

INSIDE THIS EDITION

Reflecting on the One Year Anniversary of the Capital Gazette Shooting.....	1
When the Helpers Need Help.....	1
You Better Take Notice.....	2
From the Desk of Terri Pazornick, World Congress Program Manager.....	2
ICISF Welcomes Alan Gunnerson to the Board of Directors.....	3
CISM Lesson Learned.....	4
Top 10 CISM Lessons Learned.....	4
The Capital Gazette Incident was an Event I will Never Forget.....	5
Pieces of the Puzzle.....	6
Thirty Two Years and Going Strong.....	8
CISM in My Life.....	10
Was It Supposed to be Like This?.....	14
From the Approved Instructor Department.....	18

LifeNet

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

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

3290 Pine Orchard Lane, Suite 106
Ellicott City, MD 21042
(t) 410-750-9600 | (f) 410-750-9601
Emergency: 410-313-2473

Visit us online at ICISF.org

Reflecting on the One Year Anniversary of the Capital Gazette Shooting

By: Erin Cunningham, NRP, EMS Officer, Cape St. Claire Volunteer Fire Company, Anne Arundel County, MD & ICISF Member

I have had the pleasure of attending several training classes over the last few years with Dr. Everly, Dr. Mitchell, and Dr. Welzant.

I began my involvement with my local CISM team because I've always had a passion for helping people and as a veteran, who has seen so many people emotionally suffer, I have always wanted to do my part to help my fellow veterans and now my fellow first responders.

I have been in the EMS field for only 7 years, so I still consider myself somewhat of a baby. I try not to compare my experiences against others because whether it's been 3 years, or 30 we all have stories.

CONTINUED ON PAGE 15

When the Helpers Need Help

By: Marilyn J. Wooley, Ph.D., ICISF Member & Approved Instructor

25 July 2018. 113 degrees--the hottest day of the year in the most sweltering July I could remember in Redding, California. My husband and I decided to drive north hoping to shave off a few degrees and get respite from wildfire smoke.

Two days before, a broken trailer wheel sent sparks into the Whiskeytown-Shasta-Trinity Recreational area and ignited the Carr Fire. Summer is fire season in Shasta County, but the rapid response of the National Park Service, the US Forest Service, and CalFire firefighters kept us safe in previous years.

The morning of 26 July, I glanced at the news. The Carr Fire had exploded from 3000 acres to 20,000 acres overnight. "Extreme fire behavior" the headline read, fueled by erratic winds, low humidity, and ungodly heat.



CONTINUED ON PAGE 7

2019 REGIONAL TRAINING SCHEDULE

August 1 – 4 | Houston, TX
Hosted by Emergency Chaplain Group

September 4 – 8 | Indianapolis, IN
Hosted by Indiana CISM Team

September 19 – 22 | San Francisco, CA
Hosted by San Mateo CISM Team

October 17 – 20 | Las Vegas, NV
Hosted by Vegas Strong Resiliency Center

November 13 – 17 | Baltimore, MD
Hosted by ICISF

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

2019 ONLINE COURSE SCHEDULE

CISM Practical Review & Update
October 28 – November 15

Law Enforcement Perspectives for CISM Enhancement
August 26 – July 13
November 11 – 29

Managing School Crises: From Theory to Application
July 15 – 26
October 21 – November 1

Suicide Awareness: An Introduction for Crisis Responders
July 8 – 19
October 7 – 18

Techniques for Delivering Bad News for Crisis Response Personnel
July 15 – 26
September 30 – October 4

COMING ONLINE IN FALL 2019! STAY TUNED!

Workplace Violence Psychology of Terrorism and Psychological Counter-Terrorism

FOR MORE INFORMATION ABOUT UPCOMING REGIONAL TRAININGS AND ONLINE COURSES, VISIT ICISF.ORG.

You Better Take Notice

By: Rick Barton, Chief Executive Officer, ICISF

If you look over your shoulder you might see people running up alongside. They are seeking CISM, they want peer support, they want a program to help their friends and colleagues, their employees, and the people they love. The need for support is not new. What is new is the rapidly increasing public recognition of the devastation of critical incident stress. It is imperative that you take notice, that you take action and that each of us takes the right action.

When society notices a problem, a crisis, or a dilemma, people tend to latch on quickly to whatever comes along. That is the current risk we face, that people will grab ahold of pretenders, programs that are not sound or models that do not include mental health professionals. You must play a part in helping leaders, agencies, and businesses choose carefully and thoughtfully. You can help them use CISM properly, to create an effective program.

Above all, your role as an advocate for CISM is now more important than ever before. Please join with us to help improve the lives of those who make us safe.

From the Desk of Terri Pazornick, World Congress Program Manager

ICISF's World Congress is a biennial event that "takes teamwork to make the dream work". As I write this article, we are preparing for over 500 of our friends and colleagues from over 20 countries to visit our hometown of Baltimore for up to six days. Here, participants will EXPLORE the spectrum of knowledge; EMBRACE the caring vibe, and EXPAND their collaborations and connections.

We've recorded some sessions of World Congress so that we can share the content with our membership. Please watch for the announcement with when these will be available to view in the ICISF member library.

Thank you to the ICISF staff, board, founders and volunteers who have come together to make this the best World Congress yet!

For our friends old and new who were able to participate, we hope the World Congress was everything you wanted it to be! Please let us know via your evaluation if there is anything we can do to enhance your experience next time.

We hope you all stay connected with ICISF through the programs we offer. Whether you attend online or classroom training, read or submit articles to the LifeNet or The Journal, become CISM Certified, or join a team, we thank you for staying involved and improving the lives of those who keep us safe.

ICISF Welcomes Alan Gunnerson to the Board of Directors

I would like to say a mighty hello to all of the members of the ICISF community. As a new member of the ICISF board of directors, I would like to introduce myself and provide my thoughts regarding critical incident stress and the foundation as a whole. My name is Dr. Alan Gunnerson, and I am a 25-year Army retiree, retiring as an Army Major in 2004, and currently a Director of Consulting Service Delivery for the U.S. Company CGI Federal performing as a Phase 1 Program Manager as part of the Army's Training Information System.

I come from a business and military background, recently earning my Doctorate of Business Administration (D.B.A.) through Walden University, through a program that allows scholar-consultants to assist nonprofit organizations like ICISF through the use of the Baldrige Performance Excellence Framework (2017a, 2017b). I have spent all of my adult life in the Army either as active duty or reservist, or an Army contractor supporting the Army, all predominately in the Military Intelligence community.

Throughout my 17 active duty years or as an Army contractor, I was not deployed to a war zone nor had fellow soldiers killed or wounded around me. However, during my years as an Army contractor and a senior manager, I managed and were close friends with military personnel that were in combat and had issues, whether their own situation or a close friend of theirs. In my current position, I lead several combat veterans. One of these combat veterans, a recently retired Marine Corps lieutenant colonel, had two battle buddies struggle with PTSD, and one of them, unfortunately, took his life. Additionally, one of my D.B.A. cohort members lived in Paradise, CA and had their entire home and ranch destroyed. Fortunately, my colleague and her family were in Texas at that time. So, being part of ICISF is personal for me.

The experience of performing as a scholar-consultant for ICISF enlightened me about the challenges that nonprofit organizational leaders and staff face daily and how those same leaders and staff make a difference to our society. From my time working with the ICISF leadership and staff, I learned how special this organization was. As part of the D.B.A. program, I attended ICISF training and met First Responders including firefighters, police officers, paramedics, and medical staff. I met ICISF's founders Dr. George Everly and Dr. Jeff Mitchell and CEO Rick Barton at that session along with much of the ICISF staff. The impact of what they described and what I could contribute really hit home. Over the last 30 years, ICISF leaders and staff have brought to the forefront the need to help first responders and others who are involved in critical incidents that leave them emotionally or physically affected.



