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## LifeNet

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## INSTRUCTORS TAKE NOTE: TWO MINUTES OF YOUR TIME

By Rick Barton

If you want to know what is happening at the ICISF, if you feel disconnected, if you used to know more and want that connection again, if you are new to this group and you just want to know where we are headed, then read this update that appears in each issue. That is true for members, of course, and most of all for those of you who are Faculty or Approved Instructors. You can achieve that update with a two minute read time.

The ICISF staff is very busy these days. Demand is high, and meanwhile we continue to manage changes to embrace greater use of technology that better serves our mission. If you want to know where

we are headed, read the strategic plan. You can read that document in less than two minutes, and it resides on our website.

The website recently enjoyed an updated design. The former design offered a vast upgrade over the site we used prior to that one, and the recent update made even more improvements. The website is a key to staying up to date. That occurred at about the same time that we migrated our email to Google, creating new opportunities for document sharing and other features.

Instructors and Faculty, you remain at the forefront of carrying

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## ADVANCES IN CISM FOR ATHLETIC TRAINING

By Erin Cernuda, ICISF Member & Head Athletic Trainer, Miami Sunset Senior High School, Miami FL

Under the Friday night lights, two rival football teams take the field for what promises to be an epically fierce competition. The stands are packed with people to see these highly ranked teams play. There are families, students and community members present, all there in support of one side or the other. Near the end of the fourth quarter, three gunshots ring out and chaos ensues in and around the stadium. Everyone on the field dives for the ground. Two minutes go by with staff and students on the ground, confused and scared. The announcer then says over the microphone that the teams are to be evacuated to the

nearest building which is the locker room. There is already medical personnel on site, a certified athletic trainer. Athletic trainers are medical professionals who prevent, diagnose, treat and rehabilitate orthopedic injuries and medical conditions. However, this Friday night, the high school athletic trainer would need to do much more.

With the shots having ended, the teams scurry for the locker room. Elise Carlson, MS, LAT, ATC one of the athletic trainers in the Miami, FL School district covering the game. She had been treating a dislocated finger when the gunshots rang out.

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## TAKING CARE OF THE CAREGIVER

By Sherry Jones, EdD(c), MS, RN, FAAETS, EMTP (Ret.), ICISF Member & Approved Instructor

Many have heard Put Your Own Mask On First; most understand it, but few practice it. Responders need to care for themselves before they are able to care for others, yet a great divide exists between theory and application. The comprehensive CISM plan requires a self that is whole, and if you are running on fumes, you won't have enough fuel for CISM interventions. Taking care of self before others is not selfish, it is a coping and survival tool that we all know about, but most people either ignore or do not know how to accomplish.

Interviewing trauma nurses about coping and resilience for my doctoral project study, I asked about training they had received. Most of my research participants were former EMTs, and the greater majority of them had taken CISM courses in the past. They knew about chronic and acute stress, could rattle off post-incident interventions, and knew they had not received any stress

management training in nursing school, orientation, or continuing education.

So I asked them what they wanted to learn. What was of value to them in terms of formal training? What would help them through occupational traumatic exposures? What would help them to transition between work and home? I expected them to tell me they wanted to see the same ICISF model of CISM brought forward into nursing that they knew from emergency services. They did; and then they added something that surprised me.

They wanted to know how to take care of themselves. Emergency nurses, like most responders, know how to do their jobs, use their complex equipment, and give amazing patient care. They can check, stock, and clean a rig or ER module. They know how to use critical thinking to quickly find (and

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## THE FORT HOOD FORGOTTEN - A MESSAGE TO THE HEARTLESS

By Kathy Platoni, Psy.D., DAAPM, FAIS, COL (RET), US Army, COL, Ohio Military Reserve, State Defense Forces

For nearly seven years, a national tragedy of immense proportions has been compounded by cover-ups of the facts and contemptuous treatment of victims and survivors. This rises far beyond the level of a travesty of justice. Treasonous might be more appropriate.

