



Behavioral Health: Taking Care of Those Who Take Care of Others

TAKING CARE OF EMPLOYEES, START TO FINISH

- Indoctrinate new and/or seasonal firefighters starting with the academy on how to manage exposure to trauma throughout career/recognition of trauma symptoms from day one, involve families in academy education on EAP benefits.
- Recognize burnout in seasoned firefighters by providing annual in-service training on managing trauma including middle and upper management, address changing nature of calls--compression of calls in recent years, decrease sleep as result, increase in inappropriate 911 calls.
- Remember retirees by providing EAP services for months following retirement; educate retirees prior to retirement so they do not take their trauma trash can with them when they leave.



IMPACTS OF UNADDRESSED TRAUMA

- Tiny little time release poison pills of unresolved trauma just waiting to explode.
- Work productivity goes down as trauma symptoms go up.
- Worker's compensation claims.
- The use of alcohol/drugs to cope with trauma.
- Suicide, divorce, retraining.

OPPORTUNITIES TO INTERVENE

- Implement peer support model aiming for 10% of department trained.
- Well trained peers frequently recognize signs of distress before management.
- Monitor calls and defuse/debrief if possible

(esp. physical injuries and pediatric calls).

- Peers on site at base camps if possible.
- Vet clinicians for cultural competency (see handout).
- Have input in the choosing of an EAP program.
- Recognition of trauma symptoms and early intervention saves time and money.

CHALLENGE!

CHIEF'S CHALLENGE

- Recognize the value of a call from a peer and/or chief after a critical injury or critical incident.
- Support your peer support program and participate in yearly training.
- Ask governing bodies for resources needed.
- Consider working with other fire departments to combine peer resources/training.



Behavioral Health: Taking Care of Those Who Take Care of Others

RESOURCES

Firestrong.org

Firestrong is an independently operated online resource for members of the Fire Service and their families. The mission of Firestrong is to offer mental, emotional, and physical support to each member of the fire department and their families by providing educational tools, resources, crisis intervention assistance (crisis line) and peer support services.

FRSN.org

First Responder Support Network is a collaboration of first responder peers (included but not limited to police, fire, corrections, dispatch, and emergency medical services), significant others and spouses, culturally competent mental health clinicians, and chaplains. Their goal is to provide first responders and their families tools to reduce personal and family stress, encourage appropriate career decisions and reduce the effects of traumatic incident stress on an individual's life. The key components of FRSN are the 6-day residential treatment for first responders, also known as the West Coast Post-trauma Retreat (WCPR), and the 6-day program for significant others & spouses (SOS).

Steve DeMartin Video - <https://vimeo.com/157073890>

A candid interview about successful treatment for PTSD with Steve Demartin, Retired Fire Captain, 32 Years of Service

Grand, David, PhD. Emotional Healing at Warp Speed - The Power of EMDR (Eye Movement Desensitization and Reprocessing) - The Power of EMDR. New York: Present Tents Publishing, 2003.

Emotional Healing at Warp Speed provides an easy-to-read introduction to a revolutionary new psychotherapeutic method called EMDR (Eye Movement Desensitization and Reprocessing). In these pages psychotherapist David Grand, Ph.D., describes his own first encounter with EMDR, then recounts the dramatic results of bringing this new therapy into the lives of his patients. By alternately stimulating the left and right sides of the brain to clear psychological blocks and resolve trauma, EMDR helped Grand's patients put the pieces of their emotionally shattered lives back together with a speed that exceeded his wildest dreams.

Fishkin, Gerald, PhD. Firefighter and Paramedic Burnout, The Survival Guide- The Role You Play. Parkhurst Brothers, 2016.

Firefighter and Paramedic Burnout was the first comprehensive book dealing with the recognition and treatment of burnout among firefighter and paramedic personnel. Today, this standard still serves to provide readers with a system of identification of early warning signs of excessive stress, its personal and social consequences, and interventions that have been proven to assist firefighters and their family members to return to a state of health and productivity.

Kirschman, Ellen, PhD. I Love a Fire Fighter: What the Family Needs to Know . New York: The Guilford Press, 2004.

Patterned on the outstanding success of I Love a Cop, this is the first book of its kind written exclusively for fire fighters and their families. Challenging two-dimensional stereotypes, Ellen Kirschman portrays fire fighters as they really are: complex men and women doing one of the world's toughest jobs and trying to fit comfortably into two families - the one at the firehouse and the one at home. I Love a Fire Fighter takes us on a journey from stationhouse to four-alarm blaze, from a harrowing ride with paramedics to a family dealing with shift work. Along the way, Kirschman addresses occupational health and safety issues along with domestic concerns including unpredictable schedules, lack of communication, and anxiety. Vivid anecdotes and practical tips show families how they can pull together when job stress threatens to spill over onto home turf, and shed light on what spouses and partners can do to help themselves, their mates, and their children live with the 'best job in the world.'

Gilmartin, Kevin, PhD. Emotional Survival for Law Enforcement: A Guide for Officers and their Families. E-S Press, 2002.