ICISF is a special organization and that is why I am part of it. Key attributes of a successful organization—whether for-profit or nonprofit—include vision, mission, and core values. Mission and vision statements guide an organization's leadership decisions and behavior, as well as motivate organizational members toward a common cause (Kopaneva & Sias, 2015). Kopaneva and Sias (2015) defined a vision statement as what organizational leadership wants the organization to be in the future—the ideal future goal. The vision of ICISF is to support a world where people have access to CISM programs and services.

To further the work and values and to nurture the field of CISM, ICISF's mission is to provide leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, other organizations, and communities worldwide. Core values drive organizational culture, and leaders should use these values in making decisions (Warrick, 2017). The underlying core values of ICISF indicate that first, leaders and employees believe in helping save the heroes. Second, the organization operates around five core values: (a) team-driven approach, (b) personal interaction, (c) CISM done properly, (d) financial independence, and (e) peer support.

CONTINUED ON PAGE 9

CISM Lesson Learned

By: Lt. Col. Thomas Grady, Berkshire County Sheriff's Office, ICISF Member

As a member of a Critical Incident Stress Management Team, I am always impressed at how valuable that this process can be for participants and team members. The common thread for people involved in CISM is a sincere desire to help others. The training that we receive as team members helps us have the skills to conduct defusing's and debriefings and prepares us for the calls that we will respond to. What I have observed from other team members and myself, is that we all have strengths and challenges.

So what are some of the challenges?

- Confidence in our skills, feeling like we are less proficient than other members of the team
- Feeling like we could have done better
- Getting emotionally pulled in
- Not debriefing the team at the end of a session
- Knowing when to say no to a call because it hits too close to home
- Feeling out of our comfort zone

These are only a few examples of challenges, I am sure that others could come up with multiple items on their lists.

So what do we learn from these challenges?

- Realizing that we are part of a team and that we all bring unique strengths
- Self-care
- Knowing how to set boundaries for ourselves
- Developing strategies for gaining trust
- Participating in continuing education to build skills and confidence
- Acceptance that we do our best to help and that we cannot necessarily control the outcome

Being part of the CISM world is rewarding because we know the value of the process and we know that it helps others. There are times when people will comment on how beneficial a debriefing was or how the educational materials provided helped the people in their lives understand what they were experiencing. There are also those times when no one comments and we are left to wonder, did we make a difference, did the participants benefit? We will not always know the answers however if we always assign a team member to follow up a few days after the session, we can get a better idea if people found it beneficial or if further follow up needs to be done.

Sometimes, being part of a CISM Team, we are far too critical of ourselves. If we can think back to our training, which tells us that this process is peer driven and clinically guided, then we can take a little pressure off ourselves. We are not providing therapy. We are providing a short-term helping process. Some of our goals are to help stabilize and mitigate the crisis response and to educate and provide resources to participants so that they can navigate through their reaction to a critical incident.

(ICISF Core Course Manual Fifth Edition)

So getting back to lessons learned, what I take away from this process is that none of us will ever be perfect, we will learn from others as they will learn from us. We will hit some bumps in the road along the way and I believe that is normal. We are peers helping peers and we do not have all of the answers nor are we expected to. We are trained to help and I hope that for all of us who are trained, we will audit ourselves, other team members and the processes that we use in an effort to provide continuous process improvement by sharing our lessons learned.

Top 10 CISM Lessons Learned

By: Kimberly Willis, ICISF Member

1. **ONGOING EDUCATION:** to assimilate program into ever changing hospital community
2. **EMPOWER:** any healthcare worker to activate CISM
3. **ONGOING TEAM DEVELOPMENT:** gathering/ refresher training for team-review cases, skills review
4. **CLEARLY DEFINE:** context for debriefing/defusing; "didn't here about it, just showed up"
5. **VOLUNTARY PARTICIPATION:** Always, always-voluntary participation! People are traumatized, few appreciate being put on the spot, presence and silent solidarity are significant offerings and should be honored
6. **PROVIDE LINKS** for ongoing support-EAPs, Spiritual Care, etc...
7. **GENTLE RE-FRAMING:** purpose is non-operational; operational will happen-different format
8. Invite those impacted by Critical Incident to reflect on the people, places, practices that help them heal; empowers them to participate in their own healing
9. **CAREFUL COORDINATION:** clear details=clear and concise leadership, impacts entire process
10. **DEBRIEF CISM TEAM:** what worked? What was challenging? What would you do differently? Easy to forget or be too busy to do this but there are gems just waiting to reveal themselves to you!

The Capital Gazette Incident was an Event I will Never Forget

By: Scott McAdoo, Member of ICISF and Anne Arundel County CISM Team

The Capital Gazette incident at 888 Bestgate Road, Annapolis, MD 21401 on Thursday, June 28th, 2018 was a sad day for Anne Arundel County, Maryland. I was off during the incident and heard about it indirectly from my wife when she called me. My immediate supervisor was unreachable, so I made the executive decision to throw on my uniform and head to the scene.

Rather than head directly to the busy scene where the tragedy occurred, I found the area where all the witnesses, victims, etc. were waiting for family members. Everyone was inside or near the old Lord & Taylor department store at the Annapolis Mall. While making my way to the location I started to see several distressed people sitting outside on benches.

These individuals were clearly suffering from such an extreme emotional event. However, the press had saturated the area and were trying to get a story from everyone. It was clear they didn't want to be rude to the reporters, although it was also apparent they needed some space. I intervened as much as possible to try and give everyone an opportunity to step away from the reporters. Cognizant of what just happened, I tried to talk with them. Not about anything specific, but just listen mainly and let them know that their feelings are normal and "it's okay to not be okay".

Food and beverages were provided inside the old department store and offered to everyone. The local businesses and mall did a great job with accommodations. The air conditioning was not working so they even purchased several fans to try and make everyone comfortable.

Inside, all of the families were scattered around anxiously waiting for any kind of information. I worked my way around the room and spoke with as many people as possible. The group became smaller and smaller as families arrived to pick up their loved ones. Leaving only a few that started to realize their loves ones were killed during the incident. Time continued to pass by and everyone was desperate for information.

Finally, a group of Crisis Response counselors and police supervisor arrived on scene. Everyone perked up in the hopes of getting an update. One by one I watched as they went around the room and made the death notification to the families. The families sat and watched the bad news work its way to them. Although, this was the first and hopefully last time an incident occurs like this in Anne

SUBSCRIBE TO OUR E-NEWSLETTER!



SHARING KNOWLEDGE IN CRITICAL INCIDENT STRESS MANAGEMENT

VISIT ICISF.ORG TO SUBSCRIBE!

Arundel County, I hope they can move the families away from the other groups to make notification in the future.

All of the families had been notified except for just one. One deceased victim lived further away, and their spouse had not been notified. I was asked by a supervisor to make notification with a Crisis Response counselor. We responded to the residence and house was dark. We pushed the doorbell camera and were greeted by the victim's spouse. We introduced ourselves and asked if we could visit with them. They advised they were not home and were with a family member. It was getting late and they did not want us to come to their location. They also asked if we were there regarding their spouse. They advised the press had gotten ahold of them and told them their spouse had passed away. It was a difficult conversation to have over a door bell camera and unpleasant knowing the press contacted them before we could.

After making the final death notification I responded to Anne Arundel County Southern District Station and spoke with some of officers who were first on scene. I mainly listened and allowed them to open up about the incident. My message again was 'it's okay to not be okay' and their feelings were perfectly normal.

I learned a lot that day. I think we all did.



Pieces of the Puzzle

By: Chaplain (LTC) Kenneth Koon, ICISF Member

Until a few years ago I was never one that enjoyed putting puzzles together, although I admired the patience of those that did. The typical 500-piece puzzle is 27 pieces by 19 pieces. A quick calculation of those numbers reveals a product of 513. So, in my mind there always seems to be too many pieces. How could they all fit together to form a beautiful picture or at the least something that made sense? Puzzle hobbyist most often start by working the edges where they define the boundaries of what they are working with. They then move on to developing clusters which they ultimately bring together to create the desired outcome given the pieces they must work with.