5 November 2009 is a day that will live in infamy for the people of the United States of America and all branches of the Armed Forces. At 1:34 PM, in Building 42003 on that fateful day, a US Army psychiatrist, Major Nidal Hasan, opened fire in the Soldier Readiness Processing Center, gunning down 45 defenseless Soldiers who were readying for or returning from wartime deployments, and one civilian physician's assistant, a retired Army warrant officer. Of the 45, thirteen innocents lost their lives,

many of them charging the shooter in desperate attempts to apprehend this radicalized madman and to sacrifice all in order to save the lives of their fellow Soldiers and civilians, sustaining mortal wounds in the process of their heroic deeds. The enormous and widespread human toll in the aftermath of the assassination of the Fort Hood 13 fallen and the 32 wounded continues to exact a cost that cannot be quantified with respect to mounting numbers of suicides, rampant trauma among the survivors, and festering wounds that will never heal. Neither the DOD (Department of Defense) or the FBI had specific information concerning this attack on US Soldiers and US Army civilians, but collectively, they had sufficient

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## Share Your Team's Milestone with LifeNet Readers

ICISF would like to acknowledge CISM Teams that have reached significant milestones in organizational longevity (i.e. five, ten, fifteen year anniversaries, etc.) in future issues of *LifeNet*. If your team reached such a significant anniversary this year, please contact George Grimm, ICISF CISM Team Coordinator (via email at [hotline@icisf.org](mailto:hotline@icisf.org)) and provide the appropriate information so we may proudly list your Team in a future *LifeNet* and provide a Certificate of Appreciation.

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"Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity."

- Pema Chodron

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Submit a Letter to the Editor!  
ICISF welcomes comments from our readers. Please submit your comments to the editor at ([lifenet@icisf.org](mailto:lifenet@icisf.org))

## TAKING CARE OF THE CAREGIVER (CONT'D)

as he was aware that everywhere he went, he was a representative of the department. He worked 24/7, never permitting himself to be a husband and father completely until he shook the clothing items that marked him. He is still a FF, still proud of his department, but now he sports a Detroit Tigers hat. He still shows pride in those things he cherishes, but allows himself to walk through life a little more personally and anonymously.

Make it or bake it. Coloring books that encourage mindfulness, that have the same effect as meditation, are popular now. There are coloring applications on smart phones that allow you to free your mind from everything but making something pretty. Do you like to do crafts, build things, cook, bake, or garden? Spending even 20 minutes a day creating something reduces stress and increases positive emotions. And you can share whatever you have produced, paying the positivity and creativity forward.

Indulge in music and scents. Turn up your favorite tunes, and consider aromatherapy. Some use citrus scents to invigorate, other scents calm. Music can enhance moods, soothe, feed the soul, or energize. I had an EMS partner who blasted heavy metal music when we lit up the ambulance for priority one calls;

it prepared him for the challenges.

Consider meditation. We learned simple relaxation techniques in CISM training, think about adding them and meditation to your self-care toolkit. Choosing to quiet your mind for even a few minutes can relieve stress, boost compassion, and continue beyond the time you are meditating. There are several meditation techniques available; Google it.

Make healthy food choices. We are what we eat, and sometimes it's pizza or nothing. Think about purchasing fruits and vegetables in season and having them available as snacks. I carried bananas, apples, and English cucumbers in my go-bag for EMS. People made fun of me until we completely missed lunch and I shared my stash.

Be mindful. More than living in the present moment, live in the moment without judging how you think and feel. Stress and depression are reduced, we can listen to our true selves, and make positive adjustments. Being mindful during a crisis helps you to focus without distraction and deal with the emotion and processing later.

Vent and validate. Also part of our basic CISM training. Knowing the value of peer support, we realize that some personalities just need to

spew. Expletives are not appropriate in public, but most of us have worked with a giant potty-mouth who simply needed to blow off steam to reduce stress. People do not all cope in the same way; realize and acknowledge those differences, and if that pressure cooker is you or your partner, remember (or encourage) using that coping mechanism appropriately and privately.

Three Good Things. Before you go to bed, acknowledge the things you have accomplished through the day. Martin Seligman's Three Blessings Exercise encourages finding the positive to increase happiness and well-being. Think of three good things that happened, write them down, reflect on them. Using a journal will allow revisiting them.

Google Self-Care. The list provided here is far from comprehensive, find what interests and will work for you.

We have learned that taking care of ourselves helps to reduce triggering stress-induced health problems and increases overall wellness. Making lifestyle changes is not easy and best done in small steps to achieve positive wellness outcomes. The old adage of who takes care of the caretaker is ultimately the caretaker takes care of himself. Within our CISM programs, we need to teach responders how to self-advocate and to manage that care.

