is Too Important!

(continued from page 7)

Understanding that after 4 to 5 deployments you are becoming so exhausted that the biological organism that is your brain is starting to lose the ability to sense danger. Are you a hazard to yourself and your crew? All we CISM Peers can do is give you the information for you to make those decisions and to be there when you call for help.

As for me, I have never in my life felt more fulfilled than I do when on a CISM intervention. When people are in the depths of CIS, I’m the guy, along with my fellow Peers, who tosses the lifeline to help pull these folks back to life and living.

Strange indeed sometimes, that I can leave an intervention for a harrowing event with a smile knowing that I’ve made a difference.

Lastly I’ll relate how our neighbouring office lost a well loved individual a couple of years ago and a colleague confided that her thoughts were along the lines of “I was lost and just didn’t know what to do...wait a second, I know...I’ll call Richard.... he’ll know what to do.” To be thought of in those terms, well, it just doesn’t get better than that. CISM is where I need to be.

A Mother's Pain: I Will Not Leave You *(continued from page 14)*

The reason that I share these details now is that they were so significant concerning my work with the mother for almost 1.5 years.

On the day after the event, I was told by the E.R. that ‘they were flooded by phone calls from every counselor’ in the county calling to offer services, yet the family did not feel comfortable with any of those choices. So, I remained ‘on call’ for whatever might be needed. On the evening after the tragedy, I received a call from the best friend of the mother who told me that every counselor around had ‘been calling off the hook,’ some of them very pushy, many saying ‘I know how to help you, I know what to do~ pick me.’ The friend went on to say that she/they did not ‘feel comfortable’ with any of them, they did not ‘feel real.’ The hospital had given them my name and said to call me. Point blank she asked me ‘why you,’ why did they recommend you? Then she said, ‘can you help?’

Here was my response, I said ‘there is nothing in my training anywhere that has prepared me to know exactly how to help when a person’s entire family is killed. I will not tell you that I know ‘exactly what to do.’ I went on to say, ‘however, this is what I can tell you. I will work with you and stay with you,

and I will not leave you. No matter what happens, I will not leave. We will walk this journey together, you can say anything you need to say, you can scream, you can yell, you can cry, I will listen, and I will support you. We will work together until you feel you don’t need to be here anymore.’ In closing, I said, ‘I will use everything that I do know to help you, what we don’t know we will figure out together, I promise I will not leave you.’

The friend was quiet then she said ‘I need to talk to her (the mother) and call you back.’ I said ok. Ten minutes later, she called back and said, ‘the funerals start tomorrow, she wants to know if you can see her right after?’ I said yes.

On the following day, I started seeing the mother in my private practice which was in my home. The entire county was on fire with the question ‘where is she?’ ‘who is she seeing?’ ‘They better be careful, she is going to be a suicide!’ The mother never wanted anyone to know who she was seeing or where we were.

The fact that my practice was in my home was perfect, no one noticed her as she came and went through the front door on the porch.

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A Mother's Pain: I Will Not Leave You *(continued from page 17)*

During that time, the trend was for parents to have large buttons made with pictures of their kids. She did this too. Initially, I saw her three times a week and once a week she 'changed the pictures' on her photo buttons. Every single week.

At our first meeting, she sat down and advised me that I need not worry about her taking her own life. Because of her deeply held religious beliefs, if she wanted to see her children in the afterlife, suicide was not an option. That was our first and last discussion on that topic.

Here are issues we came to an agreement on: (1) no one was to know she was seeing me, (2) every week we would look at each of the new pictures (3) that I be willing and able to listen to the details of how each of her children died and (4) that I be willing to sit in silence through many sessions.

Through this experience, I learned more about trauma and trauma response by simply being able to 'stay in the

moment', whatever and wherever that moment might be.

Recently I responded to a call in the E.R., the doc called me and said, 'we have a tragedy in the community, there has been a suicide.' He went on to say that the son of the man who had taken his own life, came to the E.R., he did not know where else to go. My colleague said to me 'Dr. Kc, I am glad you are here because I just don't know what to say to this young man, I don't know what else to do'.

CISM allows us to 'be that person.' To my way of thinking, those of us called to this kind of work, 'bring with us' an unusual ability to accompany the wounded in their loss, to actually walk into the tragedy and loss and let them be there, but not alone. We provide a presence that does not demand that the wounded 'stay right here,' we go with them, we accompany them, we remind them, we are here to take them home when they are ready.' This is a gift.



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