I have worked with hundreds of individuals and families desperately seeking to sort the pieces of life shattered by tragedy, most often as the result of suicide. However, in all sincerity it has only been in the past few years that I have come to a better understanding of the place of the painful pieces in my own life puzzle. Much of this greater awareness has come in part due to the training received through the International Crisis Intervention Stress Foundation.

I now more fully understand the importance of self-care that empowers me to care for others. Perhaps most of all, I have learned how the painful pieces of personal

experiences have honed my ability to demonstrate greater empathy toward those in pain because of tragedy. Tragedy will always be accompanied by its counterpart, PAIN. As I see it, the purpose and challenge of the care giver in times of tragedy is the instillation of hope alongside the pain as opposed to hope instead of the pain. Both are pieces of the puzzle. To think otherwise is denial which may be part of the grief process but is not the place we want to remain for too long if we are ever to come to the place of acceptance where we can begin to heal.

One cluster of the puzzle may have various pieces that would not otherwise seem to fit together involving different people, places or events. It is often only as the larger picture begins to take shape that we see how the pieces fit together. Two fires separated by more than thirteen years, involving different people are uniquely woven together into my own experience as a cluster of challenging and similar events. The first in April of 1993 when I was first on the scene at a tanker explosion and was unable to save the driver. The second in October of 2009 when my third son had to be life flighted to the burn center in Atlanta after a Boiling Liquid Expanding Vapor Explosion burned him over 90% of his arms and the left side of his face.

CONTINUED ON PAGE 12

When the Helpers Need Help (continued from page 1)

We'd practiced fire safety—clearing our acreage of manzanita and wild grasses and limbing the oaks and pine trees—but I was uneasy.

I woke my husband. “We gotta go home.” While heading south on I-5, I called our pet sitter. “Put the cats in their crates and the dogs in your car. Get ready to leave.” The fire was miles away and there were no evacuation orders for the City of Redding, but I wanted to be prepared.

As we descended into the valley, the surrounding mountains faded into thick haze from the fire. Suddenly, a panicked buck leaped from the smoky forest onto the highway and was greased by a semi-truck. I was trying to block that vision when another deer ran out, got hit, and spun into the oncoming lane.

At home, we organized what to take and what had to be done to protect our home. I put our “go bags” into the car, pulled flammable patio furniture inside, closed the windows and all the interior doors. I felt gratitude that we had time, and foolish that I could be overreacting.

The lights went off. The land line rang. The reverse 911 advised that we evacuate. Outside, a deputy from the Shasta County Sheriff's Department tied a pink polka dot ribbon to our fence post indicating that the house had been checked for residents. The air filled with black smoke making it harder to see, much less breathe. I ran inside and gave one last look around. A thousand memories flooded my mind with anticipatory grief and loss. Not five minutes later the landline rang again. The reverse 911 pronounced a mandatory evacuation.

We left doors unlocked and the gate open. We drove to our neighbor's home and watched the sky turn crimson and black.



Ash and cinders began falling like snow. Nearby homes were burning. It was time to leave.

Our plan was to stay at my office. The main roads were clogged with evacuees, so we wended through neighborhood streets. There was a commotion in the parking lot. A neighbor jumped into her car and said, “We're leaving.”

Evacuating my office was not in my escape plan. I approached a firefighter. “You don't want to be here, ma'am. It isn't safe.” Later I learned that the apocalyptic Carr Fire tornado was eviscerating the neighborhoods across the river.

We were now homeless and scared. My husband called a friend who offered us a room. One couple staying there had run on foot to escape their house as it ignited with their pets trapped inside. No one felt safe—the violent winds could blow cinders across the valley and ignite more fires. The next morning, we drove through bitter smoke toward our house. A National Guard recruit stopped us at a barricade where an elderly woman stood sobbing. “Are you sure?” she begged. “My house is the blue one with the circular driveway.”

“It's gone, lady,” he said. “Everything's gone.”

“What about the houses near . . .” I named our cross street.

“Gone. What didn't burn last night, will tonight. They can't get ahead of the fire, even at night.”

We found a hotel room. Personal items were limited to what we had in the suitcases packed for our vacation. My office survived. We made plans to move in until we could figure out what to do.

I called my contact at CalFire to help with CISM of first responders. She said, “Are you crazy? You have your own emergency. We'll find clinicians.” I felt a little left out but was grateful that my colleagues stepped up.

Later, I counseled displaced employees of a local hospital, a community agency, and a utility company and provided one-on-ones to first responders. I wanted to be more available, but in truth, getting through each day was all I could manage.

Civilians attending a CISM session were initially skeptical about the process, however, once they understood that participation was voluntary, most spoke. Their first warning of fire had been when scorching wind and raging flames overtook their homes. The most valuable aspects of the civilian session were that individuals could tell their survival stories in a safe environment with mutual support and share information about resources.

CONTINUED ON PAGE 17

Thirty Two Years and Going Strong

By: Johanna Flanigan, RN, Reduce Emergency Stress Team

June, 1987 began our journey as a Critical Incident Stress Team in the Capital District of New York State. We were one of the fortunate teams to be trained by Dr. Jeffrey Mitchell and continue to follow his guidelines EVERY time we are activated. In the beginning our team's focus was Emergency Service Personnel, although because there were no such teams available for other entities, we had participated in meeting with Bank Employees after an armed robbery and with Civil Service employees after an employee suicide. Being Dr. Mitchell's 37th trained team in the country, we met with newly formed teams in Amsterdam, New York and Vermont to share our experience and be a resource to them. As more teams became available our catchment area decreased in size but we have never refused to respond when called.

LESSONS LEARNED FROM 32 YEARS:

1. Never respond to a debriefing without Mental Health in attendance. As a life-long Emergency Medical Responder and as an RN, my expertise was NOT in Mental Health. The REST Team learned early on these critical incidents can stir up demons from the past that we are not trained to handle, such as military events or previous mental illness in the responder. Our Mental Health Professionals have been our safety net in these situations.
2. Insist on the circle. It is so very important for everyone on the team to be able to see each participant. And yes, the circle often looks more like an amoeba, but that is okay. All need to feel as part of the Process.
3. Confidentiality is a must! Participants need to know right up front that what they say and anyone else in

the room says will stay in the room unless something is revealed that must be reported by the mandated reporters on the team, i.e. child abuse. The responder will not share if they think it will be repeated by anyone. Therefore the room must be scanned by all participants to assure that only those involved in the call are present, not the media or any other person not directly involved in the call.

4. Follow the process. Follow the process. Follow the process. IT WORKS EVERY TIME!
5. Once the debriefing has started, say less, not more. This is time for the responder to share, not for the team to pontificate all they know about CISM.
6. Share your expertise. Be available and market yourself as a team to educate emergency service agencies. Talking about the uniqueness of Emergency Services is a great way to open up conversation.
7. No request we have ever received from an agency has ever been inappropriate. Although a request for activation may not seem "usual", respond anyway. It is amazing to see how appropriate it really was.
8. Never lose the passion for CISM if you want a strong team.
9. Never forget the process ALWAYS helps someone.

There is so much more education available now than there was 32 years ago. EMT training, Fire Fighter Classes and Police trainings now emphasize the importance taking care of our own. If we the responders don't take care of our own, who will?

ICISF Welcomes Alan Gunnerson to the Board of Directors

(continued from page 3)

Thousands of organizations around the world use the Baldrige Performance Excellence Framework (2017a, 2017b) to improve and get sustainable results. The Baldrige Program offers a systems approach to organizational excellence, award-winning leadership development, self-assessment tools, organizational assessments by trained experts, workshops on how to improve, and events that showcase best management practices. Baldrige focuses on core values and concepts, processes, results, linkages, and on improvement. In the case of ICISF, I used the Baldrige Performance Excellence Framework to (a) gain a holistic or systems-based perspective of ICISF and (b) explore the leadership, strategies, customers, workforce, operations, and results; enabling me to understand financial decisions from both internal and external perspectives.