## THE FORT HOOD FORGOTTEN

*Continued from page 3*

information to have detected Hasan's radicalization to violent Islamist extremism. For years, he publicly advocated burnings and beheadings of American Soldiers. Hasan's design to kill as many Soldiers as possible was premeditated by his own admission on the stand during his court martial.

The shooter's supervisors, both military and civilian, were well aware

of his yearning to slaughter those he considered infidels, particularly American Soldiers. Instead of dealing with this criminally, his supervisors continued to promote him to both avoid and transfer the problem elsewhere, selecting him for a two-year prestigious fellowship at the Uniformed University of the Health Sciences. They are no less than accomplices to murder and chose silence in

order to protect their own careers. (This information is on excellent authority from those Army officers then assigned to Walter Reed Army Medical Center that shared the same residency and fellowship training, but their names cannot be revealed for their protection.)

In the days following the massacre, the gross and disgraceful lack of appropriate responses by the Department of the Army, the

## THE FORT HOOD FORGOTTEN (CONT'D)

Department of Defense, the Army Chief of Staff, and our own command remains a plague on the soul. Teams of the Army's finest and most gifted mental health professionals were dispatched to Fort Hood from all corners of the United States, but many of those sent to assist us in dealing with this catastrophic event and an aftermath laden with shock and horror, faced tremendous obstacles just getting past the gates and red tape for days on end. Of course, those of us assigned to the 467th MED DET (Combat Stress Control) were placed on lockdown in our barracks by an errant first sergeant and left to our own devices. Most mental health services were somehow directed to the Fort Hood community at large, as if those of us on the scene were somehow unaffected by this life shattering event. It is no wonder that the effects of trauma are epidemic among the survivors of the Fort Hood Massacre and that at least 2 of them that can be confirmed, have taken their own lives in the years following. One of them was a friend and fellow Soldier assigned to my unit, the father of a young daughter. The numbers of self-inflicted deaths may have climbed as high as six as of August 2016. One is already far too many.

In the days that followed the massacre, Army generals and their entourages were dispatched to Fort Hood, combing the landscape of North Fort Hood, holding court and tossing their distinctive military challenge coins at us to acknowledge our presumed heroism, never knowing whether we were even on scene of the massacre or not, while promising us that we would receive anything we might need to sustain, adapt, and overcome, both personally and as deploying Army combat stress control units. Alas and as expected, we virtually never heard from them again, save for

one lone brigadier general, as we readied for war, deploying less than 30 days later to the combat theaters of Iraq {1908th MED DET (CSC)} and Afghanistan {467th MED DET (CSC)}.

And then there was the ramp ceremony (regardless of circumstances, Soldiers and Airmen repatriate the remains of their own, conveying their caskets to the aircraft that would transport them to Dover AFB for autopsy and then home to their families for burial). Those selected from our unit and our sister unit, the 1908th MED DET (CSC), rehearsed for days in their hallowed roles as pallbearers in order to prepare themselves for the ceremony in which they would carry the fallen to the C-17 aircraft for their final journeys and safe passage home. Army Chief of Staff, four star General George Casey, somberly made his way to groups of thousands of Soldiers standing immovably at attention across the tarmac from all those units who had, in actuality, lost their own Soldiers to the Fort Hood Massacre. General Casey formally saluted these Soldiers in formation, moving his parade through row after row, while paying his respects and offering his condolences, placing the Army's ignorance and downright offensive conduct on full display. These hundreds of troops had been placed on the runway exclusively for a "photo op". Those of us who were legitimately there for the ceremony and who had sustained the losses of their own Soldiers to death or injury, were mortified by this very undignified act of ignorance by General Casey's advisors. No apology was ever offered to the best of my knowledge - at least those of us who were rightly in formation certainly never received one. This solemn ramp ceremony was made even more shameful by the fact that

as those selected as pallbearers from our assigned units waited to be called forth, an honor guard designated from the powers that be, stepped forward with military precision to carry our fallen brothers and sisters to the aircraft, without our prior knowledge. We were stunned and horrified yet again. Years later, the damages stemming from these intentionally offensive and merciless acts continue to fester.