Dr. Gilmartin is a behavioral scientist who specializes in issues related to law enforcement. With twenty years of police experience under his belt, he currently provides service to the law enforcement community as a consultant. In writing this book, it was his goal to aid officers and their families in maintaining and/or improving their quality of life both personally and professionally.

Questions for Vetting Potential 1st Responder Clinicians

**It probably won't be necessary to ask all of these questions. You can get a read pretty quickly. To start the vetting session say something like, we have developed this process to be able to provide the best possible counselors to the first responders in our agency/ region. A few bad experiences with counselors who were not experienced with first responder culture have led us to vet out counselors prior to recommending them to our workforce. By so doing, we hope that their 1st experience with counseling is a good one, and that they will want to come back.*

- How many years have you been doing counseling?
- Where did you get your degree and what were your internships after graduating? (This is important as it may reveal an area they are strong in such as maybe they worked at juvenile hall counseling at risk teens. Employees will come to Peers with family challenges such as teen issues, so it is good to know who has experience with this type of issue).
- What percentage of your clients are 1st responders? (Or, about how many fire fighters/ first responders are part of your client base at any given time?)
- What do you find is different about First Responders or Public Safety employees compared to individuals that are not in this type of work? (The answer should be something like, 'they have had a lot of exposure to trauma, they have a hard time trusting a counselor, they have a hard time talking about their feelings and reactions).
- What are your specialties? (Some counselors try to say that they do it all, i.e. kids, teens, relationships, trauma, 1st responders, etc. It is very hard for 1 person to truly be that skilled with everyone. If they try to go there with their answer, push a little. Say, "What do you feel you are really good at, or what do you feel you do best?").
- Do you do any trauma treatment techniques such as EMDR or Brain Spotting?
- What hours and days do you work?
- What insurances do you take, and what is your private pay rate?
- Is there anything else you think we should know about you?
- How booked up are you and if someone is in crisis are you able to get them in on fairly short notice?

ACUTE STRESS/TRAUMA SYMPTOMS

Please check any of the following symptoms that pertain to you:

Physical symptoms:

fatigue agitation headaches gastro-intestinal problems weight loss/gain nausea
 grinding/clenching teeth muscle tension night sweats day sweats lower back pain
 misc body aches increased/decreased energy chest pains elevated blood pressure
 sleep problems sexual problems rapid heart rate

Physical problems not listed above: _____

Cognitive symptoms:

short-term memory loss long-term memory loss uncertainty confusion hyper vigilance
 difficulty concentrating poor problem solving poor decision making suspiciousness
 nightmares thoughts of inferiority or worthlessness intrusive images obsessive thoughts

Cognitive problems not listed above: _____

Emotional symptoms:

fear guilt grief panic denial anxiety irritability depression
 anger rage sadness phobias suicidal thoughts loneliness extreme shyness
 lack of interest in life

Emotional problems not listed above: _____

Behavioral symptoms:

withdrawal inability to rest compulsive behavior gambling disruptive behavior
 erratic movements change in speech patterns intensified pacing change in social activity
 risk taking behavior illegal behavior exaggerated startle response

Behavioral problems not listed above: _____

List any symptoms not covered above: _____

Substance use:

alcohol: # drinks per day _____ # days per week _____

caffeine: # cups per day _____

nicotine: # per day _____

other substances: _____

Date: _____

Name: _____

PTSD SYMPTOMS

- A. Exposure to actual or threatened death, serious injury or sexual violence
- B. Intrusion symptoms – 1 or more
- recurrent, involuntary and intrusive distressing memories of CI
 - recurrent distressing dreams in which content and/or affect are related to CI
 - dissociative reactions in which the individual feels or acts as if CI is recurring
 - intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the CI
 - Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the CI
- C. Avoidance symptoms – 1 or both
- avoidance or efforts to avoid distressing memories, thoughts or feelings about or closely associated with the CI
 - avoidance or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, feelings
- D. Negative alterations in cognitions and mood associated with the CI beginning or worsening after CI – 2 or more
- inability to remember an important aspect of the CI
 - persistent & exaggerated negative beliefs or expectations about oneself
 - persistent, distorted cognitions about the cause or consequences of the CI that lead one to blame self or others
 - persistent negative emotional state (fear, anger, horror, guilt, shame, etc)
 - markedly diminished interest or participation in significant activities
 - feelings of detachment or estrangement from others
 - persistent inability to experience positive emotions (happiness, satisfaction, etc)
- E. Marked alterations in arousal and reactivity associated with CI – 2 or more
- irritable behavior and angry outbursts (with little or no provocation)
 - reckless or self-destructive behavior
 - hypervigilance
 - exaggerated startle response
 - problems with concentration
 - sleep disturbance (difficulty falling or staying asleep or restless sleep)
- F. Duration of the disturbance (B, C, D, and E) is more than 1 month
- G. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning
- H. The disturbance is not attributable to the physiological effects of a substance (medication, alcohol, etc) or another medical condition