From my observation and research, ICISF is strong in many areas—strategic management planning, a strong passion of the leaders and staff to execute the foundation's mission of providing leadership, education, training, consultation, and support services in comprehensive crisis intervention and disaster behavioral health services to the emergency response professions, and other organizations and communities worldwide, financial management, above average student and instructor feedback of the CISM courses, positive trends at Regional Training Events and Speakers Bureau, and a multifaceted marketing plan that is working.

As with all organizations, there are improvement areas that come with the organization's strengths. Some of these areas include (a) reversing the downward trend of registered attendees to the World Congress, (b) building a robust data management system, (c) updating the employee handbook, (d) increasing organizational capacity, (e) conducting member retention and growth, and (f) research conducting surveys to look at ways to provide additional services. Some of these are internal areas and some are external. The last improvement area—conducting surveys to look at ways to provide additional services—is where you, as an ICISF member or member-to-be, can help out.

Because ICISF will publish this article in the *LifeNet* after the World Congress, I ask and encourage you to submit recommendations to the ICISF leadership and staff regarding the different ways ICISF can help the CISM community more.

I will close with this thought. NPO executives continue to seek responsibility in projects or initiatives intended to create social change (Shier & Handy, 2015) and so can you. I, as well as the ICISF organization, look forward to your comments.

SAFER-R Video

Complete set of
training modules
\$50



- The steps of the SAFER-R model described and demonstrated by Dr. "George"
- Each step can be show individually or in its entirety
- Review the skills essential in the *Assisting Individuals in Crisis and the Pastoral Crisis Intervention* programs
- Useful for your team's skills development

For ordering information contact
Tom@station4learning.com

REFERENCES

- Baldrige Performance Excellence Framework. (2017a). *2017-2018 Baldrige Excellence Framework: A systems approach to improving your organization's performance*. Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. Retrieved from <http://www.nist.gov/baldrige>
- Baldrige Performance Excellence Framework. (2017b). *Baldrige organizational profile*. Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. Retrieved from <https://www.nist.gov/baldrige/baldrige-organizational-profile>
- Kopaneva, I., & Sias, P. M. (2015). Lost in translation: Employee and organizational constructions of mission and vision. *Management Communication Quarterly*, 29, 358-384. doi:10.1177/0893318915581648
- Shier, M. L., & Handy, F. (2015). Social change efforts of direct service nonprofits: The role of funding and collaborations in shaping social innovations. *Human Service Organizations: Management, Leadership & Governance*, 39, 6-24. doi:10.1080/23303131.2014.973623
- Warrick, D. D. (2017). What leaders need to know about organizational culture. *Business Horizons*, 60, 395-404. doi:10.1016/j.bushor.2017.01.011

SPEAKERS BUREAU

ICISF is the
leader in Critical
Incident Stress
Management
Training.

Let us
connect you
with the world's
most experienced
CISM faculty!

FOR MORE INFORMATION, VISIT ICISF.ORG/SPEAKERS-BUREAU

CISM in My Life

By: Jacquie Devolin, ICISF Member & Approved Instructor

I was an emergency room (ER) nurse, having worked 22 years in the ER and previously, 13 years in different areas of hospital nursing. I first became involved in CISM, after meeting Dr Mitchell and taking the “Basic Critical Incident Debriefing Course” on June 20-21, 1991. Those two days changed my life.

One afternoon, just a few weeks prior, a 35-year old friend of mine was brought in VSA (Vital Signs Absent). My knees became very weak and I didn’t feel that I was functioning on all cylinders after he came in. I lost two hours that day. It wasn’t my first VSA or first trauma. Back then, there was no such thing as RIDE (Reduce Impaired Driving Everywhere) program or compulsory seat belts. I had lived through a good number of traumas and deaths. This was one very impactful Critical Incident for me.

After attending those two days of training, I felt like a new person. One who had a right to the reaction I’d had that day. I was experiencing normal reactions to a Critical Incident. From then on, I soaked up all the information that I could get my hands on, about Critical Incident Stress Management.

Once trained, I was invited to sit on an advisory council, to get a team going in our community of 50,000 people. We were going to be forming a multi-agency team. I became one of the founding members and first program co-coordinator of the North Bay & District CISM team Inc. Over the years, I held different positions on the team, but my main role now, is one of Peer Support Nurse & trainer.

The first debriefing we did as a team was, to this day, one of the worst debriefings we’ve ever done, in our area, and the best outcome from it. When those paramedics, firefighters, police officers, nurses, lab techs, x-ray staff – all 30 of them, filed in, my first thought was “Holy cow, we’re never going to be able to help these people”. Almost everyone who walked in, was in tears. But, as the debriefing evolved, I noticed a big weight being lifted from each one of them. We, as team members, were doing our very FIRST debriefing. So we were very scared that we’d screw up. But, the process works so well. And it really got us all hooked on the program. We helped these people a lot that night.

We had driven 2 hours to get to this debriefing in two different vehicles. Our Mental Health Person had us stop, on the way home after one hour, changed vehicles, and he did a “Debriefing the Debriefers”, on the way home. He was one of the best MHP’s we ever had. He also followed up on some of the people.

The one thing I remember most about that night is that my respect for each and every EMS agency soared. I’d never really given much thought to what goes on at an accident scene. When we’d get victims in the ER, they’d be collared and boarded. This night, I heard how they, in the dark and rain, with live wires hanging down, and having to wait for the power company to turn off the power, helped many victims of an MVA (Motor Vehicle Accident). We all commented on how each agency worked so well with the others involved. We all respected each other’s job a lot more after that night.

Our team had little or no funding. We fundraised in many different ways. Sold Avon, had tag days, sold lottery pull tab tickets, held trainings, etc.

I later became involved with Ontario Provincial Advisory committee and we held CISM conferences and training every two years throughout the Province of Ontario.

Our Clinical Coordinator and I had attended a coordinator’s conference in Traverse City, MI, and following that, we held the same type of conference here, wanting to share the information and knowledge we incurred there.

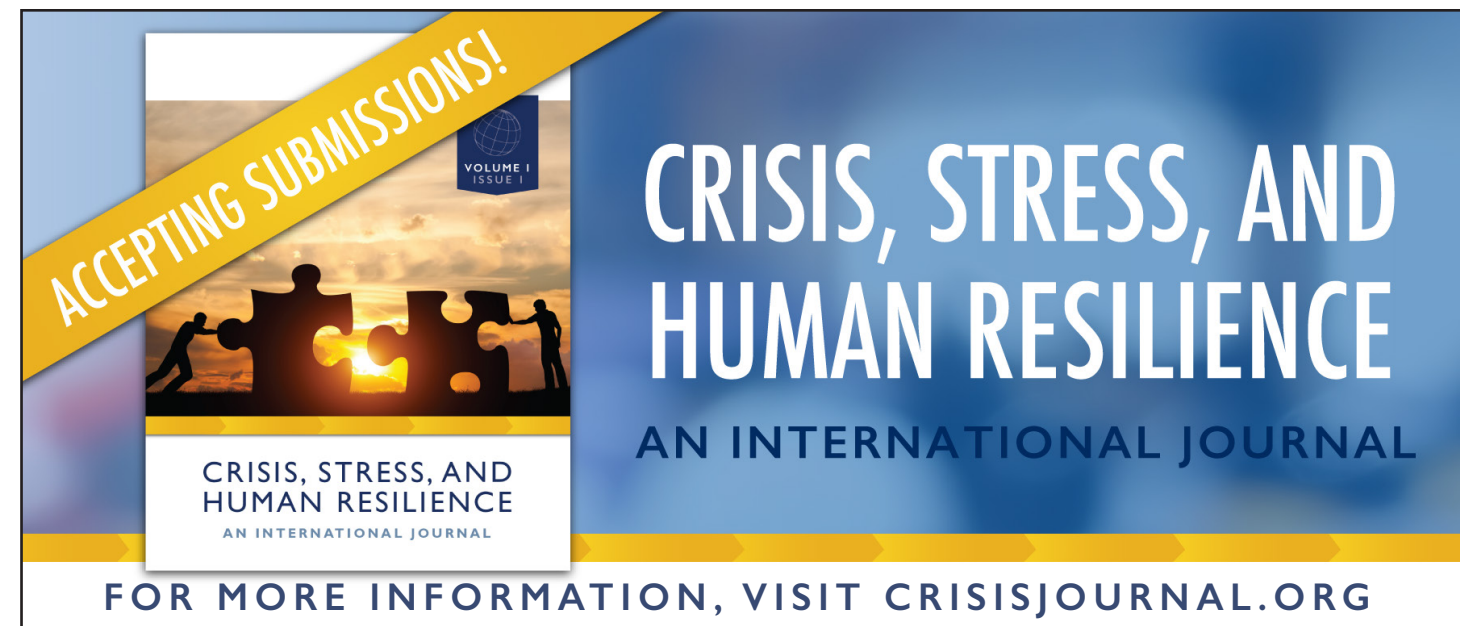
Personally, what CISM has done for me is made it so I could continue working as an ER nurse. I loved my job and, at one point, I thought I’d have to give it up, because it was too taxing on me and my family.