On March 11, 2016, the Fort Hood Memorial was dedicated and unveiled. This is a resplendent tribute to the fallen and the wounded of the November 5, 2009 Fort Hood Massacre, the largest shooting incident on any military installation in US history, save for the terrorist attack on the Pentagon on 9/11. Financed exclusively from donations, it includes personal representations sculpted in bronze by which each of the fallen and wounded are memorialized. Portraits etched in granite honor both the fallen and the wounded. Many, including the wife of one of the fallen, worked tirelessly and selflessly to ensure that the Fort Hood Memorial would become a reality. It is truly breathtaking in its beauty.

Tragically, there is a darker side to this dedication. Many of us have been downgraded to the status of the Fort Hood forgotten. We are among the silenced masses of deploying and redeploying Soldiers who tore through gunfire after the shooter shrieked, "Allahu Akbar," without regard for our own lives, to rescue the wounded and dying and who put our lives on the line again and again to save our critically injured brothers and sisters, dragging them from the line of fire. And then there are two of the Soldiers who have taken their own lives in the aftermath, including SSG Joshua Berry. Their and our lives cease to matter. We have dropped off the national radar,



## THE FORT HOOD FORGOTTEN (CONT'D)

our elected officials, continuing to ignore desperate and relentless pleas to right the countless wrongs of denied benefits. We are the masses who carry the burden of terrible survivor guilt and self-flagellation for having the audacity to make it out alive. And yet, we simply do not exist in the eyes of the organizers of this event.

Unfortunately, in addition to this memorial dedication being such a very painful re-experiencing of events, survivors were excluded from the luncheon and informed that attendance was arranged only for the families of the fallen and the wounded and their families, told that we were not eligible for the memorial ribbon, which were nearly grabbed from our hands at the registration table. We were informed that we could not be in the group photo (families of the fallen and wounded only). It was our many large sums of money donated by the survivors that went to cover a large portion of this luncheon that we were forbidden to attend. These events were established exclusively for other than the survivors and the necessity of our departure from the venue was made very clear. More than two years ago, two of us were selected by a member of the Fort Hood Memorial Board to write the dedication and the inscription, but what we wrote was trashed after two years of tireless and endless submissions and rewrites. Several of us protested, and a far inferior version, initially ripe with factual, spelling, and grammatical errors, was engraved with one remaining, but glaring error for all eternity to see. Survivors each paid our own way to attend the dedication and not much would have kept us away. Still, we were not allowed to walk in the memorial procession and were denied seating at the ceremony with the families and the wounded

by those in charge of the event, without reason or explanation. The signs on the backs of the chairs for the chosen told the tale. We took the leftover seats. The memorial, or so I thought, was created for all of us to immortalize and pay tribute to the fallen and the wounded and to send the message of vigilance for generations to come. The wounded and their families and the families of the fallen were funded to attend the event by generous donations. I do not begrudge them this. This is how it should have been for those who paid so much the higher price. But equally as importantly is the fact that there will never be a time for the rupturing and splintering of bonds that sustain all victims of this national tragedy, but one that should be of solidarity and unity among the suffering. That includes every one of us. What lingers from the event for those of us who had the audacity to survive for a lifetime laced with survivor guilt, is simply, scorn and contempt directed at us. In the final analysis, we are left with another assault on the soul.

These actions of the powers that be are no less than contemptible, tallying up to a very large accumulation of injustices, almost seven years in the making. Most of this has been caused by the current administration, DA, and DOD, but the last ditch effort of the memorial board or whomever is at fault for our very offensive treatment, truly hurts the most. We have been rendered invisible by such blatant disregard and what amounts to no less than what feels like brutal cruelty in its attack on the psyche. That anyone would sink to this level of callous inhumanity, when we were the ones that carried their loved ones, dying and leaving blood trails from their mortal wounds, slipping in oceans of blood, skidding to escape the madman to

remove their loved ones from direct fire and as far from the shooter as humanly possible, using their belts and pieces of their uniforms as tourniquets in desperation to prevent them from bleeding out, dodging lethal gunfire to drag the dead and gravely wounded to safety, holding their hands as they clung to us as their beautiful lives ebbed away, watching the light flicker out of their eyes in their final moments on earth, and all without a lick of regard for our own survival, is a series of despicable acts. The disdain for the survivors persists endlessly. This continues to be a soul-shredding experience, but no doubt that it won't end here either.