The doctors whom I worked with knew that I was involved in this and every time they had to tell a family that their loved one had either died or was critically injured, they would seek me out to go with them, and leave me to deal with the grieving family. Thanks to my teachings from CISM, I learned to cope with the effects this had on me.

I have been helped so much by CISM that I wanted to share this with as many of my co-workers and fellow EMS comrades. I worked through a lot of traumas, in my 22 years as an ER nurse. I took many long walks after some of my critical incidents. My favorite relaxing activity was cross-country skiing in the winter and in summer, taking long walks by the waterfront. My family was also a big support for me. My children got to know when I’d had a bad call and would often come with me on my walks.

One day, when three children brought in from an MVA asked: “Why did they leave my daddy all alone by the side of the road in the cold, with his face covered with a blanket”, it hit us pretty hard.

CONTINUED ON PAGE 11



CISM in My Life

(continued from page 10)

These poor children also watched EMS try to resuscitate their mom on the way in to hospital. They had lost both parents and also needed a lot of help down the road.

On duty one night shift, I heard the dispatch send EMS to a party where my teenage daughter was at. A VSA from a drowning in the pool. I was certainly relieved to hear the victim was male, but I was worried about my daughter, who had lost a friend and had to speak with the coroner and police to relay information. And I had to finish my shift. I got home that morning to a bunch of teenage girls who just wanted to talk. Their high school later had a debriefing for them, with their school trauma team.

In 2001-2002, I coordinated sending a team to go to New York City, after 911, at the request of POPPA (Police Organization Providing Peer Assistance) & ICISF. Our team went down in January 2002 and they were asked to go again in July 2002, for a week of daily debriefings. They were amazed that teams from all over North America could get together and conduct these debriefings and how well it all worked. On their return, they became our most dedicated team members.

Our team would host one or two big training sessions a year, with trainers from ICISF coming to our city to do this. I, as coordinator of the training, would sit through each session. I learned so much with each one. My team has requested that I take some training in becoming a trainer myself. I became approved in Group Crisis Intervention in 2011 and just this year, in Assisting Individuals in Crisis. I conduct two training sessions a year in our area, to get some people trained and to fundraise for the team. I donate my fee back to the team.

Nurses are the worst at looking after themselves. I saw too many of them leave the ER, because none of them would come to debriefings. That being said, our hospital didn’t pay for them to do so. They had to come on their own time. When someone works full time, has children, elderly parents, and some sort of social life, there isn’t much time left, so they did not choose to come in on their own time.

One of my co-workers became our unit manager and she was a great believer in CISM. She began planning the debriefings during work time and replacing people who were in need of them. She also began paying them to attend. She arranged for more ER nurses to be trained to become peers. We were finally getting somewhere. I remember hearing from someone at ICISF saying: “Baby steps, it will come together”. It probably took five or more years to get something in place at our community hospital.

We were finally given one hour at the end of the last day of orientation every two weeks, to introduce CISM to the newly hired staff. So, all our new staff were informed, but our regular people didn’t get to hear about it. We managed to attend each unit’s staff meetings to do some education on it. One of the unions sponsored eight people to attend one of our training sessions. When we approached our nurses’ union, they declined.

As a member of the emergency response committee and the EFAP (Employee Family Assistance Program) committee at the hospital, I got them to get the EFAP people trained in CISM, and got a written policy on CISM.

CONTINUED ON PAGE 13

Pieces of the Puzzle (continued from page 6)

I had not given much thought to the first event for several years until the second event occurred. Then the nightmares began and the intrusive thoughts that brought me to the edge of the abyss. While I could not have stopped the first event, I felt responsible for the second event. My son had been left in my charge and I had failed him. Like many of the Soldiers, Veterans, and First Responders that I have since counseled, I felt that my piece of the puzzle no longer fit and had thoughts that my family would be better off without me.

Often the clusters of the puzzle are many people brought together by a single event at a particular place and time. Parkland, Florida comes to mind as does Sandy Hook, Columbine, and Virginia Tech. Of the ten most violent school shootings all but one occurred in small towns of less than 75,000 people, in other words, ordinary hometown America. Places where we think such things should never happen. The crisis lane in which I operate is not the mass shootings, but the single casualty of one person taking their own life. There too many people are brought together into the puzzle cluster made up of individual pieces; often then being connected to other puzzle clusters as we have seen most recently in Parkland with recent suicides two years after the tragic school shooting.

Without question, the most important lesson I have learned is that I must maintain my personal support system of those who care for me, if I am to care for others. Self-care is not a selfish act; it is an essential piece of the puzzle. I have also found that often there is a strength that we can draw upon from those in crisis that they are not fully aware of in the moment. Such was the case recently in a college community.

YOU CAN SUPPORT ICISF WHEN YOU SHOP ON AMAZON!

GO TO [SMILE.AMAZON.COM](https://smile.amazon.com) AND SELECT INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION!



On a Wednesday afternoon in route to the college that experienced the loss of a student, my heart was very heavy. I had been working all week with young people and with EMS 911 operators that have experienced loss. I don't normally call my pastor, because I know he is a busy man, but I was on a 3-hour ride with just my thoughts. I told him my heart was heavy, perhaps more than it has ever been. He could tell from the crack in my voice that tears were streaming down my cheeks. I was headed to the tenth suicide I have had to contend with in the past four months. He said a word that settled it for me, "Ken I would rather your heart be heavy, than hard." I have worked with many people whose hearts have been hardened by tragedy. I pulled over at a rest station and sent out a quick post. "To those who know what I do, please pray."

I arrived on the campus not knowing anything about the school. I was greeted by the campus pastor. We spoke briefly about the student that had died. I asked about the school. He shared the history. In his words, "the College was founded by the leadership of the Faith Community in the late 1800s to address the educational and spiritual needs of freed slaves." As I followed the pastor into the chapel, I looked at my phone and saw that 200 people were praying for me and this heartbreak that I was walking into. I heard singing. A male student was leading friends in an old spiritual that I had never heard before. They were singing in the vernacular of their culture. As they sang peace flooded my heart and tears welled in my eyes. "I – I – I, I know I've been changed, the angels in heaven done signed my name."

More people gathered, students, faculty, and staff. The president stood and briefly shared very powerful words of comfort. Then he said we have asked for some help at this difficult time. The Chaplain said a prayer and handed me the microphone. I spoke for about 30 minutes offering hope and support. My associate spoke for a few minutes and handed out resource material. The Chaplain gave a closing prayer and began to sing again. "I – I – I, I know I've been changed, the angels in heaven done signed my name."

After the meeting the student who had been singing said thank you for coming. I looked him in the eye and asked, "do you know what Genesis 33:10 says?" He shook his head, no. I said, "Today, you have reminded me of that verse, "For to see your face is to see the face of God." Tears began to flow from his eyes just as they had from mine earlier that day.

CONTINUED ON PAGE 13

CISM in My Life (continued from page 11)

Our 911 communications people have just come on board in the last few years. There is such a need for those people. They are the forgotten victims. One of our new co-coordinators is a 911 dispatcher, along with one the paramedics.

So, over the years, my involvement has been many things. I was secretary treasurer, education coordinator, peer support, program co-coordinator and now a trainer for our community team. I've tried to retire from the team and move on, but my team members keep after me to remain on the team and to do the training for them. By hosting these sessions, we educate people on CISM and we fund raise at the same time.

Our community team doesn't do a lot of debriefings. Defusing's and one-on-one are what we use the most. We average about 12 debriefings annually. We have done a couple of mini-CMBs. We do a lot of presentations to the different agencies. Pre-education is so important. From every training I do, we pick up one or two new team members. Many of them are just happy to get the tools to deal with their jobs.

I strongly feel that nurses get left out whenever I see articles about EMS and CISM. We ER nurses are also part of EMS. Not to mention nurses on transplant team, critical care units, and many high stress health care agencies, who also have significant critical incidents. Visiting home nurses often have situations where their safety is at risk. Oncology nurses, hospice nurses. The forgotten helpers.

Pieces of the Puzzle (continued from page 12)

These wonderful, broken hearted people were looking to me to bring them something, but I was the one who received. I found strength was already there and it bolstered once again my faith in the power of prayer. For me this is an essential piece of the puzzle that makes it possible for me to do what I do. I have been asked more than once is the work you do in intervention and crisis response religious or secular? My response is always the same, "Neither."

As a Chaplain I consider the tools we use to be just that, TOOLS. Crisis Intervention Stress Management is simply a tool, in the same way that the suicide intervention models that I teach are tools, neither religious nor secular. Saying otherwise would be paramount to saying a cell phone is religious or secular. The truth is it is neither. It is simply a tool that is used to communicate. How and what we communicate is dependent on the context in which we are working at the moment. Understanding this reality has sharpened my practice of mindfulness and strengthened self-awareness, two essential qualities of a care giver in crisis situations and two more pieces of the puzzle in the work of caring for others.

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.

LifeNet

A PUBLICATION OF INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION

Volume 24 | Number 4

INSIDE THIS EDITION

- James T. Reese, PhD, The "Father of Police Psychology" 1
- Stopping into the Future... 2
- A Christian Looks Back on Thirty Years of CISM... 3
- Healing Wives Group Crisis Intervention for Indigenous Peoples... 4
- CISM A Practical Reason: New Book Launched!... 4
- Cautions Recognized for Lifetime of Service... 5
- A New History as an Older Agent... 5
- First Time Using CISM Debriefing... 7
- From the Hotline Team Coordinator's Desk... 9
- Out of Your Control... 11
- How You Take an Online Course... 12
- David Goss, Sr. Scholarship Fund... 15
- From the Regional Training Dept... 16
- CISM Ward South... 17
- From the Approved Interview Dept... 18

LifeNet

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

ICISF is a non-profit, non-governmental organization in official consultation status with the criminal and social control of the United Nations.

3290 Pine Orchard Lane, Suite 106
Ellicott City, MD 21042
(410) 756-5600 | F: (410) 756-9401
Emergency: 410-313-2473
Visit us online at ICISF.org

James T. Reese, PhD, The "Father of Police Psychology"
By: George S. Everly Jr., PhD

The law enforcement profession lost a hero on Labor Day, 2017. CISM lost a great advocate. And I lost a friend. Dr. James T. Reese died in his beloved Williamsburg, Virginia after a chronic illness.

I've never known anyone like Jim Reese. He taught me much about life, personal and professional. More importantly he changed law enforcement forever. Jim was an FBI agent from 1971 to 1995. He spent most of his career at the FBI National Academy and the Behavioral Science Unit. He retired as the Assistant Unit Chief of the Behavioral Science Unit in 1995.

Jim was a true hero. Prior to joining the FBI, Jim served as a combat platoon leader in the Mekong Delta of Vietnam. He fought dozens of combat helicopter assaults and ambushes. He was awarded the United States Bronze Star Medal, the Vietnamese Police Distinguished Service Cross, and other awards. Upon his return from Vietnam, he became an FBI Agent. Jim was one of the original famed FBI profilers. He was a member of the research team which interviewed serial killers on death row as well as other criminals. He assisted in the creation of the National Center for the Analysis of Violent Crime (NC-AVC) and the Violent Criminal Apprehension Program (VICAP). Movies, books, and TV shows were written about the work he and his colleagues pioneered. But his greatest contributions came as he assisted in establishing the stress management program for the FBI as well as the employee assistance program, and chaplaincy programs.

Rather than follow the fame, Jim chose to dedicate his career to helping his brothers and sisters in law enforcement. When I first met Jim, he told me that on average an FBI agent's career would last only five years more once involved in a guideline. He lamented that the FBI did not have a program to assist agents with the stress of such incidents. He said that had to change! Together with Jim Heron and others it did change because of the efforts of Jim and his colleagues.

CONT. ON PAGE 8

Was It Supposed to be Like This?

By: David Zayonce, MS, ICISF Member & Regional Fire Chief in Lamont County, AB, Canada

Underwriting the importance of critical incident stress management (CISM) wasn't something completely analyzed early in my career. I wanted to be a firefighter, give back and also challenge myself at the same time. Overtime, lessons learned from this invaluable program, now, can not be stressed enough, especially after becoming a volunteer firefighter in your hometown. The aspiration of being a firefighter realized, soon transpired into an epiphany, familiarity of helping friends, neighbors and even family members, elevates incident stress to a whole different level.

Solidifying familiarity was twisted into a stark reality two years after joining the local volunteer fire department. A structure fire response to a house where parents of one of my friends lived was surreal. I recall prior to our attack crew entering the house, "please don't be home, please don't be home." This resonated in my mind, over and over, it was an internal screaming, but also a primal fear, of what if. What if, Keith's parents are home, presenting smoke conditions prior to entering to house, survivability was unlikely. Our entry was slowed as two dogs who did not survive and were at the door we entered. Our fire suppression and search were accomplished quickly, and I achieved an overwhelming sigh inside my soul as no one was home.

The internal confrontational experience of this fire exposing pure raw feelings and emotions was something I didn't realize would happen becoming a firefighter, however I still felt the need to continue in this field. Later I went from being a volunteer to a career firefighter, leaving the floor to become a full time chief, in 2007. Even with the realization that incidents had an emotional impact, as was evident with the fear from a familiar house fire two years into my tenure, the true extent wasn't fully comprehended until I lost a son to suicide in 2008. My world came crashing down, and with that a flood of repressed emotions, and feelings I never realized I had inside of me.

My heart and soul were and still are devastated with Matt's death. I silently bear witness to pure sorrow inside me daily. I sought professional help after Matt's passing, realizing I couldn't move forward alone. I was trying to be strong for my other sons and daughter, I questioned myself of how I can be strong for them, when I can't be strong for myself. The psychologist in training I ended up seeing was amazing, accessed through our local Family Support Services organization. She, I thought was perhaps taken back, as each visit unearthed emotional baggage, I could never have imagined I had. Yet, the emotions of countless emergency calls responses over the years, the visual memories, witness to death, injury and destruction seemingly magnified and came out after my son's death. Although a pure emotional irony shrouded my situation and being.