It has been nearly 7 years since the Fort Hood Massacre. The wounded and families of the deceased have yet to receive all their benefits. The wounded are still facing ongoing surgeries and medical treatment, hoping to be at least partially restored to their previous level of functioning, several on their own dime. Some are completely disabled. The massacre is still, to this day, considered workplace violence at the hands of a disgruntled employee, having never been officially considered an act of domestic terrorism. All of the wounded and those killed in action at the Pentagon on 9-11 received all their requisite benefits shortly after this horrific tragedy, those same benefits afforded those KIA in the wartime theater. During the State of the Union address in January of 2010, the president promised SGT Kimberly Munley, (the very first police officer to apprehend the shooter, sustaining 3 gunshot wounds in the process; Officer Mark Todd, in the final analysis, assured that the shooter would never render another shot) in front of God and country, that all victims of the Fort Hood Massacre would receive every benefit due them so they would be fully restored to health. This has yet

## THE FORT HOOD FORGOTTEN (CONT'D)

to come to pass. Most promises have been smashed, broken, forgotten. For anyone who has anything to do with the Fort Hood Massacre, you are pretty much on your own. And now, we have been turned against one another in the destructive force of man's inhumanity to man. What has been cultivated by this is pathologically disturbing.

We have learned to live in the cesspool created from the mounting travesties of injustices. Those responsible for these countless infractions have tarnished everything surrounding this national tragedy and so much of the good that might otherwise have come from this glorious and splendid memorial to the fallen, the wounded, and the heroes long forgotten. Instead they have created a toxic waste dump of dishonor. For shame. The degree and totality of disgraces surrounding the Fort Hood Massacre remains sizable and inexcusable.

In the final lessons learned from one of this nation's greatest tragedies and what we have so easily cast aside and failed to remember and to hold dear is this: that we are all on the same side and that those of us who have ever worn the uniform signed on that dotted line where it states that we will die for you, for every citizen of these United States of America; that there is no more noble deed than to lay down one's life for one's friends, and that evil is free to proliferate and infect if we remain silent witnesses.

"Who shall go for us? Here am I! Send me".

Isaiah 6:8

{Hero Bracelet Engraving for the 467th MED DET (CSC) and the 1908th MED DET (CSC)}

Kathy Platoni, Psy.D. has been a practicing clinical psychologist for more than 34 years and maintains her private practice in Centerville,

Ohio. In service of her country and as an Army Reserve clinical psychologist, she has deployed on four occasions in time of war, to include Operation Desert Storm, Operation Iraqi Freedom, and Operation Enduring Freedom (Joint Task Force, Guantanamo Bay Cuba and Afghanistan). As a survivor of the tragic Fort Hood Massacre in November of 2009, she remains ardent activist for reconsideration of this shooting incident as an act of terrorism to assure that the wounded and the families of the deceased are awarded long overdue benefits and the Purple Heart Medal, as well as many other compensations and entitlements due the families of the deceased, the WIA, and KIA.

Dr. Platoni is a graduate of the School of Professional Psychology of Nova University (now Nova Southeastern University) in Davie, Florida. She held the position of Army Reserve Clinical Psychology Consultant to the Chief, Medical Service Corp for six years and is a graduate of the US Army Command and General Staff College. Dr. Platoni retired from the US Army with the rank of Colonel in October of 2013. In March of 2015, she was sworn into the Ohio Military Reserve as Chief Clinical Psychologist.

Dr. Platoni maintains an appointment as Assistant Clinical Professor with the School of Professional Psychology, Wright State University. She is a skilled hypnotherapist and possesses expertise in the sub-specialty areas of behavioral medicine and the treatment of chronic pain and chronic, debilitating, and terminal illnesses.

Two landmark books, written and edited by Dr. Raymond Scurfield and Dr. Platoni on the subject of war trauma, *Expanding the Circle*

*of Healing~Trauma in Its Wake* and *Healing War Trauma~A Handbook of Creative Approaches*, were published in 2012. She was awarded Diplomate status by the American Academy of Pain Management and was recently appointed Fellow of the American Institute of Stress and distinguished membership in the Institute of Traumatic Stress 2013 Board of Scientific and Professional Advisors, the Board of Directors of Veterans 360, and the Clinical Advisory Board of Warrior Salute. In addition, she is also Editor of the *Combat Stress E-Magazine*.