Several years prior to my son's death I was asked to join a Regional Stress Debriefing Team in my hometown as a way to help area firefighters, police, EMS and others effected by traumatic emergencies or events. Joining the CISD team meant several training courses sponsored by the team seeing several field experts providing the team with the knowledge and abilities to help when called on. The true irony was myself learning all I could about post incident stress and the effects and culmination possibilities, yet I ignored my own signs and symptoms. The initial fear generated by my friend's parents house fire didn't seem to ground as solidly inside me, as was realized during counselling sessions.

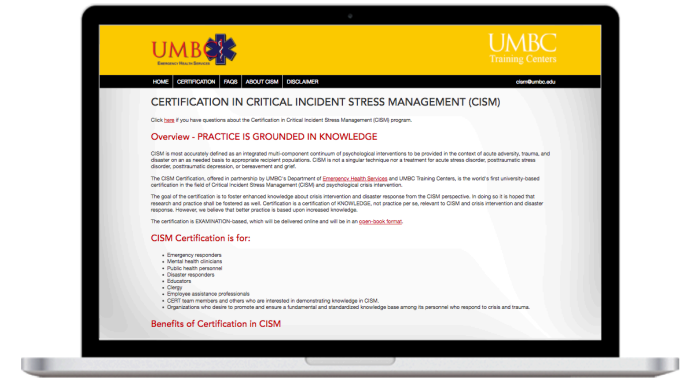
Emotional scars revealed during counselling, coupled with continuing to work in the fire service, some personal relationship angst, and life in general, illustrated the true need to continue with counselling, talk and talk and talk to those who would listen. Burdening one's self with trying to be a self diagnosing psychologist is a pathway to nowhere.

CONTINUED ON PAGE 16

“...one of the greatest gifts I have received from the CISM training is learning to talk about emotions, not only to mental health professionals, but also to peers, family, friends and others.”

ANNOUNCING CISM CERTIFICATION!

TO FIND OUT MORE, PLEASE VISIT: CISM.UMBCTraining.com



Reflecting on the One Year Anniversary of the Capital Gazette Shooting (continued from page 1)

I began my final paramedic capstone in June of 2018. We had to complete 17 ride alongs each 12 hours within 6 weeks. I had already been a BLS (Basic Life Support) provider in the field for a few years, so this didn't seem that daunting of a task.

My first shift an hour before I was supposed to get off I went on a call and ended up working my first cardiac arrest in the field. It was a unique situation involving a young man paddle boarding, and it did not have a good outcome.

When I went home that night I was too exhausted to even talk to my husband about it. I had to be up again the next morning for another ride along so I told him I would tell him about it in the morning. I promptly slept through my alarm and ran out the door in the morning without getting a chance to talk to him.

I texted him later to give him a few details on why I was bummed and tired but that I was ready for my next shift.

My next shift started out very slowly and quietly. My preceptor from the night before came and met me at the station to give me my paperwork and see how I was doing after the previous night. She initially had not known that the call the night before was my first field code so we chatted and I said I was fine.

I was dispatched on a non-emergent call shortly after and continued my day. Before I completely cleared that call, while offloading my patient at the ER, I heard the words on the radio that no one ever wants to hear, "confirmed shots fired".

I remember my heart racing as we went out to the ambulance and started driving towards the scene of what we knew to be an active shooter. I called my husband from the back of the unit and told him what little I knew, there was a shooting, we were on our way there and I would update him when I could. My husband works in a building where he can't have his cell phone, so I wanted to let him know what was going on.

We staged at the scene of the incident for hours. I felt like a sitting duck. When we finally cleared the incident and went back to the station I reached out to my clinical director from school and asked if I could leave even though it was 2 hours early, and I was told yes.

All I wanted to do was go home and see my husband and kids. I gathered all my things and started to bring my paperwork to my preceptor when it was announced that everyone who had been at the scene needed to go upstairs to a classroom for a mandatory debriefing.

I don't need this, I thought to myself, I've done CISM training and I don't need this debriefing, I just want to go home. I sat through it shaking my legs anxiously. I listened to what a good job we had done, and what normal reactions would be in the following days. As soon as we were released I drove away like a bat out of hell.

I got home, and my husband was standing right inside the door as I came in and set my stuff down and went and hugged him. I burst into tears. My older 2 kids were in the room and looked worried because I am not a crier.

CONTINUED ON PAGE 16

Reflecting on the One Year Anniversary of the Capital Gazette Shooting

(continued from page 15)

I went and took a shower and got changed so that I could just relax. My husband and I sat down and talked to our older 2 kids about the incident that had happened that day because they would likely hear about it from the news and from other kids. We asked them if they had any questions and tried to help them feel safe.

“I’m fine”, I proudly announced on Facebook before going to bed. I’ve been through training, these two back to back stressful incidents won’t affect me I thought.

I spent the next few days in a fog, agitated, anxious, unable to sit still. I skipped my next clinical shift. I told my clinical coordinator I slept through my alarm. I saw my counselor and talked about it. I talked to my priest. I talked to my husband. I talked to my teachers. I talked to my friends. I talked to a lot of people about a lot of things, but it wasn’t enough.

About a week went by and I made an appointment with my primary doctor. I went in to see him and when I started to talk to him and explain what was going on I burst into tears. He asked me a lot of questions, and finally he simply stated, “you’ve been through a trauma”. He explained to me that the adrenaline and cortisol were still working their way out of my system and that what I was experiencing was completely normal. He told me I was doing everything I should by talking with my counselor and others and taking time to process everything. He wrote me a prescription for Valium twice a day for a couple weeks, thankfully I didn’t need it for that long.

The next week went by, I got back on track with my clinical schedule and kept moving forward. As more time went by I felt better. I found productive things to do when I had free

time. I took up paddle boarding, I kept seeing my counselor and talking, and before I knew it a month had gone by. Exactly a month after the first incident I was working a cardiac arrest in the ER with no hesitation or anxiety, and dare I heartlessly say, no thoughts of the patient after I left the facility.

What were the odds that I would work such a unique first field cardiac arrest, and the next day be on the scene of an active shooter?

I can’t help but wonder what kind of shape I would have been in if I had not been through any of the CISM training classes. I did those classes to help others, I never really gave much thought to helping myself.

It seems the greatest lesson I have learned is that a critical incident is inevitable in this line of work, and when you add in the other outside stresses of family life, work, and finances, you just never really know when your breaking point will come. When it does come, what matters most is how you put yourself back together. Get back up, do it again.

Here we are coming into June of 2019, both incidents are still in the back of mind. Had I not worked the cardiac arrest of the young man paddle boarding I probably would not have ever tried paddle boarding myself. I could have easily used his death as an excuse never to get on a paddle board, instead I decided to try it and fell in love. June 1, I will be participating in my first race, the Bay Bridge Paddle, racing the 5k. As June presses on and I come to the anniversary of both incidents, I will take more time to reflect and be grateful for the invaluable experience I received participating in both incidents, but I don’t wish something like that on anyone else.

Was It Supposed to be Like This? *(continued from page 14)*

I have learned one of the greatest gifts I have received from the CISM training is learning to talk about emotions, not only to mental health professionals, but also to peers, family, friends and others. I talk a lot, noted for rambling on and on, but not always about what’s inside and that is important. One of the most difficult things I have ever attempted in life was attending a suicide prevention training course 1 ½ years after my sons’ death. Fighting a house fire seemed easy compared to attending this course. I felt I needed to learn more about suicide. I had spent countless hours trying to understand why Matt did what he did, despite being told I would never understand because I’m not him. That was very difficult to let go of, “not” trying to understand. I catch myself from

time to time trying to figure it out to this day.

CISM is a vital part of emergency services life and life in general. Personal heartbreaks coupled with work related stresses is truly life altering. Purely learning to cope is not the answer as I have witnessed personally. I find I have learned a tremendous amount about life through my career and son’s death. I’m not who I was 30 years ago, definitely not, but I am me and have found that I appreciate life through what my eyes, heart and soul have witnessed. Moving passed the heart ache and grief of work and life is hard, but I have found Matt taught me a life lesson, “life is special, value it, live it, for it’s the longest thing you’ll ever do.”