Since the "9/11" tragedy and attacks on the United States, Dr. Platoni voluntarily deployed to New York City on two occasions in order to provide disaster mental health and critical incident stress debriefing services to members of the New York City Police Department. She currently serves as the Dayton SWAT psychologist and Mental Health Advisor to the Dayton Hostage Negotiation Team.

As a nationally renowned expert in the treatment of Post-Traumatic Stress Disorder, Dr. Platoni has been featured in Fox News, CNN, USA Today, Newsweek, US News and World Report, AP News, The Guardian, Huffington Post, Washington Post, NPR Radio, Stars and Stripes, San Antonio Express News, San Francisco Chronicle, Boston Globe, The Ohio Psychologist, and The National Psychologist.

For her professional contributions to the field of psychology and decades of humanitarian service, she was awarded a lifetime achievement award by her alma mater, Hobart and William Smith Colleges, in 2008 and was selected for the very prestigious Dayton's Ten Top Women Award for the Class of 2012. She was awarded the Legacy Award for community service and volunteerism in the

## EVIDENCE-BASED CRITICAL INCIDENT STRESS DEBRIEFING (CONT'D)

Southwest Ohio area in April of 2013. In July of 2014, Dr. Platoni was awarded the Legion of Merit by the US Army for 34 years of meritorious service.

Dr. Platoni currently serves as the Chief Psychologist for the Ohio Military Reserve and holds the rank of Colonel for State Defense Forces.

This is her 35th year of military service.

## TRAUMA UNINFORMED: WHAT THE MENTAL HEALTH FIELD STILL GETS WRONG ABOUT CISM

*Continued from page 4*

The marriage of TIC and CISM seemed perfect to me—a match made in heaven with real world applications to help those who've experienced trauma, both in the immediate aftermath and in the future, through the recovery process. The honeymoon, however, did not last as I came upon the few paragraphs in the manual that specially addressed CISM. I was, quite frankly, stunned by both its brevity and short-sightedness. I sensed immediately the negative bias when the description of the purpose of CISM was described as “. . . to provide psychological closure.” I was left wondering if I had I missed that in the class that I was going through at the moment of reading those lines. I had not heard Jeffrey Mitchell use the phrase, and was fairly sure that no one, other than talk show psychologists, let the word “closure” pass their lips anymore.

It's not often the case that one gets to take a question or concern directly to the source, so I was eager to take

this issue to Jeffery during our final session. To be clear, the idea that there is a disconnect between the world of psychology and CISM was not news to me. I can recall the time when the conventional wisdom in the mental health community was that stress debriefings could traumatize clients and the Mitchell model was being abandoned. Like my fellow therapists at the time, I cannot tell you where this information came from and no one that I knew could cite the research that pointed this out. It had all the substance of Bigfoot, but all the influence of a rumor too tantalizing not to be true. Added to the, we might be making things worse” notion was the professional turf war of, “Who do these trauma people think they are trying to heal people so quickly?”

Sadly, the idea remains that psychological first aid is best dispensed by those schooled in psychology and removed in time and distance from the actual event. This was directly expressed by the following lines from the TIC manual:

A one-session individual recital of events and expression of emotions evoked by a traumatic event does not consistently reduce risk of later developing PTSD. In fact, it may increase the risk for adverse outcomes. Perhaps CISM hinders the natural recovery mechanisms that

restore pretrauma functioning (Bonanno, 2004)

As a card carrying member of the psychotherapeutic community who has seen, first-hand, the healing benefits of CISM, I'm advocating for a reexamination of how to best serve those exposed to traumatic events. Suggesting that CISM “hinders” a natural process of recovery is akin to suggesting that CPR could hinder the prognosis of heart surgery. As someone who, over 30 years of clinical practice, routinely met with people who could not even remember what pretrauma functioning looked like, I'm all in favor of the, seemingly self-evident, notion that earlier response leads to better outcomes. I feel better prepared and equipped to meet my clients where they are, to borrow from an age old therapeutic maxim, having had CISM training as part of my professional development.

That the trauma informed care movement would use outdated and misrepresented research to cast a shadow over CISM suggests that they are in fact “misinformed.” I suggest that the psychology community is in need of education on the purpose, application and benefits of psychological first aid. Given the current state of terror-induced trauma across the globe, there has never been a better time to drop professional turf squabbles and finger pointing. If we really want to empower people to regain a sense of safety we need a truly collaborative effort to improve their functioning when their “natural mechanisms” have been overwhelmed by life events.

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