When the Helpers Need Help *(continued from page 7)*

The most common theme of CISM for the first responders was the terror they experienced during the Carr Fire tornado, a 165-mph, 1000-foot-wide, 18,000-foot high, 2700-degree fire whirl that jumped the barrier of the Sacramento River as easily as a child playing hop scotch. The suffocating smoke made them vomit and erratic winds repeatedly knocked them off their feet. Radios were useless in the roar of the firestorm. Visual contact with crews was impossible. Engine windows blew out. They abandoned the fire and focused on rescue, which meant screaming at civilians to run for their lives. Some were overcome by a sense of doom or “evil.” One said, “When you look into the eyes of your crew and see terror, you know it’s bad.”

Two LODDs devastated the town. Redding Fire Investigator Jeremy Stoke came off vacation to evacuate people, but the fire tornado overtook him. In his last seconds he called out Mayday for a water drop. There was mortal fear in his voice. Before help came, the tornado sucked him up, mangled his truck beyond recognition, and threw his body so far that he wasn’t found until the next day. One civilian said, “He saved us all.”

Eighty-one-year-old bulldozer operator Don Smith was caught in a burnover on a fire line. He’d requested a water drop. Helicopters braved the fire to drop water and firefighters tried to reach him on foot. Tragically, his dozer burned, and he had no time to deploy his fire shelter.

The fire raged until the 30th of August, destroying 229,651 acres and 1614 structures. Eight people were killed, three firefighters burned. The towns of Keswick and historic Old Shasta burned to ash. Over 36,000 people evacuated. Hundreds of domestic animals were lost or displaced. Smoke from the weeks-long fire spread across the western states. The Carr Fire is rated the seventh largest and the eighth most destructive fire in California history.

Eight days after we evacuated, I was finishing a session with civilians when I received the call we were repopulating. My heart thumped as I drove home. My house was standing, and my 40 rose bushes were blooming bright against the blackened hills! The firefighters inspecting for spot fires watered them and kept them alive in 110-degree heat. The fire had jumped past our house, hit a manzanita forest and flashed, taking out a number of neighborhood homes. When fire has enough momentum, nothing is safe.

A month after Armageddon, I found that I was suffering from symptoms of stress. My emotions had been up and down, and I was exhausted. I sought out a colleague. We did a one on one and I realized the importance of selfcare.



The Redding community pulled together. Everyone had a story—the fire was the common enemy and bonded us. Small acts of kindness eased our pain. Hundreds of signs thanking first responders appeared everywhere. Local animal rescue worked tirelessly to reunite owners and pets separated in the fire. I invited a friend who’d lost everything to “shop” in my closet. The experiences will reverberate for years to come.

People adapt and the land regenerated with fields of California poppies. Looking back, my husband says he learned two things from the Carr Fire. First, when the wife says clear the manzanita and limb the pines and oaks, do it. It doesn’t guarantee that your property won’t burn, but it increases the odds that it will be saved. Second, you have to be prepared to lose all your possessions. It’s just stuff. In the long run, relationships with family, friends, and community are more important than anything else.

About the Author: Marilyn J. Wooley, Ph.D. is a psychologist in private practice in Redding, California. She specializes in the treatment of first responders and posttraumatic stress injuries.

REFERENCES AND RESOURCES

Bashoor, M. (2018, August 21). “On the line: First-hand accounts of the devastating summer of 2018 wildfires.” Fire Chief. Retrieved from: <https://www.firechief.com/disaster-management/articles/on-the-line-first-hand-accounts-of-the-devastating-summer-of-2018-wildfires-g84113BBHuIYnj0V/>

From the Approved Instructor Department

ASSISTING INDIVIDUALS IN CRISIS APPROVED INSTRUCTOR PROGRAM



Congratulations to the participants of the Assisting Individuals in Crisis Approved Instructor Program held March 6-8, 2019 in Atlantic City, NJ!

Erin Angellone
Damien Burnett
Jacqueline Devolin
Lora Losier
Andrew Prochniak
Heather Roddy
Greg Thompson

2019 APPROVED INSTRUCTOR PROGRAM CALENDAR

Interested in becoming an ICISF Instructor?

Please see below for upcoming Approved Instructor Candidate Program opportunities. For an application or more information, please contact aisupport@icisf.org.

Advanced Group Crisis Intervention
August 1-2, 2019 | Houston, TX

Advanced Assisting Individuals in Crisis
August 3-4, 2019 | Houston, TX

Assisting Individuals in Crisis
September 5-6, 2019 | Indianapolis, IN

Group Crisis Intervention
September 19-21, 2019 | San Francisco, CA

Pastoral Crisis Intervention
October 17-18, 2019 | Atlanta, GA

Critical Incidents in Places of Worship
November 16-17, 2019 | Baltimore, MD

Visit ICISF.org for more information on these program requirements.



You can support the International Critical Incident Stress Foundation, Inc. when you shop or sell on eBay through the eBay for Charity program!

FIND OUT MORE AT
ICISF.org/more-ways-to-give

ICISF BOARD OF DIRECTORS



(From left to right): Chuck Hecker, Anne Balboni, Dave Evans - *Chairman*, Deputy Chief John Scholz, John Durkin, Frank Sullivan, Diane Taylor, Col. William B. Forbes, Rick Barton - *CEO*, Richard Bloch - *Legal Counsel*
New Board Members: Alan Gunnerson (not pictured) and Sheila Dail (not pictured).

ICISF STAFF DIRECTORY

Rick Barton
rbarton@icisf.org
Chief Executive Officer

Victor Welzant, Psy.D.
Welzant@icisf.org
Director of Education and Training
Editor-In-Chief for *Crisis, Stress, and Human Resilience: An International Journal*

Lisa Joubert
lisa@icisf.org
Chief Financial Officer

Michelle Parks
mparks@icisf.org
Membership • LifeNet Editor
CE Program Coordinator
Online Training Course Program Manager

Kelly Hall
khall@icisf.org
Development Coordinator
Certificate of Specialized Training Program

George Grimm
ggrimm@icisf.org
CISM Teams
Hotline Team Coordinator

Kate Looram
kate@icisf.org
Approved Instructor Support Dept. Manager

Thordis Boron
Thordis@icisf.org
Approved Instructor Support Dept. Assistant

Terri Pazornick
terrip@icisf.org
Education & Training Manager
World Congress Manager

Michal Lesniak
mlesniak@icisf.org
Education & Marketing Coordinator
Social Media Coordinator

Millie Morehouse
mmorehouse@icisf.org
Education & Training Coordinator
Speakers Bureau
Trade Shows

Beth Kohr
bethk@icisf.org
Education & Training Coordinator

Michelle Warshauer, MS, NCC
michellew@icisf.org
Education & Training Curriculum Specialist
Associate Editor for *Crisis, Stress, and Human Resilience: An International Journal*

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

LifeNet@ICISF.org
Suggestions, comments or inquiries about this publication

CONNECT WITH ICISF ONLINE!

Visit our **NEW WEBSITE**

ICISF.org



» EDUCATION & TRAINING OPPORTUNITIES

ICISF.org/Sections/Education-Training

» ONLINE COURSE OPPORTUNITIES

ICISF.org/OnlineEducation

» SCHOLARSHIP OPPORTUNITIES

ICISF.org/Academy-of-Crisis-Intervention-Scholarship-Fund

» FORM A CISM TEAM

ICISF.org/Sections/CISM-Teams

» GET CISM SUPPORT

ICISF.org/Get-CISM-Support

» SHARE YOUR CISM LESSONS LEARNED IN LIFENET

Email LifeNet@ICISF.org



International Critical Incident Stress Foundation, Inc.

HELPING SAVE THE HEROES

3290 Pine Orchard Lane, Suite 106, Ellicott City, MD 21042 · 410-750-9600

